

# Staffordshire Health and Wellbeing Board

3.00 pm Thursday, 7 March 2019  
Trentham Room - No.1 Staffordshire Place

## 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 H&WB meeting held on 6 December 2018 (Pages 1 - 10)

### 2. Questions from the public

### 3. Commissioning Intentions

- CCG Commissioning Intentions and Planning Overview (Pages 11 - 14)

Report and Presentation from the CCGs

- Staffordshire County Council Health and Care Commissioning Intentions (Pages 15 - 18)

Report and Presentation from SCC

### 4. CQC Local System Review Update (Pages 19 - 20)

Presentation by Jenny Pierpoint

### 5. Assessment of Statutory Duties and Purpose (Pages 21 - 28)

Jon Topham, Senior Commissioning Manager, Public Health

## 6. **STP Population Health Management**

- Population Health Management: An Initial Briefing Paper (Pages 29 - 32)

- STP Update from Workshop

Oral update by Simon Whitehouse, STP Director

## 7. **Staffordshire Better Care Fund Plan 2019/20** (Pages 33 - 38)

Jenny Pierpoint, Portfolio Manager

## 8. **Joint Strategic Needs Assessment (JSNA)**

- JSNA Approach including Annual Update (Pages 39 - 42)

Kerry Dove, Strategic Insight

- JSNA - Housing and Health (Pages 43 - 46)

Kerry Dove, Strategic Insight

## 9. **Director of Public Health Report** (Pages 47 - 48)

Richard Harling, Director For Health and Care

## 10. **Forward Plan** (Pages 49 - 60)

## 11. **Date of next meeting**

The next H&WB meeting is scheduled for 6 June 2019, 2.00pm, Trentham Room, SP1, Stafford.

<b>Membership</b>	
Phil Pusey	Staffordshire Council of Voluntary Youth Services
Garry Jones	Support Staffordshire
Maggie Matthews	Healthwatch
ACC Jenny Sims	Staffordshire Police
Tim Clegg	District & Borough Council CEO Representative
Fiona Hamill	NHS England
Dr Alison Bradley (Co-Chair)	North Staffs CCG
Alan White (Co-Chair)	Staffordshire County Council (Cabinet Member for Health, Care and Wellbeing)

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)
Dr. Paddy Hannigan	Stafford and Surrounds CCG
Dr. Mo Huda	Cannock Chase CCG
Glynn Luznyj	Staffordshire Fire and Rescue Service
Philip White	Staffordshire County Council
Simon Whitehouse	Staffordshire Sustainability and Transformation PI
Helen Riley	Staffordshire County Council
Nick Adderley	Staffordshire Police
Shammy Noor	South East Staffordshire and Seisdon Peninsula CCG
Rachel Gallyot	East Staffs CCG

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

### **Note for Members of the Press and Public**

#### **Filming of Meetings**

The Open (public) section of this meeting may be filmed for live or later broadcasting or other use, and, if you are at the meeting, you may be filmed, and are deemed to have agreed to being filmed and to the use of the recording for broadcast and/or other purposes.

#### **Recording by Press and Public**

Recording (including by the use of social media) by the Press and Public is permitted from the public seating area provided it does not, in the opinion of the chairman, disrupt the meeting.





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

**29. Questions from the public**

There were no questions from the public at this meeting.

**30. Starting Well, Living Well, Supporting Well - A Pan Staffordshire Approach to Children and Young People's Mental Health and Emotional Wellbeing**

*(Liz Mellor, SCC Children's Commissioning Development Manager and Nicola Bromage, CCG Commissioning Manager in attendance for this item.)*

Staffordshire's Emotional Wellbeing and Mental Health Strategy for children and young people was due to expire at the end of the year. A review of the Strategy was timely to enable alignment to the proposed transformational changes in the development of the clear vision and priorities. It also enabled account to be taken of the new approaches and ways of working set out in the Government's Green paper "Transforming Children and Young People's Mental Health Provision".

Members received a copy of the new Strategy which proposed a partnership approach to addressing the mental health and emotional wellbeing needs of children and young people across Staffordshire and Stoke-on-Trent. A collaborative approach to delivering a shared vision and priorities was seen as fundamental to delivering effective and sustainable transformation. The focus was on prevention and early intervention and set out aspirations for the next five years.

The Strategy would be followed by the development of district delivery plans which would allow a locally directed focus on how the Strategy would be implemented. Details of the extent and type of engagement and consultation were shared with the Board, including an explanation of the information shared at the SCC Corporate Review Committee held that morning.

**RESOLVED** – That:

- a) comments from the H&WB Members be noted;
- b) the governance arrangements designed to give leadership and accountability, enabling positive change, be noted; and,
- c) the Strategy and Local Transformation Plan (LTP) be endorsed for wider circulation and publication.

**31. Pan Staffordshire Maternity Transformation Programme and Transformation Plan**

*(Alexandra Birch, Stafford & Surround CCG, in attendance for this item)*

In February 2016 the National Maternity Review "Better Births" had been published. This set out a vision for safe and efficient models of maternity care and identified five objectives:

- improved quality and safety of maternity and new born services;
- engagement and co-production with women and their families;
- configuration of maternity services;

- improved health and wellbeing of women and babies; and
- improved access to perinatal mental health services.

The H&WB received details of the Local Maternity System (LMS) across Staffordshire and Stoke-on-Trent, known as the Pan Staffordshire Maternity Transformation Programme. CCGs were required to establish a LMS that was coterminous with Sustainability and Transformation Partnerships (STP). An operational plan had been developed which detailed how Staffordshire would meet the recommendations from “Better Births”. This Plan had been developed by a range of partners, including Staffordshire’s Early Years Advisory Board, which was a sub-group of the Staffordshire Family Strategic Partnership Board.

**RESOLVED:-** That,

- a) the report and governance arrangements for delivering the plan be noted; and
- b) the Local Maternity Transformation Plan be endorsed.

### **32. Mental Health Crisis Care Concordat**

*( Diane Malkin, Vulnerability Manager, Staffordshire Police, in attendance for this item.)*

The Crisis Care Concordat had been implemented in 2014 and had been the main driver in enabling change in the delivery of services to communities throughout Staffordshire and Stoke-on-Trent. The Concordat provided a joint declaration and action plan to give a response and commitment to the needs of those experiencing mental health issues within our communities and promoted partnership working.

Whilst the Concordat had seen a number of achievements, such as the reduction in numbers of individuals in custody detained under Section 136, there was now a need to review and refresh it to ensure it met the needs of the communities and to reflect changes to delivery organisations. Areas for change within the Concordat were shared with the H&WB.

It was intended that the two H&WBs (Staffordshire and Stoke-on-Trent) should have final “sign off” for the Concordat and would monitor its delivery. H&WB members were asked to nominate a representative to take part in the review and timescales would be clearer once the membership had been agreed.

**RESOLVED –** That:

- a) the review and refresh of the Crisis Care Concordat Declaration, Action Plan and Governance Structure be supported;
- b) each representative organisation on the H&WB nominate an individual to take part in the review;
- c) that the H&WB have the responsibility for sign off on the Concordat and for monitoring its delivery; and
- d) the requirement for the Concordat declaration and action plan to be responsive to current need, well prepared for future need, and have clear direction in responding to such need through service provision be supported.

### **33. CQC Local System Review**

Richard Harling, SCC Director for Health and Care, gave an oral report on the CQC local system review. The CQC had undertaken a review in October and had produced a draft report for comment. On Tuesday 11 December a meeting will be held with the CQC where they will present their draft report and the comments made, with thought given at this time to developing the action plan. The final CQC report was expected to be published in January 2019.

**RESOLVED** – That the oral report be noted.

#### **34. Seasonal Flu Campaign update**

*(Emma Sandbach, Consultant in Public Health, in attendance for this item.)*

Flu was a key factor in NHS winter pressures each year. The national flu campaign began on 8 October. Locally Staffordshire County Council and the CCGs had developed a detailed joint communications plan which began on 13 September and would continue until January. Positive feedback had been received from NHSE for Staffordshire's proactive approach. Initial figures indicated an increase in the requests for flu vaccination vouchers from staff within school settings and County Council front line staff in comparison to last year. However, as flu vaccines were distributed by GP practices no clear figures of uptake will be available until nearer Christmas 2018.

