Minutes of the Health and Wellbeing Board Meeting held on 5 March 2020

Attendance:

Alan White (Co-Chair (In the Chair))	–
Philip White	Staffordshire County Council
Dr Paddy Hannigan	Stafford and Surrounds CCG
Dr Richard Harling	Director of Heath & Care (SCC)
Simon Whitehouse	Staffordshire Sustainability and Transformation Pl
Jeremy Pert	District & Borough Council Representative (North)
Roger Lees	District Borough Council Representative (South)
Tim Clegg	District & Borough Council CEO Representative
Simmy Akhtar	Healthwatch
Dermot Hogan	Staffordshire Fire and Rescue Service
Natasha Moody	Strategic Commissioner SCC

Also in attendance:

Jon Topham	Senior Commissioning Manager, Public Health
Kerry Dove	Interim Head of Policy and Insight

Apologies: Dr Alison Bradley (North Staffs CCG), Mark Sutton (Staffordshire County Council (Cabinet Member for Children and Young People)), Dr Rachel Gallyot (East Staffs CCG), Helen Riley (Deputy Chief Executive and Director for Families and Communities), Craig Porter (Managing Director, South West Division), Phil Pusey (Staffordshire Council of Voluntary Youth Services), Garry Jones (Support Staffordshire), Jennifer Sims (Staffordshire Police), Howard Watts (Staffordshire Fire & Rescue Service) and Chief Supt Jeff Moore (Staffordshire Police)

23. Coronavirus (COVID-19)

The Director of Public Health updated Board Members on the current situation in Staffordshire with regard to Coronavirus (COVID-19).

24. Declarations of Interest

There were none at this meeting.

a) Minutes of Previous Meeting

RESOLVED – That the minutes of the meeting held on 8 January 2020 be confirmed and signed by the Co-Chair.

25. Questions from the public

There were none at this meeting.

26. Staffordshire and Stoke-on-Trent STP Digital Programme - Overview and Update

The Board received a presentation from Dr Paddy Hannigan (Board Member), Stuart Lea Director of the Digital Programme and Dr Ruth Chambers, Clinical lead for Staffordshire STP's technology enabled care services (TECS) programme, digital workstream board. The presentation outlined the digital vision and key deliverables of the Digital programme and noted the vision set out in both the Director of Public Health's Annual Report and the NHS's Long Term Plan, which included over 50 digital commitments.

There had been a technological revolution which had significantly changed relationships between the individual and organisations, for example retail banking, retail distribution, telecoms etc. There was an opportunity for health to develop similarly, changing their relationships with the patient and fostering a more proactive, bespoke, digitalised service.

The STP's digital programme had 14 delivery workstreams:

1. Citizen Health and Care Gateway – to provide a single point of access into all digitally enabled health and care services regardless of who provided them;
2. Digital Citizen Communication – creating a series of pro-active digital engagement channels with citizens ranging from appointment reminders to 2-way personalised communication;
3. Assistive Technology – implement a range of assistive technologies aimed at keeping people in their homes for longer, improving quality of life and preventing illness;
4. Personal Health and Care Records – ensuring citizen's health and care information was readily accessible to them and, where appropriate, they could record their own health and care information;
5. Paperless by 2024 – remove all paper records for all partner organisations and ensure that all health and care information was recorded electronically;
6. Intelligent Digital Healthcare – digitally augment and improve how health and care would be delivered and managed by identifying and implementing the latest digital tools and techniques into health and care settings;
7. Integrated Care Records – develop and implement a solution to amalgamate health and care information into a single repository to improve the delivery;
8. Population Health Management (PHM) – evaluate a range of current PHM pilots and implement a PHM toolkit to amalgamate health and care information into a single repository;

9. Common Standards – ensure digital is a key enabler of change and delivers comparable, high quality information by adopting and embedding consistency and standardisation of digital tools and technologies;
10. Infrastructure and Service Modernisation – design and create modern infrastructure and supporting services to allow simple, assured and portable access for all required users;
11. Back-office Digitalisation – identifying and implementing opportunities for digital efficiencies;
12. Digital Innovation – create and foster a culture of digital innovation, engaging the wider workforce and stakeholders in this;
13. Digital Leadership and Capability – develop the digital capability of staff and citizens whilst improving the wider leadership capability;
14. Communication and Engagement – integrated planning and approach to communications and engagement.

Most of the digital programme was not funded and therefore there was a need to prioritise deliverables, define the business case and seek funding sources or alternative approaches to delivery.

