

Unconfirmed minutes subject to confirmation 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 15 October
2015.

Present:

Sally Allum	Katie Armstrong	Alex Bailey
Peter Brambleby	Peter Catchpole	Geoff Coleman
Marie Dodd	Christine Field (Chairman)	
Diane Henderson	Alan Kennedy	Eileen Lintill
Nigel Lynn	Frances Russell	
Andrew Williamson	Avril Wilson	

In attendance:

Katy Bourne	Jimmy Doyle	Margaret Evans
Steve Whitton		

Chairman's Welcome

23. The Chairman noted apologies from Amit Bhargava, David Cooper, Peter Evans and Minesh Patel and welcomed new member Dr Peter Brambleby, Interim Director of Public Health, and Geoff Coleman, Voluntary Sector representative.

Declaration of Interests

24. There were no declarations of interest.

Urgent Matters

25. There were no urgent matters.

Minutes

26. The Chairman requested edits to correct Mrs Evans surname, erroneously recorded as 'Whitehead' and to add to the 'In Attendance' section, Observer, David Cooper.

27. Resolved that with above edits the minutes of the meeting of the Health and Wellbeing Board held on 16 July 2015 were agreed.

Mental Health

a) Update on the West Sussex Crisis Care Concordat

28. The Chairman introduced Marie Dodd, Chief Operating Officer, Coastal West Sussex to introduce this report – copy appended to the signed minutes. Ms Dodd explained that the work was jointly owned and had been agreed by all agencies. Members' attention was drawn to work undertaken to improve services and in particular, efforts to reduce the number of people assessed in

police custody under Section 136 of the Mental Health Act. Work had been undertaken with the Sussex Partnership Foundation Trust the police, and voluntary sector mental health support charity, the Richmond Fellowship, to develop street triage services and health based places of safety in order to avoid people reaching crises that required police involvement. Members noted that a significant improvement had been achieved. Ms Dodd also highlighted work with Child and Adolescent Mental Health Service (CAMHS) to ensure services in this area for children and young people.

29. The Chairman invited questions and comments from the Board. These highlighted that:

- Street triage pilots had proved a great success, next steps should be to push for 24/7 access
- Further 'places of safety' needed to be identified. *Ms Dodd explained that this was being explored but that stand alone suites could have risks and therefore these were being investigated to determine where to increase availability, including places of safety for children and young people as it was felt that the county may lack resilience in this area. Consideration of psychiatric services for children sited in A&E was also being explored*
- Chalkhill Education Centre had a place of safety for young people and work on others was being undertaken by county council and health colleagues. Any pilot schemes would have A&E liaison and evaluation plans built in. No children or young people had been assessed in police cells since April of this year
- In addition to places of safety, preventative measures afforded by non-medical, 'places of calm' for young people had been considered at a recent meeting between Government and Sussex Police colleagues.
- £15m of government funding had been made available to reduce the use of police cells for mental health patients. The Chairman highlighted that should a bid be made for any of this money the HWB was clearly in support
- More detail was needed on aligning mental health support via the non-emergency 111 service. *Ms Dodd explained that further guidance was awaited following the work of Sir Keogh and that efforts were ongoing as part of the wider work on a single point of access*
- Support for victims of Child Sexual Exploitation (CSE) should be referred to in the Concordat. *Ms Dodd explained that crisis care was at the forefront of the plans and therefore this would be covered for any child presenting in crisis. However, it was agreed that this would be mentioned explicitly in any future iteration of the Concordat*
- There was continuing confusion between the non-emergency police and NHS services telephone numbers, 101 and 111 and liaison between the two and questioned whether there were any plans at a national level to address this. *Alan Kennedy, Chairman Crawley Clinical Commissioning Group (CCG) reported that he had raised this with the 111 Futures Board and the NHSE Infrastructure director and reported that the Digital Service Panel had connected and could make information available to 111 operatives*
- Patient experience was not mentioned in the update. It was felt that this needed to be monitored, ideally at the point where patients were accessing services.

