

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

34.1 There were no disclosures of interests.

35. URGENT ITEMS

35. 1 There were no urgent items.

36. INTEGRATION PROGRAMME AND SHARED DELIVERY PLAN DEVELOPMENT UPDATE

36.1 The Board considered an update report on the East Sussex Health and Social Care Integration Programme and the development of a Shared Delivery Plan (SDP) for the NHS Sussex Integrated Care Strategy (ICS). The SDP brings together immediate health and social care system priorities around access to services and the co-ordination of prevention services.

36.2 The Board commented that the report was well put together and meaningful and stressed the importance of getting the approach right to ensure collaborative working across all the partners. The Board asked a number of questions about the report which are summarised below.

36.3 In terms of improving health outcomes, the Board asked why there were no crosses against preventable sight loss under the frailty category in the table identifying high level of need by place, according to the East Sussex public health outcomes framework (appendix 4, page 49 of the report).

36.4 Vicky Smith, Programme Director, East Sussex Health and Social Care Transformation responded that she thought this was an oversight and will investigate and arrange for it to be corrected as necessary.

36.5 Councillor Batsford commented that he thought there should be more focus on health inequalities in places such as Hastings where there are some of the poorest areas in East Sussex and there are high levels of need. The Chair commented that the focus of the report is on health inequalities which the SDP is seeking to address.

36.6 The Board sought reassurances that the approach to health inequalities would take into account the areas throughout the county where there are areas of greater inequality. The Board also asked if the proposed workshops would use an analysis of information that has previously been gathered as a basis for asking further questions, rather than asking open questions that we might already know the answers to.

36.7 Vicky Smith outlined that the priorities identified in the Improving Health Outcomes: Summary of Opportunities Analysis (appendix 4 of the report) is a summary that brings together public health information on the four conditions (CVD, Mental Health, Respiratory and Frailty) which are being used as indicators of poor health. They are then being used as a lens to focus on areas of work where there are opportunities for prevention and other work where change is possible. It aims to show where there might be outliers in health outcomes compared with the England average, including within Borough and District council communities, which might need to be explored in more detail. This is also why there is an integrated community team approach to the work to examine these differences and produce an integrated plan based on community intelligence and insight.

36.8 The intention is to develop a set of co-designed workshops which will bring together all the expertise that people and communities have on their local areas as well as the information clinicians and health professionals have. The plan is to refresh the approach and bring together

intelligence and insight, and link this to measurable outcomes for population health and more immediate actions for within year activity.

36.9 The Board asked who in the NHS and Social Services are ultimately accountable as shown in the simplified governance structure for the development and sign off of the Integrated Care Strategy (page 20 of the report).

36.10 Mark Stainton, Director of Adult Social Care and Health responded that the ultimate accountability does not lie in one place, as the ICS brings together a whole range of health and care organisations. For provider Trusts they are accountable to the NHS Sussex Board (ICB); for East Sussex County Council (ESCC) services they are accountable to local people through the Lead Member, Cabinet and Health and Wellbeing Board (HWB); and as a system the accountability is to the Sussex Health and Care Assembly which is pan Sussex and includes the Chairs of three Sussex HWBs, senior council officers, non-executive members and officers of NHS Sussex. The diagram on page 20 of the report attempts to show these different governance arrangements. Neither the Health Overview Scrutiny Committee nor the HWB are a sub-set of ESCC, and the diagram is attempting to show where local government governance sits.

36.11 Alison Jeffery, Director of Children's Services commented that she was really keen on the SDP having a bigger focus on children and young people in East Sussex. When it comes to prevention and investment in services it will be important to invest in services such as those for mental health.

36.12 The Board RESOLVED to:

- 1) Note the progress with planning to support our implementation of the shared ambition and priorities set out in the Sussex Integrated Care Strategy and joint East Sussex Health and Wellbeing Board Strategy;
- 2) Endorse the direction of travel and the recommended planning milestones for 2023/24, which will also form the basis of the East Sussex Place contribution to the Sussex Shared Delivery Plan (SDP), and;
- 3) Agree to explore holding a meeting of the HWB in June 2023 in order to come to a view on whether the SDP takes account of HWB Strategy priorities, and enable the requirements of the HWB and timescales set by NHS England as outlined in paragraphs 2.4 – 2.7 to be met.

