

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at Council Chamber, County Hall, Lewes on 10 December 2019.

MEMBERS PRESENT

Councillor Carl Maynard (Chair), Councillor Sylvia Tidy, Councillor John Ungar, Councillor Trevor Webb, Councillor Philip Lunn, Jessica Britton, Ashley Scarff, Keith Hinkley, Stuart Gallimore, Darrell Gale, Rebecca Hills and John Routledge

INVITED OBSERVERS PRESENT Councillor Rebecca Whippy, Councillor John Barnes MBE and Michelle Nice

16 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 17 SEPTEMBER 2019

16.1 Cllr Maynard was elected Chair of the East Sussex Health and Wellbeing Board for the duration of the meeting.

16.2 The Board agreed the minute as a correct record of the meeting held on 17 September 2019.

17 APOLOGIES FOR ABSENCE

17.1 The following apologies were received from Members of the Board:

- Siobhan Melia
- Dr Adrian Bull
- Dr Martin Writer

17.2 The following apologies were received from invited observers with speaking rights:

- Becky Shaw
- Cllr Sean MacLeod

17.3 The following substitutions were made:

- Cllr Keith Glazier (Cllr Sylvia Tidy substituting)
- Dr Elizabeth Gill (Ashley Scarff substitute)
- Samantha Allen (Rebecca Hills substituting)

18 DISCLOSURE BY ALL MEMBERS PRESENT OF PERSONAL INTERESTS IN MATTERS ON THE AGENDA

18.1 Cllr Rebecca Whippy declared a personal interest as the CEO of Embrace.

19 URGENT ITEMS

19.1 There were no urgent items.

20 EAST SUSSEX HEALTH AND SOCIAL CARE PLAN PROGRESS UPDATE

20.1. The Board considered a report on the progress made with developing a long-term health and social care plan for East Sussex.

20.2. The Board asked whether the closer working between health and social care would help improve the process of completing education, health and care plans (EHCPs) for children and young people in a timely manner.

20.3. Stuart Gallimore, Director of Children's Services, agreed there were sometimes issues with the production and co-ordination of the EHCPs between health and social care organisations. He said that the integrations plans designed to improve the disability pathway for children and young people would include addressing issues such as the co-ordination of the EHCPs.

20.4. The Board asked why the Plan did not include more detail of the prevention agenda, for example, what was being done to reduce obesity and homelessness.

20.5. Keith Hinkley, Director of Adult Social Care and Health, said that the Plan as presented to the HWB focuses on the integration between health and social care in East Sussex and includes a broad description of the key strategic objectives. There is more work being undertaken than is included in the Plan, including the core commissioning work of the individual organisations and individual programmes to develop joint working. He explained that there will be future iterations of the Plan produced that will provide more detail of these specific projects and programmes, which are designed to address issues such as housing and homelessness. These include engagement with the new Primary Care Networks (PCNs) to ensure they are involved in future joint working with social care and health teams; and bidding for further homelessness support grants to expand the rough sleeping initiative developed in Hastings. The HWB will have the opportunity to consider and comment on these projects at an appropriate time.

20.6. The Board asked how plans to develop integrated community-based services could be reconciled with the closure of services like Little Oaks respite service in Eastbourne.

20.7. Keith Hinkley said that there are significant demographic and funding challenges in East Sussex that can only be addressed in a sustainable way by reducing demand for acute care. This involves the long-term investment in integrated services and a greater focus on preventative and proactive care. At the same time, difficult decisions have to be made on a short-term basis about where to prioritise available resources year on year. This has led to situations, for example, like 2018/19 where the Council had to make significant savings to its Adult Social Care Department budget but at the same time invested in joint services with East Sussex Healthcare NHS Trust (ESHT) such as the Joint Community Reablement teams; Health and Social Care Connect (HSCC); new rough sleeping and homelessness services; and integrated locality teams.

20.8. Stuart Gallimore added that sometimes it is more appropriate to provide a service in a different and more innovative way, rather than maintain it in its current state. In the case of Little

Oaks, by working with partner organisations it was possible for the Children's Services Department to identify alternative opportunities for those children using Little Oaks that provided more time and a greater amount of respite than was previously the case. He also clarified that the service had not been closed, rather there had been a staffing issue that resulted in parents being contacted at the time and recommended to temporarily seek the alternative respite solutions that had been identified.

