

Staffordshire Health and Wellbeing Board

3.00 pm Thursday, 5 March 2020

Trentham and Rudyard Suites - Staffordshire Place 1, Tipping Street,
Stafford, ST16 2DH

Our Vision for Staffordshire

"Staffordshire will be a place where improved health and wellbeing is experienced by all - it will be a good place. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of a strong, safe and supportive community. "

We will achieve this vision through

"Strategic leadership, influence, leverage, pooling of our collective resources and joint working where it matters most, we will lead together to make a real difference in outcomes for the people of Staffordshire".

A G E N D A

1. Welcome and Routine Items

Chair

- Apologies
- Declarations of Interest
- Minutes of Previous Meeting (Pages 1 - 8)

2. Questions from the public

3. Staffordshire and Stoke-on-Trent STP Digital Programme - Overview and Update (Pages 9 - 50)

Stuart Lea, CIO/Digital Programme Director, Together We're Better STP

Dr Ruth Chambers OBE, STP Clinical Lead for Technology Enabled Care Services Programme

4. Joint Strategic Needs Assessment - Health and Wellbeing Priorities (Pages 51 - 110)

Kerry Dove, Interim Head of Policy and Insight
Wendy Tompson, Research and Development Manager

5. Forward Plan (Pages 111 - 118)

6. Date of Next Meeting

The next HWBB meeting is scheduled for Thursday 11

June, 3.00pm, Rudyard/Trentham Rooms, Staffordshire
Place 1.

Membership	
Alan White (Co-Chair)	Staffordshire County Council
Dr Alison Bradley (Co-Chair)	North Staffs CCG
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Philip White	Staffordshire County Council
Dr Rachel Gallyot	East Staffs CCG
Dr Gary Free	Cannock Chase CCG
Dr. Paddy Hannigan	Stafford and Surrounds CCG
Dr Shammy Noor	South East Staffordshire and Seisdon Peninsula CCG
Dr John James	STP Chair of Clinical Leaders Group
Dr Richard Harling	Director of Health & Care (SCC)
Helen Riley	Director for Families & Communities (SCC)
Craig Porter	CCG Accountable Officer representative
Simon Whitehouse	Staffordshire Sustainability and Transformation PI
Phil Pusey	Staffordshire Council of Voluntary Youth Services
Garry Jones	Support Staffordshire
Jeremy Pert	District & Borough Council Representative (North)
Roger Lees	District Borough Council Representative (South)
Tim Clegg	District & Borough Council CEO Representative
Jennifer Sims	Staffordshire Police
Howard Watts	Staffordshire Fire & Rescue Service
Simmy Akhtar	Healthwatch

Contact Officer: Jon Topham, (01785 278422),
Email: StaffsHWBB@staffordshire.gov.uk

Note for Members of the Press and Public

Filming of Meetings

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Recording by Press and Public

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Minutes of the Health and Wellbeing Board Meeting held on 8 January 2020

Attendance:

Dr Alison Bradley (Co-Chair (In the Chair))	–
Alan White	
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Philip White	Staffordshire County Council
Dr Richard Harling	Director of Heath & Care (SCC)
Helen Riley	Director for Families & Communities (SCC)
Craig Porter	CCG Accountable Officer representative
Jeremy Pert	District & Borough Council Representative (North)
Roger Lees	District Borough Council Representative (South)
Tim Clegg	District & Borough Council CEO Representative
Chief Supt Jeff Moore	Staffordshire Police
David Bassett	Healthwatch

Also in attendance:

Jon Topham	Senior Commissioning Manager, Public Health
Jonathan Bletcher	STP
Tracey Shewan	Staffordshire PCT Cluster

Apologies: Dr Rachel Gallyot (East Staffs CCG), Dr Gary Free (Cannock Chase CCG), Dr Paddy Hannigan (Chair, Stafford and Surrounds CCG) (Stafford and Surrounds CCG), Maggie Matthews (Healthwatch), Simon Whitehouse (Staffordshire Sustainability and Transformation PI), Phil Pusey (Chief Executive Officer) (Staffordshire Council of Voluntary Youth Services), Garry Jones (Support Staffordshire), Jennifer Sims (Staffordshire Police) and Howard Watts (Director of Prevent & Protection) (Staffordshire Fire & Rescue Service)

11. Declarations of Interest

There were none at this meeting.

- a) Minutes of Previous Meeting

RESOLVED: That, with an amendment at minute 6 from *Sharon Young* to *Sally Young*, *Director of Corporate Services, Governance and Communications* as in attendance for that item, the minutes of the Health and Wellbeing Board held on 5 September 2019 be confirmed and signed by the Co-Chair.

- b) Letter to Cllr Alan White, Co-Chair, from the Staffordshire PFCC

Members noted that the launch date for the Concordat had not been finalised but was expected to take place in February.

12. Questions from the Public

There were none at this meeting.

13. End of Life Voluntary Action Alliance - Update

(Emma Hodges, CEO, St Giles Hospice, in attendance for this item.)

At the H&WB meeting of 6 December 2018, Members received details of the South Staffordshire End of Life Voluntary Action Alliance (VAL). The VAL supported priorities identified via the Director of Public Health's report on End of Life in 2017 and the work of the End of Life STP Board. Members now received an oral update from Emma Hodges, outlining that:

- the South Staffordshire End of Life VAL comprised 17 agencies aiming to unite around a community-based vision for end of life care;
- the voluntary sector was an essential part of this work, in particular in working towards achieving the ambitious framework developed by the National Palliative and End of Life Care Partnership;
- the VAL had been accepted as an accelerator site by NHS England, allocating £70,000 for the project, which had been used to fund a conference, training needs analysis and training delivery over the past 12 months;
- a live pilot study was underway to test appetite towards care planning and advanced care planning, with a further £25,000 funding allocation from NHS England to support this work. This funding had been match funded by the CCGs.

RESOLVED – That the work of the South Staffordshire End of Life Voluntary Action Alliance in developing a complementary community model for end of life care in Staffordshire be supported.

14. Together We're Better Five Year Plan

[Jonathan Bletcher, Director, Planning & Strategy, and Tracey Shewan, Communication & Corporate Services, in attendance for this item.]

Together We're Better, the five year plan, was required to publish its refreshed system during winter 2019/20. The Plan was submitted to NHS England in November 2019,

although this was an iterating process, with the latest iteration submitted on 8 January 2020 and awaiting regional sign off.

The H&WB received a presentation on the Plan's:

- Strategic framework;
- how the Plan dovetailed/supported the Health and Wellbeing Strategy;
- the place based approach;
- financial overview;
- workforce challenges within health and social care;
- an update on progress with the system transformation around: urgent and emergency care; integrated community services in South and East Staffordshire; mental health services; maternity services; and planned care; and,
- developing the system architecture and interim arrangements.

A key ambition nationally was the development of Integrated Care Systems by 2021. The Together We're Better Board drove this strategic partnership in Staffordshire, with work underway with system leaders to redesign local approaches. This included the need to establish Integrated Care Partnerships.

Members queried the increasing number of priorities within the Plan, what role the West Midlands Ambulance Service had in supporting delivery of the Plan's priorities and how effective communication was with them, and whether NHS England believed Staffordshire had credible plans for delivery. They also queried the listening exercise which had appeared to be North Staffordshire centric and the health infrastructure implications around housing developments.

RESOLVED – That:

- a) the information provided and the progress with implementing the priorities set out in the Five Year Plan for Staffordshire and Stoke-on-Trent be noted; and
- b) the development of the Integrated Care System be supported.

15. CCG Commissioning Intentions

Craig Porter, Board Member and CCG Managing Director of South West Division, tabled details of Staffordshire CCG's commissioning intentions 2020/21. Commissioning intentions had been co-developed with providers and clinicians, and reflected:

- strategic developments – including development of an Integrated Care System (ICS) and strategic commissioning capability, as well as place-based developments which included Primary Care Networks (PCNs) and ultimately Integrated Care Providers (ICPs);
- productivity, efficiency and delivery – this included intra-STP (Staffordshire Transformation Plan) Intelligent Fixed Payment (IFP) arrangements and an intention to develop a payment mechanism for out-of-STP providers that would ensure equitable risk and resource allocation; and
- key service/pathway developments – giving key priorities that underpinned wider system transformation and care quality improvements, including: population health management; out of hospital redesign; system redesign; frailty; mental health; learning disabilities and autism; planned care; personalised care; cancer;

children and young people's services board; urgent care transformation; and digital.

Members queried the split between spend on acute and preventative services, with long term ambitions for the balance of spend to move more towards preventative services. The possibility of combining commissioning intentions across SCC and CCGs was also raised.

RESOLVED – That Staffordshire CCG's commissioning intentions 2020/21 be noted.

16. SCC Commissioning Intentions

The H&WB received a presentation on the commissioning intentions of SCC, setting out the outcomes, priorities and working principles of the vision for Staffordshire.

Major transformation programmes were shared around:

- supportive communities (including information, advice and guidance, and building and signposting to community assets)
- all age disability (including developing an autism strategy, recommissioning mental health recovery services and carers services)
- modernising adult social care (including the development and implementation of E-self assessment and a project around preparation for adulthood that ensured children with disabilities had the right support as they reached 18)
- care in the home (including home care and targeted reviews)
- accommodation based care
- urgent care

The commissioning intentions would enable savings of £25m over five years and improvement in service provision.

RESOLVED – That the SCC commissioning intentions for 2020/21 be noted.

17. Staffordshire Better Care Fund Plan 2019-20

The 2019/20 Better Care Fund (BCF) Plan had been drafted, agreed and submitted in accordance with required timescales. At their meeting of 5 September 2019, the H&WB had agreed the extension of the current BCF schemes and approved the delegated sign-off of the 2019/20 plan to the Co-Chair's.

Member's received details of the BCF Pooled Funding. Confirmation of the Plan's approval had been received that afternoon.

Following submission of the Staffordshire BCF Plan, the County Council and the CCGs had made a request to re-baseline the CCG minimum contribution to social care to ensure that Staffordshire had the resource required to sustain essential services going forward around support for carers and the Care Act. Positive informal feedback had been received that suggested this request would be approved.

RESOLVED – That:

- a) the approval of the 2019/20 BCF Plan by the H&WB Co-Chairs and its submission to the regional team on 27 September 2019 be noted;
- b) the request for re-baselining made in order to correct historic issues with BCF funding in Staffordshire be noted; and,
- c) timescales for BCF Plan approval be noted.

18. Director of Public Health Annual Report Update

At the H&WB meeting of 5 September it was resolved that a report would be brought to the next Board meeting updating Members on progress with the Director of Public Health's Annual Report recommendations and identifying timescales for any outstanding actions. Members now considered a table summarising responses from key organisations to the Annual Report's recommendations.

An assistive technology workshop was suggested to help raise awareness and to include representation from the media and general public.

RESOLVED - That:

- a) a presentation on the Together We're Better Digital Programme be brought to the March Board meeting;
- b) updates on Broadband and Digital Infrastructure Strategy from SCC be brought to the December 2020 H&WB meeting;
- c) joined up approaches across the Public Sector be supported; and,
- d) an assistive technologies workshop be held, with arrangements for this considered at the March Board meeting.

19. Families Strategic Partnership Annual Report 2018/19

[Kate Sharratt, Head of Intelligence, Improvement and Development, in attendance for this item.]

The H&WB received the Families Strategic Partnership (FSP) Annual Report 2018/19 which helped monitor progress in delivering Staffordshire's Children, Young People and Families Strategy. The Annual Report detailed FSP activities during 2018/19 and provided an overview of key activities to be undertaken during 2019/20.

During 2019/20, the FSP had expanded to include the Special Educational Needs and Disability (SEND) partnership and Education Strategy Forum. In addition a request had been made for the Children and Young People's JSNA to be updated to enable the Partnership to be intelligence led. On completion of the JSNA, work would be undertaken to review existing arrangements, with a view to updating the FSP Strategy, priorities, work programme and governance arrangements. The intention was to share the revised strategy and governance arrangements with the H&WB at their summer 2020 meeting in place of a 2019/20 annual report.

RESOLVED – That:

- a) the FSP Annual Report 2018/19 be endorsed and the contributions to delivering the H&WB Strategy be acknowledged; and
- b) a revised FSP strategy and governance structure be brought to the H&WB summer meeting in place of a FSP annual report.

20. Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2018/19

[John Wood, SSASPB Independent Chairman, and Helen Jones, Adult Safeguarding Partnership Board Manager, in attendance for this item.]

The Care Act 2014 stated that each local Safeguarding Adult Board must share their Annual Report with the H&WB in their area. Members now received a copy of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report for the period 1 April 2018 to 31 March 2019. The Report outlined progress of sub-groups that support the SSASPB and its delivery of their Strategic Priorities and objectives.

Cllr Alan White, Co-Chair, wished to place on record his thanks for the work undertaken by the SSASPB and his confidence that any issues raised with them were dealt with in an appropriate, professional and timely manner. Dr Alison Bradley, Co-Chair, endorsed this thanks from the CCG perspective.

RESOLVED – That the SSASPB Annual Report 2018/19 be received in accordance with the requirements of the Care Act 2014 Statutory Guidance (2016'para 160).

21. Special Educational Needs and Disability

In November 2018, Ofsted/CQC had inspected Staffordshire's effectiveness in implementing the special educational needs and disability (SEND) reforms (as set out in the Children and Families Act 2014). The inspection outcome was that a Written Statement of Action (WSOA) was required to address the significant areas of weakness identified in the published report letter. H&WB Members received a copy of the WSoA, which had been submitted to Ofsted in April 2019. The document set out how SCC and NHS Staffordshire CCGs would work together with partners, parents/carers, young people and school leaders, to improve outcomes for children and young people with SEND.

A key element of the WSoA was the formation of seven task and finish sub groups as follows:

- a) leadership and governance
- b) joint commissioning
- c) Early Years
- d) graduated response
- e) assessment and planning
- f) local offer and engagement group
- g) eight district governing body groups

The Chairs of each sub group would meet monthly prior to the SEND Partnership Group to highlight progress with their actions plans, the associated risks and interdependencies.

Details of next steps were shared with Members, including:

- a) the co-production with key stakeholders of the SEND Strategy which will inform future multi-agency direction of travel regarding send in Staffordshire;

- b) the SEND strategy will contain a set of principles to underpin the way key partners work with children, young people and families, communities and partners to meet the needs of people with SEND;
- c) following the production of the SEND strategy a range of activities developed to ensure effective delivery;
- d) key elements of the SEND model to include: SEND locality hubs; educating children with moderate learning difficulties in mainstream schooling where ever possible; outreach support for mainstream schools provided by special schools; and special schools to provide for those in greatest need; and
- e) at a local level the SEND model will be aligned to other locality models.

RESOLVED – That:

- a) the content of the report and the status of the Local Area Written Statement of Action be noted;
- b) the direction of travel to improve the SEND service be endorsed; and
- c) that the SEND Strategy be brought to the H&WB in September 2020 for review and sign-off.

22. Forward Plan

The H&WB noted their Forward Plan, and the addition of the following items for their next meetings:

- JSNA
- digital programme

It was hoped that CCG colleagues would attend the March meeting to share their views on the JSNA.

RESOLVED – That the additions to the work programme be noted.

Chairman

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

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Agenda Item 3

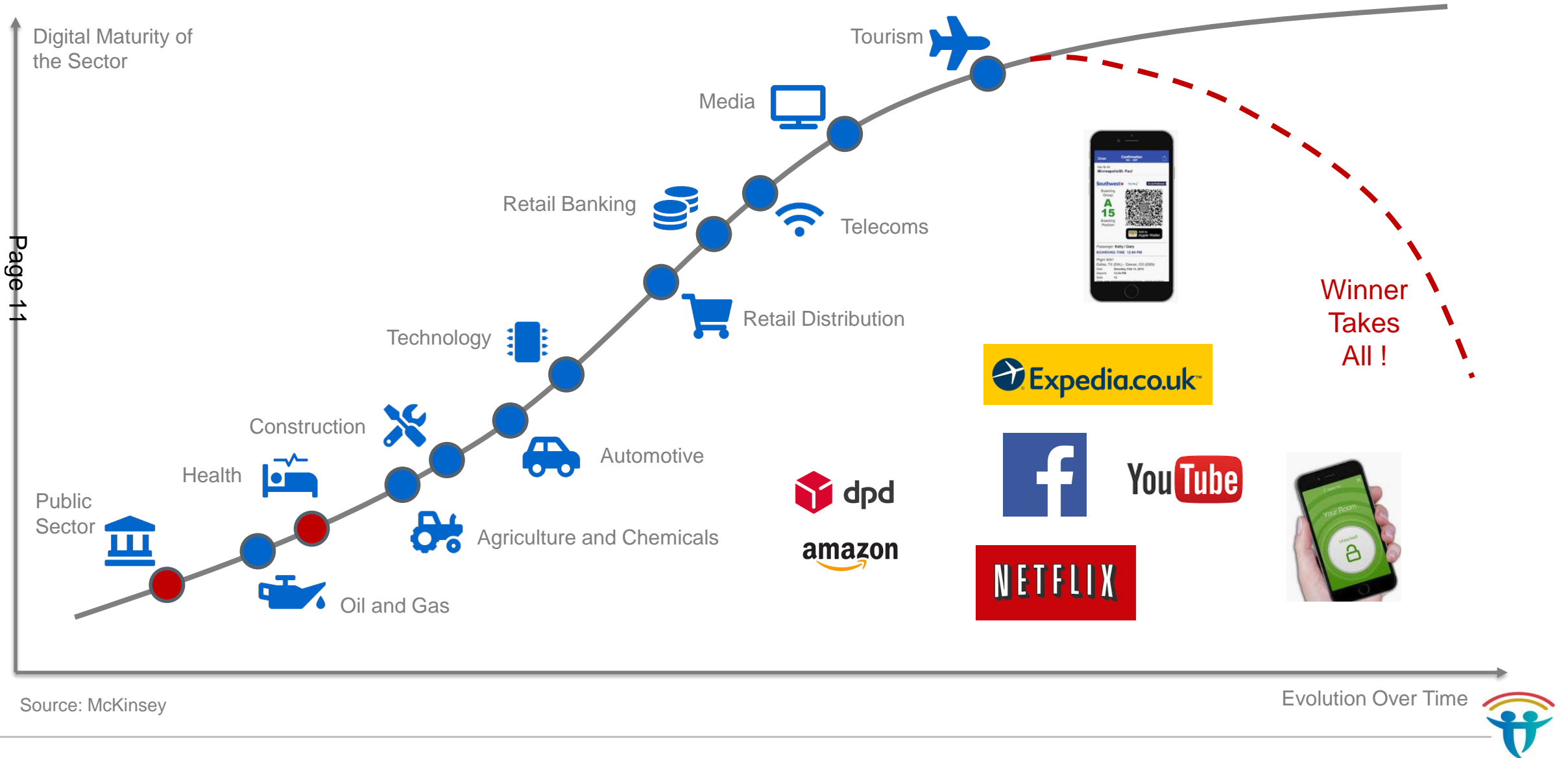


Agenda

- Introduction
- Digital Strategy
- Delivery Programme
- Key Project Updates
 - Integrated Care Records
 - Technology Enabled Care Services

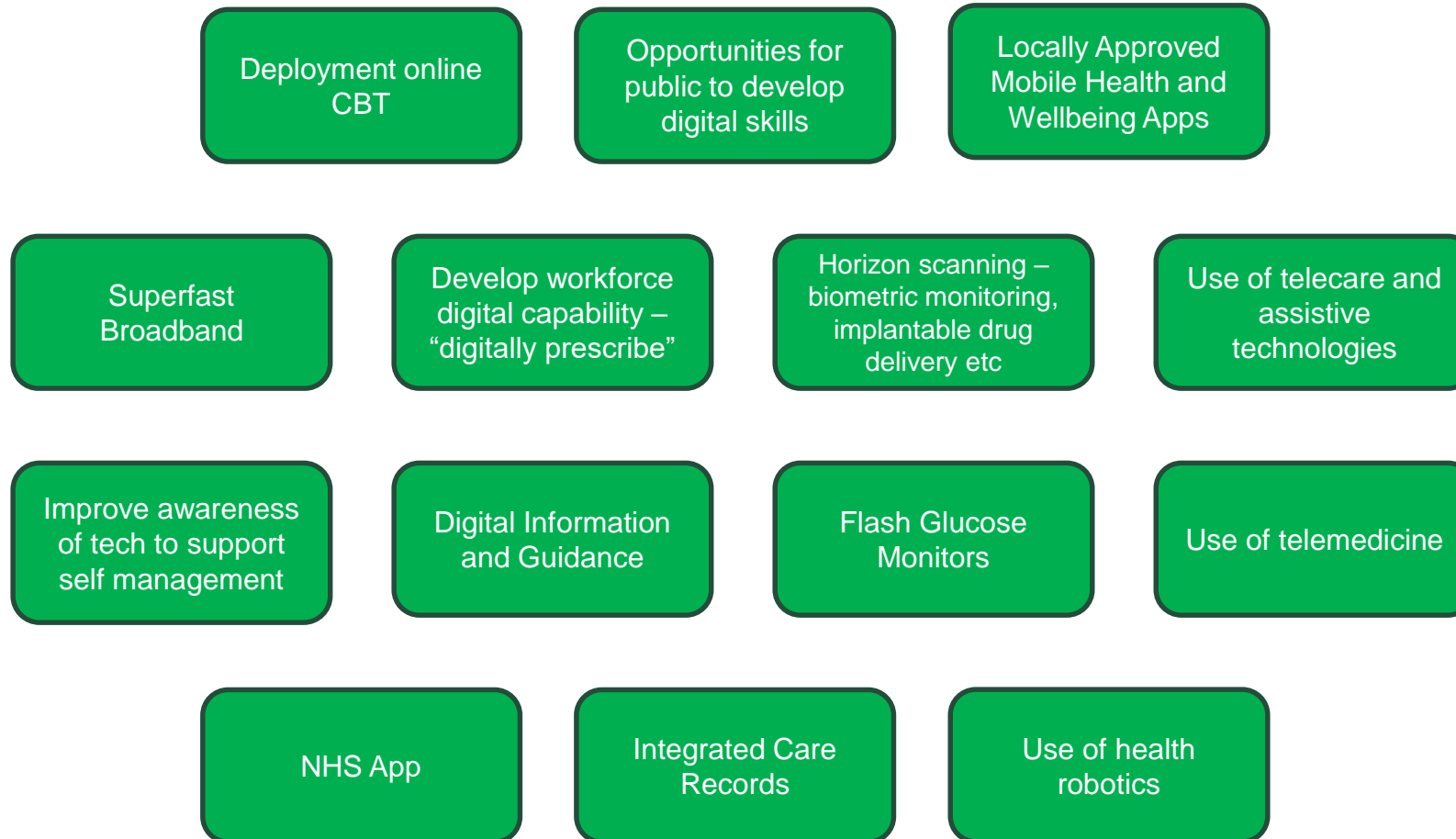


Digital Transformation



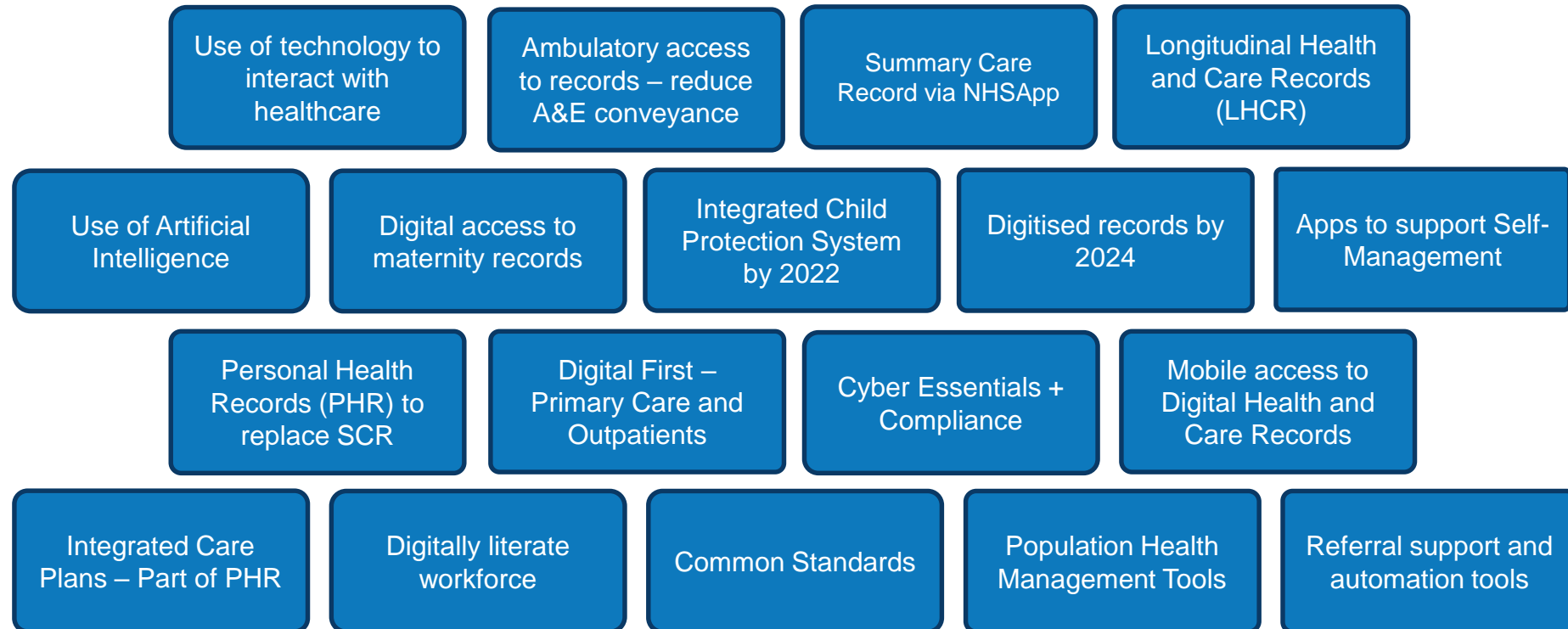
Director of Public Health – Annual Report

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NHS Long Term Plan

Page 13



50+ Digital Commitments in the NHS Long Term Plan



Digital Vision

✓ EMPOWERED PATIENTS

We will place patients at the centre of their own health and care by adopting technologies that help citizens stay in their homes for longer, open new digital avenues into health and care services and promote shared care through 2-way information sharing, utilisation of apps and connectivity to wearable technology



✓ DIGITISED CARE

We will ensure that all health and care information is recorded electronically to a high standard and digital tools are available to make health and care professionals lives easier. We will implement a range of new technologies aimed at improving the efficiency and effectiveness of health and care including the use of artificial intelligence.



✓ POPULATION HEALTH

We will provide a range of tools and data sources and support these to be sensitively utilised in new and innovative ways so as to directly and indirectly benefit the health and care offered to the citizens of Staffordshire and Stoke-on-Trent.



✓ INFRASTRUCTURE & SERVICE

We will provide health and care professionals with an infrastructure that simplifies access to the right resources using appropriate devices to the highest possibly cyber security standards. We will provide staff with high quality digital support services at a time and place convenient to them and in accordance with industry level standards.



✓ CAPABILITY & INNOVATION

We will seek to develop the digital capability of both our workforce and the wider population to ensure the digital initiatives stand the highest chance of success. We will develop and embed innovation at the heart of how we operate ensuring that we are constantly exploring how cutting edge technologies can benefit the local population.



✓ INVISIBLE BOUNDARIES

We will ensure that all residents of Staffordshire and Stoke-on-Trent are able to receive the same high quality health and care by ensuring that professionals outside of the immediate geography are as informed as those within it. We will routinely collaborate with local partners to share ideas and deliver digital technology faster.



