

Public Document Pack

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30 September 2020

West Sussex Health and Wellbeing Board

A virtual meeting of the Board will be held at **10.30 am** on **Thursday, 8 October 2020**.

In accordance with regulations in response to the current public health emergency, this meeting will be held virtually with members in remote attendance. Public access is via webcasting.

The meeting will be available to watch live via the Internet at this address:

<http://www.westsussex.public-i.tv/core/portal/home>

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Agenda

10.30 am 1. **Chairman's Welcome**

10.40 am 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.

10.45 am 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.

10.50 am 4. **Minutes** (Pages 5 - 14)

The Board is asked to confirm the minutes of the meeting of the Health and Wellbeing Board held on 30 January 2020.

- 10.55 am 5. **Public Forum**
- The Board invites questions and comments from the public for consideration at the meeting. Please submit questions, at least **three days in advance** of the meeting in order to allow a substantive answer to be given. Contact Erica Keegan on Telephone: 0330 222 6050 (a local call) or via email: erica.keegan@westsussex.gov.uk
- The meeting will be available to watch live via the Internet at this address:
<http://www.westsussex.public-i.tv/core/portal/home>
- 11.10 am 6. **Tackling Smoking in West Sussex Together during the Pandemic** (Pages 15 - 20)
- This report is a call to action for Health and Wellbeing Board members inviting them to get behind the efforts and actions of the Smoke Free West Sussex Partnership (SFWSP).
- The Health and Wellbeing Board is asked to;
- (1) endorse the actions of the Smoke Free West Sussex Partnership which tackle smoking and to recognise the increased priority this needs during pandemic;
 - (2) consider actions each member will take forward in their respective roles and organisations (these could be those proposed here or alternatives); and
 - (3) comment and agree on the proposed priority actions for the rest of 2020/21.
- 11.30 am 7. **Sussex Health and Care Partnership Winter Plan 2020-21** (Pages 21 - 38)
- The purpose of this paper is to provide the West Sussex Health and Wellbeing Board with an update on progress to date in relation to winter planning, outlining the next steps and timelines.
- The Health and Wellbeing Board is asked to review and comment on the Sussex Health and Care Partnership Winter Plan 2020-21 Update.
- 11.50 am 8. **West Sussex COVID-19 Local Outbreak Engagement Board** (Pages 39 - 42)
- This report provides an update 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.
- The Board is accountable to the West Sussex Health and Wellbeing Board, as a sub-group of the Board, providing formal

updates at its quarterly public meetings.

The Health and Wellbeing Board is asked to acknowledge and provide 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.

12.15 pm 9. **Integrated Care System Development** (Pages 43 - 58)

This report and presentation will provide a progress update on the development of the Sussex Integrated Care System, including how the ICS is shaping new partnership working in West Sussex.

The Health and Wellbeing Board is asked to note the progress made, and the updates to partnership working in West Sussex.

12.35 pm 10. **Work Programme 20/21** (Pages 59 - 60)

To note the work programme for 20/21 as attached. Members of the Board are requested to mention any items which they believe to be of relevance to the business of the Health and Wellbeing Board. If any member puts forward an item the Board is asked to assess briefly whether to refer the matter to the Chairman to consider in detail for future inclusion.

12.45 pm 11. **Date of next Meeting**

The next meeting of the Board will be held at 10.30am on Thursday, 28 January 2021.

To all members of the West Sussex Health and Wellbeing Board

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West Sussex Health and Wellbeing Board

30 January 2020 – At a meeting of the West Sussex Health and Wellbeing Board held at 10.30 am at Garden Room, Southwick Community Centre, 24 Southwick Street, BN42 4TE.

Present: Mrs Jupp (Chairman)

Mr Crow	Pennie Ford	Emily King
Mrs Russell	Gill Galliano	Annie Callanan
Anna Raleigh	Laura Hill	Mr Turner
Chris Clark	Helen Rice	Chris Cook
Nigel Lynn	Sally Dartnell	
Natalie Brahma-Pearl	Jess Sumner	

Apologies were received from Kim Curry and Alex Bailey

Part I

39. Chairman's Welcome

39.1 In welcoming Board Members, Officers and Members of the Public to the meeting the Chairman referred to the tabled paper circulated at the meeting which provided updates since the last meeting which included contact details should there be any questions. (Copy appended to the signed minutes).

39.2 The Chairman introduced colleagues from Adur District and Worthing Borough Council who would be updating on the work the authority is undertaking on health and wellbeing issues across their communities.

39.3 It was announced that the 'floating seat', reserved for Voluntary Sector participants, would be filled by Chris Cook, Chief Executive Officer, Sussex Clubs and Young People.

40. Declaration of Interests

40.1 None.

41. Urgent Matters

41.1 The Chairman put forward an item on the Health and Wellbeing Board's Terms of Reference as a matter of urgency. It was explained that the Chairman was keen to revise the Terms of Reference to allow for two seats to be taken up by representatives from the NHS acute trusts working in West Sussex.

41.2 Resolved that the Health and Wellbeing Board recommend that the Council's Governance Committee agrees that the Board's terms of reference be revised to include two seats for NHS acute trust representation.

42. Minutes

42.1 Resolved that the minutes of the meeting of the Health and Wellbeing Board held on 10 October 2019 be agreed and signed as a correct record by the Chairman.

43. Public Forum

43.1 The Chairman invited questions from the public and observers present at the meeting. A member of the public asked a question on the support available, from diagnosis to living with a neurological condition, such as Epilepsy. The Director of Public Health agreed to provide a written response following the meeting.

44. Health and Wellbeing in Adur and Worthing

44.1 The Board received a presentation from Tina Favier, Head of Wellbeing, Adur and Worthing Councils with partnership colleagues; Dr Rick Fraser (Sussex Partnership NHS Foundation Trust), Julia Harrison (YMCA), Julie Hodson (Clinical Commissioning Group) and Aaron Gain, West Sussex County Council. (Presentation appended to the agenda and available on the website).

44.2 The presentation focused on the work that had been carried out in Adur and Worthing by leaders in the system around Starting Well and Children First. It set out some of the issues in relation to wellbeing and mental health and was centred on the need for a place based approach, in order to bring about the changes required for young people. The presentation also highlighted the work that had been achieved around Find It Out Plus. It was noted that consultation had been carried out with approximately 1,200 young people with further work planned.

44.3 The presenters outlined the work the Council was undertaking in respect of mental health issues in children and young people. It is recognised that 15-24 years old is the peak age at which young people suffer from a mental disorder but pathways for this cohort to access health resources are limited. This age group appear to underuse GP services and there is also concern surrounding the transition from children to adults' care. It was noted that current mental health systems are confusing for young people to access.

44.4 The Board was informed that Adur and Worthing are exploring community-based approaches for supporting good mental health for young people and are also addressing concerns surrounding groups identified as high risk. Adur and Worthing experience the highest rates of self-harm in West Sussex and so are working with Child and Adolescent Mental Health Services (CAMHS), the Voluntary Sector, Schools and GPs to design support around prevention as well as an integrated support approach.

44.5 There are a number of key workstreams being provided to achieve the aim of a 'Thriving Youth' in the area. These have been identified by using the Young People's Voice with a survey of 1,124 respondents and the development of a Young People's Advisory Group. The focus is on developing protective and preventative measures with early intervention. These areas identified as:

- Skills for Parents – to develop the skills and resilience of parents as well as offer support
- Communication between Primary Care and Schools
- Find It Out Plus – provision of a welcoming space so that an early approach can be taken in exploring what a young person needs in terms of existing support and help without the need of a referral
- Use of the Peer Support value
- Online Resources – so that quality information can be accessed

44.6 In discussing the presentation the Board:

- agreed that multi-agency working and bringing systems together would assist in the provision of accessible support for young people. It was recognised that this approach would be effective, reducing duplication.
- welcomed the early intervention focus with the aim of improving the experience for a young person accessing support;
- highlighted the need for engaging with commissioners and providers so that health inequalities could be addressed as well as appealing to all demographics;
- recognised that this approach could assist with transitions from youth to adult services with the aim that adult services become under less pressure due to early and effective interventions;
- cited the success of similar youth projects such as i-Rock Hastings where Accident and Emergency (A&E) admissions had been reduced as a result of suitable services, including emotional wellbeing, mental health, education / employment as well as housing;
- pointed out that there was a lack of youth services County Wide and encouraged collaborative working with partners to offer placed based support;
- identified groups of young people who could benefit from connection with place based youth services such as university students who could be vulnerable to loneliness and social isolation. The YMCA offer of activities such as theatrical make up groups for girls was given as an example of identifying groups who may need social interaction but not choose to participate in team sports; and
- explored how the Board could assist planning for needs across West Sussex without adopting a 'one size fits all' approach. It was suggested that this should be articulated in the West Sussex Plan.

44.7 In thanking Adur and Worthing Councils for their comprehensive report and presentation, the Chairman offered the Board's support for this positive work and requested an update to the Board on the progress of Find It Out Plus at the appropriate time.

44.8 Resolved that the Health and Wellbeing Board:

- 1) acknowledged the work that had been done, especially around Find it Out Plus; and
- 2) supported the development of this way of place-based working, for development, in order to embed it across West Sussex in order to achieve a positive Start Well, Children First approach.

45. Change to the Order of the Agenda

45.1 The Chairman announced that the report presenter for the Children First item at Agenda Item 7 was delayed, so the Board agreed to return to this item later in the meeting.

46. Child and Adolescent Mental Health Services (CAMHS)

46.1 The Director of Public Health presented the report on Child and Adolescent Mental Health Services (CAMHS). This report informed that partners across Sussex had commissioned an independent review of children's emotional wellbeing and mental health. The review had concluded its engagement and research phase and recommendations were being prepared for a final report. The report also informed that NHS England required local areas to produce a Local Transformation Plan for investment in children and young people's emotional wellbeing and mental health. The proposals for this plan had been presented to the Board and the plan had been assured by NHS England and was now being implemented.