Progress had been made with Integrated Care Records. A system had been procured and agreements were in place with all STP partners to share data, with the information sharing gateway being implemented and information sharing agreements currently being formally signed. Test data messages were complete between most partners and the integrated care record and training material had been developed. It was anticipated the system would go live from April 2020 onwards. The new system allowed a more pro-active approach, highlighting opportunities to address issues directly with patients rather than through their GP, and allowing patients to see parts of and contribute to their own care records. This enabled personalisation and proactively looked at how care data could improve an individual's care, highlighting a range of possible services to improve the individual's health and wellbeing. The new system also removed some variables from the current approach and enabled a more consistent application of care and support.

On considering the implementation of Technology Enabled Care (TEC) in Primary Care across Staffordshire, the Board looked at modes of TEC currently used by Practices. This included technologies such as AliveCor Screening used to screen patients with Atrial Fibrillation (AF). Comparisons of the type to TEC used in 19 practices after 24 general practice nurses had participated in the digital upskilling programme showed a significant increase in number and types of TEC used. Benefits varied according to the practice and their adoption of TEC modes. However, currently, of the 151 General Practices across Staffordshire:

- 108 were using facebook;
- 21 were undertaking video-consultations;
- 28 used interactive Flo telehealth;
- At least 41 were promoting apps;
- 113 used AliveCor for AF screening; and
- 23 undertook online clinical consultation triage.

Leadership was instrumental in ensuring the digital agenda was followed and therefore highlighting successful outcomes and benefits of digitalisation was important in

promoting its value. Successful examples were shared around: breast screening videos on facebook pages to increase take-up; video consultation with northern care homes enabling half a day per week to be reallocated for face to face consultations; use of electronic stethoscopes; use of Alexa; diabetes diagnosis; and 14 day halters to gather data and help diagnosis.

Promoting the digital agenda included a Radio 4 interview and printed drinks coasters used in Weatherspoon pubs with GR codes that explained how to take a pulse. Whilst communication and promotion was important, if the new technologies were well designed, interactive and useful it was suggested they would sell themselves. Sharing success stories and evidencing outcomes would also help to promote their use.

Although it was necessary to accept that a small proportion of the population would not have access to, or the desire to use digital technologies, this should not drive policy. Whilst this group should not be forgotten they should not be the impetus that stalls digital progress.

RESOLVED – That the presentation be noted and Members champion the STP Digital Programme within their own organisations.

27. Joint Strategic Needs Assessment - Health and Wellbeing Priorities

A statutory duty of the H&WB was to produce Joint Strategic Needs Assessments (JSNAs) to identify the current and future health and social care needs of the local community. The March 2020 JSNA highlighted that performance across a number of areas had remained stable and similar to national performance figures. Areas of improvement included:

- smoking related deaths falling by almost 10% in two years, with a lower rate than the national average;
- a decline in teenage conception rates, now being in line with the national average;
- a reduction in fuel poverty, now lower than the national position, with the Staffordshire Warmer Homes Fund supporting 130 of 1000 eligible homes to date;
- death rates relating to cancer, respiratory and cardiovascular diseases having reduced over the last 15 years.

Six current health and care key issues had been identified within the JSNA for Staffordshire.

Wider determinants had significant impact on people's health outcomes and therefore played a role in reducing health inequalities. Two thirds of Staffordshire's young people don't achieve a core level of attainment by the time they leave school. Whilst Staffordshire had higher than average employment the annual earnings were below the national average. One in ten residents (and 13% of children) lived in low-income households. Poor housing was estimated to cost the NHS between £22-£39m in Staffordshire per year. 559 homeless households were recorded in Staffordshire, with 256 of these being in priority need.

Frustrations were shared around persuading investment into housing projects to help address issues of the poor housing.

Members suggested that tackling homelessness/risk of homelessness could usefully be divided to target work around youth homelessness separately. Some work was already undertaken in schools through PHSE classes and Stafford Borough Council had developed a “Supporting Stafford Schools” website which addressed a range issues including homelessness, drugs and alcohol, and mental health.

Ageing well, with healthy life expectancy having a significant impact on demand for acute services. There were 65,900 more people in Staffordshire aged over 65+ than 20 years ago and it was estimated that by 2030 there would be 50% more older people aged 85+. Healthy life expectancy in Staffordshire was 63 years for men and 65 years for women. 22% of Staffordshire adults had limiting long term illness, rising to 53% for older people, both figures were above the national average. There were 3,900 fall admissions in Staffordshire per year. There was also a high proportion of delayed days due to transfer of care, attributed to both NHS and social care. Staffordshire was the worst performing of its 15 statistical neighbours for excess winter deaths, and ranked fourth worst in England, with Stafford ranked fifth worst in the country.

