

Public Document Pack

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3 October 2018

West Sussex Health and Wellbeing Board

A meeting of the committee will be held at **2.00 pm** on **Thursday, 11 October 2018** at **Ashurst Room, Charis Centre, Town Barn Road, Crawley RH11 7EB**.

Tony Kershaw
Director of Law and Assurance

Agenda

2.00 pm 1. **Chairman's Welcome**

2.01 pm 2. **Declaration of Interests**

Members and officers must declare any pecuniary or personal interest in any business on the agenda. They should also make declarations at any stage such an interest becomes apparent during the meeting.

Consideration should be given to leaving the meeting if the nature of the interest warrants it; if in doubt contact Democratic Services before the meeting.

2.03 pm 3. **Urgent Matters**

Items not on the agenda that the Chairman of the Board is of the opinion should be considered as a matter of urgency by reason of special circumstances.

2.04 pm 4. **Minutes** (Pages 5 - 10)

The Board is asked to confirm the minutes of the meeting of the Health and Wellbeing Board on 12 July 2018.

2.05 pm 5. **Crawley Health and Wellbeing**

A presentation will be given, at the meeting, by Crawley Borough Council on the work this Council has been doing on Dementia with a quick overview of health issues that are relevant to Crawley residents.

- 2.15 pm 6. **Workforce Priority Review**
- 2.15 pm (a) **Making Every Contact Count** (Pages 11 - 22)
- The attached report and presentation provides an overview of the West Sussex Public Health approach to Making Every Contact Count in the context of the West Sussex Workforce.
- 2.25 pm (b) **Adult Social Care Workforce** (Pages 23 - 32)
- The Board will receive a presentation as attached on the West Sussex County Council Workforce Team that works alongside stakeholders and care providers to review and enhance marketing and communication activity for job vacancies, promoting jobs in care as jobs/careers of choice with the aim to close the recruitment gap.
- 2.35 pm (c) **Sustainability and Transformation NHS Workforce Development**
- A presentation will be provided by Allison Cannon Chief Nurse and Director of Quality East Surrey and Sussex Clinical Commissioning Groups, Central Sussex Commissioning Alliance. The Board will be provided with information to understand the work that has taken place over the last 2.5 years and will be asked to explore how the Health and Wellbeing Board, as the system leaders for Health & Social care, can support future plans and initiatives in line with the identified vision.
- 2.45 pm (d) **Supporting Informal Carers** (Pages 33 - 42)
- The Board will receive a presentation as attached on the challenges surrounding Family and Friend Carers. The key objectives and outcomes required from carer support will be outlined.
- 2.55 pm (e) **Children's Workforce**
- A presentation will be provided by the West Sussex County Council Director of Children and Family Services.
- 3.05 pm 7. **Sussex and Surrey Sustainability Transformation Partnership (STP)** (Pages 43 - 48)
- A Recent governance review has taken place to refine, clarify and improve governance arrangements. These are inclusive, initially focused on the NHS organisations within the partnership. Discussions are underway around the future of commissioning across the STP. This follows the creation of the Central Sussex Commissioning Alliance and a shared Accountable Officer across Clinical Commissioning Groups. The Board will receive a presentation on the partnership as attached.

- 3.15 pm 8. **West Sussex Better Care Fund Programme** (Pages 49 - 54)
- The Board will receive a report as attached from the West Sussex Better Care Fund Coordination Team. This report details progress towards each of the four national conditions of the Better Care Fund. The Board is asked to comment on the report.
- 3.25 pm 9. **Joint Health and Wellbeing Board Strategy Refresh**
- The West Sussex County Council Director of Public Health will provide a verbal update on the Joint Health and Wellbeing Board Strategy, outlining the emerging vision, principles of working, the leadership model whilst highlighting the work being undertaken on refreshing the strategy and how public engagement will be incorporated.
- 3.35 pm 10. **Public Forum**
- The Board invites questions and comments from the public observers present at the meeting. Those with more complex issues are asked to submit their question before the meeting (ideally several days) in order to allow a substantive answer to be given. Contact Erica Keegan on Tel: 033022 26050 (a local call) or via e-mail: erica.keegan@westsussex.gov.uk
- 3.45 pm 11. **Date of next Meeting**
- The next meeting of the Board will be held at 2.00pm on 24 January 2019 at a venue to be confirmed.

To all members of the West Sussex Health and Wellbeing Board

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West Sussex Health and Wellbeing Board

12 July 2018 – At a meeting of the West Sussex Health and Wellbeing Board held at 2.00 pm at Arun Civic Centre, Maltravers Road, Littlehampton, BN17 5LF.

Present:

Alex Bailey
Katrina Broadhill
Diane Henderson
Laura Hill

Mr Hillier
Mrs Jupp
Nigel Lynn
Anna Raleigh

Dave Sargeant
Philippa Thompson
Dominic Wright

Apologies were received from Natalie Brahma-Pearl, Kim Curry, Geraldine Hoban, Annie MacIver, Rachel North, Minesh Patel and Susan Stone

Also in attendance: Annie Callanan and Mr Turner

Part I

17. Chairman's Welcome

17.1 The Chairman welcomed all to the meeting including the following who were joining the Board for the first time; interim Director Adults Services, Dave Sargeant; Healthwatch West Sussex Service Manager, Katrina Broadhill; Observer, Chairman Adult Safeguarding Board, Annie Callanan; Observer (for PCC Chairman) PCSO Alan Owens. The Board noted that the Chairman of the Safeguarding Children Board was to be invited to take a seat on the Board as an Observer.

