

# Public Document Pack

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4 July 2018

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

A meeting of the committee will be held at **2.00 pm** on **Thursday, 12 July 2018** at **Arun Civic Centre, Maltravers Road, Littlehampton, BN17 5LF.**

Tony Kershaw  
Director of Law and Assurance

### **Agenda**

1. **Chairman's Welcome**

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 as 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.

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.

4. **Minutes** (Pages 5 - 8)

The Board is asked to confirm the minutes of the meeting of the Health and Wellbeing Board held on 26 April 2018.

5. **Health and Wellbeing Board Work Programme** (Pages 9 - 10)

Report by West Sussex Director of Public Health.

The Board is invited to edit/approve the Health and Wellbeing Board Work Programme.

6. **Health and Wellbeing in Arun** (Pages 11 - 12)

Report by the Arun Wellbeing Partnership.

The Board will receive a presentation on the work of the Partnership and its priorities.

The Board is asked to agree how the work of the Partnership can support the objectives of the Health and Wellbeing Board.

7. **Progress on Joint Health and Wellbeing Board Strategy 2015-18, Priority one - Early year's 0-2 year olds** (Pages 13 - 28)

Report by Consultant Midwife, Public Health.

The Board will receive a report and presentation on partnership work that has focussed on supporting families with young children from conception through to 2 years.

The Board is invited to comment on the progress to date and asked to:

a) identify how it can support the programme in influencing hospital services in a proactive prevention role in respect of;

- Maternal Smoking
- Maternal Obesity

b) agree to consider retaining support for Early Years as a priority area in the refreshed HWB Strategy for 2018-2020.

8. **West Sussex Healthwatch** (Pages 29 - 46)

Report by Locality Manager Healthwatch.

The Board will receive the Annual Healthwatch Report. Healthwatch will also share qualitative data received in relation to public and patient experience related to the health of families of/and children 0-2 years.

The Board is asked to note the Healthwatch report and identify any implications for the JHWBS refresh and the JSNA and any areas to be taken forward by the Consultant Midwife, Public Health

9. **Childhood Obesity** (Pages 47 - 68)

Report by Public Health Lead, Healthy Lifestyles

The Board will receive a report on partnership work to support healthy eating in childhood and the outcomes, one-year on, from the recommendations of the County Council's Childhood Obesity Task and Finish Group.

The Board is asked to encourage all partners to take a systematic approach to obesity prevention, particularly in place-based interventions and community-based individual activities.

10. **Better Care Fund Programme** (Pages 69 - 74)

Report by West Sussex BCF Coordination Team

This report details progress towards each of the four national conditions of the Better Care Fund.

The Board is asked for comments and feedback on the report.

11. **Sussex and East Surrey Sustainability Transformation Partnership**  
(Pages 75 - 80)

Report by Communications and Engagement Lead, Sussex and East Surrey Sustainability and Transformation Partnership.

The Board will receive a paper outlining the changes to the governance arrangements for the Sussex and East Surrey Sustainability and Transformation Partnership (STP) and an update on the work that is currently taking place around the case for change for the STP.

The Board is asked to note the work undertaken as part of the STP governance review; and endorse the need for a case for change for the STP and advise any further engagement the Board would like once it is completed.

12. **Public Forum** (Verbal Report)

The Board invites questions and comments from the public observers present at the meeting. Those with more complex issues are asked to submit their question before the meeting (ideally several days) in order to allow a substantive answer to be given. Contact Suzannah Hill on 033022 22551 (a local call) or via email: [Suzannah.hill@westsussex.gov.uk](mailto:Suzannah.hill@westsussex.gov.uk)

13. **Date of next Meeting**

The next meeting of the Board will be held at 2.00pm on 11 October 2018 at a venue to be confirmed.

**To all members of the West Sussex Health and Wellbeing Board**

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At a meeting of the West Sussex Health and Wellbeing Board held on 26 April 2018.

**Members present:**

Alex Bailey  
Stephen Hillier  
Rachel North  
Susan Stone

Diane Henderson  
Amanda Jupp  
Anna Raleigh  
Philippa Thompson

Laura Hill  
Nigel Lynn  
Frances Russell  
Dominic Wright

**Observers present:**

Bryan Turner

**Apologies:**

Jana Burton  
Kim Curry  
Minesh Patel

Annie Callanan  
Geraldine Hoban

Natalie Brahma-Pearl  
Annie Maciver

**Membership of the Health and Wellbeing Board**

1. The Board agreed a seat on the Board for the County Council Director Communities, also that the Healthwatch seat have a named substitute, Katrina Broadhill. The Chairman welcomed new members to the board, Natalie Brahma-Pearl, CEO Crawley Borough Council, Jana Burton, Interim County Council Director Adults Services, Dr Susan Stone, Clinical Chairman Coastal CCG and Dominic Wright, Managing Director Coastal CCG. Apologies were noted.

**Declarations of Interest**

2. None

**Urgent Matters**

3. None

**Minutes**

4. Resolved that the minutes of the meeting of the Health and Wellbeing Board held on 25 January 2018 were agreed.

**Action Tracker**

5. The Board noted the report (copy appended to the agenda and available on the [website](#)) which explained outcomes of actions agreed at the previous meeting and gave updates on actions outstanding.

**Work of Guild Care**

6. Samantha Philpot, Head of Communications and Marketing at Guild Care gave the Board a short presentation on the history and current work of Guild Care. The Chairman invited comments and questions from members. Mr Bailey emphasised the importance of Guild Care which had held a central role in care in Adur and Worthing for 85 years. He highlighted its enormous value, not just in service provision but in its work with local partners.

### **Health & Wellbeing in Adur and Worthing**

7. Mary D'Arcy, Director of Communities, Adur and Worthing gave a presentation to the Board on the work of the Adur and Worthing Wellbeing Partnership. Copy of slides appended to the agenda and available on the [website](#)).

8. The Chairman invited comments and questions on the information received, these included:

- Concern that difficulties with data sharing could and did get in the way of partnership working and relationships with voluntary organisations needed to be reset to give them a practical ability to act
- In order to ensure social prescribing in GP surgeries continued to happen, a wider consensus needed to exist
- Capacity in the voluntary sector needed to be recognised and utilised via commissioning not just in partnership
- Integrated working across the whole system was contained in the vision for the new joint strategy. Important this isn't just seen as work with hospitals but also focussed on what the voluntary sector and wider communities could do
- The HWB strategy was the Board's opportunity to think holistically. It was necessary to collate and evidence best practice to guide commissioning
- The issues underlying delayed transfers of care were quite complex, it wasn't sufficient just to support the patient, the whole family must be taken into account to create a foundation to keep people well. This was a focus of the Local Community Networks, to build a community of good practice and enhance the engagement and ability of people to create what's right for them. The Board needed to support the alignment and creation of services
- Important to keep services local but with system-wide momentum. To pool good learning, identify outcomes and have more commonality
- Measuring 'five ways to wellbeing' outcomes was difficult but Public Health were looking at new ways of evaluating outcomes including using qualitative data, for example the Healthwatch voice would be used in the new JSNA to give more contextual information
- To distil the learning from the Adur and Worthing experience, the HWB should consider intelligence rather than data, spend time creating relationships of trust between the system leaders, co-design methodologies with communities and scale up what works.
- Partners must all keep up with supporting technological opportunities

- Local Community Networks by their nature would all develop different ways of doing things, these must be reviewed and what worked well shared.

### **Wellbeing and Resilience Framework**

9. The Chairman introduced Graeme Potter – Public Health Start of Life Lead to present on priority 2 of the current Joint Health and Wellbeing Strategy 2015-18, wellbeing and resilience. Copy of slides appended to the agenda and available on the [website](#)). Mr Potter explained that the development of the Wellbeing and Resilience Framework followed agreement by the Board to coordinate wellbeing across the partnerships around the table. The Framework was a tool for partners to use to improve wellbeing and resilience outcomes and came with an offer from the Public Health team to support partners to embed this fully across West Sussex. The Chairman invited questions and comments which included:

- Excellent programme and the measurable nature of the outcomes would be key. Showing tangible improvements in the community would be difficult
- Individuals involved in development of the Local Community Networks had got a great deal from it. It was more than just theory
- Needed to be taken on a stage or two, also needed a place-based dynamic. Sensed that there is appetite to do that
- There was potentially a disconnect between this and commissioning
- Some work on a strategic driver had been undertaken and that work was to be revisited
- Housing was an important factor in wellbeing and resilience and local plans and planning frameworks needed to be influenced by this work
- NHS would struggle to prove how it could commission this if positive outcomes could not be quantified. A way would need to be found to sum up the benefits
- Evaluation would need to focus on whether people felt more enabled. It would not be measurable but would need to engage with the patient voice.
- Everyone was saying the same thing and it needed to be made easier to instigate change.

10. The Chairman thanked members for their input and sought agreement that the framework be taken forward.

11. Resolved that the Board agreed to:

1. champion and integrate the Wellbeing and Resilience Framework within members' respective organisations and 'spheres of influence', including implementation within culture, strategy, commissioning and service delivery; and
2. to develop plans to create an 'enabling' system which further supported and improved wellbeing and resilience in West Sussex.

### **Better Care Fund Programme Update**

12. The Chairman introduced the Director of Joint Commissioning & Partnerships to present the reports. Copies appended to the agenda and available on the [website](#)). Member's comments and questions included:

- That Delayed Transfer of Care statistics were going in the right direction
- Preparation to deal with winter pressures had been good and the system had worked well although the same problems of demand remained. Mr King undertook to have headline figures circulated by the BCF Coordinator Team
- Partners cooperation and support to get patients transferred from hospital had been impressive. As a collective system, partners should be proud of this
- Winter pressures were now everyday pressures and the community partners were key to coping with this. Support for resilience in community services and with voluntary partners needed to be maintained and improved.

13. The Chairman thanked members for their input and explained that she had met with local college leaders to understand opportunities to support and develop college courses to encourage potential new staff to join the system workforce.

#### **Update on the Sussex and East Surrey Sustainability and Transformation Partnership.**

14. Apologies had been given and a written report would be submitted. Report available 7 June and is attached here.

#### **Public Forum**

15. A query was raised related to services for people with myalgic encephalomyelitis. Dr Hill undertook to take this query back and report to the member of the public outside the meeting.

