

At a meeting of the West Sussex Health and Wellbeing Board held on 25 January 2018.

**Members present:**

Katie Armstrong	Alex Bailey	Kim Curry
Diane Henderson	Laura Hill	Stephen Hillier
Geraldine Hoban	Amanda Jupp	Nigel Lynn
Anna Raleigh	Kieran Stigant	Philippa Thompson

**Apologies:**

Annie Callanan	Mark Howell	Minesh Patel
Annie Maciver	Frances Russell	Bryan Turner

**In attendance:**

Jacqueline Clay	Suzannah Hill	Aloisia Katsande
-----------------	---------------	------------------

**Chairman's Welcome**

41. The Chairman welcomed new members to the board and noted apologies.

**Declarations of Interest**

42. None

**Urgent Matters**

43. None

**Minutes**

44. Resolved that the minutes of the meeting of the Health and Wellbeing Board held on 06 November were agreed.

**Action Tracker**

45. The Director Public Health outlined this report (copy appended to the agenda and available on the [website](#)) which explained outcomes of actions agreed at the previous meeting and gave updates on actions outstanding.

**Better Care Fund Programme Update**

46. Better Care Fund coordinator Rachel Hughes, introduced the report (copy appended to the agenda and available on the [website](#)) which advised on the process toward final assurance of the Plan by NHSE. Members noted that deadlines had been met and evidence of commissioned outcomes to address the BCF key performance indicators had been given.

47. Members noted the West Sussex position against the four national metrics at Month 8, 2017. Non-elective admissions were estimated to be broadly on plan; residential admissions were currently on course to exceed plan but awaited late processing of data; reablement work was on course to exceed plan; delayed transfers of care was currently above plan and expected to continue to improve.

48. The Chairman invited comments and questions. These included:

- A query on what learning had been made during the process. Ms Hughes explained that there had been learning around clear evidencing of the reporting process and the formal agreements required to encourage a joined up system
- Comment on the importance of evidencing the actual work undertaken toward supporting the KPIs, particularly emphasising that there was no 'back door delay' in transfers of care. Members agreed this needed to be brought to the table.
- Thanks to Ms Hughes for the plan-on-a-page which was considered clear, concise and very helpful. It was suggested this should be further shared in the public domain.

49. The Chairman noted that Ms Hughes was shortly to be leaving her post and thanked her for work in supporting the HWB and wished her well for the future.

50. Resolved that the Board:

- (1) noted the update on the BCF assurance process; and
- (2) requested a report to the Board detailing system-wide work toward the four National Conditions in the Plan
- (3) agreed to circulate the Plan-on-a-Page more widely to enable better public understanding of the Plan.

### **Care Quality Commission Reviews**

51. The Executive Director, Children, Adults, Families, Health and Education introduced this report (copy appended to the agenda and available on the [HWB website](#)) which explained Department of Health intentions that the Care Quality Commission (CQC) carry out targeted reviews of the interface between health and social care systems in the country. The report outlined how the West Sussex system could position itself in readiness for a possible review.

52. Members noted that CQC reviews were being conducted on a whole system basis and sought to understand how whole health and care systems worked together to give the best possible health and social care experience for residents. Members heard of issues highlighted in the reviews of other localities and noted that poor market oversight of domiciliary care packages was one particular issue. Issues had also arisen around GP services, the impact of increasing hospital admissions, delayed transfers of care and recruitment and retention of the workforce.

53. The Board heard that data received in the last week suggested West Sussex was not one of the 10 worst performing areas. While more information on selection criteria for the reviews was awaited the County Council and CCGs

had agreed to run a mock inspection across the area and dates and plans were being drawn up.

54. The Chairman invited comments and questions. These included:

- That it was very helpful to have an understanding of the experience of other systems across the country and important that West Sussex was proactive in preparing for a possible review
- That it was felt the system could be more coordinated in working with the voluntary sector in supporting its response to prevention work.

55. Resolved that the Board noted the report and agreed to take forward proactive preparation work in anticipation of a possible CQC system review and to consider how voluntary sector support might be addressed in the work.

### **Final Pharmaceutical Needs Assessment for West Sussex**

56. The PNA Steering Group Chairman, introduced the final West Sussex Pharmaceutical Needs Assessment (PNA) report from the Pharmaceutical Needs Assessment (PNA) Steering Group (copy appended to the agenda and available on the HWB [website](#)). Members were reminded of the duty of the Board in overseeing the process toward the final PNA for West Sussex and alerted to the summary of consultation responses contained in the appendix to the report.