18. Declaration of Interests

18.1 None.

19. Urgent Matters

19.1 None.

20. Minutes

20.1 Resolved that the minutes of the meeting of the Health and Wellbeing Board held on 26 April 2018 were agreed.

21. Health and Wellbeing Board Work Programme

21.1 The Board noted the report (copy appended to the agenda and available on the [website](#)) which outlined future agenda items to be considered at the Board's planning meetings.

21.2 Resolved that the Board approved the Health and Wellbeing Board Work Programme.

22. Health and Wellbeing in Arun

22.1. Robin Wickham, Group Head of Community Wellbeing and Nigel Lynn, CEO Arun DC gave a presentation to the Board on the work of the Arun Wellbeing Partnership. (Report appended to the agenda and available on the website).

22.2. The Chairman invited comments and questions on the information received. Members:

- commended the initiative for looked after children and questioned what KPIs were being worked to to help children become more emotionally resilient and live more healthy lifestyles. It was explained that there were KPIs in Arun's plans with Freedom Leisure that could be shared with members
- commended the partnership work which helped the Board understand health priorities and lifestyle factors in the district and boroughs that it might not otherwise be aware of
- requested some feedback from users of the Laburnum Centre; the representative for the voluntary sector undertook to provide this
- questioned mental health support services for looked after children and those in transition between children and adults services. It was explained that the District Council support in this area was aligned and in partnership with the County Council services. Also that work in partnership with organisations such as the Bodyshop was being explored as was strengthening links with schools and available support groups
- alerted members to work of Healthwatch to understand the experience of 11 year old's in the area of mental health and wellbeing
- highlighted the work of Oakleaf which in partnership with MIND had undertaken work with people 16 to 25 years, aligned with Pathfinder and taking support into schools. The opportunity for this to link up across the county around leisure opportunities and activities was emphasised
- explained the work of Arun and Worthing Council with people 18-20 years to bring together the initiatives under the THRIVE programme for young adults
- highlighted an opportunity for bids to government for ring-fenced mental health monies
- acknowledged the chronic NHS underfunding by government for MH services; that the vast majority of young people would not require access to the high tier services; that partners needed to think about funding early intervention support by looking at charitable and lottery funded projects to avoid people needing such services.
- questioned how District Council powers around planning were being used to improve health and wellbeing in the area. It was explained that 106 monies were being used in support of the new community centre and that cycling infrastructure was also being given support in this way
- highlighted the importance of the work of the District and Borough partners in developing the Joint Health and Wellbeing Board Strategy. This would ensure a good understanding of need and place and determine clear priorities for each area which could then be mapped against existing resources

- emphasised that the voluntary sector continued to explore access to funding other than that from the local authority and highlighted that, with each organisation in competition for this with each other, it was essential to work in partnership and not duplicate services.
- questioned the use of the new homes bonus. It was explained that while this was flexible it was in the main used to bolster revenue budgets, noted that the Local Plan was going forward and would give further opportunities
- agreed a great deal of good work was going on in the voluntary sector and it was essential to integrate and strengthen existing services rather than create more. Noted that this would require a good understanding of priorities and agreement on direction.
- expressed willingness on part of CCGs to understand, encourage and work with LCNs on their priorities.

22.3 The Chairman thanked members for their input. The Director Public Health summed up the significant opportunities for the Board to take relationships further with District and Borough partners to improve health and wellbeing across the county, share good practice and link up funding spend. This would lead from the refresh of the JSNA, reframe of the Board's strategy, initiatives coming from that work with wellbeing hubs and the Integrated Prevention and Early Help hubs. The Director also highlighted the opportunities to link in with the LCNs and the voluntary sector and schools and wider communities.

22.4 The Chairman referred members to the recommendation and sought agreement to move forward with partnership work as summarized.

22.5 Resolved that the Board:

agreed that the work of the Partnership could support the objectives of the Health and Wellbeing Board by continuing to work in partnership, linking with the JSNA and the JHWBS, sharing good practice and linking up funding spend.

23. Progress on Joint Health and Wellbeing Board Strategy 2015-18, Priority one - Early year's 0-2 year olds

23.1 The Chairman introduced Kelly Pierce – Consultant Midwife, Public Health to present on partnership work on supporting families with young children from conception through to 2 years. Copy of slides appended to the agenda and available on the website). Members noted the importance of engaging with families as early as possible and how the Integrated Prevention and Early Help programme, one of two across the country, was bridging gaps in provision and making improvements. Members received a presentation highlighting focus on:

- ways of reaching and supporting families who didn't meet the criteria for social care
- bereavement services for those who had a child removed from them
- need for support for adults who worked with children in care
- smoking cessation and obesity services for pregnant women
- parenting support.

23.2 The Chairman invited the Locality Manager, Healthwatch to give her presentation and explained that she would take questions and comments on this and the previous report at the same time. (Report appended to the agenda and available on the website) The Board noted qualitative data received January to March 2018 as set out in the slides.

23.3 The Chairman invited comment and questions on the presentations and information given. Members:

- commended the Consultant Midwife on her presentation and questioned the efficacy of interventions on substance misuse. It was explained that a robust system of better information and early support was now in place and all maternity systems were involved in a development programme to include consideration of substance misuse at the first maternity service booking-in meeting.
- questioned links with the Think Family programme. It was explained that the Consultant Midwife was in liaison with the lead officer for this and would ensure this was highlighted with her
- highlighted possibilities of linking support for maternal weight management for people via the Arun Wellbeing Partnership contract with Freedom Leisure. This opportunity was welcomed and would be followed up with Arun DC
- questioned support for the partners of the customer and also mental health support. It was explained that supporting partners was a challenge but that the Family Assist programme could support all those signed up to it and that increasingly, digital services would also help support this work.
- highlighted the current STP Case for Change work programme and the importance of engaging STP wide support in taking forward a prevention agenda to ensure children start well, such as commissioning advocacy support for parents on hospital wards. The Board noted that the Consultant had links with the whole STP area and that the Director of Public Health sat on the STP Cabinet and could also highlight this.

