

## EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 13 July 2021.

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MEMBERS PRESENT                                          Councillor Keith Glazier (Chair)  
Councillor Carl Maynard, Councillor John Ungar, Councillor Trevor Webb, Councillor Philip Lunn, Dr David Warden (Deputy Chair), Ashley Scarff, Keith Hinkley, Stuart Gallimore, Darrell Gale, Joanne Chadwick-Bell, Samantha Allen and Elizabeth Mackie

INVITED OBSERVERS PRESENT                          Councillor Zoe Nicholson, Councillor John Barnes MBE, Becky Shaw and Sarah Deason

### 1. MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 2 MARCH 2021

1.1.    The minutes of the meeting held on 2<sup>nd</sup> March 2021 were agreed as a correct record.

### 2        APOLOGIES FOR ABSENCE

2.1. Apologies for absence were received from:

- Cllr Paul Barnett
- Sarah MacDonald
- Siobhan Melia
- Mark Matthews

2.2.    The following substitutions were made:

- Ashley Scarff substituted for Jessica Britton
- Keith Hinkley substituted for Mark Stainton
- Carol Pearson substituted for Louise Ansari
- Elizabeth Mackie substituted for John Routledge
- Sarah Deason substituted for Geraldine Des Moulins

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

3.1.    There were no disclosures of interest.

#### 4 URGENT ITEMS

4.1. There were no urgent items.

#### 5. EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME - UPDATE

5.1. The Board considered a report providing an update on progress with planning for 2021/22 and the preparation for the implementation of NHS White Paper 'Integration and Innovation - working together to improve health and social care for all'.

5.2. The Board asked whether there will be more resources for GP practices to help them integrate with community health and social care services.

5.3. Ashley Scarff, Deputy Executive Managing Director – East Sussex Clinical Commissioning Group (CCG), said the funding for primary care is ringfenced and this helps to ensure it is targeted to meet the needs of primary care services, including GP practices. The East Sussex Health and Social Care Partnership's (ESHSCP) strategy includes moving towards earlier medical interventions in primary care settings to help improve outcomes, which means funding for GP practices and Primary Care Networks (PCNs) will remain a priority. Dr David Warden, Chair of the CCG, said that all CCGs will be abolished next April 2022 and the commissioning functions will move to the new Integrated Care Systems (ICS). This means GPs will no longer control the spending for healthcare locally, however, PCNs will in future be the voice of GPs locally and the mechanism for GPs to develop closer working relationships with the rest of the healthcare sector. Vicky Smith, Programme Director - East Sussex Health and Social Care Transformation, said the transition from CCGs to ICS will cause disruption and involves significant work, but there is a general feeling that East Sussex health and care sector is in a good place to make the change and benefit from it.

5.4. The Board asked how the roles of the ESHSCP and HWB will change under the new legislation.

5.5. Keith Hinkley, Executive Director of Adult Social Care and Health, said the ESHSCP Partnership Board will continue as before engaging with a wider range of partners, such as care home providers, and district and borough councils, to develop and deliver integrated care locally. The HWB will retain its role of overseeing the overall direction of the ESHSCP.

5.6. The Board asked whether the ESHSCP's priorities are quantifiable and whether there were any baseline measures that could enable the HWB to measure the progress of the ESHSCP.

5.7. Vicky Smith said the ESHSCP had been reviewing its outcomes framework following the agreement by the HWB of key outcomes at its March 2020 meeting, however, this was delayed due to the pandemic. The key outcomes related to population health, improved quality and experience of care, and sustainable transformation of services. The next step is to complete this piece of work and produce key indicators for these outcomes and begin reporting to the Board at future meetings whether they are being met.

5.8. The Board asked whether there were sufficient resources to ensure the Strategic Development Framework could be delivered on time, especially given the amount of milestones that land in Q4 21/22, shortly before the objectives are due to be implemented.

5.9. Vicky Smith said that developing Strategic Development Framework is a negotiated process between many different stakeholders who all have to be broadly in agreement. The later milestones will allow enough time for all the organisations involved to undertake detailed planning to agree a vision between themselves before producing final written documentation in Q4, such as detailed business cases. The system does have the capability to develop integrated services at pace, as evidenced by the community hubs that were developed during the COVID-19 outbreak between the NHS, East Sussex County Council, district and borough councils, and Voluntary, Community and Social Enterprise (VCSE) sector.

5.10. The Board RESOLVED to:

1) Note the key agreements reached to date to support our continued collaboration and implementation of the White Paper; and

2) Note the progress with our planning activity focussing on our partnership work and shared plans aimed at improving population health and delivering more integrated care.

## 6 HEALTHWATCH ANNUAL REPORT 2020-21

6.1. The Board considered a report providing an overview of Healthwatch East Sussex's Annual Report 2020-21 – On equal terms: Then and now.

6.2. The Board asked whether Healthwatch should focus on access to primary care, in particular dentistry.

6.3. Simon Kiley, Evidence and Insight Manager, said Healthwatch had been relaying concerns about access to dentistry – as well as other services like GP practices, Emergency Departments and NHS 111 – to all avenues possible, including through its national network, and via the Sussex Health and Care Partnership (SHCP), where it has representation. It is seeking responses from the relevant commissioning organisations responsible for these services.

