

At a meeting of the West Sussex Health and Wellbeing Board held on 21 November 2013.

Present:

Peter Catchpole	Peter Evans	Christine Field (Chairman)
Andrew Foulkes	Nigel Lynn	Minesh Patel
Martin Pearson	Amanda Rogers	Frances Russell
Christopher Snowling	Judith Wright	

Apologies:

Katie Armstrong	Amit Bhargava	Julia Dutchman-Bailey
Christine Hardisty	Stuart Gallimore	

In attendance:

Katie Glover	Catherine Scott	Rod Smith
Jane Taylor	Suzanne T Thompson	Debra Wheeler

Chairman's Welcome

50. Christine Field introduced herself as the County Council portfolio holder for Community Wellbeing and explained that the County Council had agreed to the proposal by the Leader that the Chairmanship of the Health and Wellbeing Board become the responsibility of her portfolio. Mrs Field extended thanks and appreciation to Mrs Goldsmith for her able and inspirational Chairmanship of the Board in shadow and full status and said she was delighted to take over the role at this exciting time of challenge and opportunity that increased integrated working would bring.

51. The Chairman nominated Minesh Patel, Clinical Chairman, Horsham and Mid-Sussex CCG, to continue in the role of Vice Chairman of the Board to November 2014. Dr Patel's appointment was seconded and agreed.

Declaration of Interests

52. No interests were declared at this point.

Urgent Matters

53. There were no urgent matters.

Minutes

54. Resolved that the minutes of the meeting held on 24 September be approved as a correct record and signed by the Chairman.

Review and Alignment of Draft Commissioning Intentions 2014/15

55. The Chairman introduced the Director Public Health, Commissioner for Health and Social Care to present her report 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. The report explained how Board members had been working together to ensure the intentions had regard to the agreed Joint Health and Wellbeing Board Strategy and the information afforded by the Joint Strategic Needs Assessment work. The Board was informed that it would receive a further more detailed iteration of the report at its January 2014 meeting.

56. The Board received a slide presentation (copy appended to the signed minutes) which highlighted work by individual CCGs, work that was joint across all CCGs and WSCC and that solely initiated by WSCC. Members noted that in addition to adhering to the Joint HWB Strategy, the intentions were broadly aligned with national priorities, while allowing for local variation in need.

57. The Chairman invited questions and comments. Members:

- Welcomed the increased focus to improve transition arrangements across CCG boundaries for people moving between child and adult health care
Dr Patel said that a consistent need identified through Horsham & Mid Sussex and Crawley CCGs town-based planning groups was to improve children's mental health services
- Requested that slide presentation papers were dispatched a week before the meeting with the agenda rather than tabled on the day of the Board
- Noted mention of adult carers in the presentation but that no mention was made of young carers
- Noted what CCGs do jointly but questioned what was done differently? *Dr Patel gave the example of community engagement for Proactive Care and explained that Horsham & Mid Sussex and Crawley CCGs were developing a model based on patient activation through coaching and a menu of care, similar to the work of the Expert Patient Programme but with more focus on activation*
- *That the desired outcomes are the same but that each area had different existing services and so CCGs may work with separate providers, although they were aware of one another's ways of working*
- Emphasised the importance of appropriate levels of engagement, county-wide or town-wide depending on requirements, also the importance of ensuring no duplication of effort, particularly between CCGs and the district and borough councils
- Highlighted the importance of the district and borough Wellbeing Hubs and retaining the impetus of work initiated to address issues such as

cardiovascular disease, stroke and dementia. *Dr Andrew Foulkes, NHS England, Medical Director, said that NHS E had some available resource to assist in development of community initiatives should that be required*

- Requested greater clarity on how district and borough councillor could support the work of the Board, how wider economic issues would impinge on commissioning intentions and how the intentions fitted with the County Council's overall strategy
- Questioned what the projections for Government funding were and how funding short-falls would be communicated to the public. *The Chairman said that this was question for the Business Planning Group*
- Questioned whether mention of 'support for self-care' referred to the national 'Expert Patient Programme' EPP. *Dr Patel explained that the work, followed the same approach as the EPP and was being done in conjunction with Public Health England. It was being resourced to develop an evidence base for a menu of care to help support 'hard to reach' groups in the community who often did not wish to engage with mainstream health services.*

58. Resolved that the Board:

1. Noted the report and
2. Provided comment and challenge on how the draft headline commissioning intentions 2014/15, as contained in the slide presentation given at the Board meeting, informed the Board's priorities; and
3. Agreed next steps and attendance at the December meeting outlined at paragraph 4.

