

Opportunities for Parish & Town Councils to Support Health & Wellbeing in West Sussex



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Background

NHS funding cuts

GP shortages

Cuts to pharmacy
funding

Ageing population

Increasing long
term conditions

Social isolation



Town & parish
councils are aware
that they could do
more for health &
wellbeing in their
communities

Many would like
to do more, but
do not know
where to begin

We are hoping to
improve this

West Sussex Association of Local
Councils is doing some work with
local healthcare providers including
CCGs and GP practices. We are
seeking to set up some trial
projects and improve collaboration,
communications and networking
between the sectors.

What are Clinical Commissioning Groups?

CCGs are statutory NHS bodies, responsible for commissioning most of the health services in their area. All GP practices are members of a CCG. In West Sussex there are three CCGs:

- Coastal West Sussex;
- Horsham & Mid Sussex;
- Crawley.

What is a Patient Participation Group?

All GP surgeries should have, or be in the process of creating, a PPG. PPGs comprise volunteer patients, the practice manager and one or more GPs from the practice. They meet regularly to discuss how to improve services for patients. PPGs may promote health, produce directories, run courses and volunteer services. They may seek to improve communications and promote awareness of local services.

Ask your local surgery or check their practice website for details of how to join.

Case studies from SSALC research have demonstrated that some local councils in West Sussex are already making a difference to health and wellbeing in their communities by providing rooms for healthcare providers, grants to surgeries, transportation to medical appointments, and by running friendship groups and lunch clubs.

The three tiers of local government in West Sussex and where they link to health

1 x County Council - Public Health

7 x District / Borough Councils - Wellbeing Hubs

156 x Town & Parish Councils - no duty to provide health and wellbeing services, but many do so

HOW COULD PARISH AND TOWN COUNCILS HELP?

Support or set up transport schemes to take vulnerable residents to social groups or medical appointments

Set up or give grants to friendship groups / lunch clubs or other groups which reduce social isolation

Consider making facilities such as rooms available for use by healthcare providers / friendship groups

A member of the council could join the PPG for the local GP surgery to improve communications and discover where the council could support health priorities in their locality

Remember that health is impacted upon by many factors, such as loneliness, when reviewing grant applications

Promote local services on your website, noticeboard or in the parish magazine

Smaller councils could cluster together to provide services

***To our knowledge this is not something
that has happened elsewhere in the
country and this collaboration presents an
opportunity to provide better support for
our communities***



The Association anticipates assisting with co-ordinating projects, linking in with healthcare providers and offering further opportunities for towns and parishes to support the health and wellbeing of their communities.

We hope to share further communications on the next phase of the project soon.



Opportunities for Parish and Town Council Involvement in Health and Wellbeing in West Sussex

Final Report

January 2017

Submitted by

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Commissioned by West Sussex Association of Local Councils



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Introduction

County and district councils, the NHS and local community organisations have a history of collaborative working to improve outcomes for their communities. County councils have roles in Public Health and in the commissioning of Healthwatch. District councils are commissioned by county councils to run wellbeing hubs for local people. Funding and grants are given to local organisations to support the health and wellbeing of communities.

Many rural areas, and some urban ones, are divided into town and parish councils. These local councils are often referred to as the third tier of local government, and are traditionally responsible for smaller, local services such as maintaining parks and verges or the running of community centres and allotments. Unlike county and district councils, these local councils do not have a duty to provide health or wellbeing services. This does not mean that local councils do not support the health and wellbeing of their communities. Typing the words 'parish council' and 'health and wellbeing' into a search engine brings up an interesting mix of services provided by local councils across the country; some local councils are already running valued health and wellbeing projects. Parish and town councils are closest to their communities and are well placed to address local needs.

Two thirds of the population of West Sussex live within the boundary of a town or parish council. West Sussex Association of Local Councils (WSALC) is the County Association to represent town and parish councils in West Sussex. The WSALC Board were keen to find out more about collaborating with the NHS in the County, as well as learning more about what town and parish councils could do to improve the health and wellbeing of their communities. They therefore decided to commission this project to answer these questions.

Background

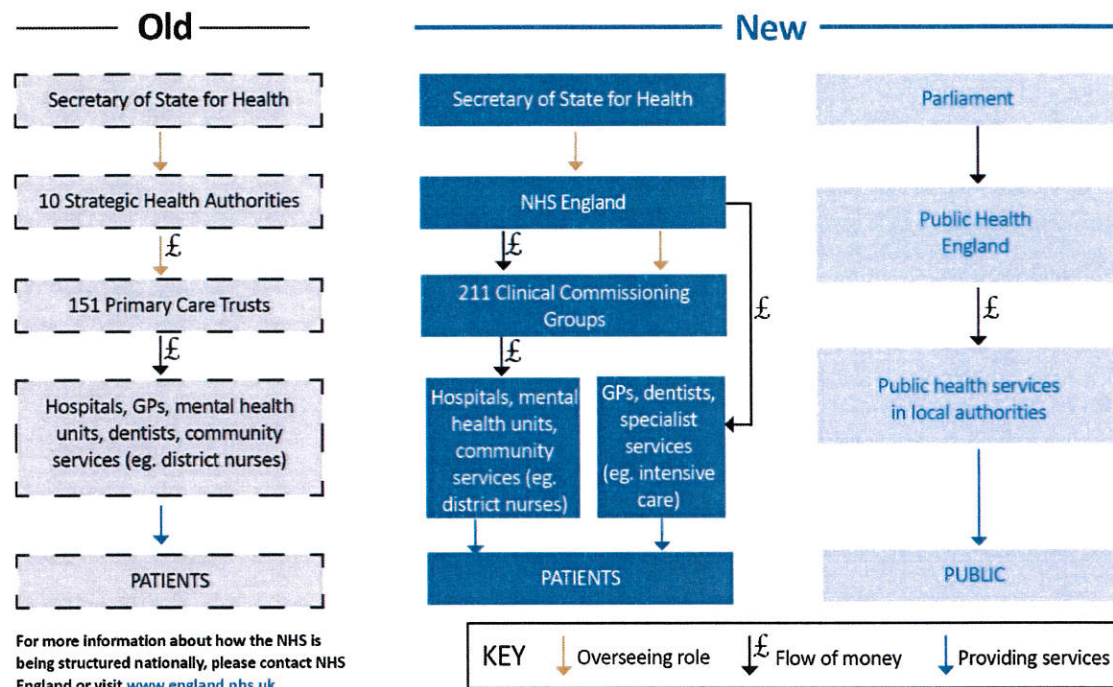
How the NHS is structured in England

The Health and Social Care Act 2012 was introduced by the Coalition Government and brought in radical change to the organisation of the NHS in England.

Legislative changes from the Act came into being on 1 April 2013 and amongst many other changes, included (NHS England, 2014: Understanding the new NHS):

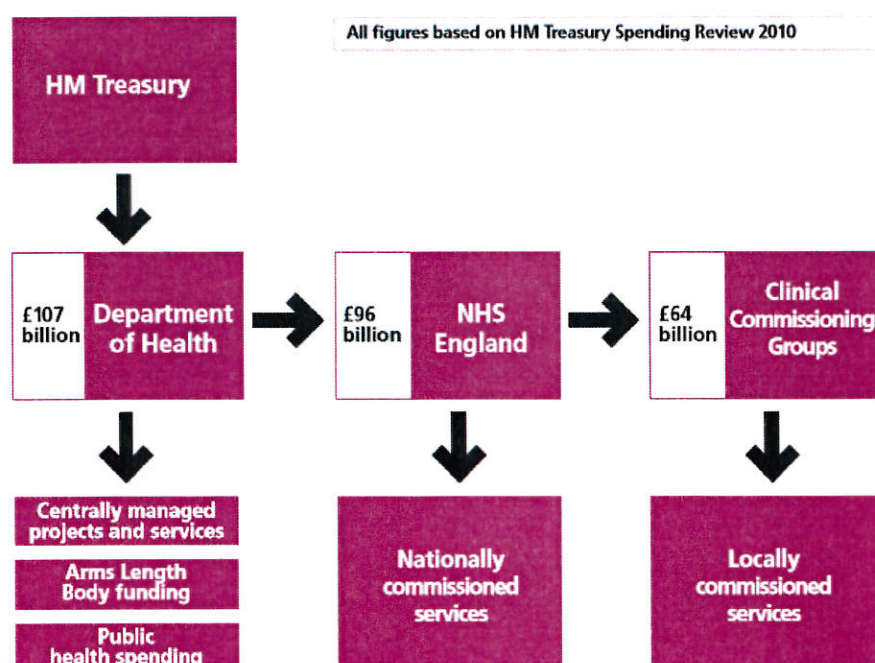
1. **A move to clinically led commissioning.** Planning and purchasing healthcare services for local populations had previously been undertaken by England's 152 Primary Care Trusts (PCTs). The Act replaced PCTs with 211 Clinical Commissioning Groups (CCGs) – clinician led groups with control of most of the NHS budget. Highly specialised services and primary care (e.g. GPs, dentists and intensive care) are commissioned by NHS England.
2. **An increase in patient involvement.** The Act established Healthwatch England at a national level, and local Healthwatches around the country. This independent consumer champion with significant statutory powers, was developed to drive patient and public involvement in health and social care in England.
3. **A renewed focus on the importance of public health.** The Act provided the legislation to create Public Health England (PHE), an executive agency of the Department of Health. The aim of PHE is to protect and improve the health of the nation, and to address health inequalities. Public health functions moved from the PCTs to local authorities, as shown in figure 1.

Figure 1. A simplified version of the flow of money and health system in England following the Health and Social Care Act 2012 (Hambleton, Richmondshire and Cheshire Clinical Commissioning Group)



The money flow within the NHS is shown below in figure 2. The figure also illustrates that NHS England is responsible for nationally commissioned services and CCGs are responsible for locally commissioned services.

Figure 2. The flow of money in the NHS (NHS England, 2014: Understanding the new NHS)



NHS Funding

The NHS is mainly funded by general taxation and National Insurance contributions, with this comprising 98.8% of its' budget. The remaining 1.2% of funding comes from patient charges. In 2001 National Insurance was increased to boost the NHS, although general taxation still contributes 80% of all NHS funding (The Kings Fund, 2016).

Between 2009/10 and 2020/21, spending on the NHS in England is set to rise by nearly £35 billion in cash terms – an increase of 35%. However, much of this increase will be consumed by rising prices. Around £24 billion will be absorbed by inflation, leaving a real increase of just £11 billion - a 10% rise over 11 years - an average annual increase of just 0.9 per cent (The Kings Fund – The NHS budget and how it has changed, 2016).