#### **Date of the Next Meeting**

16. The next meeting would be held on 12 July at a venue to be confirmed. The next seminar for Board members would be held on 1 June.

The meeting closed at 5.37pm.



Date request arose	Subject/Theme	Objectives/Comments	Key Contacts
	<b>Annual Reports</b>	Safeguarding Childrens Board - next report 2018	Jonathan Brydon
		Safeguarding Adults Board - Sent to members 20 November 2017. Updated Report sent to members 27 December 2017.	Helen Feasey
		Public Health - next report 2018	Anna Raleigh
		Commitment to Carers - Update sent members February 2017. Update to be sent to members July 2018. <u>Agenda item on the work for October 2018 meeting.</u>	Mark Greening
		West Sussex Health Protection Groups Annual Report - request to add to Annual Report list by DPH May 2018	Anna Raleigh
		Childrens Local Transformation Plan - sent to members electronically 11 October 2016 and 2 October 2017.	Karen Wells
		Healthwatch - Annual report sent to members 7 July 2017. On agenda for July 2018 meeting.	Frances Russell
	<b>Annual Actions</b>	Election of Vice Chairman: Annually around February	Chairman considering appointee
		Agree commissioning intentions: TBC	Anna Raleigh
	<b>Standing Items</b>	Better Care Fund Monitoring	Rachel Hughes
		Healthwatch Report	Frances Russell
		Public Forum	Suzannah Hill
		Sustainability and Transformation Plan Update	Geraldine Hoban
		Action Tracker including Joint Strategic Needs Assessment Update	Anna Raleigh
	<b>Signed Up To</b>	1001 Days - update sent to members electronically 8 November 2017	Graeme Potter
		Wellbeing and Resilience Framework - includes Social Isolation work HWB asked to address by County Council in 2016. TBC	Graeme Potter
<b>01-Dec-15</b>	<b>Female Genital Mutilation</b>	Action from December 2015 County Council Meeting: 'The Cabinet Member for Community Wellbeing accepted a request from the Leader for the issue to be raised at the Health and Wellbeing Board'. On agenda for July 2018 formal meeting	Amanda Jupp/Maureen Mquni
<b>Spring 2017</b>	<b>Report on the work of the 2017 Executive TFG on Childhood Obesity</b>	Summer 2018 HWB to note and consider commissioning per successful outcomes	Sue Carmichael
	<b>Suicide Prevention Strategy and Action Plan</b>	Signed off by Chairman. Final sent round to all members 14 March 2018. Action Plan awaited.	Ann Corkery
01-Jul-18	<b>Wellbeing Partnership Work</b>	Crawley - planned for October 2018	Anna Raleigh

Date request arose	Subject/Theme	Objectives/Comments	Key Contacts
01-Oct-18	<b>Wellbeing Partnership Work</b>	Arun - planned for July 2018	Anna Raleigh
01-Jul-18	<b>Focus on Start of Life</b>	July Meeting	Anna Raleigh
01-Oct-18	<b>Focus on work force</b>	October meeting.	Anna Raleigh
	<b>Mental Health</b>	MIND and Mental Health in Primary care team . SH liaising with AJ on details. Pathfinders. Katie at Coastal Mind, CA Mike Link too. TBC - strategy will determine how MH to be timetabled.	Amanda Jupp
01-Jan-19	<b>Mid-Term Review of PNA</b>	Member discussion at January HWB suggested this would be of value	Anna Raleigh

Agenda Item 5



<b>Date of meeting:</b>	12 July 2018
<b>Item Title:</b>	Introduction to HWB, sharing of Arun priorities and their work
<b>Executive Summary:</b>	Arun District Council will provide a brief presentation highlighting the health profile of the district, its priorities and details of the steps being taken to improve the health and wellbeing of its community.
<b>Recommendations for the Board:</b>	The Board is asked to agree how the work of the Partnership can support the objectives of the Health and Wellbeing Board.
<b>Relevance to <a href="#">Joint Health and Wellbeing Strategy</a>:</b>	Information and discussion in respect of the relationship between the Health and Wellbeing Board, the Arun Wellbeing and Health Partnership and local priorities.
<b>Financial implications (if any):</b>	None
<b>Consultation (undertaken or planned):</b>	Arun's Wellbeing and Health Partnership
<b>Item author and contact details:</b>	Robin Wickham Group Head Community Wellbeing Arun District Council Robin.wickham@arun.gov.uk

## Agenda Item 6

### Arun District Council - Draft Presentation to the Health & Wellbeing Board

#### Introduction – 2 mins

- Arun's Health Profile (n.b. inequalities)
- Arun's Priorities

#### Arun's Wellbeing Response – 5 mins

##### Wellbeing Programme

- Commissioned by Public Health
- Local Need – Prevention (e.g.Falls, START Programme, GP Referrals)

##### New Leisure Contract

- Outcome Spec focus on Community
- Introduced: free swim for 75+, Dementia swimming, membership for LAC's, free lessons for children unable to swim 25m, funding for memberships and swim lessons for children on free school meals, etc.

##### Local Neighbourhood Project

- Community Safety – CSE/ drugs Issues
- High tolerance to ASB
- Lack of positive engagement by statutory services

##### Engagement with Partners

- Age UK, VAAC, CitA, Community Transport
- Local Community Networks

##### New Leisure Centre

- To increase community participation in activity
- Supports the Sport England 'Strategy for an Active Nation'

#### Wellbeing & Health Partnership – 3 mins

- Reviewed Terms of Reference
- Priorities: Social Isolation and Increase Activity

#### Questions for the Board -10 mins

- Discussion



<b>Date of meeting:</b>	<b>12 July 2018</b>
<b>Item Title:</b>	Progress on Joint Health and Wellbeing Board Strategy 2015-18 Priority 1 – Early years 0-2 year olds
<b>Executive Summary:</b>	<p>The purpose of this presentation is to support the review of progress on the Health and Wellbeing Strategy. Priority 1 seeks to optimise life opportunities for Early Years (0-2 year olds) by supporting families through sound integrated service interventions.</p> <p>The presentation describes and contextualises the service offer that has been developed between the WSCC Integrated Prevention &amp; Earliest Help (IPEH) service and the embedded Healthy Child Programme (HCP), with the following key characteristics:</p> <ul style="list-style-type: none"> <li>• Strong integrated partnership provision to support young children from conception to 2 years (and beyond);</li> <li>• All partners blend their skills and resources to ensure the best outcomes for the child;</li> <li>• A range of evidence-based initiatives and innovative techniques to promote child wellbeing, parenting and attachment;</li> <li>• A focus on outcomes and a strong performance ethic, where staff are highly motivated by the opportunities afforded by integrated working.</li> </ul>
<b>Recommendations for the Board:</b>	<p>The Board is invited to comment on the progress to date and asked to:</p> <p>a) identify how it can support the programme in influencing hospital services in a proactive prevention role in respect of Maternal Smoking and Maternal Obesity</p> <p>b) to agree to consider retaining support for Early Years as a priority area in the refreshed HWB Strategy for 2018-2020.</p>
<b>Relevance to <a href="#">Joint Health and Wellbeing Strategy</a>:</b>	Strong, direct relevance to Priority 1 (Early Years) of the Strategy; also promotes a holistic, partnership-orientated approach under Priority 2, and a strong integrated workforce under Priority 3.
<b>Financial implications</b>	None
<b>Consultation</b> (undertaken or	Work packages in the Better Change programme have benefited from insight, consultation and Customer Journey

Agenda Item 7

planned):	mapping. This approach to the co-design of services will continue.
<b>Item author and contact details:</b>	Kelly Pierce Consultant Midwife in Public Health, Healthy Child Programme Lead <a href="mailto:kelly.pierce@westsussex.gov.uk">kelly.pierce@westsussex.gov.uk</a> 07919 408 915



## Health and Wellbeing Board 12 July 2018

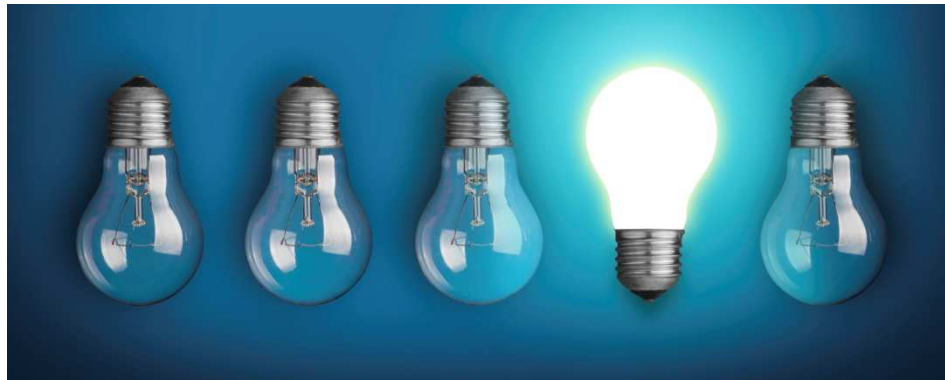
Focus on Early Years from Conception to 2  
Years

Kelly Pierce – Consultant Midwife in Public  
Health/Healthy Child Programme Lead

# Integrated Working

**No single profession or service can meet the whole of a family's needs and there is a very real need to work holistically.**

**“One person, fulfilling several functions. One message, many voices”.**



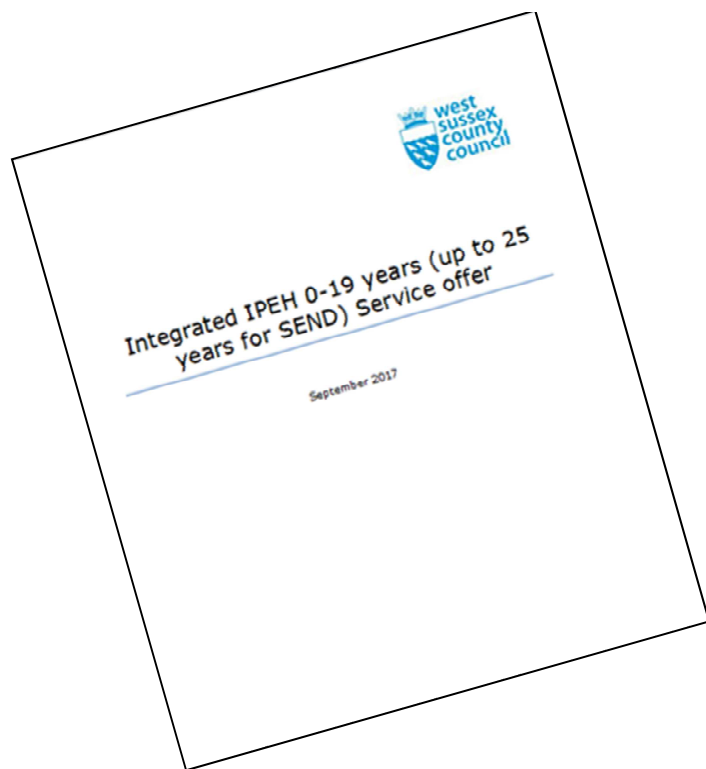




# How we started

A principle rather than a position:

