

West Sussex Health and Wellbeing Board

11 October 2018 – At a meeting of the West Sussex Health and Wellbeing Board held at 2.00 pm at Ashurst Room, Charis Centre, Town Barn Road, Crawley RH11 7EB.

Present: Mrs Jupp (Chairman)

Mr Marshall	Natalie Brahma-Pearl	Gill Galliano
Rachel North	Nigel Lynn	Philippa Thompson
Anna Raleigh	Geraldine Hoban	Katrina Broadhill
Dave Sargeant	Laura Hill	Nik Demetriades
Alex Bailey	Dominic Wright	

Apologies were received from Kim Curry, Annie MacIver and Minesh Patel

Part I

30. Chairman's Welcome

30.1 The Chairman welcomed Board Members, Officers and Members of the Public to the meeting.

31. Declaration of Interests

31.1 None.

32. Urgent Matters

32.1 None.

33. Minutes

33.1 Resolved that the minutes of the meeting of the Health and Wellbeing Board held on 12 July 2018 were agreed.

34. Crawley Health and Wellbeing

34.1 The Board received a presentation from Carrie Burton, Transformation Manager, Crawley Borough Council. This provided an overview of the health and well-being issues and initial key priorities that were relevant to Crawley residents. (Presentation tabled at the meeting and available on the website)

34.2 The Chairman invited comments and questions on the information received requesting a focus on how the Board could help support Crawley's Health Priorities. Key Points highlighted were:

- There was disparity between the positive employment, earned income, and productivity figures and the challenges that faced the Crawley population. It was pointed out that although Crawley had a successful economy, with too many jobs for the population, people who commuted into Crawley earned higher salaries than residents. Similarly, although Crawley had a national average of high salaries the town also had the poorest social mobility.
- The Board commended the Social Prescribing Pilot funded by Crawley Borough Council and Crawley NHS Clinical Commissioning Group. The impact of this pilot had been measured in terms of the reduction in demand on general practice, reductions achieved in A&E attendances, demands on other secondary care services and the social return on investment (SROI) can have a monetary value on the return of benefits to all stakeholders, not just health. Following request, it was agreed that the pilot's results would be circulated to Board Members. Members were also informed that a South East Social Prescribing Conference would be held on 22 November, details of which would be circulated following the meeting.
- The challenges presented by an ageing population were outlined. Crawley Borough Council undertook Dementia Friendly work and used partnership/community networks to improve social isolation. The same type of engagement processes were being used to build relationships with partners with a focus on support for the children and young people. The Board discussed how they could work together to facilitate this work, enabling Health and Wellbeing Teams to work with young people, children and families and commit to partnership working as opposed to a contractual relationships. It was agreed creative thinking, flexible working and early intervention would be required. Comment was made that small, simple initiatives could be used to make a huge difference.
- The Board were particularly interested in Crawley Borough Council's work on creating a Dementia Friendly Town – Crawley was noted as a national and international exemplar. It was noted that other towns such as Worthing, Bognor Regis and Horsham were Dementia Friendly and this approach would be good for West Sussex as a whole.
- Discussion was held on upskilling Crawley's population as a workforce that could be attracted to working in Health. Ongoing work was being undertaken with the college to offer appropriate courses.

34.3 The Chairman thanked Members for their input. In summing up, the importance of the Board's role in understanding local health and well-being priorities was noted, as well as the need to continue to develop relationships between the Board and the District and Borough's Health and Wellbeing Partnerships.

35. Workforce Priority Review

35.1 The Chairman introduced this part of the meeting that would focus on Workforce Priority Reviews. It was stated that Board Members would

receive a number of presentations and reports on workforce priorities on the themes of Making Every Contact Count, Adult Social Care Workforce, NHS workforce development, supporting Informal Carers and the Childcare Workforce. Board Members were requested to ask questions at the end of the Workforce Priority Review session and discuss with particular emphasis on how the Health and Wellbeing Board could assist with workforce development across the spectrum.

(a) Making Every Contact Count

35.2 The Chairman introduced Dan Barritt, West Sussex County Council Programme Manager (Workplace Health and Emotional Wellbeing) who provided a presentation on Making Every Contact Count MECC (copy of the slides appended to the Agenda and available on the Website). The presentation:

- provided an overview of the West Sussex approach to MECC;
- updated on the MECC activity that has taken place to date, the range of partners worked with and the outcomes achieved; and
- highlighted system wide challenges and how the Board could assist with solutions to those challenges and the next steps.

35.3 Board Members were informed that MECC was an approach that enabled individuals and organisations to develop a different way of working with people to promote and support health & wellbeing. Board Members were informed that MECC is about learning how to spot opportunities to talk to people about their health & wellbeing.