46.2 The Health and Wellbeing Board received the commissioning team's Making Progress summary which set out developments and performance to date. It was noted that the final report would be submitted to the Board at the next meeting.

46.3 In receiving this update the Board:

- highlighted the Health and Adults Scrutiny Committee's concerns around nursing staff vacancy data across West Sussex. The Committee had sent letters to Western Sussex Hospitals NHS Foundation Trust and Sussex Partnership NHS Foundation Trust, dated 24 January, pointing out these concerns;
- discussed the commissioning of services to ensure young people could be referred for effective support quickly and easily. The Joint Strategic Director of Commissioning acknowledged the need for improvement stating that work had reached the stage of engaging with the voluntary sector and embracing co-production. It was noted that whilst progressing core services commissioning, the aspirations of the Health and Wellbeing Board would be taken into account so that the commissioning landscape in the community could continue to develop; and
- provided examples of where changes could be made such as a focus on preventative services for bereaved children, perhaps by the offer of earlier support at the end of life care stage, and services to support Looked After Children in transitional care with services such

as housing support which, in turn, would support good mental health.

46.4 The Chairman welcomed the feedback and gave the Board's support for a joined up approach in making progress.

46.5 Resolved that the Health and Wellbeing Board;

- 1) noted the plans for the presentation of the Sussex wide review of children's emotional wellbeing and mental health; and
- 2) noted that the Local Transformation Plan for West Sussex had been assured by NHS England and the Making Progress summary as circulated.

47. Healthwatch Youth Pack

47.1 The Board received a presentation (available on the website, appended to the agenda) from the Healthwatch Chief Officer, West Sussex detailing an overview of the new Youth Pack resource which will be made available to all stakeholders later in the Spring.

47.2 It was reported that, following engagement with Young People in 2019, Healthwatch determined that Young People actively want to be part of developing solutions for their own mental and emotional and physical health. Healthwatch had coproduced this pack in response to identifying a gap in current engagement activities. It was noted that the draft pack had been tested with schools, colleges and youth groups and Healthwatch planned to make the pack available, as a free downloadable resource, to all relevant stakeholder and community partners.

47.3 In receiving the report and presentation the Board were shown sample packs and praised this good quality resource which was also noted as being available online later in the Spring. Board Members agreed to assist in the distribution of the pack across West Sussex to appropriate stakeholders.

47.4 In discussing accessibility to the Youth Pack resource it was suggested that the use of an App could be explored. It was acknowledged that the digital offer to youth, across West Sussex, was minimal and there were ongoing conversations to be had on how digital access could be advanced.

47.5 The Chairman thanked the Chief Officer of West Sussex Healthwatch for the report.

47.6 Resolved that the Health and Wellbeing Board promotes awareness and endorses the use of the Youth Pack to facilitate engagement with young people in ways that are meaningful for them, to test new ideas and evaluate services at an early stage of planning.

48. Children First Improvement - Review of Commissioner's Report and Service Update

48.1 Upon the arrival of the Head of Children's Social Care the Chairman moved the meeting to Agenda Item 7 on the agenda.

48.2 The Board was reminded that on 20 June 2019 the Health and Wellbeing Board received a report explaining the initial response to the 'Inadequate' Ofsted judgement of Children's Services and the County Council's creation of a Practice Improvement Plan to address the 10 key recommendations for service improvement that Ofsted had made.

48.3 It was reminded that the June 2019 report explained that the Department for Education (DfE) on behalf of the Secretary of State for Education, had appointed a Children's Services Commissioner, to judge the County Council's capability and capacity to return the service to a satisfactory level.

48.4 It was stated that the Commissioner's report was published on 17 December 2019, and the report received at this meeting summarised the Commissioner's findings and explained how his recommendations were being addressed. It also provided a broad summary of all the service improvements and developments that had been in progress during the second half of 2019 and it looked towards further improvement planned in 2020. Hampshire County Council has been appointed as a Partner in Practice to in order to provide service development support in the period before an alternative delivery model can be formally created.

48.5 The Head of Children's Social Care highlighted seven work streams that would be a focus for improvement; Early Help, Multi-Agency Children in Need, Vulnerable Children, Children with disabilities, Looked after Children, Fostering/Adoption and Independent Review Officers. There will be a strong emphasis on leadership and improved staff engagement so that the work force is being listened to and there is a common understanding of the improvement journey. It was noted that the OFSTED Monitoring visit in December 2019 mirrored the team's own self-assessment which was seen as positive because internal performance monitoring is on track.

48.6 Board members were informed that staff morale had improved along with stabilising the work force, listening to staff and reducing social work caseloads.

48.7 It was explained that although improvements were being made there was a lot more work needed including improvements around private fostering arrangements and developing a strategy around neglect.

48.8 The Cabinet Member for Children and Young People stated that it was important that the service was quality assured so that good practice was made clear. The Cabinet Member acknowledged that although teams were working at speed to make improvements, collaborative and multi-agency support would be required. Board members were informed that the Cabinet Member for Children and Young People is now chairing the

Corporate Parenting Panel which aspires to include District and Borough Council representation at some point in the near future. The Cabinet Member stated that all West Sussex Councillors would be required to know what is expected of them and as such an LGA Corporate Parenting Members Day had been arranged. The Cabinet Member is keen to strengthen the role of Social Workers, retaining a happy workforce whilst engaging with District and Boroughs and is committed to working with all partners to achieve improvement.

48.9 In receiving the report the Board;

- agreed that the District and Boroughs would continue to support as would all Health and Wellbeing Board Members;
- emphasised that the voice of the child would be the focus with young people influencing at strategic level;
- highlighted the need for workforce development whilst noting that audits, supporting managers to deliver, staff training and strengthening leadership was being done as part of the improvement journey;
- noted the intention to work collaboratively with the Voluntary Sector for positive co-production outcomes; and
- pointed out the need to work across children's and adults' services so that a range of services, such as housing could assist with the Starting Well premise and that the importance of effective transitioning is recognised.

48.10 Resolved that the Health and Wellbeing Board;

- 1) note the Commissioner's recommendations and the actions already undertaken as part of a continuing improvement narrative;
- 2) note the next steps in the improvement journey; and
- 3) continue to support the County Council through the partnership in order to enact the necessary changes.

49. Community Based Models of Access to Health Services

49.1 The Chairman welcomed the Chief Executive Officer of Stonepillow to the meeting and thanked her for presenting the report on the award of Public Health England grant monies that will deliver a pilot for community based models of access to health services.

49.2 It was reported that in May 2019, Public Health England (PHE) announced the availability of £1.9million revenue funding to be awarded in 2019/20 and sought expressions of interest from partnerships between local authorities and clinical commissioning groups. It was explained that the aim of the funding was to test community based models that would improve access to health services for adults with co-occurring substance misuse and mental health needs who are experiencing or at risk of returning to rough sleeping.

49.3 The Board was informed that the West Sussex bid had been successful with an award of £345 529 revenue which is non-recurring. This was a partnership bid drawn up with input from: Turning Tides;

Stonepillow; Change Grow Live; Emerging Futures; Crawley Open House; A&E Consultant at Worthing Hospital; Primary Care; NHS Coastal West Sussex Clinical Commissioning Group and West Sussex County Council. The West Sussex Health and Wellbeing Board was identified as the local body that would provide strategic leadership and governance.

49.4 It was noted that in West Sussex, the grant would fund a twelve month project - the Hospital Admission Reduction Pathway (HARP). This would aim to improve access to health services for adults with co-occurring substance misuse and mental health needs who are experiencing or at risk of returning to rough sleeping. HARP would be monitored by Public Health England for one year in order to evaluate outcomes.

49.5 In receiving this report the Board;

- welcomed the grant and the associated partnership working to improve provision for Rough Sleepers;
- noted that the Board would provide strategic leadership and governance;
- acknowledged the project's go live date as 1 February 2020 when front line triage would be coordinated between Worthing based Turning Tides, Worthing Accident and Emergency and St John's Ambulance nursing staff. The project would then be delivered in Chichester, Bognor Regis and Crawley from April 2020;
- praised the project which would work with people where they felt at ease being treated, reducing health issues on the streets with proactive care such as providing appropriate vaccinations and alcohol/substance misuse monitoring; and
- discussed measures of success and anticipated a reduction in numbers attending A&E as well as reducing the risk of Rough Sleepers being discharged from hospital on to the streets.

49.6 In thanking the Stonepillow Chief Executive for presenting the report, the Chairman welcomed this positive project.

49.7 Resolved that the Health and wellbeing Board;

- 1) acknowledges background and work to date;
- 2) would provide strategic leadership and governance of the twelve month project; and
- 3) would receive regular updates through the life of the project and consider learning from its implementation and delivery.

50. West Sussex Joint Dementia Strategy 2020-2023

50.1 The Board received a report from the Senior Commissioning Officer (Adults and Health) and the Commissioning Manager Mental Health and Dementia Horsham and Mid Sussex CCG and Crawley CCG, Coastal West Sussex CCG on the refresh of the Dementia Framework 2014-19 and the development of the new Joint Dementia Strategy 2020-23 (copy appended to the agenda and available on the website). The report set out the work that has been done to review the progress that has been made to date as well as identify gaps in the pathway. The paper also summarised what

had been done to ensure the new strategy had been developed collaboratively with statutory and voluntary sector partners, family and friend carers and individuals living with dementia.

50.2 It was reported that there had been some progress since the launch of the Dementia Framework in 2014. An example given was the diagnosis rate that had increased from 43% in 2014 to 63.4% in November 2019. It was noted that there had been an improved offer of post-diagnostic support for the individual and their family carers from Dementia Advisers and Dementia Support Workers and dementia friendly communities had grown and extended their reach and there were now 9 Local Dementia Action Alliances in the county.