Context



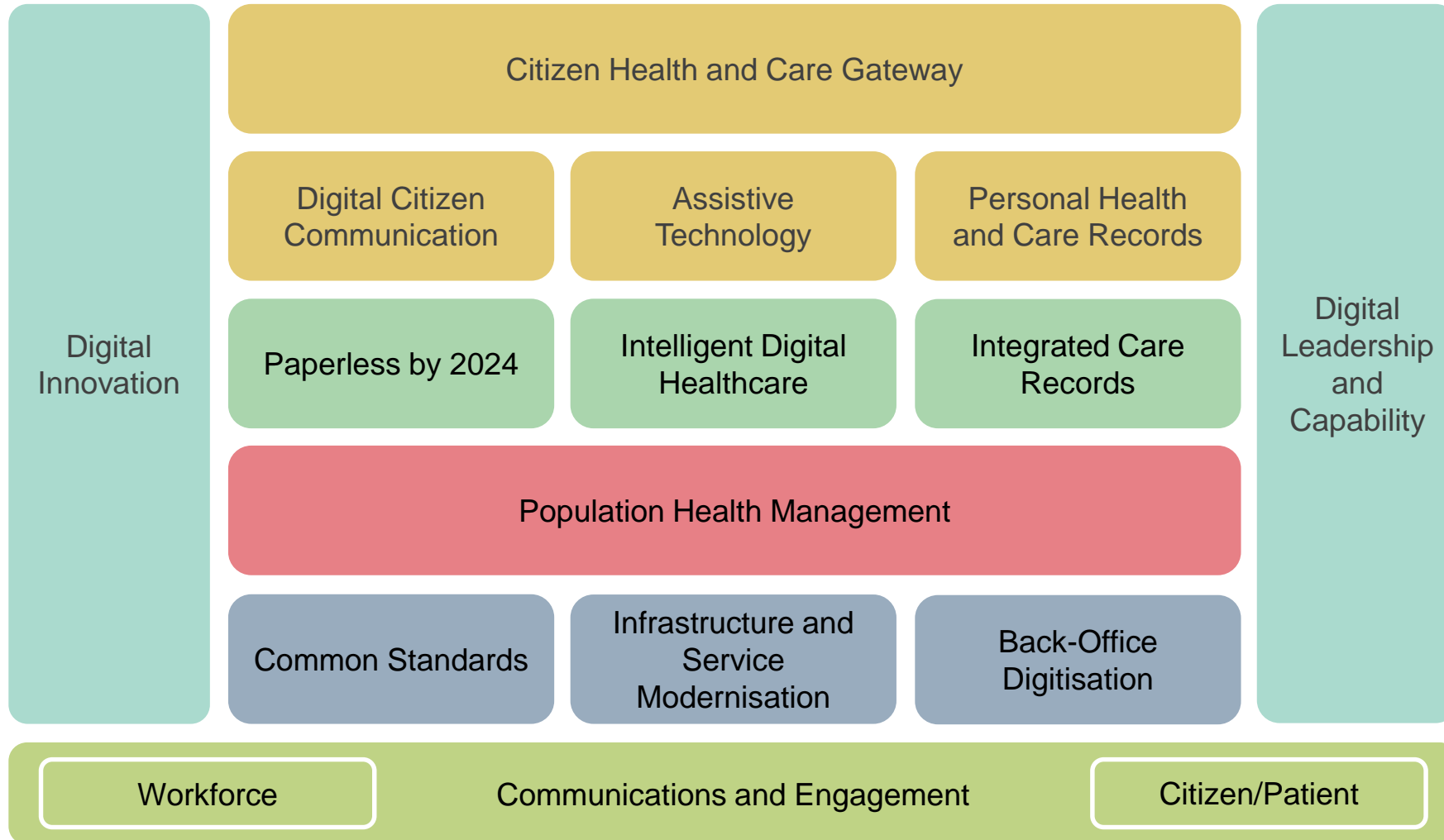
Programme

Priorities



Digital Programme – Delivery Workstreams

Page 15



Digital Programme – Delivery Workstreams

Citizen Health and Care Gateway

Citizen Health and Care Gateway:

Provide patients, carers, citizens etc with a single simplified point of access into all digitally enabled health and care services regardless of who provides them. Drive a channel shift towards the Citizen Health and Care Gateway by including as many services as possible within this..

- Integrated Patient portal
- NHSApp
- Digital first (outpatients and primary care)
- NHSLogin Compliance
- Staffordshire Apps Store



Digital Programme – Delivery Workstreams

Citizen Health and Care Gateway

Digital Citizen
Communication

Digital Citizen Communication:

Create a series of pro-active digital engagement channels with citizens ranging from appointment reminders through to 2-way personalised communication.

- Bi-directional citizen/professional health and care communication
- Unified appointment reminders
- Electronic Patient letters
- Pro-active alerting and health promotion



Digital Programme – Delivery Workstreams



Assistive Technology:
Implement a range of assistive technologies aimed at keeping people in their homes for longer, improving quality of life and preventing illness.

- Home health monitoring
- Citizen assistive technology



Digital Programme – Delivery Workstreams



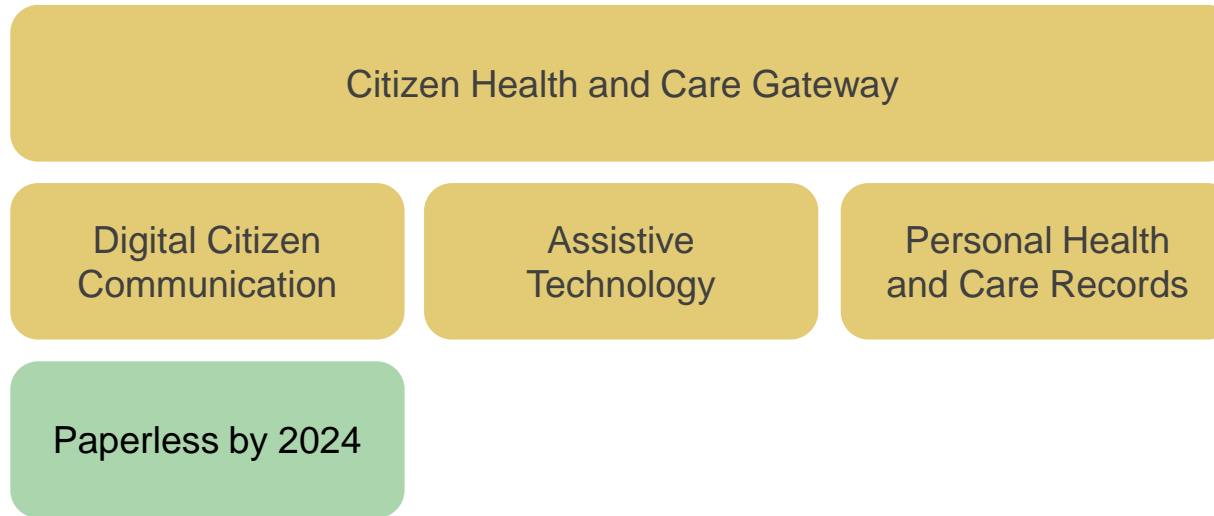
Personal Health and Care Records:

Ensure citizen's health and care information is readily accessible to them and where appropriate they are able to records their own health and care information..

- Personal digital maternity records
- Personal health record tools
- Citizen sourced information
- National eRedBook deployment



Digital Programme – Delivery Workstreams

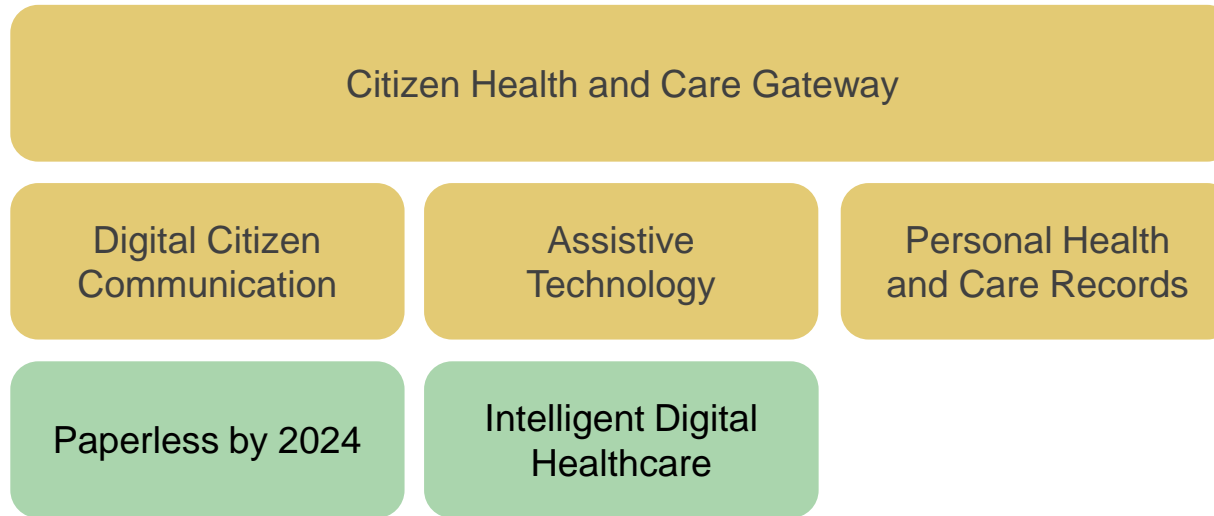


Paperless by 2024:
Remove all paper records for all partner organisations and ensure that all health and care information is recorded electronically.

- Care homes
- Enhanced maternity system
- Primary care network enablement
- GP IT Futures
- Lloyd George notes digitisation
- Localised care digitisation
 - EPR



Digital Programme – Delivery Workstreams



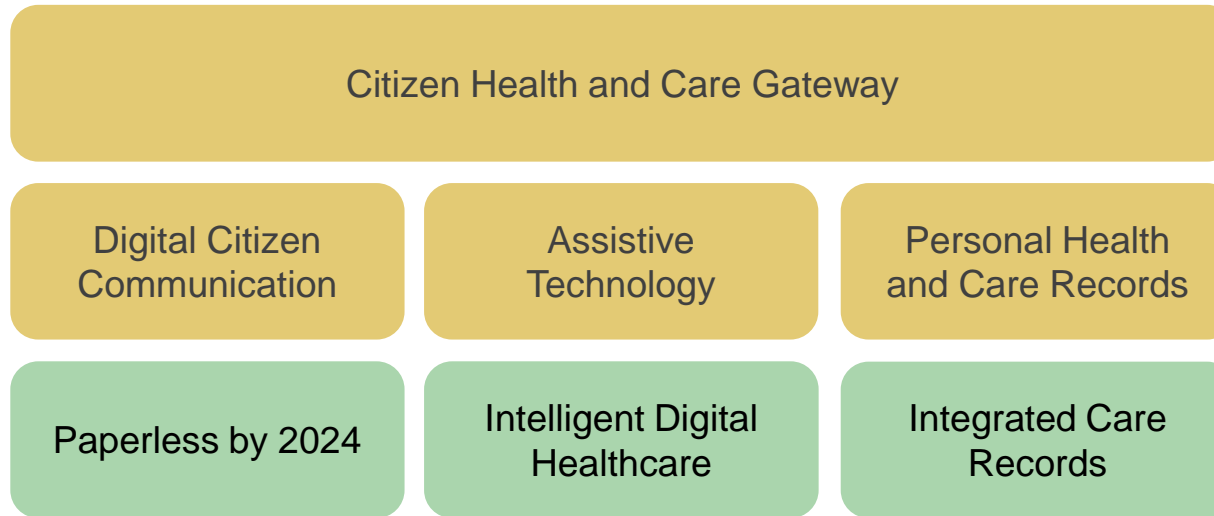
Intelligent Digital Healthcare:

Digitally augment and improve how health and care is delivered and managed by identifying and implementing the latest digital tools and techniques into health and care settings.

- Streamlined referral and discharge
- Use of AI and Decision support
- AI enabled patient self-referral
- Patient flow management



Digital Programme – Delivery Workstreams



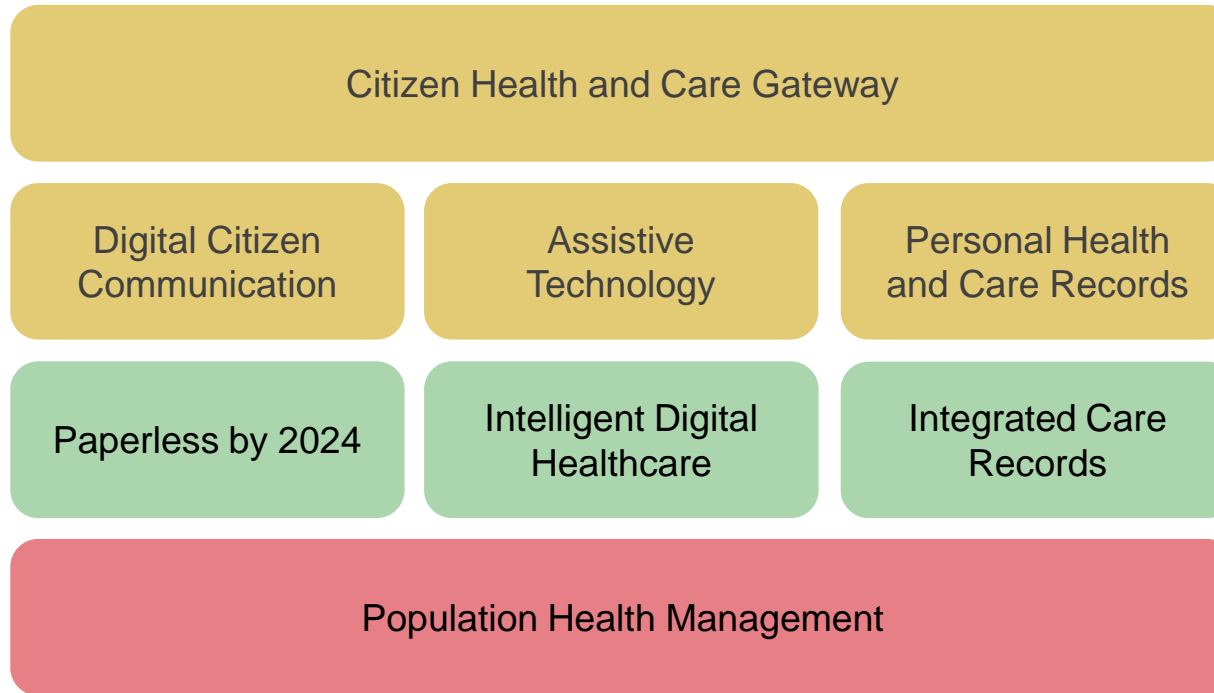
Integrated Care Records:
Develop and implement a solution to amalgamate health and care information into a single repository to improve the delivery of health and care.

- Integrated care record and viewer
- Local health and care records (LHCR)
- Integrated Care Plans
- EPaCCS System Deployment



Digital Programme – Delivery Workstreams

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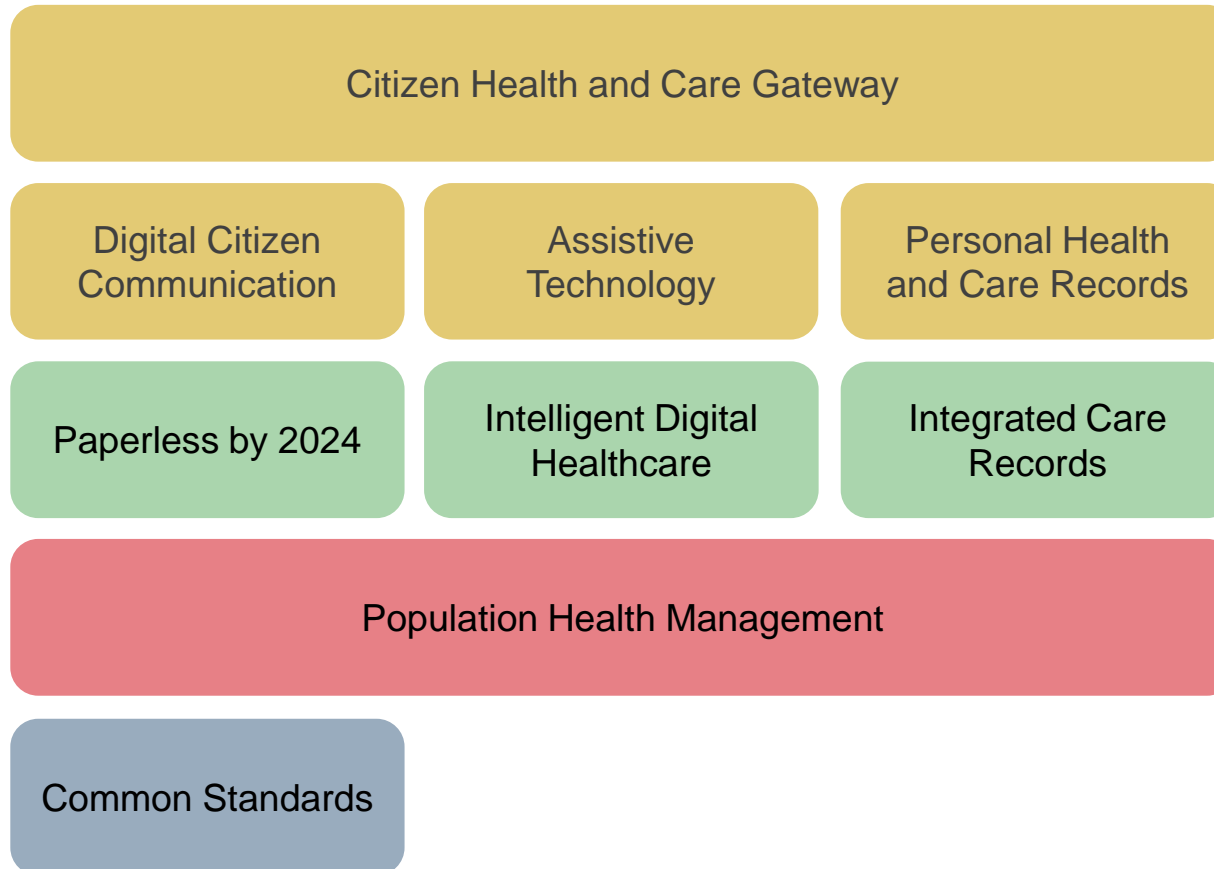
Population Health Management:

Evaluate a range of current PHM pilots and implement a PHM toolkit comprising an enterprise wide core PHM system and smaller niche applications to amalgamate health and care information into a single repository to improve the delivery of health and care.

- Existing PHM pilot evaluation
- PHM Enterprise Solution
- PHM Niche Tools



Digital Programme – Delivery Workstreams



Common Standards:

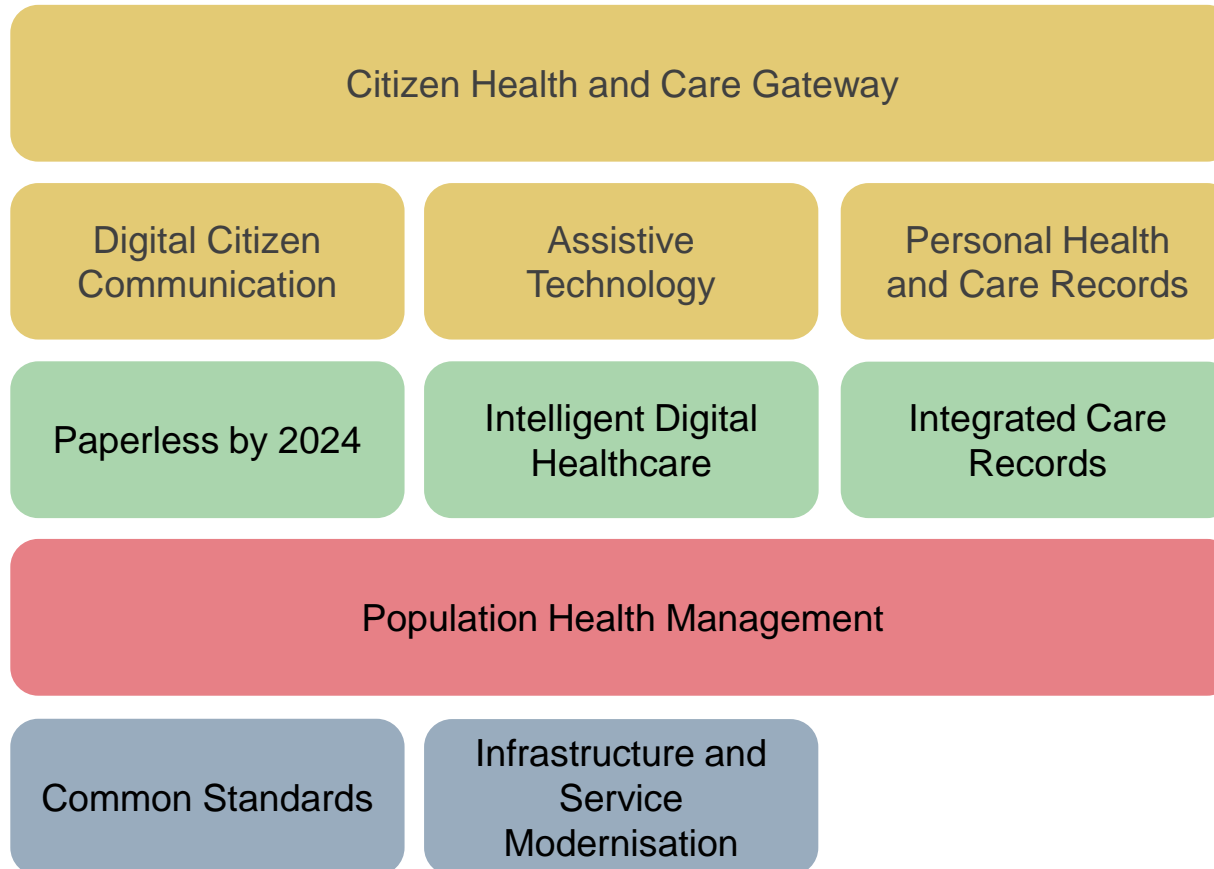
Ensure digital is a key enabler of change and delivers comparable, high quality information by adopting and embedding consistency and standardisation of digital tools and technologies throughout the Health and Care partners.

- Information sharing gateway
- Common Datasets
- Digital Commissioning
- Common Digital Standards



Digital Programme – Delivery Workstreams

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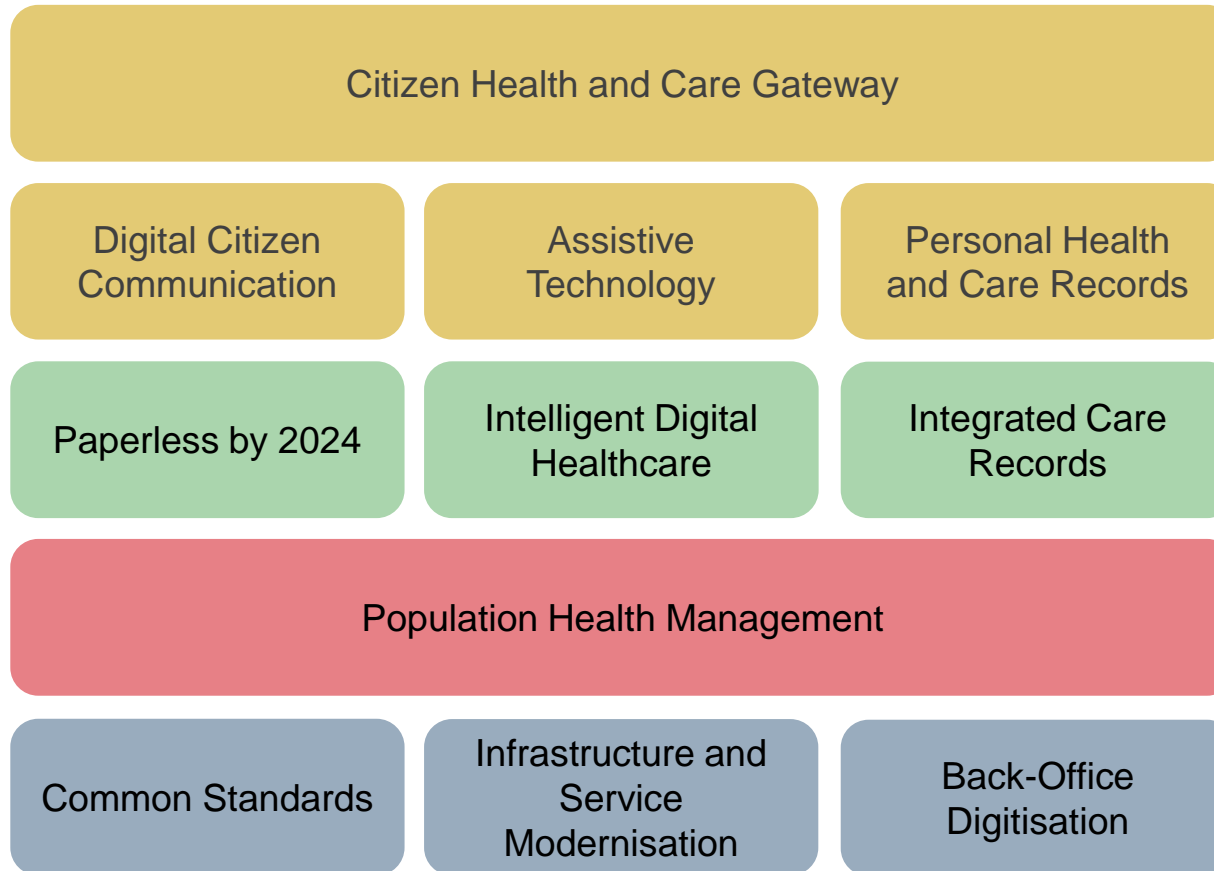
Infrastructure and Service Modernisation:

Design and create a modern infrastructure and supporting services allowing simple, assured and portable access for all required users.

- Common Infrastructure Model
- Infrastructure automation and security
- NHSMail for care homes and hospices
- Unified IT Service Model
- User mobility



Digital Programme – Delivery Workstreams

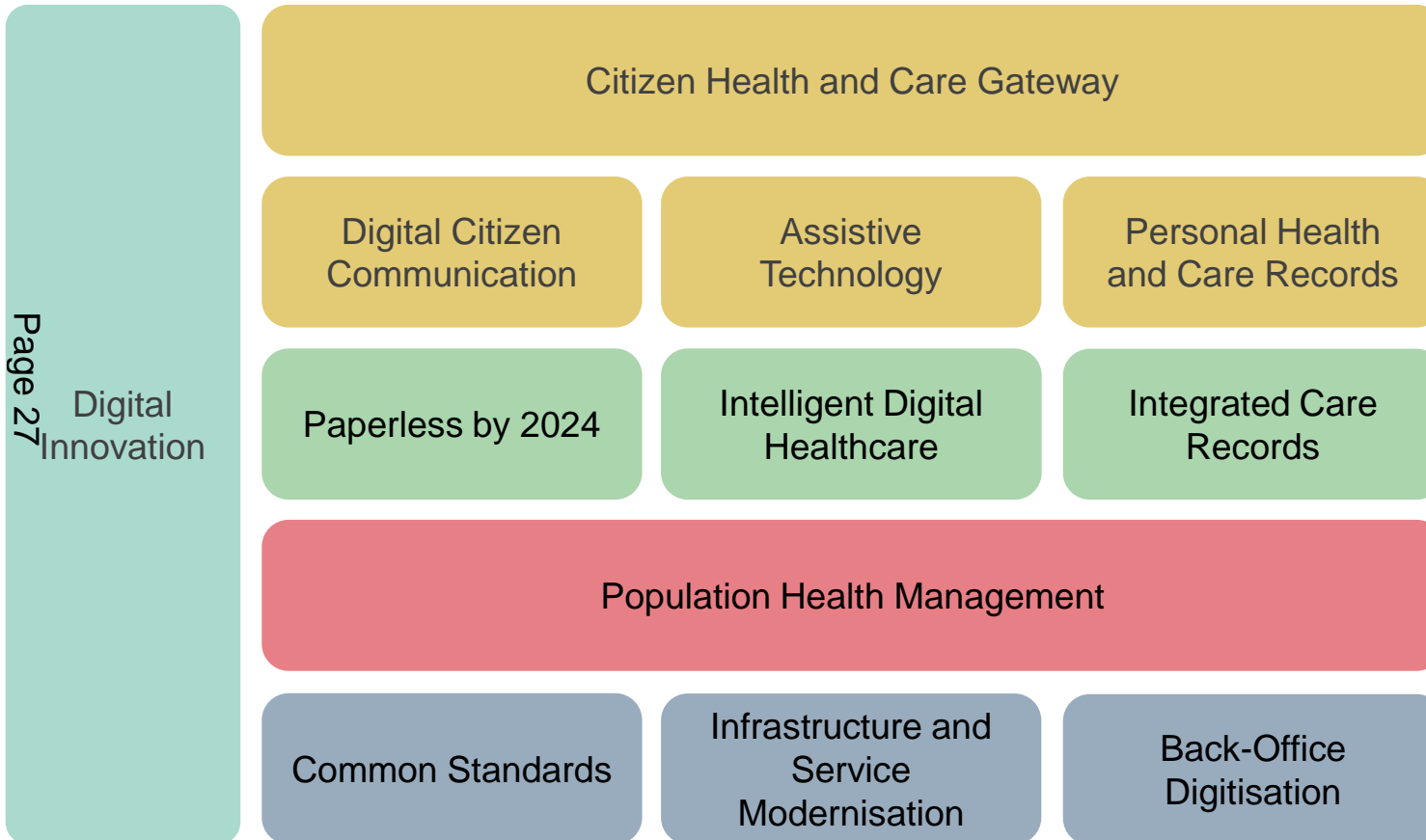


Back-office Digitisation:
Support and promote back-office efficiency and effectiveness improvements by identifying and implementing opportunities for digital efficiencies.