23.4. Resolved that the Board:

- (a) identified member and officer influence at STP level to influencing hospital services in taking a proactive prevention role in respect of;
 - Maternal Smoking
 - Maternal Obesity
 - Advocacy support for parent on hospital wards
- (b) agreed to consider retaining support for Early Years as a priority area in the refreshed HWB Strategy for 2018-2020.

24. West Sussex Healthwatch

24.1 The Board received the Annual Healthwatch Report. The Locality Manager, Healthwatch gave her presentation under the previous item (see minute 23.3).

25. Childhood Obesity

25.1 The Chairman introduced the Public Health lead, Healthy Lifestyles to present the reports. (Copies appended to the agenda and available on the website). Partnership work to support healthy eating in childhood was explained and the outcomes, one year on, of the recommendations from the County Council's Task and Finish Group on Prevention of Childhood Obesity. Members:

- highlighted the extent and effect of the problem and that it must be considered a top priority for the Board
- emphasised that support for parents was paramount to tackle the problem also government buying standards and local provision of fast food – for instance in acute settings and in local authorities staff settings
- suggested that solutions needed to focus on the environment, to make the healthy choice the default choice
- suggested that the Board should champion the 'Daily Mile' in schools. An effective and cost neutral programme that could influence future behaviours.

25.2 The Chairman noted the full support of the Board for the recommendation.

25.3 Resolved that the Board:

Encouraged all partners to take a systematic approach to obesity prevention, particularly in place-based interventions and community-based individual choices.

26. Better Care Fund Programme

26.1 The Chairman explained that apologies had been received from officers due to present on the Better Care Fund, and offered to take any questions back (report appended to the agenda and available on the website).

27. Sussex and East Surrey Sustainability Transformation Partnership

27.1 The Chairman invited comments and questions from those observing the meeting. The questions concerned:

- A comprehensive approach to the commissioning of advice services. The Board noted the comments made. The Director Public Health explained that workshops were underway that would inform the developing strategy. Residents' requirements at different life stages were being considered as well as wellbeing in its broadest sense
- A query related to unconventional procedures being offered to myalgic encephalomyelitis sufferers. The Board noted that this issue was being dealt with at a high level: the questioner was working with Nicholas Soames, the Chief Medical Officer and NICE to address her concerns.

- A written question concerning prostate screening which had been received by the Board. The Chairman read out the prepared answer for the benefit of those in attendance, although the questioner was not present at the meeting.

28. Public Forum

28.1 The Chairman invited comments and questions from those observing the meeting. The questions concerned:

- A comprehensive approach to the commissioning of advice services. The Board noted the comments made. The Director Public Health explained that workshops were underway that would inform the developing strategy. Residents' requirements at different life stages were being considered as well as wellbeing in its broadest sense
- A query related to unconventional procedures being offered to myalgic encephalomyelitis sufferers. The Board noted that this issue was being dealt with at a high level: the questioner was working with Nicholas Soames, the Chief Medical Officer and NICE to address her concerns.
- A written question concerning prostate screening which had been received by the Board. The Chairman read out the prepared answer for the benefit of those in attendance, although the questioner was not present at the meeting.

29. Date of next Meeting

29.1 The next meeting would be held on 11 October. (Post meeting note, the venue is to be Crawley Borough Council.

The meeting ended at 4.50 pm

Chairman



Date of meeting:	11 th October,
Item Title:	Making Every Contact Count (MECC) in West Sussex
Executive Summary:	<p>The aim of this item is to:</p> <ul style="list-style-type: none"> - Provide an overview of the West Sussex Public Health approach to MECC in the context of the West Sussex Workforce. - Update on the MECC activity that has taken place to date, the range of partners that we have worked with and give an example of the outcomes achieved through workshop delivery. - Highlight system wide challenges, how the Board can assist with solutions to those challenges and the next steps for Public Health West Sussex regarding MECC. <p>Too many people live in poor health and die prematurely, due to largely avoidable diseases and illnesses that are directly related to lifestyle behaviours (e.g. what we eat, drink, whether we smoke, and how active we are). Whenever West Sussex people have contact with front line services there is an opportunity to prompt small, sustainable lifestyle changes so that they feel significantly better in themselves and live more satisfying lives and be healthy for longer.</p> <p>MECC is an approach that enables individuals and organisations to develop a different way of working with people to promote and support health & wellbeing. Telling people what to do generally does not work; MECC is about being more attuned to how we interact with people and learning how to spot opportunities to talk to people about their health & wellbeing. MECC enables workforces to:</p> <ul style="list-style-type: none"> ▪ Utilise a holistic, person-centred approach to service delivery. ▪ Deliver 'very brief' or 'brief' evidence-based interventions for lifestyle behaviour change, as outlined in the NICE Guidance on Individual Behaviour Change focusing on the key elements of <i>stopping smoking, drinking alcohol sensibly, increasing physical activity, maintaining a healthy weight and diet and promoting</i>

