

Unconfirmed Minutes subject to approval at the next meeting of the West Sussex Health and Wellbeing Board

At a meeting of the West Sussex Health and Wellbeing Board held on 14 July 2016.

Members present:

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| Sally Allum | Nike Arowobusoye | Alex Bailey |
| Amit Bhargava | Peter Catchpole | Geoff Coleman |
| Marie Dodd | Christine Field (Chairman) | Stephen Hillier |
| Eileen Lintill | Nigel Lynn | Kieran Stigant |
| Avril Wilson | | |

Apologies:

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| Diane Henderson | Geraldine Hoban | Alan Kennedy |
| Minesh Patel | Frances Russell | |

Chairman's Welcome

28. The Chairman welcomed all to the meeting and noted apologies.

Declaration of Interests

29. There were no declarations of interest.

Urgent Matters

30. There were no urgent matters.

Minutes

31. Resolved that the minutes of the meeting of the Health and Wellbeing Board held on 28 April were agreed.

Action Tracker

32. Dr Nike Arowobusoye drew members' attention to the actions listed in the document. In respect of:

- Minute 20. Marie Dodd undertook to pursue the action through the Clinical Commissioning Groups' System Resilience Groups related to the Board's particular areas of interest: development of escalation protocols, forward plans for resilience, a shared definition for medically fit for discharge and a trusted assessor model. Noted that the Groups were still formulating plans on where best to focus.
- Minute 15.2. Members noted the requested performance dashboard that had been drawn up setting out progress against the indicators in the Joint Health and Wellbeing Strategy (JHWS). The intention of the document was as a first step to highlight trends and members were invited to consider areas highlighted as 'red' for more detailed analysis. Dr Amit

Bhargava emphasised the importance of considering data on the wider determinants of health such as housing, and co-morbidities to gather an understanding of individual and community 'signatures'. The inclusion of data on workforce was also suggested.

- The Board requested the addition of the three indicators from the working groups as well as some from the Better Care Fund.
- Alex Bailey and Support for the Early Years work stream in attendance, Alison Nuttall, undertook to liaise outside the meeting with Dr Arowobusoye on the development of the dashboard. The Chairman suggested seeking input from acute provider and care home sectors.

33. Resolved that:

1. Mrs Dodd would report back to the Board on work by the CCG System Resilience Groups related to the Board's particular areas of interest
2. Mr Bailey, Mrs Nuttall and Dr Arowobusoye would liaise on the further development of the dashboard.

34. The Board noted that a report listing recently undertaken Needs Assessments would be presented to the next meeting.

Joint Health and Wellbeing Board Strategy (JHWS) - working group reports

35. The Chairman invited questions on the report. Avril Wilson explained that the role of the groups was to draw together work being undertaken by the HWB member organisations against the JHWS and its areas of focus and to ensure identified gaps were fed into the development of the relevant commissioning strategies in support of the JHWS. It was noted the lead for the workforce group was currently on maternity leave and an interim lead needed to be sought. Mrs Nuttall explained that the 0-2 Start of Life was a virtual group that linked back to the Start in life Partnership Board.

36. Mrs Wilson suggested consideration of commissioning strategies prior to submission to the Board could also be taken through the Children's and Adults Safeguarding Boards and/or Start of Life Partnership Board but that hadn't been formally decided. Mrs Wilson offered to write to the Chairmen of the Boards to ask whether they wished to consider this course of action in any coming reviews in the light of the Wood Review. The Board noted that joint commissioning was overseen by the Joint Commissioning Strategy Group.

37. Resolved that:

1. Mrs Wilson would write to the Children's Safeguarding Board, Adults Safeguarding Board and Start of Life Partnership Board with a proposal that they consider West Sussex draft commissioning strategies and identification of any perceived gaps prior to the annual submission of commissioning strategies to the Health and Wellbeing Board for its approval; and that

2. A new Board lead would be sought for the Workforce working group.

38. The Board received a brief overview of the recently published Early Years Needs Assessment. Dr Arowobusoye undertook to report back to the Board at a later meeting with more detailed data and commissioning recommendations to be taken forward for its approval. It was noted that the reporting lines may be different depending on the outcome of any proposals related to the Adults and Children's Safeguarding Boards.

39. Resolved that Dr Arowobusoye would report commissioning recommendations related to the Early Needs Assessment to the Children's Safeguarding Board or the Health and Wellbeing Board at a later date.

Better Care Fund Monitoring

40. Rachel Hughes introduced the report and explained that the Better Care Fund (BCF) Plan for 16/17 had been approved by NHS England and a formal letter to confirm that was awaited. The Board was presented with the first months' data for 16/17 and noted that against the targets it had set, 11 were 'green', 5 'amber' and 3 'red'.

41. The Chairman questioned whether the report showed that the BCF was having an impact. It was highlighted that at the end of 15/16 Delayed Transfers of Care and Non-elective Admissions were both shown as 'red', but reported here as 'green' and 'amber' respectively. In addition to this there had been a much 'cooler' month one, although this may be related to an earlier date for the Easter holiday. However, overall it was important to recheck what initiatives have been put in place to support these metrics as there was a lot of activity across the board and the position did remain challenging.

42. The Board noted that while the statistics on month one were to be celebrated the landscape was predicted to be affected by Brexit with £2.8bn coming out of the health economy. Also it was important not to become too fixated on measuring effects solely by activity at A&E, that a lot of work was to be done on risk strategies concerning the provision of services.