- Robotic process automation
- Workforce engagement App
- WMAS corporate record digitisation



Digital Programme – Delivery Workstreams



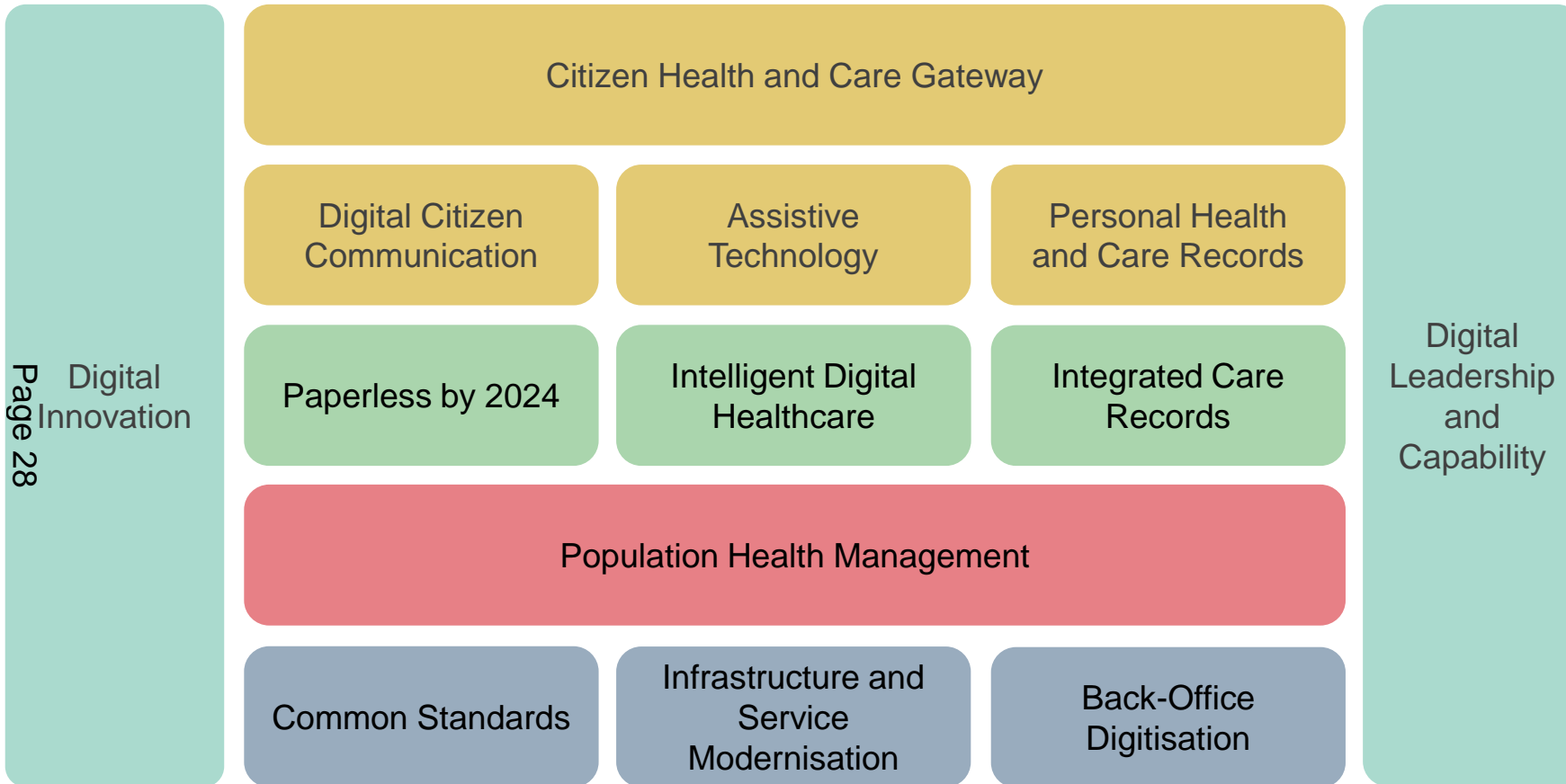
Digital Innovation:

Create and foster a culture of digital innovation and engage the wider workforce and stakeholders in developing digital ideas to improve health and care delivery.

- Unified Digital Innovation Process
- Ideation and Engagement Hub
- Digital Innovation Centre



Digital Programme – Delivery Workstreams



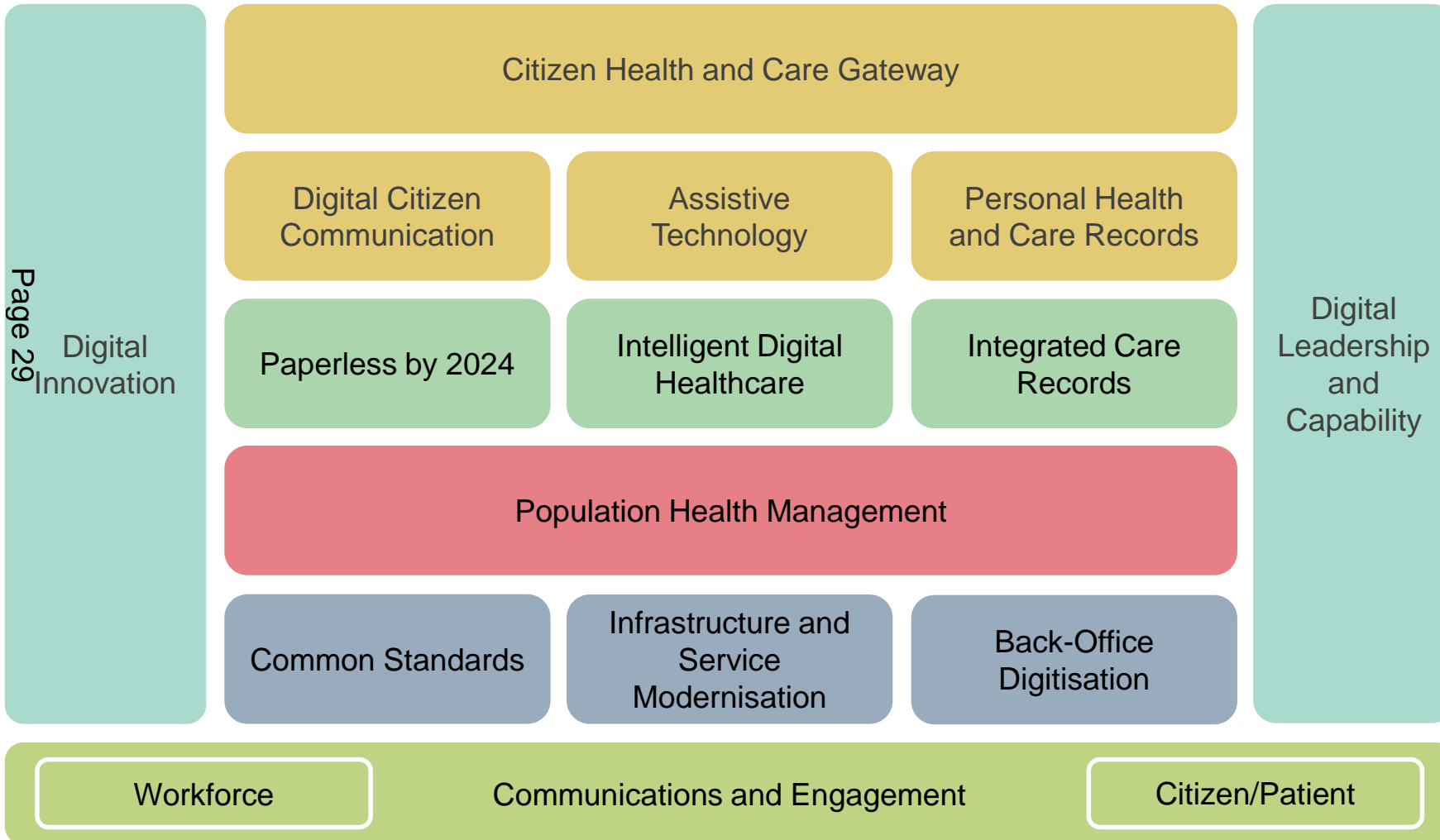
Digital Leadership and Capability:

Develop the digital capability of staff and citizens whilst improving the wider digital leadership capacity to embrace and lead the future changes required.

- Public Digital Inclusion
- Digital Apprenticeships
- Clinical Digital Upskilling
- Digital Development Networks
- Digital Leadership Programme



Digital Programme – Delivery Workstreams



Communication and Engagement:

Integrated planning and approach to communications and engagement.

- Internal and external workforce
- Citizens and Patients

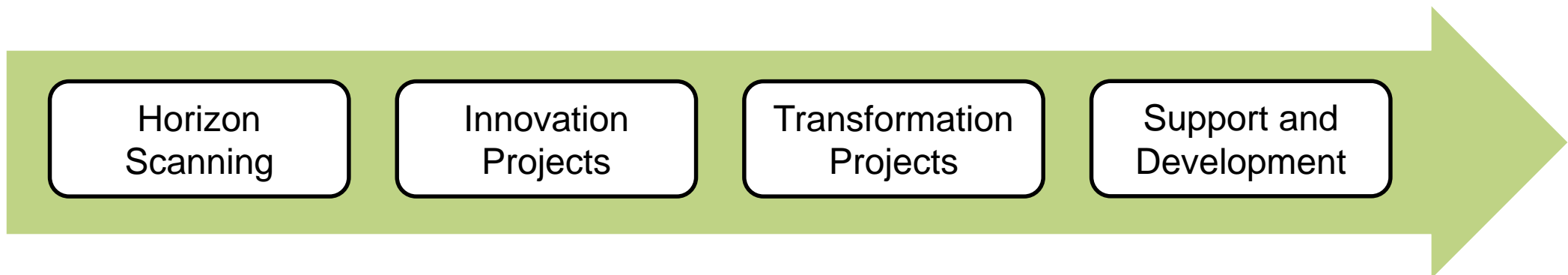
Key focus areas in behaviour change and public uptake of new technologies



Programme Approach

- Majority of the programme is not funded
- Approach
 - Prioritise deliverables
 - Define projects and business cases
 - Seek funding sources or alternate delivery approaches
 - Deliver
- Combination of centralised and localised delivery projects

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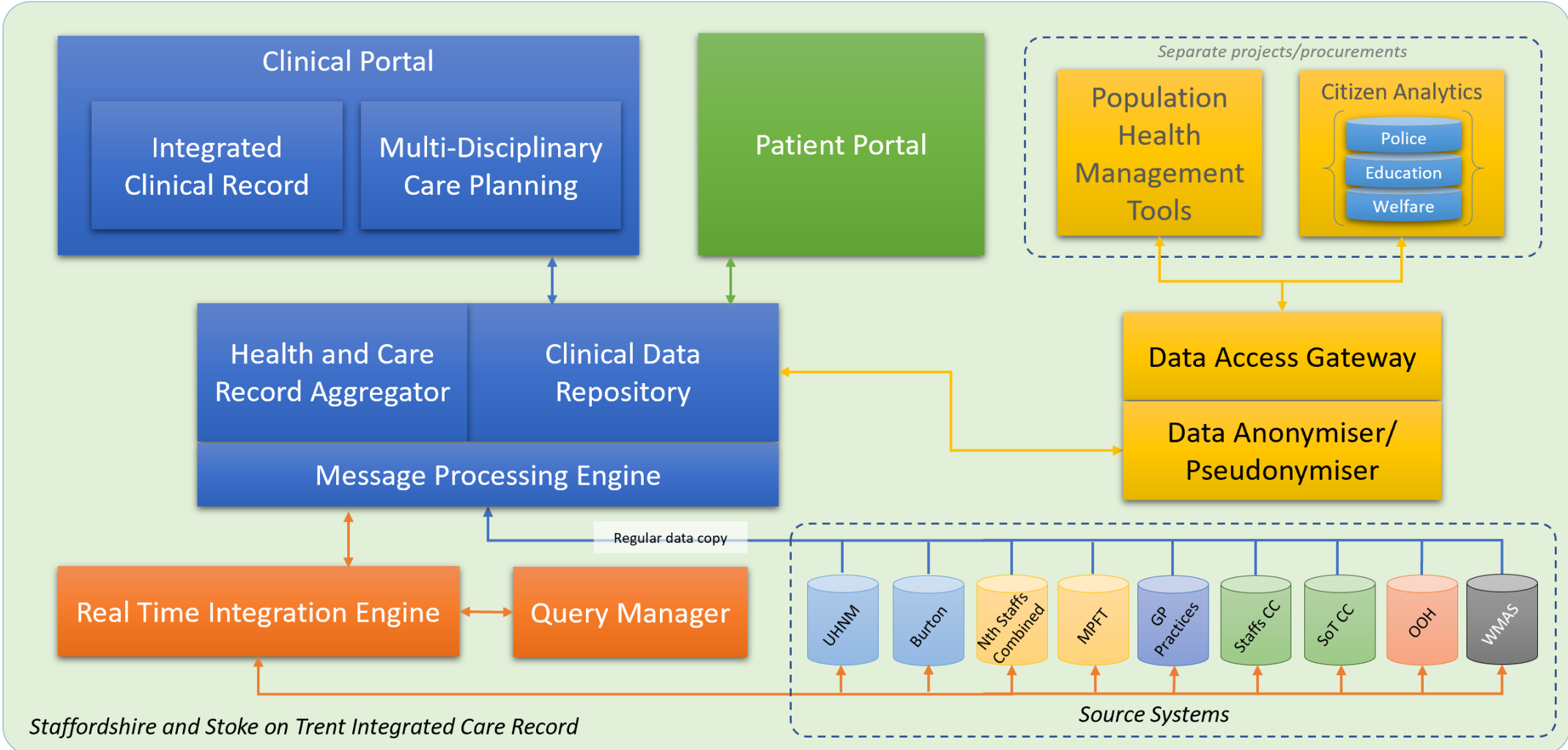
One Health and Care

One Record for Better Health and Care



Integrated Care Records - Overview

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Information



Health and Care
ONE RECORD FOR BETTER HEALTH AND CARE





Summary Consultations Medication Problems Investigations Care History Diary Documents Referrals Shared Record

Add Edit Delete Latest Only Descriptive Text Abnormal Only Collapse All Values View View Reports Filters Search View Print CR Config Search Patient Report List

Registration - 3

TEST-TRANSFER, Dummy (Mr) Born: 01-Jan-1973 (40y) Gender: Male NHS No.: 704 950 3142 Usual GP: BANSEL, J K (Dr) Inactive Patient

Patient No: 111 111 1111 Name: MR DUMMY TEST-TRANSFER Date of Birth: 01 Jan 1977 NHS No: 704 950 3142

Patient Record

- ▲ Patient Alerts (1 active)
- Manage My Patient Lists
- Patient Audit Trail
- Patient Settings
- Scanning Frontpage
- Alerts
- Allergies and Alerts
- Patient Demographics
- Test Folder
- Draft Documents (1)
- Primary Care
- Dermatology
- TestDoc Top Level Summary
- Future Appointments - (0)
- GP Record
- Digital Dictation
- Hospital
- Patient Summary
- Hospital Letters
- Clinic Letters
- Legacy Notes
- Carers & Dependants
- Clinical Notes and History
- Care Plans
- Clinical Assessments
- CPA
- Observations Charts and Forms
- Demographics & Status
- Southern Health

Create Documents

Analysis

Knowledgebase

Inpatient Summary

CareCentric Clinical Portal

Patient Demographics

Hub data fetched 14/08/14 12:34

Contact Details

Address STATION HOUSE, STATION ROAD, NEWPORT PAGNELL, BUCKS. MK16 0AG

Phone 01908 5007200

GP Details

GP Name FORD (G9999999)

Practice FORD PRACTICE, FORD ROAD, NEWPORT PAGNELL, BUCKS.

Allergies

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Showing 1 - 6 of 14 items

Cat Fur	Severity
14-Jul-2014	
Horse Hair	Severity SV
01-Jul-2014	
Latex	Severity
20-May-2014	
Peanut allergy	Severity
29-Jan-2014	
(ADR) Penicillin V Tablet	Severity SV
11-Dec-2013	
Adverse reaction to metronidazole	Severity
09-Oct-2013	

Problems and Conditions

Hub data fetched 14/08/14 12:34

Showing 1 - 6 of 9 items

Type 2 diabetes mellitus	ACTIVE
10-Jun-2014	
Tonsillitis - acute recurred	ACTIVE
29-Mar-2014	
Epigastric pain	PAST
12-May-2013	
Multiple joint pain	PAST
12-May-2013	
Muscle injury / strain	PAST
27-Jan-2013	
Back pain-dorsal spine	PAST
27-Jan-2013	

Results & Requests Summary

Hub data fetched 14/08/14 12:34

Last GP Result Date

Showing 1 of 66 items

Hospital Activity

Hub data fetched 14/08/14 12:34

Showing 1 - 6 of 33 items

Outpatient Discharge	15-Jul-2014
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Investigations and Procedures

Hub data fetched 14/08/14 12:34

Showing 1 - 6 of 30 items

Therapeutic Procedure	13-Jul-2014
Change of dressing...	

Progress to Date

- System procurement complete – contract awarded
- Agreements in place with all STP partners to share data
 - Information sharing gateway being implemented
 - Information sharing agreements currently being formally signed
- Test data messages complete between most partners and the integrated care record
- Fair-processing campaign complete
- Training material in development
- Anticipated live from April 2020 onwards
 - Go-live will be based on achieving a critical mass of information

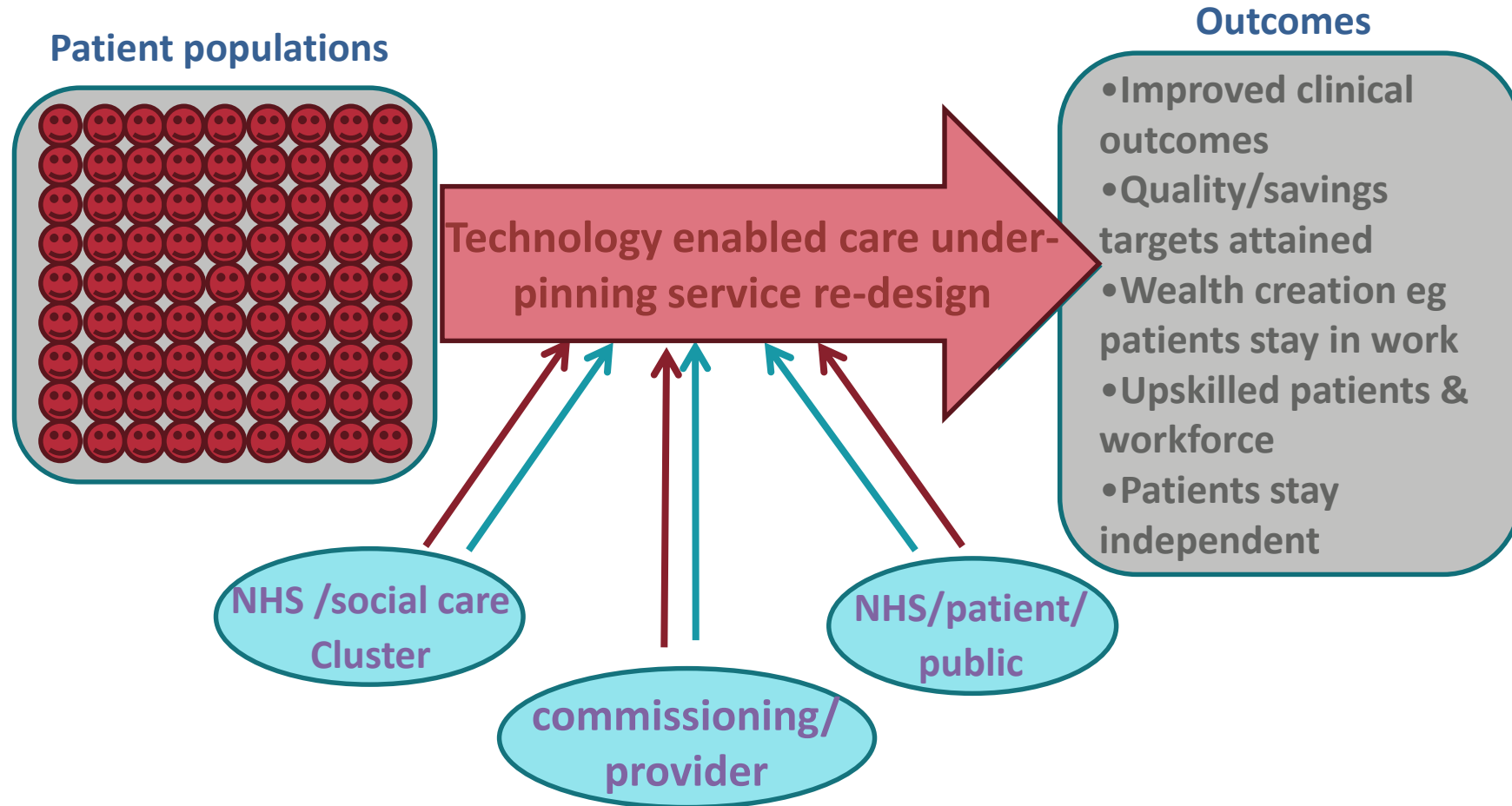
How we are implementing Technology Enabled Care in Primary Care –across Staffordshire

Page 36

Dr Ruth Chambers OBE, Clinical lead for Staffordshire STP's technology enabled care services (TECS) programme, digital workstream board

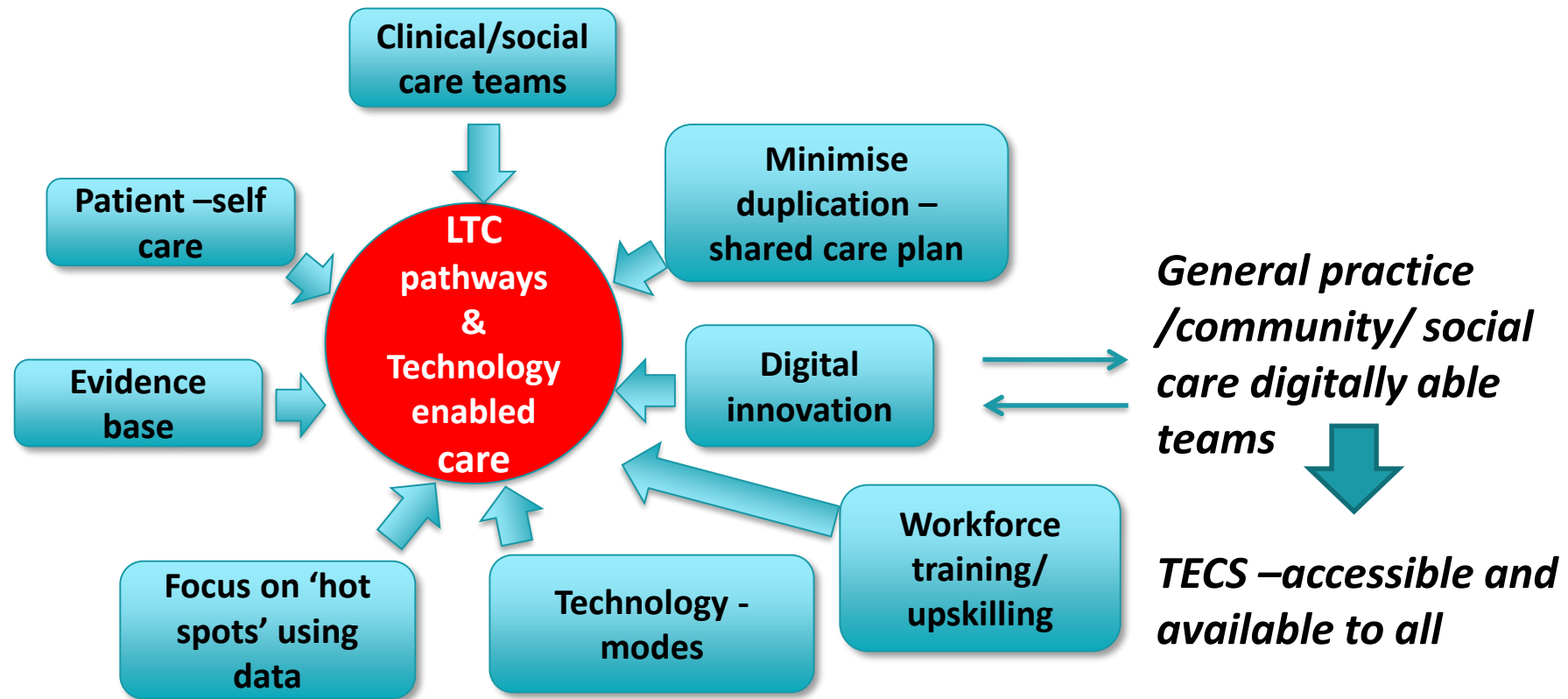
Technology enabled care at scale - the future

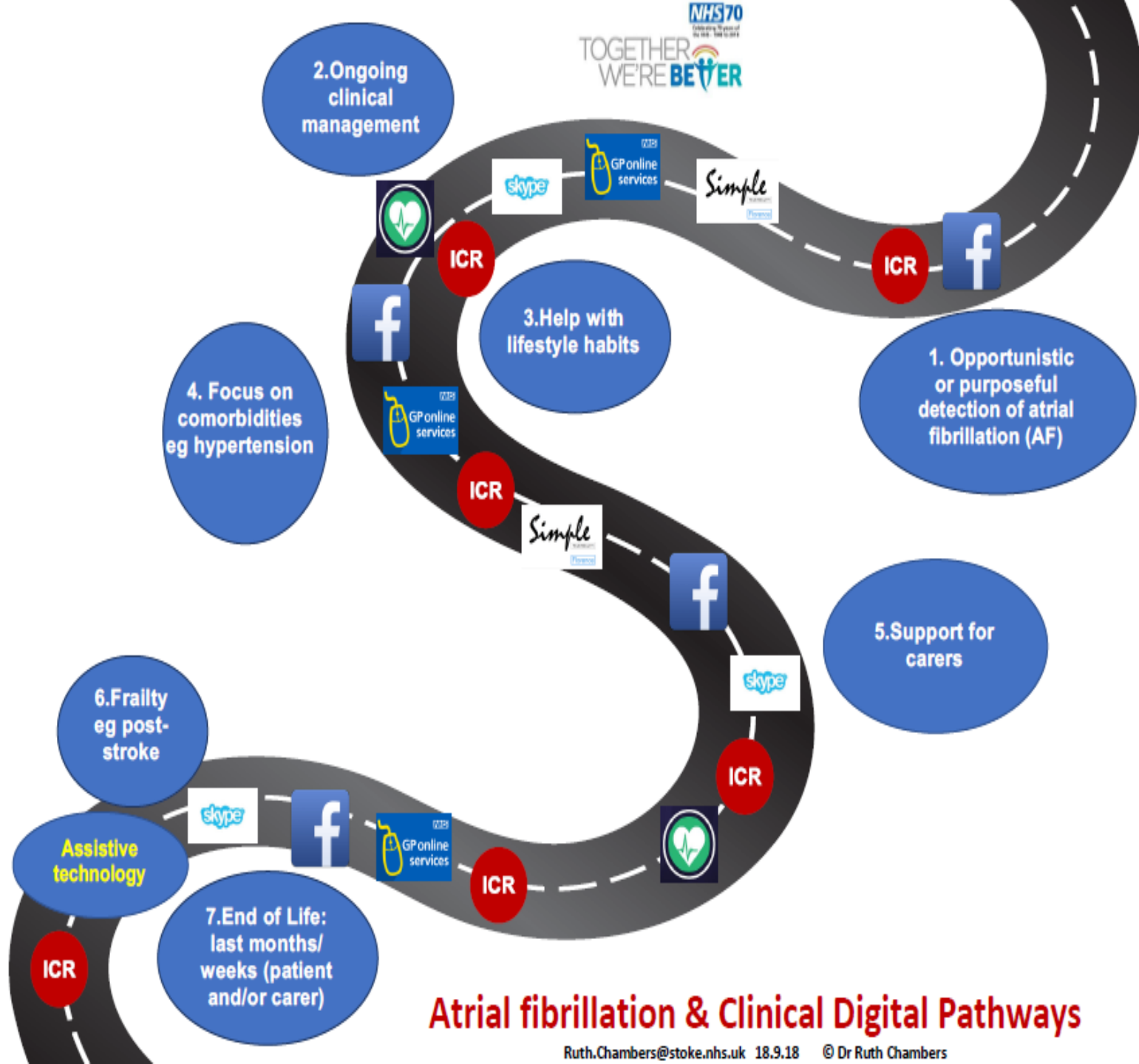
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Digital Clinical /Social Care Champions

Developing confidence, competence, capability, continuity and capacity for delivery of technology enabled care





















Atrial fibrillation & Clinical Digital Pathways

Practice report: Opportunities for technology enabled care to underpin delivery of care for patients with key long term conditions and/or adverse lifestyle habits

GP practice: A2

CCG:

Modes of TECS practice currently uses as far as is known					
Lifestyle / long term condition indicator	Practice		CCG	National	TECS opportunities
	2016/17	2017/18	2017/18	2017/18	
<p>COPD Prevalence</p> <p>COPD003- Percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months</p> <p>COPD003 - Exception reporting</p>	1.47%	1.60%	1.71%	1.91%	   
<p>Atrial Fibrillation (AF) Prevalence</p> <p>AF007 – In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anticoagulation drug therapy</p> <p>AF007- Exception reporting</p>	2.06%	2.30%	2.50%	1.91%	     
<p>Stroke or TIA Prevalence</p> <p>STIA003 - Percentage of patients with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less</p> <p>STIA003 – Exception reporting</p> <p>STIA007 –Percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record in the preceding 12 months that an anti-platelet agent, or an anti-coagulant is being taken</p> <p>STIA007 – Exception reporting</p>	2.33%	2.28%	2.21%	1.75%	    



Atrial Fibrillation

- **AF prevalence**

Average (1.9 – 2.5%) The number of your patients diagnosed and coded as having AF seems good being near your CCG's average prevalence rate. The CCG average is much higher than the national average as we've all worked so hard to identify and diagnose people with AF and might be partly due to the patient demographics locally- patients' age group, how many patients smoke etc. You could consider using technology enabled care to increase patients' awareness that they might have AF eg via your practice website or public Facebook messaging; or you could try screening patients not diagnosed as having AF or taking an anticoagulant at 'flu clinics or when they are attending for annual review of another long term condition or help with their adverse lifestyle habits.