	<p><i>emotional health & wellbeing (Five Ways to Wellbeing).</i></p> <ul style="list-style-type: none"> ▪ Know about local support services and how to signpost people to them where appropriate. <p>MECC related skills are transferable and can be used within a workplace health context. The pressures faced by Local Authority, health and social care and voluntary sector workforces are well known, and MECC offers a pragmatic solution to scaling up a transformational shift toward prevention as part of organisational culture change. MECC can 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.</p>
<p>Recommendations for the Board:</p>	<ol style="list-style-type: none"> 1) Become or identify a strategic MECC Champion using your positions, relationships, visibility and influence to promote a MECC approach engage other important leaders, and identify operational MECC Champions to lead their own MECC implementation plan. 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 your work areas. <p>Public Health West Sussex can support this by providing MECC resources, support with training Champions and support with developing and implementation plans. Tailored workshops and presentations can be delivered to senior leaders and managers to enhance the understanding of a MECC approach.</p>
<p>Relevance to Joint Health and Wellbeing Strategy:</p>	<p>This supports the Workforce priority of the Joint Health and Wellbeing Strategy.</p>
<p>Financial implications</p>	<p>None.</p>
<p>Consultation (undertaken or planned):</p>	<p>The MECC resources and workshops have been subject to a peer review process with local colleagues from the health, social care and voluntary sectors and the Public Health England South East MECC network.</p>
<p>Item author and contact details:</p>	<p>Dan Barritt – Program Manager for Workplace Health and Emotional Wellbeing. Dan.barritt@westsussex.gov.uk 0330 222 6308</p>

Making Every Contact Count in West Sussex and Workforce Development

Dan Barritt

Programme Manager: Workplace Health and Emotional Wellbeing
Public Health – West Sussex County Council

Making Every Contact Count is...

A ***Health in All Policies***, transformational approach at the individual level, based on the foundation that every day there are millions of interactions between public service workers and the public.

Local Government Association: *LA's have an important role in supporting the implementation of MECC. Their services bring MECC opportunities and can impact on the wider determinants of health.*

NHS Five Year Forward View: *'Upgraded' focus on preventing illness, with staff using every contact as an opportunity to help people stay in good health, by not smoking, eating healthily, drinking sensibly, and exercising more.*

MECC and the West Sussex Workforce

MECC helps foster health promoting conversations and can be embedded within **workplace culture** and **service delivery**.

MECC puts **prevention at the forefront** of service delivery.

The **understanding, adoption, and application** of a MECC approach is required to **develop and sustain a vibrant and motivated health & social care workforce** in West Sussex.



Useful contacts

Healthy diet, weight, physical activity

- www.westsussexwellbeing.org.uk
- Chichester **01243 521041**
- Arun **01903 737862**
- Adur & Worthing **01903 221450**
- Mid-Sussex **01444 477191**
- Horsham **01403 215111**
- Crawley **01293 585317**

Healthy mind

- www.westsussexwellbeing.org.uk
- www.mind.org.uk

Alcohol

- www.westsussexwellbeing.org.uk
- www.dontbottleitup.org.uk

Smoking

- www.westsussexwellbeing.org.uk/topics/smoking

All things health and lifestyle

- www.nhs.uk/oneyou
- <https://www.nhs.uk/change4life>
- www.bhf.org.uk



west sussex wellbeing

WS32117(C) 2.18

What we have done in West Sussex?

- 1) Created toolkits and resources.



LEVEL 1 TOOLKIT

Very brief interventions and signposting



"Let's Make Every Contact Count – all you have to do is ask"

Key health messages

Physical activity
It's recommended that adults do at least 150 minutes of moderate physical activity per week. This can be broken down into five, 30 minute sessions of aerobic activity (e.g. swimming, fast walking). Moderate activity is when your breathing is noticeably increased but you are still able to hold a conversation. Being active every day helps you stay healthy. It's easy to move more by starting small and building up gradually.

Healthy diet
Check food labels when shopping to help you make healthier choices. Choose foods low in saturated fat, sugar and salt, and drink plenty of water, aiming for around 1.5 to 2 litres per day. Eating healthily is great for your body and your wallet. Preparing and cooking your own meals is generally cheaper than takeaways or ready meals and it's easier to control what goes in to your meal, so can be healthier.

Smoking
Stopping smoking is the best thing you can do for your health. Every cigarette is harmful and can cause serious health conditions including cancer, stroke and heart disease. It's never too late to stop smoking and support is available. You're four times more likely to quit with help from an advisor.

Drinking
Reduce your risks by drinking within the recommended 'lower risk' guidelines. Men and women are advised not to regularly drink more than 14 units a week, spread over three days or more, with regular, alcohol free days. There are approximately 14 units in six pints of 4% lager. Cutting down gives you more energy, helps you feel better in the mornings, lose weight, and reduces your risk of heart disease, cancer and stroke.

Healthy weight
Being overweight increases your risk of type 2 diabetes, high blood pressure, cardiovascular disease and some cancers. It puts additional pressure on your joints and results in reduced mobility. If your waist is over 37 inches (male) or 32 inches (female) you are at increased risk, and over 40 inches (male) or 35 inches (female) you are at severe risk of weight related health conditions.

Five Ways to Wellbeing
It's helpful to see good mental wellbeing as something you do, rather than something you are. Research shows that five behaviours done consistently can help boost our emotional wellbeing.

Connect
Connect more with people around you and develop your relationships.

Be active
Be active by finding an activity that you enjoy and making it part of your life.

Keep learning
Keep learning new skills to help boost your confidence and give you a sense of achievement.

Give to others
Give to others, whether this is by volunteering, helping others or simply smiling, saying thank you, and giving kind words to others.

Take notice
Take notice more, be aware of the present moment including thoughts, feelings and the world around you.

www.westsussexwellbeing.org.uk

- 2) Delivered workshops and presentations.
- 3) Developed a MECC implementation framework.