As part of the Staffordshire campaign the Care Market Development Team had included a range of resources on their Staffordshire Connects website. A partnership was also being developed between Staffordshire Public Health Team, Stoke City and Burton Albion football clubs. The aim was to produce a short video on the importance of the flu vaccination that could be played on the big screens at stadiums. There might also be an opportunity to promote the vaccination on local radio using members of the football clubs.

Details of early figures were shared with Members. Concerns were raised over difficulties with supplies this year, with only one supplier providing the vaccine and with limited supply available initially. In particular Members were concerned that the lack of vaccine availability early on could result in a reduction of take up this year despite Staffordshire's proactive campaign approach. Board Members asked that their concerns be shared with NHS England who were responsible for coordinating vaccine supplies.

**RESOLVED** – That:

- a) Staffordshire County Council's seasonal flu campaign for 2018/19 be noted;
- b) the development of the detailed seasonal flu plan and communications plan running from 13 September 2018 to 1 January 2019 be noted, it further being noted that the campaign was jointly developed between Health and Care, the Health, Safety and Wellbeing Team and the Council's Communications Team;
- c) the campaign's development in partnership with Public Health England, Staffordshire CCGs and the pharmaceutical industry (Sanofi Pasteur) be noted; and
- d) a letter setting out the H&WB concerns over vaccine supplies this year be sent to NHS England.

#### **35. Tackling Fuel Poverty in Staffordshire (The Warmer Homes Fund Bid)**



In Staffordshire 44,452 households were living in fuel poverty. The risk of cold homes and from cold related illness translated to an increase in service use and the related costs for health and care. In Staffordshire 21.5% of the annual cost of excess winter deaths was attributed to cold homes, whilst the cost of cold related illness to the NHS and Social Care was around £5.2m annually.

Staffordshire County Council had been successful in their bid to the Warmer Home Fund, securing £1.8m to address fuel poverty in Staffordshire (including match funding from E.On, the delivery partner). This had been a Staffordshire wide partnership bid that provided an innovative approach combining measures to address fuel poverty and the wellbeing, mobility and health risks commonly associated with living on cold homes.

Pro-active targeting of funds would be through the new Community (Frailty) Hubs being established as part of the STP's Enhanced Primary and Community Care workstream. Both Staffordshire Police and Staffordshire Fire Service were well placed to help with referrals for those most in need. Referral pathways and programme delivery would be developed in the New Year.

**RESOLVED** – That the successful bid to the Warmer Homes Fund (WHF) that secured £1.8m to address fuel poverty in Staffordshire, and the associated WHF programme, be noted.

### **36. South Staffordshire End of Life Care Action Alliance**

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

Following discussions between members of the voluntary sector, supported by Support Staffordshire, consideration was given to providing a mechanism for engagement both within the voluntary sector, and between the voluntary sector and the statutory agencies, on end of life care. As a result the End of Life Care Action Alliance was formed, with seventeen different agencies involved to date. A representative from the CCG and from Public Health also attend those meetings.

NHS England became aware of the End of Life Care Action Alliance and felt the model would fit their project focusing on voluntary, community and social enterprise engagement with the STP. The Alliance were asked to submit a paper for funding that would enable benefits to be fast tracked through building capacity and momentum. The H&WB received details of the NHS England approved action plan with details of funding. A key element of the funding was to provide a different approach to Care Planning.

Seventeen different member organisations were currently involved in the Alliance. A key element of development was to enable front line staff to have the confidence to talk about death and dying, with training on this being part of the work undertaken. Work was also being considered around care plans, with a proposal to develop bottom up care plans. Impact of these developments could be monitored through the number of people with an advanced care plan in place as well as the number of individuals dying in hospital.

**RESOLVED** – That the actions proposed by the End of Life Care Action Alliance, particularly in relation to the funding from NHS England, and the action plan be supported.

### **37. Preventing Fire and Improving Health and Wellbeing**

The H&WB received details of Staffordshire Fire and Rescue Services' Preventing Fire and Improving Health and Wellbeing from Glynn Luznyj, Director of Prevention and Protection.

The Fire and Rescue Service vision and priorities were shared with Members, as well as performance details. In particular the changing role of the Fire and Rescue Service was noted. As fires became less common the role of the Service had become more about engaging with communities and working on fire prevention whilst building relationships with other blue light services and health and social care partners on prevention and health and wellbeing. Examples of Staffordshire achievements were shared, including:

- a reduction in fire related incidents by 40% (locally and nationally);
- 3 million plus smoke alarms fitted; and
- Early intervention and long term prevention rapidly evolving to encompass wider health issues; 10,000 interactions, engagements and training of children and young people per year.

Other examples of Fire Service best practice was shared with Board Members, including:

- Atrial Fibrillation in Halton CCG;
- work to tackle social isolation and loneliness; and
- Lancashire dementia support.

Members received details of the extensive work undertaken within the community. Details were also shared around the challenges faced around funding and demand shunting. There was ongoing development at a national level around the role of the Fire Service in health interventions and emergency medical response.

The work of the Fire and Rescue Service was commended by Members. Possible involvement of the Service with equipment installation for vulnerable residents was suggested and it was suggested that this could be considered by the Joint Commissioning Board, with the BCF being asked to consider possible funding.

**RESOLVED** – That:

- a) the presentation be noted;
- b) the Director for Health and Care raise the possibility of Fire and Rescue Service involvement in equipment installation at the Joint Commissioning Board.

### **38. The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2017/18**

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

The Care Act 2014 states 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 2017 to 31 March 2018. The Report outlined progress of sub-groups that support the SSASPB and its delivery of their Strategic Priorities and objectives.

Whilst the SSASPB didn't consider details of individual cases, they did receive data which enabled them to identify spikes of concern and address these. Individual case information which enabled any links to be made would be addressed through the MASH or the Adult Social Care Teams and through QSISM (Quality Safeguarding Information Sharing Meeting).

Members noted that the Children's Safeguarding Board had reviewed its membership and reduced the number attending. The SSASPB retained its large membership but felt that there was good engagement. In some instances members would be part of review groups rather than the main Board but would still have the opportunity to inform work undertaken.

**RESOLVED** – That the SSASPB Annual Report 2017/18 be received in accordance with the requirements of the Care Act 2014 Statutory Guidance (2016'para 160).

### **39. Staffordshire Better Care Fund 2018 Quarter 2 Progress Report**

The Staffordshire Better Care Fund (BCF) plan had received full approval on 22 March 2018 and was currently in the second year of a two year programme. Planning guidance was expected in December for the financial year 2019/20. Members heard that continuing from Quarter 1, the County Council and the CCGs were progressing and extending Joint Commissioning arrangements. There was an agreed programme of work underway for 2018/19 overseen by the BCF Joint Commissioning Board and progress was being made, including Stoke-on-Trent City Council joining the joint commissioning arrangements.

**RESOLVED** – That:

- a) the Quarter 2 BCF performance in 2018/19 be noted;
- b) the indicative BCF budget for 2019/20 be noted; and
- c) progress with developments towards joint commissioning by the County Council and CCGs be noted; and
- d) the BCF Plan 2019/20 be brought to the March Board for agreement if submission date is after the 8<sup>th</sup>, otherwise the Chairs be given delegated authority to agree the Plan if submission is required prior to the next meeting.

### **40. Forward Plan**

Members noted the following areas of ongoing work for the Board:

- the Autism Self Assessment had been completed and would be signed off by the Co-Chairs on the Board's behalf, and circulated to Members;

- currently there was no independent H&WB website and consideration was ongoing as to how to address this, with Members indicating that they were happy for the Board to have a page on the SCC web site;
- Members noted that the H&WB membership had been amended following the September Board meeting, with representatives from support Staffordshire and SCVYS now included;
- the SEND Strategy was currently out for consultation and Board Members were encouraged to respond; and
- the Burton/Derby hospital merger and whether an update should be brought to the Board.