AF007 – take a look at how your practice's exception reporting rate compares with the CCG average or national average too, when looking at the commentary on your practice performance.

You could promote GP Online to encourage patients to sign up and look at their own medical records and realise that they were diagnosed as having AF but at a stage when they were not anticoagulated as their CHADS2-VASc score was deemed too low to start anticoagulation. Obviously the practice team could do a records search every so often to pick up such patients if they might have been lost to follow up; then if their CHADS2-VASc score is ≥ 2 recommend they start anticoagulant medication. This could save more of your patients from having a stroke that might have been avoided.

- **Low (<89%)** The number of your patients who are taking an anticoagulant drug who have been diagnosed and coded as having AF with a CHADS2-VASC score of ≥ 2 seems a bit low, compared with your CCG's average rate. The CCG average is similar to the national average. You could consider using technology enabled care to increase patients' awareness of the importance of adhering to their medication eg via Flo telehealth interactive texting for medication adherence, or maybe try setting up a Closed Facebook Group for patients with AF who will benefit from peer to peer support and clinical input to encourage a healthy lifestyle.



AliveCor Screening across Staffordshire PCNs



The number of practices using AliveCor to screen patients for AF



113 out of **152**
practices are using
AliveCor to screen
their patients for AF



The national AF prevalence is 1.91%

Region	Practices Using AliveCor	AF Prevalence
North Staffordshire	25	2.49%
Stoke-on-Trent	31	2.00%
Stafford and Surrounds	11	2.50%
Cannock Chase	11	2.13%
South East and Seisdon	17	2.35%
East Staffordshire	18	2.06%



AF prevalence and achievement across 6 Staffordshire CCGs

2013/14	National	Cannock Chase	East Staffs	North Staffs	South East and Seisdon	Stafford and Surrounds	Stoke on Trent
AF prevalence	1.57	1.71	1.64	2.03	1.76	1.95	1.67
2014/15	National	Cannock Chase	East Staffs	North Staffs	South East and Seisdon	Stafford and Surrounds	Stoke on Trent
AF prevalence	1.63	1.83	1.71	2.12	1.86	2.04	1.73
2015/16	National	Cannock Chase	East Staffs	North Staffs	South East and Seisdon	Stafford and Surrounds	Stoke on Trent
AF prevalence	1.71	1.90	1.81	2.21	1.97	2.17	1.79
AF007	86.69	85.34	87.00	85.33	86.45	84.68	87.27
2016/17	National	Cannock Chase	East Staffs	North Staffs	South East and Seisdon	Stafford and Surrounds	Stoke on Trent
AF prevalence	1.84	2.06	1.97	2.40	2.16	2.40	1.91
AF007	88.41	89.05	90.61	86.88	86.69	88.29	89.56
2017/18	National	Cannock Chase	East Staffs	North Staffs	South East and Seisdon	Stafford and Surrounds	Stoke on Trent
AF prevalence	1.91	2.13	2.06	2.49	2.35	2.50	2.00
AF007	90.04	89.96	91.01	89.59	88.26	89.46	91.24
2018/19	National	Cannock Chase	East Staffs	North Staffs	South East and Seisdon	Stafford and Surrounds	Stoke on Trent
AF prevalence	1.98	2.26	2.13	2.64	2.46	2.60	2.08
AF007	91.09	91.03	92.51	91.19	89.59	89.97	91.73

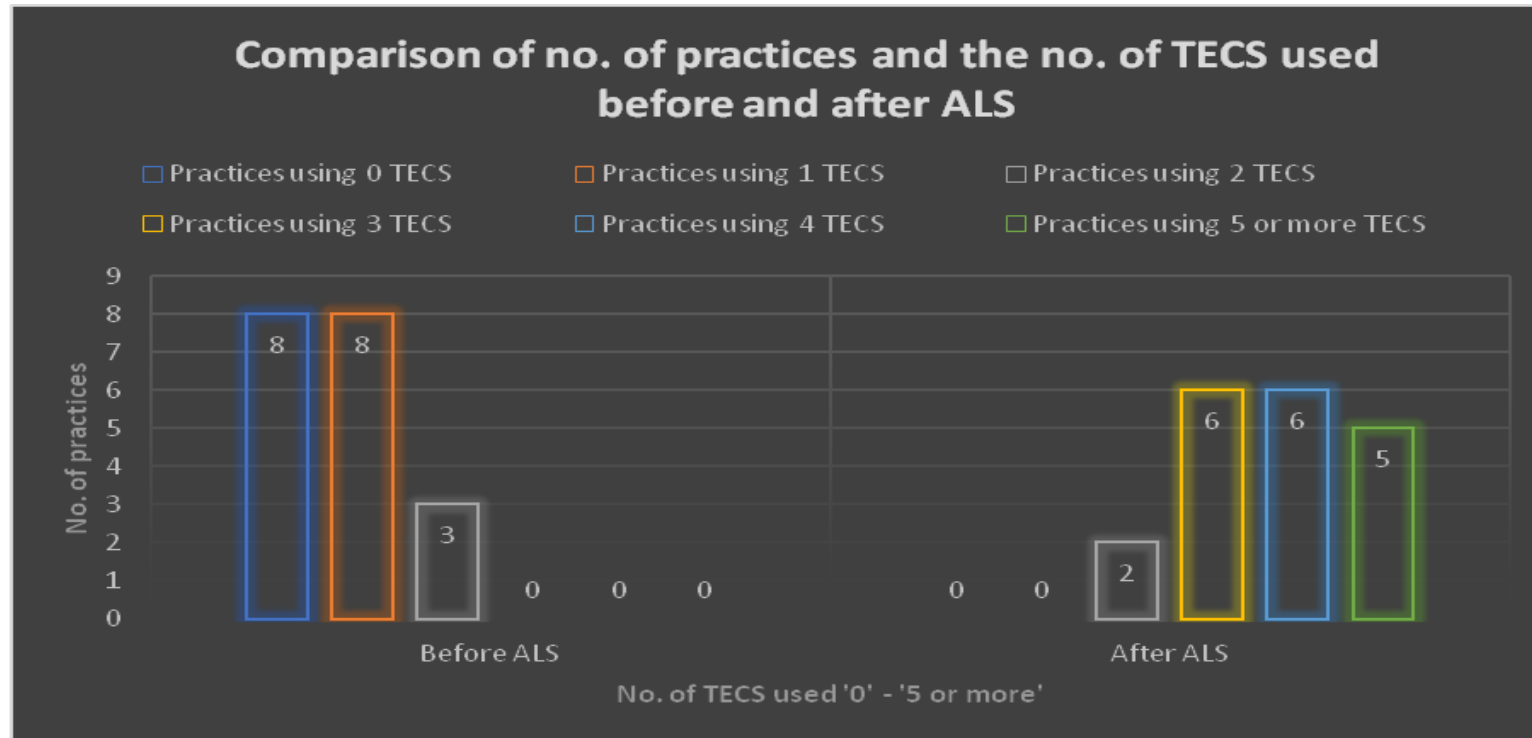
AF007 - In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, % of patients who are currently treated with anticoagulation drug therapy



Case Study – Staffordshire STP TECS

Comparison of 19 practices where 24 general practice nurses participated in digital upskilling programme; modes of TECS used before and after their action learning set (ALS)

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What do we seem to have achieved?

- Technology-enabled care services by general practice teams provided as routine patient care including via apps, video-consultation, telehealth, social media, GP Online.
- Expected / achieved benefits: enhanced productivity (practice teams); patient empowerment to self care and thus improved clinical outcomes; minimised unwarranted clinical variation; increased patient convenience.

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Benefits vary according to the practice and their adoption of specific mode of TEC and purpose. By October'19, of 151 general practices across Staffordshire:

104 practices were using Facebook

21 practices undertaking video-consultations

28 practices using interactive Flo telehealth

41 practices promoting apps (probably more)

113 practices using 'AliveCor' for AF screening (smart phone compatible portable handheld ECG heart rate monitor)

23 practices undertaking online clinical consultation triage



Facebook and video consultations in Staffordshire



611 people are supported in closed Facebook groups in Staffordshire for long term health conditions

859 video consultations in North Staffordshire and Stoke-On-Trent between care homes and health professionals, such as GPs and nurses



9 care homes, 12 GP practices, and mental health nurses are participating in the pilot - with an expansion into **5 more care homes** and **5 more GP practices** before September 2019

859 video consultations

have occurred since June 2018

2,772 minutes

of GP travel time saved

706 miles

of driving saved

618 face to face visits

avoided



Staffordshire practices' use of public facebook pages for population health messaging



The number of practices using public Facebook pages to promote population health messages



OVER 13,750 LIKES on public facing Facebook pages across Staffordshire



Extent of responsibility for delivery of integrated & connected care via TECS

1. Shared real time responsibility by ≥ 2 clinicians/ social workers, in different organisations/settings share TECS directly (same mode of technology or connected if different) for delivery of an agreed shared care plan of same patient/ same condition at same treatment phase (clinicians/ social workers have agreed responsibility via shared care plan agreed by patient, that optimises patient responsibility for their own care)

2. Shared sequential responsibility: ≥ 2 clinicians/ social workers, in different organisations/settings interface; so one **hands over** responsibility to the other for providing TECS directly (same mode of technology or different) for continuing care of same patient/same condition via agreed care plan. (This might be by the most senior/expert defining the patient pathway and endorsing the TECS protocol for others to provide with real time support eg advice in person/by email; with shared care plan agreed by patient, that optimises patient responsibility for their own care.)

3. Shared multidisciplinary protocol with one TECS operator: ≥ 2 clinicians/ social workers, of different disciplines, in same organisation or setting; sharing (delegated) responsibility for providing TECS directly (≥ 1 mode of technology) for continuing care of same patient/ ≥ 1 conditions via agreed care plan. (This might be by the most senior/expert defining patient pathway and endorsing TECS protocol(s) for others to provide with real time support eg advice in person/by email; with shared care plan agreed by patient, that optimises patient responsibility for their own care.)

4. Shared delivery by individual professional with patient/carer: TECS initiated & delivered by health /social care professional who updates other health/social care professional(s) or teams involved in the patient's care (ie giving information rather than interactive decision making between professionals). It might be that a patient requested the inclusion of their personal technology such as an app in their health or social care, that the initiating health/social care professional has adopted; with shared care plan agreed by patient, that optimises patient responsibility for their own care.

5. Person selects and purchases own technology to support or improve their own health and/or social care and/or lifestyle habits: they may include goal setting, reminders, records of feelings/bodily measurements etc, action plans, information about best practice. They may or may not share their personal information/record keeping generated by the technology (eg health app) with a health/social care professional.



Making digital delivery happen at scale in your workplace setting

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Aim – Adopt technology enabled care as **usual practice**

Scope – Which type(s) of technology will you use to achieve planned outcomes/ what LTCs and adverse lifestyle habits will you focus on/ what population health & wellbeing?



Outcomes – Improve patient /clinical management of long term conditions/adverse lifestyle habits – efficiently and effectively

Resources – Who/what do you/teams need – infrastructure, equipment, competence, practical support, capacity, communication, integrated working, clinical consultation triage?





STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

Health & Wellbeing Board

Joint Strategic Needs Assessment Health and Care

5th March 2020

 **Staffordshire**
County Council

Agenda Item 4

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Introduction

- Assessment of the population's strategic health and care needs through a shared evidence base.
- Builds on comprehensive JSNA undertaken in 2019
- Reporting focused on those key health and care issues in Staffordshire, as identified from the data.
- A separate but aligned Children's JSNA produced, received by the Families Strategic Partnership Board on behalf of the Health & Wellbeing Board, to guide its work.
- Opportunity to discuss the key issues, in readiness for the review of Health & Wellbeing Board existing metrics used to monitor performance.

Analysis Approach

- Review of existing statistical analysis and regular outcome surveillance of 100+ core performance measures.
- Utilised range of national and local data sources - Public Health Outcomes Framework, Quality and Outcome Framework, NHS data (NHS digital), education data etc.
- Additional analysis to understand new or emerging issues.
- Supported with resident voice intelligence where appropriate, previous research findings and national evidence.

Health and Care Improvements

Areas of improvement, identified from the data include:

- 3 in 4 children are classed as school ready, with Staffordshire top performing of similar authorities. Also, higher than average employment rates, increasing from 71% to 80% in the last 4 years, and one of the lowest unemployment rates among peers.
- Fuel poverty reducing and lower than national, with Staffordshire Warmer Homes Fund expected to support 194 of 1000 eligible homes by end of February 2020, and further expansion planned.
- Teenage conception rates in line with national, and fallen by 27% in last 3 years from 25.5 per 1,000 to 18.6 per 1,000. In the last 10 years rates have more than halved.
- Smoking prevalence in adults reducing since 2012, from 17% to 12% - lower than national and among the lowest of statistical neighbours. Similarly, smoking related deaths have fallen by almost 10% in 2 years, and faster than national (8% fall).
- Estimated diabetes diagnosis rates have improved in the last 4 years, are higher than national and second best of statistical neighbours, enabling better management of the condition.

Health and Care Improvements

- The rate of people aged 65+ admitted to long-term residential or nursing homes has fallen between 2014/15 (642 per 100,000) and 2018/19 (538 per 100,000).
- Deaths rates (under 75 years) relating to cardiovascular, cancer and respiratory diseases reduced over last 15 years. Cardiovascular deaths fell by 48% and cancer related deaths by 22%, during this period.
- Under 75 mortality from all causes also reduced by 26%, from 439 per 100,000 to 323 per 100,000, and has been consistently lower than national for the last 9 years.

Some examples of wider system highlights include:

- Quality of services providing long term care and support is improving - 79% of services were rated 'Good' by CQC in August 2019, an improvement on 52% in January 2016.
- The opening of Amber Wood; a brand new, purpose-built specialist dementia Centre of Excellence in Burton on Trent. The care model that is delivered promotes independence and person-centred care for people with dementia in a 'home-like' environment.
- A new Supportive Communities programme is developing links between social care services and community-led organisations (charities, sports clubs etc.) to help to enable people maintain their independence.
- Improved information, advice and guidance through digital technology.

Health and Care Key Issues

1. Wider Determinants
2. Ageing Well
3. Staying Mentally Well
4. Healthy Lifestyles
5. Alcohol and Drugs
6. Maternal and Infant Health

Key Headlines

1: Wider Determinants

- Wider determinants have a significant impact on people's health outcomes, and therefore play a key role in reducing health inequalities.
- Two thirds of Staffordshire's young people do not achieve a core level of attainment by the time they leave school, impacting on future health outcomes.
- Higher than average employment in Staffordshire, however annual earnings are below national, and 1 in 10 residents (and 13% of children) live in low income households.
- Poor housing estimated to cost the NHS in Staffordshire between £22-£39m per year. Fuel poverty has been higher than average for 5 of the last 7 years.
- 559 households homeless/at risk of becoming homeless (April-June 2019), an increase from the previous year. Of these, 256 (46%) are in priority need, higher than national (45%) and West Midlands (37%).
- Some of our more deprived communities within Cannock Chase, Newcastle and Tamworth are more at risk.

2: Ageing Well

- There are 65,900 more people aged 65+, than there were 20 years ago. By 2030 there will be 12,250 more older people aged 85+.
- Healthy life expectancy is 63 for men and 65 for women, both below retirement age. For women this is above national, and men in line with the national position.
- 52% of Staffordshire adults have a limiting long term illness (20% nationally), rising to 53% for older people (52% nationally). Over half of Staffordshire wards have a higher than average proportion of adults living with this.
- Increasing demand on acute services - 3,900 falls admissions in Staffordshire per year (2,144 per 100,000 aged 65+), increasing by 10% between 2017/18 and 2018/19. A national estimated cost of fragility fractures is £4.4bn per year.

2: Ageing Well

- Overall, around 50,300 emergency admissions in Staffordshire per year for people aged 65+, of which 8% relate to falls. Important to note any excess is likely to be a combination of both demand and practice.
- High proportion of delayed days due to transfer of care in Staffordshire (both NHS and social care attributable). High levels of hospital acquired functional deconditioning will contribute to this.
- Staffordshire has highest rate of its 15 statistical neighbours for excess winter deaths, and ranked fourth worst in England. Stafford has the highest rate and is ranked fifth worst in the country.

3: Staying Mentally Well

- Mental health and wellbeing is key issue in Staffordshire for both young people and adults, leading to significant demand on acute services.
- In Staffordshire 1 in 8 (12%) emergency hospital admissions with mental health diagnosis in under 25s, lower than national (15%). However, this increases to 1 in 4 for adults (26%), compared to 30% nationally. Admissions for intentional self-harm (all ages) also higher than average, and among the highest of its peers.
- CAMHS referrals increased by 11% between 2017/18 and 2018/19, and GP recorded depression trend is rising, with a widening gap between Staffordshire and national.
- Newcastle records the highest prevalence for both recorded depression and severe mental health.
- Mental health is the second most common factor cited in 60% of children's social care assessments (2018/19), rising from 56% in 2017/18.
- Staffordshire's Make Your Mark 2019 survey highlighted mental health as one of young people's top concerns (24%), similar to recent years.

4: Healthy Lifestyles

- Up to 40% of ill health could be prevented through healthier lifestyles, therefore a key driver of health outcomes and reduced demand on public services.
- 1 in 4 Staffordshire adults are physically inactive – second highest of its 15 statistical neighbours and also ranked tenth worst area in England.
- Excess weight in both children and adults is a key concern - 1 in 4 reception children, 1 in 3 Year 6 children, and 2 in 3 adults are overweight or obese.
- Highest rates often in those more deprived localities:
 - Newcastle: third worst area in the country for reception aged obesity
 - Cannock: fifth worst area in the country for excess weight in adults.
- Leads to increased pressure on the system – diabetes prevalence trend is rising, faster than England. Similarly, higher than average prevalence of heart disease, with all localities (except East Staffordshire) experiencing a higher than average prevalence.

5: Alcohol and Drugs

- Presents harm, significant costs and burden on public services – nationally alcohol alone is estimated to cost the NHS £3.5bn annually, and drug misuse treatment £500m.
- Alcohol for adults is a key issue. Alcohol admission rates in Staffordshire increased from 692 per 100,000 to 814 per 100,000 in the last 4 years, is consistently higher than national, and has the highest rate of its 15 statistical neighbours. Nationally recognised as a measure that's indicative of the general health in a locality.
- More than half of Staffordshire's districts have a higher than average alcohol admission rate, and is highest in Stafford and Cannock Chase.
- Key risk factor impacting on acute services – preventable liver disease rates risen by 22% during a 5 year period (2011-13 to 2016-18), with highest rates in similar localities.
- Substance misuse is the third most common factor in 54% of children's social care assessments, with alcohol (85%) more common than drugs (81%). Witnessed rising demand into children's social care in recent years

6: Maternal and Infant Health

- Staffordshire experiencing rising Infant Mortality in recent years – 121 infant deaths (2012-14) to 141 at its highest (2015-17).
- Latest data places Staffordshire statistically higher than national, and the highest rate of its 15 statistical neighbours.
- Staffordshire would need 10 less infant deaths per year to reach the national average position.
- Half of infant deaths in Staffordshire in the top 2 deprived quintiles. Tamworth and East Staffordshire have the highest rates, ranked fifth and sixth worst areas in England respectively. (Please note small numbers at district level).
- Key risk factors where performance is below average:
 - Smoking during pregnancy, and
 - Access to early infant healthcare checks, with work underway to understand contributory factors. Low number of families participating in mandated checks is due to a higher volume of Did Not Attends (DNAs).

Health and Care Issues - Discussion

1. Are there any other system wide key issues, that you feel are missing and need to be considered alongside these?
2. What are you currently doing, or plan to do, as a Board, to collectively respond to these issues?
3. Which of the issues do you feel are the priority areas of focus?

Next Steps

- Collate and agree key activities in response to the issues - March/April 2020
- Opportunity to review and refine existing approach to measuring performance and impact - 11 June 2020 meeting
- HWBB Quarterly performance monitoring by exception – to commence from June 2020.

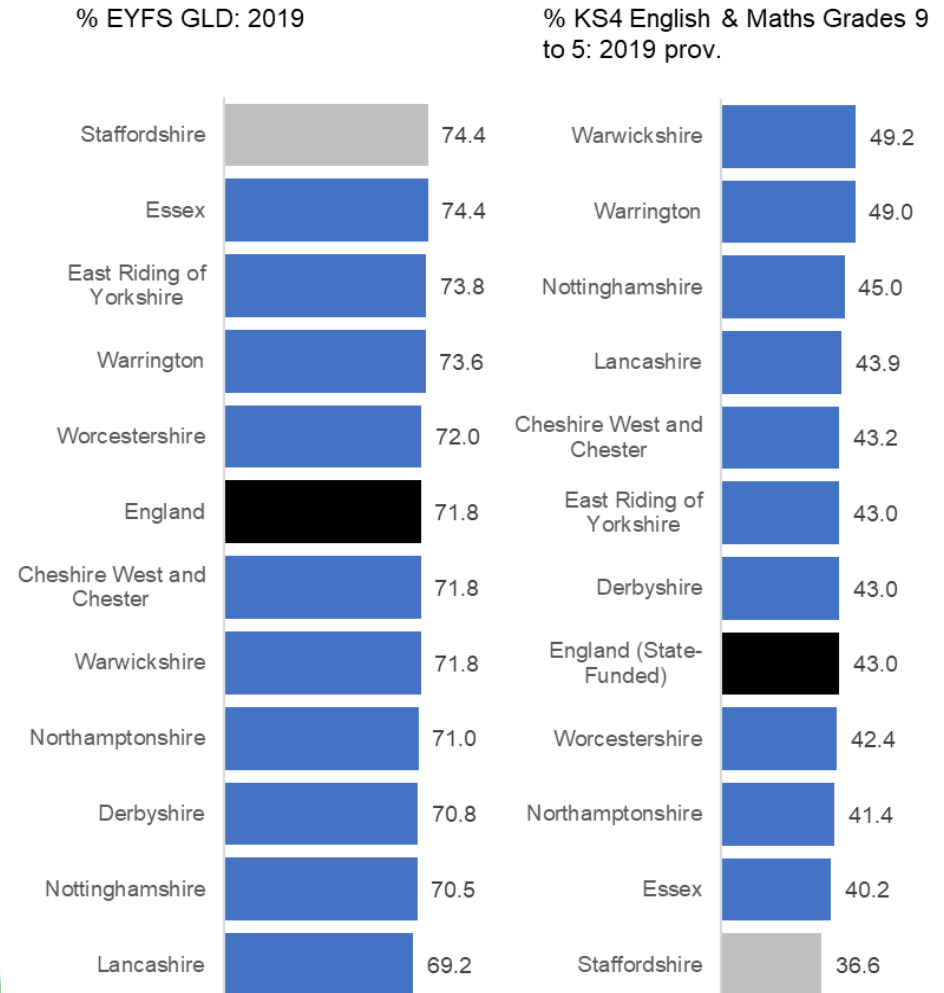
Detailed Evidence Base

Wider Determinants

Educational Attainment

Educational attainment strongly linked with health behaviours and outcomes, such as long term diseases and mental health issues.

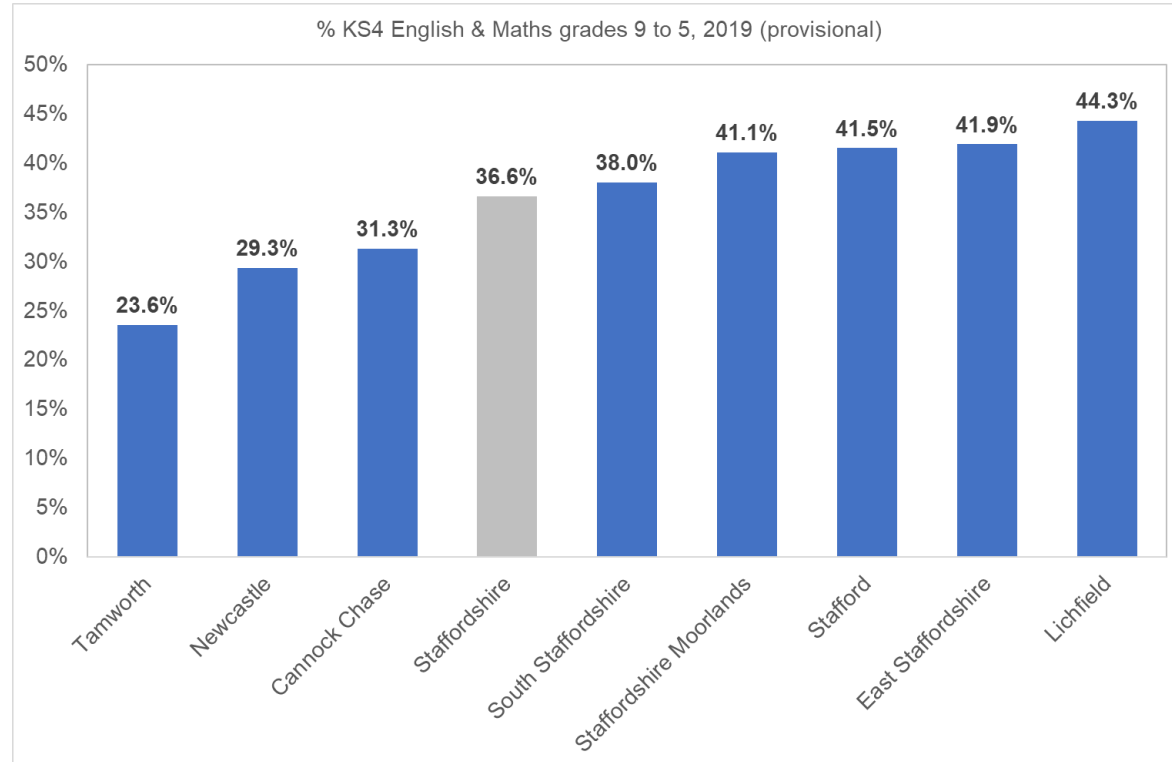
- Strong Early Years performance, with the majority (74%) school ready. Staffordshire remains above national and top performing of similar authorities.
- However, performance starts to dip by the end of primary school, and by KS4 attainment is the lowest among similar authorities (rank 11/11) and below national.



