

## **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 28 April 2016.

### **Members present:**

Nike Arowobusoye	Alex Bailey	Amit Bhargava
Geoff Coleman	Marie Dodd	Christine Field (Chairman)
Diane Henderson	Stephen Hillier	Alan Kennedy
Geraldine Hoban	Nigel Lynn	Minesh Patel
Kieran Stigant	Avril Wilson	

### **In attendance:**

Wendy Carberry	Marianne Griffiths	Karen Hughes
Oliver Phillips	Clare Stafford	Michael Wilson

### **Apologies:**

Sally Allum	Peter Catchpole	Colm Donaghy
Eileen Lintill	Frances Russell	Alison Whitehorn

### **Chairman's Welcome**

1. The Chairman noted apologies and welcomed new members Kieran Stigant, Chairman of Coastal West Sussex CCG; Stephen Hillier the new Cabinet Member for Children and Families; and Bryan Turner, the new Chairman of the Health and Adult Social Care Select Committee. The Chairman also welcomed partners attending to join discussions on the sustainability transformation plan. On behalf of the Board, the Chairman congratulated Katie Armstrong on the safe arrival of her son; Sussex Community Trust receiving Foundation Trust status; Western Hospital Foundation Trust receiving an Outstanding and Good CQC rating for St Richards and Worthing Hospitals respectively; and Queen Victoria Hospital receiving a Good CQC rating.

### **Declaration of Interests**

2. There were no declarations of interest.

### **Urgent Matters**

3. There were no urgent matters.

### **Minutes**

4. Resolved that the minutes of the meeting of the Health and Wellbeing Board held on 4 February 2016 were agreed.

## Action Tracker

5. The Board received an update on actions agreed at previous meetings (copy appended to the signed minutes). Dr Nike Arowobusoye, Director of Public Health introduced the item and the following points were noted:

- No. 64 – Wellbeing and Resilience Working Group (to report back on proposing actions based on Preventing Social Isolation Task & Finish Group report), it was agreed that Dr Arowobusoye would meet Alex Bailey before the next Board meeting to take this forward.
- No. 66.3 – Agreement of shared patient and organisation data – resource had been identified to take this work forward. Avril Wilson, Director Care, Wellbeing and Education informed that Board that under the Civil Contingencies Act 2014, COBRA had approved that information could be shared if a major incident was declared. It was commented that the public already assumed data sharing was happening and generally there would not be public resistance. There were already pathways in place locally as part of voluntary sector work and it was asked why this could not be done more widely. Dr Minesh Patel, Chair, Horsham & Mid Sussex CCG stated that a working group was needed to take this work forward, which could be combined with the digital footprint work already underway. The Chairman suggested that Ms Wilson and Dr Patel liaise to decide who from each organisation should be involved in this work. It was agreed this would be taken forward.
- No. 72 – Recruitment and retention (of health and social care workers) working group - there had been little progress but would be discussed later in the meeting when considering winter pressures.
- No.77 – Issues for consideration by JSNA team to be prioritised - it was agreed that further discussions would be brought to a later meeting of the Board.
- No. 14.2 – The Health and Adult Social Care and Children and Young People's Services Select Committees to monitor and review implementation of Commitment to Carers, and report back to HWB with findings – the Board was informed that the Carers Task and Finish Group were reconvening on 9 May and feedback from that meeting would be reported back to a future Board meeting for members to consider.

6. Resolved that the Board – noted the actions as detailed above.

## Better Care Fund 2016/17

7. The Board received a presentation from the West Sussex Better Fund (BCF) Coordinator regarding the proposed West Sussex BCF 2016/17 submission (appended to the signed minutes). The Chairman commented that the main themes were similar to the year before. 'Falls' was a new area, with a lot of work to do but would be aligned with current 'fall' services. Members of the Board thanked Rachel-Louise Hughes, West Sussex BCF Coordinator for all the work she had done.

8. Marie Dodd, Chief Officer, Coastal West Sussex CCG (CWS) commented that the number of schemes which were rolling forward and 'red' highlighted the pressure, especially the Delayed Transfers of Care (DToC) and the focus on

medically fit for discharge. This was one of the areas which needed to be looked at and held to account and it was imperative to get some traction this year. Further to this, it was highlighted that it was important not to get sidelined in a debate over definitions, as medically fit for discharge and DToC were different. Marianne Griffiths, Chief Executive, Western Sussex Hospital NHS Foundation Trust (WSHFT) suggested that there was a need to use the BCF more innovatively and have some kind of incentive scheme, especially regarding community beds, to have material difference on DToC figures. Dr Patel raised a note of caution concerning the currency used, as Horsham & Mid Sussex CCG spent more on community beds than acute beds and the focus should be on getting people out of the system quickly. Medically Fit for Discharge varied across each acute trust, therefore it was important that there was clear equity of currency. Dr Amit Bhargava, Chief Clinical Officer, Crawley CCG commented that based on community vacancies in Crawley, investment was needed in community places rather than just beds. It was agreed that performance data should be used to scrutinise the schemes within the BCF and suggested that, regarding DToC, all partners had to do better.