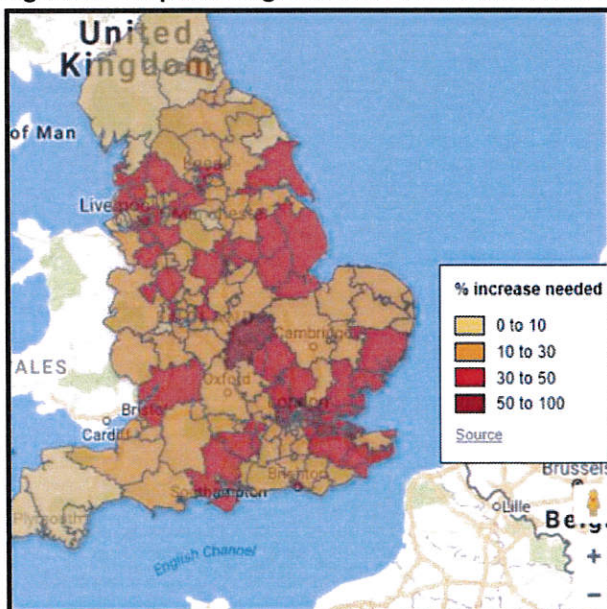
The scale of the deficit which the NHS faces is not due to mismanagement, but to the fact that funding has not kept pace with demand for services. The NHS needs to increase efforts to boost productivity, to deliver the targeted £22 billion of efficiency savings by 2020/21. Greater investment is needed in new models of care to achieve this, but realism over what the health service can deliver is essential. In addition to this concerns over a prolonged fall in the value of sterling following the vote to leave the EU could lead to higher costs and increase financial pressures (The Kings Fund – Deficits in the NHS, 2016).

GP Shortages

A survey published by the British Medical Association in 2016 reports that 12% of GP posts are unfilled which is a significant rise from the 2011 figure of 2.1%. Up to 543 practices in England could be forced to close – figures published in 2014 show that in these practices 90% of the GPs were over 60. This problem is compounded by the low level of uptake in GP training places amongst medical graduates (RCGP, 2014).

A report published by the Royal College of General Practitioners (RCGP) in 2015 identified the vast increases in GP numbers required by 2020 in to keep up with population growth. Figure 3 below shows that in West Sussex a 10-30% increase in GPs is needed by 2020.

Figure 3. The percentage increase in GPs needed in England by 2020 (GP Online, 2015).



Pharmacy funding cuts

In December 2015, the government announced that funding for community pharmacy in 2016/17 would be cut by £170m. The cut, from £2.8bn to £2.63bn, is a reduction of more than 6% in cash terms. This 6% reduction will result in an average funding drop of £14,500 for every pharmacy in England. The Department of Health (DH) argues that there are too many pharmacies within a ten-minute walk of one another and these areas are where closures may occur. They have said that pharmacies in rural or deprived areas will be protected (Chemist and Druggist, 2015).

Pharmacists are already offering additional services on top of their traditional role in the supply of medicines, such as flu vaccinations, medicines use reviews, contraceptive services and NHS 111 frequently advises visiting the pharmacy for advice. In fact, pharmacy is often the first point of contact for patients every year - every year in England the NHS deals with 438 million visits to the pharmacy for health-related reasons and 340 million GP consultations (Royal Pharmaceutical Society, 2014). Reduction in pharmacy funding and the subsequent likely closure of many pharmacies will reduce the social contribution of pharmacy to local communities, as well as the impact on patient care.

NHS Dental Services

NHS Choices (2016) states that everyone should be able to find an NHS dentist. However, if after contacting several dentists in the area one cannot be found then they suggest contacting NHS England for advice. Therefore, although everyone should have access to NHS dental services, it may be difficult to find close to home.

There is no need for patients to register with a dentist anymore, because there is no catchment area as with GP surgeries. However, dentists may not have the capacity to take on additional NHS patients and people may need to join a waiting list or go private. In addition, having been an NHS patient on one occasion does not guarantee that the dentist will provide NHS treatment for subsequent visits as they may reach their quota of NHS patients (NHS Choices, 2016).

NHS dental treatment is not free of charge and three bands are used for pricing – ranging from £19.70 to £233.70. As with prescription charges and optical services, some people are exempt from charges such as children and pregnant women.

The Localism Act

The Localism Act 2011 set out several proposals to give local authorities new freedoms and flexibilities, enabling power to be exercised at the lowest practical level – closest to the people affected by the decisions (Communities and Local Government, 2011). A part of the Act highly relevant to parish and town councils is the general power of competence (GPC), which applies to principal authorities as well as local councils.

An eligible council must have resolved to adopt the GPC, with at least two thirds of its members being declared elected, with the Clerk holding an appropriate qualification. Once a council has resolved to adopt the GPC, it can:

- do things that an individual can generally do;
- anywhere in the UK or elsewhere;
- for a commercial purpose, or otherwise, for a charge or without charge;
- without the need to demonstrate benefit to the authority, area or residents - although in practice, councils will want to show benefits (Local Government Association, 2013).

This means that local councils can, and do, support the health and wellbeing in different ways. Being close to their communities puts them in an ideal position to provide support networks and wellbeing initiatives.

Engagement

In March 2014, the National Institute for Health and Care Excellence (NICE) published local government guidelines entitled 'Community engagement to improve health.' They describe engagement in health being about encouraging people to get directly involved in the decisions that can impact on their wellbeing. Examples where their input may be required include new building or housing developments, availability of leisure services, access to housing, safe and secure neighbourhoods and employment opportunities. Community engagement can range from provision of information to power sharing with local communities. The approaches to community engagement can generally be grouped as follows:

- Provision and exchange of information;
- Consultation;
- Co-production;
- Delegated power;
- Community control.

NICE go on to suggest that local government have a responsibility to promote and protect health, reduce health inequalities and tackle the causes of ill health, by engaging effectively with local communities. Getting communities more involved in decision making can make services more cost effective, more sustainable and increase uptake. In addition, engaging with local people can help develop a sense of community and encourage them to adopt healthier attitudes and behaviours.

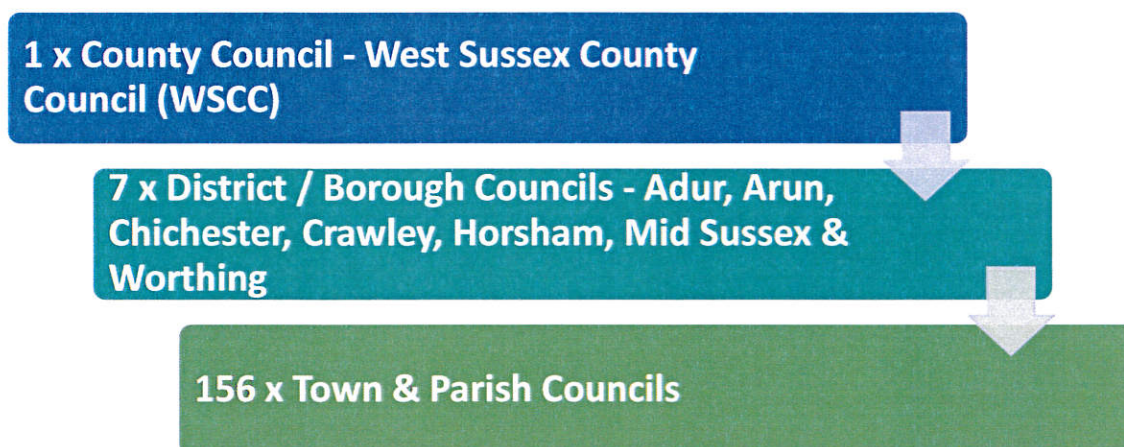
Town and parish councils are well placed to engage with their communities on many issues, not just those included in the traditional list of duties and powers. They could serve as an excellent channel between the community and principal authorities, or CCGs.

Town and Parish Councils in West Sussex

Figure 4 shows the three tiers of local government in West Sussex. The large majority of town and parish councils are members of the Sussex and Surrey Associations of Local Councils (SSALC). SSALC are a membership organisation covering East and West Sussex and Surrey, with the following roles:

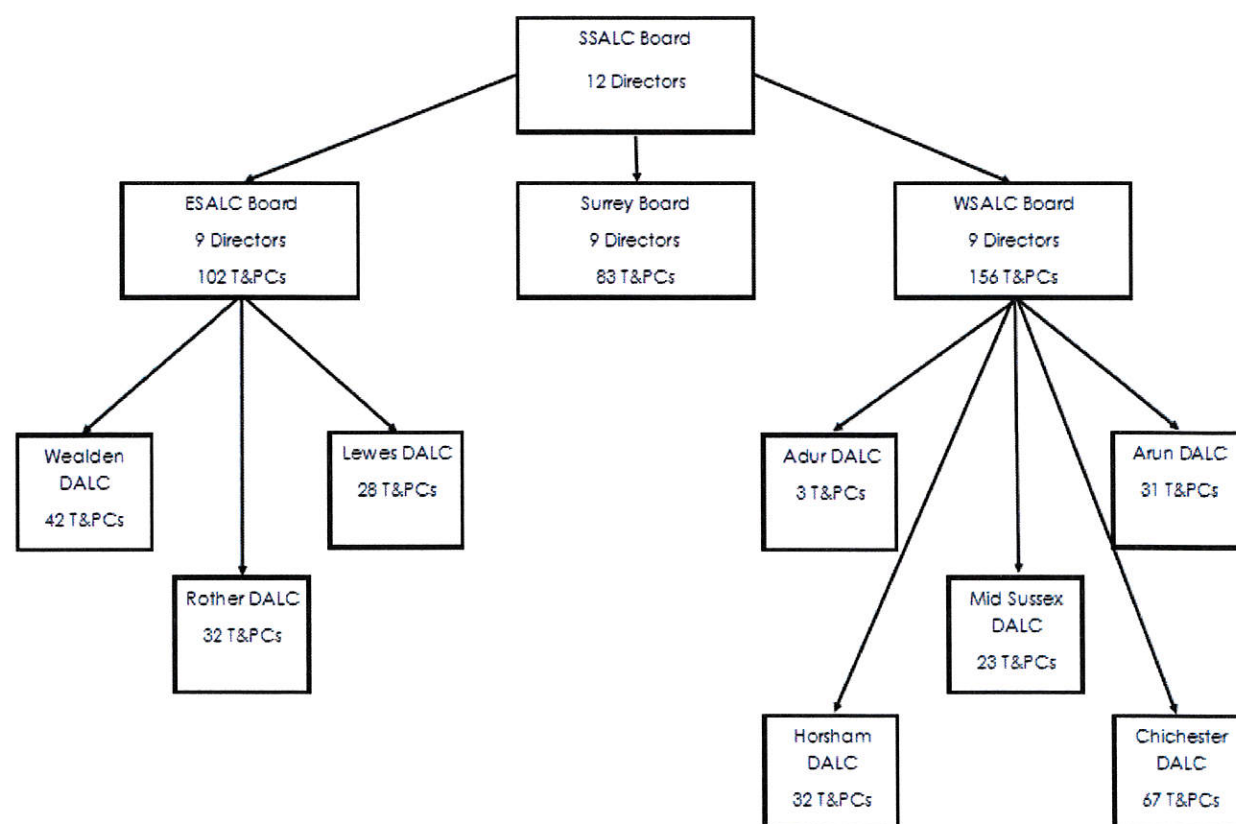
- It represents the interests of town and parish councils in Sussex & Surrey, locally, regionally & nationally;
- Provides guidance, information & advice - in particular, legal, financial, employment and procedural up to 7.30pm each working day;
- Represents the interests of member councils if disputes arise with Districts, Boroughs, Police or the County Council;
- Assists with recruitment and selection of staff;
- Organises and delivers training.

