

## 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 4 March 2025.

---

MEMBERS PRESENT	Councillor Keith Glazier (Chair) Councillor Carl Maynard, Stephen Lightfoot, Dr Stephen Pike, Ashley Scarff, Mark Stainton, Carolyn Fair, Simon Kiley, Councillor Paul Davies and Councillor David Whitehill
MEMBERS PRESENT VIRTUALLY	Rob Tolfree
INVITED OBSERVERS PRESENT	Councillor Dr Kathy Ballard, Councillor Teresa Killeen MBE, Becky Shaw, David Kemp, Duncan Kerr and Simon Morris
PRESENTING OFFICERS	Vicky Smith, Programme Director, East Sussex Health and Social Care Transformation Michael Courts, East Sussex Housing Partnership Lead Steve Broome, Strategic Development Manager, Adult Social Care

### 31. MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 10 DECEMBER 2024

31.1 The minutes of the meeting of the Health and Wellbeing Board held on 10 December 2024 were agreed as a correct record.

### 32. APOLOGIES FOR ABSENCE

32.1 The following apologies for absence were received from members of the Board:

- Veronica Kirwan, Healthwatch East Sussex.
- Darrel Gale, Director of Public Health.

32.2 The following apologies for absence were received from invited observers with speaking rights:

- Hannah Youldon, East Sussex Fire and Rescue Service.

32.3 The following substitutions were made for members of the Board:

- Simon Kiley, Healthwatch East Sussex substituted for Veronica Kirwan.
- Rob Tolfree, East Sussex County Council substituted for Darrell Gale.

32.4 The following substitutions were made for invited observers with speaking rights:

- David Kemp, East Sussex Fire and Rescue Service substituted for Hannah Youldon.

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

33.1 Councillor Carl Maynard disclosed a personal, non-prejudicial interest in agenda item 6, the Draft East Sussex Housing Partnership Strategy, as he is a member of Rother District Council.

### 34. URGENT ITEMS

34.1 There were no urgent items notified.

### 35. EAST SUSSEX HEALTH AND SOCIAL CARE SHARED DELIVERY PLAN (SDP) INTEGRATION PROGRAMME - UPDATE REPORT

35.1 The Board considered a report on East Sussex Health and Social Care Shared Delivery Plan (SDP) Integration Programme update introduced by Vicky Smith, Programme Director, East Sussex Health and Social Care Transformation. The report provides a summary of progress against the eight priorities contained within the SDP and a report back from the 'deep dive' strategy session held on the 6 February 2025.

35.2 Ashley Scarff, Director of Joint Commissioning and ICT Development (East Sussex), NHS Sussex thanked Vicky for the report and commented that good progress is being made against the SDP priorities. There had been a lot of work taking place across the whole health and care system on delayed discharge and progress is being made.

35.3 Mark Stainton, Director of Adult Social Care and Health commented that there had been good progress against the SDP priorities and there has been a sustained improvement on delayed discharge. Additional capacity and funding have been made available to tackle delayed discharge and there have been marginal gains in efficiency. East Sussex has a comparatively unhealthy population which means there is more acute need. The deep dive sessions have been very important in shaping the way the Health and Wellbeing Board (HWB) can take a more stewardship approach to the health and care of residents.

35.4 The Chair echoed the comments made on the progress that is being made on the SDP and the value of the informal deep dive strategy sessions.

35.5 Stephen Lightfoot, Chair of NHS Sussex added his thanks to those delivering the SDP and noted the good progress that had been made particularly around delivering the Integrated Community Teams (ICTs) and the level of engagement in the work to change the model of care. He noted that the work on reducing delayed discharges is challenging. For example, in the week ending 31 January 2025 the East Sussex Healthcare Trust (ESHT) had 177 patients who no longer met the criteria to reside and were medically fit for discharge, which represented almost a third of bed capacity. He added that the report outlines the actions being taken to tackle this issue, but we may need to ask what we are going to do differently in order to have a greater impact on reducing delayed discharge.

35.6 Mark Stainton commented that having 177 patients waiting for discharge is not a good figure but is down from an average of 225 patients. There has been a lot of work on this issue and there has been a sustained improvement in reducing the number of patients experiencing delayed discharge. There is more work to do and there are a number of strands of work underway to improve the flow of patients out of hospital such as early mobilisation whilst in an

acute ward. In partnership with the Integrated Care Board (ICB) the Council has worked to improve the flow out of hospital and has increased resources and capacity to facilitate discharge. The long-term solution has two elements. One is to look at whole health population management, and there are some parts of the county where healthy life expectancy is over a decade below retirement age. The other element is to work on admission avoidance which needs to be given an equal focus to the work on delayed discharge. The rapid development of ICTs provides the joined-up approach to health and care needs which will help avoid admissions to hospital.

