

Minutes of the Health and Wellbeing Board Meeting held on 7 March 2019

Attendance:

Alan White (Co-Chair (In the Chair))	–
Garry Jones	Support Staffordshire
Maggie Matthews	Healthwatch
Tim Clegg	District & Borough Council CEO Representative
Dr Alison Bradley	North Staffs CCG
Frank Finlay	District Borough Council Representative (North)
Roger Lees	District Borough Council Representative (South)
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Glynn Luznyj	Staffordshire Fire and Rescue Service
Mick Harrison	Staffordshire County Council
Dr Richard Harling	Staffordshire County Council
Philip White	Staffordshire County Council
Tracy, Parker-Priest	STP

Also in attendance:

Jon Topham	Senior Commissioning Manager, Public Health
Andrew Donaldson	Staffordshire County Council

Apologies: Phil Pusey (Chief Executive Officer) (Staffordshire Council of Voluntary Youth Services), Jennifer Sims (Staffordshire Police), Dr Paddy Hannigan (Chair, Stafford and Surrounds CCG) (Stafford and Surrounds CCG), Dr Mo Huda (Chair, Cannock Chase CCG) (Cannock Chase CCG), Simon Whitehouse (Staffordshire Sustainability and Transformation PI), Helen Riley (Director of Families and Communities and Deputy Chief Executive) (Staffordshire County Council) and Shammy Noor (South East Staffordshire and Seisdon Peninsula CCG)

41. Declarations of Interest

There were none at this meeting.

- a) Minutes of H&WB meeting held on 6 December 2018

RESOLVED: That the minutes of the Health and Wellbeing Board meeting held on 6 December 2018 be confirmed and signed by the Chairman.

42. Questions from the public

There were none at this meeting.

43. Commissioning Intentions

- a) CCG Commissioning Intentions and Planning Overview

[Jane Moore, CCG Director of Strategy and Performance, in attendance for this item]

Staffordshire had six Clinical Commissioning Groups (CCGs) with one management senior team. Commissioning intentions for 2019-2021 remained focused on commissioning for outcomes, with an expectation that commissioned services would enhance the care experience for individuals who were: frail; had a long term condition; required expert end of life care; and/or were resident in a care home. It also reflected the systems collaborative and co-designed approach and aligned with the STP.

Members received an overview of CCG commissioning intentions:

- Primary Care, including a continuing focus on developing the Primary Care wider workforce and consideration of the new GP contracts and linking to new models of care;
- Mental Health, including Improving Access to Psychological Therapies (IAPT) services, providing services close to patient's homes as far as possible and aligning with the principles of THRIVE to ensure children and adolescents received evidence based mental health treatments;
- Urgent Care, simplifying access, developing an Urgent Care Treatment Centre model and an Integrated Urgent Care model providing review and advice through use of 111;
- Planned Care, reducing waiting lists to deliver the 18 week wait target (with significant improvements already seen in this area); transform through collaboration, improving access and utilisation of technology; and the implementation of best practice pathways;
- Autism Treatment Services, including a system wide review of current service provision and a commitment to re-procuring the Children and Young People Autism Service within South Staffordshire;
- Maternity Services, reducing variations in care;
- Community Care, including further implementation of the D2A (discharge to assessment) model across Staffordshire, development with partners of the collaborative Care Home Strategy, the Staffordshire wide palliative care co-ordination centre to ensure better access to End of Life care; and public consultation around the future of community hospitals in North Staffordshire (with the consultation closing on 17 March);
- Transforming Care, including the balance between developing alternative services to reduce long term hospitalisation for people with learning difficulties

and collaborative working with partners to ensure an enhanced community service offer, and reducing premature mortality through better access to health services, education and training.

In spite of some ambiguity within the NHS ten year plan Members heard that the CCGs had no expectation of Public Health returning to the NHS, rather they anticipated greater collaboration.

