

EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at CC2, County Hall, Lewes on 14 July 2020. Members joined the meeting remotely

MEMBERS PRESENT

Councillor Keith Glazier (Chair)
Councillor Carl Maynard, Councillor John Ungar, Councillor Trevor Webb, Councillor Philip Lunn, Councillor Paul Barnett, Jessica Britton, Louise Ansari, Keith Hinkley, Stuart Gallimore, Darrell Gale, John Routledge, Joanne Chadwick-Bell and Siobhan Melia

INVITED OBSERVERS PRESENT

Councillor Rebecca Whippy, Councillor Zoe Nicholson, Councillor John Barnes MBE, Becky Shaw and Sophie Hepworth

1 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 3 MARCH 2020

1.1. The minutes of the meeting held on 3 March 2020 were agreed as a correct record.

2 APOLOGIES FOR ABSENCE

2.1. The following apologies were received:

- Sarah MacDonald, NHS England
- Sam Allen, Sussex Partnership NHS Foundation Trust

2.2. The following substitutions were made

- Dr Richard Warden, Chair of East Sussex CCG (Substitute Julia Rudrum)
- Adrian Bull, East Sussex Healthcare NHS Trust (substitute Joe Chadwick-Bell)
- Cllr Sean MacLeod (substitute Cllr Zoe Nicholson)
- Mark Andrews (substitute Sophie Hepworth)

2.3. Zoe Nicholson left after item 6

2.4. Siobhan Melia and Joe Chadwick-Bell left after item 8.

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

3.1. Cllr Ungar declared a personal interest as a member of the Green Street Patient Participation Group.

4 URGENT ITEMS

4.1 There were no urgent items

5 EAST SUSSEX HEALTH AND SOCIAL CARE PLAN PROGRESS UPDATE

5.1. The Board considered a report providing an update on work to implement a revised East Sussex integration programme in 2020/21 as a result of the changes brought about by the COVID-19 pandemic.

5.2. The Board asked which new models of care that have emerged during Covid-19 would be kept and expanded. The Board was particularly keen to see the continuation of the community hubs, given their important role in prevention.

5.3. Vicky Smith, Programme Director - East Sussex Health and Social Care Transformation, explained that the new models of care that partners are keen to retain or develop further included:

- the new community hub arrangements, which have helped with patient flows, as well as improved working between East Sussex County Council, the East Sussex Clinical Commissioning Group (CCG), district and borough councils, and community and voluntary sector (CVS).
- Remote working and virtual team meetings, which has aided the recently established integrated locality health and social care teams. This is due to the fact that finding appropriate estate for social workers, district nurses and occupational therapists to co-locate was proving to be a challenge.
- The co-ordinated whole system support for care homes during the pandemic, which seen a dramatic improvement in working together across primary, community, adult social care and the independent sector – and between commissioners and providers – to support care and nursing homes.

5.4. Keith Hinkley, Director of Adult Social Care and Health, explained that it was important now for all partners to think about what the best ways were of doing things collaboratively so that they can be maintained in the future. Partners are likely to be pragmatic for the rest of the year and continue to support the arrangements that have been developed over the last four months. After that time, it will be necessary to decide on the long term future of these services and whether they can be enhanced.

5.5. The Board asked what the plans were for re-engaging the public in relation to the East Sussex Health and Social Care Plan (ESHSCP).

5.6. Vicky Smith said that the key principles of the ESHSCP will not have changed following the pandemic and much engagement around these already took place prior to publishing the current plan. Partner organisations are now in the process of determining which elements of the ESHSCP need to be adjusted in light of Covid-19. Once this process is complete, partners will take a view of which elements of the revised ESHSCP they will need to conduct engagement with the public and patients. for example, proposed new services.