NHS Support for Social Care funding 2013/14 and 2014/15

59. Mrs Wright introduced this report (copy appended to the signed minutes) outlining the financial allocation for the NHS Support for Social Care funding 2013/14 and giving detail to enable the Board to monitor and evaluate this expenditure. Mrs Wright highlighted the £1.5m net underspend and the suggested use of funds to support One Call One Team outlined at paragraph 4.41 and the recommendation from the Joint Commissioning Strategy Group (JCSG) outlined at paragraph 4.42, that all underspend from 13/14 allocations be applied to social care budgets, which were currently overspent and under pressure from additional demand.

60. Mrs Wright drew attention to the proposals for the forum for committing and monitoring the funding for 2014/15 and reporting back to the Board and referred members to the JCSG terms of reference at appendix B.

61. The Chairman invited comments and questions from the Board. Members discussed the use of underspends and overspends detailed at appendix A and

how the budget outturn would affect allocations in the following year. It was explained that the funding was intended for transformational work but the new interventions reducing admissions to hospital were putting an additional burden on social care. It was requested that the 2014/15 allocation reflect this and shift funds to ensure social care can support more patients in the community. As schemes developed it was anticipated that costs would be moved around the system to reflect more care being provided in the community and more support to maintain people in their own homes. The Chairman sought the Board's agreement that the JCSG propose the allocations for 2014/15 and note that a detailed report would return to the Board in January 2014.

62. Resolved that the Board:

1. Noted the allocations for the NHS Support for Social Care Funding for 2013/2014 detailed at Appendix A and endorsed the in-year allocations suggested in paragraph 4.4;
2. Noted the monitoring and evaluation on how the funding has been used and what outcomes were being achieved, as outlined at paragraph 2.2;
3. Agreed the governance arrangements set out at paragraph 3.1 for considering proposals for the allocation of 2014/2015 monies and their evaluation at its 30th January 2014 meeting; and
4. Supported the allocation levels in-year and the allocation of funding for 2014/15 based on business cases that detail quarterly expenditure, evidence of outputs and an exit strategy.

General Practice Services

63. Dr Patel introduced this report by the Director of Public Health, Commissioner for Health and Social Care (copy attached to the signed minutes). Dr Patel explained the NHS England 'Call for Action' regarding the need for change in the way that primary care services are provided and commissioned.

64. Frances Russell, Chairman of Healthwatch gave a summary of patient views, collated from patient stories submitted to the organisation at its recent launch event and via the Citizens Advice Bureaux. Members noted that 46% of responses mentioned GP services and of those approximately 60% rated them good or very good. Of the remaining percentage that rated them poor or very poor concerns included:

- Difficulty in getting non-urgent appointments
- Not being able to see the same doctor on each visit, including through the course of an illness
- Poor attitude of some reception staff
- Inappropriate use of expensive telephone numbers to contact surgeries

- Breakdown in communication with hospital services
- Difficulty in knowing how to complain and complaints not properly dealt with when they are made

Those who responded did acknowledge however that GP services were interested in engaging with patients and did wish to have their feedback on their service.

65. Dr Foulkes, highlighted a Primary Care Strategy Day event taking place on 3 December in Crawley and undertook to take back a summary of any comments from the Board to the team coordinating the day.

66. The Chairman invited further comments and questions. Members:

- Questioned whether patient responses to Heathwatch included concerns about geographical difficulties in accessing GP services. *Mrs Russell said that this concern had not been reported to Heathwatch*
- Queried the concerns raised about patients having to explain their symptoms each time they visit the surgery as it would be assumed that these would all be on a central IT system. *Dr Patel explained that patient records were stored electronically but that it was important to ask the patient to reiterate their story otherwise practitioners could risk missing important nuances or new symptoms that once understood could give a better health outcome.*
- Highlighted the need for fairer central funding settlements for West Sussex noting that a greater weighting was given to deprivation than age but that the County had disproportionately more older people than average. *Dr Patel agreed with this and that there was also much uncertainty in the system regarding future funding and what formulas would be applied which made it difficult to plan the development of services.*

Joint Strategic Needs Assessment – Mental Health Services

67. The Board received a slide presentation from Catherine Scott, Head of Public Health, Katie Glover, Commissioning Manager, (Head of Mental Health/Learning Disability Commissioning) and Jane Taylor, Commissioning Manager, Children's Commissioning on findings from the Mental Health Services and Child and Adolescent Mental Health Needs Assessments (copy appended to the signed minutes).