Those using the changing services, particularly around the Urgent Treatment Centre and changes to Primary Care, would experience services that were more collaborative. The changes enabled better integrated pathways and appropriate signposting, removing variability and giving greater consistency of offer, providing better understanding of both the offer and the access. GPs would have more opportunity to put in place services appropriate to their area, allowing for the variabilities of rural and urban areas of the County to be catered for appropriately. Final guidance had not yet been received around individuals choosing to receive care across different STPs, however the focus would remain on what was most appropriate for the individual patient.

Whilst there remained huge funding pressures the new approaches allowed work across providers and systems, resulting in better and more sustainable care in the longer term. Opportunities for further consultation and public engagement would be available to ensure the public had the opportunity to influence changing services.

The provision of a Social Prescribing Link Worker as part of the new GP contracts was widely supported by GPs, particularly in respect of patients with long term conditions. Work was ongoing considering how best to implement good social prescribing and Board Members were clear that the Voluntary Sector needed to be included in this work.

RESOLVED – That the CCGs commissioning intentions 2019-2021 be noted.

b) Staffordshire County Council Health and Care Commissioning Intentions

One of Staffordshire County Council's five corporate priorities was: 'a joined up approach to health, care and wellness that encourages people to take responsibility for their own health and plan for the future, so that we can support those who really need it.' This approach included:

- Build a healthy Staffordshire, with an environment that improved health and wellbeing for all;
- Help people to help themselves, by giving simple, clear information and advice to enable them to take responsibility for keeping themselves healthy, safe and prosperous;
- Grow communities to support people, and which help people to live independently in their own home, with care and support from family, friends and the whole community;
- Offer extra help for those who need it, to prevent and respond at times of crisis to get people back to independence;
- Be honest about the options available, so that people understand who is eligible for support and who will pay for it; and

- Maintain long term care services, working with partners and providers to ensure that when people do require support, SCC can offer quality and safe services that meet people's needs.

Staffordshire County Council's health and care commissioning intentions were set in line with this approach, as well as in consideration of the Joint Health and Well-being Strategy and the Sustainable Transformation Partnership (STP) vision.

The Board received details of commissioning around:

- public health and prevention – Warm Homes Fund, healthy communities, supportive communities, drug and alcohol, sexual health services and the STP prevention programme;
- adult social care and safeguarding – modernising adult social care, learning disability and mental health placements, developing long term care reviews, preparing for adulthood for those with disabilities;
- care commissioning – home care (reducing demand and increasing capacity), residential and nursing care (developing a care home capacity strategy), extra care and adult learning disabilities community offer 2022;
- joint commissioning – discharge to assess (reducing delays in transfers of care), continuing healthcare and joint funding and the Transforming Care Partnership.

RESOLVED – That the commissioning intentions for Staffordshire County Council be noted.

44. CQC Local System Review Update

[Jenny Pierpoint, Strategic Lead, Staffordshire Better Care Fund (BCF)]

During October to December 2018 the Staffordshire health economy was subject to a Care Quality Commission (CQC) Local System Review. The Review looked at how people over 65 years moved through the health and social care system, with a particular focus on interfaces between services and organisations working together. The final CQC report was published on 14 December. The report recognised progress made and recommended priorities for further development. An action plan had been developed in response to the report, which was submitted to the CQC on 18 January 2019. The action plan focused on five key themes: leadership; urgent care; community services; joint commissioning; and engagement.

The Board received details of CQC findings and the agreed actions for: urgent care; joint commissioning; and, relationships (including frontline staff, voluntary and social enterprise (VCSE) sectors, local people and communities). Some recommendations had already been addressed. Discharge to Assess (D2A) had been partially rolled out in the south of the County and there were plans to further enhance provision, subject to CCG approval in March 2019. D2A additional beds had also been commissioned to provide further capacity. SCCs community and social care partners MPTF had launched the Home First Control Centre. The roll out of GP enhanced access was now complete and the Care Home Strategy had been developed. There was support from the BCF National Advisor for further development of social work practice and a new Choice Policy had been agreed and developed. Representation from the VCSE sector on a number of work streams/Boards had also been introduced.

The H&WB was responsible for monitoring progress with delivery of the Local System Review action plan. It was proposed that details of progress made be brought to the Board on a quarterly basis.