Concern was shared around excess winter deaths, and whilst this figure had not been standardised against the age profiles of its statistical neighbours, the figure highlighted an issue for concern. Preventative work was key to tackling this and digital technologies could also play a part. Many of the wider determinants would influence ageing well and it was important to work towards a more active and healthy older life. There was a desire to change the system from the current more top heavy approach where resources focused on acute services, to more preventative and proactive measures that enable individuals to have a longer healthy life expectancy.

Staying mentally well, with mental health and wellbeing a key issue in Staffordshire for both young people and adults, placing significant demand on acute services. In Staffordshire one in eight (12%) of emergency hospital admissions had a mental health diagnosis in under 25s, which was lower than nationally (15%). This increased to one in four for adults (26%) against a national picture of 30%. Newcastle had the highest prevalence for both recorded depression and severe mental health. Mental health was also the second most common factor cited in 60% of children’s social care assessments in 2018/19, up from 56% in 2017/18.

The Family Strategic Partnership Board had identified children’s mental health as their main priority. Members shared concerns around the impact of social media use, particularly during late evening, and the effect this could have on individual’s mental health and wellbeing.

Healthy lifestyles, with one in four Staffordshire adults being physically inactive, the second highest of its 15 statistical neighbours and the tenth worst area in England. Excess weight in both children and adults was a key concern, with one in four reception children, one in three Year 6 children and two in three adults being overweight or obese. The worst performing areas in Staffordshire were in more deprived localities, with Newcastle the third worst area in the country for reception aged obesity and Cannock being the fifth worst area in the country for excess weight in adults. The diabetes

prevalence trend was rising faster in Staffordshire than in England as a whole. There was also a higher than average prevalence of heart disease.

40% of ill health was preventable and frustration was shared that despite healthy lifestyle initiatives improvements had not been made. Consideration needed to be given to how generations could be inspired to take their own health seriously, with a suggestion that the 20 and 30 year old aged groups should be targeting as those most likely to effect lifestyle changes. Family learning around healthy lifestyles was already in place and community based approaches to improved healthy lifestyles such as Park Run were also encouraging. The need for a more integrated community approach was suggested, with initiatives implemented in Leeds given as examples successful initiatives.

Substance misuse, with alcohol admission rates in Staffordshire having increased from 692 per 100,000 to 814 per 100,000 in the last four years. This rate was consistently higher than the national average and the worst amongst its 15 statistical neighbours. The highest districts for alcohol admission rates were in Cannock Chase and Stafford. Key risk factors of substance abuse impacting on acute services were regarding preventable liver disease rates, which had risen by 22% during a five year period. Substance misuse was also the third most common factor in 54% of social care assessments, with alcohol (85%) more common than drugs (81%).

Alcohol admissions to hospital were normally those with chronic disease over a long period of time. There was no correlation between the reported consumption rate for alcohol and the amount of alcohol purchased nationally, with approximately 50% of all alcohol bought not being consumed according to the anomaly between the figures.

Maternal and Infant Health. Staffordshire was experiencing rising Infant Mortality, with 121 infant deaths in 2012-2014 to 141 during 2015-17. This was statistically higher than the national picture and was the highest rate amongst its statistical neighbours. Half of all infant deaths in Staffordshire occurred in the top two deprived quintiles of the County, Tamworth and East Staffordshire, ranked 5th and 6th worst areas in England respectively. Several risk factors were identified where Staffordshire performed below average, and these included smoking during pregnancy and access to early infant healthcare checks.

Smoking during pregnancy was a continued concern and a new approach had been developed which worked with the whole family towards stopping smoking.

The JSNA findings and discussion by the Board would be collated and sent to Board Members for comment/addition. This would then form the basis of future work. This work would also be considered by the STP Partnership Board, looking at a joined-up approach, the actions required and who was responsible for implementing these.

Next steps included producing data matrices that broke information down to a district level, with these being made available on-line.

RESOLVED – That the detail within the JSNA be noted and that the comment and discussion by the Board be collated for comment and/or addition and used to inform future work.

28. Forward Plan

RESOLVED - That the Forward Plan be noted.

Chairman