Educational Attainment – KS4

- 30 (of our 55 secondary schools) are significantly below national in the measure (2019 provisional).
- Latest (provisional) data for 2019 reflects a worsening picture compared to last year.
- Lichfield is the only district to perform significantly above national.
- Lower attainment linked to areas facing multiple socio-economic inequalities - Cannock Chase, Newcastle, South Staffs and Tamworth.

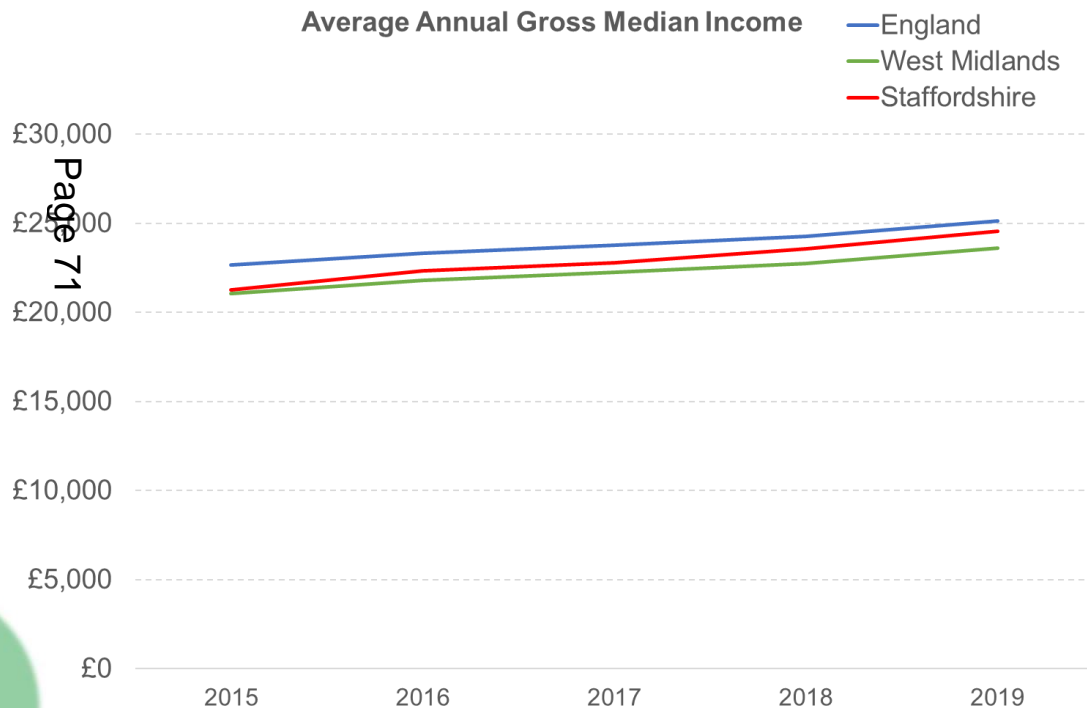
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Source: Department for Education from LAIT and Nexus

Jobs and Income

Income is often linked to life expectancy, disability free life expectancy and self reported good/poor health. In Staffordshire, higher than average employment (80%) and unemployment rates remain well below national and regional averages.

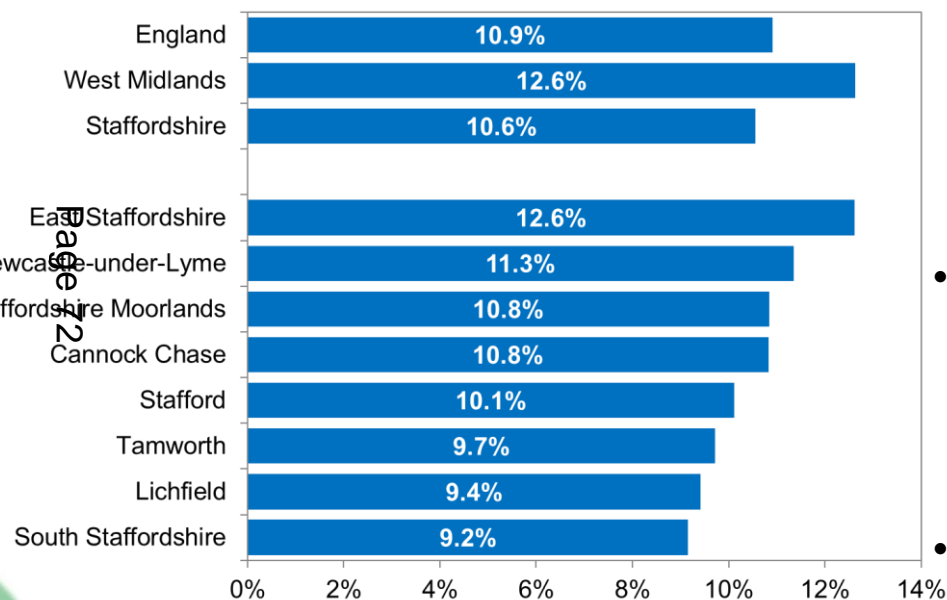


- Lower than average annual earnings.
- Cannock Chase and Newcastle have the lowest levels of income, and also experience health issues such as lower life expectancy and excess weight.
- More Staffordshire residents are in lower paid, more manual and routine jobs, compared to national.
- Positively, house prices remain low in Staffordshire and therefore more affordable.

Housing

The housing environment is a key factor contributing to positive mental wellbeing, prevention of accidents and falls and living independently.

Percentage of Households in Fuel Poverty, 2017



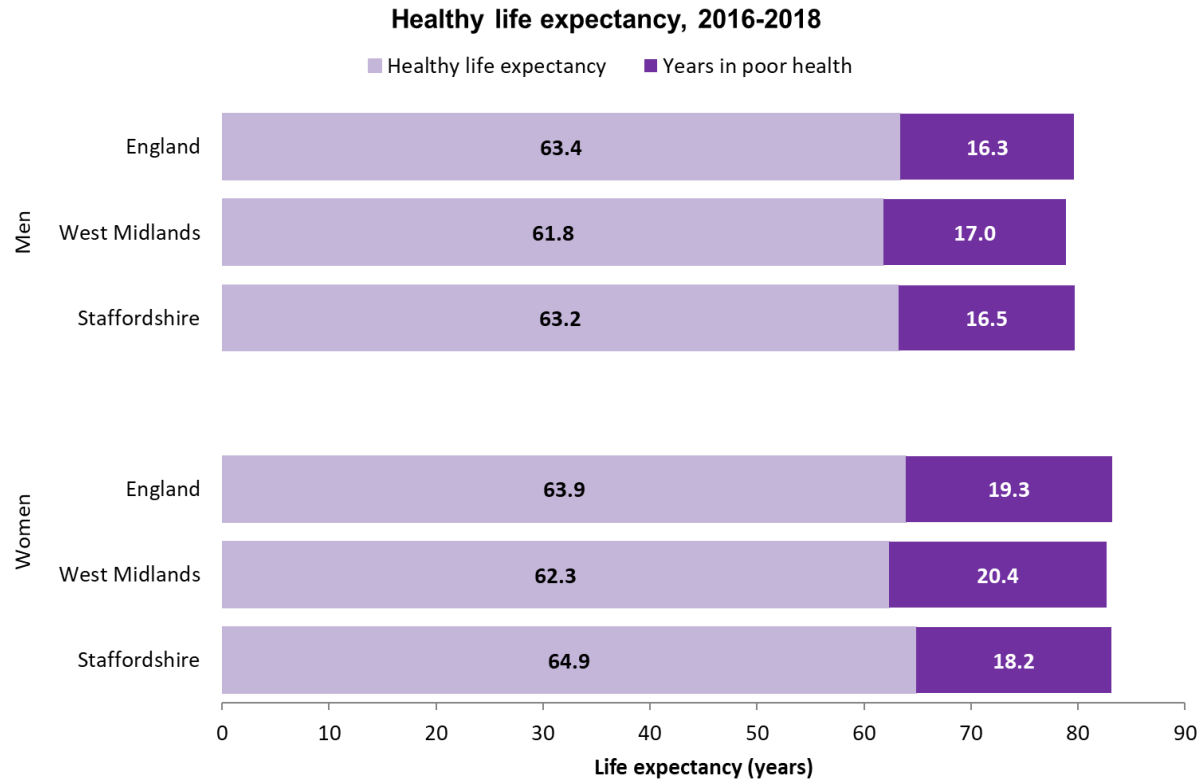
- Fuel poverty (10.6%), although just below national, it has been higher than average for 5 of the last 7 years, and represents over 39,000 households who may struggle to maintain a warm, dry home.
- Primarily in East Staffordshire and Newcastle. Also the areas with higher unplanned admissions for respiratory conditions.
- 559 households homeless/at risk of becoming homeless (April-June 2019), an increase from the previous year.
- Of these, 256 (46%) are in priority need, higher than national (45%) and West Midlands (37%).

Ageing Well

Healthy Life Expectancy

Life expectancy is a good measure of the quality of life years of a population.

- On average in Staffordshire women spend over 18 years of their lives in poor health, and Men spend 16.5 years in poor health.
- Compared with national, men spend less of their lives in good health while women spend more of their life in good health.
- Staffordshire residents living in the most deprived areas have a HLE which is around 12 years shorter than those living in less deprived areas.

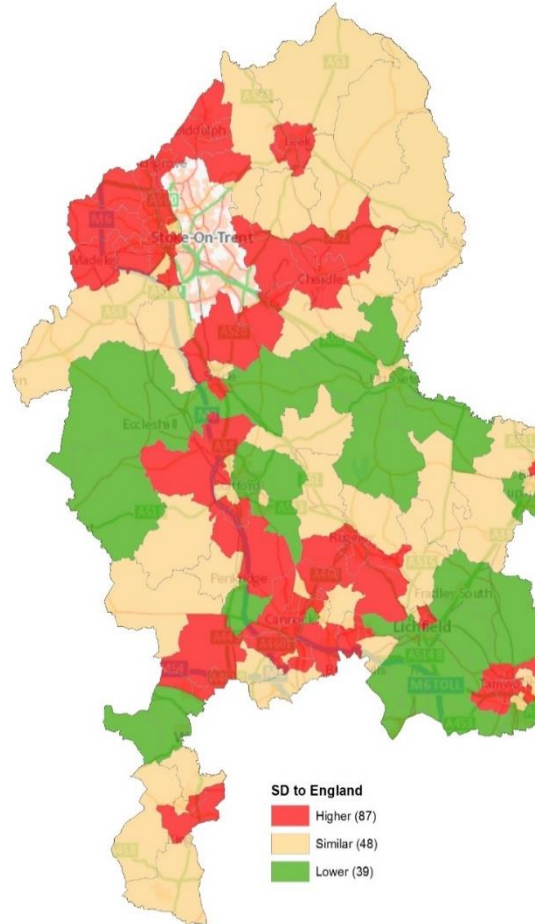


Source: Office for National Statistics

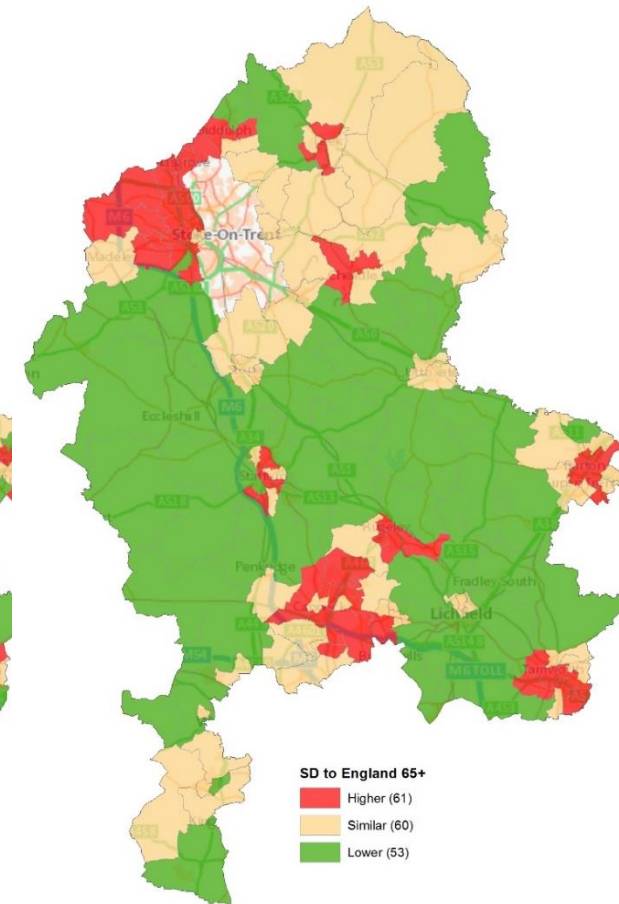
Limiting Long Term Illness

- 22% of Staffordshire adults have a limiting long term illness. In older people (aged 65+) this increases to 53%. Both statistically higher than national (20.4% and 51.5%).
- Half of Staffordshire's wards have a higher than average proportion of all adults living with a limiting long term illness, and around a third for older people.
- This varies widely, ranging from 11% in Hawks Green (Cannock Chase) to 32% in Biddulph South (Staffordshire Moorlands)

LLTI – all adults



LLTI – aged 65+



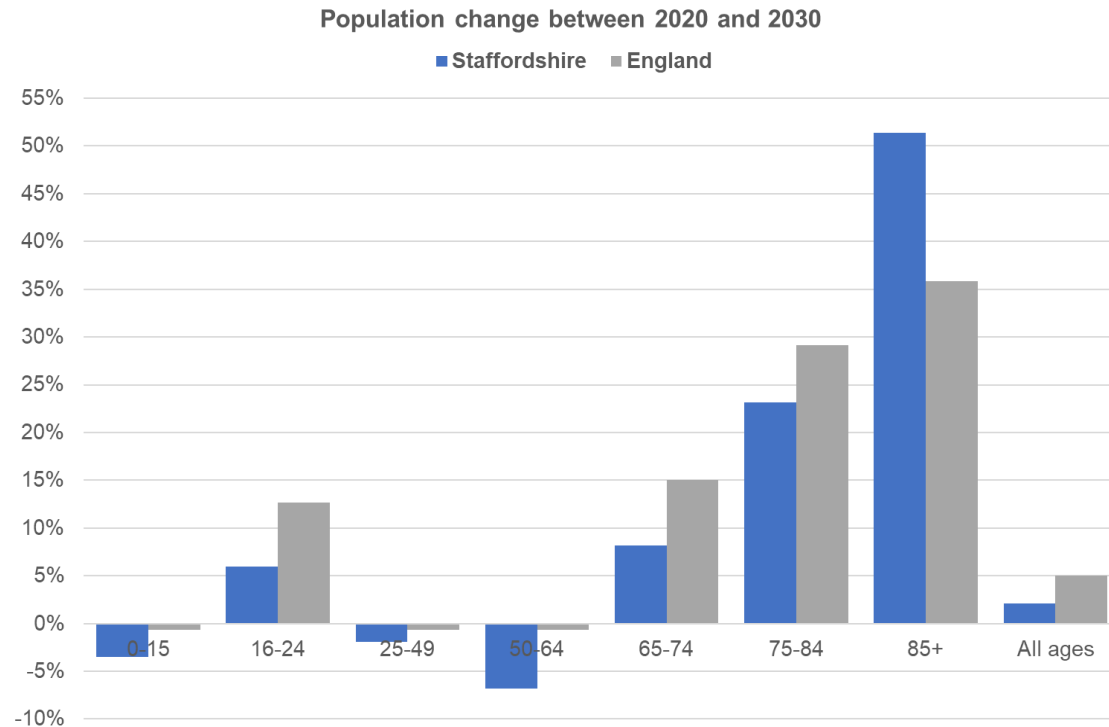
By 2030 over 19,000 more Staffordshire residents living with a limiting long term illness

Source: Census, 2011

Projected Growth in Older Population

By 2030:

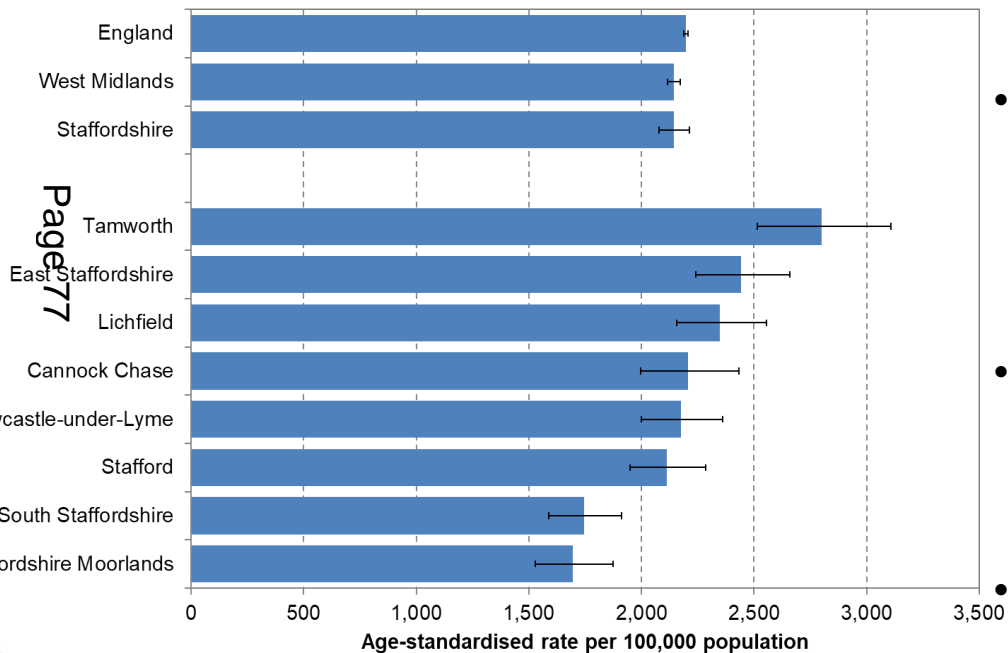
- Staffordshire's elderly population (85+) will increase by 12,250 people.
- Unlike the national trend, working age population projected to decline and the older population will increase.
- Fewer working age people to support the young and the old.
- All represent an increasing demand on public services.



Source: Office for National Statistics

Frail Elderly – Falls Admissions

Admissions from falls in people aged 65 and over, 2018/19

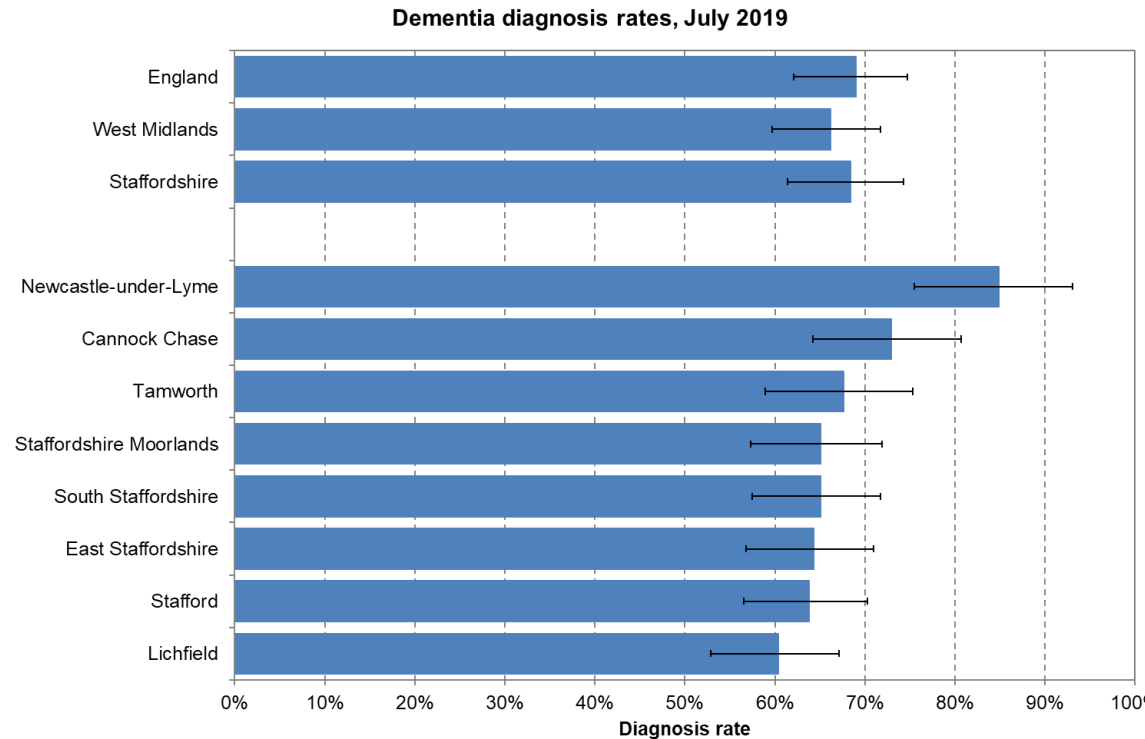


- Over 3,900 admissions to hospital for Staffordshire people aged 65+ for a fall-related injury (2018/19).
- Staffordshire falls admission rate increased by 10% between 2017/18 and 2018/19, and now similar to national average.
- Falls lead to increased risk of hip fracture - over 1,000 hip fracture admissions in Staffordshire each year.
- People aged 75+ account for three quarters of hip fractures, with rates higher in women.
- Highest in Tamworth and East Staffordshire (higher than National) .

By 2030, an additional 870 falls admissions per year, if admissions grow at the same rate as 65+ population.

Dementia Prevalence

- Over 13,000 older people in Staffordshire are estimated to suffer from Dementia.
- Diagnosis rate in Staffordshire is 68%, as at end of July 2019, and in line with national.
- Although all districts are similar to national, diagnosis rates are at their lowest for Lichfield.
- Prevalence set to increase by 4,300 people by 2030.
- A higher diagnosis rates does however enable people to receive appropriate treatment.

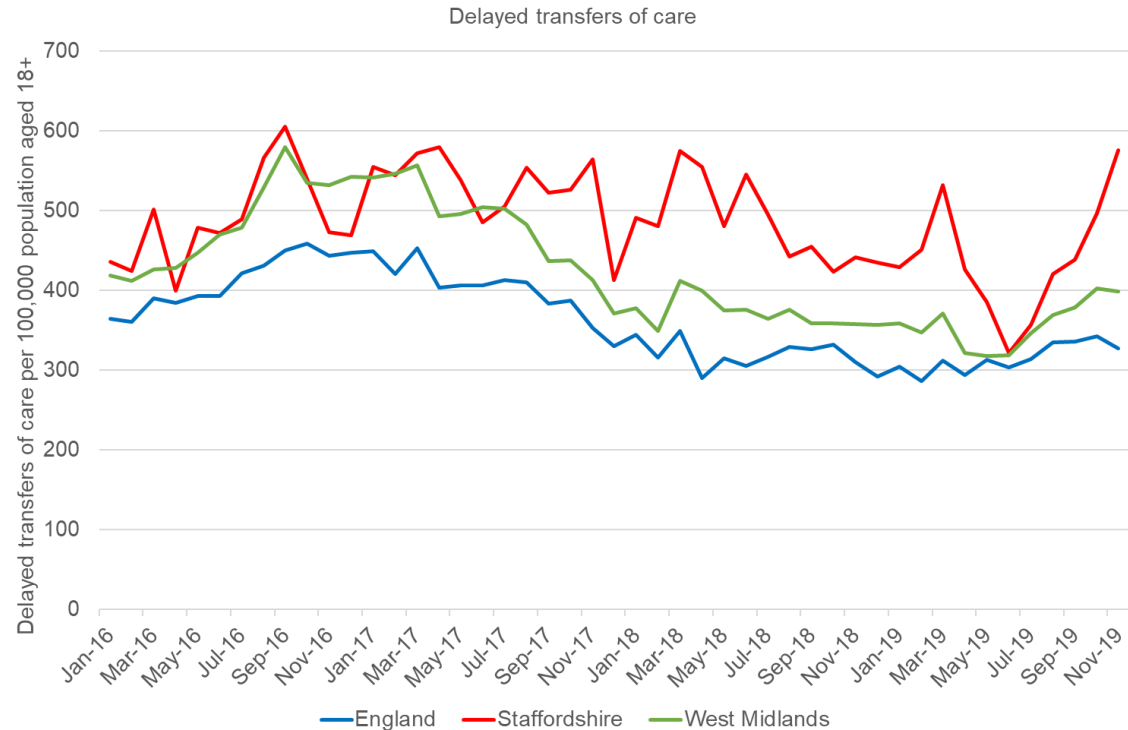


Source: Health and Social Care Information Centre

Delayed Transfers of Care

Staffordshire has high levels of delayed transfers of care. Two thirds are attributable to the NHS and one third to social care. These are due to high numbers of hospital admission of the frail elderly, hospital acquired functional deconditioning, and difficulty in discharging people to ‘discharge to assess’ services.

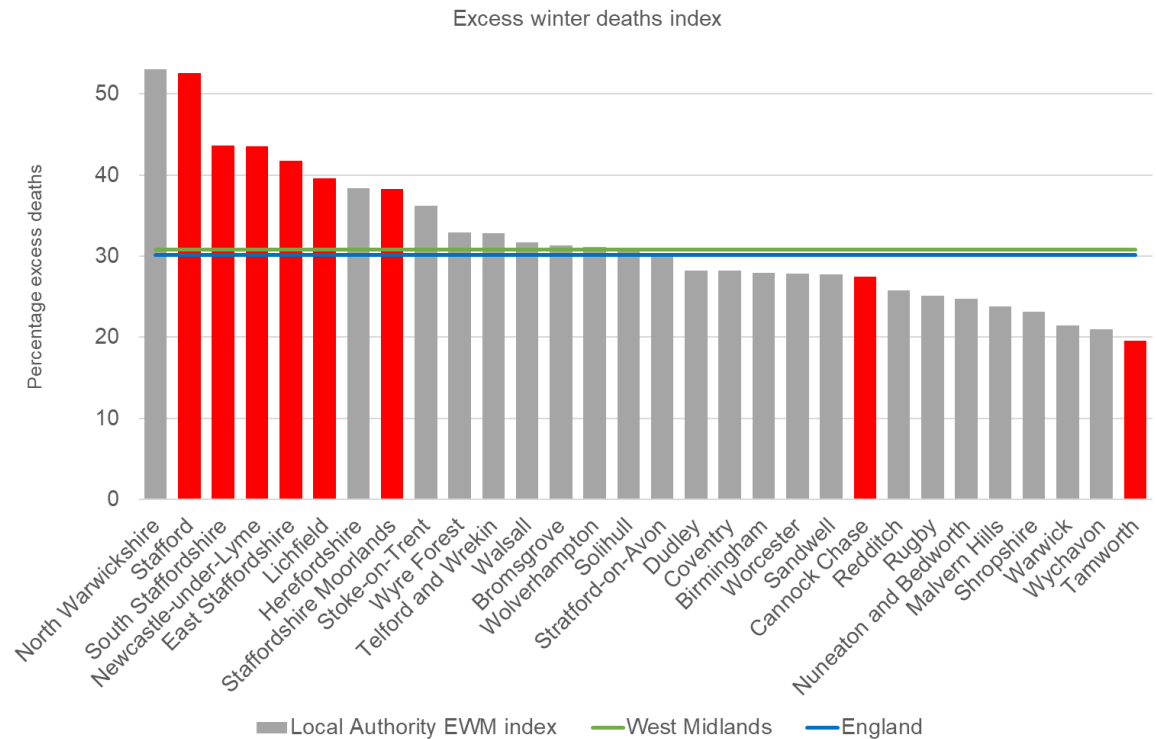
- Delayed transfers of care have increased over the winter, after a decline in the summer, and remain higher than regional and national levels.
- A third of delayed transfers of care related to University Hospitals North Midlands.



