

At a meeting of the West Sussex Health and Wellbeing Board held on 13 October 2016.

Members present:

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| Nike Arowobusoye | Peter Catchpole | Geoff Coleman |
| Marie Dodd | Christine Field (Chairman) | Diane Henderson |
| Stephen Hillier | Geraldine Hoban | Karen Hughes |
| Alan Kennedy | Avril Wilson | |

Observers:

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| Edward Belsey | George Blampied | Mark Eyre |
| Tina Favier | Peter Griffiths | Amanda Jupp |
| Debbie Kennard | Nigel Peters | Sue Sjuve |
| Diane Shepherd | Nick Webster | |

Apologies:

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| Sally Allum | Alex Bailey | George Barton |
| Edward Belsey | Amit Bhargava | Natalie Brahma-Pearl |
| Peter Evans | Anne Jones | Eileen Lintill |
| Nigel Lynn | Minesh Patel | Penny Plant |
| Ann Rapnik | Kieran Stigant | |

Chairman's Welcome

55. The Chairman welcomed all to the meeting including observers invited specifically from the West Sussex Health and Adult Social Care Select Committee and from West Sussex District and Borough Councils.

Declarations of Interest

56. None

Urgent Matters

57. None

Minutes

58. Resolved that the minutes of the meeting of the Health and Wellbeing Board held on 14 July were agreed.

Action Tracker including HWB Dashboard

59. The Chairman introduced the report (copy available on the [website](#)) and explained that the Local Government Association (LGA) had been contacted as agreed in relation to democratic and public engagement in the drawing up of

Sustainability and Transformation Plans and assurance received that the Association was working to increase this.

60. With regard to the dashboard data concerning Children's Social Workers it was highlighted that the data related to cases per social worker of children in need did not reflect the individual social workers entire caseload, that more resource had been put in to try to support and increase the number of staff and that this remained a challenging task. In relation to delayed transfers of care (DTOC), members were asked to note the data showing that the West Sussex rate had decreased over that of July 2015.

Better Care Fund Monitoring

61. The Better Care Fund Coordinator introduced the report (copy available on the [website](#)) and highlighted areas of concern including non-elective admissions to acute care. The Board heard that nationally DTOC were at an all-time high but that in West Sussex the figures were slightly better.

62. The Board heard that current plan for the BCF programme was that it would continue on a two year planning cycle but that guidance was awaited concerning alignment with NHS operational plans and possible additional changes related to the delivery of NHS numbers and digital roadmaps.

63. The Chairman invited comments from members which included that:

- The Joint Commissioning Strategy Group (JCSG) was monitoring the effects of non-elective admissions
- Discrepancies in performance between providers needed to be understood and learning gained from that
- Difficulties in sufficient resource in the care market was a factor in DTOC but the issue was multiagency
- Measures from acute providers were only part of the picture, flow through the whole system was at issue, if community hospitals were increasingly supporting non-elective patients there was reduced placement for those waiting for domiciliary and residential care
- Voluntary sector does support patients in hospital and can effect shorter stays which should also be reflected in the BCF narrative. *It was explained that the reports were highlights only and details on all schemes were fed in for the narrative through lead commissioners*
- It was important to be sure the BCF programmes were working, to understand what more than monitoring was being done and whether the pace of change was sufficient before agreement was made on what goes into the next plan. *It was explained that monitoring and proposing change was the role of the JCSG as delegated by the HWB and that all comments would be taken back to the group and inform the next report to the Board.*

West Sussex Resilience Groups Update

64. The Head of Resilience, Coastal West Sussex Clinical Commissioning Group introduced the report (copy available on the [website](#)) and explained that NHS England and NHS Improvement had replaced the System Resilience Groups with new Accident and Emergency Delivery Boards. The rationale was that a renewed focus on four hour wait targets would stimulate the whole system to work together to ensure the appropriate flow of patients from primary care through acute care and on to social care if needed.