Figure 4: The three tiers of local government in West Sussex



Approximately two thirds of the population of West Sussex live within the boundary of a town or parish council. This puts the local councils in the County in a strong position to use their role within communities to engage with and influence health outcomes. With 156 local councils across the County, a membership body like SSALC is essential for the co-ordination and dissemination of information and ideas to councils. The governance structure across the three counties is shown below in figure 5.

Figure 5: The Governance Structure of Sussex and Surrey Associations of Local Councils.



Aims

This piece of research aims to answer the following questions:

1. To describe the structure of the NHS in West Sussex especially in areas of the county with town and parish councils;
2. To provide an overview of social care provision in West Sussex;
3. To improve engagement, consultation and participation between town and parish councils with both Clinical Commissioning Groups and Public Health at West Sussex County Council;
4. To capture information on how town and parish councils are currently supporting the health and wellbeing of their individual communities by using their precept and / or facilities;
5. To demonstrate to councils how they could do a better job in the future in supporting the health, wellbeing and social care of their communities.

Methods

Face to face and telephone appointments were held to interview relevant parties, such as local Councillors, Clerks, County Council Commissioners and representatives of NHS bodies. The snowball sampling method was used for exploratory purposes, to identify who to interview next.

This was supported by a thorough internet search and suggested research papers.

The initial interviews informed a questionnaire which was distributed to town and parish council clerks across West Sussex to capture a larger, county-wide dataset.

Findings

The findings of the research are grouped under the following headings:

1. CCGs in West Sussex;
2. Public Health in West Sussex;
3. Opportunities for local councils to be better informed, to improve communication and influence outcomes;
4. Healthwatch;
5. Wellbeing Hubs;
6. Opportunities for local councils to become more involved in supporting the health and wellbeing of their communities, illustrated with case studies;
7. Results of the broader survey to town and parish councils.

Clinical Commissioning Groups in West Sussex

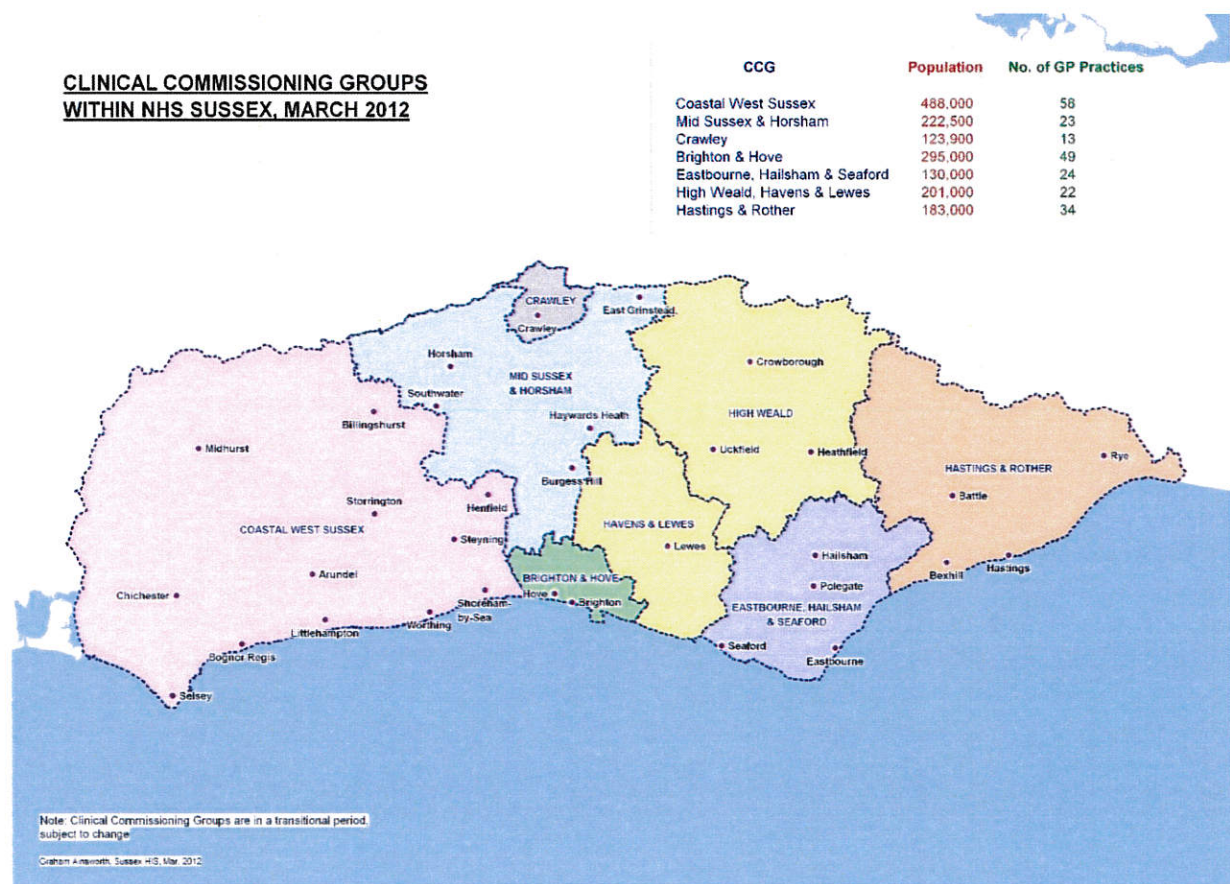
Clinical Commissioning Groups (CCGs) were created by the Health and Social Care Act 2012 and were formed on 1st April 2013. To a certain extent they replaced Primary Care Trusts (PCTs) although some of the staff and functions of PCTs were passed to Local Authority Public Health teams. There are over 200 CCGs in England, commissioning care for an average of 226,000 people each. They are responsible for approximately 2/3 of the total NHS England budget.

A CCG is a clinically led, statutory NHS body responsible for planning and commissioning the majority of health services in their geographical area, for example emergency care, maternity services, elective hospital

care and community and mental health services. All GP practices within the CCGs boundary are members and each CCG is led by a Governing Body comprising of GPs and other clinicians including a nurse and a secondary care consultant, as well as lay members. (NHS Clinical Commissioners; The Kings Fund, 2016).

Three CCGs cover West Sussex - Coastal West Sussex, Horsham and Mid Sussex and Crawley, as shown in figure 6. Interestingly, the boundary between Horsham and Mid Sussex and Coastal West Sussex CCGs does not follow the boundary of the District Council, for instance Steyning is in Horsham District, yet is covered by Coastal West Sussex CCG.

Figure 6: Clinical Commissioning Groups within NHS Sussex (Knowledge for West Sussex NHS Primary Care, 2012)



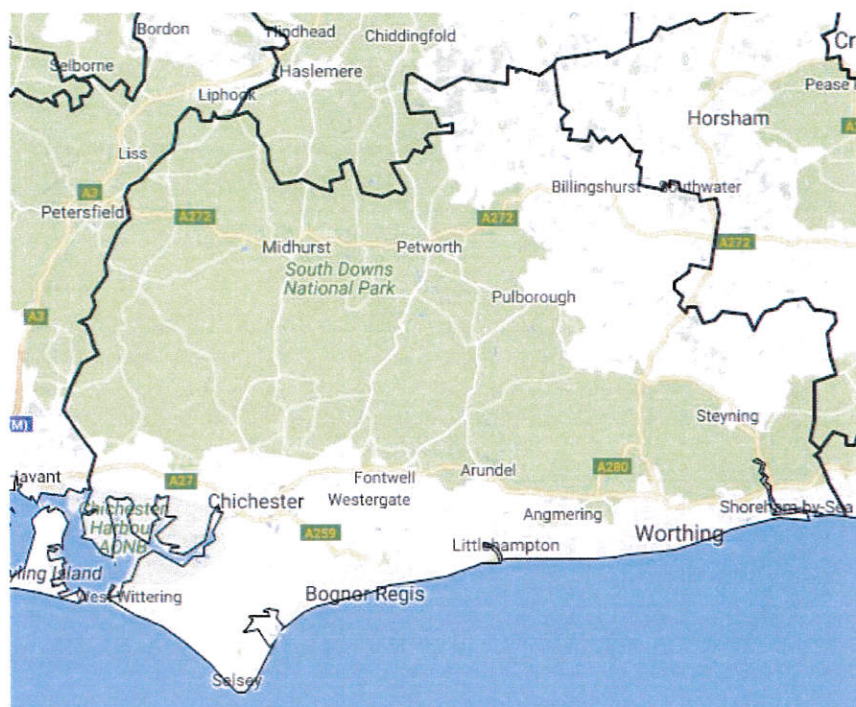
Coastal West Sussex Clinical Commissioning Group

NHS Coastal West Sussex Clinical Commissioning Group are responsible for the health of over 482,000 people and have 48 member GP practices. The area covered is divided into six localities:

- Adur
- Arun
- Chanctonbury
- Chichester
- Regis
- Worthing

The CCG offices are based in Goring-by-Sea, Worthing where public meetings of the Governing Body are also held (NHS Coastal West Sussex Clinical Commissioning Group).

