

At a meeting of the West Sussex Health and Wellbeing Board held on 16 October 2014.

**Present:**

Katie Armstrong	Amit Bhargava	Sue Braysher
Peter Catchpole	Marie Dodd	
Christine Field(Chairman)	Andrew Foulkes	Alan Kennedy
Nigel Lynn	Minesh Patel	Martin Pearson
Frances Russell	Christopher Snowling	Andrew Williamson
Judith Wright		

**In attendance:**

Jimmy Doyle	Debbie Kennard
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**Apologies:**

Diane Henderson	Julia Dutchman-Bailey	Peter Evans
	Kevin Peers	Amanda Rogers

**Chairman's Welcome**

40. The Chairman welcomed all to the meeting and explained new liaison arrangements whereby Jimmy Doyle, Independent Chairman of the West Sussex Safeguarding Children Board was invited to attend the Health and Wellbeing Board (HWB) meetings as an Observer. The Chairman is in turn invited to attend the Safeguarding Children Board.

41. Apologies were noted and that Debbie Kennard, Deputy Cabinet Member for Children and Families was in attendance as an observer.

**Declaration of Interests**

42. There were no declarations of interest.

**Urgent Matters**

43. There were no urgent matters.

**Minutes**

44. Resolved that the minutes of the meeting held on 17 July were approved as a correct record and signed by the Chairman.

**Health and Wellbeing of Children and Young People in West Sussex**

45. The Chairman introduced the themed meeting concerning the Health and Wellbeing of Children and Young People in West Sussex. The Board received an overview of the demographic and health profile of children and young people in

West Sussex and heard how services for children were jointly commissioned in the county. (Presentation slides appended to the signed minutes and available on the HWB webpage). The services underpinned the Board's agreed strategic areas of focus for Children and Families of supporting children and families with long term care needs and specifically supporting its key strategic outcomes identified in the current West Sussex Joint Health and Wellbeing Strategy.

46. Following the presentations the Board considered how well the health and social care system was working together and what areas required improvement. Members:

- Questioned how well GP services were working with Health Visitors and School Nursing and highlighted that failures could put children at risk. *Assurances were given that in drawing up the new Child and Adolescent Mental Health Services (CAMHS) service commissioners would work with all providers*
- Emphasised that the Children's Safeguarding Board had a role in monitoring good practice and would alert the HWB to any issues of concern
- Noted that the Voluntary Sector partners regularly expressed a willingness to provide services but were often hindered by uncertainties around future funding
- Considered that improvement was required in access to services. A single point of access would greatly assist as would an understanding of which organisation could access what patient information
- Raised concern that with the NHS 111 service and a proposed single point of access system, silos were being created and that work was needed to bring these together. *Alan Kennedy undertook to liaise with Children's Services colleagues on this in his role as a Member of the NHS 111 Board*
- Emphasised the importance of clear referrals from access points to services
- Said that the NHS Change Boards had a role in ensuring all partners understand the complex landscape and considering how best each can work together.
- Noted the assurance role for the Joint Commissioning Strategy Group and Programme Boards and said that these need to link with governing bodies of providers

48. The Chairman asked the Board to consider whether resources and funding were being used appropriately and effectively. Members:

- Considered that areas of deprivation would have the most need of CAMHS services, that two-thirds of families identified as needing services from the Think Family project were from the Coastal area, yet noted that the pilot schemes appeared to be located in other areas
- Noted commissioners' good track record on pilot schemes and questioned next steps
- Noted funding for Tiers 1 to 3 of CAMHS was shown as a single spend, rather than expressed separately as expected for these services which are currently commissioned separately

- Questioned the effect of pilots on waiting times. It was felt that effective programmes were launched but they were too small to make an impact.

49. The Chairman asked the Board to consider key issues for inclusion in the new Joint Health and Wellbeing Strategy. Members:

- Questioned what the evidence base was for continuing but changing a service rather than stopping a service. *It was explained that one young persons' mental health service had been decommissioned in the past year and that where funding rolled over, for example for a GP surgery counselling service, evaluation was made prior to funding being continued*
- Questioned the confidence level in assurance and in how success was measured. *It was understood that there were many key performance indicators (KPIs)*
- Questioned whether KPIs were reviewed by governing bodies
- Questioned whether the right people were measuring the right things and whether this was a role for the HWB. *It was explained that all providers were subject to performance measures and suggested that this information needed to be more widely shared*
- Questioned what data was available on mental health services in the county in addition to those provided by the Sussex Partnership NHS Foundation Trust, including in the voluntary sector. *It was explained that soft market testing was underway and meetings with providers including those in the voluntary and youth services had been arranged.*
- Emphasised that it was not for the HWB to look at everything. Its intention was to determine its 2 to 3 priorities and set targets to drive achievement
- Felt it important to simplify as it wasn't possible to review the thousands of KPIs that exist. The Board needed to receive reports on exceptions and focus on themes and make sure governing bodies know when breaches were reached
- Noted that the HWB must take a strategic view but questioned how lower level issues, such as those encountered by Think Family teams, would be addressed? *It was explained that those would be dealt with by the frontline teams and also noted that the Phase II programme would have direct links with GPs and with the Clinical Commissioning Groups' Programme Boards.*

51. The Chairman invited comments from those in attendance: Responses were:

- from a representative of the British Heart Foundation, to highlight that organisations' free resource pack available on its website to support young people with heart conditions in the transition from child to adult care.

52. The Chairman noted that the responsibility for the commissioning of Health Visiting services would move to Local Authorities in October 2015 and requested that CCG representatives take the comments made back to support

that work. The CCGs Programme Boards would also pick up on questions raised including broader issues involving both child and adult care and support.

53. The Chairman thanked members for their input and explained that the information received would be summarised and fed into the ongoing work to draw up its priority areas of focus for its refreshed Strategy which would be reported to the Board in February 2015.

### **Meeting Dates**

54. The Chairman reminded Members that the next formal meeting of the Board would be held at 2pm on 05 February at County Hall North in Horsham, and that in the interim four workshops would be undertaken as part of the work towards its Strategy and its commissioning intentions for 2015/2016.

The meeting closed at 4.15pm.