RESOLVED – That:

- a) the CQC Local System Review report and action plan be noted; and
- b) progress of the Action Plan implementation be considered by the H&WB on a quarterly basis.

45. Assessment of Statutory Duties and Purpose

At their December meeting Board Members requested a review of their statutory duties. This request was made in light of the decision to focus on prevention through the new Joint Health and Wellbeing Strategy (JHWS) and to consider ways to be more proactive. Members received details of H&WB statutory duties, how these were undertaken and commentary on progress and/or development opportunities. In particular key areas for future action were identified as:

- agreeing key action areas to support delivery of the JHWS;
- broker wider discussions around the Board's place in the Staffordshire partnership structure;
- self-assess against H&WB purpose and statutory duties annually;
- seek the view of Board members and of wider linked stakeholder groups and organisations; and
- draw up an action plan to ensure progress against the findings of this assessment.

The relationships between Integrated Care Systems, the STP and the H&WB was an area for discussion and would be considered as part of a whole day workshop on governance at the end of March.

RESOLVED- That:

- a) the report and actions (paragraph 7) be noted; and
- b) at the June H&WB meeting consideration be given to how the Joint Health and Wellbeing Strategy will be delivered.

46. Population Health Management: An Initial Briefing Paper

[Jane Moore, CCG Director of Strategy and Performance, and Steve Grange, Director for Strategy and Commercial development, MPFT, in attendance for this item]

The shifting pattern of burden of disease and of demographics meant that more people were living longer and with long term conditions. This, combined with changes in technological capability and societal expectations, provided the framework for a different approach to optimising people's health and wellbeing through intelligence led design and delivery of health care services that incorporated citizen led/controlled intelligence. Within the NHS the focus was on integrated care through a suite of approaches under the heading of Population Health Management (PHM).

During February and March 2019 the Together We're Better team will be developing a detailed proposal for PHM Strategy and delivery plan, including taking account of local findings in the Global Burden of Disease (GBD) Study. There could be significant opportunities to accelerate implementation of the Together We're Better system priorities using PHM.

PHM offered the opportunity to improve population health through data driven decision making and should enable a system wide outcome focus that was driven by need and not by existing services. A Performance and Population Health Management Dashboard was being developed and would be launched in April 2019. Regionally NHSE had started a procurement to engage a development partner to support PHM, both in individual STPs and collaboratively across the West Midlands, including Derby. NHSE North Midlands had also started a procurement process for a further three STPs (including Staffordshire and Stoke-on-Trent) to go through the ICS development programme already experienced by the other four regional STPs. This included the system leadership development for PHM in the specification.

RESOLVED – That the introduction to PHM and the significance of the GBD Study be noted.

47. Staffordshire Better Care Fund Plan 2019/20

[Jenny Pierpoint, Strategic Lead, Staffordshire Better Care Fund (BCF)]

The Better Care Fund (BCF) had been announced by the Government in 2013 to support integration of NHS and social care. The Comprehensive Spending Review stated that the BCF would exist for the life of the Parliament (2015-2020). The Staffordshire BCF Plan for 2017-19 had been approved by Cabinet in February 2017. Advice had been received that the BCF Plan for 2019-2020 should be a light touch refresh only, with minimal changes. BCF Planning Guidance for 2019-2020 was not yet published and the submission date for the Plan was currently unknown, although the anticipated submission was late March to early April.

In order to comply with the anticipated timescales it was proposed that the Board approve the extension of existing schemes, with final approval being delegated to the Co-Chairs.

The Board received a summary of BCF progress during 2017-19, details of the policy framework for 2019-2020 as well as the key aspects of the proposed BCF Plan for 2019-2020.

RESOLVED- That:

- a) progress of the Staffordshire BCF during 2017-2019 be noted;
- b) the Staffordshire County Council's Cabinet and the Staffordshire CCG Governing Bodies consideration of the 2019-2020 BCF Plan intentions be noted;
- c) extension of the existing Staffordshire BCF Plan schemes (as set out in paragraphs 17-25 of the report) for 2019-2020 be approved; and
- d) final approval of the Staffordshire BCF Plan for 2019-2020 be delegated to the Co-Chairs.