Figure 7. The boundary of Coastal West Sussex Clinical Commissioning Group (NHS England, 2015).



Horsham and Mid Sussex Clinical Commissioning Group

NHS Horsham and Mid Sussex Clinical Commissioning Group is led by local doctors and health professionals covering the towns of Burgess Hill, East Grinstead, Haywards Heath and Horsham as well as the surrounding areas. It is made up of the 23 GP practices and is responsible for the health and wellbeing of more than 225,000 people (NHS Horsham and Mid Sussex Clinical Commissioning Group).

The offices for the CCG are at Crawley Hospital, with some staff in the same role for both CCGs. However, meetings which are held in public are scheduled for different locations across the geography.

Crawley Clinical Commissioning Group

NHS Crawley Clinical Commissioning Group comprises 12 GP practices across Crawley with a population of over 120,000 people. Public meetings take place at The Charis Centre, West Green Drive, Crawley, and as stated above the offices are based at Crawley Hospital (NHS Crawley Clinical Commissioning Group).

Figure 8. The boundary of Horsham and Mid Sussex and Crawley Clinical Commissioning Groups (NHS England, 2015).



Public Health in West Sussex

Public Health England (PHE) is an executive agency, sponsored by the Department of Health, which exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. The four core functions, as outlined in PHE's Annual Plan 2015/16 are to:

1. Protect the public's health from infectious diseases and other public health hazards;
2. Improve the public's health and wellbeing;
3. Improve population health through sustainable health and care services;
4. Build the capacity and capability of the public health system.

Public health teams are based in county councils or unitary authorities. In West Sussex, the public health team are based in Chichester at West Sussex County Council. The West Sussex Public Health Plan 2012-17 is a five-year plan, focussing on several key health themes. Since the integration of public health into WSCC, this Public Health Plan is now taken forward as part of the Health and Wellbeing Strategy.

The West Sussex Public Health Plan (2012) encompasses the following themes:

Fulfilling our health potential

- Starting well
- Keeping yourself healthy

Living life to the full

- Taking care of each other

- Ageing well
- Feeling fine, coping well

Influences on our health

- Where we live (housing)
- What we do (employment)
- How we learn (education)
- How we live (alcohol)

The West Sussex Health and Wellbeing Strategy is overseen by the West Sussex Health and Wellbeing Board (WSHWPB). The Board leads on improving the co-ordination of commissioning across the NHS, social care and public health. Members of the Board include leaders from the NHS, social care and voluntary sector. Again, the focus is working towards improving the health and wellbeing of the general population and reducing health inequalities. The West Sussex Joint Health and Wellbeing Strategy (2015-18) has three priorities:

1. **Early years:** support families of 0-2 year olds to prevent problems in the future;
2. **Wellbeing and resilience:** the current wellbeing services across the County are fragmented and the WSHWPB want to develop a more systematic approach so that services can integrate more easily with treatment, and to reduce gaps and duplication;
3. **Workforce:** to recruit and train a health and care workforce with the right skills and values.

WSHWPB meet quarterly in Horsham, and these meetings are open for the public to attend (WSCC: West Sussex Health and Wellbeing Board, 2016). They would give a West Sussex Association of Local Councils representative an excellent insight into current priorities and initiatives across West Sussex.

West Sussex County Council commissions Wellbeing Hubs in district or borough councils to undertake some of the wellbeing services for their local populations, such as smoking cessation and weight loss programmes.

Social Care Provision in West Sussex – an overview

Social care is defined as the provision of social work, personal care, protection or social support services to children or adults in need, or adults with needs related to illness, disability, old age or poverty. Social care, like public health, is provided at a county council level, thus in West Sussex is provided by WSCC.

WSCC provide information and support for housing options, care homes, support at home, safeguarding, care for those with disabilities, travel, getting people out and about, and adoption and fostering services (WSCC: Social care and health, 2016).

The diagram below in figure 9, illustrates that how well adults' needs are met depends on all services interacting effectively. The provision of social care in West Sussex is a complex topic, and beyond the scope of this report. However, the overlap between health, wellbeing and social care is apparent and thus local council services supporting any element of social care have the potential to make a positive impact on health and wellbeing.

Figure 9: Adult care services and other services (National Audit Office, 2014)



Opportunities for Local Councils to be better informed, to improve communications and to influence outcomes

Getting involved with Patient Participation Groups

From April 2016, it became a contractual requirement for GP practices in England to form a patient participation group (PPG) during the year ahead and for that group to make a reasonable representation of the practice population. PPGs generally comprise volunteer patients, the practice manager and one or more GPs from the practice. They meet on a regular basis to discuss services on offer and how improvements can be made to benefit patients and the practice.

The way in which a PPG works depends on local needs and their activity can vary widely. Some will look beyond the individual surgery at how decisions made within the NHS affect the local community (National Association for Patient Participation, 2016).

It would be useful for councillors or council staff to become members of their local PPG, or to look at the minutes of these meetings for their local surgeries, which are usually displayed on the practice website.

Later in this section West Sussex Association of Local Councils representation at the Commissioning Patient Reference Group (CPRG) for Crawley and Horsham and Mid Sussex CCGs is discussed. The CPRG is the meeting of representatives of each PPG with representatives of the CCG, within that CCG's boundaries.

Communications with Coastal West Sussex CCG

An informative meeting with the Public Engagement Manager for Coastal West Sussex CCG identified areas where there are opportunities for improved communication and collaboration.

Meetings held by Coastal West Sussex CCG

An overview of Coastal West Sussex CCG meetings is shown in figure 10. Some of these meetings are open for the public to attend and submit questions, as summarised in figure 11.

Figure 10. Governance Architecture and Committee Membership (Coastal West Sussex CCG, 2016)



Figure 11. Summary of key meetings of Coastal West Sussex CCG

	Governing Body: Assurance	Public Engagement Committee	Primary Care Commissioning Committee
Description	Challenges, scrutinises and gains assurance of CCG performance on behalf of membership.	To ensure public engagement is carried out in the best possible way, that the public have their say and that communications are clear	Makes decisions about practice mergers, closures and new services.
Frequency	Quarterly	Monthly	Quarterly
Can public attend	Yes – to listen and ask questions. Questions can be asked during the open slot at the beginning of the meeting. Questions submitted in advance will also receive a written response from the CCG on the day.	No	Yes – following the same process as for Governing Body meetings.
How to view minutes	Agendas, minutes and videos of meetings are available on Coastal West Sussex website	Minutes available online	Agendas and minutes available online
Membership of note	Public Health (WSCC)	WSCC and Healthwatch	Healthwatch and a member of Health and Wellbeing Board (WSCC)
How to submit a question	By emailing: contactus.coastal@nhs.net Can be done in advance or by emailing a follow up question	There is not a formal process for the public to submit questions, but if someone had a question for the PEC or CCG, then they can submit this using the email: contactus.coastal@nhs.net	By emailing: contactus.coastal@nhs.net

ePanel and email communications

Coastal West Sussex CCG have an ePanel with over 400 members which residents can register for online if they live in the area and are registered at one of the GP surgeries covered by the CCG. The CCG are keen for more people to sign up. Membership is free and those registered receive regular updates and news from the CCG, hear about opportunities to work with them, be part of surveys and consultations, and find out how they can help to improve local health services. Monthly ePanel newsletters about the CCG, which are also available online, are emailed out (Coastal West Sussex CCG Patient ePanel, 2016).

An up to date email list of town and parish clerks in West Sussex was provided to the CCG following the meeting with the Public Engagement Manager. However, a further suggestion might be for Sussex and

Surrey Association of Local Councils (SSALC) to become a member of the ePanel, enabling a member of the team at SSALC to forward emails to the current mailing list within the CCG boundary.

Coastal West Sussex CCG Primary Care Strategy

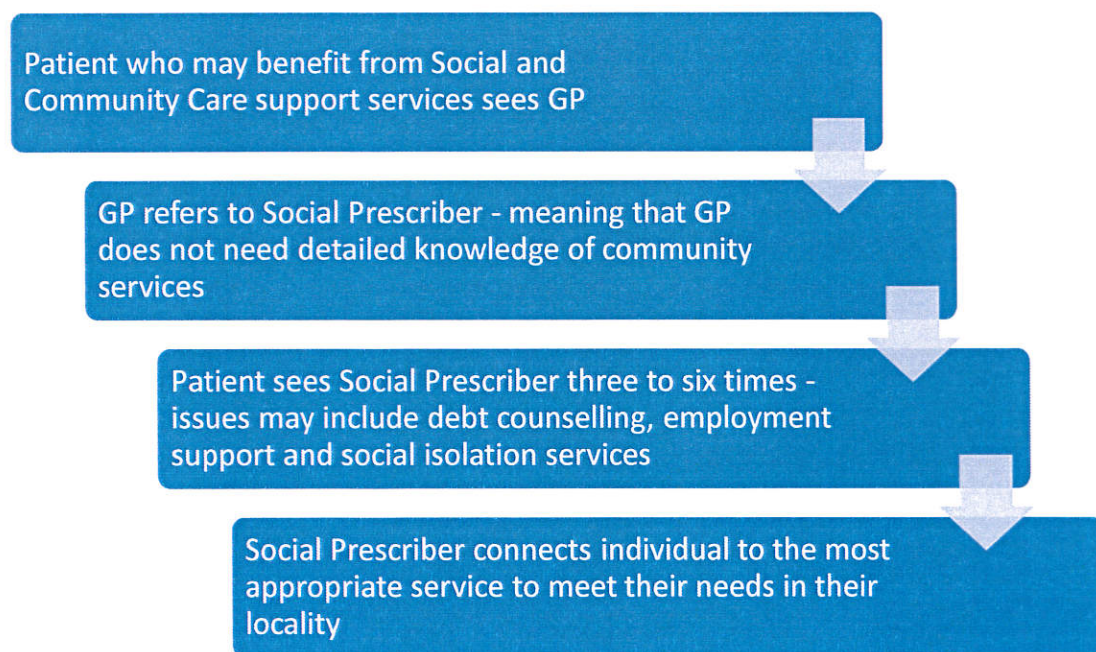
'Adapt and Thrive' (Coastal West Sussex Clinical Commissioning Group, 2016) sets out a strategy for General Practice and Integrated Community Services across Coastal West Sussex (CWS). It is underpinned by the national NHS strategy document 'Five Year Forward View' and thus seeks to bring together separate parts of the service, listen to what the population need and make genuine efforts to engage.