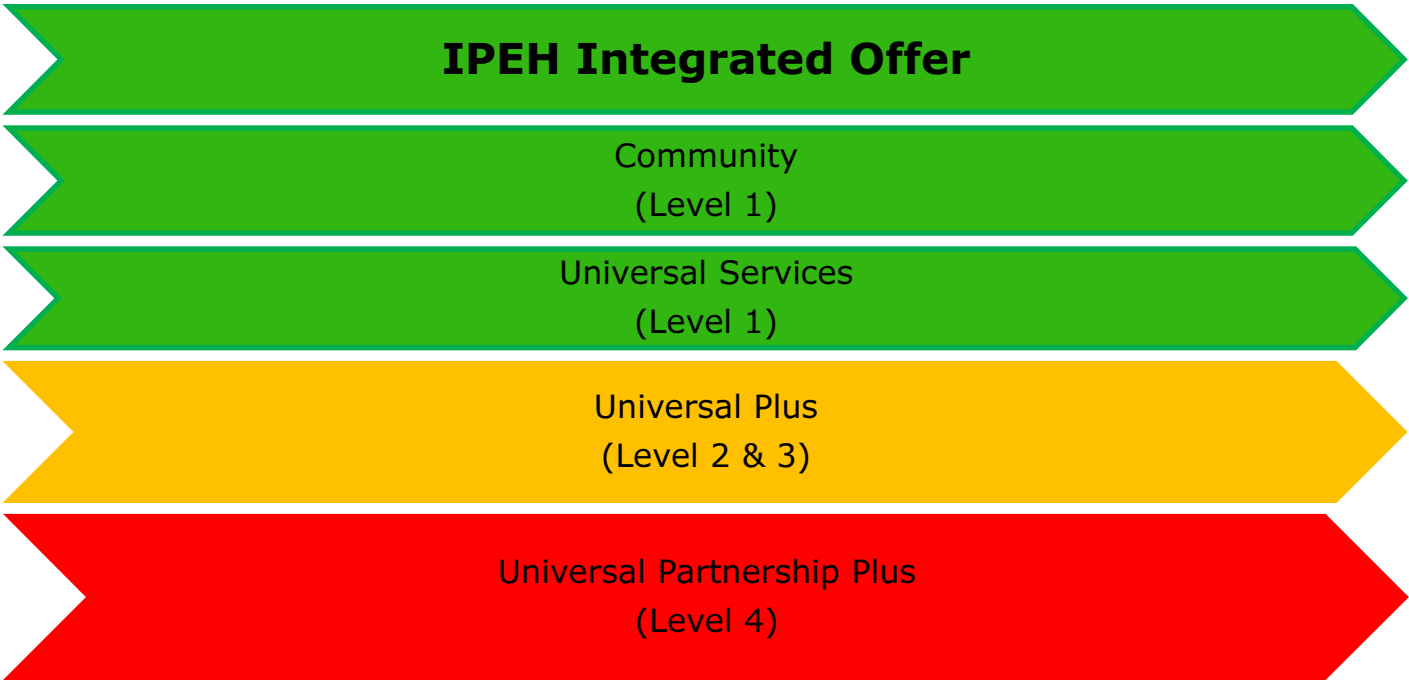
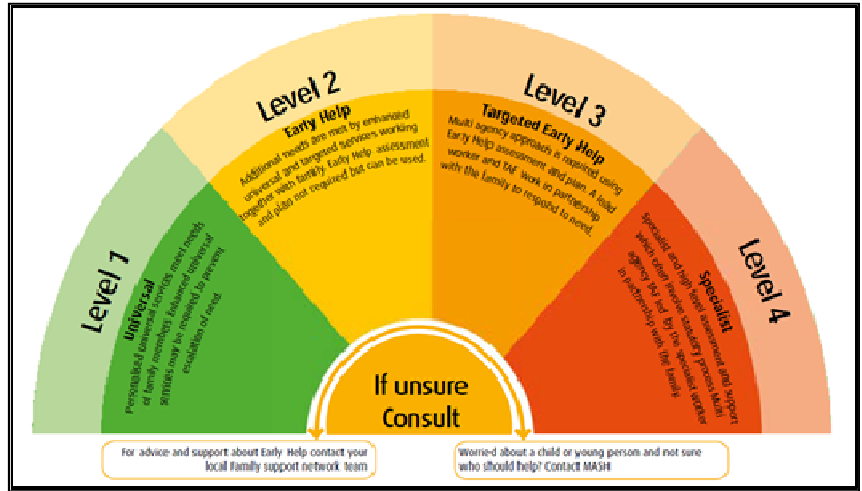
A service model which focuses on what is best for CYP and Families.



The integrated offer supports the wider vision and overarching frameworks of IPEH and provides an overview of service provision for our staff and other key stakeholders.

It is evidence-based and supports the success of IPEH Bellwether measures and HCP KPIs. It is designed to support us in getting to where we need to be.

# Plan





# Better Change

is a focused programme of work over two years, that will improve the way we work together, improve the impact and efficiency of support for vulnerable families from pre-birth to 5 years old, and achieve the following ambitions...

**Doing all we can to keep children healthy and safe**

**whether they stay with their family or not.**



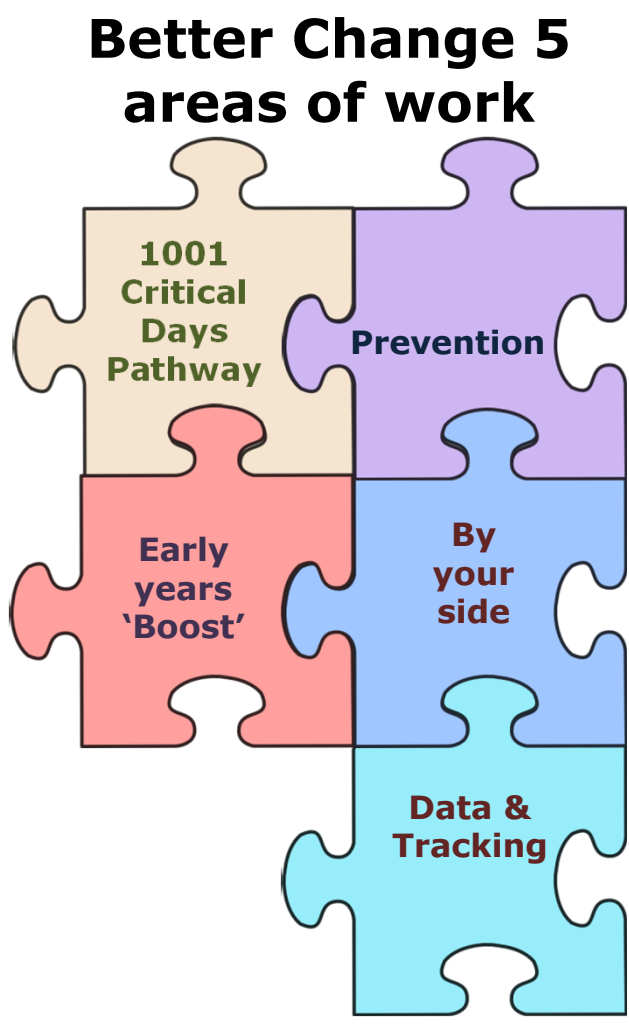
**We will do everything we can to help a vulnerable family stay together. If infants need to be removed from their parents we approach this in a way that keeps children safe:**

- from pre-birth where possible**
- improve the health and outcomes for children and parents**
- and helps prepare parents for their recovery journey as much as possible.**

**We will meet our statutory duties in a way that reflects these ambitions, and provides a connected pathway of support across agencies in West Sussex that makes sense to families from pre-birth to 5 years old.**

**2. 1001 Critical Days Vulnerable Pregnancy Pathway**  
 Deliver a connected multi-agency vulnerable pregnancy pathway. Launch new guidance. Explore innovation and change to improve the offer: HAAT/Practice.

**4. Early years 'Boost'**  
 A focus on improving early attachments for young CLA; the integrated health offer u2's; Readiness for school and early learning for vulnerable CLA; integration that improves health, attachments and 'readiness for school'; parenting and attachment strategy.



**5. Data & Tracking**  
 Key cohorts and whole project measures.

**1. Prevention**  
 Ensuring we have done all we can to help vulnerable adults and young people make healthier choices about contraception and sexual health; especially if they have a high likelihood of any pregnancy resulting in a removal; and good access to appropriate support and advice.

**3. By your side**  
 Where Infants need to be removed from their parents we approach this in a way that helps improve the health and outcomes for parents: Pause; improving supervised contact, final visits, letterbox, adoption process – using insight from Pause etc.



