

At a meeting of the West Sussex Health and Wellbeing Board held on 30 January 2014.

Present:

Katie Armstrong	Amit Bhargava	Sue Braysher
Peter Catchpole	Peter Evans	Christine Field (Chairman)
Andrew Foulkes	Stuart Gallimore	Christine Hardisty
Alan Kennedy	Nigel Lynn	Minesh Patel
Martin Pearson	Amanda Rogers	Frances Russell
Christopher Snowling		
Judith Wright		

Apologies:

Peter Evans

In attendance:

Jacqueline Clay	Juliette Garrett	Suzanne T Thompson
Brendan Ward		

Chairman's Welcome

72. The Chairman, Christine Field welcomed all to the meeting and noted apologies from the Cabinet Member for Children – Start of Life, Peter Evans.

Review of Membership and Business Planning Group

73. The Chairman referred members to this report (copy appended to the signed minutes) and welcomed new members to the Board, Sue Braysher, Chief Officer of Horsham and Mid Sussex Clinical Commissioning Group (CCG) and Alan Kennedy, Chairman of Horsham and Mid Sussex CCG. Brendan Ward, Executive Director Coastal West Sussex CCG was in attendance representing two new Coastal members.

74. Members noted the recommendation from the Business Planning Group that the undertaking to have a group in this form be removed from the Health and Wellbeing Board's (HWB) Terms of Reference. The Chairman explained that the intention was not to eliminate the group, but to create a more flexible approach to the Board's working arrangements between meetings.

75. Resolved that the Board agreed the changes relating to the membership of the Clinical Commissioning Groups on the Board and the deletion of its undertaking to have a Business Planning Group as detailed in its Terms of Reference at Appendix A.

Declaration of Interests

76. No interests were declared at this point.

Urgent Matters

77. There were no urgent matters.

Minutes

78. Resolved that the minutes of the meeting held on 21 November were approved as a correct record and signed by the Chairman.

Endorsement of Draft Commissioning Intentions 2014/15 and 2015/16

79. The Chairman introduced the Director Public Health, Commissioner for Health and Social Care, Judith Wright to present a report (copy appended to the signed minutes) which outlined progress towards the fulfilment of the Board's responsibility to oversee the alignment and development of CCG and County Council annual commissioning intentions and plans for 2014/15 and 2015/16. The Director highlighted that positive dialogue between the CCGs and the Local Authority had taken place to produce this iteration of the report and that this was a work in progress with some plans in a more mature format than others. This reflected the challenges faced by respective organisations in meeting national and local responsibilities and timetables.

80. The Director explained that the completed commissioning intentions plans would be available in April and that a review of the Joint Health and Wellbeing Strategy was intended which would include clear milestones and performance outcomes and further enable members to see the alignment of commissioning intentions with Board priorities.

81. The Chairman invited comments and questions. Members:

- endorsed the commissioning principles but would have preferred more detailed plans at this stage
- questioned whether there were any plans to decommission any services, highlighting concern that new ones would be developed jointly before existing ones were stopped
- queried what form the Board's 'opinion' as required by NHS England, would take. *It was explained that the final commissioning plans were to be submitted for the Board to determine and agree*
- questioned how NHS England's (NHSE) commissioning intentions dovetailed with that of the Board. *It was explained that much of NHSEs commissioning intentions (primary care/dental/public health and specialist*

commissioning) were nationally driven but that as part of its coordinating role its regional team would consider the congruence of these alongside those of the West Sussex Health and Wellbeing Board

- remarked that the final opinion of the HWB would not be a cast-iron 'yes/no' statement and that the iterative nature of the work and the mismatch of the timing of final plans needed to be taken into account
- highlighted the principles outlined at paragraph 2.4 and noted that while more detailed plans were preferred, over the previous two years commissioners understanding of one another's priorities had developed and were now very similar and increasingly aligned
- explained that decommissioning services was implicit in the integrated work to focus services more in the community and less in acute settings
- questioned whether the NHS England Public Health Commissioning Intentions 14/15 paper attached at 6E covered West Sussex as it appeared to focus rather more on Surrey. *This would be looked into and a new paper circulated if necessary.* Post meeting note: this was the correct paper.