6.4. The Board asked about how people have been able to access GP services during the pandemic

6.5. Dr David Warden said it has been extremely difficult for GP practices during COVID-19, however, many have coped well and developed new ways of working including virtual appointments and triage. In addition, they have maintained face-to-face appointments and have been delivering a significant component of the vaccine programme. Dr Warden agreed that access to GP services has room for improvement, however, the public also needs to be made aware of all the other urgent care options available to them, including NHS 111 and local pharmacies, that may be more appropriate than seeing a GP in many cases. Elizabeth Mackie, Volunteer and Community Liaison Manager, said she had received lots of good examples of GP practices working well and that the main concerns of patients related to access to dentistry.

6.6. The Board asked whether the CCG has produced the pre-merger guidance for GP Practices mentioned by Healthwatch.

6.7. Ashley Scarff said there is not specific guidance as each merger is unique, but the CCG will work closely with all GP practices planning to merge through a framework of areas such as patient lists, how specific sites are managed, the different needs of patients and geography between sites. All learning from a completed merger is then taken on board and applied for future mergers. Elizabeth Mackie added that the largest number of contacts about GP practices received by Healthwatch relate to overwhelmed telephony systems caused by a merger of practices. Simon Kiley agreed that it was important that the CCG prompts practices to have early discussions about facilities and infrastructure, as issues such as telephone systems being overloaded otherwise come to light when it is too late. He added that COVID-19 played a role in the issues around telephony by placing additional demand on phone systems that otherwise would not have been there.

6.8. The Board asked whether the list of top 5 priorities for 2021/22 was in any kind of order and if so, why Children and Young People – wellbeing, especially mental health was last.

6.9. Elizabeth Mackie said the priorities were not hierarchical and there is already a project underway for young people with mental health. Healthwatch has also recruited 10 young people to help develop a Young Healthwatch for people aged 14-18 and one of their key priorities is young people's mental health.

6.10. The Board RESOLVED to note the report and thank Healthwatch for its work in complying the report and engaging with residents.

## 7 HEALTH AND WELLBEING INEQUALITIES OF RESIDENTS AT KENDAL COURT, NEWHAVEN AND HOMELESS PEOPLE ACCOMMODATED BY BRIGHTON AND HOVE CITY COUNCIL IN TEMPORARY ACCOMMODATION IN EAST SUSSEX

7.1. The Board considered a report providing information on the significant welfare concerns about the placing of unsupported homeless people in Kendal Court and the wider Lewes and Eastbourne areas by Brighton and Hove City Council (BHCC).

7.2. The Board asked whether there were staff on site at Kendal Court 24/7.

7.3. Keith Hinkley said Kendal Court is not set up as a 24/7 care service and East Sussex County Council (ESCC) is not trying to make it into one. The Council is seeking to ensure that BHCC provide appropriate support for those vulnerable people who are placed there. There are ways of providing this support in a consistent way to people in the unit, but not as a 24/7 service.

7.4. The Board asked whether there was a known length of stay of residents.

7.5. Keith Hinkley said there is minimal throughput of clients, i.e., some clients have been there for a very considerable time, and this is one of the main areas of concern.

7.6. The Board asked whether BHCC, as a neighbouring authority, had been engaged sufficiently over the issue. The Board also asked whether BHCC should be reported to the Ministry of Housing Communities and Local Government (MHCLG) for not fulfilling its statutory duties.

7.7. Keith Hinkley said that ESCC has made it clear that the needs of the residents placed at Kendal Court are at the forefront of the actions being undertaken by the Council. The Director of Adult Social Care and Health said that homeless support was a complex issue that local authorities face, but ESCC is committed to working collaboratively and had sought over a period of time to address these challenges with BHCC. It is clear, however, that during this time fundamental issues around people receiving the right care and support to meet their needs have not been addressed, even though they are solvable. BHCC has been informed about this report and the local authority's views had been reflected in the report's contents. Health and wellbeing boards are concerned with the oversight of the wellbeing of local residents, which is why this issue has been escalated to the East Sussex HWB. The proposed letter will raise the Brighton & Hove HWB's awareness of the issue and will provide a further opportunity to work together in the best interests of these vulnerable people who have been placed in Kendal Court and elsewhere in East Sussex. A further update is proposed in September and it will give the HWB the opportunity to reflect on next steps if progress is not made.

7.8. The Board took the view that it should be a very strongly worded letter, as residents in East Sussex had expressed concern about the plight of these vulnerable homeless people who had been placed across the county by BHCC, and meeting their needs was a clear strain on ESCC and the district and borough council's resources. BHCC is a neighbour and attempts should be made to work together as far as practicable, however, if no progress has been made by September there could be a need to escalate the matter further.