Who we have worked with so far

What we have done	Who we have worked with (<i>number of staff trained</i>)
MECC skills workshops	Dietitians – Western (35); Age UK West Sussex (14); Stop Smoking and NHS Health check providers (45); Carer’s Support (25); West Sussex Pathfinder (16); Horsham Support Workers Housing Forum (15); Chichester Social Prescribers (6); Orthoptists – Western (9)
Presentations, implementation planning and resource distribution	West Sussex Wellbeing Hubs; Integrated Prevention & Early Help service; Healthy Child Programme; Occupational Therapists – Western; West Meads Surgery; Chichester/Regis/North Cissbury/REAL Care/Adur LCN’s; Coastal West Sussex CCG; West Sussex Care Point 2 Service; West Sussex Adult Social Care Managers Forums; West Sussex Library Service; Schools Apprenticeship Network; Prevention & Assessment Teams; Midwifery Services – Western; Change, Grow, Live, Voluntary Action – Adur & Chichester

Key challenges

- 1) **Top-level commitment** is crucial to embed MECC within organisational culture, and **ensure MECC is a priority** of front-line service delivery.
- 2) **Commitment** from **operational MECC Champions** to deliver workshops and presentations, **embed MECC within service delivery pathways and practices** and support front-line workers in utilising a **sustainable MECC approach**.
- 3) **Evaluating** the organisational and service delivery **impacts of a MECC approach** via the number and quality of MECC conversations (e.g. *case studies and incorporating MECC into existing data collection methods*).

How can Board members support MECC?

Become a **strategic MECC Champion**, using your positions and influence to **promote a MECC approach**, engage other leaders, and identify operational MECC Champions to lead your own MECC implementation plans.

Identify **key services, active leaders and operational Champions**, to phase in embedding MECC within existing service delivery structures, pathways, and commissioning plans.

Next steps for MECC West Sussex - Public Health West Sussex will:

- 1) Continue **delivery** of **MECC workshops, presentations, implementation support, and distribution of resources.**
- 2) **Develop operational MECC Champions** to support the implementation and skills development within their organisations (***MECC train the trainer workshop***).
- 3) Develop a **MECC West Sussex network** to support Champions and other stakeholders.

Thank you for your time. Any questions?

The Public Health West Sussex contact for
MECC is:

Dan Barritt

(Dan.Barritt@westsussex.gov.uk /
03302226308).

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Date of meeting:	11 October 2018
Item Title:	Care Workforce Project Briefing
Executive Summary:	<p>Further to attendance at the July 2017, HWBB, this item is intended to update on the Care Workforce project. It includes;</p> <ul style="list-style-type: none"> • Priorities, • Activities • Achievements • Challenges
Recommendations for the Board:	<p>The Health and Wellbeing Board is asked to:</p> <ol style="list-style-type: none"> i. Support the development of a new online resource, to be a one stop shop in West Sussex for care jobs ii. Promote the work WSCC are doing and offer support and networking opportunities into the NHS, especially in terms of a potential rotational apprenticeship
Relevance to Joint Health and Wellbeing Strategy:	<p>The project fits with Priority 3, Workforce. "It is essential that we have enough people of working age who want to develop a career in health and care."</p>
Financial implications (if any):	None
Consultation (undertaken or planned):	Regular consultation with stakeholders, regarding project activities.
Item author and contact details:	<p>Allison Durieu Human Resources Allison.durieu@westsussex.gov.uk 03302222439</p> <p>Sarah Saych Adults' Commissioning Team Sarah.saych@westsussex.gov.uk 03302223773</p>

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Care Workforce Project: Briefing



Care Workforce Project Priorities:

1. Joint health and social care collaboration
2. Outline and promote career pathways within care and health including apprenticeships
3. Develop the recruitment collateral around the profession and online presence
4. Improve the conversion of expressions of interest into appointments
5. Offer direct support to providers who are struggling with recruitment and retention



Background

- Dedicated WSCC Care Workforce Team working alongside stakeholders and care providers to review and enhance marketing and communication activity for job vacancies.
- Promoting jobs in care as jobs/careers of choice with the aim to help close the recruitment gap.
- Targeted approach – to local communities and is primarily values based
- The project is funded through iBCF



Background cont....

Activities since June 2018

- Chichester campaign delivered
- Worthing campaign “live”
- Student campaign planned
- Billingshurst/ Pulborough campaign planning
- Social Media campaign



What has been achieved:

- 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
- Directly helping candidates with their job search, applications and interviews
- Delivered various marketing campaigns alongside local recruitment events
- Additional videos produced
- Attending careers events across the county in schools, colleges and University of Sussex
- Job appointments evaluated and informing future approaches
- Promoted success stories



What are the challenges

- Our current online presence limits what we're able to achieve. Exploring other initiatives that could meet future requirements
- Apprenticeships and other education routes are more difficult in care careers due to cost and time. In 2019, looking to develop apprenticeships for hard to recruit senior roles. Also consideration for rotational apprenticeships for Health and Social Care
- Changing perceptions of what working in care is really like and this will take time to adopt



