

## **West Sussex Health and Wellbeing Board**

8 October 2020 – At a virtual meeting of the Board

Present:

Cllr Amanda Jupp (Chairman), Cllr Duncan Crow, Cllr Jacquie Russell, Annie Callanan, Dr Stephen Horsley, Alan Adams, Emily King, Chris Clark, Pennie Ford, Dr Laura Hill, Alex Bailey, Nigel Lynn, Natalie Brahma-Pearl, Sally Dartnell, Dr Edward Cetti (on behalf of Michael Wilson), Helen Rice, Jess Sumner and Caroline Ridley

Apologies were received from Lucy Butler and Marianne Griffiths

### **Part I**

#### **1. Chairman's Welcome**

1.1 The Chairman thanked attendees for joining this virtual Health and Wellbeing Board meeting.

1.2 The Chairman recognised that since the Board had last met, formally, in January, the world had changed, and was aware that West Sussex and the whole nation continues to experience unprecedented times as all partners navigate their way through the COVID-19 pandemic. The Chairman stated that never had it been more important to work together and support each other, putting a 'whole systems approach' at the fore to move forward through this difficult period, both locally and nationally. The Health and Wellbeing Board was noted as committed to improving the health of the local population as well as tackling health inequalities and the Chairman reminded that, to achieve these aims, partners needed to work together, applying a whole systems approach, as strength lay in the Board's position as systems leaders, and the Board's ability to champion the actions of partner organisations.

1.3 The Chairman reassured that Board members and the systems leaders were maximising their collaborative strength and working together tirelessly to make the most effective use of combined resources in order to protect and support West Sussex residents and communities during these most challenging times.

1.4 It was noted that the Board held a virtual Seminar at the end of July 2020, where Board Members reflected on their experiences during these times and heard from partners about how they had been supporting their local communities, discussing what new best practice could be learnt from and built upon beyond the COVID-19 pandemic. The Chairman pointed out that she had received assurance from the Clinical Commissioning Group that all capacity opportunities, including the independent sector, were being utilised to provide cancer and elective treatment for people who were currently on waiting lists. A further Health and Wellbeing Board Seminar had been planned for 19 November.

## **2. Declaration of Interests**

2.1 There were no declarations.

## **3. Minutes**

3.1 Resolved – that the minutes of the meeting held on 30 January 2020 are approved as a correct record and are signed by the Chairman.

## **4. Public Forum**

4.1 The Board had invited questions and comments from the public for consideration at this meeting. The Chairman informed the meeting that a question had been received asking ‘What steps does the Health and Wellbeing Board take, for reasons of physical and mental health, to encourage the protection of greens, pocket parks, and other open spaces on land left vacant by housing estate developers many years ago but now under threat by small scale housing developments?’

4.2 The Chairman thanked the questioner for this question and responded that the Health and Wellbeing Board acknowledged the need to create safe and healthy spaces for all residents as a key priority as outlined in the Joint Health and Wellbeing Strategy which was launched in April 2019. The Board would be taking steps to engage, with spatial planning systems, through the development of a ‘Creating Healthy Places Framework’ which was noted as currently out for consultation with key stakeholders. The Framework emphasised the need to guide developers, investors and policy makers on what is meant by healthy places, developments and homes, and highlights the importance of green spaces and biodiversity. Through the collaborative work taken by public health, sustainability and planning teams, much effort is being made to ‘design in health, wellbeing and sustainability’ and to guide local spatial planning systems around policies and health impact assessments, for example. This work also engaged the Local Nature Partnership (partners such as the South Downs National Park Authority), NHS Estates, as well as developers themselves, so that opportunities around nature are maximised. It was hoped that this response reassured that the matter was being addressed at the heart of the Health and Wellbeing Board’s Strategy and was being progressed through a collaborative approach with key stakeholders.

4.3 The Board had also received two questions on Tackling Smoking in West Sussex from Councillor Michael Jones. As the questions were not received by the requested deadline and so that a full answer could be given the Chairman informed that a written response would be provided following the meeting.

## **5. Tackling Smoking in West Sussex Together during the Pandemic**

5.1 The Chairman introduced Kate Bailey, Public Health Consultant, who presented this report which called Health and Wellbeing Board members to action, inviting them to support the efforts and actions of the Smoke Free West Sussex Partnership (SFWSP).

5.2 Recent achievements within the Tobacco Control Strategy (which was endorsed by the Health and Wellbeing Board at the January 2019 meeting) were outlined. Examples included, ensuring manual workers were engaged with smoking cessation services, the largest ever seizure of illicit tobacco in the county and implementing a pilot service in maternity in Western Sussex Hospitals Foundation Trust.