65. The Chairman invited comments from the Board which included that:

- The new Boards must also take into account the areas of concern identified by the HWB Resilience meetings held earlier in the year to inform resilience planning. *It was explained that partners from each sector of the system would be represented on three West Sussex A&E Boards (based around acute hospital catchment areas, the Western Sussex, the Surrey and Sussex and the Brighton and Sussex University Hospital systems).*
- Increased attendances at A&E were a national trend and intricacies of increased figures for West Sussex need to be understood – for instance why some A&E departments were seeing more working age people and children, others those over 85 years old. Also why some areas were seeing increased ambulance conveyances
- It would also be useful to understand what people's preferences were for emergency care, why some hospitals are chosen over others
- It would be useful to refresh communications to residents on where to go for care
- Prediction for this coming winter period was very concerning, a substantial risk was faced and patient safety was at issue
- Pressures were increasing not least by primary care services closing and patients not re-registering but using A&E instead
- Questioned whether walk-in centres were working
- Workforce issues were significant as were difficulties in sourcing sufficient care packages
- Public confidence in the system must be supported and people need to understand where to go to get the care they need
- Northern CCGs were continuing with initiatives such as GP services within A&E and Urgent on the Day appointments with GPs.
- Whether it would be useful to have the Health and Adult Social Care Select Committee (HASC) look at reasons for increased attendance by specific groups/resource for adequate social care services/next year's resilience planning? *Felt that this was the role of the A&E Boards. Noted they were working on existing and newer schemes at the moment and looking at primary*

care and see how that can work better – for instance in keeping people out of A&E between 7pm and 2am

- Essential now that dynamic measures were taken rather focusing on reflective work
- Increased risk for CCGs this year as money coming forward from government is only for new models of care, those not in a vanguard will cope alone
- Monitoring of BCF schemes showed they were working, the challenge was to scale them up and at pace.

66. The Chairman noted the extreme concern voiced by the CEO, Western Sussex Hospital Foundation Trust, that this winter would see the worst pressure on the system to date related to demand, work force issues and access to social care packages, and that the pace of change was too slow. The Chairman emphasised that patient safety was paramount and undertook to ensure the A&E Boards were made aware of HWB members comments and concerns and to coordinate a media campaign to ensure residents were aware of the right place to go to receive care.

67. Resolved that:

1. The notes of the Health and Wellbeing Board would be forwarded to the three West Sussex A&E Boards; and
2. The County Council would coordinate a media campaign to ensure residents were aware of the right places to go to receive primary and emergency and social care.

Seasonal Flu Vaccination Campaign

68. The Board received a presentation from the Director Public Health outlining the nature of influenza, the risks of infection for certain groups, the statistics concerning take-up of vaccination offers and details of a communication campaign to increase numbers of those having the vaccination. The Chairman invited comments from members which included that:

- It should be made clear to the public that antibiotics would not cure influenza and that vaccination could not cause the infection
- All community assets, including Carers Support West Sussex, needed to be engaged to spread the communication campaign
- The campaign would contribute significantly to system resilience.

Sustainability and Transformation Plan

69. The Chairman explained that West Sussex was part of a footprint for place-based planning towards sustainability and transformation of health and care services that included Sussex and East Surrey and would hear about work towards development of two place-based plans that would contribute to the

Sustainability and Transformation Plan (STP) for submission to NHSE later in the month. The Board heard reports on one plan from Coastal Care, for the area coterminous with the Coastal West Sussex CCG and one concerning the Central Sussex and East Surrey area.

70. The lead for the Coastal area, Chief Executive of Western Sussex NHS Foundation Hospital Trust explained that:

- a 'Coastal Cabinet' had been set up over two years ago to address sustainability of services and now continued to work with neighbouring CCGs, acute providers, District and Borough colleagues, Sussex Community Foundation Trust and Sussex Partnership Foundation Trust and the County Council at an executive level to produce an STP for its area
- Work was taking into account data from a needs assessment and will also focus on issues such as poor outcomes from cancer, recruitment and retention of workforce and increasing demand for services
- Engagement with community assets such as the voluntary sector would be increased
- Working towards Coastal Care becoming an Accountable Care Organisation. Main focus was to remove organisational boundaries to create a single operating system with NHS and social services aligned.
- Intention was to work from a capitated budget.
- Planning for 7 or 8 Local Care Networks was to be aligned along natural communities with clustered primary care surgeries.
- Planning was for overarching governance with all social assets, with agreed high level principles and delegated plans for local areas.
- Business case was being laid out in Coastal STP to go to NHSE on 21 Oct.
- IT and digital systems were to integrate.
- Proposals were to go to development boards in November.
- Intention was to develop a Memo of Understanding with partners.
- Organisation was to begin in Shadow form in April 2017, full status in April 2018
- The governance structure would require some organisations to cede authority and that the business plan articulated the key principles