20.9. The Board asked whether there was confidence that the system leadership is able bring about the necessary behaviour change within organisations so that they are prepared to work in a more integrated way.

20.10. Keith Hinkley said that the two main challenges to integration in East Sussex are the risk that leadership changes over time, meaning that leaders who are less enthusiastic about integration could enter the system; and the newly established PCNs, who are vital to further integration plans, are independent and so must be engaged and encouraged to work with the rest of the system rather than be compelled. Leaders across East Sussex, in comparison to many other systems, have a shared commitment to integrate and a shared approach and plan for doing so. Some senior roles are also now shared between ESHT and the Council.

20.11. Vicky Smith, Integrated Care System Strategic Development Manager (East Sussex), said that the East Sussex Health and Social Care System Partnership Board has a clear role in developing the proposals for an Integrated Care Partnership (ICP), which will be the next step in further integrating the NHS organisations with the Council. Further details of the ICP will come to the next Board meeting.

20.12. The Board asked about the method of aligning and pooling budgets in East Sussex.

20.13. Keith Hinkley said that the ICP agreement will include a shared approach to the collective use of resources. The ICP development process will include testing ways of sharing funding and risk across the health and social care system based on existing arrangements, such as the Bet Care Fund and Integrated Equipment Service. The NHS already has an aligned risk sharing contract between CCGs and ESHT, but the ICP will require a broader approach that includes the Council's social care function.

20.14. The Board asked about whether life expectancy was a suitable measure for health outcomes.

20.15. Darrell Gale, Director of Public Health, agreed that life expectancy and quality of life expectancy were a crude measure of population health, but the levelling off and decline in male life expectancy could indicate a rise in issues such as homelessness, drug and alcohol use, and suicide, which are worth investigating.

20.16. The Board asked whether it would be possible to produce a timeline of the programme of work for the ESHSCP, and whether an annual review of progress could be provided to the Board.

20.17. Keith Hinkley said that detailed timescales for the ESHSCP would be produced for the HWB at its next meeting and an annual review of progress of the plan could be provided to the HWB in future.

20.18. The Board asked whether the public will be engaged about the planned changes to health and social care services.

20.19. Keith Hinkley explained that there is already a broad engagement infrastructure in place that includes Patient Participation Groups; Healthwatch; and reference groups for the Adult

Social Care and Children's Services Department and for individual patient pathways. These groups have been provided with evidence of the impact their engagement has had, which encourages them to continue being involved.

20.20. The Board RESOLVED to:

1. Endorse the draft East Sussex Health and Social Care plan as set out in Appendix 1, and plans to further test this with local stakeholders;
2. Note that further work will be taking place in the coming weeks to support the next phase of planning, including developing initial proposals for an East Sussex Integrated Care Partnership to help support delivery of our objectives in 2020/21 and in subsequent years; and
3. request an annual presentation to the Board on the progress of the ESHSCP over the past year.

21 EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME MONITORING REPORT

21.1. The Board considered a report providing an update of progress against the priority objectives and lead Key Performance Indicators (KPIs) for the health and social care programme in 2019/20.

21.2. The Board RESOLVED to note the progress in Quarter 2 against the priority objectives and lead KPIs for 2019/20.

22 EAST SUSSEX LOCAL SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT 2018/19

22.1. The Board considered a report on the multi-agency arrangements in place to safeguard children in East Sussex.

22.2. The Board asked whether a child staying overnight in a hospital without a bed would be a safeguarding issue.

22.3. Stuart Gallimore clarified that an absence of a bed is not deemed a safeguarding issue in the legal sense of posing an immediate threat of harm to a child. Were a member of public to report that as a safeguarding issue to the Children's Services Department, the Department would likely pass it on to the hospital to deal with as a complaint.

22.4. The Board asked about the significance of the changes to child death reviews.

22.5. Reg Hooke, Local Safeguarding Children Board (LSCB) Chair, explained that the Child Death Overview Panel (CDOP) examines all child deaths that occur in the area. The review that led to change in the legislation made two main recommendations: 1) the data in one county (due to the small number of deaths) was insufficient to identify specific trends that could be addressed, so data should be examined across a sub-regional level – in this case pan-Sussex; and 2) the Panel should come under the oversight of the bodies responsible for health, i.e., the CCGs and local authority, because the issues emerging are in the majority of cases health related. Stuart Gallimore added that this was a centrally driven requirement that all local authorities had to respond to.