A key area in this is the newly formed Local Community Networks of practices, described in the foreword as:

"networks of [GP] practices that will bring support for their members and new and better services for our population. More than that they will integrate traditional medical care with other providers of care such as Community Health Services, Community Mental Health care, social care and draw in the enormous resources of the voluntary sector and support for self-management. Our approach will evolve into ill-health prevention, encouraging people into more healthy lifestyles and behaviours and not just addressing problems once they are sick".

The paper goes on to discuss Social Prescribing (also known as Community Referral) and how a Community Referrer can help to transform the lives of those with complex social, emotional or practical support needs. Community referrers are integrated into Primary Care at Network level. This process is summarised in figure 12.

Figure 12. Social Prescribing / Community Referral



The Local Community Networks could be a positive way for town and parish councils to become more integrated in health and social care across CWS, their focus in working with communities and local partners. As discussed, social isolation is a huge problem and can be detrimental to health. Town and parish councils are able offer many different services to their communities. Those who decide to get more involved and

those who are already offering such services could make the work of a Social Prescriber easier by making their services more widely publicised. There is scope here for a centralised website for towns and parishes in West Sussex to be accessed by Social Prescribers and the CCG.

Communications with Horsham and Mid Sussex and Crawley CCGs

A further informative meeting was held with the newly appointed Public Engagement Manager for both Horsham and Mid Sussex and Crawley CCGs. There are some similarities with Coastal West Sussex, but also some differences with running of the meetings.

Meetings held by the CCG

The main difference to the meetings relevant to this project when comparing Horsham and Mid Sussex and Crawley CCGs with Coastal West Sussex CCG is that where CWS have a Public Engagement Committee, Horsham, Mid Sussex and Crawley have frequent meetings of the Commissioning Patient Reference Groups.

Figure 13. Summary of key meetings of Horsham and Mid Sussex and Crawley CCGs

	Governing Body	Commissioning Patient Reference Groups	Primary Care Commissioning Committee
Description	Challenges, scrutinises and gains assurance of CCG performance on behalf of membership	A representative of each GP practice Patient Participation Group (12 for Crawley and 23 for Horsham and Mid Sussex) meet monthly at separate meetings for each CCG	Makes decisions about practice mergers, closures and new services. Are joint meetings for both Horsham and Mid Sussex and Crawley CCGs
Frequency	Quarterly	Monthly	Every other month
Can public attend	Yes – to listen and ask questions if submitted in advance	No	Yes - and can submit questions to be answered at the beginning of the meeting
How to view minutes	Agendas, minutes and videos of meetings are available on the CCGs websites.	Available on the website of each CCG	Agendas and minutes available online
Membership of note	-	Healthwatch and a Community Volunteer representative	Healthwatch and a member of Health and Wellbeing Board (WSCC)
How to submit a question	By emailing: HSCCG.Contactus-horshamandmidsussexccg@nhs.net Can be done in advance or by emailing a follow up question	Questions are brought through membership representatives of each PPG	In the same way as for Governing Body and can attend to ask questions at the start of the meeting

Commissioning Patient Reference Groups

The Commissioning Patient Reference Group (CPRG) is a meeting of representatives from each PPG, Healthwatch and voluntary networks, to discuss local health services and the CCG's work. The CPRG Chair sits on the Locality / Clinical Reference Group and the Governing Body and provides assurance (Horsham and Mid Sussex CCG, 2016).

The purpose of the CPRG is to enable patients from the locality to make an effective contribution to the prioritisation, design, planning and commissioning of health services within the CCG. The CPRG will play an important role in helping the CCG capture and make use of the views, insights and experiences of the patient population and their carers.

Patients and carers need to be satisfied that engagement plans are sound and meaningful and they contribute to the plan by giving their feedback and ideas. They take information back to their individual PPGs at their surgery.

West Sussex Association of Local Councils (WSALC) were invited by the Chairs of both Crawley and Horsham and Mid Sussex CCGs to present at their joint meeting in December 2016. This enabled both parties to find out about each other and how collaborative working could be of mutual benefit. A member of the WSALC Board has been invited to attend future meetings.

Email communications

The CCGs send out email communication and a newsletter three times a year and are happy to include town and parish councils in this list. It was agreed that it would be easier for a member of the Sussex and Surrey Association of Local Councils (SSALC) team to be added to the mailing list, who could then forward to relevant Clerks. Anna Abrahams at SSALC has been added to the mailing list to receive newsletters. The newsletter is also available on the websites for both Crawley and Horsham and Mid Sussex CCGs.

Healthwatch

Healthwatch England is a national, independent body, established by the Health and Social Care Act 2012. It aims to address the government's intention to put patients and the public first and to give local voice national influence.

Healthwatch was created to replace previous patient involvement groups which were run by volunteers. Healthwatch differs because it is a statutory body with statutory duties and powers, and as such must work from an evidence base. This means that, more than ever, the health and social care system in England needs to be aware of, and responsive to, the views and experiences of service users, carers and the public.

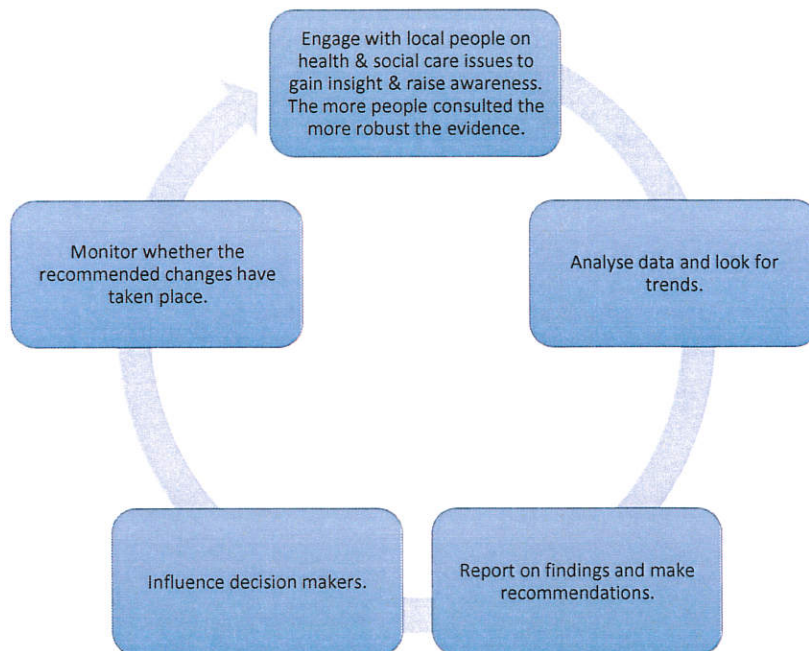
The government paper – Local Healthwatch: A strong voice for people – suggests that over time, “a test for Healthwatch will be whether people know it is there, understand what it does, know how to use it and know that it makes sure that their voices are heard and represented” (Department of Health, 2012). This is an area of potential for collaboration with local councils – not only to raise awareness of Healthwatch for both councils and electors, but also to be used as a recognised voice of influence at the table of several statutory meetings and committees.

Healthwatch West Sussex

There are 152 Healthwatches in England and each is set up slightly differently. Local Healthwatches are run by the local authority - Healthwatch West Sussex CIC has been commissioned by West Sussex County Council to provide the Healthwatch service across the county.

During this research project individuals from the CCGs, West Sussex County Council and local councils independently suggested Healthwatch West Sussex as a useful route of communication on health and social care issues. An informative meeting with the Locality Manager for Healthwatch West Sussex confirmed this.

Figure 14. How Healthwatch influence decision makers



Healthwatch West Sussex have the power to visit all publicly funded areas, including:

- GP surgeries;
- Hospitals;
- Care homes;
- Day centres;
- Social services;
- Ambulance Trusts.

In addition, they seek to gather information from the public about their experiences in these areas. To do this they use:

- Online feedback forms;
- Email;
- Over the phone via their helpdesk;
- Engagement through approaching people directly, for instance at stands in GP surgeries and by recruiting ambassadors.

Healthwatch are involved in decision making and have influence in many meetings of the CCG so are an important contact for town and parish councils. Healthwatch is a recognised, statutory voice. On the website for Healthwatch West Sussex is the statement “together we speak louder” (Healthwatch West Sussex, 2016), which highlights an area for potential collaboration with local councils.

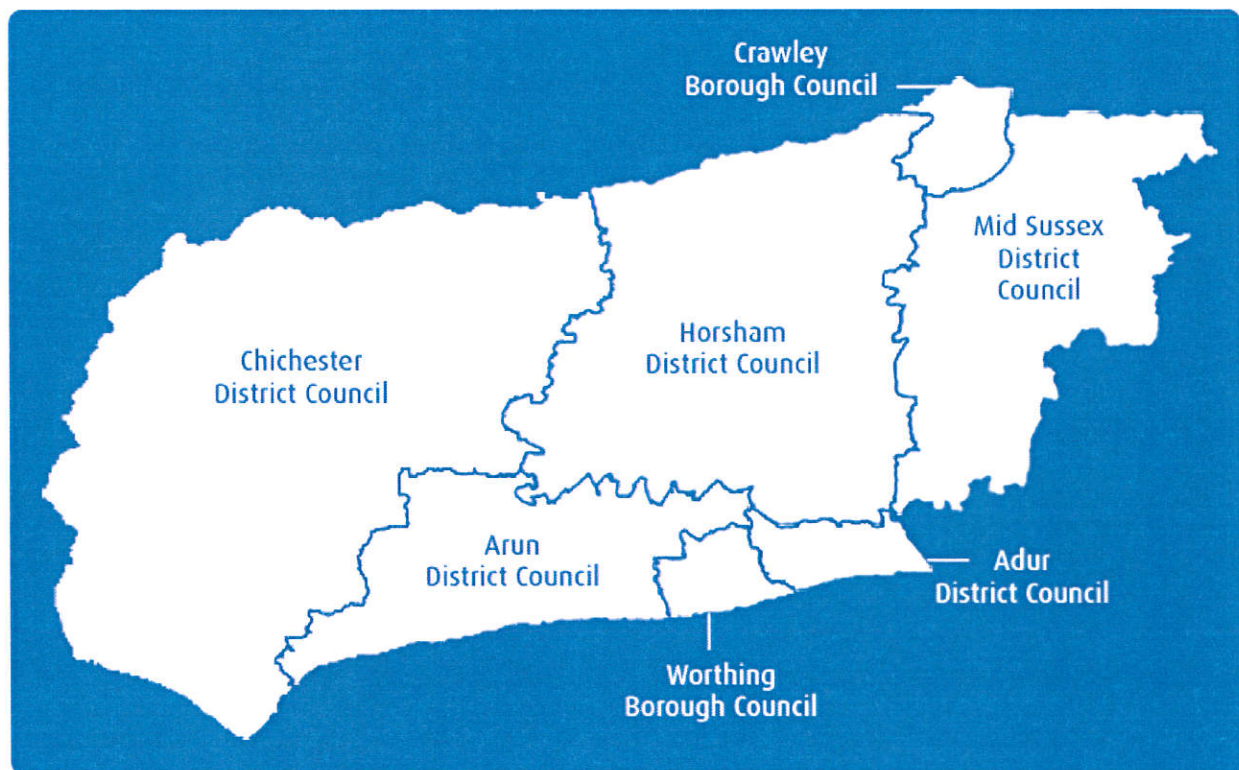
Wellbeing Hubs

Wellbeing hubs operate as a partnership between county and district or borough councils, with the latter commissioned by public health teams at county councils to provide the service across that county.