Excess Winter Deaths

Excess winter deaths has potential to impact on lower life expectancy, with common causes being respiratory diseases and mental health.

- Staffordshire has the highest rate of its statistical neighbours, with 6 districts falling into the 10 worst performing Local Authorities in the West Midlands.
- Higher than average rates compared to national (2017-18).
- Highest rates experienced in Stafford (52.5%), who rank the fifth worst area in England. Lowest rates in Tamworth (19.6%).
- Over one third of all excess winter deaths were caused by respiratory diseases.



Source: Public Health England. Public Health Profiles. Feb 2020
<https://fingertips.phe.org.uk> © Crown copyright 2020

Staying Mentally Well

Mental Health Prevalence - Children and Young People

- Limited data on the prevalence of emotional and mental disorders; but estimates from national surveys provide an indication of possible scale:

Between 1 and 2 in 10 children in Early Years have poor emotional wellbeing.



2,780 to 5,550

Staffordshire children

Almost 1 in 10 children of school age have a mental health disorder.



10,353

Staffordshire children/young people

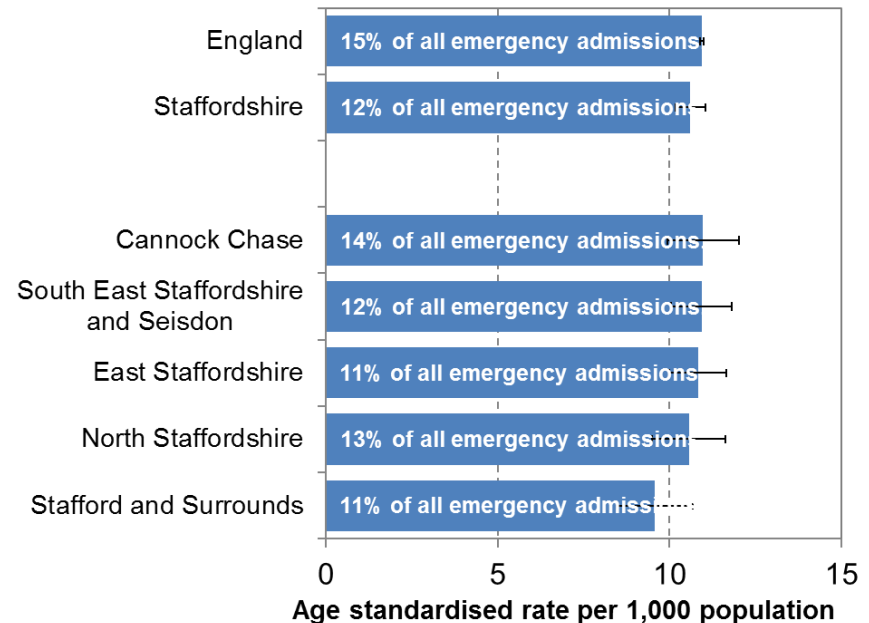
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- Mental Health is the second most commonly cited factor in children's social care assessments - 60% (3,748) of children's social care assessments in 2018/19, up from 56% in 2017/18.
- 7,500 responses to Make Your Mark Survey (2019) also highlight mental health as a top concern (24%) in younger people.

Hospital Admissions - Mental Health Under 25s

- 1 in 8 (12%) emergency hospital admissions for under 25s with a mental health diagnosis in Staffordshire (2018/19), lower than national (15%).
- The number of referrals to Child and Adolescent Mental Health Services (CAMHS) increased by 11% between 2017/18 and 2018/19*.
- The number of C&YP accessing NHS funded community mental health services increased by 2% between 2017/18 and 2018/19.

Emergency admissions to hospital by under 25s with a mental health diagnosis in any diagnosis record, 2018/19

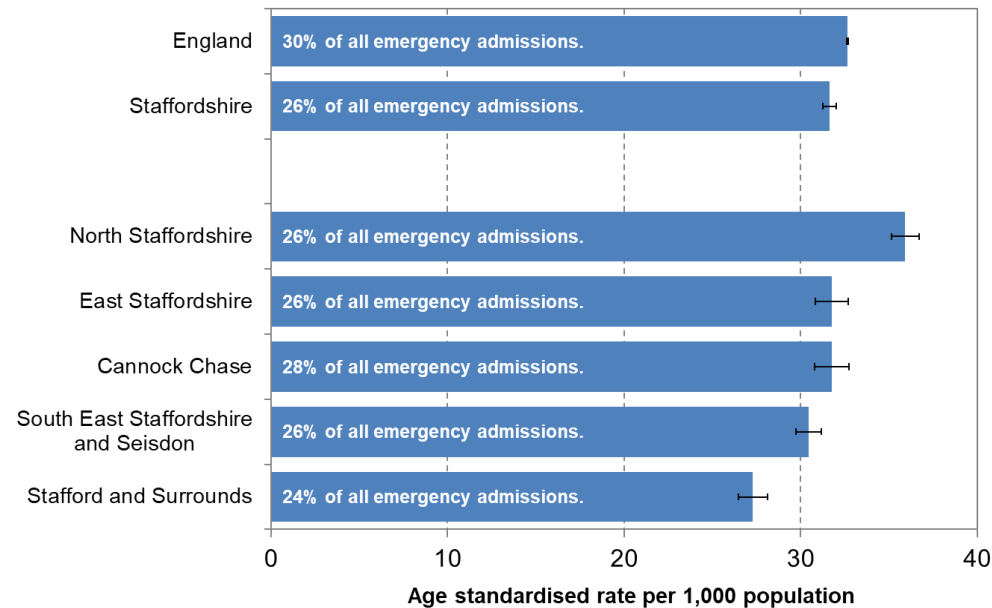


* Includes referrals to North Staffs Combined and MPFT services only, does not include referrals to third sector organisations.

Hospital Admissions – Mental Health Adults

- 1 in 4 (26%) emergency hospital admissions for adults with a mental health diagnosis in 2018/19, also lower than national (30%).
- North Staffordshire has the highest admission rate with a mental health diagnosis.
- Staffordshire also has fourth highest rate of its statistical neighbours for emergency admissions for intentional self harm (all ages.)
- Newcastle and Staffordshire Moorlands also have higher GP recorded levels of depression/severe mental illness.

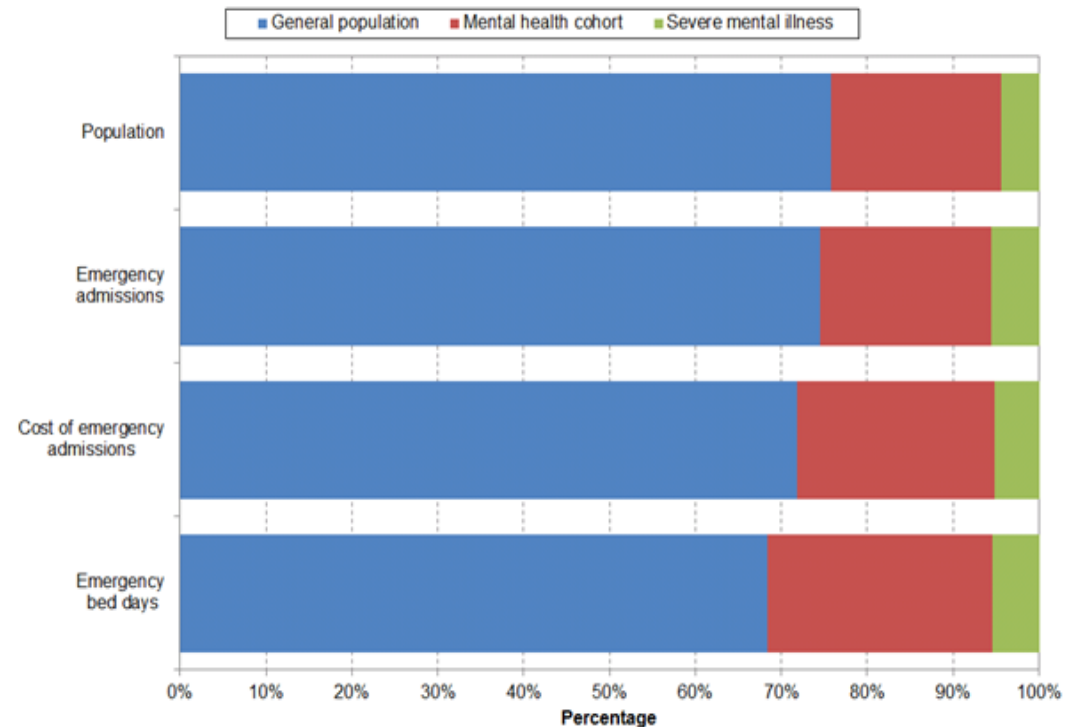
Emergency admissions to hospital with a mental health diagnosis in any diagnosis record, 2018/19



Hospital Admissions – Mental Health Adults

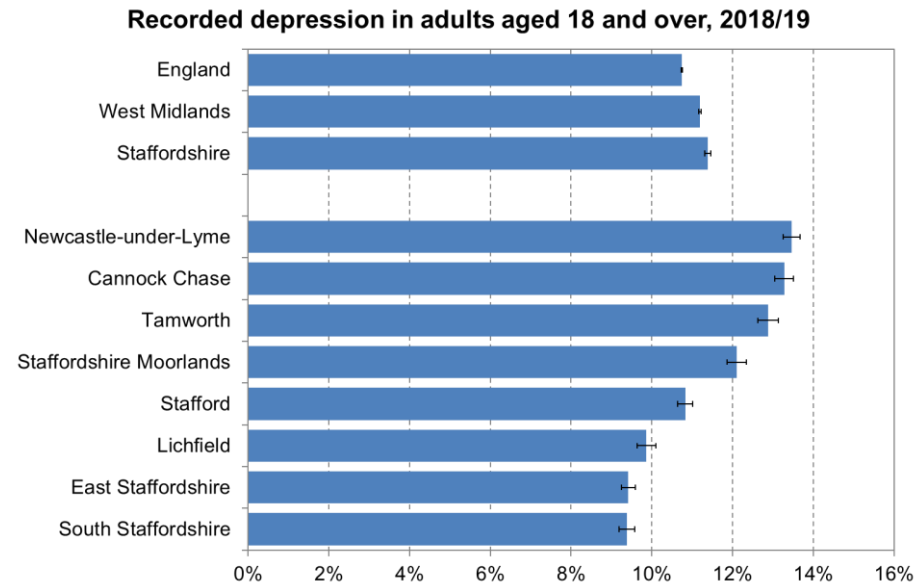
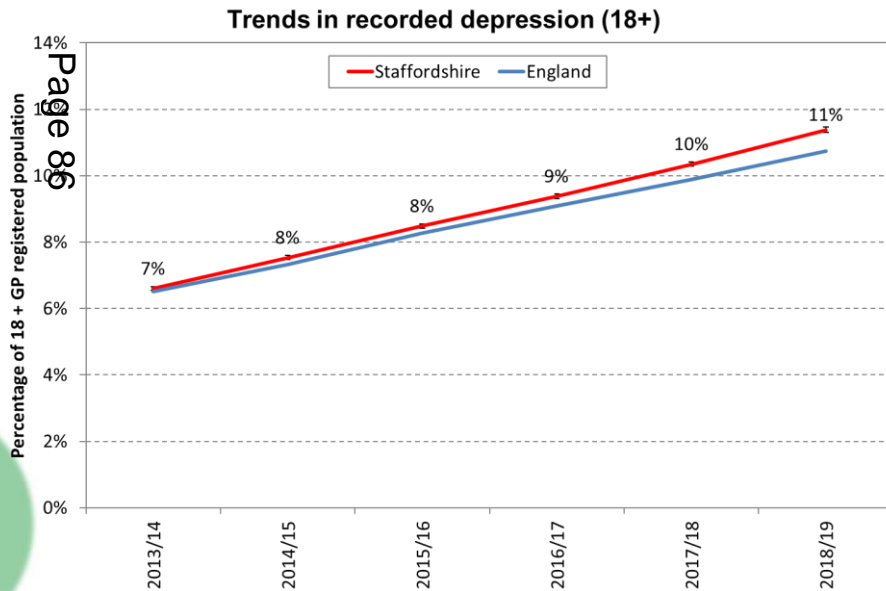
- In Staffordshire, once admitted to hospital, people with a mental health condition have longer spells in hospital (4.9 days) compared with the general population (2.8 days).
- People with a mental health condition also make up around one third of all emergency bed days, and 28% of all costs in Staffordshire.
- Average cost of an admission for a patient with a mental health condition in Staffordshire is around £420 more than the general population.

Population and emergency admissions for Staffordshire patients aged 16+ (2014/15)



GP Recorded Depression - Adults

- GP recorded depression (11%) is increasing and is higher than the national average.
- Recorded prevalence of depression is higher than national in Newcastle, Cannock Chase, Tamworth and Staffordshire Moorlands.



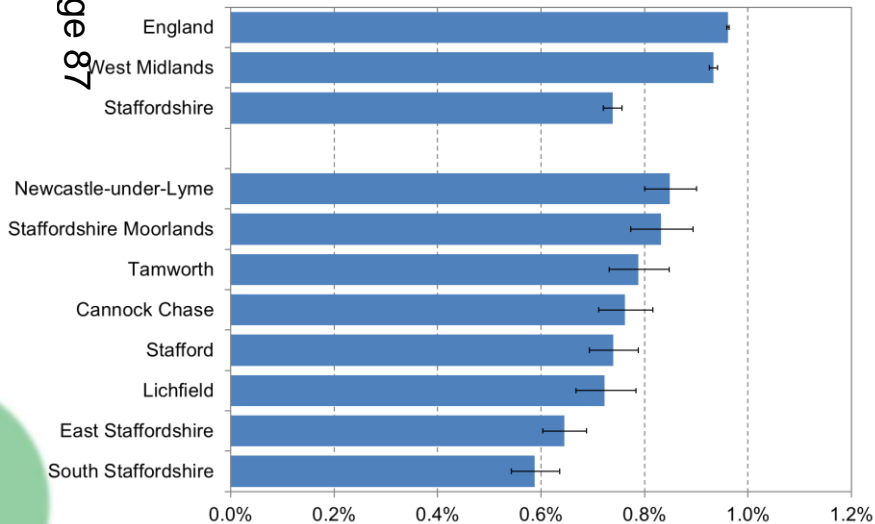
Source: Quality and Outcomes Framework (QOF), NHS Digital

Severe Mental Illness

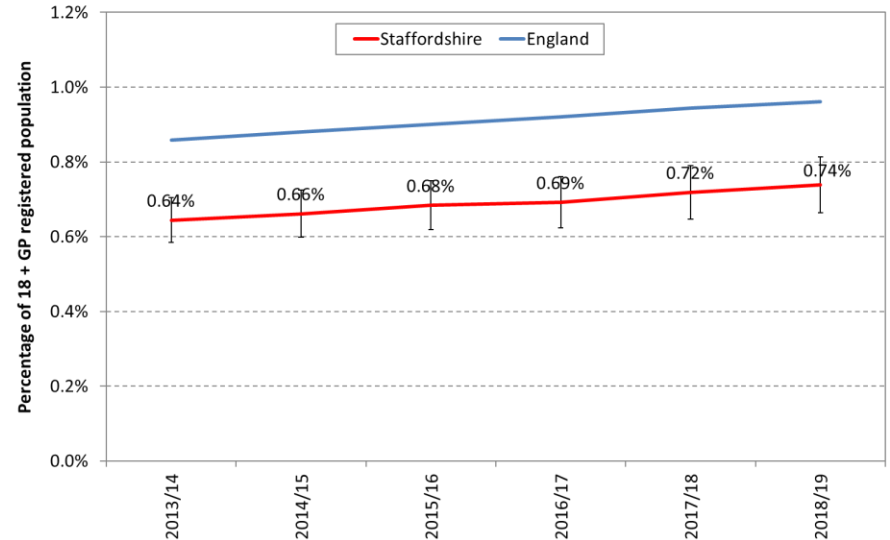
- GP recorded severe mental illness is below the national average but is increasing.
- The prevalence is higher in Newcastle and Staffordshire Moorlands.

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Recorded severe mental illness, 2018/19



Trends in recorded severe mental illness



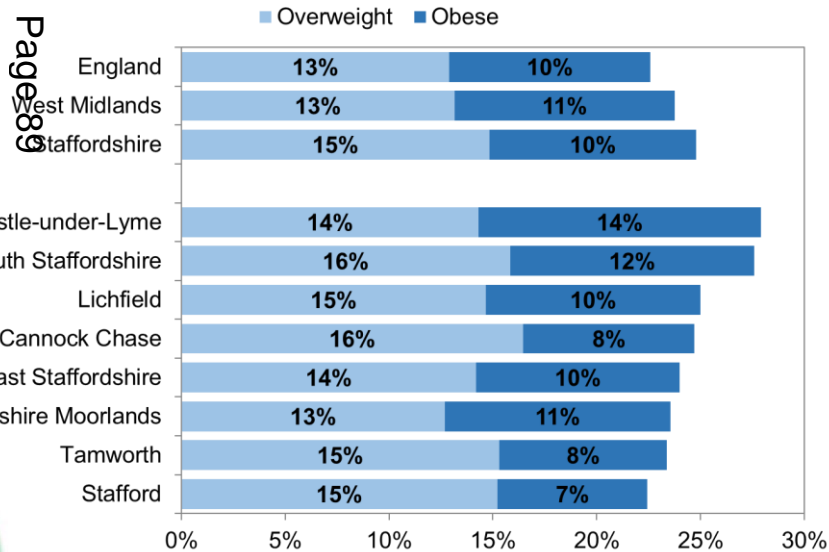
Source: Quality and Outcomes Framework (QOF), NHS Digital

Healthy Lifestyles

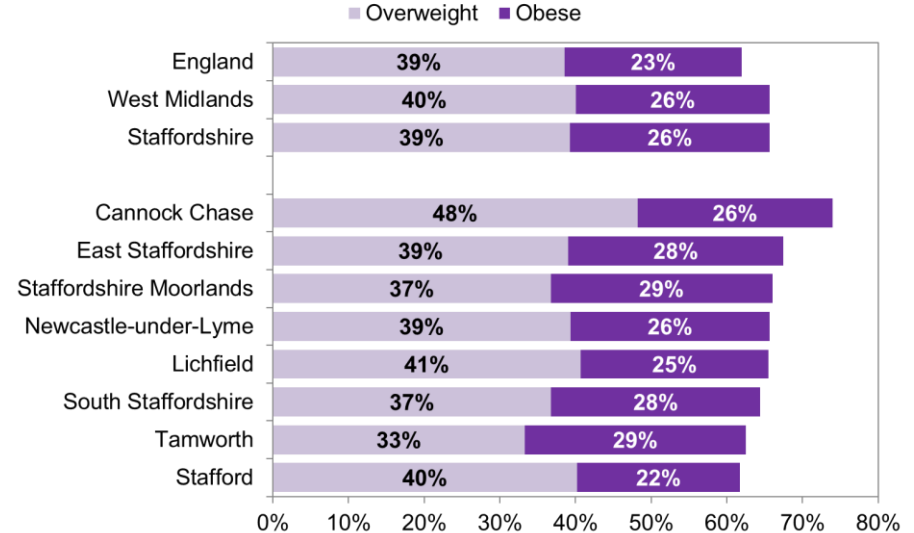
Excess Weight

- In Staffordshire 1 in 4 reception aged children, 1 in 3 at the end of primary school and 2 in 3 adults are overweight or obese.
- **Excess weight** (overweight and obese) for both reception aged children and adults is higher than the England average.

Excess Weight in Reception aged Children, 2018/19



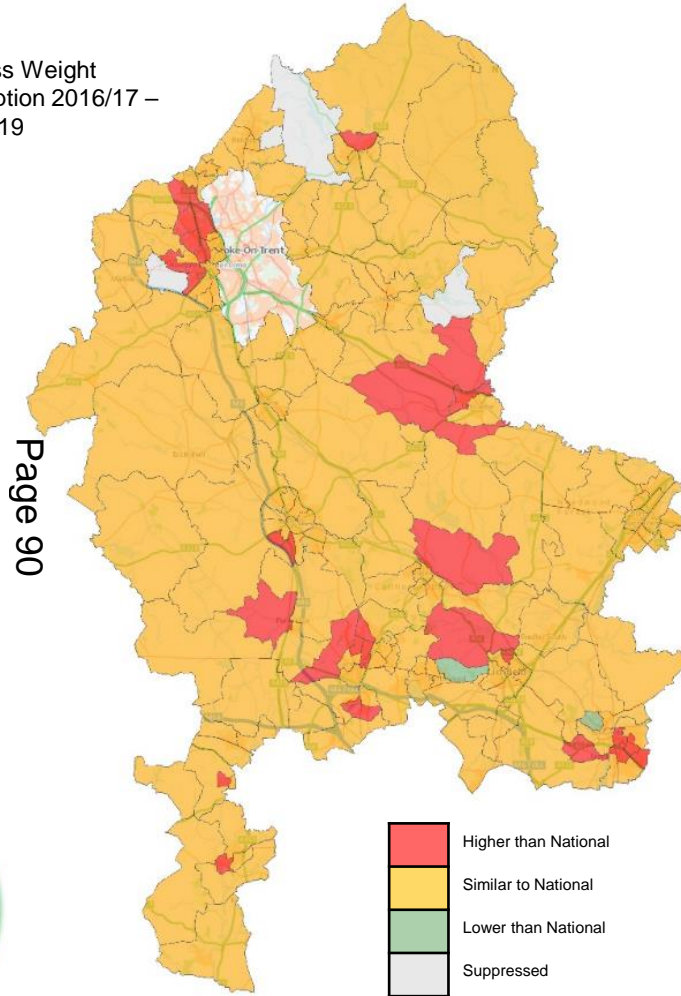
Excess Weight in Adults aged 16 and over, 2017/18



- Similar localities with higher than average **Obesity** levels:
- **Reception children:** Newcastle & South Staffordshire. **Adults:** Cannock & East Staffs.

Excess Weight in Reception Aged Children – Locality Focus

Excess Weight
Reception 2016/17 –
2018/19

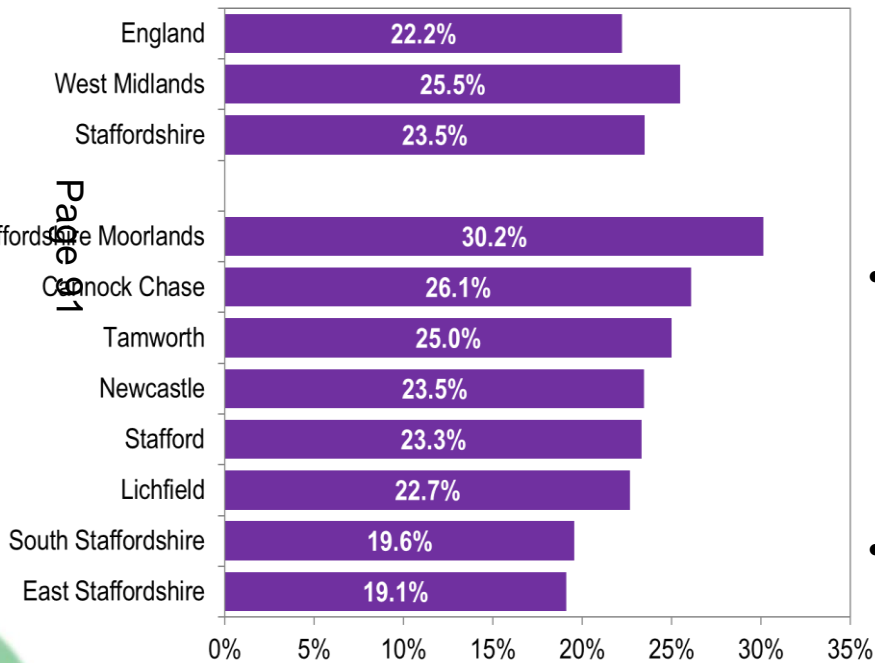


- **Newcastle** is the third worst area in England for Obesity, and levels have increased from 7.4% (2014/15) to 13.6% (2018/19).
- Over a quarter of Newcastle's wards have significantly higher levels of Excess Weight and Obesity than national.
- Overall, 29 Staffordshire wards have higher levels of **Excess Weight** for reception aged children, with each district having at least one ward affected.
- Two thirds (18) of these wards also have higher levels of deprivation than the Staffordshire average.

Physical Inactivity in Adults

Regular physical activity is linked to reduced risk of obesity, various health conditions and improved wellbeing.

Percentage of Physically Inactive Adults, 2017/18



- 1 in 4 Staffordshire adults are physically inactive, second highest of its statistical neighbours, ranked 10th worst area in England, and almost statistically above national.
- Staffordshire Moorlands has a higher than average proportion of inactive adults, and also experiences the highest levels of obesity and coronary heart disease.
- 1 in 5 people aged 25-54 are inactive, which increases with age.
- Staffordshire is also the lowest of its statistical neighbours, and statically worse than national, for walking five times a week.

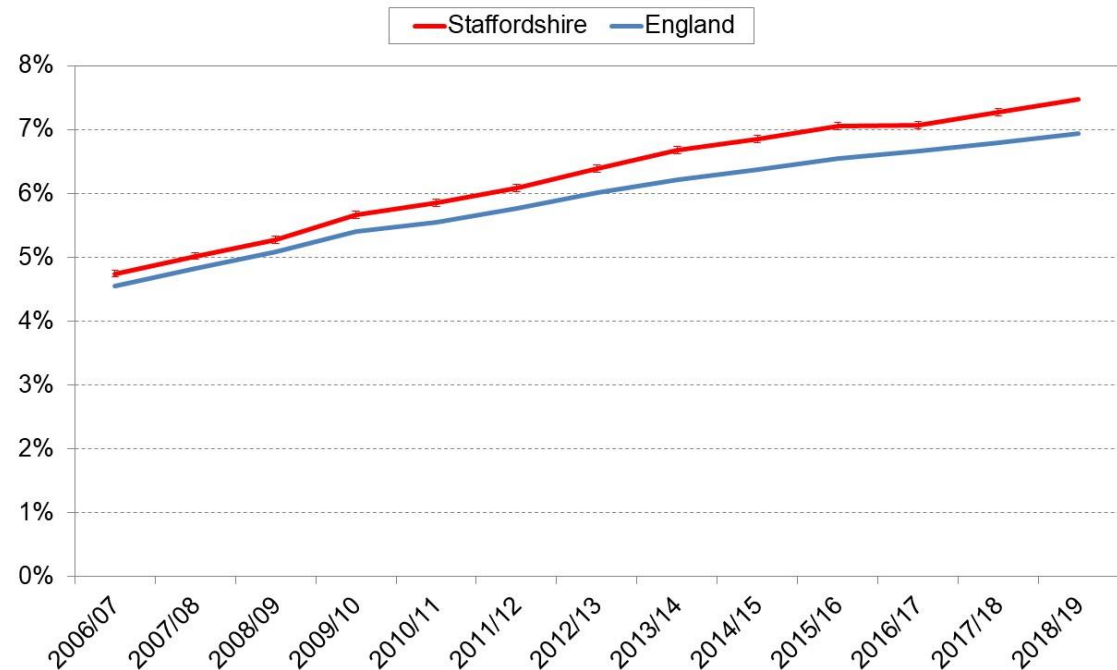
Source: Adult Weight – Public Health England (Using Active People Survey Data) from Fingertips

Diabetes Prevalence Trends

Lifestyle challenges such as obesity, are key risk factors for wider health conditions which often lead to increased pressure on the system.