9. Resolved that the Board –

1. Endorsed the West Sussex Better Care Fund 2016/17 draft plan and that this be submitted to NHS England; and
2. Agreed that there should be better use of performance data and that the West Sussex Better Care Fund Coordinator would raise this at JCSG.

### **National Public Health Outcomes Framework 2013-16**

10. The Board considered a report on the Joint Health and Wellbeing Strategy and received a presentation concerning 2015/16 Public Health outcomes for West Sussex and its comparators from Dr Arowobusoye (copies appended to the signed minutes). Overall West Sussex had good health and wellbeing outcomes, although there were outcomes where West Sussex persistently appeared poorer than regional or England performance levels, including road traffic accidents and injuries; hospital stays for self-harm (Mental Health) statistically higher in Arun, Adur, Chichester and Worthing; school achievement (GCSEs); school readiness; and AAA screening. The Board was informed that West Sussex County Council Public Health Research Unit were developing a “watch list” of outcomes as a performance dashboard which could be aligned with the work of the Board.

11. From the initial discussion, board member comments/questions were as follows:

- The importance of not losing momentum with work to prevent social isolation was raised and it was confirmed that this was part of the work of the wellbeing and resilience work stream
- Information provided by District would be most useful, as outcomes, such as life expectancy, could get lost looking at the county as a whole
- The Chairman commented that it was important to make use of the service that could be provided by public health team
- The Board was asked if the information provided would be a question of highlighting the variation or to be presented to the Board to do something with.

- The material difference of outcomes in the Arun district was highlighted.
- The availability of substance misuse data and numbers of deaths was discussed and highlighted that this was presented to the DAAT Board.
- It was stated that the wellbeing and resilience working group were not currently measuring or understanding needs at community level and this would be an exciting opportunity to do so. *In response, the Director of Public Health agreed that the Public Health Outcomes Framework would be shared with the Board annually. A health and wellbeing dashboard would be provided for each meeting to inform discussions.*

12. Ms Wilson commented that she valued this approach and welcomed indicators regarding children and young people. Regarding the three work streams, it was suggested that the Dr Arowobusoye meet with each 'owner' of the three work streams to make sense of what should be measured and then agree the dashboard highlighting outcomes overall, by work stream and geographically. The Chairman commented that it was important to focus on what difference the Board was making by being around the table together and start to move the three work streams forward.

13. Alan Kennedy, Vice Chairman, questioned capacity as the measures indicated areas where more should be done but asked if analysis could be provided to ascertain activities which were not adding value and therefore could be stopped. In the subsequent discussion the following points were raised: -

- It was commented that in terms of wellbeing this was recognised and regarding capacity there was the potential of untapped resources from within communities to provide services.
- It was asked who had the role within the Board to consider decommissioning. *In response Dr Arowobusoye commented that in the past the Board had used the JSNA process to inform decision making around this and that the JSNA team could be asked to do a deep dive in those areas as part of the whole commissioning plan. It was difficult to decommission but important to have focus and engage local residents.*
- The need to have evidence based care was highlighted and the need to use data to invest appropriately.
- It was commented that there might be a need for the Board to have a fourth work stream focusing on value for money and resources for investment/disinvestment.
- There was a national programme – Right Care – which would provide intelligence/benchmarking when looking at commissioning details.
- It was important to hold the system to account in order to make sensible decisions in relation to spending money where there was not the desired outcome.
- The Chairman suggested that the Sustainability Transformation Plan (STP) would be used as a tool to hold partners to account.
- It was suggested that existing forums should use their own governance as the system could become overwhelmed. The STP would have its own governance.
- Evidence base provided by Public Health would need one place to bring that evidence on a footprint whatever that was and the Board had a specific responsibility.

14. The Chairman concluded that the Dr Arowobusoye would meet with each 'owner' of the three work streams to agree the dashboard and that this be presented to the Board at its next meeting.

15. Resolved that the Board –

1. Assessed local performance measures against national outcomes; and
2. Agreed that Dr Arowobusoye would meet with the 'owner' of each of three Health and Wellbeing Board Strategy work streams to agree the content of a dashboard which would be presented to the next meeting of the Board.

### **Health and Social Care Resilience – Seasonal and Future**

16. The Chairman introduced the item by highlighting how useful the meetings which had been held over the winter had been, a summary of which was attached to the agenda and invited Geraldine Hoban, Chief Officer Horsham and Mid Sussex CCG, Ms Dodd and Dr Bhargava to introduce presentations for their respective CCGs (copies appended to the signed minutes).