7.9. The Board RESOLVED to:

1) note the concerns highlighted in this report and the work undertaken to try and address them;

2) agree that the Chair of the Health and Wellbeing Board write to the Chair of the Brighton and Hove Health and Wellbeing Board to request that Brighton and Hove City Council (BHCC) urgently resolve the inequalities experienced by the vulnerable adults that it has placed at Kendal Court and elsewhere in Lewes and Eastbourne by fulfilling its statutory health and welfare responsibilities;

3) agree to receive a further update report on the situation at its next meeting on 30<sup>th</sup> September 2021.

## 8 IMPROVING POPULATION HEALTH - EAST SUSSEX ALCOHOL STRATEGY AND HEALTHY WEIGHT PARTNERSHIP

8.1. The Board considered a report seeking endorsement of the East Sussex Healthy Weight Plan for 2021-2026, and the East Sussex Alcohol Strategy 2021-2026.

8.2. The Board asked whether the East Sussex Healthy Weight Plan put enough emphasis on physical activity, particularly community organised activities like dancing, or walking.

8.3. Darrell Gale, Director of Public Health, explained that the report contained a summary of the East Sussex Whole-system Healthy Weight Plan, which contained more detail. He agreed physical activity was integral to healthy weight and provided other benefits than just burning calories like improving balance and bone strength. Communal activities like walking also offer social benefits and can provide stimulation and purpose to people with dementia. Peter Aston, Health Improvement Principal, said the Plan had three priority areas developed with partners – Food, Environment and Physical Activity. The Plan aims to identify how these areas can be improved by building on what already exists in the system, so residents can improve their weight or be more active using readily available methods.

8.4. The Board asked whether the East Sussex Healthy Weight Plan should be more focused on mother and toddler groups, given the impact healthy lifestyles can have on young people's weight.

8.5. Peter Aston said one of the action areas in the Food element of the Plan included working with acute trusts to ensure their Baby Friendly Initiative and some of its key messages such as 'Wherever possible, Breast is best' are supported and amplified across the county. The Plan also promotes the Healthy Active Little Ones programme, which involves working with early years settings, like nurseries, to help them obtain accreditation to show they are helping young people build and maintain a healthier weight. The Healthy Schools programme is also included and involves improving health outcomes for children in primary and secondary schools.

8.6. The Board asked about how hidden fat in food could be lobbied against.

8.7. Darrell Gale agreed that cheap food is cheap calories and the cheaper the more hidden salt, fat and sugar there tends to be. There is work nationally to highlight to food manufacturers the calories in their food. Locally the work is done with the district and borough Environmental Health teams, as much of the cheaper food is served by local takeaways. The Director of Public Health said that there are fresh food deserts in some areas of the county, where there is a lot of takeaways and few cheap healthy food options, including around schools.

8.8. The Board asked whether alcohol services also do targeted intervention in cases where domestic abuse is likely.

8.9. Darrell Gale said the commissioner for drug and alcohol services sits in the Community Safety Team in the Adult Social Care Department and works closely with the commissioning of domestic violence services.

8.10. The Board RESOLVED to:

- 1) Endorse the East Sussex Whole-system Healthy Weight Plan for 2021-2026 (Appendix 1);
- 2) Endorse the East Sussex Alcohol Strategy 2021-2026 (Appendix 2); and
- 3) Note the approach taken in the development of the whole-system healthy weight plan and the East Sussex Alcohol Strategy, and their priority areas for action.

## 9 EAST SUSSEX OUTBREAK CONTROL PLAN

9.1. The Board considered a report seeking approval of the refreshed East Sussex Outbreak Control Plan.

9.2. The Board asked about how many people in East Sussex had received both vaccine doses.

9.3. Darrell Gale said approximately two thirds of the over 18 population had received two vaccinations based on the most recent data from 9<sup>th</sup> July. This included more than 90% of the clinically extremely vulnerable, over 75, over 80, care home residents, and residential care home workers. There are areas where uptake is lower and the Public Health Team is working to improve vaccination rates including parts of Eastbourne, Hastings and Forest Row.

9.4. The Board asked whether advice would be issued about mask wearing in schools.

9.5. Darrell Gale said that directing schools to enforce mask wearing involved getting sign off from a number of Department for Health and Social Care national committees. Instead, the Public Health team strongly recommend to schools that they continue with face masks in communal areas. There has been close working throughout the pandemic with the Director of Children's Service and headteachers to co-produce guidance to schools that schools will find realistic and achievable to implement and it has so far worked very well. Any more stringent recommendations, such as wearing masks in classrooms would need to be considered in the context of rising cases but also an approaching end of the school year.

9.6. The Board asked what would be done if a different pandemic arises locally.

9.7. Darrell Gale said his team works with emergency planning to horizon scan and build on learning from the COVID-19 pandemic, which is not yet over, to ensure there is greater resilience for future pandemics and other incidents. It is probable that seasonal flu will be more of an issue this year due to suppressed immunity amongst residents.

9.8. The Board RESOLVED to:

- 1) approve the revised East Sussex Outbreak Control Plan (appendix 1); and
- 2) agree to receive an update at its 30 September 2021 meeting.

## 10 WORK PROGRAMME

10.1. The Board considered its work programme

10.2. The Board RESOLVED to agree its work programme.

The meeting ended at 4.15 pm.

Councillor Keith Glazier (Chair)