48. Joint Strategic Needs Assessment (JSNA)

a) JSNA Approach including Annual Update

[Kerry Dove, Interim Strategic Insight Manager, in attendance for this item]

Upper tier local authorities and CCGs have equal and joint statutory responsibility to produce JSNAs which provide an evidence base that identifies issues of current and future health, well-being and care. The evidence base is then used to support the development of a joint health and wellbeing strategy and influence the commissioning of services. At the September 2018 H&WB it was agreed that the JSNA annual work programme (September 2018-September 2019) should consist of:

- 2 deep dives per year aligned to identified intelligence gaps, with this year's topics agreed as
 - a) Housing & Health
 - b) How communities can contribute to improving health and wellbeing
- an annual update of JSNA
- quarterly exception reporting

The H&WB had also received a number of requests from external organisations to undertake analysis into areas such as autism and health and social care needs of veterans. To accommodate the limited resources within the JSNA any requests would need to be prioritised by the Board.

Members considered the annual JSNA update, which summarised key health, wellbeing and care challenges in Staffordshire. These key challenges had been picked up by the Joint Health and Wellbeing Strategy.

RESOLVED – That:

- a) the proposed Staffordshire approach in responding to requests for specific joint strategic needs assessments which were not currently in the work programme be supported; and
- b) the annual update, and the assurance that key challenges arising from this have been picked up by the Joint Health and Wellbeing Strategy be noted.

b) JSNA - Housing and Health

The environment in which an individual lived had an important influence on improving health and wellbeing outcomes. Stable, warm, safe and suitable homes improved outcomes for the individual and supported them to live independently for longer whilst at the same time helped reduce demand on health care sectors related to housing. Conversely people who lived in poor housing were more likely to experience a multitude of other factors, including poorer health and wellbeing outcomes and were higher users of health and care services. The Health in all Policies agenda was key to formulating a cross-agency, multiple stakeholder approach to improving housing. Priority areas for Staffordshire were: cold homes and fuel poverty; improving housing for vulnerable groups; and planning for healthier housing.

RESOLVED – That:

- a) housing be prioritised as part of the Health in all Policies agenda;
- b) robust evaluation plans are put in place between CCGs and local authorities for implementation of the successful Warmer Homes bid, including monitoring of health and care utilisation;
- c) Staffordshire continues to bid for national funding streams such as the Warmer Homes Category 2 bid and the six Midland Counties bid to be a demonstrator site for the Ageing Society Grand Challenge programme;
- d) engagement continues with key stakeholders such as housing providers to develop a better understanding of the key issues facing residents;
- e) focus is on the most vulnerable, for example, working with partners and stakeholders to ensure that the measures extended in the Reduction of Homelessness Act (April 2018) to single people at risk of homelessness are implemented effectively; and
- f) the checklist provided in Public Health England’s “Improving health through the home: a checklist for local plans and policies” against key strategic and commissioning plans be applied.

49. Director of Public Health Report

The Board received details of the Director of Public Health’s Annual Report, which focused this year on opportunities to improve health and care using digital technologies. Members received an outline of the technologies that would be explored in the Report, which would be brought to the June Board meeting.

RESOLVED – That the Director of Public Health’s Annual Report be brought to the June Board meeting.

50. Forward Plan

Members noted the details on their Forward Plan and that the next Board meeting was scheduled for 6 June commencing at 3.00pm.

RESOLVED- That the Forward Plan be noted.

51. Cllr Frank Finlay

County Councillor Alan White, Co-Chair of the H&WB, informed Board Members that Stafford Borough Councillor Frank Finlay had chosen to retire as a councillor and was not standing in the May elections. This was, therefore, his last meeting as a member of the H&WB representing District and Borough Councils. The Co-Chair thanked Cllr Finlay for his commitment to the Board over a number of years and congratulated him on his 24 years as a Borough Councillor.

Chairman