**Better Change (Preconception to 5 Years) Work Breakdown Structure**

BC\_WBS\_SNN new\_v0.4.vsd

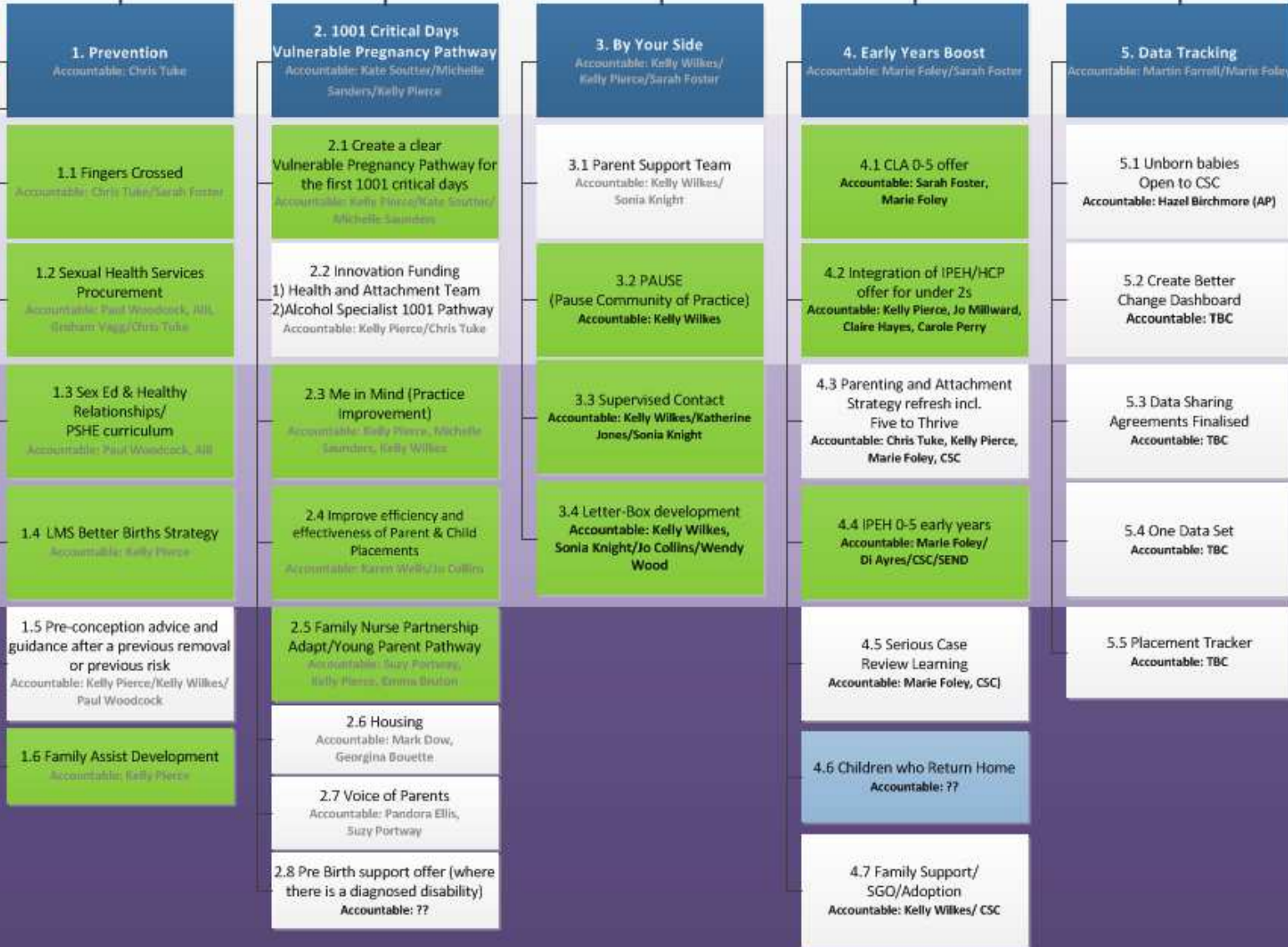
Wednesday, 20 June 2018 11:06

**Better Change Programme**  
 Chair: Sarah Daly  
 Vice Chair: Hayley Connor

**Programme Leads**  
 Chris Tuke  
 Kelly Pierce

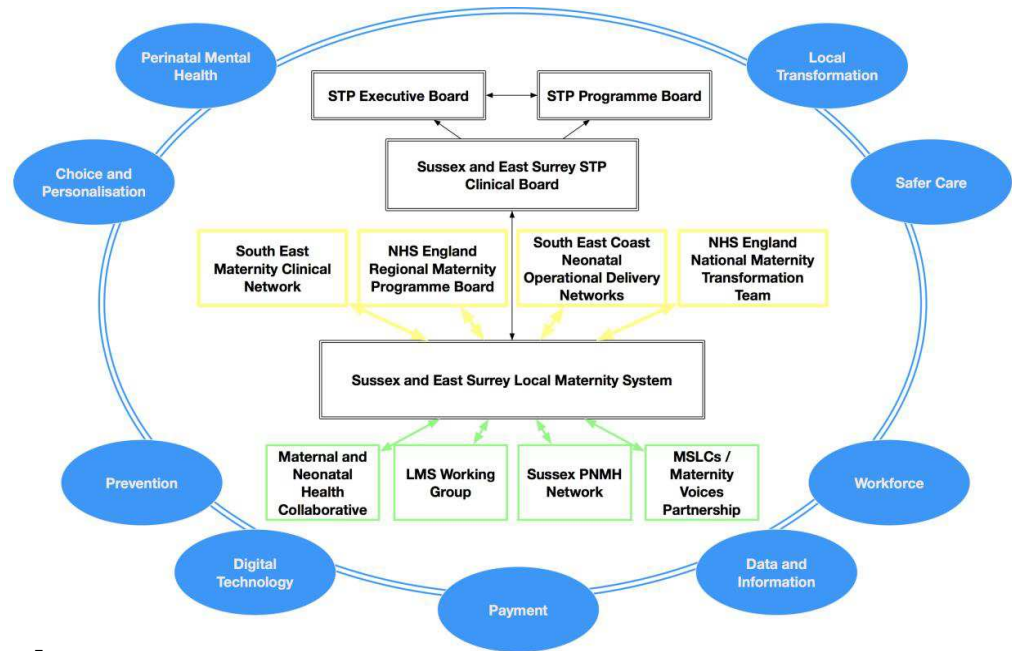
**KEY**

- On Track
- At Risk
- Critical
- Complete





# Sussex and East Surrey Local Maternity System (LMS) Transformation Plan



## WSCC leading prevention workstream:

- Preconception focus
- Maternal Smoking
- Integrated working across services (MECC, specialist services PNMH, CGL, Early Help)
- Healthy Weight and good nutrition
- Screening and Immunisation
- Universal approach to attachment (Parenting)

## Perinatal Mental Health



# 0-1s enhanced offer

- “Discover Baby”.
- 12 week rolling programme.
- Aim to start programme: September 2018.
- Joint delivery: HCP and FSA staff.
- Integrated working.

Week	Topic
1	5 To Thrive
2	Parent Health and Wellbeing
3	Safer Sleep
4	Childhood Illness and Immunisations
5	Get to know your baby
6	Child Safety
7	Childcare Options & Returning to Work
8	Tummy Time
9	Oral and Dental Health
10	Introduction to Solids
11	Play
12	Talking to your baby

# Healthy Start Vitamins

- Pregnant women, women with a child under 12 months and children aged from six months to four years who are receiving Healthy Start vouchers are entitled to free Healthy Start vitamins.
- Every eight weeks, beneficiaries are sent a green vitamin voucher, which they can swap for either Healthy Start women's vitamin tablets or Healthy Start children's drops locally.
- They are distributed via children and Family Centres to facilitate greater access.
- Promotion of Healthy Start is included in the Health for Families (H4F) Programme.
- The ordering process is centralised.



# Digital support for families Pre-birth to 19years (25 SEND)

What is Family Assist? Current focus -  
Pregnancy to 2 years.

<https://www.youtube.com/watch?v=ucudMJs0840>

# Next steps...





# Early Years 0-2

## West Sussex Health and Wellbeing Board Theme



**healthwatch**  
West Sussex

**Annual Report 2017/18**  
We've a simple ambition, to help make local health and social care services better for people that use them. We're here to listen, take action and influence for positive changes in West Sussex.

**It Starts with You**

**It starts with YOU**

Given West Sussex geography it's important we've a range of ways of reaching out to local people and communities.

We've listened and improved our listening tours, so we're flexible and robust in the use of our time, when touring specific areas. We're pleased to be able to share our **learning** with other local healthwatch and organisations.

The introduction of our **It Starts with You Network** strengthened our opportunities for communicating and working with local clubs and groups.

We are in the process of developing resources to support those groups to have health and care conversations with their participants and will be improving our youth leader resources.

We're recruiting more community groups all the time. If you want to know how you can get involved in shaping local services call us, 0300 012 0122

**950** engagement + influencing opportunities

... as part of our **Kaiser S View** visiting which includes the national Patient-Led Assessment of the Care Environment (PLACE) Improvement work, which lets us speak to people about their experiences, as well as observe services and the environment in which these are delivered.

We visited over **50** local services

We've built on our national award-winning collaboration work with **Audien Support Crawley and Paines Hill Medical Group**, by looking for new opportunities to work closely with other organisations and tap into knowledge to better understand local experiences.

**Thank you for getting involved!**

Thanks all the local people and communities, partners and staff who have supported us to listen and understand what's working well and what could improve with our health and care locally. A special mention, and thanks are reserved for a special group, dedicated army of local volunteers who have supported us to listen and understand what's working well and what could improve with our health and care locally. We're pleased to be able to share our learning with other local healthwatch and organisations. We're pleased to be able to share our learning with other local healthwatch and organisations. We're pleased to be able to share our learning with other local healthwatch and organisations.

If you are interested in getting involved with the work we do, visit to receive our monthly healthwatch bulletin or email your enquiry or contact on call 0300 012 0122 or go to [www.healthwatchwestsussex.co.uk](http://www.healthwatchwestsussex.co.uk)

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# ANNUAL REPORT HIGHLIGHTS





## Context

In 2016 Better Births set out the *Five Year Forward View* for NHS maternity services in England.

Using parents' lived experience and insight offered by those providing services, it acknowledges the need to do better and seeks to describe how we might do so.



The vision is clear: *we should work together across organisational boundaries in larger place-based systems to provide a service that is kind, professional and safe, offering women informed choice and a better experience by personalising their care*



## Informing the work plan for achieving Better Births

- Our **Local Maternity System (LMS)** is looking at transforming services across Sussex and East Surrey, based on the needs of the local communities it serves.

Healthwatch has been supporting its engagement work and development of a Systems Leadership approach.

- Key focus is on reducing inequalities in health outcomes of both mothers and their babies.
- LMS is seeking to fully understand women and their families' current experience of maternity services.