In West Sussex, there are six Wellbeing Hubs:

- Adur and Worthing;
- Arun;
- Chichester;
- Crawley;
- Horsham;
- Mid Sussex.

Figure 15. The Location of Wellbeing Hubs in West Sussex, which are run by District and Borough Councils



The Wellbeing service helps people to find local wellbeing information and services. As they are provided closer to the community, at district level, the services provided are tailored to local needs. Most services are completely free to users, and they may include:

- Stop smoking services;
- Alcohol reduction advice and appointments if necessary;
- Weight loss advice and courses;
- Wellbeing MOTs;
- Activity referral programmes;
- Signposting to other local services (Mid Sussex Wellbeing, 2016).

Town and parish councils are already providing facilities for Wellbeing services across West Sussex. A useful interview held with the manager of Horsham District Wellbeing Hub identified that Wellbeing Hubs are keen to seek opportunities for partnership working with town and parish councils, but that they have both time and financial constraints. A website listing available facilities across town and parish councils, whether at full or concessionary rate, would be useful for them, as would an increased awareness amongst the sector of the work the hubs undertake. A list of venues that have been provided by town and parish councils for use by wellbeing services in the Horsham District was provided. This is shown below in figure 16, along with a list of facilities used by some other districts.

Figure 16: Venues provided by town and parish councils to Wellbeing Hubs in West Sussex (note some may be village halls, not owned or managed by the council – data provided by Wellbeing Hubs)

Wellbeing Hub	Service	Council facilities used	Charge
ARUN	Pre-diabetes workshops; Weight management classes; Community outreach; Physical activity classes; Cook and eat classes.	Yapton Village Hall Barnham Village Hall Pagham Village Hall Coronation Hall, Slindon Village Findon Village Hall Southfields Jubilee Centre, Littlehampton Jeneses Centre, Bognor Regis Angmering Community Centre Arundel: Town Hall, Community Centre, Cathedral Centre East Preston & Kingston Village Hall Jubilee Hall, Middleton Littlehampton Community Church Eastergate Parish Hall Bognor Regis Youth and Community Centre Bersted Park Community Centre	All venues charge between £9 and £12 per hour
MID SUSSEX	Quarterly Health and Wellbeing Network, Lifestyle workshops, Community outreach, Physical activity classes.	Haywards Heath TC, Burgess Hill Town Council, Rawson Hall Bolney, Glen Vue East Grinstead, Melting Pot Hustpeirpoint Community Centre.	Local councils rarely charge the service for room hire as services are free of charge to their residents.
HORSHAM	Falls prevention	Steyning Centre	Paid
		Pulborough Village Hall	Paid
		Sullington Parish Hall	Paid
		Henfield Hall	Paid
		Drill Hall	Free
	Wellbeing Team Physical activity	Billingshurst Community Centre North Horsham PC – Roffey Millenium Hall	Charity / non profit rate Paid

Opportunities for Local Councils to become more involved in supporting the Health and Wellbeing of their Communities

The following case studies have been included to highlight some of the areas where local councils are using their precept and / or facilities to improve the health and social wellbeing of their communities.

1. North Horsham Parish Council (West Sussex): The Roffey Friendship Group;
2. Forest Row Parish Council (East Sussex): Seniors Club, Luncheon Club and other services;
3. Boxgrove Parish Council (West Sussex): Outlying GP consultation facility;
4. Upper Beeding (West Sussex): The Hub;
5. Selsey Town Council (West Sussex): NHS dentist

Case Study 1: North Horsham Parish Council

The Roffey Friendship Group

The Roffey Friendship Group was created when one of the elderly residents of North Horsham commented to the Clerk about how lonely she was. The idea of a friendship group was put to the council who agreed to give a grant to help set it up.

Nikki, one of the Administrative Officers started running the group, and the Council donate five hours of her time every two weeks at a cost of £67 per fortnight - an annual gross cost of £1742. The time outside of the meetings is used in planning and administration of the group. The Council also gives a grant of £300 per year and allow the free use of a room at the Roffey Millennium Hall.

Residents can just come along to the group, which runs every other Thursday afternoon for two hours. Those attending make a £2 donation which covers the cost of refreshments – although refreshments only cost £5 per session. Nikki makes the teas and coffees and the group members bring cakes along – usually homemade by themselves – again giving them an activity to focus on.

The sessions may involve talks from outside bodies, singing or acting by local groups or games such as cards and bingo. Some weeks they have trips out, with recent trips including visits to the garden centre and Petworth House. The cost of a coach or minibus comes out of the grant. Members are asked to cover the cost of admission or meals if they go out.

Use of the rooms by healthcare providers

Roffey Millennium Hall is central and has free parking. The Council rent out a room for one and a half days per week to an organisation called 'Bariatric Consultancy'. Although a private company, Bariatric Consultancy are commissioned by the NHS to provide a three tier weight management service to patients with a body mass index (BMI) of over 40, or those with a BMI of over 35 with other co-morbidities. The service involves appointments with a dietician, a psychotherapist and an exercise therapist (The Bariatric Consultancy Ltd, 2016). Referrals are made by GPs or the Horsham District Wellbeing Hub's 'Why Weight' service.

A psychotherapist who regularly uses the room at the Roffey Millennium Hall suggested that companies such as Bariatric Consultancy regularly require rooms in the community and that there is not a centralised website suggesting where such facilities may be available. He identified that they would take into consideration stairs, parking, if there is a license to play music for the exercise therapies, WIFI and a desk and chairs in the consulting room. Services such as this do not require a clinical environment, as would a GP or dental surgery.

ROFFEY FRIENDSHIP GROUP

The Roffey Friendship Group meet for two hours once a fortnight, on Thursday afternoons.

Between 10 and 25 residents over the age of 60 regularly attend and contribute £2 per session.

Those who attend have become friends, socialise outside of the group and some have even taken a holiday together.

North Horsham Parish Council donate five hours of one of their Administrative Officers time per fortnight, at a cost of £67 every two weeks (£1742 per year).

North Horsham Parish Council give an annual grant of £300 to the group and allow the use of one of their rooms at no cost.

North Horsham Parish has a population of 21,348 and a precept of £282,726 (North Horsham Parish Council, 2016).

The Roffey Friendship Group costs the parish 0.7% of its precept which is less than 10 pence per head of population, per annum in helping to reduce social isolation for their residents.

Case Study 2: Forest Row Parish Council

Forest Row Parish Council runs several social groups for the wellbeing of their community. They have been delivering these services for over five years, originating when the council acknowledged that there was a substantial amount of youth provision, and they wanted to do more to engage the other end of the spectrum in the village.

Seniors Club

The Seniors Club takes a similar approach to North Horsham – it takes place fortnightly and involves sessions with speakers, activities or visits. Their programme of events is drawn up by Sara, their Community Services Officer (CSO), with the 10% of her weekly 24 hours allocated to this role.

Luncheon Club and Home Delivery

A luncheon club is held three times a week, at the Forest Row Community Centre – a building owned by the Parish Council. A cook is employed for two of the three days, while a volunteer cooks the meals on the third day. The club is open to all residents, although is mainly frequented by the older generation in the parish. Around 30 people attend each session. However, extra meals are prepared and these are delivered to a minimum of six housebound residents for each day that the luncheon club is running. The Council see this as a good way of monitoring vulnerable individuals in Forest Row – illustrated by a driver recently discovering an elderly person lying on the floor of her home when he attempted to deliver her meal. Fortunately, the lady has made a full recovery.

A range of volunteers help to run the luncheon club and home deliveries, from all age groups. People contribute to the cost of the meal and a fee is charged to cover the cost of petrol for the home deliveries.

Hearing Bus

Once a fortnight the Parish Council provide dedicated parking for the hearing bus, as well as use of facilities power, tea and coffee. Two of the council's staff are trained to fit hearing aid batteries and tubes on days when the bus is not available, with the supplies made by the NHS.

Medical Car Service

A number of volunteer drivers take part in a scheme in Forest Row whereby anyone living in the parish with a medical appointment can call a number and a driver will take them to their appointment and drive them home. Again, this scheme was organised by the Parish Council.

Figure 17. Annual budget for some of the services provided by Forest Row Parish Council for the financial year 2015-16

Service	Budgeted income from subs & sales	Equipment, food & other running costs	Budgeted expenditure – salary of CSO	Budgeted expenditure – salary of cook	Net subsidy by Forest Row PC
Seniors Club	£550	£750	£1,220	-	£1,420
Luncheon Club & Home Meal Delivery	£17,000	£12,000	£2,440	£6,930	£4,370
Hearing Bus	-	-	-	-	-
Medical Cars	-	-	-	-	-
Total	£17,550	£12,750	£3,660	£6,930	£5,790
The net subsidy given by Forest Row equates to under 2% of the parish precept of £310,000					

Case Study 3: Boxgrove Village Hall

Boxgrove is a village and parish in the Chichester District of West Sussex. In 2010 Boxgrove Parish Council applied to the Public Works Loan Board (PWLB) for a grant of £100,000 to build a new village hall. Although Boxgrove Parish Council are no longer the trustees of the village hall, they pay the PWLB back £6,300 per year.

Langley House Surgery in Chichester had been running an outlying consultation surgery for two hours two to three times per month, in the old village hall and it was agreed that this would continue. The grant was therefore used not only to build a new hall and to resurface the carpark, but also to fund the installation of a room suitable as a clinical space for the use of a GP from Langley House Surgery. The surgery paid rent for the space.