50.3 The Board was informed that there are nine thousand people living with dementia along the county's coastline and there is still more to do to improve the experience of those affected. Findings from the review had been used to refresh the Dementia Framework and set priorities for the Dementia Strategy 2020-23.

50.4 The economic cost and impact on social care and health budgets was highlighted. It was stated that there was currently no additional funding identified for the implementation of the new Dementia Strategy and so the council and its partners had looked at what could be achieved in the current financial climate and what could be achieved if there is more funding available in the future. The vision is to ensure that all providers from health and social care, both statutory and voluntary as well as the community sector, work collaboratively to support Dementia Friendly Communities to become sustainable whilst extending their reach and spread.

50.5 In highlighting the Dementia Strategy 2020-23, it was explained that a number of gaps in the pathway for someone with dementia had been identified and therefore a joined up approach would be needed to address provision in line with available budgets. The refreshed Strategy would be set around five elements:

- Preventing Well – what could be done in a more effective way;
- Diagnosing Well – ensuring that family, friends and carers were made aware of support;
- Supporting Well – live well at home for as long as possible;
- Living Well – ensuring that people with dementia live well, keeping fit and active; and
- Dying Well – advanced care plans and bereavement support.

50.6 In discussing the report, the Board;

- suggested that commissioned services needed to provide flexibility to assist with tight budgets and end of life care could be assisted by the expertise already available in hospices;
- agreed that the Health and Wellbeing Board would endorse and support the strategy whilst recognising that a strategy is only as good as the action plans that it supports;
- recognised that the Board could assist in increasing awareness of dementia;

- welcomed the existing expertise that exists within District and Borough councils and future collaborative working;
- noted that the focus should be on prevention with the promotion of general healthy living;
- highlighted the need to embrace a core mechanism for delivery of support so that partners such as the Fire & Rescue Service, Police, Libraries, Trading Standards and Ambulance Service are able to provide this service with one voice.

50.7 Resolved that the Health and Wellbeing Board;

- 1) reviewed the draft West Sussex Joint Dementia Strategy 2020-23 and supported its launch in the spring; and
- 2) provide ongoing oversight of progress against the strategy as well as champion it and support the need for additional investment in order to maximise the preventative value of supporting those living with dementia to remain as independent as possible.

51. West Sussex Better Care Fund

51.1 The Board received the report on the Better Care Fund for noting. In receiving the report, the Board requested that, in future, this item be added to the Agenda as an item for discussion with presentation by an appropriate representative so that the Board's collaborative work can be successfully undertaken across this cross-cutting partnership which spans the NHS and Local Government.

51.2 Resolved that the Health and Wellbeing Board;

- 1) noted the West Sussex Better Care Fund funding sources and expenditure plan;
- 2) noted the West Sussex performance against the national metrics at Q2 2019/20; and
- 3) noted the 2019/20 schedule for quarterly returns.

52. Date of Next Meeting

52.1 The next meeting of the Board would be held on 30 April 2020 at a venue to be confirmed.

The meeting ended at 13.55

Chairman

Report to West Sussex Health and Wellbeing Board

8 October 2020

Tackling Smoking in West Sussex Together during the Pandemic

Report by Kate Bailey Public Health Consultant, West Sussex County Council

Summary

This report is a call to action for Health and Wellbeing Board members inviting them to get behind the efforts and actions of the Smoke Free West Sussex Partnership (SFWSP).

It outlines recent achievements within the Tobacco Control Strategy (which was endorsed by the Health and Wellbeing Board at their January 2019 meeting). Examples of these include, ensuring manual workers are 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.

Smoking is a risk factor for greater impact from Covid on both health and income. Details of how smoke free activity has 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.

Priority actions proposed here include 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.

Recommendations to the Board

The Health and Wellbeing Board is asked to;

- (1) endorse the actions of the Smoke Free West Sussex Partnership which tackle smoking and to recognise the increased priority this needs during pandemic.
 - (2) Then to consider actions each member will take forward in their respective roles and organisations (these could be those proposed here or alternatives).
 - (3) To comment and agree on the proposed priority actions for the rest of 2020/21.
-

Relevance to [Joint Health and Wellbeing Strategy](#)

The benefits West Sussex people experience from the Smoke Free West Sussex Partnership's work span the breadth of the Joint Health and Wellbeing Strategy. Within the starting well priority for example delivering improved mother and baby health and wellbeing. For the living and working well workstream it supports the drive for people to be able to look after their own health. Finally, in ageing well, it is part of supporting older adults to stay healthier, happier and independent for longer.

Increasing the scale and priority given to these activities will yield wide reaching improvements in health and wellbeing and beyond. Smoke free actions deliver benefits to the other three Boards in the Collaborative Working Agreement. For the Safer West Sussex Partnership reducing the impact of the illicit tobacco trade. The Children's Safeguarding Board smoking has highlighted smoking as contributing factor in some cases of infant death. Finally, it is important to recognise that vulnerable adults are at greater risk of smoking-related harm.

1 Background and context

1.1 In January 2019, the Board endorsed the development of a Tobacco Control Strategy. A one year on event to show case the progress on the strategy and refresh the system wide Tobacco Control Action Plan was cancelled in March as lockdown came in. As a reminder, the strategy set out the impact of tobacco in West Sussex including:

- An estimated 87,000 adults in West Sussex are current smokers; costing society approximately £196million.
- 9% of pregnant women are current smokers at the time of delivery.
- 2 in 5 manual workers smoke.
- 7% of 15-year olds regularly smoke (a rate above the England average).
- 7,241 hospital admissions are smoking attributable; a 13% increase from 2006/7-2010/ 2011.
- 1 in 4 smokers fall below the poverty line and returning the cost of smoking to the household would elevate 14,500 West Sussex people out of poverty.

1.2 The Smoke Free West Sussex partnership annual report (currently in draft) includes the following key achievements since the Strategy began in 2019:

- Contracts with over 150 smoking cessation providers including GP surgeries, Community Pharmacies and West Sussex Wellbeing teams with potential to provide strong service coverage across the county. West Sussex Wellbeing teams can focus on deprived areas and hard to reach groups and have flexibility to outreach to other settings such as workplaces.
- Such providers delivered a total of 2,845 interventions in 2019/20 (including March during lockdown) with overall quits of 1,091, giving a quit rate of 38%. Over 35% of those seen were manual workers.
- Piloting a maternal smoking cessation service in Western Sussex Hospitals Trust.

- In August 2020 Trading Standards made their largest ever seizure of illicit tobacco in Worthing.
- The most impactful local Stoptober campaign to date (2019) including targeted social media messaging.
- Sustained delivery of smoking cessation services during Covid restrictions particularly supported by the wellbeing teams.
- Developing arrangements to deliver smoking cessation to housed homeless people and others self-isolating e.g. students.

1.3 For smokers as individuals it is more important than ever to quit during Covid. At a community level smoking is a substantial driver of health inequalities; reducing the spending power of low-income groups. The pandemic is predicted to potentially widen inequalities. With most smokers taking this highly addictive habit up before they are adults, we should consider the extent that this is a personal, lifestyle choice or a consequence of social environment.

Public Health England advice is that if you smoke, you generally have an increased risk of contracting respiratory infection and of more severe symptoms once infected. COVID-19 symptoms may, therefore, be more severe if you smoke stopping smoking will bring **immediate** benefits to your health, including if you have an existing smoking-related disease.

1.4. The work of the SFWSP has adapted to the conditions of the pandemic in the following ways: moving face to face interventions to telephone, ceasing carbon monoxide monitoring and ensuring access to smoking cessation by promoting the services in wellbeing programmes to address areas of the county where other providers have paused. The pandemic has also impacted on other aspects of tobacco control (including efforts to tackle illicit tobacco).

Now as a possible second wave of Covid approaches and preparations for winter advance, tackling smoking alongside these pressures seems challenging and relevant in equal measure. The proposals below are intended to guide Board members to act individually and collectively in West Sussex to drive smoking prevalence down further during the pandemic saving lives and reducing inequalities. Though it may take time to achieve large scale population impact individual benefits to stopping smoking are immediate.

2 Proposal details

2.1. Each member of the Board is asked to consider what actions they can commit to across the levels in the Joint Health and Wellbeing Strategy – individual, community and place.

As **individuals** this could include: if you are a smoker make a quit attempt and blogging or otherwise sharing how it went. If you are a non-smoker, consider completing the Making Every Contact Counts e-learning so that you can prompt the smokers you meet to think about quitting and to self-refer for support.

Please ensure you have up to date information about the services in West Sussex via the wellbeing website <https://www.westsussexwellbeing.org.uk/>. The Stoptober campaign 2020, is underway as this report is presented. In addition to campaigns,

consistent, regular reminders about smoking cessation services across the system matter to prevent awareness dropping.

Within your organisations please consider what is being done to support **employees or contractors** who are smokers to quit. What are your Human Resource policies? Are your sites smoke free? Could return to buildings be a point when smoke free can be brought in as part of resetting? Should we be promoting smoking cessation alongside staff flu vaccination as part of winter pressures interventions?

Also, consider the **functions** within your organisations e.g. the role of licensing or planning. What **networks** or contact you have particularly where the people involved are low income or vulnerable?

2.2. Review the West Sussex Tobacco Control action plan for any actions which are outstanding for your organisation <https://sfws-action-plan.netlify.app/> (you can filter the plan to find them quickly). Can you help progress these, add to them or do you think they need to change? Feed this back to the SFWSP (contact the author).

2.3. Priority actions to progress in West Sussex in the next 12months

The Tobacco Control Action plan is extensive; to increase focus a short list of high priority actions are proposed for the second half of this financial year as follows:

Maternal smoking cessation – ensure pathways to support are established, informed by the evaluation of the pilot in Western Sussex Hospitals Trust (underway). These should commence in 2021 in line with an NHS Long Term Plan commitment.