57. Members noted the conclusions of the report and that the consultation had not identified any gaps in necessary service provision within the West Sussex HWB area and that the current coverage was adequate to provide the necessary services, such as essential and dispensing services as well as advanced services.

58. Scope for improvement in some areas had been identified and this set out in the recommendations paragraph in the [report](#). Members noted key areas where improvement could be made in regard to some commissioned services. The risk of closure of pharmacy businesses and withdrawal of non-funded services was also highlighted as a concern. Overall the response to the consultation had been good and the work strongly evidenced the value in the pharmacy system to support the health and wellbeing of residents.

59. Ms Clay emphasised that the PNA was a 'living document' and monitoring of changes in pharmaceutical provision would continue. The recommendations highlighted the need to take into consideration housing developments, such as increases in the Colgate and Rusper areas.

60. The Chairman invited questions and comments from the Board. These included:

- enquiry as to the robustness of housing data, noting that Districts and Boroughs were currently updating and finalising their local plans and the new increased figures were not included in the report. Ms Clay explained that the housing data used was from strategic planning in WSCC and correct at the time and as the PNA is a living document and part of the

JSNA, changes would be captured. The PNA considered housing developments that were confirmed to be completed within its lifetime.

- enquiry as to how the Health and Wellbeing Board could monitor this
- noted that while Local Plans were able to set aside areas for retail space they were not able to dictate and retain space for specific businesses such as pharmacies
- suggested that a way was needed to proactively encourage more use of pharmacies/pharmacists, particularly important as the West Sussex health and care system was basing some of its prevention work on people being able to access health support and health promotion advice from local pharmacies
- Enquiry as to whether the PNA took into account the broader role of pharmacies. Ms Clay noted that the PNA did include a chapter on the broader role of pharmacies.

61. The Chairman invited comments from the public in attendance. These included:

- a query as to the criteria applied related to travelling times and distances from pharmacies and people's homes on which the PNA was based. It was considered that these were not always a fair measure and that perhaps 'one size didn't fit all' was not always appropriate. It was explained that this was a national criteria, and in addition, contractors could make applications to NHS England on other grounds, such as better access or unforeseen benefits if they see fit. Comment was sought from the Board on some pharmacies' practice of charging for medicine delivery and how that would affect the elderly and those who struggled to pay the charges. It was explained that charging for the delivery of medicines was at the discretion of those pharmacies that were private businesses.

62. The Board's work on social isolation was highlighted and suggested work to empower communities to support elderly and vulnerable people via the Local Community Networks could be considered. The Inequalities Network lead on the Board undertook to take this suggestion back to District and Borough meetings.

63. Resolved that the Board:

- (1) endorsed the final PNA for West Sussex 2018 for publication; and;
- (2) Agreed that on-going monitoring of Local Plans should be undertaken; and
- (3) agreed Local Community Networks could support the Board's work on preventing social isolation.

### **Update on the Sustainability and Transformation Partnership for Sussex and East Surrey**

64. The Chairman explained that she had attended the last two meetings of the STP Oversight Group and met with the new Chairman, Bob Alexander, and that the STP work was undergoing a refresh and relaunch in reaction to the current issues facing the Sussex and East Surrey STP footprint.

65. Geraldine Hoban, Managing Director (North), Horsham and Mid Sussex Clinical Commissioning Group and Crawley Clinical Commissioning Group (Part of the Central Sussex Commissioning Alliance) gave a verbal update on the work of the Partnership. Members noted:

- a £150m deficit for the STP area and its challenge to be more radical with its plans to address that
- the mental health service review lead by the Sussex Partnership Foundation Trust Chief Executive was nearing completion and recommendations would come to the HWB in due course
- work towards a strategy to address challenges in the acute sector continued and a meeting was to be held in the following week to take stock of that work
- commissioning reform was being looked at nationally with possible plans to put that into a bigger footprint than covered by the current STP
- plans to merge management functions continued – such as having one finance and chief officer across four CCGs rather than one. Also one resilience team rather than four. Proposals were for East Surrey to join that as each feeds into the Surrey and Sussex Healthcare Trust
- a new piece of work was underway to understand where clinical variations existed in health services across the footprint. National work was being looked at to drive this initiative to standardise health outcomes
- work to ensure public engagement with the STP continued. The STP was very keen to engage with the public and stakeholders and had made a bid to secure support from a national programme to drive forward that commitment.

### **Date of the Next Meeting**

66. The next meeting would be held on 26 April. The Chairman asked members if they wished to vary the venue. It was agreed to pursue options for meeting at County Hall in Chichester also for meetings to be hosted in local communities and by District and Borough Councils.

The meeting closed at 3.10pm.