71. The lead for the Central Sussex and Surrey area, Chief Officer of Horsham and Mid Sussex CCG, explained that:

- Its STP was being prepared along similar themes but for an area covering East Surrey and Central Sussex which was a particular challenge in that it encompassed several CCGs and local authorities
- Plans were focussing on A&E targets, meeting referral to treatment requirements within 18 weeks, improving cancer outcomes and stroke care
- Financial challenges were also key as the increasing demand situation was currently unsustainable

- Model in Central Sussex would focus on prevention of ill-health and support to manage illness
- Services would be town-based, including clustered GP services with pharmacies attached and paramedic practices based in towns
- Care navigators to be developed to help people access holistic support
- Services to align more closely with community and mental health providers
- Plans for shared care records and consultant clinics in communities – for example geriatricians
- Key to new model is development of Multispeciality Community Providers
- Plan to be posted to CCG website as soon as it was ready to share
- Central Sussex and Surrey area to put itself forward as a vanguard site

72. The Chairman invited comments from members which included that:

- The voluntary sector must be engaged at the planning stage not as an after-thought. *It was explained that there was a voluntary sector representative on the Local Transformation Board which fed into the STP*
- The input of District and Boroughs to the plan had been warmly welcomed at Coastal Care conversations on the plan and it was already clear that the benefits to collaboration were huge. Knowledge of the voluntary sector asset is also essential and an exciting opportunity to build on
- Noted that there was an absolute commitment from all organisations around the table to make the STP work and really drive forward sustainability in the system
- HWB role to do the mapping and encourage engagement of all partners in the work and to lead on messages to residents
- Focus on prevention is good but we essential to be clear on what is in the STP for residents? How will they benefit? Need to catch up on the public engagement both nationally and locally. HWB to lead on that?
- Prevention messages – do people know what else they could be doing to protect their health?
- The public were aware that something big was happening but felt they were not confident about what it was
- Elected representatives had expected to have been more closely involved in the drawing up of the STPs
- Differing governance structures were an issue as elected members answered to West Sussex residents and NHS colleagues were accountable to the Secretary of State so signing up to an MOU was not possible

73. The Chairman thanked all for their input and commended the lead officers and colleagues for their work on the Plans. The Chairman emphasised the enormous challenge for drawing up of Plans for the Central Sussex area of the county explaining that while the Coastal CCG and local authority was coterminous with the Coastal Care Plan the rest of the county was included in a place based planning area within the footprint that stretched from Caterham to

Brighton and Horsham to Heathfield, and covered four CCGs and four local authorities which significantly added to the planning complexities.

74. Observers to the meeting were invited to comment and responses included:

- Suggestion that HASC might address how well the system anticipates and plans for demand, how it meets with surprises and what needs to be changed.
- Focus on workforce issues was essential
- Attention to integrated digital systems was key
- Essential to ensure that people did not suffer while Plans were being put in place
- Carers had not been mentioned in discussion and it was essential that this valuable asset was considered in drawing up of plans

Pharmaceutical Needs Assessment

75. The Chairman referred members to the report (copy available on the [website](#)) and noted all were content to note the work and the responsibility of the Board in respect of the PNA and that it would return to the Board for endorsement at a later meeting.

76. Resolved that the Board:

1. assured its statutory responsibility in relation to the carrying out and publication of PNAs – attached Item 6; and
2. agreed the commencement of the revision of the current PNA and that once completed it would return to the Board for endorsement at a later meeting.

Funding to set-up a West Sussex 'Time to Change' hub for Mental Health

77. The Chairman referred members to the report (copy available on the [website](#)) and noted all were content that a bid for funding be made to set-up a West Sussex 'Time to Change' hub.

78. Resolved that Board:

1. endorsed the development of a bid for a West Sussex Time to Change Hub

Date of Next Meeting

79. Members noted that the next meeting of the Board would be held at 2pm on 2 February 2017 at County Hall North, Horsham and that suggestions for agenda items should be submitted to Suzanne.t.thompson@westsussex.gov.uk

Meeting closed at 4.30pm
Chairman