That the Board members support the **Making Every Contact Count** (MECC) programme (presented to the Health and Wellbeing Board in October 2018) which trains front line staff to Ask Advise, Assist West Sussex smoker to roll it out across all public facing services within their influence. Implementation of this is more likely to have impact if staff are also supported to stop smoking through Human Resources policies and staff benefit schemes.

Ensuring it is easy for front line workers to refer smokers from to smoking cessation –with multiple providers (at times pausing due to pandemic pressures) arrangements need to be developed to ensuring to refer a smokers is easy and that barriers to reaching that service are kept to a minimum. This will allow follow through from MECC conversations. It will facilitate a shift in front line practice beyond simple recording of smoking status through to individual action to tackle smoking. Public health invites commissioners and providers of services to coproduce these arrangements putting the smokers who they see at the centre.

Embedding smoking cessation in healthcare – This is an NHS Long Term Plan commitment. The aspiration is to fill gaps in provision where in-patients are not offered and given smoking cessation support during their in-patient stay for completion in the community after discharge from hospital. Public health invites West Sussex Clinical Commissioning Group and local hospital trusts to work with them to coproduce these arrangements.

Similarly, to develop proposals to include smoking cessation in **drug and alcohol recovery services** would provide more complete support to a high need group. This complements the recent vape initiative with the housed homeless community which the wellbeing programme supports.

Many **practices and pharmacies** ceased delivering smoking cessation around lockdown in line with NHS England guidance to cease non-essential services. We ask for them to recommence this activity (adapted to Covid restrictions) as soon as feasible (if they have not already done so). Those opting not to deliver are asked to identify where their patients should be referred by co-operating with neighbouring providers (which could include the wellbeing teams in Districts and Boroughs).

A system wide plan of **communications** should be supported to raise awareness of the Tobacco Control Strategy, the system-wide action plan and the smoking cessation support available. As a key part of this we ask GPs to consider identifying the smokers on their lists and contacting them proactively (via letter or text message) to encourage them to self-refer to smoking cessation services.

3 Consultation, engagement and advice

3.1 The SWSP includes representation from West Sussex County Council Communities, Fire service, District and Borough Wellbeing Programme, Sussex Community NHS Foundation Trust, Western Sussex Hospitals Foundation Trust, maternity services, primary care, the Local Maternity System, Health4Families, Prisons, public health, and Trading Standards. The cancellation of the one year on engagement event means consultation on the proposed priorities has been more limited than intended. Smoking cessation services seek user feedback, to inform future commissioning plans. We continue to explore ways of hearing the views and advice of smokers not engaged in services (particularly young people). Suggestions from Board members and their organisations on how to obtain this insight are welcomed.

Contact: Kate Bailey, Public Health Consultant West Sussex County Council, 03302228688 kate.bailey@westsussex.gov.uk

Appendices PowerPoint presentation (to follow)

Background papers

[West Sussex Tobacco Control Strategy 2019-2022](#)

[West Sussex Tobacco Control Action Plan.](#)

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Report to West Sussex Health and Wellbeing Board**08 October 2020****Sussex Health and Care Partnership Winter Plan 2020-21 Update****Report by Izzy Davis-Fernandez, Head of Resilience, Sussex CCG**

Summary

The purpose of this paper is to provide the West Sussex Health and Wellbeing Board with an update on progress to date in relation to winter planning, outline next steps and timelines.

The overall purpose of the winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period. The Winter planning period covers the period October 2020 to 31st March 2021. The plan should ensure that the local systems remain resilient and are able to manage demand surge effectively, maintain patient safety and support delivery of the relevant business plan objectives and locally agreed system improvements during this period.

For 2020/21, the planning process has also considered the impact and learning from the current Covid-19 outbreak as well as plan for further possible outbreaks.

Core to the development of plans for 2020/21 are the following:

- Building upon learning from winter 2019/20
- Developing capacity and demand modelling which takes into account expected A&E activity, impact of the covid-19 pandemic (numbers of incidents as well as impact of national requirements)
- Reviewing system surge plans and escalation triggers

This year's winter plan has been developed through place based engagement with commissioners and providers through the Local A&E Delivery Board and working groups.

Recommendation(s) to the Board**The Health and Wellbeing Board is asked to;**

- (1) Review and comment on the Sussex Health and Care Partnership Winter Plan 2020-21 Update
-

Relevance to [Joint Health and Wellbeing Strategy](#)

Planning for the winter period is a national requirement for local preparation for additional demands and pressure on the health and social care system expected during the winter period (October 2020 to 31st March 2021).

The aims of effective collaborative winter plan arrangements are to ensure that local health and care systems are able to continue to deliver the totality of services that have been developed to meet the needs of the local population which would be in line with agreed local and national strategies and priorities.

1 Background and context

The plan is being developed by the place based Local A&E Delivery Boards (LAEDBs) and working groups, which have representation from all local system health and social care providers and commissioners.

As in previous years, this year's planning has been separated into plans for each of the three local Places within Sussex to allow local nuances to be incorporated.

2 Proposal details

The purpose of this paper is to provide West Sussex Health and Wellbeing Board with an update on progress to date in relation to winter planning, outline next steps and timelines.

3 Consultation, engagement and advice

Winter plans will be reviewed through the system and ICS governance framework and an ICS Winter Oversight and Assurance Group has been established to enable this. A RAG rating assurance framework will be used to demonstrate delivery against overarching requirements and key deliverables. Winter plans will assured against the national Key Lines of Enquiry (KLoEs), in addition to assessment of placed based plans and the Sussex wide plans in relation to Communications, Flu, NHS 111 and NHS 999

The Sussex Health and Care Partnership Winter Plan 2020-21 has the following governance and assurance process in progress ahead of submission of the final plan to NHS England:

Committee / Board	Date	Status
Sussex Local A&E Delivery Boards	w/c 20 July 2020	Comments received and plans updated

CCG Brighton and Hove and East Sussex Local Management Team	04 August 2020	Comments received and plans updated
CCG West Sussex Local Management Team	05 August 2020	Comments received and plans updated
Sussex Local A&E Delivery Boards	w/c 17 August 2020	Comments received and plans updated
Integrated Care System Oversight and Assurance Group	01 September 2020	Comments received and plans updated
Brighton and Hove Health and Wellbeing Board	08 September 2020	Completed
CCG Joint Quality Committee	08 September 2020	Comments received
East Sussex Health Overview and Scrutiny Committee	10 September 2020	Completed
West Sussex Health and Adult Social Care Scrutiny Committee Task and Finish Group	11 September 2020	Completed
Sussex Local A&E Delivery Boards	w/c 14 September 2020	Comments received and plans updated
East Sussex Health and Wellbeing Board	17 September 2020	Completed
CCG Brighton and Hove and East Sussex Local Management Team	22 September 2020	Completed
CCG West Sussex Local Management Team	23 September 2020	Completed
CCG Executive Management Team	28 September 2020	Not yet due
CCG Joint Finance and Performance Committee	30 September 2020	Not yet due
NHS England	01 October 2020	Not yet due
Brighton and Hove CCG Governing Body	06 October 2020	Not yet due

Agenda Item 7

West Sussex CCG Governing Body	06 October 2020	Not yet due
East Sussex CCG Governing Body	07 October 2020	Not yet due
Integrated Care System Covid-19 Incident Management Team and Restoration Group	08 October 2020	Not yet due
West Sussex Health and Wellbeing Board	08 October 2020	Not yet due
Brighton and Hove Health Overview and Scrutiny Committee	14 October 2020	Not yet due

Contact: Leila Morley, Resilience Project Manager, Sussex CCGs
(leila.morley@nhs.net, 07775412510)

Appendix Presentation Papers

Sussex Health and Care Partnership Winter Plan 2020-21 Update

Background papers

None

Update on Winter Planning 2020-21

West Sussex Health and Wellbeing Board

Introduction (1)

- The purpose of this document is to outline the progress for the development of winter plans for 2020/21
- Plans are being developed by Local A&E Delivery Boards (LAEDB) with input from partners – local authority, providers and commissioners – across each system.
- Work undertaken locally will form the basis of a single Sussex wide plan, which provides an opportunity to:
 - Minimise duplication in local plans for key areas e.g. communications plans
 - 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.
- The overall purpose of the winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period (to 31 March 2021). Including local systems are able to manage demand surge effectively, maintain patient safety and support delivery of the relevant business plan objectives and locally agreed system improvements during this period.

Introduction (2)

- For 2020/21, the planning process has also considered the impact and learning from the current Covid-19 outbreak as well as plan for further possible outbreaks. As such, the capacity and demand modelling, surge escalation triggers and overall response will require review and ongoing refinement as further learning emerges over coming weeks and months.
- The final version of plan will be approved by the LAEDB at the end of September. The plan will be considered for assurance by the West Sussex CCG Governing Body in October and individual providers will assure their own plans through their respective boards.

We are bringing this update to Health & Wellbeing Board for information

Objectives for 2020/21

The objectives of the Winter plan are:

- To maintain patient safety at all time;
- To prepare for and respond to periods of increased demand, including any future increases in COVID-19 infections
- 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 being able to handover patients and respond to 999 calls
- To ensure that community health services are maximised, e.g. improving length of stay and utilisation and increasing the number of patients who can be safely discharged home in a timely manner with care support. Effective use of community services during the winter period will support timely discharge from hospital and avoidance of unnecessary admission to an acute hospital bed

Objectives for 2020/21

- To avoid ambulance delays of over 30 minutes;
- To support delivery of the agreed local system performance trajectory in respect for the 4 hour A&E standard, the 18 week referral to treatment standard (in line with COVID-19 restoration and recovery plans) and Cancer waiting times standards
- To continue deliver a reduction in long length of stay patients by March 2021
- To proactively prevent and manage infection control outbreaks issues such as norovirus and influenza – including the influenza vaccination programme

Key elements of the plan:

The winter plan outlines plans for:

- ✓ 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 NHS111 – 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

Key Lessons Learnt Winter 2019-20

The following reflections were captured at the SHCP winter stocktake session held on 4th March 2020 and attended by system partners.