82. The Chairman thanked members for their input and noted that while much process was to be got through and commissioners were struggling with many deadlines there was a very strong commitment to the agreed principles of the HWB and this was reflected in the draft commissioning intentions plans.

83. Resolved that the Board agreed:

1. that the draft commissioning plans 2014/15 (Appendices B to F) took proper account of the West Sussex Joint Health and Wellbeing Strategy 2012-2015 - addendum June 2013; and that
2. partners would inform the Board of any significant revisions to their commissioning plans that may occur during 2014/15.

NHS Support for Social Care Funding 2014/2015 and the Better Care Fund 2015/2016

84. The Director Public Health, Commissioner Health and Social Care introduced this paper (copy appended to the signed minutes) concerning the Board's duty to oversee and endorse the development of a two year plan to cover the final year of funding from the NHS Funds for Social Care and the first year for the Better Care Fund 2015/16. Brendan Ward, Executive Director Coastal West Sussex CCG emphasised the importance of the joint work ongoing throughout the system together with providers to manage a process which would provide improved sustainable services for the West Sussex population.

85. The Chairman highlighted the challenges ahead for the Board to consider the shape of services and to look at where money was to be spent. Comments and questions were invited. Members:

- emphasised that the Better Care Fund was not new money and while acute services would necessarily be reconfigured a system of improved care needed to be developed without destabilising provision to the detriment of patient care
- noted that transition plans would impact on hospital services and questioned what communication was being had with providers to ensure they were prepared to make the changes required. *Members noted that a number of discussion events had been held by CCGs to engage with providers and request ideas and that a briefing had been prepared jointly to be updated and dispatched following the Board meeting to inform and invite discussion*
- raised concern of a lack of understanding within the wider system of the intention to transition care services which the Better Care Fund was intended to support. *Members noted the short timeframe between receipt of guidance and the required submission date of a two year plan to NHSE and that this had hampered discussions generally and particularly with acute trusts.*
- felt that the acute trusts had yet to embrace the tremendous opportunity that the transition of services would offer and that while there were challenges ahead there would be great benefits for the population
- highlighted that changes to where providers work and where patients are looked after would come but raised concern that this was not widely understood at the moment
- hoped that there would be assurance fed back to the Board that providers understood the intentions of the BCF plan. *Members were assured that CCG members had had conversations with providers about the implications and benefits of the proposed changes and that the BCF was seen as an enabler for work on an integrated agenda that was already underway. It was felt that all providers including the acute trusts were aware and signed up to the integration process, understood the pace at which work needed to proceed and that it must be managed responsibly and safely.*
- highlighted concern that wholesale change should not be expected within one year. *Members were reminded that the BCF only represented 3% of the £3.8bn total health and NHS spend for West Sussex.*
- pointed out that the integration agenda was not only a huge challenge for acute trusts but also for the community sector to work in a different way. *It was highlighted and that the scale of changes that were intended must be communicated appropriately with the public and with the health care sector*

- noted that the paper did not consider community assets which had been discussed at the December workshop but that these needed to be considered as the future configuration of services was drawn up.
- emphasised that the public must be clearly informed of the intentions and benefits of the integration work at an early stage
- raised concern at the pace of change required and that the 'devil is in the detail' and that detail would mean different things to different people, that the public and staff must understand proposals for change. Foundation Trusts concerns were around their funding basis and regulators need to be involved regarding the pace of change and how it was to be handled. Communications will be very important.
- said the question for CCGs was whether the pace was sustainable. While methodology needed to be tested a great deal of work had already been done to develop acute care and service integration. 15/16 plans needed to be outward facing, about getting workforce skills into the right setting
- considered progress was all about asset realignment, less focus on hospital more on community.

86. Andrew Foulkes, Medical Director, Surrey and Sussex Local Area Team of the NHS highlighted the enablement intentions of the BCF and the NHSE role to ensure congruency for West Sussex. He explained that following submission of the two year BCF plan NHSE would work with commissioners to prepare a five year plan. This would consider how all services for health and social care are delivered in West Sussex. This would include consideration of the West Sussex hospital estate.

87. The Chairman introduced Dr Lawrence Goldberg, Chair, Clinical Senate South East Coast, NHS England, in attendance at the meeting. Dr Goldberg explained that the Clinical Senate would play a strategic role in advising NHSE on an appropriate configuration of services from the perspective of Surrey, Sussex and Medway. The Chairman said that she was meeting with Chairmen of neighbouring HWBs in the near future and would keep the Board informed of the outcomes of such meetings.