22.6. The Board RESOLVED to note the report

23 SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2018-19

23.1. The Board considered the Safeguarding Adult's Board (SAB) annual report.

23.2. The Board asked whether the SAB has sufficient resource to meet its legal duties.

23.3. Graham Bartlett, Independent Chair of the SAB, said that there were sufficient resources in the SAB budget to meet its statutory requirements and run the SAB reviews. The SAB would like to do more, however, such as replicate the LSCB's multi-agency workforce training and development programme; and carry out more engagement with service users and frontline delivery professionals.

23.4. The SAB is asking for greater contributions this from partner organisations this year. The SAB is largely funded by East Sussex County Council. It is also in negotiation with other strategic partners (the police and CCGs), NHS provider trusts, and district and borough councils about their contribution rates.

23.5. The Board asked for comment about the reduction in safeguarding contacts and the number of enquiries completed.

23.6. Keith Hinkley said that there is no target for the number of initial safeguarding contacts, and a similar fall in numbers has been seen nationally. The reduced numbers reflect a change in the practice of making initial safeguarding contacts and better triaging of contacts to the enquiries stage. The Adult Social Care Department carries out audits of its own case files and those of other agencies to ensure that decisions around safeguarding are appropriate. There has recently been further guidance issued by the Association of Adult Social Care Directors about how best to manage the process of raising safeguarding contacts and decision making around what to do with safeguarding concerns, which will be looked at and implemented in East Sussex.

23.7. Graham Bartlett added that the data does not show what happens between an initial safeguarding contact and the start of an enquiry, which has to meet a three-point threshold. After a safeguarding contact is made, a lot of work is undertaken at a multiagency level that is not reflected in the data. This is because it never reaches the point of becoming an enquiry. This work in the middle needs to be better understood rather than just the number of enquiries.

23.8. The Board asked whether the SAB is looking into the issue of cuckooing.

23.9. Keith Hinkley stressed the importance of understanding what other partners are doing, following protocols in place to encourage multi-agency working, and developing a single response to tackle issues such as cuckooing. There also needs to be co-ordination between the SAB, CDOP and domestic homicide boards to ensure there is no duplication of effort and key learning and intelligence is not being missed between partnerships.

23.10. The Board asked whether comparative data in the SAB annual report should cover a number of years, rather than be just year on year.

23.11. Keith Hinkley said the development of a broader data set now means that data can be better compared over time, and this could be reflected in future reports. Graham Bartlett agreed figures should be compared over time, or against figures from other SABs. This would give a better indication whether changes are statistically significant, or the result of changes to very small numbers.

23.12. The Board RESOLVED to note the report.

24 HEALTHWATCH HIGH WEALD LISTENING TOUR REPORT

24.1. The Board considered a report providing an overview and summary of the recent Healthwatch East Sussex High Weald Listening Tour.

24.2. The Board asked whether there are any other very deprived areas in Wealden other than Hailsham East ward.

24.3. John Routledge said that no other areas of high deprivation on that scale were found during the tour, but there are often exceptional areas of high deprivation at super output or neighbourhood level.

24.4. The Board asked whether it can be difficult to get funding for pockets of deprivation such as Jarvisbrook in Crowborough when surrounded by affluence compared to areas like Hastings.

24.5. John Routledge said that there are very localised statistics available, particularly with the production of population profiles for PCNs, that may help in making the case for funding. It may be more difficult, however, to make the case for investment in a neighbourhood or few streets.

24.6. The Board asked whether health checks by community pharmacists will be incorporated into the next Listening Tour in Eastbourne, given they are new providers of the checks.

24.7. John Routledge confirmed Healthwatch invites people to make suggestions about what questions to ask during a tour based on what is going on in the area. He recommended that Healthwatch be provided with the details of healthcare providers that should be contacted during the Tour.

24.8. The Board RESOLVED to note the report.

25 WORK PROGRAMME

25.1 The Board considered its work programme.

25.2 The Board RESOLVED to agree its work programme.

The meeting ended at 4.15 pm.

Councillor