How you may support the project and next steps

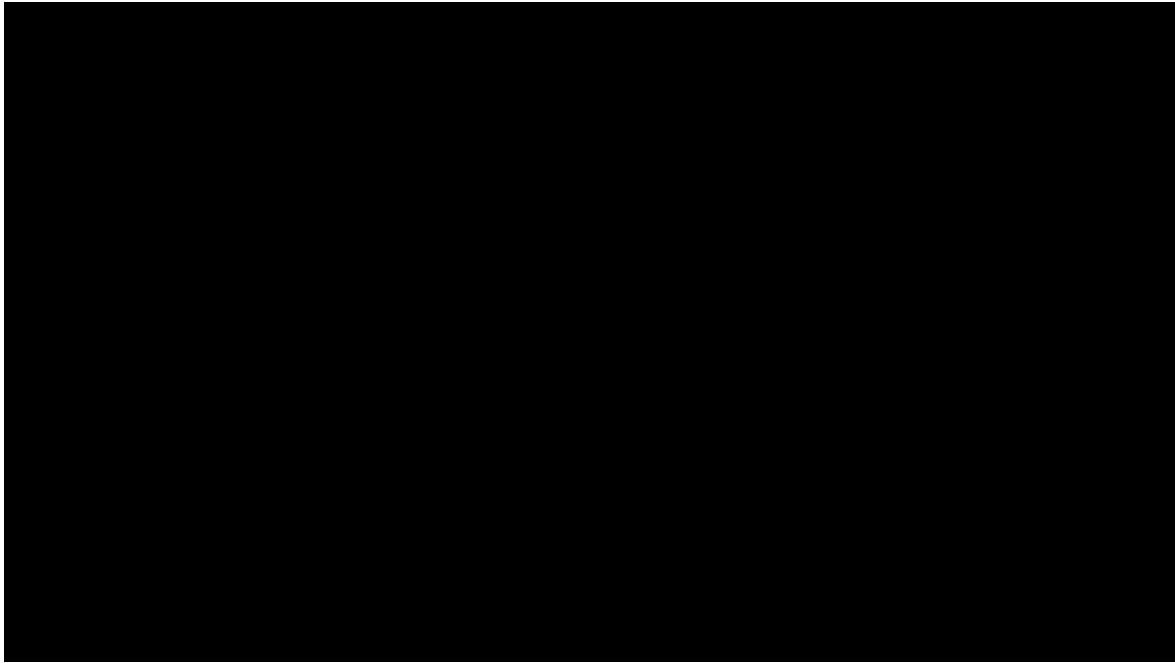
Supporting the project

- Support the development of a new online resource, to be a one stop shop in West Sussex for care jobs
- Promote the work WSCC are doing and offer support and networking opportunities into the NHS, especially in terms of a potential rotational apprenticeship

Next Steps

- Continue and expand on the work we are doing, work with more providers and gain examples of success
- Develop further projects to achieve the priorities
- Continue to create resources to help people consider Care as career and remove the stigma attached to it
- Think in a creative way how to best take the project forward with a results orientated approach





<https://www.youtube.com/watch?v=pbcdY-R0OTg&t=3s>

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03302222439

Sarah Saych
Adults' Commissioning Team
Sarah.saych@westsussex.gov.uk
03302223773





Date of meeting:	11 October 2018
Item Title:	Workforce, Family and Friends Carers
Executive Summary:	<p>The key objectives and outcomes required from carer support:</p> <ul style="list-style-type: none"> • 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 • Cost avoidance to health and social care economies <p>Good progress is being made, with more carers and young carers being assessed and supported than ever before. To fully realise these strategic objectives however more carers must be identified in a timely way. This requires a 'whole system' approach.</p>
Recommendations for the Board:	<p>The Health and Wellbeing Board is asked to: Consider that:</p> <ul style="list-style-type: none"> • All service providers, including hospitals, put the local Carer Centre number on their headed paper Also • as a matter of routine, consistently refer to 'patients and carers' and consider/measure the service experience of both.
Relevance to Joint Health and Wellbeing Strategy:	Relevant to the <i>West Sussex Joint Commitment to Family and Friends Carers 2015-2020</i> .
Financial implications (if any):	Initially only further cultural change is being proposed. Identification of more carers further down the line as a result will inevitably uncover more need.
Consultation (undertaken or planned):	Considerable stakeholder engagement was undertaken in order to arrive at the commitments contained in the above document. A key one being 'make carers everyone's responsibility'.
Item author and contact details:	Mark Greening, Carers Commissioning Manager mark.greening@westsussex.gov.uk ;

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Workforce Family and Friends Carers

Mark Greening
Carers Joint Commissioning Manager
October 2018

Detailed Joint Strategic Needs Assessment Undertaken in 2013

Census 2011	Total Population	Total number of unpaid carers	% of total population who are unpaid carers
West Sussex	806,892	84,395	10.5%
South East	8,634,750	847,353	9.8%
England	53,012,456	5,430,016	10.2%

- Trends suggest an increase of 1,300 carers year on year suggesting a current adult carer population in West Sussex of around 93,000.
- According to the last Census data the number of young carers rose by 20% compared with ten years before and these figures are widely considered to represent the tip of the iceberg.

Needs Assessment – YOUNG CARERS

- Emotional impact – worry, anxiety and depression
- Negative impact on school life – difficulty getting to school on time, meeting homework deadlines and exam difficulties
- Lack of understanding from professionals, particularly GP and teachers
- Lack of support from schools – awareness and sensitivity

Needs Assessment – WORKING AGE CARERS / EMPLOYMENT

- Benefits of working are huge – financial, value, identity, break from caring, social interaction, keeping up skills
- Flexible working is very important
- Need understanding managers
- Need advice and information about employment issues, such as reducing hours and leave entitlement
- Emotional impact of caring – exhaustion, worry, depression

Needs Assessment – OLDER CARERS

- Physical and Emotional wellbeing impacted
- Social isolation

Older People's Lifestyle Survey 2013 - 20% of older people who took part in survey were carers

- nearly half (44%) reported feeling lonely, compared to 24% of non-carers
- Just under 20% reported not having enough people to lean on, compared to just under 10% of non-carers

The 'Carer Offer' in West Sussex for Adult Carers

The universal offer:

- Advice, information and support service e.g. 60 carer support groups running each month
- Carers assessments
- Carer Learning and Wellbeing Programme (Modula training, 12 topics)
- Emotional support and counselling
- Emergency planning and support - Carers Alert Card
- Carer short break respite services (planned & emergency)
- Health and wellbeing payments
- Assistive technology/equipment for independence
- Bereavement support

Return to work/training support

The Challenge

The key objectives and outcomes required from carer support:

- 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
- Cost avoidance to health and social care economies

To realise these strategic objectives however family and friend carers must first be identified in a timely way.