5.3 It was noted that smoking is a risk factor for greater impact from Covid19 on both health and income. Smoke Free activity had responded to the requirements and impacts of the pandemic are also described e.g. changing from face to face to phone-based support and focusing on vulnerable groups. Recent discussions across the integrated care partnership in West Sussex concluded that working together to reduce smoking prevalence could be a jointly shared priority.

5.4 Board Members were referred to the [Smoke Free West Sussex Action Plan](#) which was an interactive tool that assisted organisations to monitor progress against priority actions such as implementing Smoke Free arrangements in local hospitals; in line with commitments in the NHS Long Term Plan. Also, increased communications to generate referrals and self-referrals to smoking cessation services; such as GPs identifying smokers on their lists and contacting them proactively.

5.5 Board Members were asked to commit to a Smoke Free West Sussex both individually, as an organisation and as part of the community.

Proposed actions were as follows;

- **Individual** - quit and share your story, Complete Making Every Contact Count e-learning and regularly share information about services
- **Actions for employers** - review support to employees who smoke, smoke free buildings and use of organisational communications to raise awareness
- **Action for Organisations** - health in all policies applied to smoking, functions which influence access to tobacco e.g. planning and licensing and tendering & contracts address smoking e.g. staff

5.6 In discussing the report/presentation Board Members;

- agreed to continue to work together to make a difference by March 2021;
- recognised the increased emphasis on the importance of Smoke Free West Sussex due to the pandemic;
- welcomed the engagement with County Councillors to see if they would consider leading a stop smoking campaign;
- supported visible Smoke Free promotion within and from partner organisations;
- committed to making progress in ACUTE medical care in Sussex by use of techniques such as nicotine replacement and maternity carbon monoxide testing as well as pushing forward on the idea of smoke free hospitals whilst supporting staff to quit;

- acknowledged that Primary Care had adopted the Make Every Contact Count with a local system approach. Further conversations were taking place on how Smoke Free could be proactively promoted to patients.
- noted that the Clinical Commissioning Group were in full support with Smoke Free action already underway at Primary Care Level. A commitment from Hospital Trusts was seen as being of benefit so that the messages could be embedded and shared with the broader community.
- Suggested a Social Media Campaign in view of the success of Stoptober Social Media which had been impactful. Healthwatch urged that the media be briefed to keep coverage positive, avoiding a patronising tone.

5.7 In turning to the report's recommendations, the Chairman noted that the Board could agree to explore all methods of social media in such a way that the messages can be more widely heard.

5.8 Resolved – the Health and Wellbeing Board approved that;

- (1) the actions of the Smoke Free West Sussex Partnership which tackle smoking and to recognise the increased priority this needs during pandemic, be endorsed;
- (2) that each Board Member will tackle smoking, in their respective roles and organisations; and
- (3) the proposed priority actions for the rest of 2020/21 be agreed.

## **6. Sussex Health and Care Partnership Winter Plan 2020-21**

6.1 Izzy Davis-Fernandez, Head of Resilience, Sussex CCG and Pennie Ford, Executive Managing Director West Sussex CCG provided the Board with a report and presentation that updated on the progress to date in relation to winter planning, outlining the next steps and timelines.

6.2 It was reported that place based plans were being developed by Local A&E Delivery Boards (LAEDB) with input from partners – local authority, providers and commissioners – across each system. The Work undertaken locally would form the basis of a single Sussex wide plan, which provided an opportunity to:

- Minimise duplication in local plans for key areas e.g. communications plans; and
- Include LAEDB specific requirements to meet the needs of the local population i.e. plans from Western Sussex Hospitals NHS Foundation Trust and West Sussex Local Authority.

It was acknowledged that the overall purpose of the winter plan was to ensure that the system was able to effectively manage the capacity and demand pressures anticipated during the Winter period to 31 March 2021.

6.3 For 2020/21, the planning process had also considered the impact and learning from the current Covid-19 outbreak as well as planning for further possible outbreaks. As such, it was pointed out that the capacity and demand modelling, surge escalation triggers and overall responses would require review and ongoing refinement as further learning emerges over coming weeks and months.

6.4 Board Members noted a number of Key areas of the plan. One of these was to ensure that acute hospital bed occupancy is maintained at a level that ensures that patients who require admission to a hospital bed are able to be admitted in a timely way, thereby avoiding the risk of overcrowding in A&E and delays to ambulances as well as being able to handover patients and respond to 999 calls. Other areas were;

- System capacity and demand modelling – including the combined impact of COVID-19 and winter activity,
- Primary Care, Social Care,
- Community Services,
- Acute hospital plans,
- Mental Health 999 and NHS 111 – including 111 First Business Continuity,
- Impact of EU Exit,
- Severe weather planning,
- Winter Communications and Engagement,
- Enhanced capacity requirements to meet the Christmas and New Year period 24th December -7th January 2020
- System Pressure monitoring and escalation response, risks to delivery and mitigating actions.

