

30 EAST SUSSEX HEALTH AND SOCIAL CARE PLAN PROGRESS UPDATE

30.1. The Board considered a report on the progress made with developing a long term health and social care plan for East Sussex, including detailed plans for 2020/21.

30.2. The Board asked how the Clinical Commissioning Groups (CCGs) would help to ensure GP practices could continue to recruit and retain GPs.

30.3. Martin Writer, Chair of Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG), there has been historic issues of GP recruitment and retention in East Sussex, particularly in the East of the county. The CCG now has, however, a significant boost in funding and plan for the next 3-4 years to bring in additional staff to the primary care sector that will allow it to become more resilient. There is a training scheme in place for GPs and a number of new doctors are in the process of becoming GPs; recruitments also continues of other health practitioners into GP practices, such as Advanced Nurse Practitioners, pharmacists, and paramedics as part of the new Primary Care Networks (PCNs).

30.4. The Board asked about why there was not reference to COVID-19 in the East Sussex Health and Social Care Plan (ESHSCP).

30.5. Keith Hinkley, Director of Adult Social Care and Health, explained that the ESHSCP is set on an annual basis and describes the plan for further integration of health and care services in East Sussex for that year. It therefore does not include a response to the Covid-19 pandemic, which would instead be dealt with through business continuity and emergency planning structures of East Sussex County Council, the CCGs and NHS healthcare trusts in partnership.

30.6. The Board asked whether it would be possible to include examples of how health and care pathways have changed as a result of the integration programme to demonstrate to the public the improvements that have taken place.

30.7. Keith Hinkley said it was important to provide the Board with enough information to fulfil its role of having a strategic oversight role of the ESHSCP. The reports coming to the Board are key policy and strategy documents with enough detail around performance for the Board to fulfil its functions. Other stakeholders are provided with information about the ESHSCP's priorities and service designs in a different way. Future reports to the Board could, however, include examples of new services and pathways, as well as more granular details of some of the performance outcomes, to help illustrate the progress of integration.

30.8. The Board RESOLVED to:

1. Note the update and the work being undertaken to put in place programme arrangements for 2020/21, including governance, key projects, objectives and Key Performance Indicators;
2. Endorse the draft proposal for an East Sussex Integrated Care Partnership (ICP), to help support delivery of our plan in 2020/21 and in subsequent years, noting that further work will be taking place in the coming weeks to support the ongoing development of the ICP; and
3. Endorse the proposed and updated outcomes framework setting out the long term overarching outcomes for the system, and noting that we will work with stakeholders to develop further measures during 2020/21.

31 EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME MONITORING REPORT

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

31.2. The Board asked whether after the CCGs' merger the CCG will report its Key Performance Indicators (KPIs) performance within the historic footprints of the three CCGs in East Sussex, so that people living in those areas can see whether performance has improved or not.

31.3. Ashley Scarff, Director of Partnerships & Commissioning Integration, confirmed that following the merger, the CCGs would produce a single KPI report that would be benchmarked internally, as well as externally against other place-based plans. The geography of the current three CCGs will become less relevant over time, however, and instead the base unit around which benchmarking will be undertaken internally will be the PCN footprints.

31.4. The Board RESOLVED to note the progress in Quarter 3 against the priority objectives and lead Key Performance Indicators (KPIs) for 2019/20.

32 ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT 2019/20: HEALTH AND HOUSING IN EAST SUSSEX

32.1. The Board considered a report on the annual report of the Director of Public Health 2019/20: Health and Housing in East Sussex.

32.2. The Board commented on the difficulty people with mental health issues may have dealing with poor housing; and the difficulty some may have in seeking professional help to deal with these problems.

32.3. Keith Hinkley said that the report is clear on the need for collaborative work over the long term to deal with housing issues. Responsibility for housing rests across many organisations and there is therefore joint responsibility to help people with their housing issues and a need to work collaboratively to achieve this goal.

32.4. Sam Allen, Chief Executive of Sussex Partnership NHS Foundation Trust (SPFT), said that the report would be considered by the Trust's Board given the importance of housing to mental health, and the potential role the Trust could have meeting the housing needs of its patients and assisting people with mental health issues to maintain their housing.