Proposed items for the next Board meeting were agreed as follows:

- Commissioning Plans
- DPH report
- Physical activity
- JSNA
- Air Quality update
- Children's Safeguarding and Governance
- District Council & Health and Wellbeing from Tim Clegg
- STP
- details of all H&WB statutory duties and monitoring of these

Members also reiterated again the desire to have one joint Staffordshire and Stoke-on-Trent H&WB and asked that the Co-Chairs approach the Stoke-on-Trent Board again on this issue.

**RESOLVED** – That:

- a) an update on the Burton/Derby hospital merger was not required at present;
- b) a web page for the H&WB should be included on the SCC website rather than an independent H&WB site;
- c) the items listed above be included on the Forward Plan for the next H&WB meeting.

**Chairman**



# STAFFORDSHIRE HEALTH AND WELLBEING BOARD

Staffordshire County Council  
2 Staffordshire Place  
Tipping Street  
Stafford  
ST16 2DH

**Letter by email**

Alison Tonge  
Director of Commissioning Operations  
NHS England (North & West Midlands)

e-mail: [staffsHWBB@staffordshire.gov.uk](mailto:staffsHWBB@staffordshire.gov.uk)

Dear Alison

Date: 31 January 2019

Thank you for your correspondence dated 7 January.

In regard to CCG engagement with the Health and Wellbeing Board we would make the following Observations:

1. The Board is co-chaired by a senior elected member of the County Council and a Chair of a CCG, this has been that case since the Board was set up. Previously this was Dr Charles Pidsley, and more recently Dr Alison Bradley.
2. The Board reviews commissioning plans annually and the CCGs present their plans to the whole Board.
3. The Board has recently developed a new strategy which has, as its focus, the ambition to increasing healthy life expectancy, CCG representative on the Board contributed to the development of this document. This is relatively new, and we have yet to agree delivery plans. We will be keen to discuss how CCGs can contribute to delivery of the strategy moving forward
4. Over the past year the CCGs have been focused on internal Management of Change issues, which has reduced input at the Board. We would anticipate that this will change in the coming year.
5. Whilst there are 5 CCGs, they now act as one body and contribution to the Board tends to reflect this arrangement

I would finally note that NHS England has a standing invite to the Health and Wellbeing Board and is welcome to attend and participate as needed.

Yours sincerely

**Councillor Alan White**  
Co-Chair Staffordshire HWB

Signed for and behalf of  
**Dr Alison Bradley**  
Co-Chair of Staffordshire HWB



Staffordshire Health & Wellbeing Board						
<b>Report Title:</b>	CCG Commissioning Intentions and Planning Overview					
<b>Date:</b>	7 March 2019					
<b>Author:</b>	Sue Bull – Planning and Commissioning Manager					
<b>Board Sponsor:</b>	Dr Alison Bradley					
<b>Report Type:</b>	System Issues	<input type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Statutory Duties	<input checked="" type="checkbox"/>

## Recommendation

The Board is asked to:

- a. Review for information and assurance.

## Background

### Commissioning intentions

1. The paper attached (appendix A) is a copy of the Commissioning Intentions submitted on behalf of the six Staffordshire CCGs to all providers for 2019/21.
2. The Commissioning intention letter sets out the CCGs vision which is set against the challenging financial outlook and includes elements such as:
  - a. Review of current contractual arrangements so that performance is managed to meet agreed minimum service level standards and payment mechanisms are designed to achieve financial control totals and that risk is shared across the system
  - b. Following the NHS England consultation of 'integrated care provider' contract, identify opportunities to implement the contract locally
  - c. Review contracts and develop options to meet the changing provider landscape such as reduction of trusts due to mergers.
  - d. There will be a focus on older people including frailty, end of life and care homes. Building on existing relationships with partners and established integrated services.
  - e. To develop the commissioning intentions we consulted with partners and stakeholders
  - f. The Commissioning intentions were submitted to providers (including voluntary sector) on 28<sup>th</sup> September 2018 with finer detail of the commissioning intentions being agreed and delivered through contractual negotiations.

### Planning guidance and long term plan

3. The purpose of this paper is to provide members with an overview of the:
  - a. national planning requirements for 2019/20
  - b. long term plan
  - c. milestones for planning submissions
  - d. approach to the development of the operational plans

## National planning requirements for 2019/20

### 4. *System Leadership*

The guidance states that a single operational planning process for commissioners and providers will be in place for 2019/20, with an expectation of clear accountabilities and roles at all levels. This means that all sustainability and transformation partnerships/integrated care systems (STPs/ ICSs) will produce a plan aggregating local data to provide a system overview. The plan will include agreed collective priorities, with realistic assumptions around capacity and activity to provide the framework for organisational plans.

### 5. *System Control Totals*

System control totals will be set for each STP or ICS, based upon the sum of the individual organisational control totals. There will be some flexibility for the system to vary individual control totals in order to achieve the agreed objectives. These changes must be net neutral and agreed with NHSE/I regional directors.

### 6. *Payment reform and national tariff*

Subject to consultation, the uplift in national tariff will be set at 3.8% and will include agenda for change pay awards. There will be a new payment approach for emergency care activity and it is expected that maternity pathway tariffs become non-mandatory.

### 7. *CCG financial framework*

The CCG allocation formulae have been updated, making them more responsive to extremes of health inequalities and un-met need. NHSE expect that CCG allocations will ensure commitments to the mental health investment standard and further commitments to increase funding for primary medical and community health services are met. The commissioner sustainability fund (CSF) will be phased out as a consequence of the allocation changes. CCG running cost limits will also be issued with the CCG allocations, with an expectation that actions be put in place to achieve the required 20% real terms recurrent savings from the beginning on 2020/21, against the 2017/18 level.

### 8. *CCG Administration Costs*

A 19/20 running costs limit will be issued as part of CCG allocations and CCGs must not exceed management costs allowance in 19/20.

### 9. *Specialised commissioning*

During 2019/20, NHSE/I will work with local systems to explore how integration of specialised services into local systems could improve joint planning. The funding will not be included in system control totals for 2019/20 but will be included in the alignment process to ensure that the full resources available to an area are understood.

## The Long Term Plan

10. The five practical changes to the NHS service model over the next five years will be:

- a. Boosting out of hospital care to dissolve the divide between primary and community health services
- b. Redesigning and reducing pressure on emergency hospital services
- c. More personalised care to help people gain more control over their health when they need it



- d. Digitally-enabled primary and outpatient care
- e. Increasing focus by local NHS organisations on population health and local partnerships with LA-funded services, through ICSs.

### **Milestones for planning submissions**

- 11. The planning guidance sets out the planning and contracting timescale through until the end of April 2019. Full details of the timescales are in the attached presentation (appendix B).

### **Local Approach to the Development of plans**

- 12. The approach to the development of the CCG operating plan is as follows:
  - a. a local planning group established to meet weekly
  - b. a system planning group established to meet weekly

#### *Progress to date*

- 13. The Local Planning Group has been established to strategically lead the delivery of the requirements of the national planning process. This group meets weekly and incorporates key individuals from Quality, Commissioning, Finance, Strategy, Planning, Performance, Contracting and QIPP along with the Medical Director and STP representatives. The role of the group is to oversee the planning process and ensure we are on track for delivery. The group are currently producing a localised project plan, identifying key tasks to support the timelines for delivery. The Strategy, Planning and Performance Directorate are co-ordinating the draft operational plan narrative received back from identified leads.
- 14. The *draft narrative* was shared with CCG leads on the Local Planning Group on 21<sup>st</sup> January 2019 for initial comments/ feedback.
- 15. The System Planning Group has been established, consisting of STP Directors of Finance and Directors of Strategy. The objectives of this group are to agree system planning assumptions and positions in order to deliver the proposed collaborative system planning approach. This group is chaired by the STP Director of Finance and reports into the Health and Care Transformation Board (HCTB), and will take collective responsibility for signing off system plans. In addition, a nominated system planning lead, Jane Moore, CCG Director of Strategy, Planning and Performance has been nominated to provide executive leadership of the planning process. The STP will provide oversight of this work and act as a neutral bridging role between organisations and regulators, to ensure a system focus is maintained.
- 16. An initial submission of activity plans was submitted on 14<sup>th</sup> January. The STP coordinated meetings on activity planning assumptions. These discussions have focussed on alignment of the 18/19 forecast outturn, 19/20 growth assumptions and waiting list recovery trajectories.