Finally

Family and friend carers are a massive workforce and key partners yet are often overlooked or not included.

It is therefore recommended that all parties to the Board consider that:

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

Sussex and East Surrey Sustainability and Transformation Partnership

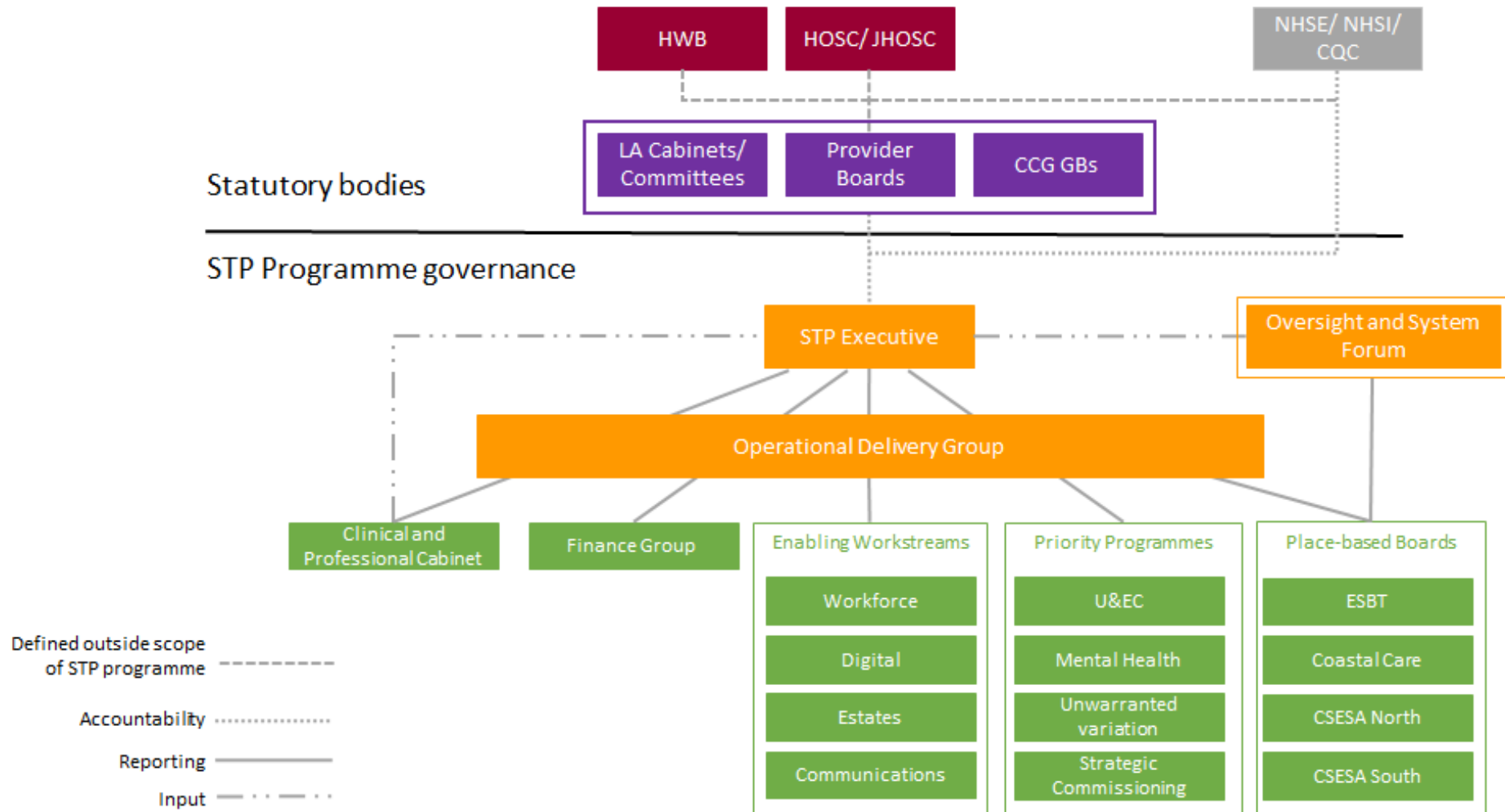


Summary

- Partnership of 23 organisations, across four upper tier local authorities.
 - Executive Chair is Bob Alexander and, working alongside him and the Chief Executives of the NHS organisations, is a programme director, supported by a small programme team.
 - There are a number of workstreams focused on immediate priorities and there are four 'place-based plans', based around the emergency care systems within the STP.
 - Recent governance review has taken place to refine, clarify and improve the governance arrangements. These are inclusive, initially focused on the NHS organisations within the partnership.
 - Discussions are underway around the future of commissioning across the STP. This follows the creation of the Central Sussex Commissioning Alliance and a shared Accountable Officer across CCGs.
-

Governance

Sussex & East Surrey Sustainability & Transformation Partnership



Workstreams

Sussex & East Surrey
Sustainability & Transformation Partnership

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

Recent developments

- STP Executive currently agreeing the strategic and long-term priorities
- Discussions taking place around the future of commissioning across the STP. Recent consolidation of CCGs through the Central Sussex and East Surrey Commissioning Alliance has realised a number of benefits
- Case for change is being developed, led by the STP Clinical Cabinet.
- The STP has been allocated £19m for the development of a new centralised pathology lab.
- Funding has been achieved for the workforce workstream which will allow us to form a small team to focus on workforce planning, information projects, talent management and leadership development.