Things that went well

Good communication between all system partners and prompt resolutions to system issues

Improved ambulance handover performance

Reduction in cancelled electives

Streaming at the front door and Same Day Emergency Care (SDEC)

Improved Access in place

Long Length of Stay reduction programmes in place

Improved Discharge to Assess (D2A) pathways and criteria flex when needed

Good reporting; BI producing Resilience dashboards

NHS 111 & 999 and Patient Transport Service (PTS) staffing were profiled in line with robust forecasting.

The Haven at Mill View and single place to support Coastal patients had positive impact on Brighton and Sussex University Hospital Trust (BSUH), Sussex Police & South East Coast Ambulance (SECamb)

System Director of Nursing managing infection control outbreaks during escalation, reporting outbreaks to wider system, aligned guidance and local arrangements.

Communications toolkit used data to inform media. Effective flu communications.

Agenda Item 7

Key Lessons Learnt Winter 2019-20

The following reflections were captured at the SHCP winter stocktake session held on 4th March 2020 and attended by system partners. Please be aware that actions may not reflect subsequent learning from Covid-19. Ongoing review of Covid-19 learning in progress to inform plan development

Areas for improvement	Actions taken / to be taken
Paediatric demand in November/December	<ul style="list-style-type: none"> • Paediatric capacity and demand modelling to be reviewed, including impact of Respiratory Syncytial Virus (RSV) • Review of pathways for the Royal Alexandra Childrens Hospital (RACH) undertaken, and consideration of actions for alternative models of care to support ongoing management of likely demands in progress
Workforce challenges both underlying and seasonal	<ul style="list-style-type: none"> • BSUH to continue recruitment plans. • East Sussex Hospitals Trust (ESHT) to complete deep dive into conveyances to confirm time trends and to inform required changes in rotas/workforce distribution. • West Sussex community provider to hold recruitment events. • Brighton and Hove Adult Social Care (ASC) to look at recruitment for weekend community staff rota. • SECamb will consider how incentives are communicated to staff and provide clarification of additional/overtime shifts available and remuneration.
Impact of Covid-19	To be confirmed

Key Lessons Learnt Winter 2019-20

Areas for improvement	Actions taken / to be taken
Mental Health (MH) Delayed Transfer of Care (DToC) and ECRs	<ul style="list-style-type: none"> • System wide MH DToC escalation • LOSAG calls now review ECR's • Internal Out of Area reduction plan in place with improvement trajectory • MH breach guidance re-iterated to all system partners • Capacity gaps review across Sussex Health and Care Partnership
OPEL escalations still inconsistent	Review system escalation plan for 20/21.
Long Length of Stay (LLoS) challenges in BSUH and Western Sussex Hospitals Trust (WSHT) systems	<ul style="list-style-type: none"> • Standardise process for Estimated Discharge Date (EDD) setting & ward rounds • Ensure consistent use of Board Rounds • To Take Out (TTO) medication processes too complex • Ensure adequate Discharge Co-Ordinator cover on medical wards
HomeFirst pathway capacity	<ul style="list-style-type: none"> • Demand/ capacity for HomeFirst to be aligned • Continued support of Discharge to Assess (D2A) improvement work • Review of D2A beds, process and capacity, including how the beds can be used • Introduce process to review D2A LoS and escalate any delays • Regular check in calls between West Sussex County Council (WSCC) and Sussex Community Foundation Trust (SCFT) re. HomeFirst

Key Lessons Learnt Winter 2019-20

Areas for improvement	Actions taken / to be taken
Capacity & demand mismatches despite modelling and planning	<ul style="list-style-type: none"> • Nervecentre live bed state in place to support operational delivery at ESHT • B&H IA capacity to be included on SHREWD • Manual inputs on SHREWD to ensure robust tracking of data feeds
Organisational plans not delivered, under-delivered, or later than planned which adversely affected capacity	<ul style="list-style-type: none"> • System wide performance and accountability via Integrated Care Partnerships (ICPs) to be progressed. • Escalation and monitoring of late/no scheme delivery
Poor weekend discharges	Review seven day working and weekend discharge planning
Acute repatriations Out Of Area (OOA)	Review Repatriation Policy with other acute providers and relaunch
Special communications activity to be in line with the rest of NHS	Special communication activity planned with schools through council ahead of launch of wider winter comms campaign, so we are in line with the rest of NHS

Local & National Covid-19 Surge Planning

The COVID-19 Phase 3 letter released on 31 July 2020, outlines the expectation for preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally. Including:

- Continue to follow good Covid-related practice to enable patients to access services safely and protect staff, whilst also preparing for localised Covid outbreaks or a wider national wave
- Prepare for winter including by:
 - Sustaining current NHS staffing, beds and capacity, including use of independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021.
 - Deliver a very significantly expanded seasonal flu vaccination programme
 - Expanding the 111 First offer
 - Maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999
 - Continue to make full use of the NHS Volunteer Responders scheme
 - Continuing to work with local authorities - ensure that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so

In addition to these requirements, work is in progress across Sussex to ensure alignment of escalation frameworks across LAEDB resilience and surge arrangements with escalation based on early warning indicators related to Covid-19 incidence. This will enable a pre-emptive, robust and timely response to ensuring service provision meets the needs of local people

Key Risks and Mitigations

REF	DESCRIPTION	IMPACT 1-5	LIKELIHOOD 1-5	RAG	MITIGATIONS
1	<u>Covid Surge</u> There is a risk that there will be a second wave Covid surge resulting in system fragility and potentially impacting on patient safety alongside the risk to delivering restoration and recovery as planned.	4	3	12	<ul style="list-style-type: none"> · Development of Early Warning Mechanisms and local outbreak management plans at a system-response level · OPEL escalation framework to be revised to include Covid triggers and manage response 'COPEL' · Robust provider Red / Green capacity plans inclusive of social distancing requirements
2	<u>Demand and Capacity</u> There is a demand and capacity risk given the unknown impact of a Covid second wave coinciding with flu and other infection control surges. This will place extreme pressure on system; risking quality and safety, patient experience and operational performance.	4	3	12	<ul style="list-style-type: none"> · Demand and capacity modelling completed with in-built assumptions and worse-case scenario modelling · Covid phase one schemes recommended to continue in order to sustain community capacity to support flow · Model identifies the residual gap and mitigations are identified to close the acute and community bed gaps
3	<u>Workforce</u> There is a risk to the resilience of the fragile health and care workforce during the winter months. Existing workforce pressures are likely to be exacerbated by requirements for self-isolation, burnout and sickness/shielding.	3	3	9	<ul style="list-style-type: none"> · Risk assessments for at risk staff completed across the system and workplace environments adapted to be Covid-secure where possible · Redeployment and PPE protocols established and in place to deal with surge periods
4	<u>Residential and Care Home Fragility</u> There is a risk of outbreaks and closures in residential and care home settings.	3	3	9	<ul style="list-style-type: none"> · There is established enhanced Care Home support in place, delivered by community partners · Care Home fragility and issues are monitored, managed and coordinated by a dedicated joint care Care Home cell including provision of PPE
5	<u>Mental Health</u> There is a risk of increased Mental Health demands as a result of Covid. Unmet surge mental health activity will impact on quality and patient experience in addition to placing pressure on A&Es and negatively impacting on flow.	3	3	9	<ul style="list-style-type: none"> · Increasing Mental Health workforce and reconfiguration of services to support the front-door · Development of Mental Health escalation framework and triggers · Established weekly senior oversight on Mental Health flow and actions · Potential use of independent sector for bedded capacity

Next Steps

Action required	By When	Status
Winter plan stocktake paper to LAEDBs, LMTs, and F&Ps	May – June 2020	Completed
System development of Winter plan	May – August 2020	In progress
Place based stress testing of initial draft plan	August 2020	Completed
Sussex wide stress testing of revised plan	10 September 2020	Completed
Review and sign-off final plan	September 2020	In progress
NHSE submission	01 October 2020	Not yet due
Monitoring of plans and actuals against planning assumptions	October 2020 – February 2021	Not yet due
Monthly Winter plan progress report and review at LAEDBs	October 2020 – February 2021	Not yet due
Detailed operational plan for Christmas and New Year confirmed	November 2020	Not yet due
Winter lessons learnt stocktake	March 2021	Not yet due

Conclusion

- Winter 2020/21 will 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 are therefore focussed on mitigating these challenges, building upon existing arrangements in place, and maintain a focus on patient safety

There are a number of lessons that have been identified that informed the development of the plan for this winter.

- The ongoing development of a whole system approach to capacity and demand planning for winter will significantly strengthen our response
- It is also important that as a system we effectively support our staff during the challenging winter period
- An update on full winter plans will be provided at the Health and Wellbeing Board in December 2020

Report to West Sussex Health and Wellbeing Board

8 October 2020

West Sussex COVID-19 Local Outbreak Engagement Board

Report by Dr Stephen Horsley, Interim Director of Public Health

Summary

This report provides an update 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.

The Board is accountable to the West Sussex Health and Wellbeing Board, as a sub-group of the Board, providing formal updates at its' quarterly public meetings.

Recommendation(s) to the Board

The Health and Wellbeing Board is asked to;

- (1) Acknowledge and provide 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.

Relevance to [Joint Health and Wellbeing Strategy](#)

West Sussex Public Health's COVID-19 response aims 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 aims to improve the overall health outcomes of West Sussex residents and reduce inequalities, supporting our local population during these challenging times.

1 Background and context

- 1.1 The NHS Test and Trace service was launched at the end of May 2020, forming a central part of the government's COVID-19 recovery strategy. The primary objective of the Test and Trace service is to control the COVID-19 rate of reproduction (R), reduce the spread of infection and save lives. Achieving these objectives requires a co-ordinated effort from local and national government, the health and care system, businesses and employers, voluntary organisations, community partners and general public.