It was noted that MECC enabled workforces to:

- utilise a holistic, person-centred approach to service delivery.
- deliver 'very brief' or 'brief' evidence-based interventions for lifestyle behaviour change focusing on the key elements of stopping smoking, drinking alcohol sensibly, increasing physical activity, maintaining a healthy weight and diet and promoting emotional health & wellbeing
- know about local support services and how to signpost people to them where appropriate.

35.4 MECC related skills were noted as transferable and could be used within a workplace health context. It was stated that the pressures faced by Local Authority, health and social care and voluntary sector workforces were well known, and MECC offered a pragmatic solution to scaling up a transformational shift toward prevention as part of organisational culture change. MECC could equip workforces at all levels to be more confident in discussing lifestyle related issues with each other as well as the people they work with.

35.5 The report's recommendations requested that the Board:

- 1) became or identified a strategic MECC Champion using positions, relationships, visibility and influence to promote a MECC approach, engaging important leaders, and identifying operational MECC Champions to lead their own MECC implementation plans; and

- 2) Identify key services, active leaders and operational Champions, to embed MECC within existing service delivery structures, pathways, and commissioning plans to mobilise MECC within work areas.

35.6 Board Members were informed that Public Health West Sussex would support this by providing MECC resources, support with training Champions and support with developing and implementation plans. Tailored workshops and presentations could be delivered to senior leaders and managers to enhance the understanding of a MECC approach.

(b) Adult Social Care Workforce

35.7 The Chairman introduced Allison Durieu, West Sussex County Council Recruitment Consultant and Sarah Saych, West Sussex County Council Commissioning Manager who presented information on the Adult Social Care Workforce. (Report and Slides appended to the Agenda and available on the Website). An update on the Care Workforce project was provided in terms of priorities, activities, achievements and challenges based on the mission statement that it was essential that there was enough people of working age who want to develop a career in health and care.

35.8 The presentation highlighted the following key points. The WSCC Care Workforce Team had:

- worked alongside stakeholders and care providers to review and enhance marketing and communication activity for job vacancies
- promoted jobs in care as jobs/careers of choice with the aim to help close the recruitment gap
- used a targeted approach engaging local communities
- engaged with 5 care providers so far, offering bespoke support with their recruitment needs
- hosted recruitment events allowing an opportunity for care providers to meet with potential candidates
- helped candidates with their job search, applications and interviews
- delivered various marketing campaigns alongside local recruitment events
- attended careers events across the County in schools, colleges and University of Sussex
- evaluated Job appointments to inform future approaches
- promoted success stories

35.9 In conclusion the Board were referred to the report's recommendations and asked to support the development of a new online resource, to be a one stop shop in West Sussex for care jobs, help promote the work WSCC are doing and offer support and networking opportunities into the NHS, especially in terms of a potential rotational apprenticeship.

35.10 The Chairman thanked Allison Durieu and Sarah Saych for their presentation and referred questions to the end of the Workforce Priority Review item.

(c) Sustainability and Transformation - NHS Workforce Development

35.11 The Chairman introduced Allison Cannon, Chief Nurse, Sussex Clinical Commissioning Groups, who provided an update on the existing clinical workforce issues across the Sussex and East Surrey Sustainability Transformational Partnership (STP) and highlight how the STP and West Sussex is improving clinical workforce recruitment and retention.(Report and Slides tabled at the meeting and available on the website).

35.12 In receiving the presentation Members noted the following key points:

- a Temporary Staffing Collaborative aimed to reduce both the use and cost of the temporary workforce across the patch and hence to improve the quality of care, drive down expenditure and enhance in-house bank arrangements. A project with this focus was underway
- one of the priorities was to retain and recruit staff by making the NHS an attractive place to work. Another priority was to attract and motivate younger people to join the NHS workforce
- another key area was to maximise collective resources ensuring the necessary leadership was in place so that staff could be developed and talent retained in the South East
- there was a Streamlining Project which ensured the smooth flow of staff around the system eliminating duplication of training, checks and processes which would, in turn, also result in financial efficiencies. Supported by NHS Employers and informed by learning from similar projects in London, East of England and Midlands the focus was on Junior Dr's rotation; statutory and mandatory training; recruitment and occupational health
- there was a focus on apprenticeships ensuring that the uptake of apprentices was achieved and identifying ways to maximise support for the recruitment of an ongoing pipeline of (younger) talent.
- Education and Training ensured that all staff could access education programmes, training and development they need to deliver services in a new and sustainable way. This included working with education providers to commission new courses and review methods of delivery.

35.13 It was noted that to date progress on the above initiatives had been varied and there was a move to bring this work more under the leadership of the Sussex and East Surrey STP with an absolute commitment to maintaining the close working relationships with colleagues from education, health and care providers and build on the current programmes of work.