Black, Asian and Minority Ethnic Groups Joint Strategic Needs Assessment

43. The Chairman introduced Robert Whitehead, Public Health Research Officer to present the report. (Updated presentation appended to the signed minutes). Member's comments on the presentation included that:

- co-production of service design with service users was a valuable undertaking and the efforts made to reach all the relevant groups to input into this were questioned. *Mr Whitehead highlighted learning from national work on issues such as domestic abuse and female genital mutilation and cited support of Healthwatch in supporting consultation with all groups and referred members to further information in the report*

- safeguarding issues must be addressed and the recommendation of the Goddard investigation into Child Sexual Abuse concerning chaperoning policies in GPs officers supported
- language interpreters must be made available when required
- unaccompanied asylum seekers must be protected when arriving in the county and also in refugee camps abroad

44. It was suggested that the Board write to the Adult's and Children's Safeguarding Board Chairmen and alert them to the report. Elaine Coleridge-Smith undertook to take the report back to the LSCB Board.

45. The Board was alerted to an event being held on 15 September in Gatwick concerning Unaccompanied Asylum Seekers and it was suggested the report be considered at that meeting. Members were also informed of the work of East Kent local authority in liaison with Public Health and undertook to circulate more information to Members.

46. The Board considered responsibility and action in relation to the issues raised. A single topic report drawn from JSNA work was offered. It was asked that this include detail on geographical profiles in relation to languages spoken by residents so that could be taken into account in commissioning arrangements and challenged when the Board considers these early next year.

47. Resolved that:

1. Nike Arowobusoye would write to the Adult Safeguarding Board alerting it to the BAME report and its recommendations
2. Sally Allum would circulate information on an upcoming event concerning Unaccompanied Asylum Seekers to be held on 15 September and information on the work in this regard of Public Health and the East Kent local authority

Local Health System Sustainability and Transformation Plans

48. The Chairman reminded members of the intentions of the STP in delivering the Five Year Forward View across a footprint incorporating 44 CCGs in the Sussex, Brighton and Hove and East Surrey area. The work was being coordinated by a Programme Board consisting of 23 health and social care organisation representatives. A formal presentation was yet to come to the Board and arrangements for public engagement yet to be set out. Member comments and questions were invited and included that:

- the current submission made by the Board to NHSE on 30 June was a draft 'work in progress' and a more detailed plan was now being worked up
- the system must be engineered to meet increasing demand and local challenges such as long waits for planned care, waits for primary care and pressures on at A&E
- there were also pressures related to workforce and demographic issues with poor health outcomes in specific areas in the county
- there were problems with the pace at which CCGs and acute providers were being required to respond to the national timetable for the STP and

this risked a democratic deficit and lack of opportunity for timely scrutiny and public engagement

- it was essential to ensure the public were brought along with the process on an individual and community basis to ensure consultation – not just engagement – if residents were to take responsibility for illness prevention
- consideration should be given to how the Board could assist in public and community sector engagement, how it could be involved in oversight and governance of the Plan, how it can ensure that the final submission was in-line with the JHWS
- alignment had begun with between the CCGs and local authority as part of the Five Year Forward View work and formal Section 75 arrangements and these would be built on as the STP work went forward
- it was important that the issue of workforce was addressed as part of the plan alongside
- there were three areas of sustainability to ensure included: better out of hospital care, health and social care integration and illness prevention, these via community based services with a hospital arm and West Sussex was in a good place with its work under joint commissioning and formal Section 75 arrangements
- the draft Plan focus was on acute services rather than taking a more radical view on options for individual responsibility and community health support and felt a political push for this could be made, also that institutions could move toward integration more quickly
- supporting the STP would require clear understanding of differing needs in the counties various communities, making use of data such as that available from consumer and demographic database MOSAIC to understand the person and community signatures. It was considered that this data was not available anywhere in one place
- the governance issues and plans had been questioned at the STP Programme Board and assurances sought that the West Sussex HWB would take a role in public engagement and oversight and governance of the plan
- a single HWB might be developed that covered the whole STP footprint
- the timeline for the work was not clear
- the HWB could consider in the next few months a community engagement event concerning the Plan

49. Resolved that a Health and Wellbeing Board community engagement event would be considered for a date later in the year.

Public Forum

50. The Chairman invited comments and questions from members of the public in attendance. Comments and questions included:

- That it was not clear who 'owned' the STP, who would be responsible for public engagement concerning the plan nor what the effects would be on the existing health and social care system. *Mrs Dodd explained that a Communications Lead had been identified for the STP, that a public engagement programme would follow the final submission of the Plan in*

October and that the Coastal West Sussex CCG was happy to update the Board on the work at the next HWB meeting.

51. The Chairman noted the question and response and reiterated concern at the lack of public and democratic involvement. It was emphasized that the NHS was being told to deliver at pace on a very difficult task and the Board must ensure its engagement and the ability to oversee and challenge the legitimacy of actions as they came forward.

52. Mrs Dodd proposed a meeting between CCGs and County Council representatives to address the specific concerns and perhaps approaching the Local Government Association (LGA). Mrs Allum undertook to take concerns back to NHSE. It was also suggested that the Association of Directors of Adult Social Services (ADASS) should be alerted.

53. Resolved that the Chairman would write to the Chairman of the LGA Wellbeing and Community Committee and to ADASS to raise awareness of the concerns of the West Sussex HWB related to democratic and public engagement in the development of the STP.

Date of Next Meeting

54. Noted that the next meeting was scheduled for 13 October 2016.

The meeting closed at 4.32pm.