6.5 Board Members were informed that lessons learnt from Winter 2019/20 had been incorporated into the plan for 2020/21. It was recognised that Winter 2020/21 would be a challenging period with the combined impact of 'normal' winter activity, potential influenza and norovirus activity exacerbated by the ongoing threat of further Covid-19 peaks. Plans focussed on mitigating these challenges, building upon the existing arrangements in place and maintaining a focus on patient safety. The ongoing development of a whole system approach to capacity and demand planning for winter was acknowledged as significantly strengthening the response.

6.6 In receiving the report, the Chairman welcomed the detailed and comprehensive plan. Health and Wellbeing Board Members;

- requested that the key messages were simplified for public communications campaigns;
- recognised the need for clear messaging around mental health services;
- welcomed inclusive ways of working;
- acknowledged that every part of the system needed to work together, with clear messaging, in order to successfully negotiate winter 2020/21;
- agreed that the Chief Executive of Age UK West Sussex would meet with the Executive Managing Director West Sussex CCG

to progress transport arrangements following hospital discharge;

- noted the need for clear signposting for residents in need of support such as housing, domestic abuse and mental health ensuring all partners from West Sussex County Council, District & Borough Councils, Police to Acute services work to the same communicative standards;
- recommended the continued use of the 'Silver Call' partnership meetings which had provided a useful way of working together;
- suggested that a memorandum of understanding be developed on housing issues across health and social care to ensure a proactive and flexible approach when working together, especially in view of the Covid19 impact on need;
- called for clear partnership agreement on homelessness, working smarter and in an integrated way on hospital discharge pathways to make sure the vulnerable have somewhere to go. (The Chief Executive of Crawley Borough Council as Chairman of the West Sussex Strategic Housing Group and the Executive Managing Director West Sussex CCG agreed to meet to build this into a refreshed plan);
- agreed that separate budgets should not be a barrier to the need of individuals who require a whole system approach;
- pointed out that a Housing Conference was being organised by West Sussex County Council, Adult Services for all partners in November 2020, to bring attention to housing and its importance for community Health and Wellbeing;
- reminded that Fuel Poverty was a winter issue that Board Members needed to be mindful of. Age UK could offer practical assistance such as fuel poverty vouchers and other voluntary sector partners could assist a coordinated response;
- emphasised the importance of coordinated communications across the partners. The West Sussex CCG Communications lead was linked in with counterparts across the system and regular meetings were taking place on how messaging could be progressed.

6.7 The Chairman thanked Board Members for their review and comments on the Sussex Health and Care Partnership Winter Plan 2020-21. It was noted that an update on progress would be provided at the next Health and Wellbeing Board Seminar on 19 November.

## **7. West Sussex COVID-19 Local Outbreak Engagement Board**

7.1 The Interim Director of Public Health, Dr Stephen Horsley, presented the report updating on the establishment of the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) as part of the Government's requirements for the COVID-19 National Test and Trace Programme. It was noted that in West Sussex, the member led LOEB had been established as a sub-group of the West Sussex Health and Wellbeing Board to provide political ownership and public-facing engagement as well as communications on outbreak response. The LOEB would report to the West Sussex Health and Wellbeing Board at its formal meetings on a quarterly basis.

7.2 It was reported that West Sussex Public Health's COVID-19 response aimed to minimise the impact of the virus on the population of West Sussex by controlling the COVID-19 rate of reproduction (R), reducing the spread of infection and saving lives. In line with the West Sussex Joint Health and Wellbeing Strategy priorities, this preventative approach also aimed to improve the overall health outcomes of West Sussex residents and reduce inequalities, supporting the local population during challenging times.

7.3 The purpose of the NHS Test and Trace service was noted as ensuring that anyone who develops symptoms of coronavirus (COVID-19) can be tested promptly to find out if they have the virus. This included targeted asymptomatic testing of NHS and social care staff and care home residents. The system also helped to trace close, recent contacts of anyone who tests positive for coronavirus and, if necessary, notifies them that they must self-isolate at home to help stop the spread of the virus. It was stated that this service was vital in allowing the trace of spread of the virus by giving an early warning if the virus is increasing again, locally, or nationally.

7.4 The Board was informed that each upper tier local authority was required to have a Local COVID-19 Outbreak Control Plan in place to allow for improved speed of response. This would build on local knowledge, working with Public Health England (PHE) local Health Protection Team (HPT's). The [West Sussex COVID-19 Local Outbreak Control Plan was published on 30<sup>th</sup> June 2020.](#)

7.5 The inaugural meeting of the LOEB took place on 27 July, with a further meetings on 2 September and 5 October 2020.

7.6 Resolved – that the Health and Wellbeing Board; acknowledges feedback on the establishment of the West Sussex COVID-19 Local Outbreak Engagement Board (LOEB) and its important role within the NHS Test and Trace service and the Government's national COVID-19 recovery strategy.