35.14 Members of the Board were then asked to consider how the Health and Wellbeing Board could help to:

- create awareness of the opportunities that a career in health and social care could offer local people; and

- support and develop an inclusive and diverse workforce using local networks and working with the system partners, including the voluntary sector

35.15 The Chairman thanked Allison Cannon for her presentation and confirmed that the Board would give their considerations at the end of the Workforce Priority Review items.

(d) Supporting Informal Carers

35.16 The West Sussex County Council Joint Commissioning Manager, Mark Greening, presented his report on Workforce, Family and Friend Carers (report and slides appended to the Agenda and available on the Website) and emphasised the importance of supporting unpaid carers who were a fundamental part of the system.

35.17 The key objectives and outcomes required from carer support were outlined as:

- maintaining and developing resilience to enable carers to carry on caring;
- improved health and wellbeing of the carer and, through enabling safe and better caring, improved health of the cared for;
- improved independence for both carers and cared for; and
- cost avoidance to health and social care economies

35.18 Members were informed that good progress was being made with carers and young carers being assessed and supported more than ever before. It was emphasised that in order to fully realise these strategic objectives carers must be identified in a timely way. The presentation outlined the needs assessments of the young carers, carers of working age and older carers with the focus on making these carers everyone's responsibility.

35.19 The report's recommendation requested that:

- all service providers, including hospitals, put the local Carer Centre number on their headed paper; and
- as a matter of routine, consistently refer to 'patients **and carers**' and consider/measure the service experience of both.

35.20 The Chairman thanked the Joint Commissioning Manager, Mark Greening, for his informative presentation and reiterated that Board Member debate/discussion would be held at the conclusion of all the workforce presentations.

(e) Children's Social Care Workforce

35.21 The Director of Adults Services, Dave Sargeant, provided a presentation to the Board on the Recruitment and Retention in relation to the workforce in Children's Social Care (report and Slides tabled at the meeting and available on the Website).

35.22 It was noted that there was a national shortage of Children's Social Workers and there were some specific challenges in West Sussex, which were being addressed. Board Members were informed that in 2017, the national vacancy rate was 17% with 68.7% of vacancies were being covered by agency staff. The average working life for a social worker was under eight years which did not compare favourably to 25 years for a doctor. It was also noted that there was fierce local competition for experienced social workers with other authorities in the region increasingly taking steps such as offering financial incentives upon appointment and retention payments.

35.23 Board Members were referred to the West Sussex County Council Strategy developed in 2017 that aimed to, increase the rate of recruitment of experienced social workers, reduce the need to rely on more expensive, and less reliable agency staff and reduce staff turnover to increase the stability of the workforce. The rate of external recruitment had increased significantly compared to before the launch of the recruitment strategy.

35.24 It was stated that there were clear overlaps with Adult Social Care and the need for partnership working was emphasised given that organisations were competing with each other for the same workforce. The opportunity to work with partners in Health as West Sussex County Council refined the recruitment strategies for both residential and social workers was welcomed. It was suggested that this could include looking at opportunities for joint advertising and recruitment events, and development of staff.

35.25 The Chairman thanked the Director of Adult Services for his presentation.

35.26 The Chairman informed the Board that this concluded the presentations on the Workforce Priority Review and invited comments and questions on the information that had been received, taking particular note of any recommendations that had been put forward. Members:

- commented that the question that should be asked is, 'is this job good enough for my son or daughter?' It was agreed that the basics had to be right for staff, providing good quality working conditions and valuing and respecting the workforce. Cultural change was cited as key so that all staff could feel a positive sense of wellbeing and as such eliminate negativity.
- agreed that the perceptions around working in Social Care needed to be eradicated and replaced with an empowered workforce who are able to earn a Living Wage.
- highlighted the need to redesign jobs making them more attractive to all working age individuals, one example was to encourage part time work at a senior level.
- emphasised the importance of the partners on the Joint Health and Wellbeing Board working together more strategically on their workforce recruitment challenges. In this way duplication of activity could be avoided.
- requested facts and figures so that Business Plans could be analysed for their rate of return and recruitment campaign success

measured in terms of cost. It was strongly agreed that evidence of good value was required.

- acknowledged BREXIT (the British withdrawal from the European Union) as another possible recruitment challenge with its impact already being felt in terms of a reduction in workforce availability.
- Discussed the need to be innovative, flexible and creative in attracting a workforce. Some ideas put forward were providing accessibility of services for shift workers, provision of key worker housing, promotion of General Practice as a career choice to Medical Students, promotion of working in Social Care in Colleges/Schools as a skilled career, offer job sharing, attract those with disabilities to the workforce, offer educational and career progression opportunities. It was agreed that principles of inclusivity must be embedded within recruitment approaches and policies.
- recognised the need to work in partnership rather than in competition to avoid duplication and costs of recruitment work.