37. HEALTHWATCH EAST SUSSEX - EASTBOURNE LISTENING TOUR REPORT

37.1 The Board considered a report on the Eastbourne Listening Tour carried out by Healthwatch East Sussex in October 2022. The report includes the findings and the recommendations made as a result of the work undertaken on the Listening Tour.

37.2 The Board noted the comments regarding access to GPs in the report and observed that it is important to keep people informed on the challenges facing GP practices and to give feedback to the public regarding improvements to, or developments in, the service.

37.3 The Board asked how the headline findings in the report, such as access to services and confidence in services, compare with other places.

37.4 John Routledge, Healthwatch East Sussex responded that generally concerns expressed about access to GPs and dentistry are similar to other areas. Some services such as dentistry attract more concerns because when you need to access dentistry services there are no alternatives. Over the last few years concerns about access have increased, including access to face to face appointments with GPs. The main concerns are about access rather than the service itself once people have been able to access treatment. Anna Hoad, Healthwatch

East Sussex added that the report also contains links to more detailed reports that provide a further breakdown of the feedback received from the Listening Tour.

37.5 The Board asked if the responses reported from the listening tour were people's direct experiences of services.

37.6 John Routledge clarified people were asked "in your experience, or someone you care for", in order to capture people's direct experience of services when asking for people's views about services.

37.7 The Board asked if the Healthwatch report would lead to further action as the HWB was being asked to note the report.

37.8 Joe Chadwick-Bell, Chief Executive, East Sussex Healthcare NHS Trust (ESHT) commented that it is right to look at services in detail, but it should be remembered that the Listening Tour was carried out during a difficult period for the NHS when there were pressures on services and staff, and the recovery from backlogs built up during the Covid pandemic. It is possible to demonstrate where people are accessing care, such as cancer referrals, and it is important that people are coming forward for the services they need.

37.9 Jessica Britton, Executive Director, NHS Sussex added that it is helpful to get the report and details of people's experiences which focuses on areas of concern and access to services. It reflects areas where the NHS knows there is more work to do. The NHS will look at the recommendations to inform its work, and they will feed into work programmes to make improvements through the Health and Care Partnership.

37.10 Mark Stainton added that the report contained some really useful information, and the report covers areas where some research has already been undertaken and other areas that are new. He suggested the next steps would be to take the report to either the East Sussex Health and Care Partnership or to the East Sussex Health and Care Partnership Executive, to consider the recommendations for individual organisations and those for the broader health and care system.

37.11 Anna Hoad commented that Healthwatch would be happy to follow this up and provide more detailed reports where that would be helpful. The Chair added that it was a really helpful report and the next steps for the report would be to refer it to the East Sussex Health and Care Partnership.

37.12 The Board RESOLVED to:

- 1) Note the report; and
- 2) Refer the outcomes of the Healthwatch East Sussex, Eastbourne Listening Tour to the East Sussex Health and Care Partnership for their consideration.

38. BUILDING FOR OUR FUTURE AND ESHT HOSPITAL REDEVELOPMENTS

38.1 The Board considered a report on the Building For Our Future programme and ESHT hospital redevelopments. ESHT is in cohort four of the Government's New Hospitals Programme.

38.2 The Board asked if there would be a new hospital in Eastbourne.

38.3 Joe Chadwick-Bell responded that the national definition of a new hospital includes a completely new build hospital, or a significant extension, or a significant redevelopment of an existing hospital (e.g. redesign of the interior). At this stage ESHT cannot tell which it will be as

it does not know how much funding has been allocated. Once ESHT knows what the funding will be, it can give a better indication of the future for the Eastbourne hospital.

38.4 The Board asked how patients from Hastings would be able to access the new Elective Surgery Hub at Eastbourne and whether Hastings would get a diagnostic hub.