- 1.2 The NHS Test and Trace service ensures that anyone who develops symptoms of coronavirus (COVID-19) can quickly be tested to find out if they have the virus, including targeted asymptomatic testing of NHS and social care staff and care home residents. It also helps 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. This service is being introduced to help return life more to normal, in a way that is safe and protects our NHS and social care. It will allow us to trace the spread of the virus and isolate new infections and play a vital role in giving us early warning if the virus is increasing again, locally or nationally.
- 1.3 As part of the Test and Trace Service, each upper tier local authority (LA) is required to have a Local COVID-19 Outbreak Control Plan in place to allow improved speed of response. This builds 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 30th June 2020.](#)
- 1.4 The Director of Public Health (DPH) for every upper tier LA drives this local plan through a COVID-19 Health Protection Board (C19 HPB), working in collaboration with WSCC Strategic Management Group (Gold Command) and a member led Local Outbreak Engagement Board (LOEB), which provides political ownership and public-facing engagement and communication for outbreak response. Appendix 1 shows the agreed governance structure for the West Sussex COVID-19 Local Outbreak Control Plan.
- 1.5 In West Sussex, the member led Local Outbreak Engagement Board (LOEB) has been established as a sub-group of the West Sussex Health and Wellbeing Board to provide political ownership and public-facing engagement and communication for outbreak response.
- 1.6 The LOEB is chaired by Amanda Jupp, Chair of the West Sussex Health and Wellbeing Board and Cabinet Member for Adults and Health. Jacquie Russell, Cabinet Member for Children and Young People, has been appointed as Deputy Chair.
- 1.7 The LOEB reports to the quarterly West Sussex Health and Wellbeing Board meetings.
- 1.8 The West Sussex COVID-19 Health Protection Board will report to the LOEB, and where appropriate, the LOEB will liaise with WSCC Cabinet, WSCC Strategic Management Group (Gold Command), the Health and Social Care Executive Partnership Board, and the West Sussex Health and Care Silver Command.
- 1.9 Membership of the LOEB includes Cabinet Members with portfolio responsibilities for community development, health and adults services, children and families, WSCC directors with commissioning responsibility for

Public Health, Adults Services, Children's Services, Head of Communications and Engagement, and representatives from West Sussex district and borough councils, West Sussex Clinical Commissioning Group (CCG), and Healthwatch West Sussex.

The inaugural meeting of the LOEB took place on 27th July, with a further meeting on 2nd September. Meetings will continue on a monthly basis; the next meeting is scheduled for Monday, 5th October 2020.

2 Proposal details

2.1 Not applicable

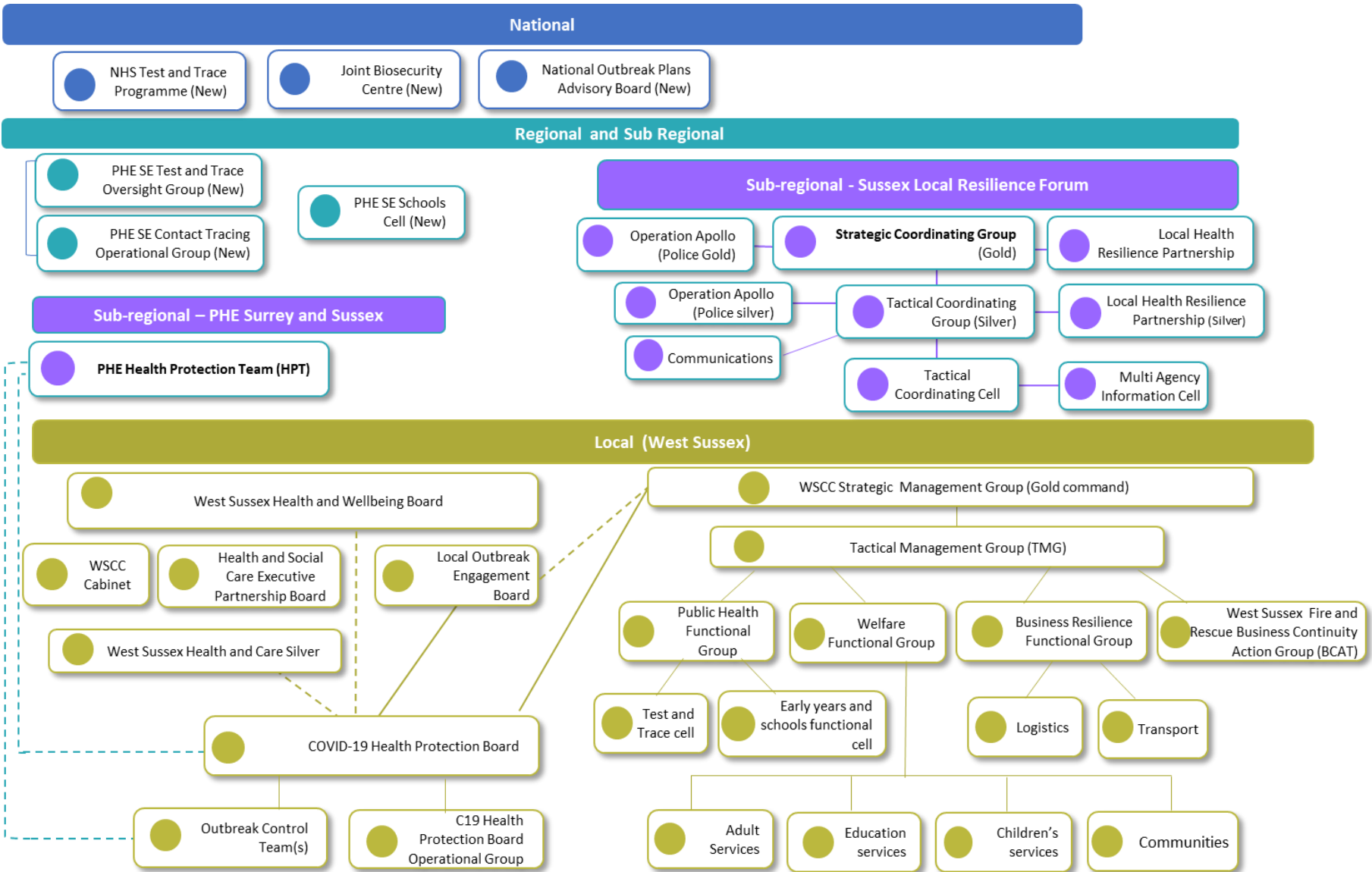
3 Consultation, engagement and advice

3.1 Not applicable.

Contact: Dr Stephen Horsley, Interim Director of Public Health, West Sussex County Council. Tel. 0330 222 6065 Email: stephen.horsley@westsussex.gov.uk

Appendices: Appendix 1 Governance structure for the West Sussex COVID-19 Local Outbreak Control Plan

Appendix 1 Governance Structure for the West Sussex COVID-19 Local Outbreak Control Plan



Report to West Sussex Health and Wellbeing Board

8 October 2020

Sussex Health and Care Partnership Integrated Care System Development

Report by Dominic Ellett, Sussex Clinical Commissioning Groups

1.0 Introduction

- 1.1 The NHS Long Term Plan has reinforced the role of integrated care systems (ICSs) in establishing more collaborative working and joined-up care for patients and their local populations. ICSs will cover the whole of England by 2021.
- 1.2 ICSs are 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. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care. They depend on collaboration and a focus on places and local populations as the driving forces for improvement.
- 1.3 Despite being effectively mandated in the NHS Long Term Plan, ICSs and STPs are currently voluntary partnerships as they have no basis in legislation and no formal powers or accountabilities. NHS planning guidance has, however, 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.
- 1.4 In May 2020, Sussex was granted 'Maturing ICS' Status and was given the name Sussex Health and Care Partnership (SHCP). SHCP serves a population of 1.7m people and is responsible for £4bn of health and care spending, delivered by over 30,000 staff. Three 'places' form the ICS, and each 'place' is co-terminus with upper-tier local government and is overseen by a place-based Health and Care Partnership Executive.

- 1.5 Whilst the NHS Long Term Plan, published in 2018, effectively mandated ICSs, partners across Sussex have been working together as a Sustainability and Transformation Partnership (STP) since 2016 and prior to the establishment of SHCP as an ICS. Significant progress has been made over the period to 2020, both in terms of building the partnership infrastructure and, most importantly, in improving the quality and performance of health and care services across Sussex.
- 1.6 Our Sussex Strategic Delivery Plan, published in January 2020, and intended as a single response from all NHS and Local Authority organisations in Sussex, detailed a range of changes to support the development of more integrated systems of care and a 'population-health' based approach in line with the NHS Long Term Plan. For all health and care organisations, this means consideration of new ways of working which focus on outcomes and meeting population health needs at scale.
- 1.7 This paper sets out the current context of our developing ICS. It identifies some issues that we need to address as we change the ways we work across Sussex to focus on integrating care and on innovative approaches to prevention and wellbeing, and it sets out some priorities for strengthening how we work in partnership to improve outcomes for our population.