35.27 The Chairman thanked Members for their input. Adam Doyle, (Chief Executive, Central Sussex Commissioning Alliance) was invited to comment. He emphasised the need for an overarching strategy to clearly design how partners could work together to recruit and retain staff and put forward a case for change.

35.28 The Director of Public Health summed up the discussion, highlighting the opportunity to share information, explore key themes and address how the Board could work together on the workforce recruitment challenges that had been outlined.

36. Sussex and Surrey Sustainability Transformation Partnership (STP)

36.1 The Board received a presentation from Dominic Wright, a Board Member and representing Coastal West Sussex Clinical Commissioning Group, on the Sussex and Surrey Transformation Partnership (STP) (slides appended to the Agenda and available on the website) that outlined the recent Governance review that had taken place to refine and clarify governance arrangements. These were inclusive and initially focused on the NHS organisations within the partnership. It was noted that discussions were underway around the future of commissioning across the STP. This followed the creation of the Central Sussex Commissioning Alliance and a shared Accountable Officer across the Clinical Commissioning Groups.

36.2 It was stated that the new arrangements included the formation of an Operational Delivery Group, which was described as the “engine room” of the STP where the work of the workstreams was co-ordinated and discussed. Due to the changing nature and dynamics of STP development, the new arrangements would be regularly reviewed to ensure they are working effectively and remain fit for purpose.

36.3 The workstreams were aligned to the agreed immediate priorities of the STP and outlined as:

- Mental Health

- Urgent and emergency care
- Medicines Management
- Clinically Effective Commissioning
- Continuing Healthcare
- Back office functions
- Estates
- Digital
- Workforce
- Communications and Engagement
- Finance

36.4 It was reported that some workstreams were more advanced than others – particularly the Mental Health and the Clinically Effective Commissioning Programme. The mental health workstream had formed an STP Programme Board and a case for change. The Clinically Effective Commissioning Programme was a Sussex-only piece of work but assurance was given that it was working very closely with the Surrey Collaborative to ensure there would be consistency across the boundaries.

36.5 Board Members were informed that a review of the STP governance had taken place and refined arrangements had been designed, developed and accepted by the STP Executive, Programme Board and Oversight Group. These arrangements aimed to define and embed roles and responsibilities of the STP leadership, give greater clarity around accountability and provide assurances around progress and delivery of STP programmes and local plans. The arrangements were intended to compliment the accountability of individual partner organisations. Due to the changing nature and dynamics of STP development, the new arrangements would be regularly reviewed to ensure that they were working effectively and remained fit for purpose.

36.6 It was concluded that the STP Executive were discussing the strategic and longer-term priorities of the STP for the year ahead. Work was underway to develop a case for change for the STP, which identified the key challenges and areas that needed improvement across our local health and care system. It was reported that a lot of work had taken place around the case for change within local transformation plans and specific areas, such as mental health, but this was the first time a unified case for change had been developed across the STP. It was noted that this was being led by the STP Clinical Cabinet and would be an important reference point for all the partnership organisations and will be a focus for engagement with the public and stakeholders. It was stated that the final draft of the case for change was being reviewed by the STP Clinical and Professional Cabinet and the STP Executive with a view to final sign off.

36.7 The Chairman thanked Dominic Wright, Coastal West Sussex CCG, for this update.

37. West Sussex Better Care Fund Programme

37.1 In the absence of the report's author, Dominic Wright, Coastal West Sussex Clinical Commissioning Group, presented an update on the West Sussex Better care Fund (report appended to the agenda and available on the website). The Board noted this update.

38. Joint Health and Wellbeing Board Strategy Refresh

38.1 The Director of Public Health presented her report on the Joint Health and Wellbeing Board Strategy Refresh (report tabled at the meeting and available on the website).

38.2 The report provided an update on the process of the Joint Health and Wellbeing Strategy (JHWS) refresh and Health and Wellbeing Board (HWB) role development. It was outlined that the HWB was in the process of refreshing its JHWS to replace the current 2015-2018 strategy. The Board used this strategy refresh process as an opportunity to engage with various stakeholders and encourage greater ownership of the strategy. It was noted that the updated JHWS was due for publication in April 2019.

38.3 The Chairman referred Board Members to the recommendations and sought agreement.

38.4 Resolved that the Board:

- a) noted the progress made in the refresh of the JHWS and the next steps;
- b) would advise on further opportunities for engaging and consulting partners, patients, services users and other stakeholders in the JHWS consultation and implementation; and
- c) noted the draft vision, guiding principles and the proposed systems leadership model.

39. Public Forum

39.1 The Chairman invited comments and questions from those observing the meeting. There were no comments or questions.

40. Date of next Meeting

40.1 The next meeting would be held on 24 January 2019 at 2pm at a venue to be confirmed.

The meeting ended at 5.10 pm

Chairman