### **Contact Officer**

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## List of Appendices

[Appendix A – Commissioning Intentions](#)

[Appendix B – NHS Planning Guidance and Long Term Plan](#)

## List of Background Papers:

NHS England published:

1. Preparing for 2019/20 Operational Planning and Contracting on the 21 December 2018 sets out the joint planning approach to be taken by providers and commissioners.
2. The NHS Long Term Plan on 7<sup>th</sup> January 2019, which set out the priorities for healthcare over the next ten years.
3. Technical and supporting guidance: NHS Operational Planning and Contracting Guidance 2019/20 on the 17<sup>th</sup> January to support the submission of templates to ensure plans are completed

Staffordshire Health & Wellbeing Board						
<b>Report Title:</b>	Staffordshire County Council Health and Care Commissioning Intentions					
<b>Date:</b>	7 March 2019					
<b>Author:</b>	Richard Harling					
<b>Board Sponsor:</b>	Richard Harling					
<b>Report Type:</b>	System Issues	<input checked="" type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Statutory Duties	<input checked="" type="checkbox"/>

### Recommendation

- a. The Board is asked to consider Staffordshire County Council’s commissioning intentions for Health and Care.

### Background

1. One of the Council’s five corporate priorities is “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 includes:

#### **Build a healthy Staffordshire**

- With an environment that improves 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.

#### **Maintain long term care services**

- Working with our partners and providers to ensure that when people do require support, we can offer quality and safe services that meet people’s needs.

2. The Council’s Health and Care commissioning intentions are set in line with this approach as well as the Joint Health and Well-being Strategy and the Sustainable Transformation Partnership vision

*“Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.”*

### Public health and prevention

3. The Council’s main commissioning intentions in this area are set out below:

Project	Description
Warm Homes Fund	£4m has been secured to address fuel poverty in 1,000 homes. Arrangements will be put in place to administer the fund including

	identifying qualifying homes and payment for works. This will be managed by the Ministry of Well-being, a community interest company which has been funded by the Council initially with a view to it becoming a self-sustaining entity that can create a range of public-commercial partnerships to improve health and well-being in Staffordshire.
Healthy communities	The Council will maintain NHS checks and associated lifestyle and risk management services in the 52 most deprived areas. The Ministry of Well-being will develop a new digital platform that can offer health checks and encourage and reward healthy lifestyles.
Supportive communities	The Council will review and improve the Staffordshire Connects website to include a greater range and volume of community opportunities to support older and vulnerable people, and to improve functionality. We will work with the voluntary sector to increase the range and volume of community opportunities available, targeting those areas where the need is greatest. We will work with professionals to encourage and enable signposting to community opportunities.
Drug and alcohol services	Services will be reviewed and redesigned during the first half of 2019/20 and then retendered during the second half with a view to appointing a provider from April 2020. One of the intentions will be to improve integration of drug and alcohol services with other organisations working with the same people, such as mental health and Job Centre Plus.
Sexual health services	Services will be maintained and refined during 2019/20 with renegotiation or retendering of some contracts as required.
Sustainability Transformation Partnership (STP) prevention programme	The Council will support the STP prevention programme including embedding prevention into clinical pathways – such as the National Diabetes Prevention Programme and the falls pathway - and the development of population health management to improve the intelligence base for commissioning health and care services.

## Adult social care and safeguarding

4. The Council's main commissioning intentions in this area are set out below:

Project	Description
Modernising Adult Social Care	The Council will redesign the adult social care pathway to include: <ul style="list-style-type: none"> <li>Professional support at the 'front door' to help people quickly and reduce the need for full Care Act assessments.</li> <li>Developing an online Care Act self-assessment.</li> <li>Reviewing the adult social care pathway and ensuring that the right workforce, skills and capacity are available at each stage.</li> <li>New arrangements for Appointeeships to manage the finances of people unable to manage their own.</li> <li>Completing the roll out of Direct Payment cards.</li> <li>New arrangements for financial assessments to determine people's contribution to the cost of their long-term care, including an online financial assessment.</li> </ul>
Learning disability and mental health placements	The Council will review the long-term care of some people with learning disabilities and mental health conditions to ensure it remains appropriate to their assessed eligible needs.
Reviews	The Council will develop new ways to review people in long term care using email and telephone reviews with trusted providers where appropriate to improve efficiency and coverage.
Preparing for Adulthood	The Council will review arrangements to help people with disabilities during the transition from childhood to adulthood.

## Care commissioning

5. The Council's main commissioning intentions in this area are set out below:

Project	Description
Home care	The Council will continue to work with the market to reduce demand and increase capacity.
Residential and nursing care	The Council will develop a care home capacity strategy to ensure that the market is sustainable. In the short term this will include block booking beds, use of choice policy when making placements, exploring the potential to refurbish and operate existing facilities, and working with the NHS to enhance the support available to care homes. In the longer term it will include exploring the potential to build and operate new facilities, either stand alone and/or as part of health and care campuses.
Extra care	The Council will implement the outcome of the tender process to appoint new providers to its Extra Care schemes.
Adult learning disabilities community offer 2022	The Council will review day services and replacement care services for people with a learning disability and consider options for future provision of in-house residential services. We will also develop a carers' strategy and recommission carers' services, in partnership with the Clinical Commissioning Groups (CCGs).

## Joint commissioning

6. The Council is commissioning a range of services jointly with the CCGs including those set out below:

Discharge to assess	The Council and CCGs will roll out the discharge to assess approach which has successfully reduced delayed transfers of care at Royal Stoke hospital to all acute trusts. This includes recommissioning Home First services, ensuring that there are sufficient community beds, and putting in place relevant standard operating procedures.
Continuing healthcare and joint funding	The Council and CCGs are exploring the potential for new commissioning arrangements for continuing healthcare and ensuring that there are policies and procedures in place to determine an appropriate funding share for joint NHS and social care.
Transforming Care Partnership	The Council and CCGs will continue to put in place services to allow people with a learning disability and autism to live in the community, avoid hospital admission and be discharged safely with appropriate funding share for their NHS and social care.

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## List of Appendices / Background Documents:

None



<b>Staffordshire Health &amp; Wellbeing Board</b>					
<b>Report Title:</b>	CQC Local System Review Update				
<b>Date:</b>	7 March 2019				
<b>Author:</b>	Jenny Pierpoint				
<b>Board Sponsor:</b>	Dr Richard Harling				
<b>Report Type:</b>	System Issues	<input type="checkbox"/>	Prevention	<input type="checkbox"/>	Statutory Duties <input checked="" type="checkbox"/>

## Recommendations

### The Board is asked to:

- a. Note the Care Quality Commission (CQC) Local System Review report and action plan.

## Background

1. The Staffordshire health economy has recently been subject to a Care Quality Commission Local System Review. The purpose of the review was to understand how people over 65 move through the health and social care system in Staffordshire. There was a particular focus on the interfaces between services and how organisations work together to meet the health and care needs of people in Staffordshire.
2. The review took place over a fourteen-week period from October to December 2018, with two of those taking place on site. It involved observation and interviews with key system leaders and those responsible for directly delivering care, as well as people who use services, their families and carers.
3. After a Local Summit, which was held on 11 December and was well attended by system leaders, the final report was published on 14 December. This report is included as Appendix A.
4. An action plan has been developed and was submitted to the CQC on 18 January. This is included as Appendix B.