- Increasing trend in diabetes across Staffordshire, which continues to be faster than England.
- Likely to be a combination of poorer lifestyles amongst residents, as well as improvements in awareness, early diagnosis and recording over time.
- Estimated diagnosis rates have improved during the last 4 years, enabling better management of the condition.

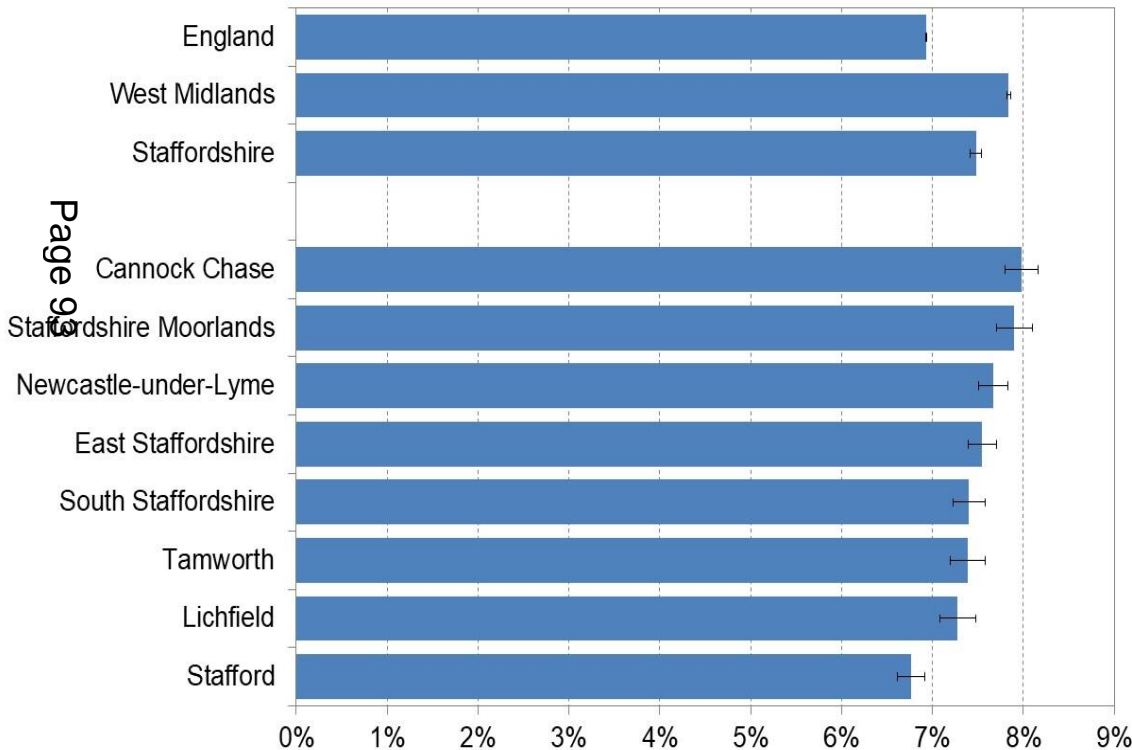
Trends in recorded diabetes prevalence



Source: Quality and Outcomes Framework (QOF), NHS Digital

Diabetes Prevalence by District

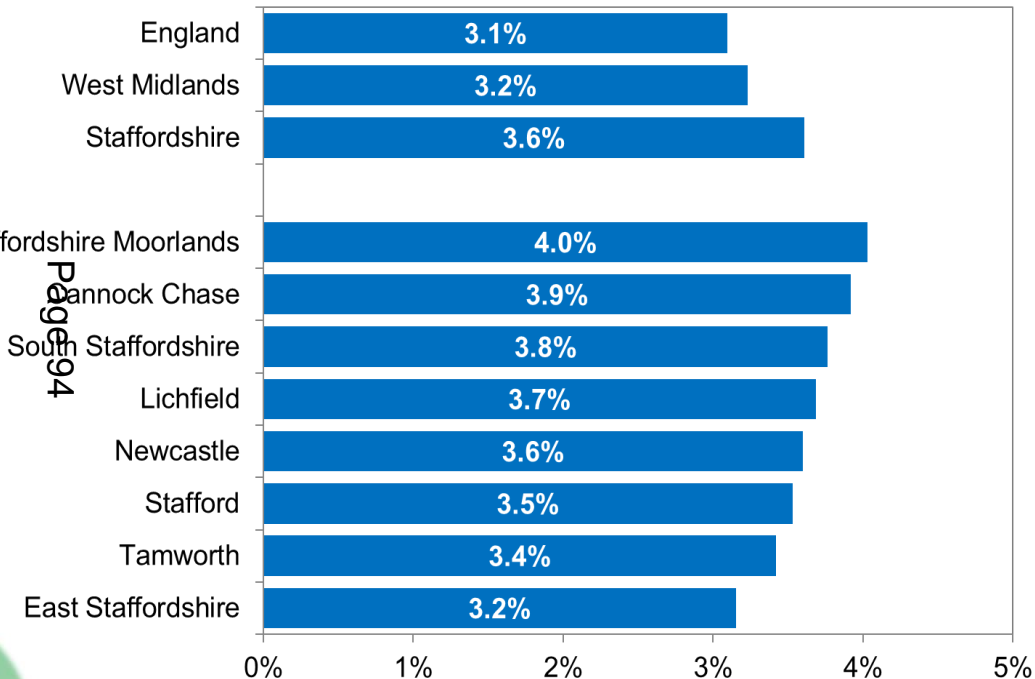
Recorded diabetes in adults aged 17 and over, 2018/19



- With the exception of Stafford, which is lower, the recorded prevalence of diabetes (2018/19) is higher across all districts in Staffordshire.
- Localities experiencing higher prevalence of diabetes linked to areas with high levels of adult weight, with Cannock Chase a key area of focus for both.

Coronary Heart Disease

Coronary Heart Disease, 2018/19

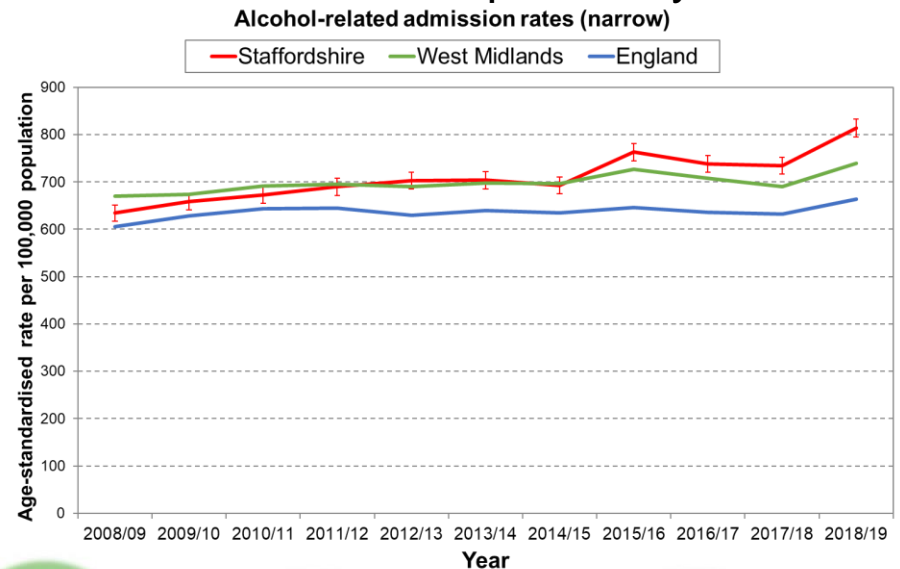
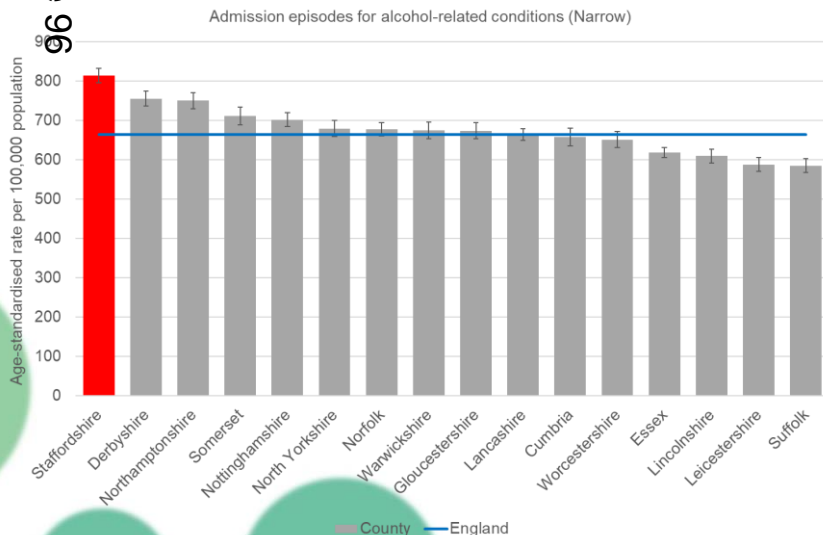


- Similarly, higher levels of excess weight and diabetes may have an impact on the prevalence of heart disease in Staffordshire.
- Staffordshire has a prevalence higher than national, and all localities, with the exception of East Staffordshire, also remain statistically higher than the national average.
- The districts with the highest levels, Staffordshire Moorlands and Cannock Chase, are also among those areas with higher levels of inactivity, obesity and diabetes prevalence.

Alcohol and Drugs

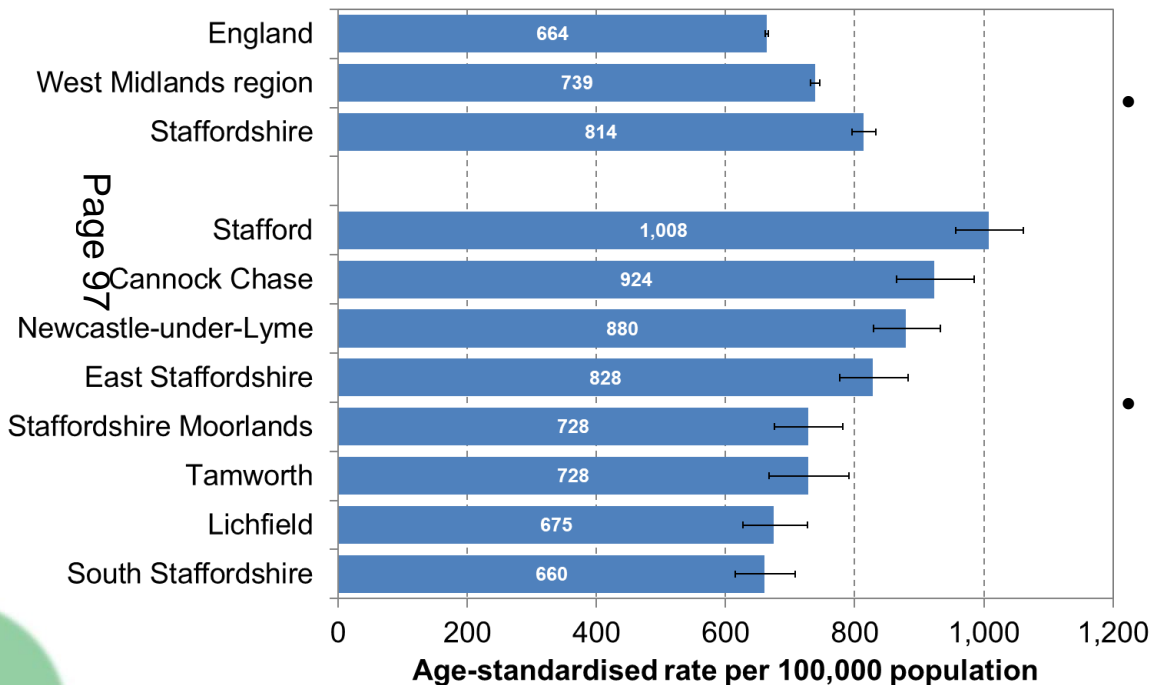
Alcohol-Related Hospital Admissions for Adults

- 7,300 alcohol-related admissions (2018/19) for adults in Staffordshire, with rates increasing. Staffordshire also has the highest rate of its statistical neighbours. Nationally acknowledged as a measure that's indicative of the general health in a locality.
- National estimates (2019) applied to Staffordshire, suggest 6% (30,877) of adults are dependent on alcohol.
- One in 3 adults drink over 14 units of alcohol a week, and highest among males and the 55-64 age group. There is no income variation for alcohol dependency.



Alcohol-Related Hospital Admissions by District

Alcohol-related admission rates (narrow), 2018/19

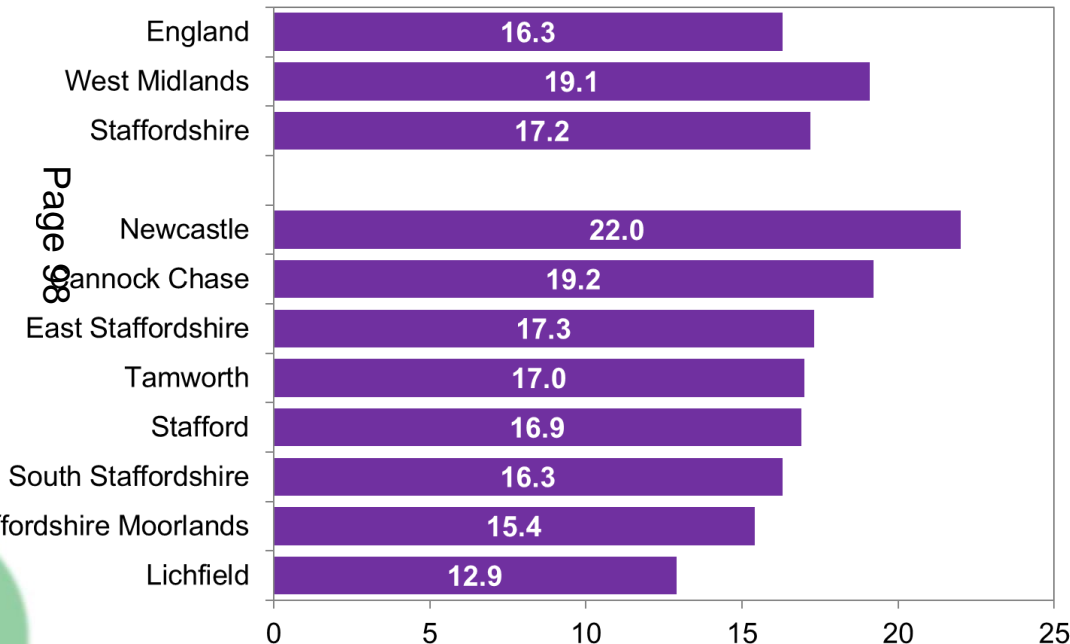


- Over half of Staffordshire's districts have higher than average rates.
- Stafford, Cannock Chase, Newcastle, East Staffordshire, Staffordshire Moorlands and Tamworth are all key areas of focus.
- 616 years of life lost due to alcohol related conditions in under 75 years (per 100,000), rising to 793 in East Staffordshire and 761 in Newcastle.
- Newcastle also has the highest preventable liver disease mortality rate.

Preventable Liver Disease

Over 90% of liver disease is preventable, with alcohol consumption and obesity being two key risk factors.

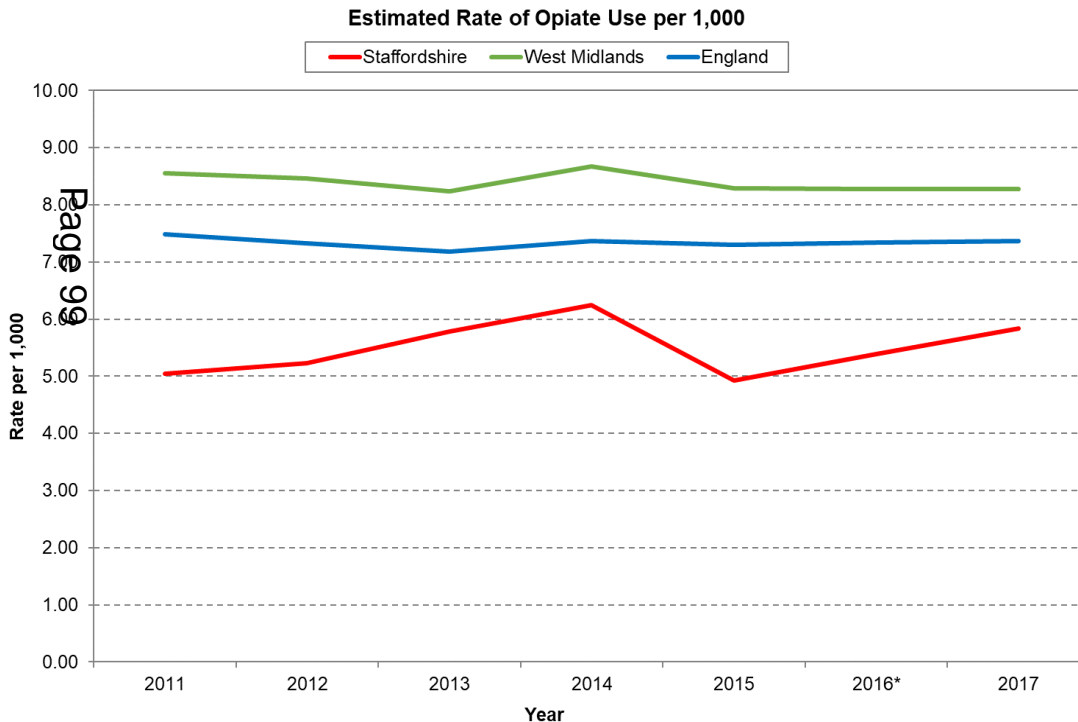
Under 75 Mortality from Liver Disease Considered Preventable, Rate per 100,000 ; 2016-18



- Around 160 adults die each year from liver disease, with rates among females above national average.
- Rates have risen by 22% between 2011-13 and 2016-18, and is above national (but not significantly so).
- Similar to alcohol related hospital admissions, Newcastle, Cannock Chase and East Staffordshire have higher rates.
- These localities also experience multiple social economic issues e.g. higher excess weight levels, low KS4 education attainment.

Prevalence of Drug Misuse

Similar to alcohol, drug use is also a key cause of societal harm, including crime, family breakdown and deprivation.

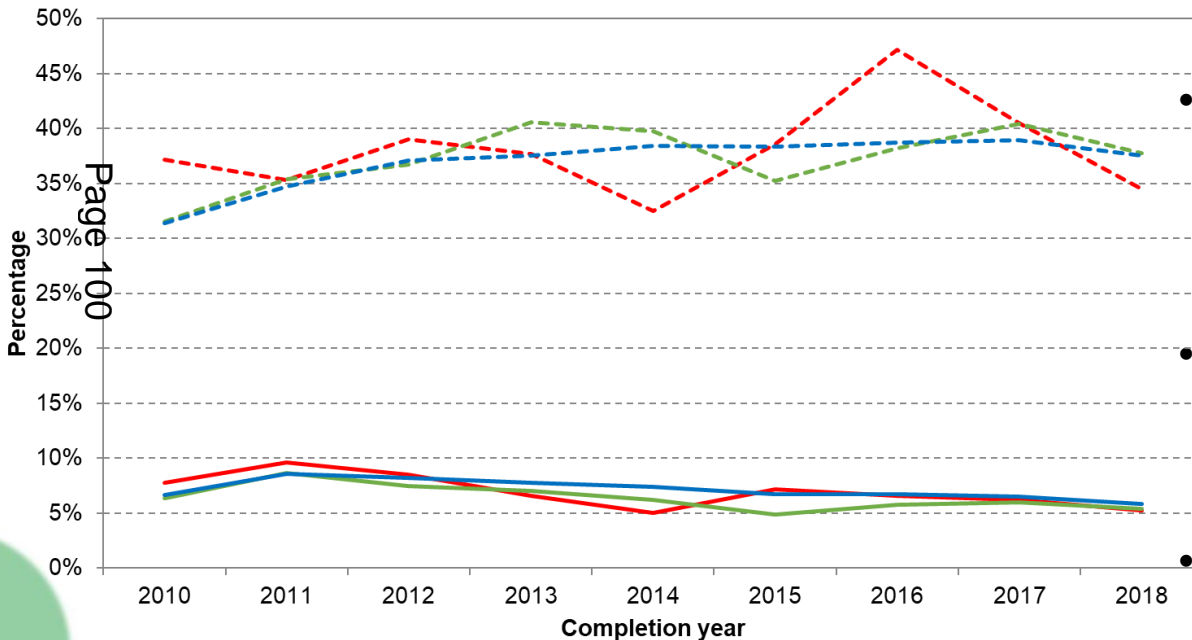


- It is estimated 17,472 Staffordshire adults have a drug dependence (2019), with two thirds (67%) being male.
- Prevalence is greater in those from lower income groups.
- Opiate use has a greater prevalence in Staffordshire (5.84 per 1,000), compared to crack cocaine use (3.56 per 1,000), however both remain in line with national.

Drug and Alcohol Treatment Outcomes

Successful completion of drug treatment - opiates (PHOF 2.15i) and alcohol treatment (PHOF 2.15iii)

— Opiates: Staffordshire — Opiates: West Midlands — Opiates: England
- - - Alcohol: Staffordshire - - - Alcohol: West Midlands - - - Alcohol: England



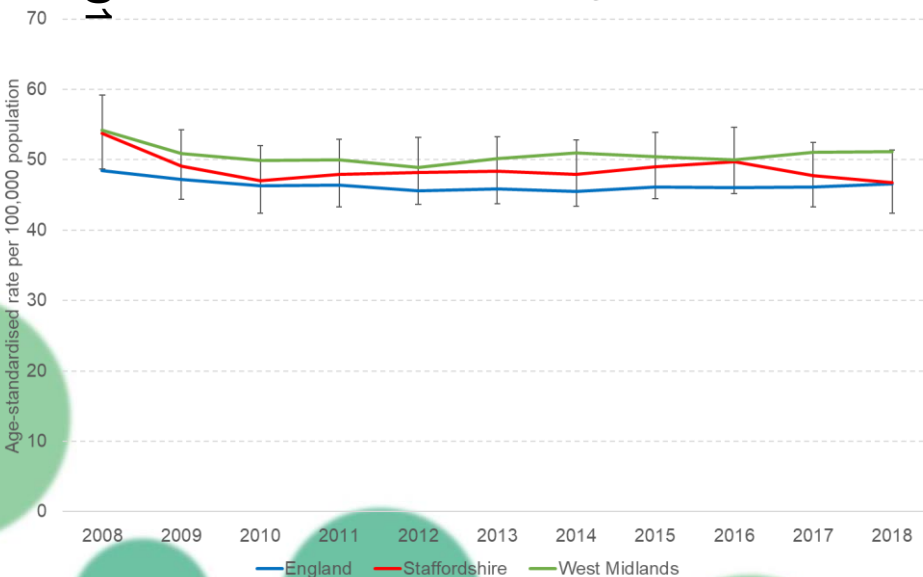
- Successful completion of drug and alcohol treatment is used as the key proxy measure of recovery.
- 34.5% of alcohol users successfully completed treatment, below national (37.6%) but not significantly.
- Also, recent decline in successful outcomes for alcohol users (2017 / 2018).
- 5.3% (88) of opiate users in Staffordshire successfully completed treatment, below national, but not significantly.

Alcohol and Drugs - Mortality Rates

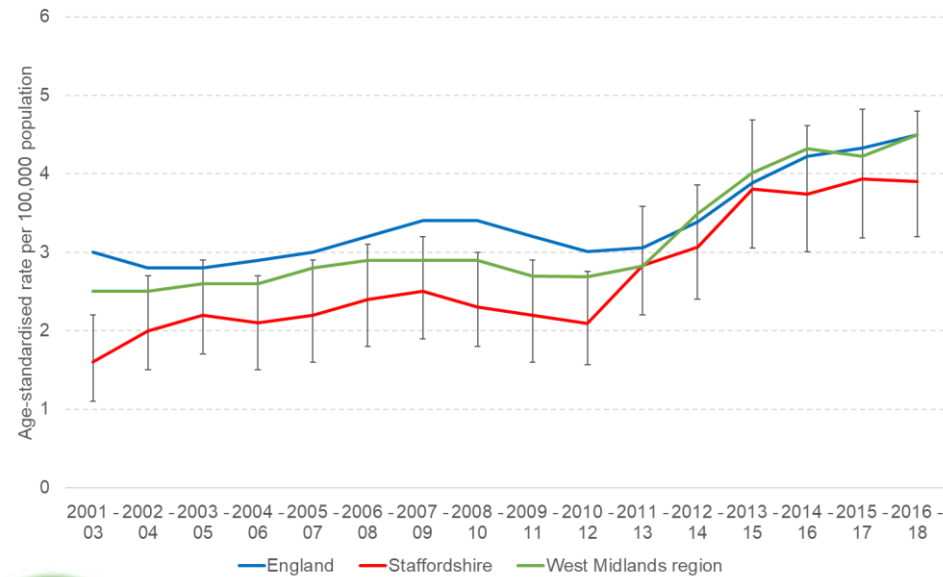
- Nearly 430 alcohol related deaths recorded in Staffordshire (2018), with a slight decline since 2016. Similarly, rates among males are over twice as high as females.
- Death rates for drug misuse remain lower than national and regional rates. Whilst small numbers, Staffordshire has seen a rise in the last 6 years, a similar trend to national. 97 Staffordshire residents died from drug misuse (less than 1% of all deaths during 2016-18). Nationally recognised as a key impact of an ageing population of people who use drugs.

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Alcohol-related mortality



Deaths from drug misuse



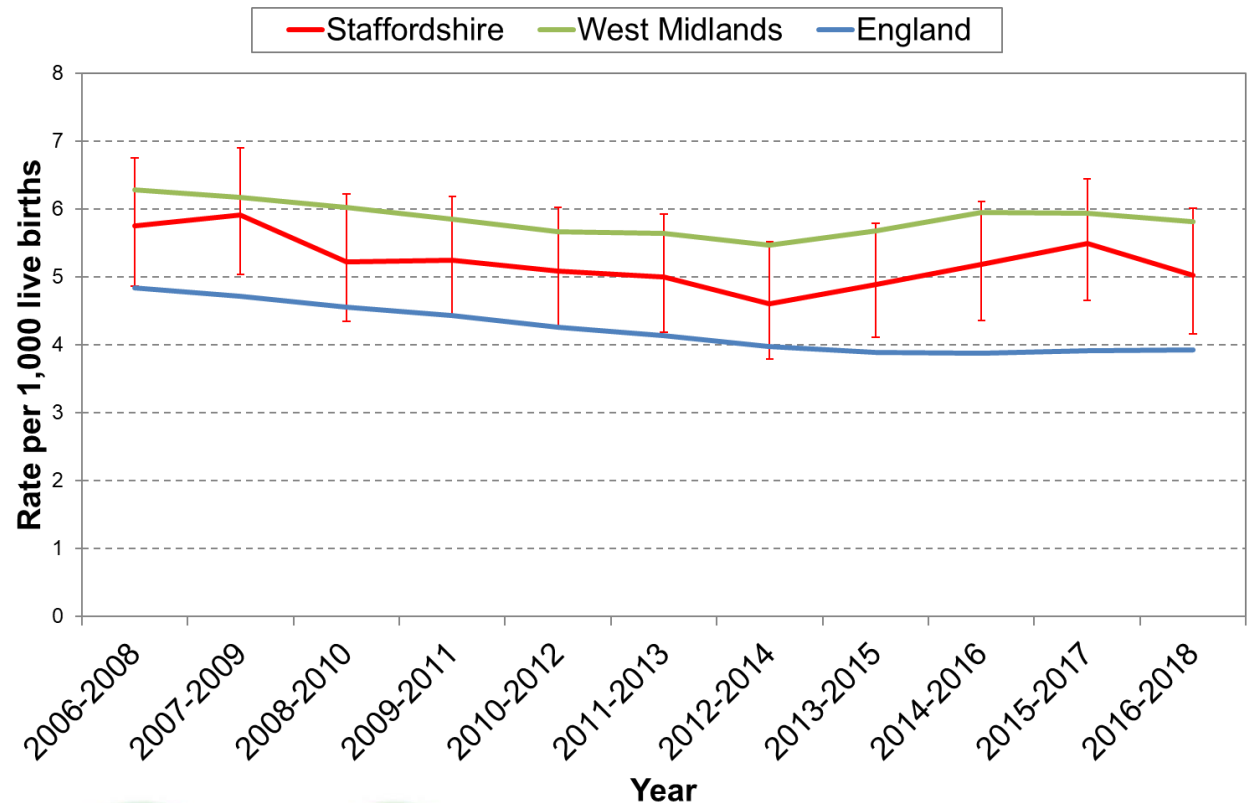
Maternal and Infant Health

Infant Mortality – Rising Trend

A key indicator of the general health of an entire population.