2.0 Our Developing ICS

- 2.1 In the *Sussex Strategic Delivery Plan*, SHCP has set out an ambition for a holistic approach to supporting our population's health and wellbeing, delivered through the structures and relationships of the Integrated Care System (ICS). The plan for the development of the ICS recognises that this will require new ways of working for health and care organisations and the communities with which they work.
- 2.2 These new ways of working will focus upon improving the health of our entire population. They will require organisations to focus on an approach which seeks to build partnerships alongside other agencies to address the wider determinants of health (i.e. income, housing, environment, transport, education, work and nutrition). They will be outcome-focused and designed to improve the physical and mental health outcomes and wellbeing of people while reducing health inequalities. They will include action to reduce the occurrence of ill health and will require working with communities and partner agencies to integrate care more comprehensively in order to reduce fragmentation and duplication.
- 2.3 Within our developing ICS we are responsible for both leading and improving population health and operational performance whilst also delivering transformational change for health and care across Sussex. To do this our ICS brings together all Sussex stakeholders to redesign care and improve population health as set out in the NHS Long Term Plan. Our ICS uses three levels to do this and these are:

- System – which means Sussex
- Place – In Sussex there are three areas, aligned to our top tier local authority boundaries:- East Sussex, West Sussex and Brighton & Hove
- Neighbourhood – covered by our Primary Care Networks (PCNs) and community services that link into them

2.4 We have an agreed set of design principles which define how all partners will work together and at what level. We have also developed an overall system governance and architecture model which reflects this principle. An SHCP ICS 'Partnership Agreement' has been developed to support the ongoing development of our ICS and to embed these principles.

3.0 Our Collaborative Networks and Enabling Programmes

3.1 Alongside other partners, we have spent the last few months strengthening and agreeing the scopes and resources for our Collaborative Networks and Enabling Programmes. We have clear programmes of work that are enabling us to collaborate on the restoration of the system as well as the delivery of our commitments from the Long Term Plan.

3.2 All the Collaborative Networks and Enabling Programmes have CCG representation in the programme teams and on the relevant Boards. The scopes have been agreed by the SHCP Executive and reported to the Governing Bodies through the Joint Committee. Regular reports on progress against the agreed milestones and deliverables are reported to the Joint Committee every month.

4.0 The Development of Place

4.1 The development of Integrated Care Partnerships (ICPs), where NHS, Local Authority (LA) and a broad range of other service providers work together to deliver improved outcomes for local people, will be an enabler in achieving the ambition for an integrated population health management approach.

4.2 ICPs in Sussex will work collaboratively with staff and communities to co-design new models of care and to set the strategic direction and outcomes for the population. They will be partnerships of health and care providers, including local authorities, acute hospital trusts, community providers, primary care networks (PCNs), and mental health providers. ICPs in Sussex will also, ultimately, include organisations and bodies which span populations, such as district and borough councils, the voluntary sector, schools, the police, and other providers of health and care.

5.0 The Development of Assurance

5.1 One of the key roles of the ICS is to manage our own system performance and improvement process, taking on the role of NHS England and

Improvement's regulatory role, to ensure the best achievement of constitutional standards and of the commitments in the Long Term Plan as we can.

- 5.2 In the past this process has at times been characterised by an 'us' and 'them' approach. A lengthy process that covers all areas of interest to regional, national and local colleagues that can absorb considerable resource and not always achieve a clear performance improvement. Our aim is to change this process to being a more focused and supportive process that delivers results.
- 5.3 SHCP ICS assurance will be a dialogue of equals focused on improvement for the population, system and organisation. The agenda will be lead by each of our three places as they will hold the first level of assurance and be closer to the population. Each place will design the agenda to highlight the performance challenges and success and progress against improvements. The purpose of the meeting is for both the ICS Executive and invited members of NHSEI, our regulator, to have an open discussion on what is challenging and where necessary what support or system wide actions are necessary to deliver the improvements needed for our populations. We recognise we have to unlearn concerns of the past of a hierarchical approach, so the culture and environment of these meetings will also need to feel different for those attending and leading. We as an ICS are committed to delivering assurance that is based on partnerships for improvement.

6.0 Vision 2025

- 6.1 In September 2019 the SHCP Executive agreed the *Sussex Strategic Delivery Plan* and the three place base delivery plans for Brighton and Hove, East Sussex and West Sussex.
- 6.2 Since then we have continued to develop our delivery capability through our Collaborative Networks, Enabling Programmes and place-based delivery plans. Covid-19 has led us to review our programme scopes and revise them to include our work on Restoration and Recovery.
- 6.3 Building on this work, our extensive public engagement and our Health and Well Being Strategies, we have now developed our Vision 2025. This aims to reconnect our work, impacted so significantly by Covid-19, with the plans and aspirations set out in our strategic delivery plans. This Vision 2025 narrative provides a context and the case for change as well as our plans for 2025. It will allow us to communicate to stakeholders in a simple and clear manner our priorities for change over this period.
- 6.4 The narrative recognises the need to maintain our focus on the immediate needs of today to ensure our patients, residents and staff remain safe as we continue to manage the Covid-19 pandemic and ensure services are restored and are working in the best possible way in the short and medium term. It also recognises that we must look to the future and

continue to build on and strengthen our partnership working to develop a health and care system that we can be proud of in the long-term.

7.0 Concluding Remarks

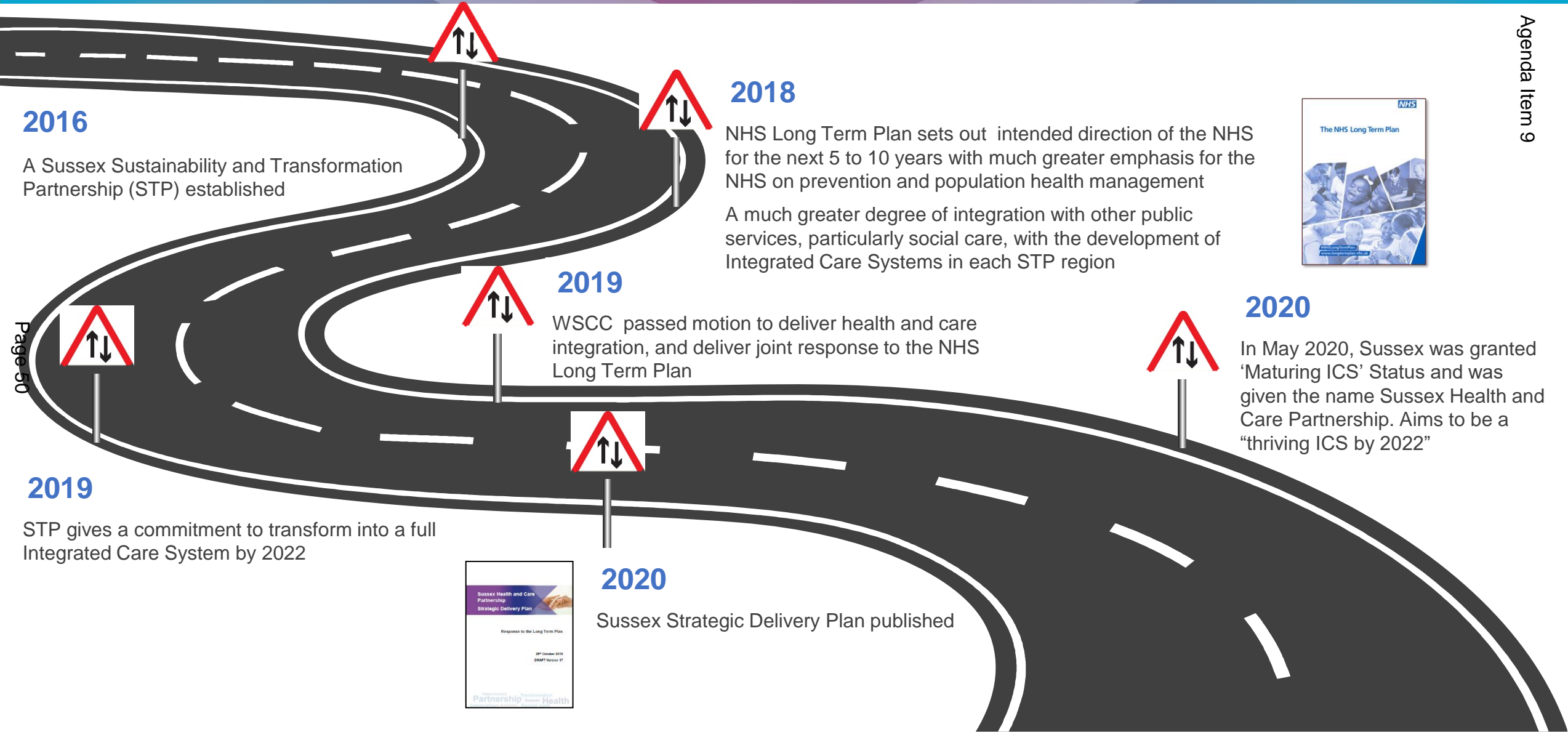
- 7.1 Inevitably, and perhaps usefully, there is no “one size fits all” solution for how the ICS will be shaped to respond to its challenges. While our Sussex wide programmes have clear scopes, some are still in development. The three places are not at the same point in their development, the maturity of relationships differ across Sussex, and whilst partners are aligned to the *Sussex Strategic Delivery Plan*, the priorities and ambitions for local stakeholders will vary.
- 7.2 There has, however, been significant progress in terms of the development of partnership working and this has certainly been enhanced by learning and experience of the response to the pandemic.
- 7.3 All 3 places have established partnership executives and all 3 have a developing governance infrastructure to underpin local priorities which support plans established to deliver against the *Sussex Strategic Delivery Plan*. Regular reporting will continue to be provided to the SHCP Executive against these plans as a means of ensuring focused support to areas most in need of development.
- 7.4 The emerging infrastructure contains three key components that have implications for the way existing organisations work. The development of the ICS, the Care Collaboratives and our places each have an impact on how we as a CCG function and how our functions are, or could be, carried out. Each of these can change the way we lead and manage our teams and our organisation and how we discharge our functions.
- 7.5 These three components are also held together by processes and ways of working. These include:
- Assurance of the system
 - Governance of the system, and
 - Leadership of the system
- 7.6 If we are able to evolve our system effectively, we should be able to simplify these processes and cut out significant duplication. If we can enable a streamlined assurance process, unified governance processes and a simplified leadership structure, we have an opportunity to focus more time and resource on the performance improvement and system transformation work that impacts the population of Sussex.
- 7.7 It is necessary for us to think through how we can take greatest advantage of these changes to maximise our impact for the benefit of the population of Sussex. Following a discussion with the Chief Executive Officer and Interim Chief Officer on 10 September, we are beginning a process to work with the Executive Management Team and our Governing

Bodies, and other interested stakeholders, to review and make decisions on the next phase of system reform.