32.5. The Board asked for clarity on what its role should be in relation to housing matters.

32.6. Keith Hinkley said this report will help inform key areas of work of the ESHSCP and of the individual member organisations over the coming years, for example, by including housing related support in the future ESHSCP mental health and children's services workstreams; and East Sussex County Council (ESCC) taking decisions around housing related support and accommodation services, which are outside the scope of the ESHSCP but are delivered in partnership with the district and borough councils. The progress of the ESHSCP is reported to the Board and so housing matters can be monitored by the Board via the quarterly update reports.

32.7. The Board asked what more could be done to improve air quality, particularly along busy roads like the A259.

32.8. Darrell Gale, Director of Public Health, said that the 5.2% of deaths in the county connected to air quality tend to be related to chronic rather than acute exposure, i.e., long term exposure to poor air quality, and are a look back rather than projection of future deaths.

Transport is part of the cause of poor air quality and Transport for South East is always looking at improving air quality through transport initiatives; rural deprivation is also a cause, particularly through wood burning; and local customs around bonfires and fireworks can have an effect. These areas would need to be looked at to potentially reduce deaths in the future.

32.9. The Board asked about whether dental surgeries should be available to people within a 20 minute travel distance time like GP practices.

32.10. Darrell Gale agreed that more needs to be done to understand access to NHS dentistry services and recognise its relation to levels of deprivation.

32.11. The Board asked why childhood injury rates in East Sussex were worse compared to the rest of the country.

32.12. Darrell Gale agreed the rates were a concern. Over the past year, his team has put together a comprehensive programme to start to address issues such as poisoning in the home, access to sources of fire, and access to safe play. This programme is being delivered by health visitors and school nurses.

32.13. The Board asked about whether planning authorities can help reduce the risk of people getting too hot in their homes during summer, as insulation levels improve and summers become warmer.

32.14. Darrell Gale agreed planning authorities can have a role, for example, banning single aspect flats, particularly those facing due south, due to lack of through winds; and encouraging planning applications that use of trees and shading to support cooling houses.

32.15. The Board asked whether more information on housing deprivation could be provide at a ward level.

32.16. Darrell Gale agreed to ask his team to respond to any specific queries relating to deprivation at a ward level within East Sussex.

32.17. The Board asked whether the Director of Public Health supported the idea of individual wards, such as Hollington in Hastings, producing their own anti-poverty strategy.

32.18. Darrell Gale said he supported creating local anti-poverty strategies. It was also important that they are incorporated into the Hastings Borough Council's Town deal. The Economic Development Team and Public Health Team of ESCC can also provide support with these strategies.

32.19. The Board asked about whether a campaign on ventilating homes would help improve the issue of poor quality indoor air.

32.20. Darrell Gale suggested it can be confusing for people to know what to do, as some messages tell people to seal their house from the cold, whilst others say to keep it well ventilated at all times. Many new houses are well insulated but poorly ventilated. He acknowledged that people who pay for metered heating are unlikely to want to open windows and lose the heat.

32.21. The Board asked whether the issues of temporary and emergency accommodation and the high level of suicide amongst residents of them should be included in the report.

32.22. Darrell Gale said the Public Health Team is undertaking a suicide audit and it was felt it was not the best timing to include mention of it in the report as investigation was ongoing. He added there was a worrying trend of landlords offering to convert buildings into emergency accommodation but providing substandard accommodation.

32.23. The Board RESOLVED to endorse the annual report of the Director of Public Health.

33 EAST SUSSEX CONTINUING HEALTHCARE INTERIM REPORT

33.1. The Board considered a report on the key developments relating to Continuing Healthcare (CHC) in East Sussex.

33.2. The Board asked whether it is possible for the NHS and Adult Social Care Department (ASC) to develop a positive agreement around the Continuing Healthcare assessment process to avoid the need for individual clients to appeal decisions.

33.3. Keith Hinkley said there is inevitably challenges and disagreements between partner organisations where decisions involve patients with complex needs, often in end of life care, and involving significant resources. He reassured the Board that the work the CCG has undertaken around a new policy framework, based on evidence, has fully involved the Council to date and both organisations are working on a new collaborative way of how best to manage Continuing Healthcare, as well as social care, free nursing care, and Section 117 mental health patient care.

33.4. The Board RESOLVED to:

1. Consider the progress that has been made to date in respect of Continuing Healthcare in East Sussex; and
2. Agree to receive a further progress report to the Board in September.

34 WORK PROGRAMME

34.1 The Board considered its work programme.

34.2 The Board RESOLVED to note the work programme.

The meeting ended at 4.23 pm.

Councillor Keith Glazier (Chair)