88. The Chairman drew attention to recommendation four in the report which set out the legal position on individual organisations' agreements to the two year plan and highlighted the requirement that the Board endorse the submission of the two year plan to NHSE on 04 April.

89. Resolved that the Board:

1. Agreed to the process set out in the paper (at paragraph 3) to progress plans for the NHS Support for Social Care 14/15 and the Better Care Fund 15/16;

2. Agreed the definition of Protecting Social Care Services (as set out at paragraph 4.1);
3. Agreed to the strategic direction set out in paragraph 2;
4. Noted that the formal approval on the funding allocation will be taken by each organisation individually.

90. Dr Amit Barghava left the meeting at this point.

End of Life Care

91. The Chairman introduced Jacqueline Clay, Principal Manager, Public Health Research and Juliette Garrett, Commissioning Manager to give a presentation and report (copies appended to the signed minutes) on End of Life Care (EOLC) in West Sussex. Members noted the report and the data outlined on the presentation slides and that the area of EOLC was included in CCG commissioning intentions plans. Members noted that currently it was difficult to capture qualitative data on EOLC.

92. The Chairman said there had been a number of developments since the report had been written one of which was an invitation from the national coalition 'Dying Matters' to join a pilot scheme looking at EOLC and patient experiences. The Chairman invited questions and comments on the presentation and report and suggested a change to the recommendation of the report such that members form a working group to address the area of EOLC rather than request a convening of a Select Committee Task and Finish Group. Members:

- questioned whether providers could be included in a working group
- highlighted the importance of agreeing the remit of a group and ensuring it had an appropriate membership that could 'add value'
- noted that this same recommendation had been made last year, that providers could be useful but a plan to deliver would be more important
- said that EOLC presented a particular challenge as outcomes were not commissioned, important to look at community assets and to think carefully what the Board needed to get out of a working group
- questioned whether the impact on carers and those left behind could be a focus
- raised the issue of deprivation as a possible area of focus, more people from deprived areas died in hospital than those in more affluent parts of the county, there were also longevity differences
- noted that the report implied that dying at home was preferred over dying in hospital but questioned whether there was evidence to support that
- noted that the British did not readily talk about death and dying which needed to be addressed
- mentioned a 'death café' in Bristol which offered information on pain relief and spiritual support

- said the medical profession needed to see people not dying in their place of preference as a failure, noted that the Clinical Senate was doing some work on living wills and that NHS E was also starting work in this area

93. The Chairman undertook to form a small working group to look at EOLC. She also declared an interest in EOLC as her family company was a provider of funeral services.

94. Resolved that the Board will set up a working group of HWB members on End of Life Care, which should:

1. review end of life care in West Sussex against the National Council for Palliative Care and Marie Curie Cancer Care's '10 questions to ensure good end of life care in your area'
2. Involve programme leads from the Clinical Commissioning Groups
3. Consider the potential for involvement in any initiatives, including through working with the national coalition 'Dying Matters'
4. Report its findings and recommendations back to the Health and Wellbeing Board

Public Forum

95. The Chairman invited questions and comments from those in attendance at the meeting. Members of the public:

- urged the commissioners to ensure that radiotherapy was available in the County without further delay. *Dr Foulkes explained that there was a commitment to add services in Eastbourne later this year and for Redhill in May and that there were plans to provide services within West Sussex but a site had not yet been determined.*
- asked that when new services were being configured commissioners ensured that access arrangements for older and less mobile people were carefully considered as this group of people were apt to suffer disproportionate difficulties in this regard. *It was noted that where possible the intention with service change was to ensure people got care in or as near to their own homes and that increasing technological advances would support this work. Dr Foulkes explained that when considering service change one of the top three concerns was access and that integrated health transport was an area that the HWB could usefully address in the future*
- offered the assistance of St Catherine's Hospice with the working group on EOLC. *The Chairman noted this*
- asked where further copies of a publication concerning EOL could be found. *The Chairman of St Catherine's Hospice undertook to forward these.*

Meeting Dates 2014/15

96. It was noted that the next meeting of the Board would be held on 24 April 2014 at County Hall, Chichester. The meeting closed at 4.07pm.