35.7 Vicky Smith underlined the focus within the ICT development on the multi-disciplinary teamwork which focuses on the proactive care of those people with the most complex needs, who are often the older and most frail within our population and may be subject to delayed discharge once admitted to hospital. This will remain the focus of work going forward.

35.8 The Board RESOLVED to:

1. Note the overall progress made in 2024/25 with the Health and Wellbeing Board (HWB) Shared Delivery Plan (SDP) objectives for East Sussex, including the continuing whole system collaborative action taking place to improve hospital discharge;
2. Note the outcomes from the HWB development session on the building blocks of health as set out in the summary briefing note contained in Appendix 1, and;
3. Agree the key messages and suggested actions in the briefing note, for sharing more widely with organisations and partners.

## 36. DRAFT EAST SUSSEX HOUSING PARTNERSHIP STRATEGY

36.1 The Board considered a report on the draft East Sussex Housing Partnership Strategy, which was presented by Michael Courts, East Sussex Housing Partnership Lead, which is a joint role between Public Health and the five local housing authorities. The report has been brought to the Board whilst the Housing Partnership Strategy is still a working draft. Work has been underway to scope the key priorities in the draft Strategy which acknowledge the significant importance of the wider work on housing and the link to reducing health inequalities. The work on the Strategy followed the publication of the Director of Public Health annual report in 2019/20 which explored the links between health and housing and built on the partnership work that was developed during the Covid pandemic.

36.2 Mark Stainton commented that the draft Strategy is an evidence based piece of work that is helpful and a good example of joint and partnership working. Housing is one of the key building blocks of population health and wellbeing and has a significant impact on the demand for health and care services. Often where people are delayed in hospital there is some element of housing involved in the causes of delays. It is good that there are six priorities in the draft Strategy around wider housing priorities, and it is not solely focussed on homelessness prevention. It also dovetails well with the other strategies that have been developed on health and wellbeing.

36.3 Simon Morris, Head of Partnerships at the Sussex Police and Crime Commissioner (PCC) commented that the PCC is doing some work with a charity called Prisoners Building Homes which is partnered with local councils and businesses to build modular homes. He highlighted that this is an extra initiative which could be included within the draft Strategy.

36.4 Stephen Lightfoot thanked Michael for the report and commented that he was very pleased that we are linking health and housing. He was supportive of having a section on housing, health and care which was really strong. Stephen asked if there was a possibility of incorporating some health outcomes with the other measures. For example, on the section on

housing standards, could there be linkages to things such as damp housing and mould on walls that links to health and in particular the impact on people with respiratory disease. As we know from the ICT health profiles, there is a higher proportion of people with asthma and COPD in the five ICT areas compared to the Sussex and national average. If it would be possible to include a health measure in one or two of the other sections of the Strategy it would make it even stronger.

36.5 Michael Courts commented that the Partnership has had a strong focus on the new regulations for social housing providers to ensure there is a tenant voice around understanding their housing and health needs. There are also pilot projects around asthma clinics and how we link that to identify people who may be in housing need and to other areas of work. The Housing Partnership has linked the Prisoners Building Homes scheme into the Development and Enablement Group to explore how to support the scheme locally and to make links with local building contractors to provide opportunities locally.

36.6 The Board RESOLVED to:

1. Review the draft strategy and provide feedback on amendments, updates and additions to strengthen links to ongoing work to reduce health inequalities; and
2. Note the next steps to finalise and adopt the strategy.

### 37. A WELLBEING APPROACH TO PREVENTION IN ADULT SOCIAL CARE (ASC)

37.1 The Board consider a report on a Wellbeing Approach to Prevention in Adult Social Care (ASC), which was presented by Steve Broome, Strategic Development Manager, Adult Social Care. The Prevention Strategy has been developed to be person-centred and integrated with other key health and wellbeing strategies. The wellbeing approach is around enabling people to have and use the capabilities they need to lead lives of purpose, balance, and meaning.

37.2 Mark Stainton commented that the Prevention Strategy is really important to ASC in having a strategic approach to prevention. It reflects the first two sections of the Care Act, with section 1 being wellbeing and section 2 being prevention. Mark emphasised that there is an ambition to develop the Strategy into an all age, multi-agency Prevention Strategy that will support the whole life course approach which aligns with the Improving Lives Together integrated care plan.