## Findings of the Local System Review

5. The review went well and the report recognised the progress we have made over the last couple of years as well as recommending priorities for further improvement.
6. The review recognised the complexity of the health and care system in Staffordshire and made the following main observations:
7. Leadership: There are good relationships between senior leaders in the Staffordshire and Stoke Sustainability and Transformation Partnership (STP) and good political support from SCC for the STP. Leaders demonstrated a strong understanding and consensus regarding the issues and challenges in Staffordshire supported by the membership of the HWBB. The scrutiny and accountability role of the HWBB could be strengthened.

8. Experiences of health and care: There is some variation in the health and social care services experienced by older people living in Staffordshire.
9. Discharge from Hospital: The report acknowledged the significant improvements in this area with a 25% reduction in delayed transfers of care (4,091 delayed days in January 2018 improving to 2,971 delayed days in October 2018) and outlined that there is still room for improvement. Compared to other areas, people in Staffordshire are still more likely to be delayed coming out of hospital and older people with complex needs are more likely to experience delays in accessing suitable care and support. Home care and care home capacity was recognised as a challenge in this area.
10. Primary Care: There are a range of services to support people in their own homes. There is some degree of difficulty in accessing GP appointments that then puts pressure on demand for urgent care.
11. Urgent Care: The improved performance in waiting times at A&E at Royal Stoke Hospital was acknowledged along with the improved experiences and more timely interventions in the department.
12. Co-production and engagement: More could be done to engage with the voluntary sector, citizens and independent providers to develop and co-produce services.
13. Joint Commissioning: While improvements have been made with the establishment of a Joint Commissioning Board and Provider Alliances, more needs to be done to develop and embed a strategic approach to joint commissioning.
14. Workforce: While there are significant challenges in recruiting and retaining domiciliary and care home staff in Staffordshire which impacts on available capacity in these services, innovative solutions are being developed to address these challenges.
15. An action plan has been developed in response to the report and was submitted to the CQC on 18 January 2019. This is included as Appendix B. The plan focusses on five key themes; leadership, urgent care, community services, joint commissioning and engagement.

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### List of Background Papers:

[Appendix A: Staffordshire CQC LSR Final Report](#)  
[Appendix B: Staffordshire CQC LSR Action Plan](#)



<b>Staffordshire Health &amp; Wellbeing Board</b>						
<b>Report Title:</b>	Assessment of Statutory Duties and Purpose					
<b>Date:</b>	7 March 2019					
<b>Author:</b>	Jon Topham					
<b>Board Sponsor:</b>	Cllr Alan White					
<b>Report Type:</b>	System Issues	<input type="checkbox"/>	Prevention	<input type="checkbox"/>	Statutory Duties	<input checked="" type="checkbox"/>

## Recommendation

- a. The Board is asked to consider the report and the actions in paragraph 7.

## Background

1. The Health and Care Act 2012 created Health and Wellbeing Boards as a statutory body with several statutory duties. This was described by the Kings Fund (2016) as follows:

*Health and wellbeing boards are a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.*

*The boards have very limited formal powers. They are constituted as a partnership forum rather than an executive decision-making body.*

*In most cases, health and wellbeing boards are chaired by a senior local authority elected member. The board must include a representative of each relevant CCG and local Healthwatch, as well as local authority representatives. The local authority has considerable discretion in appointing additional board members. Most have chosen not to invite providers to become formal members, though many engage with providers in other ways.*

<https://www.kingsfund.org.uk/publications/health-wellbeing-boards-explained>

2. The Local Government Association (LGA) have produced four papers examining the effectiveness of HWBB
  - a. Great Expectations (2014)
  - b. Stick With It (2015)
  - c. The Force Begins to Awaken (2016)
  - d. The power of Place (2017)
3. The LGA identified some key factors in creating effective Health and Wellbeing Board (HWBB)
  - a. A focus on place
  - b. Committed leadership exerting influence
  - c. Collaborative plumbing to underpin the leadership of place and influence of Sustainability Transformation Partnership (STP).
  - d. A geography that works or the capacity to make the geography work

e. A Director of Public Health (DPH) that gets it and who can support place based leadership

4. What is clear is that most HWBB have struggled to assert a leadership role, although the more “successful” ones have focused in on a core function, primarily around the wider determinants of wellbeing.

### Health and Wellbeing Board review

5. At the December HWBB, a request was made to review the HWBB against its statutory duties. This request was made in the light of recent decisions to focus the Board on prevention through our new Joint Health and Wellbeing Strategy (JHWS), and an ongoing concern that the Board is largely a place where documents are passively signed off. There is a sense that we could make the Board a more proactive place that focuses on key agendas prevention (wider determinants) and place, for the wider partnership.

6. The following tables outline Statutory duties and purpose of the HWBB as articulated in the Terms of Reference, which were agreed in September 2018:

<b>Statutory Duty</b>	<b>How</b>	<b>Comment</b>
Prepare and publish a Joint Strategic Needs Assessment (JSNA) as well as a Pharmaceutical Needs Assessment (PNA) every 3 years.	<p>JSNA is a regular item at Board meetings.</p> <p>September 2018 Board agreed</p> <ul style="list-style-type: none"> <li>• JSNA sub Group</li> <li>• One JSNA annual report</li> <li>• 2 “deep dives” per year into specific subjects (Housing, Communities)</li> <li>• Reports by exception</li> </ul> <p>PNA agreed March 2018 – next one due 2021</p>	<p>JSNA reports were provided at every meeting and the Board noted that very little changed from meeting to meeting, the shift to annual reporting was to identify trends and highlight changes</p> <p>Some debate about how useful JSNA is, hence the shift to “deep dives”</p> <p>There is still a broader (national) expectation that we do JSNA. The recent Autism Self Assessment Framework (SAF) asked if we have done an autism JSNA, and a current letter to HWBB encourages us to deliver an armed forces JSNA</p> <p>In the light of external pressures to deliver subject specific JSNAs, a HWBB position on how it wants to deliver JSNA is needed (See separate paper on this agenda)</p>

<p>Prepare and publish a Joint Health and Wellbeing Strategy (JHWS) setting out how the needs identified in the JSNA will be prioritised and addressed.</p>	<p>JHWS adopted June 2018</p>	<p>The current strategy is a deliberately simplified strategy and was endorsed by extensive public consultation</p> <p>The HWBB has not currently identified how it wishes to deliver the JHWS</p>
<p>Ensure effective public engagement and consultation in developing the JSNA and JHWS.</p>	<p>Healthwatch are members of the HWBB Meetings are public Some work to develop conversations with the public</p> <p>JHWS was consulted on and received positively</p>	<p>The Board could put more priority on embedding public engagement and consultation, although this would require staff and resources. Public conversations around obesity and end of life planning have been led by the county council's Public Health and Communications and Marketing Teams</p>
<p>Promote the integration of health and social care services including to provide advice, assistance and other support in encouraging arrangements under section 75 of the NHS Act 2006.</p>	<p>Mainly Better Care Fund (BCF) oversight</p>	<p>Integration of health and social care includes Social Workers managed by NHS Community Trusts although there has been no discussion about this at the HWBB</p> <p>There has been limited formal strategic direction given by the HWBB to encourage integration</p>
<p>Encourage providers to work closely with the Board and encourage those that provide health, health related or social care services in an area to work "closely together".</p>	<p>Providers have been included as members on the Terms of Reference, although we need to formally invite providers onto the Board.</p>	<p>Some thought as to how the HWBB involves provider organisations is required</p>
<p>Consider and report on whether CCG Commissioning Plans have taken proper account of the JHWS.</p>	<p>CCG commissioning plans and Social Care plans are the subject of a substantial agenda item every year.</p>	<p>The HWBB needs to consider how it makes this a more dynamic process</p>