- 7.8 The Governing Bodies of Sussex CCGs will work together within the framework of wider ICS development to deliver a consensus for the future role of CCGs. The process will look at the context for change and consider the options for how commissioning organisations might apply themselves to the shifting external environment. Recommendations as to this next phase for system reform will be delivered to Governing Bodies for approval.

ICS Development Briefing for West Sussex Health and Wellbeing Board

The journey so far...

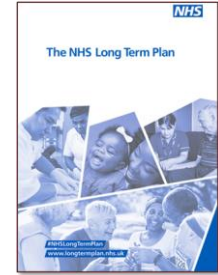


2016

A Sussex Sustainability and Transformation Partnership (STP) established

2018

NHS Long Term Plan sets out intended direction of the NHS for the next 5 to 10 years with much greater emphasis for the NHS on prevention and population health management
A much greater degree of integration with other public services, particularly social care, with the development of Integrated Care Systems in each STP region



2019

WSCC passed motion to deliver health and care integration, and deliver joint response to the NHS Long Term Plan

2020

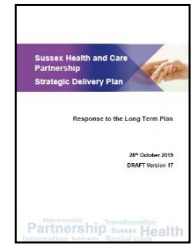
In May 2020, Sussex was granted 'Maturing ICS' Status and was given the name Sussex Health and Care Partnership. Aims to be a "thriving ICS by 2022"

2019

STP gives a commitment to transform into a full Integrated Care System by 2022

2020

Sussex Strategic Delivery Plan published



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Integrated Care Systems (ICSs)

- ICSs are 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.
- The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care.
- ICSs depend on collaboration and a focus on places and local populations as the driving forces for improvement.
- Despite being effectively mandated in the NHS Long Term Plan, ICSs and STPs are currently voluntary partnerships as they have no basis in legislation and no formal powers or accountabilities.



NHS planning guidance has 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.

Sussex Health and Care Partnership

- In May 2020, Sussex was granted 'Maturing ICS' Status and was given the name **Sussex Health and Care Partnership**. This is half-way between 'developing' and 'thriving'. Sussex aims to be a **"Thriving ICS" by 2022**
- The Sussex Health and Care Partnership serves a population of 1.7m people and is responsible for £4bn of health and care spending, delivered by over 30,000 staff
- A Sussex-wide executive provides leadership to the ICS, supported by collaboratives for Acute Care, Mental Health and Primary and Community Care
- Three 'places' form the ICS, and each 'place' is co-terminus with upper-tier local government and is overseen by a place-based Health and Care Partnership Executive

- 38 Primary Care Networks are aligned to the ICS



Our Ambition

"We will be a responsive and innovative system working within our resources and in ways that ensure better health and care for the population around the outcomes that matter to them"

Our guiding principles that shape everything we do as we develop

- We are here for our communities, our patients and population, staff and other stakeholders and we will be ambitious for all.
- We will work together to benefit our population and partners, while also supporting the accountabilities of individual organisations.
- We will collectively manage our system and hold ourselves to account to ensure we deliver safe and sustainable health and care that leads to better outcomes for the population.
- We will provide and champion compassionate, collaborative and inclusive multi-professional leadership, ensuring the most appropriate people are involved at the right time.
- We will use our collective resources efficiently and responsibly.
- We will avoid duplication.
- We will work together to understand challenges and use best practice and evidence as the basis for taking action.
- We will make decisions where they will deliver the greatest positive impact to achieve our ambition.

What have we achieved so far

Delivering Health and Care





	2017/18	Latest
Brighton and Sussex University Hospitals NHS Trust	Inadequate	Good
East Sussex Healthcare NHS Trust	Requires improvement	Good
Queen Victoria Hospital NHS Foundation Trust	Good	Good
South East Coast Ambulance NHS Foundation Trust	Inadequate	Good
Sussex Community NHS Foundation Trust	Good	Good
Sussex Partnership NHS Foundation Trust	Good	Good
Western Sussex Hospitals NHS Foundation Trust	Outstanding	Outstanding

- All NHS provider trusts in Sussex rated as “outstanding” or “good” by CQC
- Sussex Partnership, East Sussex Healthcare, Brighton and Sussex University Hospitals, Western Sussex Hospitals, and Queen Victoria Hospital, rated as “outstanding” for caring
- Across emergency and urgent care, our collaborative system-wide work to reduce hospital handover times and improve services for mental health patients have both been rated as “outstanding”

Partnership Working

- Sussex Health and Care Partnership 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

“Vision 2025” – Our outcomes and goals for Sussex

Our Outcomes	Measured by	Our Goals	
<p>People will live more years in good health</p>	<p>Healthy and disability-free life expectancy at birth and at age 65</p>	<p>Starting well</p> 	<ul style="list-style-type: none"> ✓ Improved mother and baby health and wellbeing, especially for those most in need ✓ Children growing in a safe & healthy home environment with supporting and nurturing parents and carers ✓ Healthy lifestyles and resilience will be promoted, including in school and other education settings ✓ Good mental health for all children ✓ Children and young people leaving care are health and independent
<p>The gap in healthy life expectancy between people living in the most and least disadvantaged communities of Sussex will be reduced</p>	<p>Inequality in healthy life expectancy at birth</p>	<p>Living well</p> 	<ul style="list-style-type: none"> ✓ Individuals, families, friends and communities are connected ✓ People have access to good quality homes providing a secure place to thrive and promote good health, wellbeing and independent living ✓ People have the knowledge, skills and confidence to self-manage, and to protect their own health ✓ People live, work and play in environments that promote health and wellbeing
<p>People’s experience of using services will be better.</p>	<p>Access to health and care, quality of care, and experience of health and care</p>	<p>Ageing well</p> 	<ul style="list-style-type: none"> ✓ Fewer older people feel lonely or socially isolated ✓ There is a reduction in number of older people having falls ✓ Older adults stay healthier, and happier ✓ More people are helped to live independently in the community by services that connect them with their communities. ✓ People receive good quality end of life care and have a good death
<p>The cost of care will have been made affordable and sustainable</p>	<p>Cost per capita of health and care</p>	<p>Better care</p> 	<ul style="list-style-type: none"> ✓ Improved mental health and wellbeing and easier access to responsive mental health services ✓ Access to urgent care for those who need it is quick and effective ✓ Services are responsive and flexible and supported by effective use of technology ✓ Our specialist services are harnessing the potential of breakthroughs in medical science and the use of data

Partnership Working in West Sussex

West Sussex Health and
Care Partnership

- Improve quality of services and health outcomes
- Reduce health inequality across the full life-span
- Deliver an affordable and sustainable health economy for West Sussex



Our ongoing
partnership
activities

Strategy & Planning

- Joint Health & Wellbeing Strategy
- AHLT Delivery Plan
- West Sussex Joint LTP Delivery Plan
- West Sussex Joint Prevention Strategy
- Health in Housing MOU
- Joint Winter Planning

Commissioning

- £321m already jointly invested (excluding Covid)
- Discussions around joint commissioning of hospital discharge, Integrated mental Health etc.
- Building on our agreed model of co-production

Delivery

- Community Response & Reablement programme
- Integrated mental health services
- Integrated urgent healthcare
- Care Homes Support

What next for West Sussex partners?

1

Complete agreement of priority performance goals for West Sussex (aligned to Joint HWB Strategy) as a place through Chief Officer Workshop – Oct. 20

BAME Communities engagement programme – Nov. 20

2

Agree System Performance and Improvement arrangements with SHCP Executive – Oct. 20

Place Joint Delivery Plan (including population health approach, development of PCNs & establishment of neighbourhoods model) to be agreed by Place Partnership Executive – Dec. 20

3

Development of formalised system financial management regime – Oct. 2020 (initial)

Deliver single system 2 year operating plan – Feb. 20

4

Place Partnership Development Plan (including leadership arrangements) to be agreed by Place Partnership Executive – Nov. 20

Place MoU/MoA giving formal commitment to delivery of prioritised programmes of work – Mar. 21

5

Establishment of Health-in-Housing MOU – Nov. 20

West Sussex Financial Recovery Plan (incorporating CRESH FRP) – Mar. 21

6

7

8

9

10

Further Resources

Sussex Health and Care Partnership Website:

<https://www.seshealthandcare.org.uk/>

Sussex and West Sussex Strategic Response to the NHS Long Term Plan:

<https://www.seshealthandcare.org.uk/about-us/sussex-health-and-care-plan/>

NHS England Resource Page on Integrated Care Systems:

<https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

NHS Resource on the Long Term Plan:

<https://www.longtermplan.nhs.uk/>

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Health and Wellbeing Board Work Plan 20/21	
Meeting Date	28-Jan-21
Items	
Creating Healthy Places Framework	√
Annual Reports/Actions	
Terms of Reference Annual Review	
Safeguarding Adults Annual Report	
Safegaurding Childrens Annual Report	
West Sussex Health Protection Grps Annual Report	
Public Health Annual Report	
HealthWatch Annual Report	
Standing Items	
HWB - Local Outbreak Engagement Board Quarterly Update	√
Public Forum	√
CAHMS and Local Transformation Plan Refresh - must be signed off by HWB.	√
HWB Childrens Sub Group Quarterly Update	√
ICS/STP Place Based Plan	√
HWB Prep Timetable	
Seminar	19-Nov-20
Final Papers for Preparing Agenda Meeting	22-Dec-20
Preparing Agenda Meeting	05-Jan-21
Date of HWB Meeting	28-Jan-21
Venue	MS TEAMS Virtual
Final Papers for Despatch	18-Jan-21

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