## **8. Integrated Care System Development**

8.1 The Board received a progress update on the development of the Sussex Integrated Care System (ICS), including how the ICS was shaping new partnership working in West Sussex.

8.2 It was reported that the NHS Long Term Plan had reinforced the role of integrated care systems (ICSs) in establishing more collaborative working and joined-up care for patients and their local populations. ICS was described as partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners, to collectively plan and integrate care to meet the needs of their population. It was noted that the central aim of the ICS was to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. This depended on collaboration and a

focus on places and local populations as the driving forces for improvement.

8.3 The presentation highlighted two key functions for integrated care systems:

- **co-ordination of system transformation** – this means partners in the ICS working together to agree changes to local health and care services and develop supporting strategies, for example, around the development of digital infrastructure, estates and workforce
- **collective management of system performance** – this means partners in the ICS working together to collectively manage and improve the overall financial and operational performance of all the NHS organisations within the system.

8.5 In changing the way the systems worked across providers and commissioners in Sussex it was acknowledged that there were issues that needed to be addressed in order to focus on integrating care and on innovative approaches to prevention and wellbeing. Board Member's attention was drawn to the report which set out some priorities for strengthening partnership work to improve outcomes for our population.

8.6 In receiving this update, Board Members welcomed what had been achieved so far. This included;

- Sussex Health and Care Partnership (SHCP) recognised as a mature ICS in April 2020
- Partnership Executive established for the Sussex Health and Care Partnership
- Joint Health and Wellbeing Strategies agreed at place
- 5 year Sussex Strategic Delivery Plan published in January 2020
- Partnership Executives established for Brighton and Hove, East Sussex and West Sussex
- "Vision 2025" approach agreed by SHCP Executive

8.7 Board Members then;

- considered the future goals for 2025 whilst noting the ongoing partnership activities;
- pointed out the importance of Housing links to health noting partnership activity on strategic plans to form a Housing Memorandum of Understanding;
- highlighted Winter Planning as a key example of strategic planning work across the system;
- recognised that the ICS unlocked partners ability to lead and work together collaboratively;
- welcomed the opportunity to remove budget conversations away from patient care;
- drew attention to new NHS Guidance on Hospital Discharge and how ICS could help to deliver with a co-production model;



- committed to the delivery of priority services in health care and social care;
- agreed that the Local Community Networks (LCNs) were important in assisting with tackling health inequalities and should retain their progress and continue development;
- informed that the Primary Care Networks worked together with wider community services with national arrangement. These varied in size and were set up to meet specific national specification. Primary Care had delivered enhanced care in Care Homes and established coverage across whole of West Sussex. Development was noted as evolved within the neighbourhood structures.
- noted community reablement as a key objective in order to keep patients out of hospital and in their homes; and
- acknowledged the improvement ICS had made to enable partnership working by collective decision making and using providers and commissioners to drive change.

8.8 In summing up, the Director of Strategy, SES CCG stated that place based working is at the heart of transformational change. There was still a national structure but the ICS was enabling partners to move closer to a regional structure. It was pointed out that the ICS was a more responsive system to operational changes. Challenges were recognised including allocation of resources and budgets and it was foreseen that money would test the partnership when receiving fixed sums of money.

8.9 The Chairman, with the agreement of all Board Members, congratulated everyone involved with the establishment of the ICS. The Chairman was particularly grateful to the Chief Executive of Sussex CCG and everyone who had contributed to the establishment of this partnership working which would ultimately benefit residents.

8.10 Resolved – that the Health and Wellbeing Board noted the progress made to partnership working in West Sussex.

## **9. Work Programme 20/21**

9.1 The Chairman referred Board Members to the Work Programme as attached to the agenda. Members were invited to mention any items that they believed to be of relevance to the business of the Health and Wellbeing Board to aid future planning. It was noted that meeting dates for 2021/22 would be published later this month. The Chairman welcomed any relevant suggestions to be forwarded for attention, at any time, via email, to [erica.keegan@westsussex.gov.uk](mailto:erica.keegan@westsussex.gov.uk)

9.2 In receiving the work programme Board Members;

- suggested a Covid19 Recovery Item at the appropriate time;
- noted that Healthwatch had undertaken surveys with respect to Covid19 having been commissioned to do so by different organisations and so learning and collaborative working opportunities could be explored when response results had been collated;
- proposed an item on Place Based Innovation in Public Health;

- agreed that Health and Wellbeing Seminars were a useful tool to explore items in detail and provided the opportunity to invite broader stakeholders

9.3 The Chairman informed the Board that items put forward would be considered for future inclusion.

9.4 Resolved – that the Health and Wellbeing Board noted the Work Programme 2020/21.

## **10. Date of next Meeting**

10.1 The date of the next meeting of the Health and Wellbeing Board was confirmed as 28 January 2020.