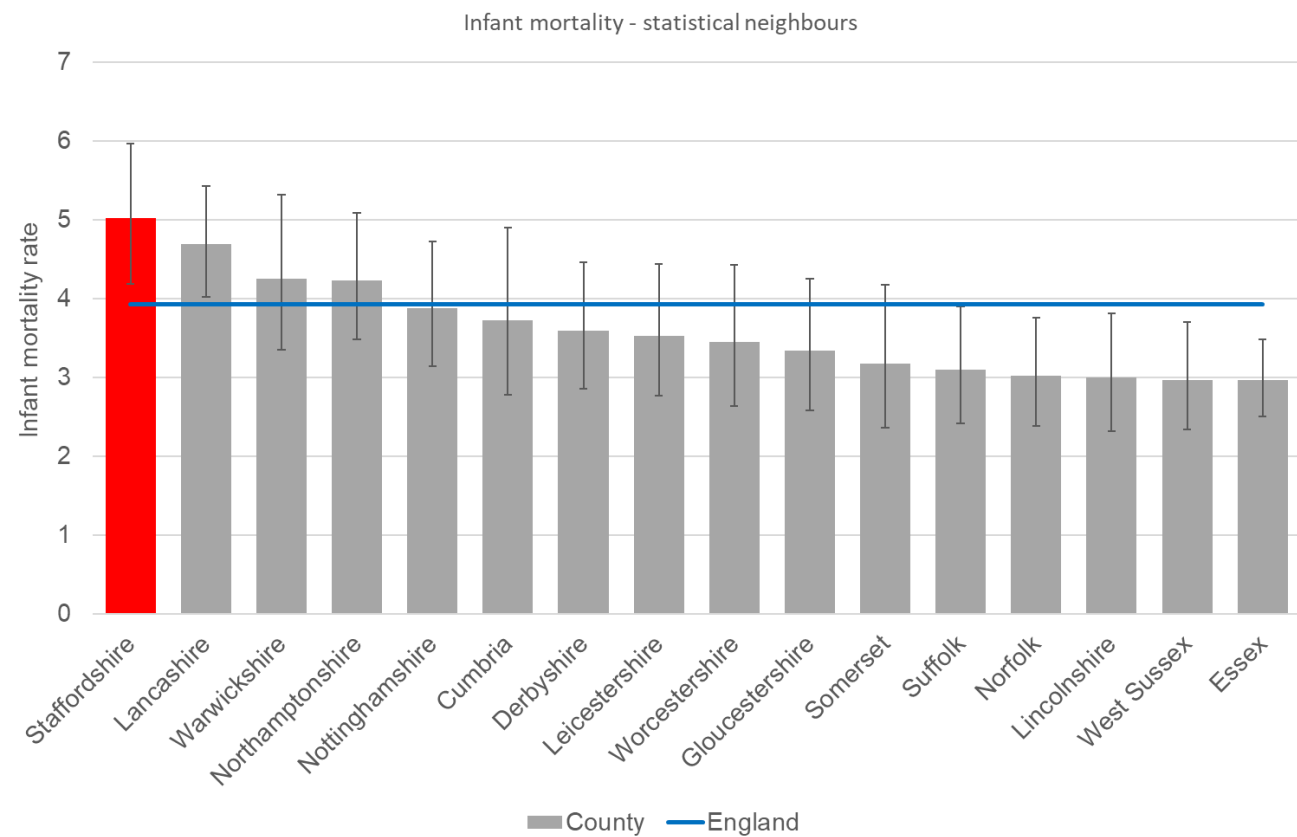
- A total of 128 infant deaths (5 per 1,000 births) within their first year of life (2016-18). Of these, 102 (80%) occurred in the first 28 days (neonatal deaths).
- Rates recently been increasing, and despite recent reduction current rates remains higher than national and statistical neighbours.
- Tamworth and East Staffordshire with a higher than average rate – 7.1 and 6.8 per 1,000 births. Also ranked 5th and 6th worst areas in England respectively.

To reach the national average, Staffordshire would need to reduce the number of infant deaths by 10 each year.



Infant Mortality - Statistical Neighbour Comparator

- Staffordshire has the highest rate of all its statistical neighbours.
- To reach the statistical neighbour average we would need to reduce the deaths by 11 a year.
- Higher rates linked to areas facing multiple socio-economic issues – half of infant deaths are in Staffordshire’s top 2 deprived quintiles.



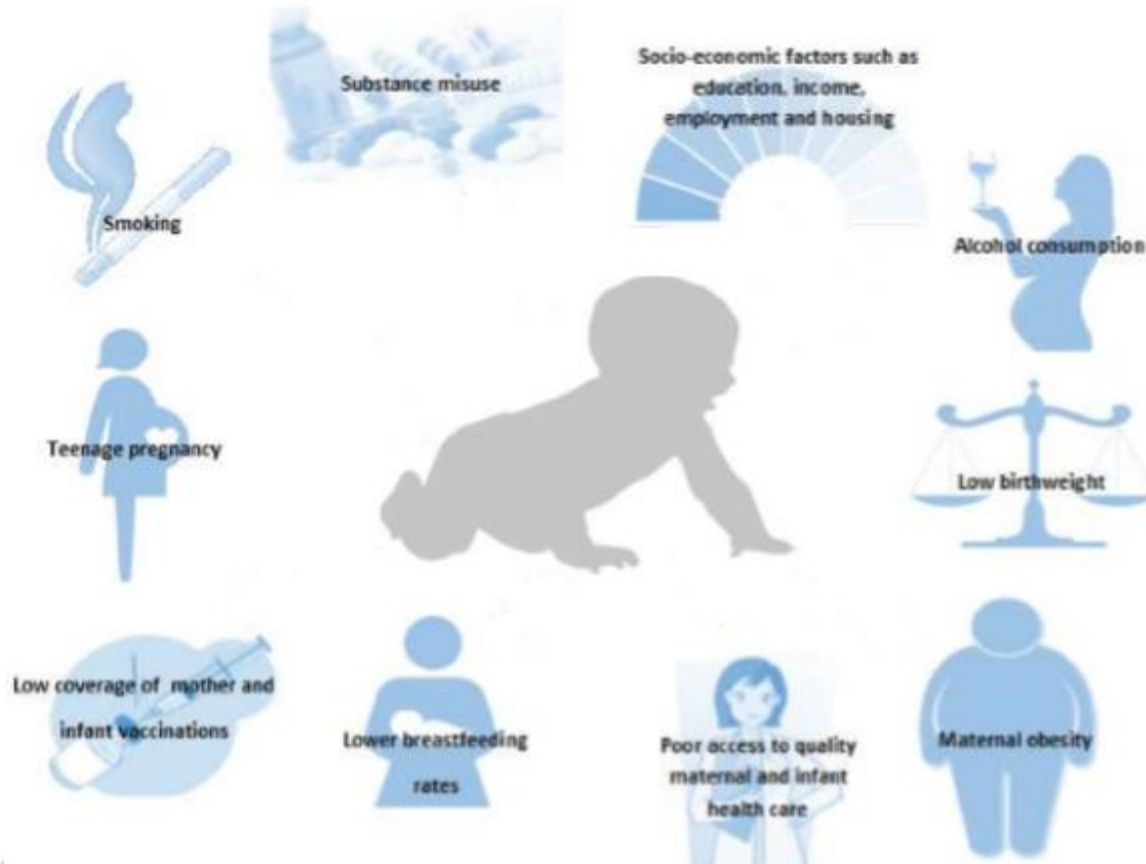
Child Death Overview Panel – Key Findings

Local Safeguarding Children Boards (LSCBs) required to review the deaths of all children, to learn lessons and reduce number of preventable child deaths.

- The total number of deaths in Staffordshire and Stoke-on-Trent between April 2017 and March 2019 was 135, of which 62% were in Staffordshire. Most were boys (56%).
- Where reviews details are available, modifiable factors were identified in 30 deaths:
 - 25 cases related to children aged under one year.
 - 11 cases associated with sleeping arrangements.
 - Smoking was identified in 18 of the 30 cases.
 - Alcohol / Drug use was identified in 8 cases.
 - Other factors identified included: domestic violence, neglect, not accessing healthcare, consanguinity and environment.

Infant Mortality: Key Risk Factors

A number of factors are known to increase infant mortality, therefore understanding these provides an opportunity for early intervention and prevention strategies.



Tackling Infant Mortality

13%

of mothers
smoked during
pregnancy

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1 in 13

Babies born with
low birthweight

1 in 3

Mums don't start
breastfeeding

1 in 5

New birth visits
not completed
within 14 days

2 in 100

conceptions in
girls aged 15-17

53%

Of pregnant
women in
Staffordshire
don't get a Flu
vaccine

2 in 3

Mums not
breastfeeding at
6-8 weeks

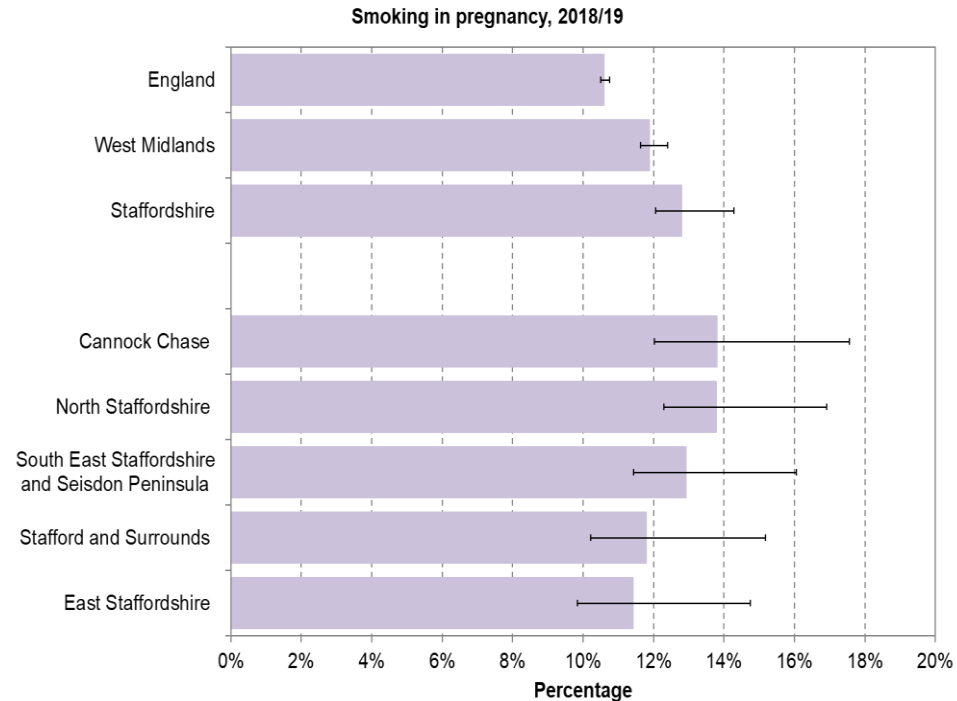
1 in 5

Did not receive a
6-8 week review

Infant Mortality Risk Factors: Smoking

Smoking in pregnancy is a known risk factor leading to infant mortality, and remains an area of focus for Staffordshire

- More women (13%) smoked during pregnancy, than the national average (2018/19). However, rates have remained stable since 2016.
- Rates higher across all localities, particularly Cannock Chase and North Staffordshire.
- Also highest in routine and manual occupations (25%).



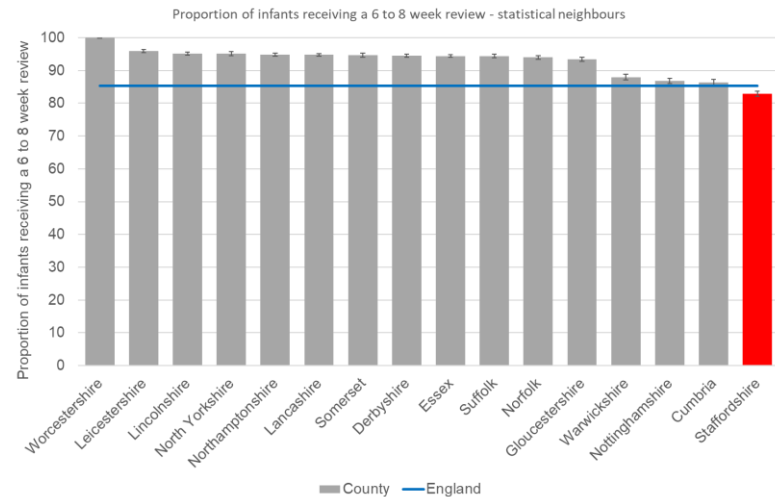
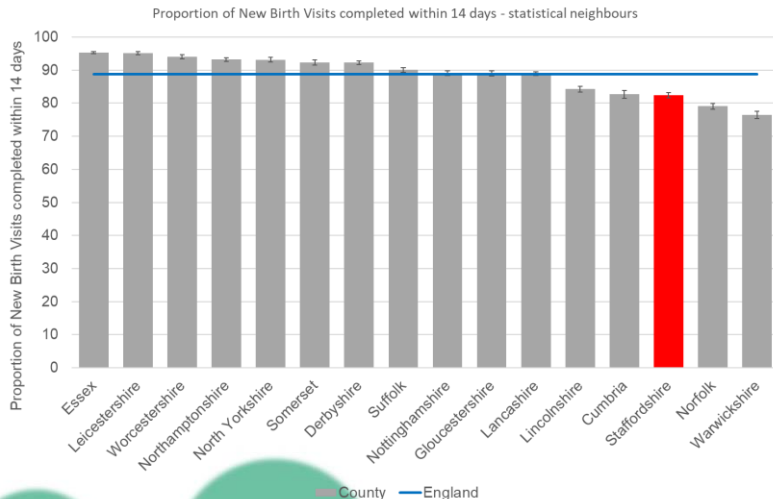
Source: Health and Social Care Information Centre, Lifestyle Statistics

Access to Maternal and Infant Health Care

Effective post natal support can help reduce the risk for infant mortality.

- 82.5% of new birth visits were completed within 14 days, and 83% of infants received a 6-8 week review.
- For both checks Staffordshire is significantly below national, and for 6-8 week reviews Staffordshire reports the lowest proportion of its statistical neighbours.
- Similar trend can be seen for early years - 1 in 4 children do not receive a 2-2½ year child development review. Note: low number of families participating in mandated checks is due to a higher volume of Did Not Attends (DNAs).

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Locality Summary

- The table below shows which districts were highlighted for each issue.
- Cannock Chase, Newcastle and Tamworth were identified for more issues than other districts.
- East Staffordshire was also identified across multiple issues.

Page No	Cannock Chase	East Staffs	Lichfield	Newcastle	South Staffs	Stafford	Staffs Moorlands	Tamworth
1. Wider Determinants	■			■				■
2. Ageing Well		■	■	■	■	■		■
3. Staying Mentally Well	■			■			■	■
4. Healthy Lifestyles	■	■		■	■		■	
5. Alcohol and Drugs	■	■		■		■	■	■
6. Maternal and Infant Health	■	■						■



STAFFORDSHIRE HEALTH AND WELLBEING BOARD

FORWARD PLAN 2019/2020

This document sets out the Forward Plan for the Staffordshire Health and Wellbeing Board.

Health and Wellbeing Boards were established through the Health and Social Care Act 2012. They were set up to bring together key partners across the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch to lead the agenda for health and wellbeing within an area. The Board has a duty to assess the needs of the area through a Joint Strategic Needs Assessment and from that develop a clear strategy for addressing those needs – a Joint Health and Wellbeing Strategy. The Board met in shadow form before taking on its formal status from April 2013.

The Forward Plan is a working document and if an issue of importance is identified at any point throughout the year that should be discussed as a priority this item will be included.

Councillor Alan White and Dr Alison Bradley

Co- Chairs

If you would like to know more about our work programme, please get in touch on 07794 997 621

Unless otherwise stated, Public Board Meetings are held in Staffordshire Place 1, Trentham and Rudyard Rooms, at 3.00pm.

Public Board Meetings:

- 6 June 2019
- 5 September 2019
- 5 December 2019 cancelled
- 8 January 2020
- 5 March 2020

Date of Meeting	Item	Details	Outcome
6 June 2019 PUBLIC BOARD MEETING	Director of Public Health Annual Report Report Author – Jon Topham Lead Board Member – Richard Harling	Annual report this year is “Live Long & Prosper: Digital Technologies for Health and Wellbeing”	The draft report was shared with Members, with the final report being brought to their September meeting
	Suicide Prevention Update Report Author – Vicky Rowley Lead Board Member – Richard Harling	An update on parental mental health and suicide prevention.	Funding for environmental measures to prevent suicides in identifiable hotspot areas to be raised with SCC and the CCGs by Cllr Philip White and CCGs Craig Porter
	District Council & H&WB Report Author – Lead Board Member - Tim Clegg	Presentation outlining the work of district & borough Councils in promoting health and wellbeing.	Continued engagement with partners to promote health and wellbeing.
	Air Quality Report Author – Mike Calverley Lead Board Member – Richard Harling	A report on Air Quality last came to the Board on 7 December 2017.	Progress noted.
	Children’s Safeguarding Report Author – Kate Sharratt Lead Board Member – Helen Riley	Outline the new arrangements for the Stoke-on-Trent & Staffordshire Safeguarding Children’s Board.	The new arrangements be noted.
	H&WB Strategy – Delivery Plan Report Author – Jon Topham Lead Board Member – Richard Harling	Considering “Staffordshire H&WB Strategy – An Approach to Delivery” and “Public Health and Prevention Supportive, Communities”	Considered a number of delivery approaches, and included: re-energising public conversations; leadership for HiAP; and leadership for targeted JSNA.
	Carers Strategy Report Author – Gill Morris Lead Board Member – Richard Harling	SCC & the CCGs new draft all age carers strategy “All Together for Carers”	Members to provide feedback on the Strategy as part of the consultation process.
	BCF Report Author – Jennie Pierpont Lead Board Member – Richard Harling	Highlighting concerns around timescales/funding of the BCF	That the concerns be escalated to the Secretary of State for Health and Social Care.
Physical Inactivity Report Author – Ben Hollands Lead Board Member - Glynn Luznyj	Changes to Physical Inactivity governance.	SASSOT be recognised as the lead agency for physical activity, with consideration being given to how their work will be reported back to the H&WB.	

Date of Meeting	Item	Details	Outcome
5 September 2019 PUBLIC BOARD MEETING	End of Life Conversation with the Public – progress report Report Author – Dave Sugden Lead Board Member – Richard Harling	At the September 2018 meeting Board Members requested a progress report on the end of life work stream with providers to help imbed learning from the campaign in 6 – 12 months time.	Deferred to the December meeting.
	H&WB Strategy Report Author – Jon Topham Lead Board Member – Richard Harling	The Strategy included: implementing public conversation campaigns; increasing awareness of digital technologies within the health and wellbeing; and promote telecare and assistive technologies and signpost effectively. Focusing on Public Health and Prevention Self-Help Programme, details of how this will be achieved.	Members endorsed the approach to this element of the delivery plan and supported the proposed communication campaigns.
	STP Consultation follow-up Report Author – Lead Board Member - Simon Whitehouse	Details of the listening exercise process and outcomes.	The Board supported the proposed approach to developing the Five Year System Plan.
	Review of Terms of Reference Report Author – Jon Topham Lead Board Member – Richard Harling	The revised Terms of Reference had been agreed at the September 2018 Board meeting. At that time, it was also agreed that they should be reviewed annually, with a report being brought to each September Board meeting.	Amendments were made to the agenda layout and that the SASSOT would now be the lead agency for physical activity.
	DPH Annual Report Report Author – Richard Harling Lead Board Member – Richard Harling	It had been agreed to bring the final report to the September meeting.	The 17 recommendations and actions for implementation were agreed by Members. A further report will be brought to the December meeting showing progress made and identifying any outstanding recommendations and timescales for their implementation.
	JSNA Deep Dive – Communities Report Author – Divya Patel Lead Board Member – Helen Riley	Cusp of Care JSNA	Members supported the promotion of population health management and integrated care data in developing an early warning system approach to predicting future demand.
	HiAP Leadership Report Author – Dave Sugden Lead Board Member – Richard Harling	Updating the Board on activity since March 2017 when they had agreed to promote HiAP throughout their respective organisations.	Members committed to their role as “Champions for Change” for HiAP and agreed the activities proposed within the report.

Date of Meeting	Item	Details	Outcome
	BCF Report Author – Jenny Pierpoint Lead Board Member – Richard Harling	At the March 2019 meeting the Board had noted progress with the Staffordshire BCF and agreed an extension of the current BCF schemes into 2019-2020. They had also received details of possible financial risk at their June 2019 meeting.	The Board delegated sign-off to the Co-Chairs on confirmation of funding and noted the submission and assurances of timescales.
	CCG Merger Report Author – Sharon Young (Stafford & Surround CCG) Lead Board Member – Alison Bradley	To inform the Board of progress on the proposed CCG merger	Members noted progress and the anticipated decision timescale.
	Revised Draft Carers Strategy Report Author - Andy Marriott Lead Board Member - Mark Sutton	Details on the revised strategy.	The Board endorsed the Staffordshire Strategy for Carers and noted the current review of the Carers Pathway and services arrangements.
5-December-2019 8 January 2020 PUBLIC BOARD MEETING	Families Strategic Partnership Board Annual Report Report Author – Kate Sharratt Lead Board Member – Helen Riley		Members endorsed the report and agreed that a revised FSP strategy and governance structure would be brought to the June Board meeting in place of the next annual report
	SCC & CCG Commissioning Intentions SCC – Richard Harling CCGs – Craig Porter		Members noted the commissioning intentions of both SCC and Staffordshire CCGs.
	DPH Annual Report Report Author – Richard Harling Lead Board Member – Richard Harling	At their September meeting it was agreed to report any outstanding recommendations and the timescale to their implementation to the December meeting.	Members noted progress with the recommendations and agreed: a report on digital programme will be brought to the March meeting; updates on broadband and digital infrastructure strategy be brought to the December H&WB; and a workshop on assistive technologies be developed.
	Staffordshire BCF Plan 2019-2020 Report Author – Jenny Pierpoint Lead Board Member – Richard Harling		The Board noted the Co-Chair’s approval of the Plan and that a request had been made for re-baselining to correct historic issues with BCF funding in Staffordshire.
	Adult Safeguarding Annual Report Report Author – John Wood Lead Board Member – Helen Riley		The Board received the Annual Report and thanked the Board for their work.
	SEND Strategy Report Author – Tim Moss Lead Board Member – Helen Riley		Members noted the report and endorsed the direction of travel to improve SEND. The SEND Strategy will be brought to the September H&WB meeting for review and sign-off.

Date of Meeting	Item	Details	Outcome
	STP (Together we're Better) 5 year Delivery Plan Report Author – Simon Whitehouse / Jonathan Bletcher Lead Board Member - Simon Whitehouse	Progress from STP is a standard item for each H&WB meeting.	Th Board noted progress made with implementing the priorities set out in the five year delivery plan and supported the development of the Integrated Care System (ICS).
	End of Life Public Conversation – Progress Report Report Author – Dave Sugden Lead Board Member – Richard Harling	At Sept 18 meeting board members requested progress report on end of life workstream with providers to help embed learning from the campaign in 6 - 12 months' time	The Board received an oral update from Emma Hodges, CEO at St Giles Hospice, on the work of the South Staffordshire End of Life Voluntary Action Alliance in developing a complementary community model for the end of life care in Staffordshire, which they supported.
5 March 2020 PUBLIC BOARD MEETING	Together We're Better Digital Programme Report author – Lead Boar Member – Richard Harling	Agreed at the January meeting as part of discussions around progress on recommendations from the Director of Public Health Annual Report.	
	JSNA Report author – Lead Board Member – Richard Harling		
13 September 2020 PUBLIC BOARD MEETING	SEND Strategy Report Author – Tim Moss Lead Board Member – Helen Riley	Agreed at the January meeting	
10 December 2020 PUBLIC BOARD MEETING	Broadband & Digital Infrastructure Strategy Update Report Author – Lead Board Member – Richard Harling	Agreed at the January meeting as part of discussions around progress on recommendations from the Director of Public Health Annual Report.	
	SCC & CCG Commissioning Intentions SCC – Richard Harling CCGs – Craig Porter	Reported to the Board annually.	
11 June 2020 PUBLIC BOARD MEETING	Families Strategic Partnership Board Revised Strategy and Governance Report Author – Kate Sharratt Lead Board Member – Helen Riley	Agreed at the January meeting	

HWBB Statutory Responsibility Documents

Document	Background	Timings
Pharmaceutical Needs Assessment (PNA)	<p>The PNA looks at current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets the current and future population needs for Staffordshire residents and identifies any potential gaps in current services or improvements that could be made.</p> <p>The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to HWBs.</p>	<p>The current PNA was published in March 2018.</p> <p>The PNA is reviewed every three years (the next assessment is due in 2021)</p>
Joint Strategic Needs Assessment (JSNA)	<p>The H&WB arrange for:</p> <ul style="list-style-type: none"> • an annual JSNA update report • 2 deep dive reports per year • Quarterly exception reporting 	The Annual JSNA report comes to the March H&WB.
Joint Health and Wellbeing Strategy (JHWS)	The JHWS sets out how the needs identified in the JSNA will be prioritised and addressed.	JHWS was adopted by the H&WB at their June 2018. An action plan will be developed to set out how the Strategy will be delivered.
CCG and Social Care Commissioning Plans	The H&WB receive annually details of both CCG commissioning plans and Social Care to consider whether these have taken proper account of the JHWS.	Annually, normally at the March meeting.

Board Membership Role	Member	Substitute Member
Staffordshire County Council Cabinet Members	CO CHAIR - Alan White – Cabinet Member for Health, Care and Wellbeing Mark Sutton – Cabinet Member for Children and Young People Philip White – Cabinet Support Member for Learning and Employability	Gill Burnett – Cabinet Support Member for Adult Safeguarding
Director for Families and Communities	Helen Riley – Deputy Chief Executive and Director for Families and Communities	Mick Harrison – Commissioner for Safety, Children & Families
Director for Health and Care	Richard Harling – Director of Health and Care	
A representative of Healthwatch	Simmy Akhtar – Chief Officer, Healthwatch	Maggie Matthews – Healthwatch Advisory Board Chair
A representative of each relevant Clinical Commissioning Group	Gary Free – Chair of Cannock Chase CCG Paddy Hannigan – Chair of Stafford and Surrounds CCG Shammy Noor – Chair of South East Staffs and Seisdon Peninsula CCG Rachel Gallyot – Chair of East Staffs CCG CO CHAIR - Alison Bradley - Chair of North Staffs CCG	Marcus Warnes – Chief Operating Officer
Representative of the CCG Accountable Officer	Craig Porter – CCG Managing Director of South West Division	tbc

03/08/20

Staffordshire's Health and Wellbeing Board has agreed to the following **additional representatives** on the Board:

Role	Member	Substitute Member
District and Borough Elected Member representatives	Roger Lees – Deputy Leader South Staffordshire District Council Jeremy Pert – Cabinet Member (Community Portfolio) Stafford Borough Council	Brian Edwards
District and Borough Chief Executive	Tim Clegg – Chief Executive Stafford Borough Council	tbc
Staffordshire Police	ACC Jennie Sims	Chief Superintendent Jeff Moore
Staffordshire Fire and Rescue Service	Howard Watts – Director of Prevent and Protection	Jim Bywater
Together We're Better - Staffordshire Transformation Programme	Simon Whitehouse – Programme Director	tbc
Voluntary Sector	Phil Pusey – Chief Executive SCYVS Garry Jones – Chief Executive Support Staffordshire	tbc