<b>Board Purpose</b>	<b>How</b>	<b>Comment</b>
<p>Provide leadership for the health and care system in Staffordshire.</p>	<p>Chaired by Deputy Leader of SCC and Chair of North Staffs CCG</p> <p>The Board has representation from STP Director Director of Public Health / Adult Social Care Representation from Staffordshire County Council (SCC) Deputy Chief Exec Chief Fire Officer or representative Chief Constable or representative</p> <p>The Terms of Reference also allow for provider representation on the Board. This has not been actioned yet Elected members SCC Elected Members (two Districts) District Chief Exec Healthwatch Voluntary, community and social enterprise (VCSE)</p>	<p>The Board tends to be reactive and does not lead the health and care system in Staffordshire. It is not integrated into the broader partnership structures in Staffordshire</p> <p>Some Board members are closely integrated into leadership of the Health and Care system and the membership of the Board could be facilitate a clearer leadership role for the HWBB.</p> <p>The STP has a programme structure but there is still work to do to bring agendas and actions together with the HWBB.</p>
<p>Work alongside the STP to maintain an oversight of outcomes, quality of services and use of resources across the health and care system.</p>	<p>STP is represented on the HWBB and reports in</p>	<p>There is still confusion about the respective roles of HWBB and STP. The recent strategy sought to give the HWBB a leadership role for prevention, although work needs to be done to make this happen.</p> <p>Healthwatch provide some intelligence about the quality of the service and formal reports (eg CQC) are tabled at HWBB.</p> <p>Some oversight of BCF funding is provided by the Board although this is largely passive and left to the BCF/Joint</p>

Board Purpose	How	Comment
		Commissioning Board to manage.
Work with the STP to develop, review and ensure implementation of the Sustainability and Transformation Plan (STP) and Joint Health and Well-being Strategy (JHWS).	Health and Wellbeing Strategy has recently been revisited.  STP plan discussed regularly at HWBB.	There is currently no formal review and no emphasis on implementation of STP or JHWS
Identify opportunities and oversee delivery of major preventative transformation projects across the health and care system, and ensure wide partnership engagement in these.	The JHWS has a strong focus on prevention, focused on key demand issues across the lifecourse, notably vulnerable young people and ageing population.  The overall focus, is <b>To help people stay as well as the can for longer</b> , the emphasis is on extending healthy life expectancy  Key areas of focus are identified as: <ol style="list-style-type: none"> <li>1. Information (IAG)</li> <li>2. Conversations (public debates)</li> <li>3. Decisions (HIAP and healthy public policy)</li> <li>4. Communities (asset building)</li> </ol>	The strategy is not yet broadly embedded
Ensure that appropriate governance arrangements and sufficient resources are in place for the above.	JHWS was adopted June 2018 Terms of Reference adopted September 2018	Tasks for 2019 <ul style="list-style-type: none"> <li>• Agree role and place for HWBB in broader partnership</li> <li>• Agree focus for a work programme</li> </ul>
Ratification and Strategic lead for the Families Strategic Partnership	Family Strategic Partnership Board (FSPB) provides regular updates on progress of FSP programme, next one scheduled for June 2019	FSPB papers are tabled at the HWBB, comments tend to be supportive rather than challenging
Identify opportunities for and oversee joint commissioning between the Council and NHS,	BCF is covered in most HWBB agendas	HWBB could be more involved in providing oversight of BCF

<b>Board Purpose</b>	<b>How</b>	<b>Comment</b>
especially with regard to BCF.		Should other joint commissioning arrangements be ratified by HWBB?
Ensure mutual understanding of the major issues facing constituent organisations, and ensure that respective organisational change programmes are consistent with the vision and objectives of the Board as set out in the STP and JHWS.	JHWS was developed in response to the key demands faced by the health and care system. They are: <ul style="list-style-type: none"> <li>• Reduced funding</li> <li>• Increasing demand - vulnerable children</li> <li>• Increasing demand - ageing population</li> <li>• High (unrealistic) public expectations</li> </ul>	JHWS ambitions are in line with most organisational change programmes, although we have not challenged the health and care system to show leadership.
Ensure consistent and effective communication with the public about the STP, JHWS and major transformations to health and care services.	HWBB is held in public  Work on public conversations was initiated 2017/2018	HWBB should consider a new programme of conversations and how these should be resourced.  The HWBB should also consider its role in communicating with the public about upcoming change and transformation in the health and care system
Make recommendations to NHS England (NHSE) and NHS Improvements (NHSI) in relation to transformations that require regulator action.	NHSE are invited to HWBB	There is limited formal dialogue between the Board and NHSE
Carry out the statutory functions of the Board as listed in paragraph 2.	See item 2	

## Summary and recommendations

7. This assessment suggests there is still quite a lot of work to do to make the HWBB meaningful and successful. Key areas of action are:

- a. The HWBB should agree key actions areas that will help us deliver the JHWS – what are we going to focus on?
- b. The HWBB should broker wider discussions about its place in the Staffordshire partnership structure - where should HWBB be positioned for maximum effectiveness?
- c. The HWBB should self assess against the purpose and statutory duties annually, this process should include responses from members of the Board – why are we

here?

- d. The HWBB should extend this assessment to seek the views of Board members and of wider lined stakeholder groups and organisations – who are our stakeholders and what do they think?
- e. The HWBB should draw up an action plan to ensure progress against the findings of this assessment – how do we know if we are being effective?

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### List of Background Papers:

Health & Social Care Act 2012

<http://www.legislation.gov.uk/ukpga/2012/7/part/5/chapter/2/crossheading/health-and-wellbeing-boards-establishment/enacted>

The Power of Place

<https://www.local.gov.uk/sites/default/files/documents/The%20power%20of%20place%20health%20and%20wellbeing%20boards%20in%202017.pdf>

Kings Fund

<https://www.kingsfund.org.uk/publications/health-wellbeing-boards-explained>





Staffordshire Health & Wellbeing Board						
<b>Report Title:</b>	Population Health Management: An Initial Briefing Paper					
<b>Date:</b>	7 March 2019					
<b>Author:</b>	Jane Moore, CCG Director of Strategy and Performance					
<b>Board Sponsor:</b>	Simon Whitehouse, Director Together We're Better					
<b>Report Type:</b>	System Issues	<input checked="" type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Statutory Duties	<input type="checkbox"/>

## Recommendations

### The Board is asked to:

- a. Note this introduction to Population Health Management and the significance of the Global Burden of Disease Study.
- b. Agree details of any further updates required by the Health and Wellbeing Board.

## Background

### A Brief Introduction to Population Health Management

1. There is an increased recognition that the nature of the challenge facing modern health and care systems has changed. The shifting pattern of burden of disease (as most recently set out in the Global Burden of Disease Study published in the Lancet -see footnote 1 below) and of demographics means more people living for longer and with long term conditions. This combined with the changes in technological capability and societal expectations, provides the framework for a different approach to optimising people's health and wellbeing through intelligence led design and delivery of health and care services that incorporates citizen led/controlled intelligence (including patients/service users). It also allows for the development of shared systems and approaches with other public, voluntary and private sector organisations.
2. Globally, the emphasis is moving increasingly to a strategy that can be synthesised as on figure 1 below. In the NHS, this is now crystallising in a focus on integrated care and on a suite of approaches that are being bundled together under the heading of 'Population Health Management'.
3. The basic concept of 'population health management' is a simple and long standing one...the notion that good stewardship of what is a collective insurance fund for health requires targeted investment of resources (in population cohorts and in individuals) to try to optimise population health and, in a UK context at least, doing so in a way that promotes social justice by addressing inequalities. But whilst the concept is simple, the delivery of it isn't. Despite repeated calls for greater investment in prevention, in early intervention, in community alternatives, these have not been delivered to date to anything like the scale promised. And it isn't lack of data, evidence or analytical capability that is the primary explanation for that. Many of the ideas underpinning Population Health Management are not new such as programme budgeting, use of health economics, defining population cohorts, commissioning for outcomes (structured approaches to commissioning) understanding population need, and prevention at scale.

4. We now have national promotion of ‘Population Health Management’ (PHM) as a basket of approaches to address this, with an emphasis on the use of data and analysis and analytical tools to drive improved ‘rational decision making’ (for populations and for individuals) and the organisation and assurance of care.( see footnote 2 for some examples) The PHM ‘Flat Pack’ issued by NHSE and partners in September 2018 is a core resource and provides a more detailed description of the components.