Consultations began in Boxgrove around 20 years ago, when the NHS was very different – records were not kept electronically and regulations on facilities were not so stringent. However, in 2015 Langley House Surgery stopped running the surgery in Boxgrove. They opted, instead, to make some alterations to their Bosham branch surgery which was purpose built with support staff. The reasons that the surgery decided to cease consultations in Boxgrove as stated below were given to and accepted by NHS England.

Why did the Langley House Surgery Outlying Consultation Facility in Boxgrove close?

The overriding reason was poor internet connection, which was deemed by the GP to be inadequate and not secure enough to practice modern medicine. It could take the GP 30 minutes to log on to the secure server and the practice manager reports that the GP had to go into the carpark or a field to get a signal on his phone to download a password before seeing some patients.

The surgery was shared with the village hall and some weeks the room was not available to the GP if there was an event taking place - although this was communicated well in advance.

There were only 264 consultations in one year, representing 2% of the practice population.

The surgery in the Village Hall was reported by the Practice as not Care Quality Commission (CQC) compliant.

The type of consultation on offer was limited due to scarce resources, no support staff, and with the GP consulting alone the practice were not prepared to send a female GP (amounting to 50% of their workforce).

Only 9% of the patients seen in Boxgrove lived in the village – this amounted to three patients all of whom had a car. Other patients were from outside the village, but were keen to see the GP who practiced there.

Tangmere surgery is only one mile away from Boxgrove Village Hall and Langley House felt that this was accessible for patients.

What else does Boxgrove Village Hall offer

- Wellbeing projects such as the NHS Assist programme, collaborating with schools to stop young people smoking. The hall is provided free of charge, although food must be paid for;
- Older people projects like those discussed in other case studies.

Case Study 4: The Hub, Upper Beeding

Upper Beeding Parish covers the villages of Upper Beeding, Small Dole and Edburton and has a population of 3,736 (Upper Beeding Parish Council, 2016).

The Hub, on its website, is described as “A café, a church, a meeting place, a community centre, a rain shelter and a building”. It connects residents of the communities of Upper Beeding, Bramber and Steyning in the running of community focused initiatives for family and seniors. The Hub provides support for the local community, whether they are members of the church or not. Volunteers also come from within and outside of the church.

Funding

Last October the Hub received a grant from the Wilson Memorial Trust, although the current funding comes solely from the 100-member strong Baptist Church. This pays for Vicki and Debbie who are full and part time members of staff, with the remaining work carried out by volunteers.

Vicki has never approached any of the parish councils in the area for a grant – she was not aware that this was something that she could do. She is currently considering applying to West Sussex County Council for a funding, for instance to the Members’ Big Society Fund, with a focus on The Five Ways to Wellbeing.

Figure 6. Schemes run by The Hub

Hub Café • Opened in 2013 when organisers were conscious that there was nowhere other than the pub as a meeting place in the village • Run by volunteers, with a team of four working every session – one member of the team is on hand to chat to residents and befriend • Open 9-12am Monday to Friday, and 10-12 on Saturdays • They try to remain open between Christmas and New Year • Anyone can go to the café, from any parish • Costs are kept as low as possible • The Hub Café funds itself	Befriend • A scheme set up in October 2016 to visit lonely people of all ages • Was previously part of the national Link Visiting Scheme, aimed at combating social isolation in older people • Became beFriend in order not to exclude younger residents – organisers are mindful that social isolation can affect younger people, as well as the elderly • The scheme is mainly used by seniors and families with young children • beFriend train volunteers to work with people in their own home • Priority for visits is given to those who are registered at Steyning Health Centre
Friendship lunch • Runs once a month • Is over-subscribed despite 70 places being available each time • Open to residents of any area / parish • Vulnerable people may come along to volunteer and help at the event • A two-course meal and coffee cost just £3.50 • The scheme funds itself	Individual events • The Hub has run a tea dance for the community • They let out the Hub Café for an over 60’s group • The facility is used once a quarter for the Prevention Assessment Teams (PAT) – joint teams in the County which aim to help people stay healthy and remain independent – note PAT includes staff from West Sussex County Council, Sussex Community NHS Trust and Guild Care or Age UK West Sussex

Case Study 5: Selsey Town Council

Selsey is a town on the coast 10 miles south of Chichester and home to 10,000 people. Realising there was no longer an NHS dentist in the town was causing residents to travel to either Bognor Regis or Chichester, often by public transport, the Town Council hopes to use its powers to create and equip a dental surgery to be occupied by an NHS dentist able to treat Selsey residents.

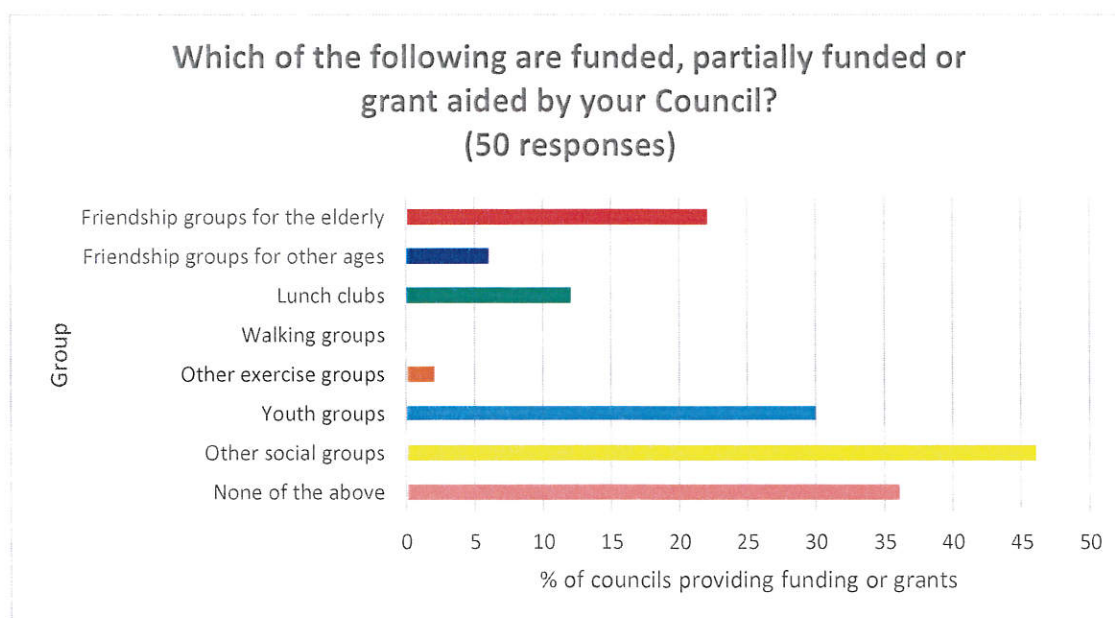
Initial discussions with NHS dentists are in hand and council owned premises have been identified as a possible location. If this initiative is successful and moves forward the Town Council is likely to become a party to a contract with the NHS.

Survey to Town and Parish Councils

The qualitative data gathered during the case studies was used to inform a questionnaire which was distributed to all **156** town and parish councils in West Sussex using SurveyMonkey. Of those surveyed, **56** councils responded giving a response rate of **36%**. Most of those responding were clerks (**87%**) with other respondents including assistant clerks and chairmen.

Results

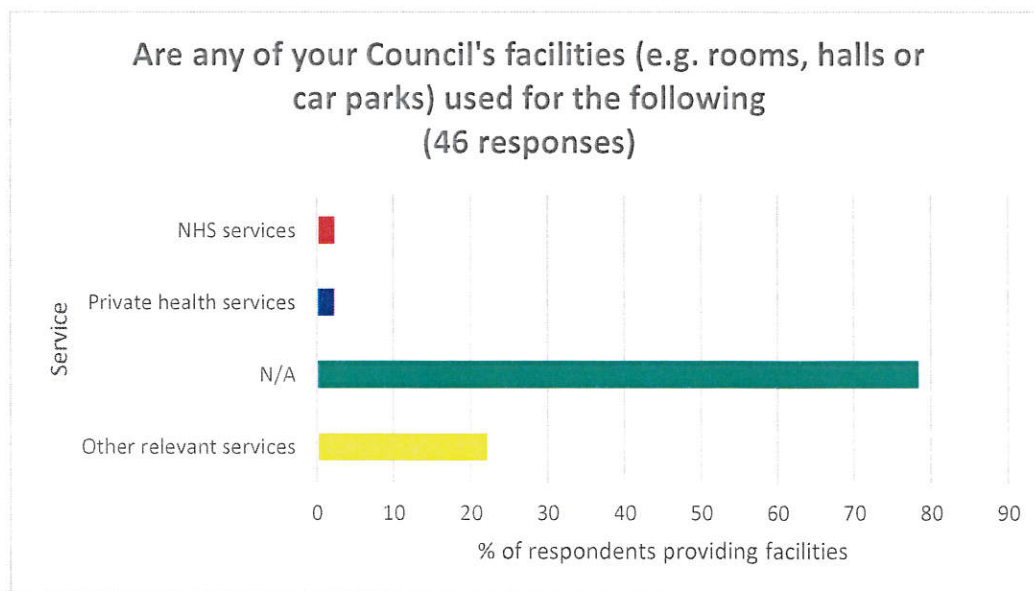
- The precept of the councils ranged from **£3,000 to £324,000**;
- **31%** had the General Power of Competence;
- **83%** answered that they have a village hall or community centre in their community, and of these **76%** have ready access to this facility;
- **64%** of respondents answered that their council provided funding or grants for groups which support the health and wellbeing of their communities, as shown below:



Other social groups (46%) listed by respondents to support health and wellbeing include:

First aid courses for residents	Samaritans
Cycling campaign	Self-help blind group
Health and wellbeing using gym facilities	Young carers support
Swimming club	Neighbourhood wardens for the elderly, vulnerable and youth
Community bus	At risk volunteers to act as a contact for residents in an emergency such as snow or power cut
Coffee mornings	Disabled groups
Meals on wheels	Scouts and guides
Cottage gardeners group	Pre-school nursery
History group	
Pensioners Christmas lunch	

- When asked whether their council provides funding towards NHS services, three responded that they do:
 - One** provides a grant to their local GP surgery;
 - One** provides a transport service to their local GP surgery;
 - One** provides funding to a care group which gives support and information to older and vulnerable residents.
- 24%** of respondents answered that their council provides facilities for NHS, private, or other relevant services, as shown below:



