

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 26 April
2018.

Members present:

Alex Bailey
Stephen Hillier
Rachel North
Susan Stone

Diane Henderson
Amanda Jupp
Anna Raleigh
Philippa Thompson

Laura Hill
Nigel Lynn
Frances Russell
Dominic Wright

Observers present:

Bryan Turner

Apologies:

Jana Burton
Kim Curry
Minesh Patel

Annie Callanan
Geraldine Hoban

Natalie Brahma-Pearl
Annie Maciver

Membership of the Health and Wellbeing Board

1. The Board agreed a seat on the Board for the County Council Director Communities, also that the Healthwatch seat have a named substitute, Katrina Broadhill. The Chairman welcomed new members to the board, Natalie Brahma-Pearl, CEO Crawley Borough Council, Jana Burton, Interim County Council Director Adults Services, Dr Susan Stone, Clinical Chairman Coastal CCG and Dominic Wright, Managing Director Coastal CCG. Apologies were noted.

Declarations of Interest

2. None

Urgent Matters

3. None

Minutes

4. Resolved that the minutes of the meeting of the Health and Wellbeing Board held on 25 January 2018 were agreed.

Action Tracker

5. The Board noted the 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.

Work of Guild Care

6. Samantha Philpot, Head of Communications and Marketing at Guild Care gave the Board a short presentation on the history and current work of Guild Care. The Chairman invited comments and questions from members. Mr Bailey emphasised the importance of Guild Care which had held a central role in care in Adur and Worthing for 85 years. He highlighted its enormous value, not just in service provision but in its work with local partners.

Health & Wellbeing in Adur and Worthing

7. Mary D'Arcy, Director of Communities, Adur and Worthing gave a presentation to the Board on the work of the Adur and Worthing Wellbeing Partnership. Copy of slides appended to the agenda and available on the [website](#)).

8. The Chairman invited comments and questions on the information received, these included:

- Concern that difficulties with data sharing could and did get in the way of partnership working and relationships with voluntary organisations needed to be reset to give them a practical ability to act
- In order to ensure social prescribing in GP surgeries continued to happen, a wider consensus needed to exist
- Capacity in the voluntary sector needed to be recognised and utilised via commissioning not just in partnership
- Integrated working across the whole system was contained in the vision for the new joint strategy. Important this isn't just seen as work with hospitals but also focussed on what the voluntary sector and wider communities could do
- The HWB strategy was the Board's opportunity to think holistically. It was necessary to collate and evidence best practice to guide commissioning
- The issues underlying delayed transfers of care were quite complex, it wasn't sufficient just to support the patient, the whole family must be taken into account to create a foundation to keep people well. This was a focus of the Local Community Networks, to build a community of good practice and enhance the engagement and ability of people to create what's right for them. The Board needed to support the alignment and creation of services
- Important to keep services local but with system-wide momentum. To pool good learning, identify outcomes and have more commonality
- Measuring 'five ways to wellbeing' outcomes was difficult but Public Health were looking at new ways of evaluating outcomes including using qualitative data, for example the Healthwatch voice would be used in the new JSNA to give more contextual information
- To distil the learning from the Adur and Worthing experience, the HWB should consider intelligence rather than data, spend time creating relationships of trust between the system leaders, co-design methodologies with communities and scale up what works.

- Partners must all keep up with supporting technological opportunities
- Local Community Networks by their nature would all develop different ways of doing things, these must be reviewed and what worked well shared.

Wellbeing and Resilience Framework

9. The Chairman introduced Graeme Potter – Public Health Start of Life Lead to present on priority 2 of the current Joint Health and Wellbeing Strategy 2015-18, wellbeing and resilience. Copy of slides appended to the agenda and available on the [website](#)). Mr Potter explained that the development of the Wellbeing and Resilience Framework followed agreement by the Board to coordinate wellbeing across the partnerships around the table. The Framework was a tool for partners to use to improve wellbeing and resilience outcomes and came with an offer from the Public Health team to support partners to embed this fully across West Sussex. The Chairman invited questions and comments which included:

- Excellent programme and the measurable nature of the outcomes would be key. Showing tangible improvements in the community would be difficult
- Individuals involved in development of the Local Community Networks had got a great deal from it. It was more than just theory
- Needed to be taken on a stage or two, also needed a place-based dynamic. Sensed that there is appetite to do that
- There was potentially a disconnect between this and commissioning
- Some work on a strategic driver had been undertaken and that work was to be revisited
- Housing was an important factor in wellbeing and resilience and local plans and planning frameworks needed to be influenced by this work
- NHS would struggle to prove how it could commission this if positive outcomes could not be quantified. A way would need to be found to sum up the benefits
- Evaluation would need to focus on whether people felt more enabled. It would not be measurable but would need to engage with the patient voice.
- Everyone was saying the same thing and it needed to be made easier to instigate change.

10. The Chairman thanked members for their input and sought agreement that the framework be taken forward.

11. Resolved that the Board agreed to:

1. champion and integrate the Wellbeing and Resilience Framework within members' respective organisations and 'spheres of influence', including implementation within culture, strategy, commissioning and service delivery; and
2. to develop plans to create an 'enabling' system which further supported and improved wellbeing and resilience in West Sussex.

Better Care Fund Programme Update

12. The Chairman introduced the Director of Joint Commissioning & Partnerships to present the reports. Copies appended to the agenda and available on the [website](#)). Member's comments and questions included:

- That Delayed Transfer of Care statistics were going in the right direction
- Preparation to deal with winter pressures had been good and the system had worked well although the same problems of demand remained. Mr King undertook to have headline figures circulated by the BCF Coordinator Team
- Partners cooperation and support to get patients transferred from hospital had been impressive. As a collective system, partners should be proud of this
- Winter pressures were now everyday pressures and the community partners were key to coping with this. Support for resilience in community services and with voluntary partners needed to be maintained and improved.

13. The Chairman thanked members for their input and explained that she had met with local college leaders to understand opportunities to support and develop college courses to encourage potential new staff to join the system workforce.

Update on the Sussex and East Surrey Sustainability and Transformation Partnership.

14. Apologies had been given and a written report would be submitted. Report available 7 June and is [attached](#) here.

Public Forum

15. A query was raised related to services for people with myalgic encephalomyelitis. Dr Hill undertook to take this query back and report to the member of the public outside the meeting.

Date of the Next Meeting

16. The next meeting would be held on 12 July at a venue to be confirmed. The next seminar for Board members would be held on 1 June.

The meeting closed at 5.37pm.