37.3 The Chair commented that the amount of work that has gone into developing the Strategy should not be underestimated and that it is a very important piece of work. It also underlines the things that could be achieved if we get the Strategy right.

37.4 Councillor Whitehill commented that he notes the one county and whole life course approach of the Strategy but Hastings, which he represents, faces some significant issues. He asked if the Strategy has a needs based approach which takes into account the different needs of the various parts of the county such as the severe homelessness issues in Hastings.

37.5 Stephen Lightfoot congratulated officers on a strong and thorough report, with an approach that was very systematic and thoughtful. He welcomed the whole life course approach proposed at the end of the paper as this answered his question about the inclusion of children and young people as well as adults. He asked in terms of ambition and thinking about other forms of wellbeing and a whole population approach, whether there is an opportunity for something around online wellbeing, particularly for online abuse. Also, if we are thinking about whole life course whether we are considering the linkage to education which can have an impact on children and young peoples' wellbeing. The whole life course approach would suggest certain interventions for children and young people, working age adults, and the elderly

and frail, which could be separated out into a logical and clear order so people could see how it affects them. Stephen outlined his strong support for the direction of travel of the Prevention Strategy.

37.6 David Kemp, Head of Prevention and Designated Safeguarding Lead, East Sussex Fire and Rescue Service commented that it was welcome to see a preventative approach being taken and the Fire Service will support the Prevention Strategy both in terms of the work with adults and with children and young people.

37.7 Steve Broome acknowledged the Hastings context outlined by Councillor Whitehill. The Strategy has an Equalities Impact Assessment (EQiA) which looks at protected characteristics and inequalities and reflects them at a place level. The Strategy takes a progressive universalism approach which aims to make services available to all, but also to make them most available to those who need the services the most. This will draw on, for example, ICT data profiles to address any areas of specific need and the life course approach. One of the dedicated projects in physical wellbeing will be based in Hastings through work with Active Sussex.

37.8 Steve Broome acknowledged that in terms of online wellbeing, which was good point, this will be looked at through work on mental and social wellbeing in the real world and virtual world. It will be possible to adapt the framework to reflect the different stages of psycho-social development in the life course approach and make it relevant to the challenges in each stage. He welcomed the support of the Fire Service and thanked them for their partnership work on loneliness and other issues.

37.9 Mark Stainton acknowledged the point about the difference in each of the District and Borough council areas and the point about the particular problems and issues in Hastings. He outlined that the prevention agenda and ICTs work at place level, as outlined under the Housing Partnership Strategy item, which brings these issues together. Work will be undertaken by the ICTs to address particular population needs based on the population profiles produced for each area which are published in the Joint Strategic Needs Assessment (JSNA). The rough purpose of the ICTs will be 80% on the core offer across the whole of East Sussex and 20% of the offer tailored to the need of the local ICT. For example, the individual needs of Hastings would feature heavily in that 20% local offer.

37.10 Mark Stainton added that he particularly liked the framework approach outlined in the Prevention Strategy which has nine sections. He outlined that there are a large number of schemes as part of the framework across the nine sections. Some of them will relate to East Sussex as a whole and some will relate to local areas such as homelessness in Hastings. It is a multi-agency approach which can accommodate the needs of local areas within the framework set out in the Strategy.

37.11 The Board RESOLVED to:

1. Consider the wellbeing approach to prevention in ASC, and to discuss ways in which the ASC strategy and its implementation can be supported; and
2. Support the development of a 'one county, one agency' strategy for prevention that spans the whole life course.

## 38. WORK PROGRAMME

38.1 Mark Stainton introduced the item on the work programme. He outlined that there was one proposed addition to the work programme which was the All Age Autism Action Plan provisionally for 23 September Board meeting, as the July meeting is quite full. However, there

is a question as to whether the NHS 10 Year Plan will be published in time for the Board to consider it at the July meeting. If it is not ready, it is proposed to bring forward the All Age Autism Action Plan to the July meeting and pick up the NHS 10 Year Plan at the September meeting.

38.2 Mark Stainton outlined that there is also a proposal to bring the start time of the HWB meetings forward to 2.00pm from the next meeting, if agreed by the Board. This was agreed by the Board.

38.3 The Board RESOLVED to agree the work programme with the changes outlined in paragraph 38.1 above and to change the start time of future meetings to 2.00pm.

39. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

39.1 There were none.

The meeting ended at 3.31 pm.

Councillor Keith Glazier (Chair)