68. The Chairman invited questions and comments. Members:

- Welcomed the direction of travel of the engagement and consultation intentions towards a commissioning strategy on Mental Health Services.

- Highlighted the need for good training on early intervention practices in order that this did not lead to inappropriate referrals
- Reported a patient story received by Healthwatch highlighting the need for engaging family members in patient care where possible
- Emphasised that mental health difficulties for children with physical disabilities must be addressed in the strategy, similarly working age adult mental health and early onset dementias. *Mrs Glover, Head of Mental Health and Learning Difficulty Commissioning assured the Board that careful consideration was being given to these conditions in the development of this strategy and the Joint Dementia Strategy currently being drawn up.*

Business Planning Group

69. The Chairman introduced this report by the Head of Law and Governance which gave a summary of the 17 October meeting of the Business Planning Group (BPG) (copy appended to the signed minutes). The Chairman drew attention to proposals at Item 2.1 c) regarding the membership of the Board. Members noted that discussions were ongoing with respect to CCG management on the Board. Members agreed that they were happy with the general direction of travel and noted that further discussions to formalise proposals would be held.

70. In respect of the wider engagement of the Board, members noted that discussions were currently underway with health care providers, with voluntary sector partners and with district and borough council colleagues. In addition to this the work of other Health and Wellbeing Boards across the country was being evaluated for examples of best practice. The Vice Chairman emphasised the importance of this work and the need for a clear understanding of how partnerships are intended to work with and feed into the Board.

71. Resolved that the Board endorsed:

- a) Further work to agree changes to its membership, and the
- b) Direction of travel for its wider engagement with partners.

Public Forum

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

- a. Highlighted difficulties of access to general practice services for those reliant on public transport and asked what was preventing one or more of the general practitioners in the Horsham area from opening a new service. *The Chairman explained that this question had been posed ahead of the meeting and a written response would be provided and also shared with the Board*

- b. Questioned what the actions arising from the Gypsy and Traveller Needs Assessment 2010 had led to. *The Chairman was pleased to report that these had given rise to various initiatives across the County and undertook to forward information on these following the meeting*
- c. (As a representative of the Adult Services Customer and Carer Group), noted that in written correspondence the CCGs had agreed that they adhered to the principle of the 'Think Local Act Personal' tenets but they had not actually committed publically to the initiative. *The CCGs were urged to revisit the 'Making it Real' information and follow the County Council example in signing up to this initiative*
- d. (As a representative of the Mid Sussex Older People's Council), asked whether it was possible to get an invitation to the Primary Care Strategy Day to be held in Crawley on 3rd December. *Dr Foulkes undertook to arrange for two tickets to be forwarded*
- e. (As a representative for Don't Cut Us Out (DCUO) and Helpalert!), called on the Board to 'institute an urgent review of the Joint Strategic Needs Assessment, including a detailed impact assessment of the county council's proposals, and to use its power and influence to bring about a moratorium on any further cuts in community services while that urgent review is conducted'. *The Chairman explained that the latter request fell outside the remit of the Board and it therefore could not promise to deliver on that request. Mrs Scott said that the JSNA team would be looking at the impact of service change at a later date. Mrs Rogers noted that DCUO had submitted the question prior to the meeting and asked that, if it were to be shared more widely, the wording of the request for a moratorium be altered to correct an inaccuracy. Mrs Rogers explained that it was not true that 20% of people with physical or learning disabilities had lost their entire care package through the process of reassessment. While 20% of people with learning disabilities had lost some care (and this cohort included a high number of who received "Supporting People" services and had never been eligible for funded social care) those with substantial, critical or profound care needs had not been required to be reassessed and their care packages had remained unchanged.*

The meeting closed at 4.45pm.