**A national definition for PHM** is set out in a recent procurement document as:

*Population Health is the focus on improving outcomes, reducing inequalities and addressing the wider determinants of health.*

*Population Health Management (PHM) improves population health through data driven decision making, to plan and deliver proactive care to achieve maximum impact.*

*Population Health Management should have a system-wide outcome focus, driven by need and not by existing services. PHM should consider the whole life course from addressing the wider determinants of health to early intervention, primary, secondary and tertiary disease prevention. In considering the wider determinants of health, PHM will engage with Local Authorities and other public services, such as schools and housing associations, which have the lead in these areas.*

### Strategy of strategies – the Strategy Unit summary

Desired end-point (why?)	Common approaches to achieve these ends (what?)	Common mechanisms within these approaches (how?)
Optimise health/ care within a budget by:	Empower people for self-care and shared decision making	Lead and think across systems, not single organisations
Best identifying need (individuals : groups)	Prediction and prevention	Get systems to think about expenditure and cost across a broader range of areas (invest better), with sense of single overall budget
Prioritise (invest in 'health')	Early intervention / de-escalation to lower cost setting when problems occur (assumed reduction in hospital demand)	Rethink incentives/payments around populations and outcomes
Target	Evidence based care and standardisation	Organisational and contractual arrangements (form)
Ensure effective intervention	Lean operation across systems	Use technology and data more effectively to organise care and take out costs (deliver better)
	Co-ordinate and integrate care at local place (primary/secondary; Mental Health/Physical Health; beyond health)	Rationing criteria
	Removal of ineffective clinical activity	Defining pathways and standards
	Experiment with new care models based around achievement of outcomes	Education and training
	Reduce workforce demarcation	Deliberate cultural change
	Greater use of digital technologies	Design to support continuous improvement

### *What this means for Together We're Better?*

5. It is clear that the national expectation is that Integrated Care Systems (ICS) adopt a Population Health Management approach throughout their operations – from strategy to delivery and evaluation.
6. And to quote NHSE, “ICSs also have a critical role in promoting wider population health, not just as providers of health services, but as employers and key players in their local economies and anchor institutions in their communities, working alongside local government and other local partners. As often the largest business in an area, ICSs may play as great a role in improving population health through their operation as an institution through delivery of their core services.”
7. The emphasis on embracing population health (i.e. beyond individual care) and social justice objectives, and the emphasis on better analysis and evaluation are welcome and entirely consistent with the vision and plans of Staffordshire and Stoke-on-Trent STP.
8. The 3 Alliances and their 23 localities together have a scale that can be highly effective in accelerating learning through collaboration if we design our approach from the outset to achieve that. The Academy proposal that we have agreed as part of the Localities Review and that is now being taken forward by the OD workstream should be central to our approach to being a ‘learning system’ for PHM.

### *National and regional action*

9. There are three key NHSE/I initiatives underway (listed below) that will have implications for how we develop PHM in Staffordshire and Stoke-on-Trent STP. External assistance can be very helpful, but it is also essential that we ensure we have a robust local position about what we want from it and our priorities in using it and that we are in a position where we mould it to fit what we are doing. This of itself points to a need to develop our overall approach to PHM by the start of 2019/20
  - a. At a national level, a Performance and Population Health Management Dashboard is being developed for launch in April 2019.
  - b. NHSE/I have commenced a procurement to engage a development partner to support PHM, both in individual STPs but also collaboratively, across the old West Midlands plus Derby (7 STPs , including Staffordshire and Stoke-on-Trent). This is intended to deliver a development and learning programme as well as specific additional technical support to local areas. The procurement state a requirement to:
    - a) accelerate STP/ICS knowledge, skills, capacity and capabilities, through a full cycle of PHM learning in the first year, and;
    - b) application of such to real life priorities, as well as;
    - c) build the foundation intelligence infrastructure for a region-wide PHM Intelligence system. It includes the concept of a regional PHM Academy (which we will want to coordinate with our own STP ‘Academy’). The contract will be operational by April 2019 and be for 12 months. Jane Moore is our STP representative on the awarding panel.
  - c. NHSE North Midlands have also commenced a procurement for a further 3 STPs (including Staffordshire and Stoke-on-Trent) to go through the ICS development programme already experienced by the other 4 regional STPs. This is a separate tender but also includes system leadership development re PHM in the specification.

The procuring body says that they will expect the providers of both contracts to work together to avoid duplication or dislocation.

### ***Next Steps***

10. During February and March the Together We're Better team will be developing a detailed proposal for PHM Strategy and delivery plan. This will include taking account of the local findings in the GBD Study. There may be significant opportunities to accelerate implementation of the Together We're Better system priorities using Population Health Management. An important priority would be to assess existing programmes against findings from PHM. Together We're Better will also need to consider what skills and capacity it needs in the light of Regional procurement exercise.

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### **List of Appendices:**

[Appendix A - Footnote 1 & 2](#)

**List of Background Papers:** None

<b>Staffordshire Health &amp; Wellbeing Board</b>						
<b>Report Title:</b>	Staffordshire Better Care Fund Plan 2019/20					
<b>Date:</b>	7 March 2019					
<b>Author:</b>	Jenny Pierpoint					
<b>Board Sponsor:</b>	Dr Richard Harling					
<b>Report Type:</b>	System Issues	<input type="checkbox"/>	Prevention	<input type="checkbox"/>	Statutory Duties	<input checked="" type="checkbox"/>

## Recommendations

1. The Board is asked to:
  - a. Consider the progress of the Staffordshire BCF during 2017-19.
  - b. Note that the intentions for the BCF Plan for 2019/20 have been considered and agreed by Staffordshire County Council's (SCC) Cabinet (20 February 2019) and the Staffordshire Clinical Commissioning Groups' (CCGs) Governing Bodies (February 2019), as set out in paragraphs 17-25.
  - c. Approve that the Staffordshire BCF Plan for 2019-20 extend the existing schemes as set out in paragraphs 17-25.
  - d. Delegate final approval of the Staffordshire BCF Plan for 2019-20 to the co-Chairs.

## Background

2. The Better Care Fund [BCF] was announced by Government in the 2013 spending round, 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 was approved by Cabinet in February 2017.
3. We have been advised that the BCF Plan for 2019-20 should be a light touch refresh only, with minimal changes to the narrative as required and updated funding information included.
4. BCF Planning Guidance for 2019/20 had not been published and the submission date for the Plan is unknown. It is anticipated that we will be required to submit our BCF Plan in late March or early April 2019. In order to comply with these timescales, it is recommended that the Health and Wellbeing Board approve the extension of existing schemes, with final approval of the BCF Plan delegated to the co-Chairs.
5. This report includes a summary of the BCF progress during 2017-19. It also covers the policy framework for 2019-20 as well as the key aspects of the proposed BCF plan for 2019-20.

## BCF progress 2017-19

6. The Staffordshire BCF Plan 2017-19 included three schemes as follows:
  - a. **Admission Avoidance / Discharge to Assess:** The purpose of this scheme was to reduce emergency hospital admissions, facilitate timely discharge, and return people to full independence wherever possible.

- b. **Ensuring the sustainability of adult social care:** The purpose of this scheme was to maintain and provide additional funding to support adult social care and ensure that services were sustainable over the 2017-19 planning period.
- c. **Enhanced Primary and Community Care:** The purpose of this scheme was to improve the quality and efficiency of primary and community services and to continue to integrate community services.