38.5 Joe Chadwick-Bell outlined that outpatient appointments would continue to be provided at both Hastings and Eastbourne hospital sites. Day case surgery will also continue to be provided at both sites so people will have a choice. The new Elective Hub will provide more capacity for procedures and reduce waiting times. Access to the new Elective Hub will be via referrals. A new Travel Liaison Officer post (which is being provided as part of the Cardiology and Ophthalmology transformation proposals) will be able to help with transport and support arrangements for patients. If patients are eligible for the Patient Transport Service, they will get transport to the new Elective Hub.

38.6 Jessica Britton commented that a range of options were being considered for a diagnostic hub in Hastings. The New Elective Hub will mean additional capacity to carry out minor procedures and it will still be possible to have procedures at both Hastings and Eastbourne. There will continue to be patient choice in terms of where people have their procedure and there will be support provided for transport and access to the new Elective Hub.

38.7 Councillor Batsford asked if Hasting Borough councillors and Council could be kept updated about the proposals for a new diagnostic hub. Jessica Britton confirmed that Hastings Council and councillors would be included in any communications about the new diagnostic hub.

38.8 The Board RESOLVED to note the update on the status of East Sussex Healthcare NHS Trust's capital developments and plans for hospital redevelopment as part of the Government's New Hospitals Programme.

39. PHARMACY PROVISION IN EAST SUSSEX

39.1 The Board considered a report on Pharmacy provision in East Sussex following the notification by LloydsPharmacy that it was closing three 100 hour pharmacies located in Sainsbury's supermarkets in St. Leonards on Sea, Newhaven, and Hampden Park in Eastbourne.

39.2 The Board commented that the closures would mean a substantial amount of out of hours access to pharmacies would be lost. Dr Stephen Pike also raised concerns about the loss of acute access to pharmacies (e.g. the Newhaven pharmacy provides medicines for end of life care) and commented that overall activity can mask individual patient need.

39.3 The Board asked if a reason had been given for the closures.

39.4 Darrell Gale, Director of Public Health responded that a reason had not been given by Lloyds for the closures, and this was a Lloyds decision rather than a decision by Sainsbury's where the pharmacies are located. It may be a reflection of decisions being made by Lloyds about their pharmacy business, and it is understood that the future of Lloyds pharmacies located in Ringmer, Newick, Forest Row and Sidley are also under discussion. *(Post meeting note: It has been clarified that LloydsPharmacy is reviewing its community pharmacy estate and is selectively selling some branches. There have been no notifications of any closures in East Sussex other than the three within Sainsbury's).*

39.5 Councillor O'Brien expressed concern about the closures as this would leave the Lewes district without out of hours provision and Newhaven is an area where there is a greater mental health need.

39.6 The Board asked about the process if option 2 to issue a Supplementary Statement to the Pharmaceutical Needs Assessment (PNA) is taken. Would this lead to the commissioning of replacement pharmacy services.

39.7 Darrell Gale outlined that the process would be to look at the PNA to check the demographic information and to establish where 100 hour (extended hours) pharmacy services needed to be commissioned. There will then be some consultation and engagement work before making a recommendation to the HWB and work with NHS England to commission the new/replacement services. It was clarified that there will be NHS commissioning funding to pay for new/replacement pharmacy services. This may also be of interest to new health centres if they could help with pharmacy provision.

39.8 The Board RESOLVED to:

- 1) Note the impact on pharmaceutical provision in East Sussex of the Lloyds Pharmacy decision to close its outlets in Sainsburys stores; and
2. Agree to Option 2 and to the issuing of a supplementary statement of the East Sussex Pharmaceutical Needs Assessment.

40. WORK PROGRAMME

40.1 The Board discussed the work programme and the need to hold an additional meeting towards the end of June 2023 to consider the NHS Sussex ICS Shared Delivery Plan (SDP). It was suggested that the additional meeting could be held on 27 June 2023 and the items currently scheduled for the 18 July meeting could be split across the agendas for the two meetings.

40.2 The Board RESOLVED to note the work programme and agree to hold an additional meeting in June 2023 to consider the SDP.

41. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

41.1 There were none.

The meeting ended at 4.00 pm.

Councillor Keith Glazier (Chair)