The system gathered feedback from women and their families from January to March 2018 via:

- Online survey
- Focus groups
- Summary surveys at various existing groups such as younger parent meet ups and rainbow family groups, and more vulnerable/hard to reach groups

**LMS received feedback from over 1000 women/partners.**

**This briefing is also informed by 20 personal accounts to Healthwatch West Sussex in last 12 months and our previous reporting on maternity.**





Offering more choice on antenatal care, where to have a baby, postnatal care and early years development.

Women reported **limited choice** - with less than half reporting being offered a home birth.

Feedback shows **less choice** was given to those who needed **support with their fertility** or who were aged **36 or over**.

**Only 1 in 5** women reported a **choice for their antenatal appointments** - and slightly higher (27%) for health visitor appointments.

Over half of respondents felt choice was important were they to have another baby in the future. 65% would be interested in giving birth at a local midwifery-led unit.





Having the chance to develop a birth/care plan is a key aspiration within *Better Births*

68% said they'd developed a birth/care plan.

10% said they weren't given this as an option - and those who couldn't develop a birth plan for *medical reasons* felt strongly that they would have liked to have felt like they had some choice, even if their options were limited.

Some of the **personal stories** heard by Healthwatch suggest parents do not feel their plans are respected.





*Better Births* acknowledges the need for continuity of care

About half reported seeing the same or almost always seeing the same midwife.

Where people saw multiple midwives, 3 in 10 said this had a negative impact on their care. (45% reported this hadn't affected their care).

People described feeling

- ☹ increased anxiety
- ☹ Impersonal
- ☹ errors were made
- ☹ frustrated.





## Offering information is recognised as important in *Better Births*

Whilst most people stated they had received information to support their pregnancy and that this was *quite or very useful*, there are issues around this.

**Not being able to read and write, or fully understand the language used, were an issue. Leading to a sense of feeling overwhelmed or stigmatised.**





## Support mental wellbeing

National research indicates up to **2 in every 10 families** will be affected by a mental health condition during pregnancy or up to one year after birth (known as perinatal).

**Only 22%** said they were asked at every antenatal appointment about their mental health and wellbeing.

With **over 41's** saying they were **never asked** about their mental health and wellbeing during these appointments.

**One vulnerable mother** shared that she had been taken off antidepressants when she became pregnant and subsequently was never asked about her mental health again.









Sarah has a daughter who is coming up for 2 but this was not her first birthing experience or child. She was born at East Surrey Hospital.



*My waters broke at 2pm and I started to get pains at teatime. I was made to walk the ward, and the midwives didn't believe that I was going to have her. I kept saying I needed to push but because I was only 1cm dilated they ignored me. In the end I had to scream and my baby was born on the ward. I was then taken to the delivery ward!*

Sarah was still visibly affected by the experience when she told her story to Healthwatch.







## SUMMARY

- More vulnerable women may be offered less choice on where to have their baby or babies.
- Most but not all people have the chance to develop a birth/care plan
- 75% stated that having the same midwives throughout any future pregnancies was important to them.
- Respondents literacy needs or with English as a second language and those with learning disabilities, reported that advice and literature was not always provided in a way they could understand.
- Feedback indicates that health care professionals are not consistently asking about women's mental health and wellbeing at each appointment resulting in missed opportunities to diagnose perinatal mental health conditions, including for fathers/partners and difficulties in accessing support once diagnosed.
- A number of respondents, that had lost previous babies fed-back a lack of sensitivity from some staff regarding this during their pregnancy and birthing.
- Feedback on need for improved facilities for partners at the place of birth.
- 3 in 10 were unsatisfied with the support/advice provided regarding feeding. With just under half saying they weren't given consistent feeding advice.



## Healthy Child Programme 0 - 2.5yrs

- The System Leadership work Healthwatch have supported with the LMS includes the 0-5 Healthy Child Programme with the Health Visitor network.
- West Sussex has approx. 9000 births a year, each of who should have **5 contacts** through this programme - potentially 45000 contacts up to the age of 2.5 years
  1. Ante natal contact – holistic assessment made including issues such as mental health, employment, housing, parental expectation as well as physical health
  2. New Birth Visit ideally by 14 days; review of family assessment
  3. 6/8 week visit – focus on maternal mental health, breast feeding as well as general wellbeing; review of assessment
  4. Development review by 1 year old
  5. Development review by 2.5 years ideally alongside pre school setting





## Healthy Child Programme 0 - 2.5yrs

- Also deliver universal **Healthy Child Clinics** - open access for advice and the opportunity to weigh the baby as recommended by NICE guidance. Will be delivering 'Discover Baby' groups (early parenting sessions) with colleagues in Children & Family Centres from September. This is patchy at present.
- Key role in early identification; working closely with other professionals to support those most vulnerable including child protection.
- Working really closely with WSCC staff in the Integrated Prevention and Earliest Help (IPEH) system.

### Biggest challenges;

- Reduced budget = reduced staffing
- Increase in children subject of a child protection plan
- Learning about IPEH and how to integrate effectively
- Communication with maternity services - hoping the LMS will promote improved pathways





## Moving forward

There are 9 worksteams within the Local Maternity System to develop the local plans in key areas and the additional priority of Neonatal care, to implement *Better Births*.

1. Choice and personalisation
2. Engagement with those who use services
3. Improving prevention
4. Promoting good practice for safe care
5. Harnessing digital technology
6. Workforce transformation
7. Sharing data and information
8. Perinatal mental health
9. Supporting Local transformation.





## Moving forward

The 2018/2019 focus in Sussex and East Surrey are:

1. Safety and prevention
2. Women's voices in shaping services
3. Data
4. Digital.

All workstreams have leads from all parts of the local maternity system, and are working at vary degrees of engagement.

The system is looking at a common IT platform across the area or one that has the ability/software to exchange and make use of information from various computer systems.





## How to get in touch and be involved

Please contact us at [helpdesk@healthwatchwestsussex.co.uk](mailto:helpdesk@healthwatchwestsussex.co.uk)  
or call

**0300 012 0122**

For more information about our work and how this makes a difference visit our website or follow us on social media

**[www.healthwatchwestsussex.co.uk](http://www.healthwatchwestsussex.co.uk)**



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<b>Date of meeting:</b>	<b>12 July 2018</b>
<b>Item Title:</b>	<b>Child Obesity Task and Finish Group</b>
<b>Executive Summary:</b>	<p>The aim of this item is to</p> <ul style="list-style-type: none"> <li>• provide an overview of child overweight and obesity</li> <li>• update on the West Sussex County Council Task and Finish Group on Child obesity</li> <li>• gain support from the Health and wellbeing Board to create a whole system approach to tackling obesity</li> </ul> <p>Obesity is a major public health problem costing West Sussex an estimated £415million per year. On average it deprives an individual of 9 years of life. Nationally nearly a third of children aged 2 -15 are overweight or obese and younger; each successive generation is becoming obese at an earlier age and staying obese for longer. We may see the first generation with shorter life expectancy than their parents.</p> <p>In West Sussex, about 20% of children starting school (Year R) and 30% going into secondary school (year 6) are overweight or obese. The pattern of weight in West Sussex children is in line with that for England. It is an inequalities issue with a higher prevalence in the more deprived areas.</p> <p>A number of risk factors for being above a healthy weight are recognised. The impact of obesity and overweight is seen across the lifespan.</p> <p>A wealth of evidence suggests that a whole system approach should be taken to address the issues associated with unhealthy weight in a population. Taking this approach will release a number of co-benefits.</p> <p>The West Sussex Task and Finish Group established in December 2016 was led by the Cabinet Member for Community Wellbeing and had cross party membership. The group met three times and published its recommendations in March 2017.</p>

	<p>Recommendations were made across the environment, community and individual levels. Progress has been variable across the recommendations, with some dependencies on national pieces of work which have been deferred. The presentation highlights the achievements so far and makes recommendations for the Health and Wellbeing Board membership.</p>
<p><b>Recommendations for the Board:</b></p>	<p>The Health and Wellbeing Board is asked to encourage all partners to take a systematic approach to obesity, particularly in place-based interventions and community-based individual activities.</p>
<p><b>Relevance to <a href="#">Joint Health and Wellbeing Strategy</a>:</b></p>	<p>This supports the Early years priority of the Joint Health and Wellbeing Strategy</p>
<p><b>Financial implications</b> (if any):</p>	
<p><b>Consultation</b> (undertaken or planned):</p>	
<p><b>Item author and contact details:</b></p>	<p>Sue Carmichael. Public Health Lead for Healthy Lifestyles.  <a href="mailto:Sue.carmichael@westsussex.gov.uk">Sue.carmichael@westsussex.gov.uk</a>            Tel: 03302228707</p>