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Date of meeting:	11 th October 2018
Item Title:	Better Care Fund Monitoring
Executive Summary:	Summary report of the Better Care Fund 2018/19 position, quarterly reporting, and plan refresh.
Recommendations for the Board:	To note the contents of the report.
Relevance to <u>Joint Health and Wellbeing Strategy</u>:	Maintaining Wellbeing and Resilience
Financial implications (if any):	N/A
Consultation (undertaken or planned):	N/A
Item author and contact details:	Paul Keough, BCF Officer – paul.keough@nhs.net

1. Background

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

It has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

This report summarises Better Care Fund performance at Month 4 (July) 2018/19. It also provides brief updates on the refresh of the two-year BCF Plan for 2018/19 and BCF quarterly reporting.

2. BCF Plan Refresh 2018/19

2.1 High-level Requirement

The BCF plan for West Sussex covers the two-year period 2017-2019 and, as per the guidance, HWB areas were given the opportunity to refresh their plans for 2018/19.

West Sussex opted not to refresh the plan but, along with all other HWB areas, is required to adopt new centrally set targets for Delayed Transfers of Care effective from September 2018.

Additionally, the refresh coincided with the publication of new targets for Non Elective Admissions following the submission of revised plans by all CCGs in April 2018.

2.2 Delayed Transfers of Care

New Delayed Transfer of Care targets for delays attributed to 'Health', 'Social Care', and 'Both' replace those given in the original BCF plan submission and are based on a Q3 2017/18 baseline. Figures are expressed as daily delays:

	Health	Social Care	Both	Total
Original Target:	62.2	17.6	7.3	87.1
Q3 2017/18 Actual:	72.4	24.1	4.1	100.7
From 09/2018 Target:	50.7	17.5	4.1	72.4

The reduction in delays attributed to 'Health' is the greatest challenge. However, at Month 4 (July) 2018/19 daily delays are as follows:

	Health	Social Care	Both	Total
Month 4 2018/19:	56.7	13.7	2.5	72.9

2.3 Non Elective Admissions

The revised quarterly targets for Non Elective Admissions are shown below alongside those from the original BCF plan submission. These figures include the additional HWB reduction linked to the local risk sharing agreement:

2018/19:	Q1	Q2	Q3	Q4	Total
Original:	20,304	20,264	20,823	20,718	82,109
Revised:	21,286	21,118	22,149	22,280	86,833

3. BCF Performance 2018/19 at Month 4

3.1 Metrics Overview

The national BCF policy framework establishes the national metrics for measuring progress of integration through the BCF. In summary these are:

- Non-elective admissions;
- Admissions to residential and care homes;
- Effectiveness of reablement; and
- Delayed transfers of care.

Information on all four metrics is collected nationally however local areas monitor their performance across these 4 areas to provide indicative updates on performance.

Indicator	2018/19 YTD Target	2018/19 YTD Actual	M4 Target	M4 Actual	Required Trend
1. Non-Elective Admissions (Specific Acute)	30,712	33,138	7,821	8,205	Lower
2. Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.	198.4	179.0	49.6	32.2	Lower
3. Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.	86.0%	80.0%	N/A	N/A	Higher
4. Delayed transfers of care from hospital per 100,000 population.	1,173.2	1,075.9	1,182.9	982.3	Lower

3.2 Non-Elective Admissions (Specific Acute)

This metric measures the outcome, a reduction in the number of unplanned acute admissions to hospital.

Effective prevention and risk management of vulnerable people through effective, integrated Out-of-Hospital services will improve outcomes for people with care needs and reduce costs by avoiding preventable acute interventions and keeping people in non-acute settings.

For M4 2018/19, the number of Non-elective Admissions across West Sussex is above plan by 384 (4.9%). The YTD figure is above plan by 2,426 (7.9%).

3.3 Residential and Nursing Care Admissions

This metric measures the outcome, reducing inappropriate admissions of older people (65+) in to residential care.

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups that admission to residential or nursing care homes can represent an improvement in their situation.

For M4 2018/19, the number of admissions is below plan by 17.2 (34.7%). The YTD figure is below plan by 19.4 (9.8%). (Note that the number of admissions may increase due to the late processing of data.)

3.4 Reablement/Rehabilitation

This metric measures the outcome, increase in effectiveness of these services whilst ensuring that those offered service does not decrease.

Improving the effectiveness of these services is a good measure of delaying dependency, and the inclusion of this measure in the scheme supports local health and social care services to work together to reduce avoidable admissions. Ensuring that the rate at which these services are offered is also maintained or increased also supports this goal.

This metric is reported quarterly. For Q3 2018/19, performance across West Sussex is at 80% against a planned figure of 86%. Note that this is the first full quarter that data has been collected from the new reablement provider through a new reporting process.

3.5 Delayed Transfers of Care

This metric measures the outcome, effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults.

This is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care (DToCs) and enabling people to live independently at home is one of the desired outcomes of social care. The DToC metric reflects the system wide rate of delayed transfers and activity to address it will involve efforts within and outside of the BCF.

For M4 2018/19, the number of delayed days across West Sussex is below plan by 462 (17.0%). The YTD figure is below plan by 899 (8.4%).

4. BCF Quarterly Return Q2 2018/19

4.1 Overview

The Better Care Support Team published the template for the Q2 2018/19 BCF return on Thursday 6th September. This incorporates the previously separately reported Improved Better Care Fund Quarterly Return covering the grant monies paid directly to local authorities. There are no other significant changes.

Work on completing the return is in progress. The submission date is 19th October following sign-off from the HWB Chair.

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