5.7. The Board asked about the impact of agency staff working in more than one care home during the pandemic.

5.8. Keith Hinkley explained that movement of agency staff between care homes during the pandemic has been identified nationally as an issue. It is the case, however, that there is roughly a 10% shortfall in the social care workforce nationally and that creates an environment where there is a disproportionate amount of agency staff. East Sussex County Council has invested heavily in increasing fee rates in home care and care home sector, which has helped

to some extent, as well as offering an improved training package for care workers. Something, however, needs to be done long term at a national level to enable greater investment in more care staff. There is a national Adult Social Care Taskforce established to focus on a response during the winter period to a potential second surge, and it is really important that work translates into longer term improvements to recruitment and retention.

5.9. The Board asked about how community response to the pandemic can be retained, for example, new organisations like Heart in Hastings which within a couple of weeks had 1,000 volunteers.

5.10. Keith Hinkley explained there has been a commitment to a more localised approach but this has been slow to develop but discussions and mobilisation of resources during the pandemic at a local level has seen significant progress made. It is important now for statutory agencies to work with local networks to develop responses to the issues arising from Covid-19, such as loneliness. step. It is also important that in the future these local groups are integrated with primary, community and social care services to ensure there is a system in place that fulfils statutory responsibilities and also delivers responsive local services to those in need.

5.11. The Board RESOLVED to:

1) Note the work that has been taking place to review the East Sussex health and social care integration programme objectives and projects, taking account of changes to our integrated working due to COVID-19; and

2) Receive a further report in September which will set out in more detail the proposed integration programme objectives and projects

6 EAST SUSSEX OUTBREAK CONTROL PLAN

6.1. The Board considered a report seeking approval of the proposed East Sussex Outbreak Control Plan.

6.2. The Board asked whether the Pillar 2 testing information had not been available in Leicester and whether it is made available for East Sussex Public Health Team within 24 hours.

6.3. Darrell Gale, Director of Public Health, explained that Leicester's Public Health Team had started to look at pillar 1 testing and had raised concerns with the centre that had not been heeded. Pillar 2 data was later made available to the local public health team and within a day Matt Hancock declared the local lockdown, as the centre had seen the data at an earlier date and was responding to it. East Sussex Public Health Team (PH) is now getting pillar 2 data usually within 24 hours, although the weekend can cause delays.

6.4. The Board asked about the reasons for the difference in the number of cases between Hastings and the rest of the county.

6.5. Darrell Gale explained that Hastings had the second lowest and now, following the addition of pillar 2 data, has the 13th lowest number of infections in England. The pillar 2 data added a number of positive results from the community, care homes and other settings. Hastings and Rother, however, still have a considerably lower infection rate than the rest of the county.

6.6. Darrell Gale said that PH is working closely with the local universities on an investigation into why Hastings and Rother have a lower infection rate, especially given the higher health inequalities and Black and Minority Ethnic (BAME) population and tendency of these factors to lead to worse outcomes. Some of the reasons being investigated include the fact the Hastings

Borough Council and Rother District Council both cancelled public gatherings sooner than the national lockdown, and the area has poor transport links so was behind the curve in transmission rates when the local moves towards lockdown were made. The investigation would include direct engagement with communities, including the BAME population.

6.7. The Board asked whether there is any ethnicity data collected on pillar 2 and if not whether this meant there is no clear understanding of the impact of Covid-19 on BAME.

6.8. Darrell Gale said he had not seen the most recent figures but it was case that previous tranches of pillar 2 data did not include ethnicity data for local populations or workforce, which are essential for helping to identify the impact of the virus on BAME community. He explained it is possible, however, for the PH to understand the impact on BAME communities via a proxy measure of comparing the postcodes of people with positive results included in pillar 2 data with the known location of BAME populations in the county.

6.9. Rob Tolfree, Public Health Consultant, confirmed that the issues with the dataset stem from both how it is collected and how it is distributed locally. Pillar 1 testing by the NHS and Public Health England records the ethnicity of a patient 50% of the time, meaning the information is there but is not cascading down to public health teams. Pillar 2 data is slightly better with some ethnicity data coming through to public health teams, but it is still less than 20%. It is, however, continuing to improve.