# Child and Young People Obesity

**Sue Carmichael**  
**Public Health Lead for Healthy Lifestyles**  
**July 2018**

# This presentation aims to

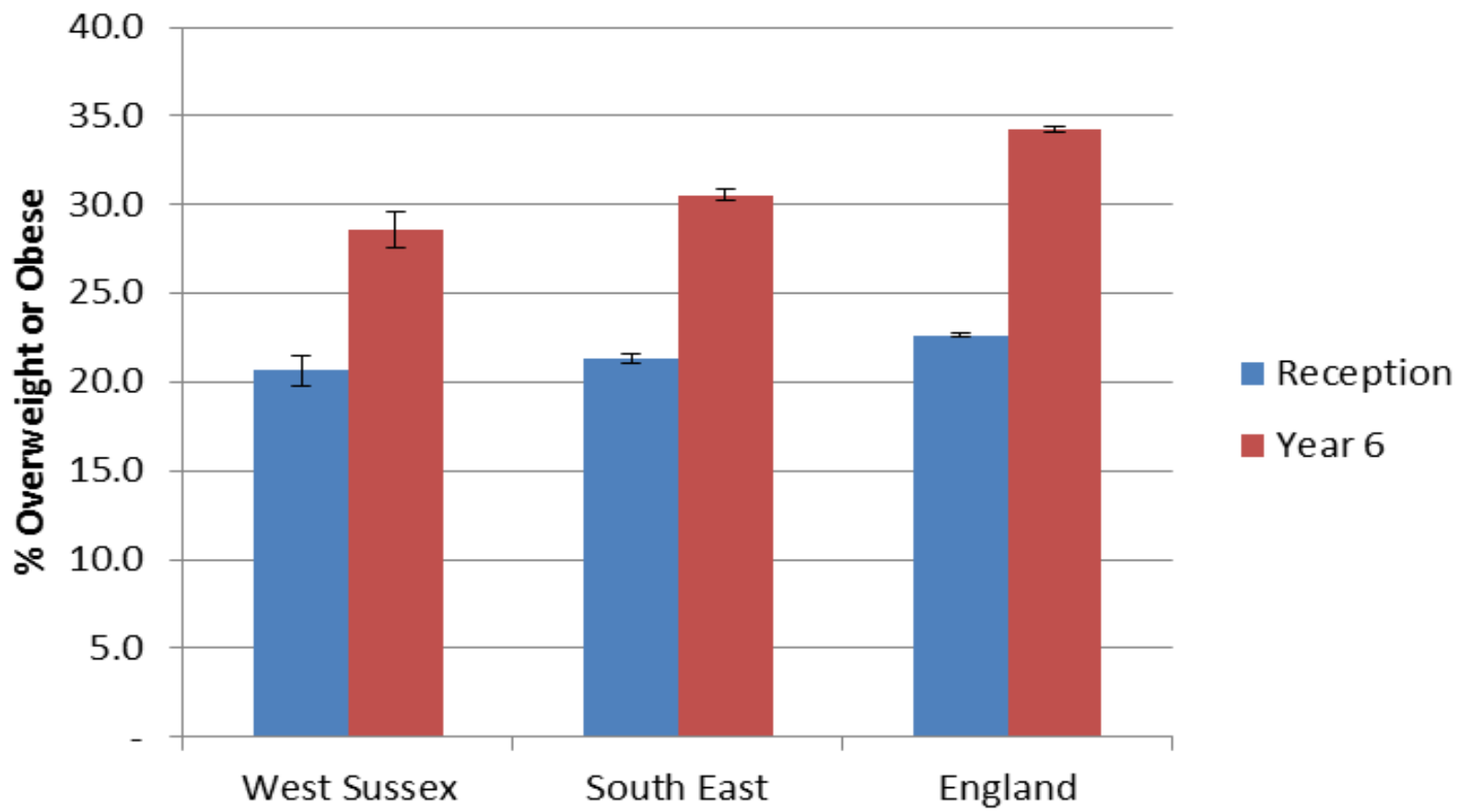
- Provide an overview of child overweight and obesity in West Sussex
- Give the outcomes of the West Sussex County Council 2016 Task and Finish Group on Child obesity
- Gain support from the Health and Wellbeing Board to create a whole system approach to tackling obesity.

# The cost of obesity

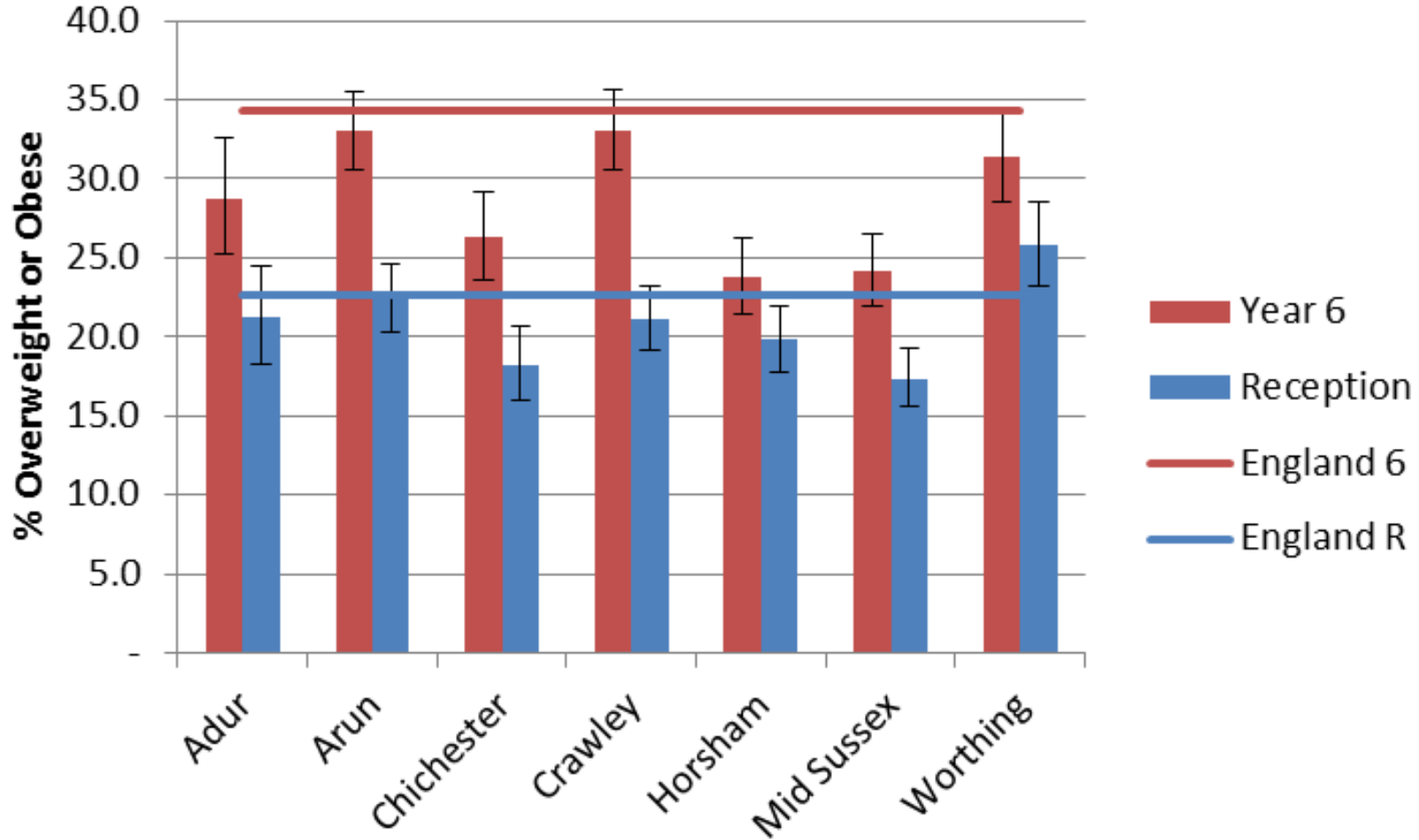
- Obesity is a major public health problem costing West Sussex £415 million annually .
- The national annual spend on the treatment of obesity and diabetes is more than the amount spent on the police, the fire services and the judicial system combined.



### The prevalence of overweight and obese children in Reception and year 6; 2016/17; West Sussex and higher geographies



The prevalence of overweight and obese children in Reception and year 6; 2016/17;  
 Authorities within West Sussex and England baselines



# What does this data tell us?

- The weight of children in West Sussex is in line with England.
- There is an increase in overweight and obesity between Reception and Year 6.
- There is variation between District and Boroughs
- Being overweight or obese is an inequalities issue.

# West Sussex Task and Finish Group

- Established in December 2016 on request of Cabinet Member
- Cross party membership, led by the Cabinet Member for Community Wellbeing
- Public Health Officers and a community Paediatric Consultant
- Input provided from colleagues in transport, planning, county catering, IPEH and District and Boroughs amongst others
- Three meetings. Recommendations published in March 2017
- TFG now concluded and work will be taken forward via current workstreams

# Task and Finish Group: Recommendations

Environment	Community	Individual
<ul style="list-style-type: none"> <li>To work with planning authorities to develop operating guidelines and proposals to ensure fast food outlets are not concentrated in any one area and not outside schools.</li> <li>Maintain a long term commitment to healthy weight through use of “health impact assessments” on policy changes.</li> </ul>	<ul style="list-style-type: none"> <li>Share GBSF guidance for food in leisure centres with D and B as commissioners of this sector to implement</li> <li>Encourage uptake of Eat Out Eat Well Award.</li> <li>Pilot projects to support children become independent cyclists</li> <li>Incorporate national healthy rating scheme into the WS whole school approach</li> </ul>	<ul style="list-style-type: none"> <li>To explore digital approaches for developing an app for children and young people to encourage and reward healthy eating</li> <li>Monitor KPIS related to healthy weight within the HCP contract</li> </ul>



## Task and Finish group: Interventions to date

Environment	Community	Individual
<ul style="list-style-type: none"> <li>Reduction in sugar content of WSCC school meals by 65%</li> <li>PH Inputting into the WSCC responses to planning process.</li> <li>Uptake of Bikeability level 2</li> <li>PH part of the WSCC cycling and walking strategy group</li> <li><b>National soft drinks levy and sugar reformulation programme.</b></li> </ul>	<ul style="list-style-type: none"> <li>Supporting GBSF in leisure in Arun District and Worthing</li> <li>ERSB programme in schools</li> <li>Promotion of the C4L campaigns- Food Smart and 10MSU through libraries and summer camps</li> <li>PH part of the Adur and Worthing walking and cycling strategy group</li> <li>Living Streets WOW project</li> <li>Promotion of One You nutrition and Active 10 campaign</li> <li>H4F programme</li> <li>Dental toolkit</li> <li>Crawley Child Obesity Task Group</li> <li>Sugar reduction debates with youth councils and schools.</li> <li>Active Sussex support with sport in schools</li> </ul>	<ul style="list-style-type: none"> <li>NCMP results letters and resources.</li> <li>Health visitors and school nurses now raise the topic of unhealthy weights.</li> <li>Successful weight management programme for adults delivered by the wellbeing programme.</li> <li>Change 4 life stepper activity set.</li> </ul>

## Examples of Good News stories in Arun

- Reduction in sugar content of school meals by 65% through the contract with Chartwells.
- Supporting the Government Buying Standards for Food in the contract for Arun Leisure Centres (Freedom)
- Sugar reduction debates

## Key childhood weight statistics: Nationally identified risk factors, awareness and consequences

- more likely in those families with overweight/ obese parents/carers.
- more likely in babies who are bottle fed than those who are breastfed.
- higher in children from the most deprived areas.
- more likely to become adults who are above a healthy weight.
- Nearly 1 in 4 parents think their child is a healthy weight when in fact they are above a healthy weight.