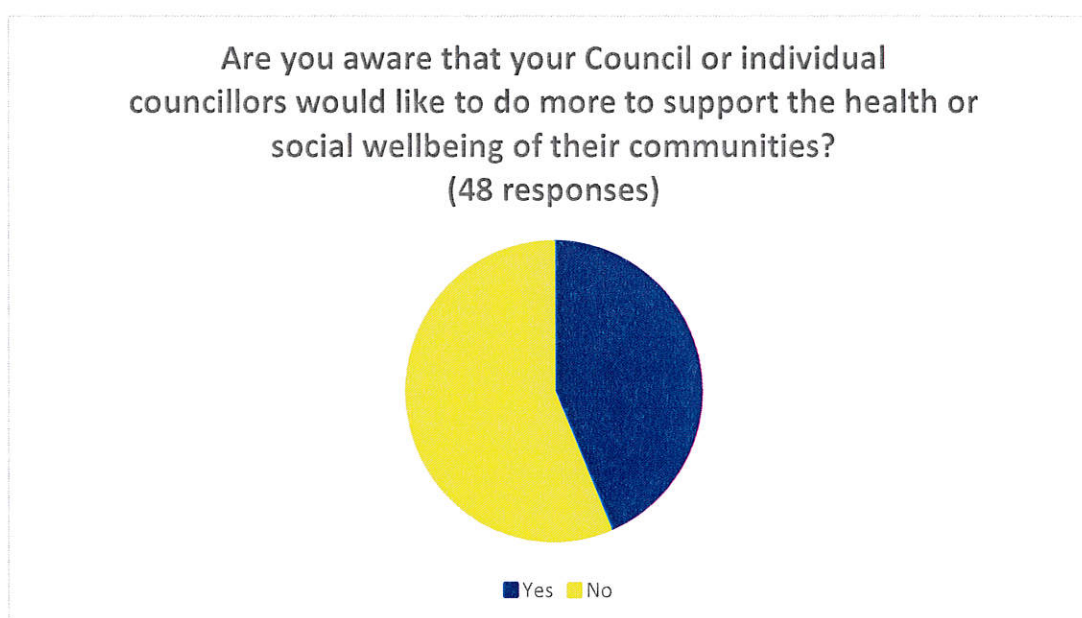
Other relevant services listed included:

Exercise classes	Dementia groups
Stroke support group	Information about care services
Alcoholic support groups	First aid courses
Blood donor sessions	Hospices using car parks for outreach

- **11** of the councils who responded are using their facilities for **NHS or private health services**, and the cost of the use of these are outlined below:

	NHS services	Private health services
Free	1	1
Subsidised rate	1	0
Full rate	3	5

- Of those who are not currently using their facilities for health services, **14%** believe that they have such facilities available. If adding those currently using facilities and those who have available facilities, **34%** of councils who responded have rooms, halls or carparks available for use by health service providers.
- **44%** of clerks are directly aware of their council or councillors wanting to do more to support health and wellbeing in their town or parish:



- **Four** of those responding (**8.16%**) said that their council had collaborated with their district or West Sussex County Council in the provision of health or social wellbeing services, including:
 - Providing information to residents;
 - Partnership discussions providing two neighbourhood wardens;
 - Works with neighbourhood wardens to identify vulnerable individuals;
 - Supports the Hub befriending service;
 - Energy poverty representatives use the town / parish council office to operate a drop in for residents;
 - A diabetic course has been advertised to run in the village hall;
 - The council hasn't but 'Milland Cares' has collaborated, and the council provides them with a grant.

Discussion

This report has highlighted areas where town and parish councils are currently supporting health and wellbeing, and where there are further opportunities.

Social isolation, loneliness and lack of adequate support have been demonstrated as having a significant impact on psychological wellbeing and physical health. Trends in retirement, the reduction in the traditional family and geographic mobility all compound the situation, which is predicted to get worse as the baby boomer generation ages. Research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day (Holt-Lunstad et al., 2015). In addition, socially isolated individuals visit the GP more frequently. Schemes like the Roffey Friendship Group help to reduce the impact of loneliness and social isolation on health. Friendship groups do not have high set up and running costs, and are a simple and effective way to impact on health and wellbeing. At a time where social prescribing is being trialled in areas of West Sussex, further development of such groups and communication to healthcare providers of what is available would serve communities better still.

Health prevention and promotion are key areas which are the focus of Public Health and wellbeing hubs. Increased collaboration of local councils with partners within district councils and CCGs has the potential to support rural communities or isolated individuals by encouraging engagement and providing services close to communities. Indeed, schemes around prevention and public health are identified in the NHS Five Year Forward View as requiring radical upgrade to help sustain the NHS. Health prevention must be taken seriously to reduce the sharply rising burden of avoidable illness. The document also states that the NHS will advocate for stronger public health-related powers for local government and elected mayors – again linking in to the local government sector (NHS: Five Year Forward View, 2014).

CCGs are keen to engage patients and work with them at a local level in new ways. The initiative of collaboration with town and parish councils is therefore very timely, especially with forthcoming projects within Horsham and Mid Sussex CCG.

The Five Ways to Wellbeing

The Five Ways to Wellbeing was put forward by the New Economics Foundation (2008) to improve mental wellbeing. It highlights evidence which suggests that a small improvement in the following five actions can have a positive effect on personal wellbeing:

- Connect – connections between friends, family and community;
- Be active – engaging in physical activity, mobility and fitness;
- Take notice – being aware of the world around you and appreciating what matters;
- Keep learning – learning something new, following interests or hobbies;
- Give – volunteering time to share experience, skills and to support others.

West Sussex County Council invites application for funding of community groups and organisations. One of its funds, the Members' Big Society Fund (WSCC, 2016), has a focus this year on projects which help people to maintain independence in later life, reduce social isolation and loneliness and bring people together. Applicants for this fund are encouraged to think about how their project can include the Five Ways to Wellbeing.

When examining some of the groups supported by town and parish councils, there are some parallels with the Five Ways to Well. Perhaps without even realising the extent of the positive impact that schemes such as friendship groups and luncheon clubs can have on their communities many local councils are already

supporting health through the Five Ways to Well. By highlighting areas of good practice, SSALC has the potential to encourage local councils to do even more for health and wellbeing of their communities, whether that be in the setting up and running of schemes or taking the decision to fund local projects.

Conclusions

- The NHS has a complex structure, but this document has outlined the structure of the NHS and Public Health in West Sussex;
- Healthwatch West Sussex are an independent, statutory body who will communicate on behalf of town and parish councils if asked;
- The most common themes demonstrating where local councils support health and wellbeing were provision of facilities, social groups and transport schemes;
- Town and parish councils are already playing a valuable role in health and social care provision, but there is potential for many more examples of good practice;
- Facilities owned or under the influence of town and parish councils, ideally placed close to communities, are being used for health and wellbeing services and social groups. Again there is scope for increased use of these facilities by healthcare providers;
- Councils are aware that they could do more and many would like to do so;
- Horsham and Mid Sussex CCG and Mid Sussex Wellbeing Hub are keen to work with local councils in the future;
- An organisation such as SSALC would be essential in the ongoing facilitation of partnership working between local councils and CCGs or wellbeing hubs.

Suggestions for future work

1. Collaboration with Horsham and Mid Sussex CCG on a health and wellbeing project in East Grinstead;
2. Share the findings of this report with town and parish councils to enable them to make decisions on how to spend their precept to further support their communities. This could be done by way of presenting the results of this project at district association meetings and providing a summary document to be taken back to town and parish council meetings;
3. Find out from CCGs how they would like to be informed of what is available for communities at a local level to support initiatives such as social prescribing;
4. List the town and parish councils under each relevant CCG and maintain an up-to-date email list at SSALC to enable communications such as newsletters from the CCG to go through SSALC;
5. Develop a website of resources available across the county to include:
 - Council owned rooms, halls and other facilities available to NHS and social care providers and whether there is a charge or not;
 - Council owned rooms, halls and other facilities available for hire by private health providers;
 - Social groups provided by town and parish councils to be used by social prescribers / GPs etc.
6. Find out whether all local councils receive promotional material from Public Health such as seasonal flu vaccination posters, and whether they display this. Encourage them to display such materials.

Acknowledgements

I would like to express my appreciation to Cllr Terry Oliver and the West Sussex Association of Local Councils Board for inspiring and funding the project. I am also very grateful to those listed below for their time, information and guidance with the research.

Pat McGrath, Engagement Manager, Horsham and Mid Sussex and Crawley Clinical Commissioning Groups

Carla Dow, Head of Communications & Engagement, Horsham and Mid Sussex and Crawley Clinical Commissioning Groups

Agnieszka Tworkowska, Engagement Officer, Horsham and Mid Sussex and Crawley Clinical Commissioning Groups

Bridget Pettitt, Engagement Manager, Coastal West Sussex Clinical Commissioning Group

Seth Gottesman, Healthwatch Commissioning Manager, West Sussex County Council

Debra Balfour, Communities and Public Protection Directorate, West Sussex County Council

Paul Rideout, Healthwatch Commissioning Manager, East Sussex County Council

Dan Barritt, Wellbeing Manager, Horsham District Council

Hazel Flack, Wellbeing Manager, Arun District Council

Paul Turner, Wellbeing Manager, Mid Sussex District Council

Mary Talman, Prevention Assessment Team for Horsham, Crawley & Mid Sussex

Alex Thomas, Bariatric Consultancy

Victoria Hamer, Practice Manager, Langley House Surgery

Katrina Broadhill, Manager for Healthwatch West Sussex

Cllr Keith Stevens, Chairman of Healthwatch East Sussex & East Sussex Association of Local Councils

Dr Richard Olliver, Chairman of Surrey Association of Local Councils

Rowena Tyler, Community Development Officer, Action in Rural Sussex

Professor Colin Copus, Professor of Local Politics, De Montfort University

Dr Deveda Redman, Cllr for Mayfield Parish Council

Pauline Whitehead, Clerk to North Horsham Parish Council

Vivien Edwards, Assistant Clerk to North Horsham Parish Council

Nikki Bulbeck, Co-ordinator of Roffey Freindship Group, North Horsham Parish Council

David O'Driscoll, Clerk to Forest Row Parish Council

Imogen Whitaker, Clerk to Boxgrove Parish Council

Pat Burton, Boxgrove Village Hall Manager

Vicki Butchers, The Hub, Beeding

Trevor Leggo, Sussex and Surrey Associations of Local Councils

Anna Abrahams, Sussex and Surrey Associations of Local Councils

Lois Crouch, Sussex and Surrey Associations of Local Councils

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