6.10. Louise Ansari, Lay Member (Patient and Public Involvement), NHS East Sussex CCG, explained that the CCG had been undertaking individual risk assessments for BAME staff and has a locally commissioned service which is seeking to identify at risk BAME patients and individually contact them.

6.11. Jessica Britton assured the Board there was a Sussex-wide plan with senior sign off from all partners containing a coordinated approach towards safeguarding BAME staff and population.

6.12. The Board asked for confirmation whether there has been any deaths locally of health workers.

6.13. Darrell Gale said there had been deaths in East Sussex including one employed by East Sussex Healthcare NHS Trust (ESHT). Joe Chadwick-Bell, Chief Operating Officer at ESHT, added that this member of staff had sadly passed early in the pandemic but was not working for the Trust in the weeks before becoming unwell. Other staff have since become very ill with Covid-19 whilst working. The Trust and CCG is offering BAME staff risks assessments and the Trust is complying with them; staff with symptoms are subject to track and trace; and all staff are offered antibody tests, with figures being passed on to PH.

6.14. The Board asked what communications can be done locally around the local outbreak control plan and how they will be disseminated, including to BAME communities.

6.15. Darrell Gale said the local outbreak plan is publicised through the HWB but is not meant to be read widely by the public, although it is accessible to those who do wish to read it. There is expected to be further central guidance on how to communicate actions during a local lockdown based on what has been learned during Leicester, including communicating in different languages. Communicating to local populations about new laws and restrictions such as wearing masks in shops is also necessary and the PH is working on how best to do so. He said it was important that organisations send out press releases as a joint effort with clear messages speaking as one voice to avoid confusion. PH releases a public bulletin on available Covid-19 data in East Sussex to stakeholders as a way of informing them and helping them to counteract

rumours. The bulletin also contains general messaging on hand washing and face covering which, without a vaccine, remain the best ways to forestall the virus.

6.16. The Board asked whether the Public Health Team felt it was fully supported by the Government .

6.17. Darrell Gale said that this is an unprecedented situation, and everyone was still learning on the job. This meant that whilst there may have been some errors made, everyone has been working on reducing the impact of the virus. Due to the unprecedented nature of the virus, there is regular changes to national guidance that local public health teams must keep on top of, for example, Personal Protective Equipment (PPE) guidance changed 20 times for health and care workers during April. PH is also able to raise quickly concerns when it is not happy about national advice or support via the professional director of public health association and via individual local authorities.

6.18. The Board asked whether the Public Health Team had sufficient funding to respond adequately to the Covid-19.

6.19. Darrell Gale explained that the Council had received £2.5m of funding to support outbreak planning with no certainty whether it is a one-off or will be repeated annually. In response to the uncertainty, PH has identified some areas to invest this money but is spending it slowly in case more is not forthcoming. The Team has capacity within its local contract tracing team and will be able to step up and provide contact tracing if asked to.

6.20. The Board asked whether there is a trend in an increase in the non-Covid related deaths.

6.21. Darrell Gale said looking at five-year data on normal patterns of death the unexpected numbers of deaths has tailed off in the last few weeks and may now enter a period of fewer deaths than the five year average. This is partly because some lives lost during the peak were people who were frail and in end of life settings that would have died in next few weeks or months.

6.22. The Board asked about whether the quarterly meetings of HWB are sufficient to enable it to fulfil the role of the engagement board for the East Sussex Outbreak Control Plan.

6.23. Darrell Gale said that it felt sensible to use existing governance structures to fulfil the requirement for a public-facing board led by council members. The frequency of meetings is driven by the current need and the Board could meet more frequently if needs be, including in response to an urgent need.

6.24. The Board RESOLVED to:

- 1) approve the proposed East Sussex Outbreak Control Plan (appendix 1);
- 2) agree to receive a further report at its September 2020 meeting updating on the development of the Plan and an update on the pandemic response; and
- 3) request that the weekly Public Health Bulletin is circulated to the HWB.