# Impacts across the lifespan

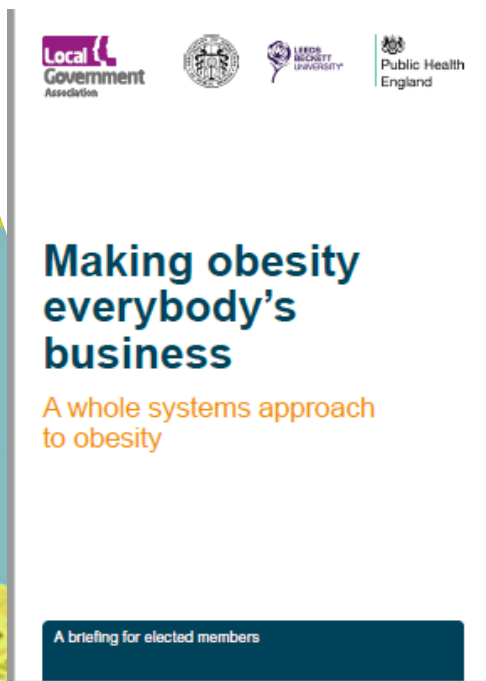
## Child and adolescent obesity

- Low self esteem
- Bullying
- School absence
- Type 2 diabetes
- Asthma
- Obstructive Sleep Apnoea (OSA)
- Cardiovascular risk factors (CVD)
- Musculoskeletal problems

## Obesity in later life

- Increased risk of certain cancers, including being 3 times more likely to develop colon cancer
- More than 2.5 times more likely to develop high blood pressure - a risk factor for heart disease
- 5 times more likely to develop type 2 diabetes
- Musculoskeletal problems
- Dementia
- Depression and low self esteem

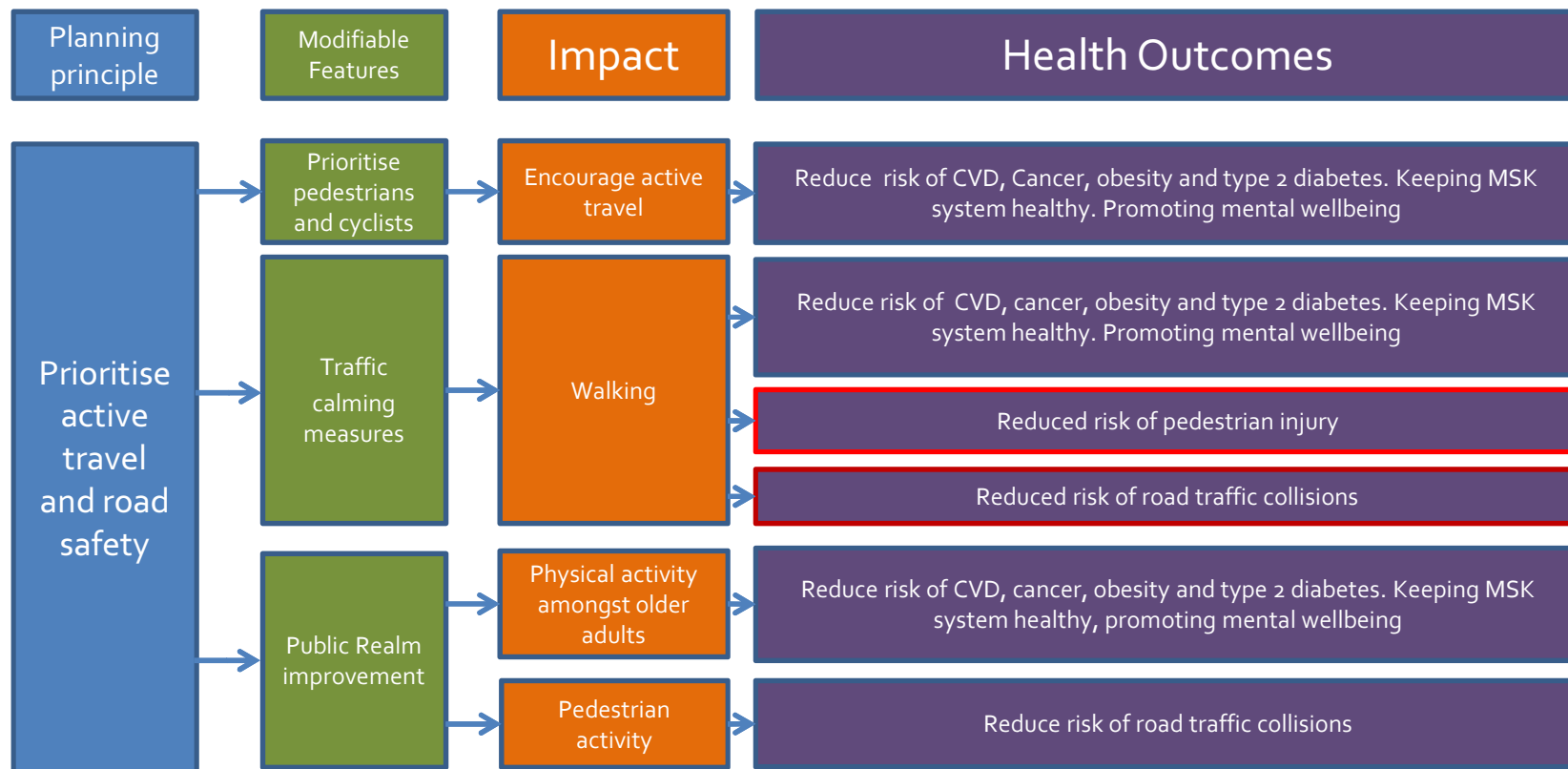
# So what should we be doing?



**NICE** National Institute for Health and Care Excellence

# Primary interventions and co- benefits: An example

(Source PHE 2017 Spatial Planning for Health)



# Increased daily activity by residents of West Sussex this could mean

- Improved mental wellbeing and reduced anxiety
- Diabetes – up to 20,000 fewer on register
- Coronary Heart Disease – up to 10,000 fewer on register
- Depression – up to 20,000 fewer on register
- Dementia – up to 3,000 fewer on register
- Breast cancer – up to 170 fewer new cases per year
- Colorectal cancer – up to 300 fewer new cases per year
- Hip fractures – up to 800 fewer hip fractures in those aged 65+ years

# TFG considered a multi level approach

## Partnership: the key to success





# In Summary

- Overweight and obesity is an issue in West Sussex with 60% of adults 30 % of 11 year olds and 20% of 4 year olds being overweight or obese.
- Overweight and obesity is an inequalities issue.
- There are pockets of good practice across the county, but it is not systematic.
- Addressing obesity needs to remain focus of a whole system approach.

# How can the Health and Wellbeing Board support us to move forward on a whole system approach?

- Help to get good practice happening systematically across the county, and be able to measure its impact.
- Include prevention principles in procurement and planning eg Government Buying Standards for Food

# Thank you

- Any Questions?

[Sue.carmichael@westsussex.gov.uk](mailto:Sue.carmichael@westsussex.gov.uk)

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<b>Date of meeting:</b>	12 July 2018
<b>Item Title:</b>	Better Care Fund Monitoring
<b>Executive Summary:</b>	Summary report of the Better Care Fund 2017/18 year-end position, quarterly reporting, and 2018/19 plan refresh.
<b>Recommendations for the Board:</b>	The Board is asked for comments and feedback on the report.
<b>Relevance to <u>Joint Health and Wellbeing Strategy</u>:</b>	Maintaining Wellbeing and Resilience
<b>Financial implications</b> (if any):	N/A
<b>Consultation</b> (undertaken or planned):	N/A
<b>Item author and contact details:</b>	Paul Keough – <a href="mailto:paul.keough@nhs.net">paul.keough@nhs.net</a>

## 1. Background

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

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

This report summarises Better Care Fund performance for 2017/18. It also provides brief updates on BCF quarterly monitoring and the refresh of the two-year BCF Plan for 2018/19.

BCF quarterly monitoring template ensures that Health and Wellbeing Board (HWB) areas continue to meet the requirements of the BCF over the lifetime of the plan. It also enables areas to provide insight on health and social care integration.

## 2. BCF Performance 2017/18

### 2.1 Metrics Overview

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

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

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

Indicator	2017/18 Target	2017/18 Year to Date Actual	Required Trend
1. Non-Elective Admission (Specific Acute)	88,674	96,164	Lower
2. Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.	595.4	624.7	Lower
3. Proportion of older people 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.	85.3%	89.7%	Higher
4. Delayed transfers of care from hospital per 100,000 population.	1,266.1	1,360.4	Lower

## **2.2 Non-Elective Admissions (Specific Acute)**

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

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

For 2017/18, the number of Non-elective Admissions across West Sussex is above plan by 7,490 (8.4%). The excess is partially due to a revision in the counting of Non-Elective Admissions although, if this change had not occurred, Non-Elective Admissions would still be above plan by at least 1,000.

## **2.3 Residential and Nursing Care Admissions**

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

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

For 2017/18, the number of admissions is above plan by 29.3 (4.9%) but marginally below the number at the same time last year. This is partly due to growing demographic and complexity issues along with increases in demand and in Non-Elective Admissions. In the medium term the County Council is developing plans to invest in Extra Care Housing as an alternative to residential care. (Note that the number of admissions may increase due to the late processing of data.)

## **2.4 Reablement/Rehabilitation**

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

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

For 2017/18, performance across West Sussex is above plan and has improved on last year. In 2018/19, the development of Discharge to Assess (D2A) and the roll out of the Council's new reablement service will have further impact.

## **2.5 Delayed Transfers of Care**

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

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

For 2017/18, the number of delayed days across West Sussex is above plan by 2,585 (7.5%). This is in the context of centrally-set and extremely challenging reduction targets. This target was met for December 2017 and performance was very close to the target in February and March 2018. This provides a foundation for improved performance in 2018/19.

## **3. BCF Quarterly Return Q1 2018/19**

### **3.1 Overview**

The Better Care Support Team published the template for the Q1 2018/19 BCF return on Monday 11th June. This incorporates the previously separately reported Improved Better Care Fund Quarterly Return covering the grant monies paid directly to local authorities. There are no other significant changes.

Work on completing the return is in progress. The submission date is 20th July following sign-off from the HWB Chairman.

Note that we expect this return to reference the BCF Plan for 2017-18. The plan refresh exercise summarised below does not currently have a published timeline.