- An update on information sharing was required. *Ms Dodd explained that there was full partnership commitment to treating people holistically across all services and work was ongoing to meet this challenge*
- 'Time to Talk' services had been mentioned in the update but it was understood there was quite a waiting list. *Ms Dodd explained that a bid for further resource had been submitted to the Department of Health (DoH) and outcome awaited.*

b) Local Transformation Plan for Children and Young People's Mental Health and Wellbeing

30. Ms Dodd introduced Aaron Gain: Principal Manager Children and Families, to give a summary of the background to the report – copy appended to the signed minutes. Mr Gain explained that bids had been invited for additional government funding towards transformation plans to support children and young people's emotional wellbeing that were complementary to local work that was already in train. The plan presented was the first submission of a partnership bid for the additional funding amounting to £1.1m. The current spend was approximately £6m. Members' attention was drawn to paragraph 5 which outlined proposed areas of focus for the funding, including support to address eating disorders and CSE.

31. The Chairman invited questions and comments from the Board. These included that while it was noted that paragraph 5 was a summary, assurance was sought that emphasis be given to the importance of addressing CSE and self-harm. Avril Wilson, Executive Director Care, Wellbeing and Education explained that there was a great deal of work ongoing in these areas and agreed it was important to show a direct correlation with this overall strategic intent.

32. Resolved that the Board:

- 1) noted the update on work being undertaken towards the agreed objectives of the Crisis Care Concordat and agreed that a further iteration of the document should mention explicitly work undertaken to support victims of CSE; and
- 2) endorsed the overall approach of the Local Transformation Plan and supported the initial allocation of any funding in line with the key priorities identified in Appendix 4bi Section 5, and asked that further emphasis be placed on proposals for development and investment related to services to address self-harm and CSE.

Joint Health and Wellbeing Strategy

33. The Chairman introduced Ms Wilson to outline this report by Priority Lead Health and Wellbeing Board Members concerning progress towards the Joint Health and Wellbeing Strategy – copy appended to the signed minutes. The Board noted the ongoing work and in particular that the Workplace priority focus involved a very complex and wide-ranging area and that a detailed report on the range of activity ongoing, including NHS initiatives and work with the Association of Directors of Adult Social Services, would come to a later meeting.

34. Ms Wilson briefly described the current situation regarding the sharing of patient/customer information between the NHS and Social Care. Currently, due to concerns over confidentiality, patient/customer information was being shared only on a case-by-case, line-by-line basis. Dr Brambleby highlighted a recent development which had given Local Government access to unnamed whole population data at a strategic level, although named data at an operational level was still unavailable.

35. The Chairman invited comments and questions on the report. It was highlighted that:

- Input from many systems was required to push forward work on the Board's chosen priority areas and currently members were reliant on the goodwill of the agencies involved. The Chairman noted that there may be resources available from Health Education England
- Assured that key worker housing was being addressed in District and Borough strategic plans.
- It was imperative to ensure synergies with NHS Infrastructure and Estates
- Concern that there were no plans in the Strategy related to IT and information management.
- CCGs were required to report NHS digital plans to NHSE by next March. The County Council was liaising with CCGs on how to become involved in Digital Road Maps.
- Suggested IT could be a HWB focus for next meeting
- Highlighted that the inability to share information across systems was a deep frustration but that new guidance had been released¹ and although currently data was not available at a population level this was to be kept under review.

36. Peter Brambleby, Interim Director of Public Health undertook to support future progress reports to show a closer focus on the Board's agreed outcomes and demonstrate more measurable change.

37 Resolved that:

The Board noted the report concerning the three priority areas of the JHWS.

Better Care Fund Monitoring Report

38. The Chairman invited Ms Wilson to explain the role of the Joint Commissioning Strategy Group (JCSG) in supporting the HWB. The Board noted that the Group was made up of CCG and local authority officers; its work was evidence based on Joint Strategic Needs Assessments for the County and directed what services were commissioned for residents and by whom. The Board had delegated to the JCSG the planning and monitoring of the Better Care

¹ The Health and Social Care (Safety and Quality) Act 2015 Act introduces a new duty on those commissioning or delivering adult social care services in England or NHS services to share information about individuals where this directly contributes towards their care. This duty comes into force on 1 October 2015 in England and Wales.

Fund which, while not new money, had been identified to support work towards integration of health and social care in the county. The JCSG also oversaw the introduction of Section 75 agreements for the county; these were legal tools which supported joint commissioning and budgets.