17. The Chairman commented that issues raised around ambulance turnaround times were being looked at by the Health and Adult Social Care Select Committee. Geoff Coleman highlighted the acute problem of nursing and the importance of the voluntary sector in relation to discharge planning, emphasising the importance of discharge planning.

18. Ms Wilson commented that there was the issue of market fragility, particularly in the north of the county as more beds had been lost and the issue of workforce in the care market, which impacted domiciliary care as providers were difficult to mobilise quickly. The County Council had raised the 2% adult social care precept which had covered the cost of the national living wage to the County Council in full and had funded market uplifts, in an attempt to stabilise and recruit staff, including an uplift of 3.5% in personal budgets so service users could realistically buy domiciliary care. Embryonic work was underway to address workforce issues through a devolution model and work with local community providers with regard to training. The County Council was trying to shift the market where it could.

19. The Chairman highlighted the learning and actions for the Board's consideration. Mr Kennedy commented that it had been highlighted at a recent NHS Digital Care meeting that he had attended, that a quarter of the population still did not understand NHS 111 or the GP Out of Hours services, therefore there was a huge opportunity for messaging.

20. Resolved that the Board –

1. Evaluated the efficacy of actions undertaken to support the health and social system over the winter season;
2. Asks the System Resilience Groups to continue to develop escalation protocols; forward planning for resilience; a shared definition for medically for discharge; and a trusted assessor model;

3. Agreed that partner communications teams would work together and liaise with Healthwatch, to develop and agree proposals for a county-wide all year round communications programme to ensure understanding on access to general and emergency health care for all age groups.

### **Local Health System Sustainability and Transformation Plans**

21. The Chairman welcomed the lead of the Sussex and East Surrey Sustainability Transformation Plan (STP), Michael Wilson, Chief Executive, Surrey and Sussex Healthcare NHS Foundation Trust and Wendy Carberry, Accountable Officer for High Weald Lewes Havens CCG to provide an overview of the STPs (copy appended to the signed minutes). Mr Wilson explained that the terms of reference were being agreed by partners and a more detailed planning process had begun. There was a Programme Board with twelve sub committees, one of which was governance which Ms Dodd was to chair. All the sub committees were fully representative. The STP would ensure that acute services were sustainable moving forward and would support the redevelopment of the BSUH hospital site in Brighton. The process would be complex and challenging but regionally partners were pressing for nationally developed governance to avoid a democratic deficit.

22. Diane Henderson, representing the voluntary sector, highlighted the importance of including voluntary sector providers and Healthwatch in the development of the STP, as they were not listed as one of the partners involved in the footprint. Mr Wilson highlighted that there were a number of challenges as the process moved into the next phase. There were gaps in care quality where the Programme Board needed to engage with Health and Wellbeing Boards to find solutions and needed the right representation at the right level.

23. Ms Dodd commented that it was important to have proper engagement but would be difficult for everyone to become involved. A local focus should not be lost but the STP presented a high level picture. It was commented that the Board focus should be on prevention and wellbeing.

24. Avril Wilson stated that the STP was needed to fill the gaps and for partners to come together to ensure the golden thread of the STP went through to local planning and what was achieved through the work of the Board. The difficulty was to focus locally when considering large patient flows. It was essential that the process didn't take over what had already been built. Further to this, Mr Wilson highlighted that they were working hard for the STP to complement local based place plans. A significant issue was workforce and how to make it mobile across the footprint. The Board discussed how the STP would be perceived by the public and the importance to focus on sustainable services before new buildings were available as part of the 3Ts project in Brighton. It was highlighted that community buy-in was essential from the beginning and therefore representatives from the community/voluntary sector should be involved especially when discussing workforce issues.

25. In conclusion, Mr Wilson commented that there were 23 talented leaders involved in the STP and it was their responsibility to produce sustainable services which they would work together to achieve. The importance of clinical governance was raised and this would be picked up by the governance sub

group. Mr Wilson undertook to organise a meeting for all four Health and Wellbeing Board Chairmen within the STP footprint to ensure engagement with Health and Wellbeing Boards continued to move forward.

26. Resolved that the Board –

1. Noted that the Chairman would be invited to meet with Mr Wilson, along with other Health and Wellbeing Board Chairmen, so that a representative from the Board would be able to support and influence the development of the STP; and
2. Undertook for all members to ensure the local vision set out in the Joint Health and Wellbeing Strategy 2015-18 is taken into account as part of their involvement in the development of the STP.

### **Date of Next Meeting**

27. Noted that the next meeting was scheduled for 14 July 2016.

The meeting closed at 4.33pm.