## **4. BCF Plan Refresh 2018/19**

### **4.1 High-level Requirement**

The BCF plan for West Sussex covers the period 2017-2019 and, as per the guidance, HWB areas will be given the opportunity to refresh their plans for 2018/19. Dates for this exercise are not currently available.

The refresh will cover the following topics:

- Guidance on implementing agreed BCF plans
- Confirmation of monitoring process and escalation
- Process for refreshing BCF plans and metrics for 2018-19
- Support offer for local areas



## **4.2 Expected Scope of Refresh for West Sussex**

For West Sussex the main area of change is likely to be around revised metric targets for Non-Elective Admissions. It is possible that a change to Delayed Transfers of Care targets is pending.

Each CCG submitted revised activity plans in April 2018. The BCF Non-Elective Admissions targets are derived from these operational plans.

For Delayed Transfers of Care, we expect some revision of targets. At the time of writing, it is not known whether these will apply in general or only to specific HWB areas.

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<b>Date of meeting:</b>	<b>12 July 2018</b>
<b>Item Title:</b>	<b>Sussex and East Surrey Sustainability and Transformation Partnership (STP) progress update: Governance review and clinical case for change</b>
<b>Executive Summary:</b>	This paper outlines the changes to the governance arrangements for the Sussex and East Surrey Sustainability and Transformation Partnership (STP). It also provides a summary of the work that is currently taking place around the clinical case for change for the STP.
<b>Recommendations for the Board:</b>	<p>a) Note the work undertaken as part of the STP governance review.</p> <p>b) Endorse the need for a clinical case for change for the STP and advise any further engagement the Board would like to have once it is completed.</p>
<b>Relevance to <a href="#">Joint Health and Wellbeing Strategy</a>:</b>	The issues highlighted within the Joint Health and Wellbeing Strategy will be used to inform the STP case for change.
<b>Financial implications</b> (if any):	The STP case for change is being developed to help ensure the limited financial resources across the STP are being spent in an efficient way.
<b>Consultation</b> (undertaken or planned):	Engagement has taken place around the changes to the governance arrangement with the partner organisations within the STP. The case for change is currently involving engagement with clinicians, stakeholders and will involve a period of public and patient engagement.
<b>Item author and contact details:</b>	Karen Breen, STP Programme Director, <a href="mailto:karenbreen@nhs.net">karenbreen@nhs.net</a>

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

### **Sussex and East Surrey Sustainability and Transformation Partnership (STP) progress update: Governance review and clinical case for change**

**Date: 26 June 2018**

**Report by: Karen Breen, STP Programme Director**

#### **Executive Summary**

This paper outlines the changes to the governance arrangements for the Sussex and East Surrey Sustainability and Transformation Partnership (STP). It also provides an update on the work that is currently taking place around the case for change for the STP.

#### **The Health and Wellbeing Board is asked to:**

- c) Note the work undertaken as part of the STP governance review
- d) Endorse the need for a case for change for the STP and advise any further engagement the Board would like once it is completed.

## **1. Governance arrangements**

### **1.1 Background**

National guidance ('Next Steps on the NHS Five Year Forward View') published in 2017 highlighted the need to strengthen Sustainability and Transformation Partnerships (STPs), particularly around their leadership and infrastructure. The guidance outlined that to succeed all STPs needed a basic governance and implementation 'support chassis' to enable effective partnership working.

In 2017/18, the Sussex and East Surrey STP undertook a governance 'review and refresh' exercise which set out the objectives and architecture of the STP governance arrangements. These arrangements, as with all good governance, were evolutionary to ensure optimum support to the progress of the STP.

A review of these governance arrangements took place to test if they were fit for purpose for 2018/19 and the key points and outcomes from this are set out below.

### **1.2 Principles for governance arrangements**

In agreement with the STP Executive Group and STP Programme Board and scrutiny from the STP Oversight Group, the following were agreed as the principles to guide the next evolution of STP governance:

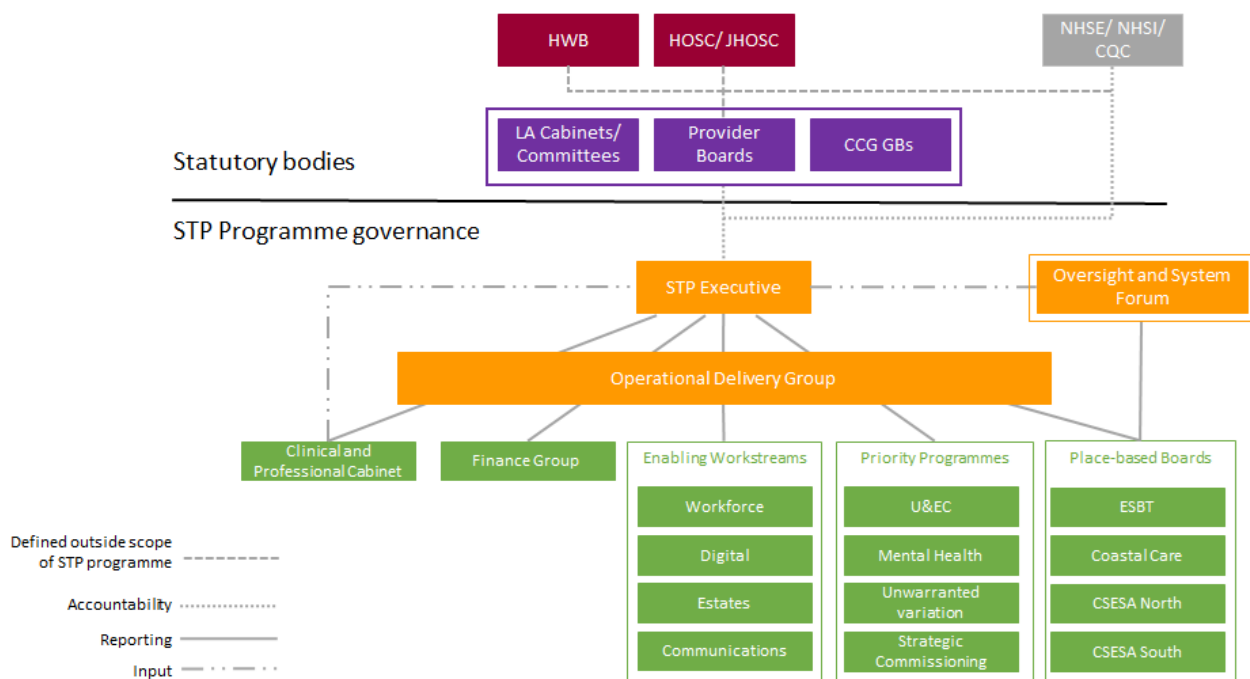
- Commitment to effective partnership collaboration and trust to work together to deliver the aspirations of the STP, whilst safeguarding the autonomy of organisations.
- Clearly define and embed the roles and responsibilities of the

leadership.

- Provide a robust yet agile framework that facilitates more effective strategic support, including identification of priorities at system, place or local level.
- Clarify accountability, aligned with individual organisations.
- Provide assurance around progress and delivery of both the STP programme and place-based plans.
- Clarify the reporting and monitoring mechanisms.
- Allow for transparent communication between partners and stakeholders.
- Make the most of the scarce and limited resources available.

### 1.3 Refined governance arrangements

In response to the above, refined governance arrangements have been designed, developed and accepted by the STP Executive, STP Programme Board and STP Oversight Group as the way forward for governance to support the STP. It was agreed by all parties and forums that the refined arrangement should take effect immediately to ensure optimal support of STP progression throughout 2018/19. The new arrangements will be kept under review, and partners and stakeholders will continue to be engaged with, in the coming period to ensure they work effectively and appropriately.



## 2. Case for change

### 2.1 Background

A lot of work has been undertaken around a case for change within local transformation plans and around specific areas, such as mental health. However, there is a need for a unified STP-wide case for change, which identifies the key challenges and areas that need improvement across our local health and care system. Work is underway to produce this case for change and involves the input of local clinicians. It aims to provide clear

evidence of the areas that need particular focus in order to enable people to live longer with better health that is value-focused and patient-centred. This will be an important reference point for all the partnership organisations and will be a focus for engagement with the public and stakeholders.

## **2.2 Why a case for change is needed**

The NHS nationally is facing significant challenges as it tries to meet an increasing demand on services with restricted finances and resources. People are now living longer and with ever more complex health needs, and this is making it more difficult to afford all the health and care services that the NHS currently pays for.

There is the need for clinicians across the STP to focus the limited resources available on the care that delivers the greatest value. Value in healthcare is defined as the achievement of the best outcomes for individual patients and for the public within available resources, and doing less of things that add little or no value to patients. It is a term that integrates high quality, safe and cost effective care that improves patient or population outcomes.

## **2.3 Progress to date and next steps**

A first draft of the case for change has been reviewed by the STP Clinical and Professional Cabinet and the STP Executive. Feedback and recommendations are being collected and will be incorporated into a penultimate draft, which will be shared with those groups for further consideration before a final draft is produced. This will be shared more widely for further input from clinicians and other stakeholders as appropriate to contribute towards the final version.

Once completed, the case for change will inform ongoing STP-wide patient and public engagement. This will be done through the 'Big Health and Care Conversation' engagement vehicle which is currently being rolled out across the STP. Additionally, a public-facing version of the clinical case for change will be developed that presents the information in a clear and easy-to-understand way.

## **3. Conclusion and next steps**

Following STP Executive, Oversight Group and Programme Board agreement, the refined governance arrangements have been adopted and commenced in May 2018. The STP partners have been kept up-to-date with the progress of the review and feedback incorporated. The arrangements are positive developments that aim to compliment the accountability of individual organisations. Due to the changing nature and dynamics of STP development, however, it is acknowledged these governance arrangements will be reviewed at appropriate intervals to ensure they remain fit for purpose.

The case for change continues to be developed by clinicians across the STP. Once a final version has been agreed, it will be used to inform a period of patient, public and stakeholder engagement to enable greater understanding of the document and the key areas and challenges that are highlighted within it.

**Karen Breen**  
**STP Programme Director**

**Appendices:** None

**Contact:** Tom Gurney, STP Communications and Engagement Lead,  
[thomas.gurney@nhs.net](mailto:thomas.gurney@nhs.net), 07872580615

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