39. The Chairman introduced Rachel Hughes, Better Care Fund Coordinator to outline the report by the JCSG – copy appended to the signed minutes. Members were reminded that they had had the monthly electronic report sent around three weeks ago for Month Three. The report presented to the meeting was to the end of September, included Month Four performance and reported against six key metrics. Ms Hughes explained her role which included the submission to NHSE of quarterly reports on metrics and performance. The BCF was made up of committed funding schemes and a performance fund concerning targets on non-elective admissions (in order to unlock the performance fund, a reduction of 3.5% in non-elective admissions was required). It was noted that there were eight overarching themes supported by the Fund being undertaken within many other programmes and activities and that the agreed performance target had not yet been met and so the performance element of further funding had not been received.

40. The Chairman emphasised that the dashboard should be viewed in conjunction with the narrative in the report. Members questioned whether the 'red' rating given in the report did justice to the work behind the scenes. It was agreed that the target the Board had set itself was ambitious against the demographic pressures on health and social care and the numbers of residents who chose to present at A&E.

41. It was questioned whether any progress that had been made was being felt by the patient. The Chairman drew attention to a new report by Healthwatch to be published in the next few days that gathered patient experiences of delayed transfers of care at Western Sussex Hospital NHS Trust. It was noted that this report made sensible recommendations and while these only concerned one Trust, some could be universally applied, such as the wish to be notified of transfer well in advance. Ms Wilson recommended that the System Resilience Groups consider incorporating its recommendations into their work.

42. Members agreed that the BCF targets were very challenging but noted that there was a clear evidence base for the initiatives undertaken by the resilience groups working alongside partners including the Proactive Care Groups and that impact should soon begin to be clearly demonstrated. The role of the JCSG in ensuring the Fund was being spent on the right things was highlighted.

43. Resolved that the Board noted the report on the performance of the West Sussex Better Care Fund plan.

Whole System Resilience

44. The Chairman introduced Graham Taylor, Head of Resilience, Coastal West Sussex to give a presentation by Crawley Clinical CCG, Horsham and Mid Sussex

CCG, Coastal West Sussex CCG and West Sussex County Council – copy appended to the signed minutes.

45. The Chairman emphasised the challenge ahead and acknowledged a real willingness of members of the Board to engage in a proactive and constructive approach. Questions and comments were invited from members. It was highlighted that:

- Delayed transfers of care (DTC) put significant pressure into the system in terms of its ability to function
- DTC were also costing the CCGs significant sums of money. The cost of excess bed days at one hospital currently stood at £1m and Coastal West Sussex CCG would face costs of circa £2m arising from one Trust alone by end of quarter 2
- The delay in access to out of hospital services was a combination of difficulties with discharge planning and access to appropriate social care and residential, nursing or domiciliary care but it was essential to focus on reduced DTC for the system to be resilient
- Noted that System Resilience Groups were working with the whole system to support timely transfers of patients
- 'Fit for Discharge' notices were given to patients by clinical staff but often nothing had been done at that point to ensure, where required, that social care arrangements were in place. *Noted that addressing this issue was part of the work that the System Resilience Groups were undertaking and that further guidance was soon to be given by NHSE on the process of discharge planning as well as determining a single definition of the terminology to be used concerning patient discharge from hospital. Dr Armstrong explained the distinction between "medically fit for discharge" and "ready for discharge" as the latter indicating being mentally prepared and having everything in place for a return home. The Chairman undertook to distribute new national guidance on the discharge process*
- There was strong ambition to support cultural change and improve confidence in the community among patients and carers to manage their own health
- The majority of the assurances from providers on the ability to deliver care was from providers and it was questioned what measures were in place to track the patient experience. The challenge of tracking patients using a single patient number shared across the whole health and social care system was highlighted.

46. Peter Catchpole joined the meeting at this point.

47. Further discussion highlighted that:

- Recent guidance from the DoH on progress toward the ability to track patient care across the whole system using a single shared number had been recently received by the County Council and would be shared with members
- Much concern remained related to the ability of the health and social care workforce to sustain current pressures. All were requested to support the take up of influenza vaccinations including for very young children. It was

noted that the County Council was offering free influenza vaccinations to nursery staff and hoped to also arrange for free vaccines for school staff members

- Increasing GPs' and hospitals' awareness of the services on offer from the voluntary sector would be an additional means of managing demand.

48. Resolved that:

1. the Board noted the update on data, plans and interventions related to whole system resilience; and
2. a briefing would be sent to members on current progress toward a single patient number shared across the whole health and social care system; and
3. guidance related to the discharge process would be circulated once received.

Date of Next Meeting

49. The next meeting is scheduled for the 4th of February 2016.

The meeting closed at 4.07pm.