7 THE SUSSEX WIDE CHILDREN & YOUNG PERSON'S EMOTIONAL HEALTH & WELLBEING SERVICE REVIEW

7.1. The Board considered a report on the Sussex-wide review of Children and Young Persons' Emotional Health and Wellbeing Services.

7.2. The Board asked where the funding for the improvements identified in the report would come from, and whether there are any tangible outcomes that progress will be measured against and how will it be delivered, including via the community and voluntary sector.

7.3. Steve Appleton, Independent Chair, said that the delivery of the recommendations would be for the individual commissioning organisations that were the subject of the review to deliver. The report identifies opportunities to do things more effectively and provide a better service for children and young people, but it is likely this will have some financial impact.

7.4. The Board asked whether it is possible for the recommendations of this report to be absorbed into the workstreams of the ESHSCP to ensure they are acted on, for example, through both the children's and mental health workstreams of those ESHSCP.

7.5. Steve Appleton agreed that there should be local change as a result of the report and that HWB can play an important part in monitoring the implementation of the report's recommendations.

7.6. The Board RESOLVED to:

1. Note the Independently Chaired Report – Foundations For Our Future - at Appendix 1;
2. Note the Concordat Agreement which underpins the partnership commitment to act upon the recommendations – at Appendix 2; and
3. Endorse the recommendations described in the Report.

8 JOINT TARGETED AREA INSPECTION OF THE MULTI-AGENCY RESPONSES TO CHILDREN'S MENTAL HEALTH IN EAST SUSSEX

8.1. The Board considered a report on the outcome of the joint targeted area inspection (JTAI) of the multi-agency responses to children's mental health in East Sussex.

8.2. The Board asked how the delay in mental health CAMHS assessments could be reduced.

8.3. Jessica Britton, Executive Managing Director of East Sussex CCG, said

8.4. Ruth Hollman, Director of CAMHS, agreed that people wait too long for diagnosis and that this has been going on a long time. The number of children or young people referred to specialist services such as CAMHS has also continued to increase recently. This means that the mental health pathway for children and young people needs continued investment at the earliest stages where parents and children are trying to access support and advice. This is a workstream of the ESHSCP and East Sussex has made considerable progress in this area already, both through the establishment of a Single Point of Advice (SPOA) for people calling about child and young people mental health issues; and the iRock services in Hastings and Eastbourne that provide low level mental health support and signposting to other services than mental health, such as housing support, which may be the cause of distress in some people.

8.5. Stuart Gallimore, Director of Children Services, added that the JTAI report speaks highly of the partnership arrangements and the innovations in place. SPOA had been in place for 6-8 months at time of the inspection and the report welcomes its ability to bring in support from the Council's early help and health visiting services along with SPFT's CAMHS practitioners to

ensure help is provided at the earliest possible time and avoids waiting for clinicians, except for those who need it.

8.6. The Board RESOLVED to:

- 1) note the findings of the inspection into the multi-agency responses to children's mental health in East Sussex which was published 14 April (Appendix 1); and
- 2) note the multi-agency action plan which has been developed to address the areas for development (Appendix 2).

9 HEALTHWATCH ANNUAL REPORT 2019-20

9.1. The Board considered a report and presentation providing an overview of Healthwatch East Sussex's Annual Report 2019-20

9.2. The Board thanked Healthwatch for the presentation and the work that Healthwatch does highlighting the views of the public.

9.3. Keith Hinkley suggested that the future plans of Healthwatch should be timetabled alongside the plans of the rest of the ESHSCP in due course.

The Board RESOLVED to note the report.

10 WORK PROGRAMME

10.1. The Board considered its work programme.

10.2. The Board RESOLVED to:

- 1) note the work programme; and
- 2) note that the Board may need to meet more often in the future as part of the East Sussex Outbreak Control Plan

The meeting ended at 4.45 pm.

Councillor Keith Glazier (Chair)