7. The total funding for these three schemes can be seen in the table below:

<b>Funding of Staffordshire BCF Schemes</b>	<b>2017-18 (£'000)</b>	<b>2018-19 (£'000)</b>
Scheme A	16,223	14,304
Scheme B	16,562	26,173
Scheme C	45,321	44,412
<b>Sub-Total</b>	<b>78,106</b>	<b>84,888</b>
Disabled Facilities Grant (DFG)	7,520	8,172
<b>Total</b>	<b>85,626</b>	<b>93,060</b>

### Performance against BCF metrics

8. The Staffordshire BCF Plan 2017-19 included four metrics as in the table below:

<b>BCF Metric</b>	<b>Target/ Plan 18-19</b>	<b>Current delivery</b>
Reduction in non-elective admissions (general and acute) Rate per 100,000	98,313	Except for Quarter 1 of 2018/19 where the number of non-elective admissions was marginally higher than the BCF target, the numbers have remained just within the target since the start of 2017/18. The most recent quarter's total was 1.3% lower than the target, and over the BCF period as a whole the total is around 6.6% lower than the target. Please see Appendix A.
Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000	576.8	The aim was to hold the rate of admissions steady despite demographic pressures. Despite these pressures, the rate of admissions to residential care remains below our target, and below the rate in 2016/17 (604.5 per 100,000 population).
Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services	85%	Staffordshire's actual success rate is close to 90%, which is higher than the national average.
Delayed transfers of care from hospital per 100,000 population	2,679*	Whilst Staffordshire has not quite met its DTOC target we have achieved impressive reductions in delays since the start of 2018. We have seen a 23% reduction in total monthly



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delayed days since the start of 2018, and almost a 40% reduction in social care and joint delays. This is a much greater improvement than the national average over the same period. Please see Appendix B.

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\* September 2018 DTOC target

## National Conditions

9. In addition to the BCF metrics above, the BCF Plan 2017-19 included a requirement to meet four national conditions, all of which were met:
- Jointly Agreed Plan
  - NHS contribution to adult social care is maintained in line with inflation
  - Agreement to invest in NHS commissioned out of hospital services
  - Management of transfers of care.

## Policy framework for 2019-20

10. Currently, the Department of Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government (MHCLG) are developing the Integration and BCF Policy Framework for 2019-20 as part of the wider BCF Review announced in July 2018.
11. The BCF Policy Framework for 2019-20 and the BCF Planning Requirements are expected to be published in early 2019. These should give an indication of the requirements for the 2019/20 BCF Plan along with submission timescales and approval requirements. At the time of writing planning, guidance had not been published and the deadline for submissions was unknown.
12. NHSE have confirmed that the 2019/20 will be a transitional year with minimal changes to BCF plans already in place. The aim is to keep the BCF structurally very similar with changes to the narrative only where required. NHSE continues to recommend a roll-over of existing schemes and an uplift of financials. It has also been confirmed that there will be a continued focus on DTOCs and that this will continue to be the main BCF metric.

## BCF Planning for 2019-20: BCF Funding

13. At time of writing neither the BCF Planning Guidance nor the CCG financial allocations had been published. It is anticipated, however that we will be required to submit our BCF Plan in late March or early April 2019.
14. In preparation for this, in October 2018 the Joint Commissioning Board considered and approved a paper that outlined the indicative cash contribution from the CCGs to SCC for the 2019/20 BCF. It also considered and approved the indicative expenditure allocated against this cash contribution. This paper assumed an inflation uplift of 2%.
15. Subsequently NHSE confirmed the inflation figure to be used for planning purposes as 1.79%. Accordingly, the BCF Plan has been revised to apply this new, advised inflationary uplift. Based on this inflation uplift, the proposed funding for the Staffordshire BCF for 2019/20 is as follows – although note that until the CCG financial allocations

are published, it will not be possible to confirm that funding for the 2019/20 BCF will be exactly as shown:

<b>Better Care Funding 2019/20</b>	<b>£'000s</b>
CCG RNF transfers to SCC for Adult Social Care (previously SCISH)	17,436
CCG cash transfers to SCC for carers	581
CCG directly commissioned	241
CCG cash transfer for ongoing costs of Care Act	2,012
<b>TOTAL CCG cash transfer</b>	<b>20,271</b>
<b>TOTAL iBCF1</b>	<b>23,201</b>
<b>TOTAL iBCF2</b>	<b>5,003</b>
<b>CCG aligned funding</b>	<b>42,927</b>
<b>TOTAL excl DFG</b>	<b>91,402</b>
Disabled Facilities Grant*	8,172
<b>TOTAL BCF Fund</b>	<b>99,574</b>

\*The funding for Disabled Facilities Grants is unknown at this stage, therefore the grant total for 2018/19 has been assumed.

### Planning for 2019-20: BCF Schemes

16. In line with NHS advice, there will be no substantial change to the BCF Schemes included in the Staffordshire BCF Plan for 2017-19. The proposed schemes for 2019-20 are therefore:
- Admission Avoidance / Discharge to Assess
  - Ensuring the Sustainability of Adult Social Care
  - Enhanced Primary and Community Care

### Scheme A - Admission Avoidance / Discharge to Assess

17. In 2017/18 and 2018/19 Staffordshire NHS and local authority partners implemented the High Impact Change model and embedded a Discharge to Assess approach to acute hospital discharge processes. This model is now in place in the north of the county and joint proposals to address variation in the south of the county, along with the funding requirements, are currently being considered by CCG governing bodies. The impact of this scheme on the number of DTOCs can be seen in paragraph 7, above.
18. The Health and Wellbeing Board is asked to approve the continuation of this scheme, specifically to ensure that the full roll out of discharge to assess is achieved. This will require investment in track and triage services in the south of the county, ensuring there is sufficient Home First capacity in place, as well as sufficient bed-based capacity for those who are deemed unsuitable for home-based reablement.
19. Proposed funding associated with this scheme is shown in the table below:

<b>Service</b>	<b>Funding (£000)</b>
	<b>2019/20</b>
Expansion of Track and Triage team	215
Home First reablement services for integrated prevention and discharge to assess (Living Independently Staffordshire)	10,289
Admission avoidance / discharge to beds	3,071



<b>TOTAL Scheme A</b>	<b>£13,575</b>
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### Scheme B - Ensuring the Sustainability of Adult Social Care

20. This scheme has helped to ensure that adult social care has remained sustainable despite market fragility. Home care has been recommissioned to provide greater security to providers and to address recruitment and retention difficulties. Care home provision has been sustained through addressing cost pressures in the market and funding has been used to secure additional capacity where needed.
21. The Health and Wellbeing Board is asked to approve the continuation of this scheme, to ensure that adequate capacity for home care packages and care home placements is available.
22. Proposed funding associated with this scheme is shown in the table below:

Services	Funding (£000)
	2019/20
Home care	28,133
Older people's residential and nursing care and day services	4,077
Learning disability and mental health placements	380
Safeguarding	431
Advocacy	235
<b>Total</b>	<b>£33,256</b>

### Scheme C - Enhanced Primary and Community Care

23. This scheme has helped to ensure the funding and improvement of a range of integrated community prevention and health services. Scheme funding has been used to improve working practices, promote independence, pilot an enhanced adult social care front door, sustain carers services and commission new arrangements for Disabled Facilities Grants. This scheme was also used to improve a range of health services, including dementia care and end-of-life care. Funding has also been used to improve outcomes for frail elderly people and to reduce the number of hospital admissions because of falls.
24. The Health and Wellbeing Board is asked to approve the continuation of this scheme, so that continued improvements can be made to integrated community teams and to the quality of care for elderly people and those with dementia and receiving end-of-life care.
25. Proposed funding associated with this scheme is shown in the table below:

Services	Funding (£000)
	2019/20
Integrated community teams	5,209
Occupational therapy	1,820
Carers	1,416
Community equipment	5,304
Dementia care	4,131
Hospices	3,694

Continuing Health Care excluding FNC	10,389
Frailty	7,807
IAPT	4,801
<b>Total</b>	<b>£44,571</b>

**Next Steps**

- 26. CCG financial allocations are expected in March 2019, after which the BCF funding and funding for each Scheme can be finalised.
- 27. Subject to Health and Wellbeing Board approval, the co-Chairs of the Health and Wellbeing Board will approve the final BCF Plan.

**List of Background Papers:**

- [Appendix A - NEA Performance against trajectory](#)
- [Appendix B - DTOC Performance against trajectory](#)

Staffordshire Health & Wellbeing Board						
<b>Report Title:</b>	JSNA Approach including Annual Update					
<b>Date:</b>	7 March 2019					
<b>Authors:</b>	Rachel Caswell and Divya Patel					
<b>Board Sponsor:</b>	Dr Richard Harling					
<b>Report Type:</b>	System Issues	<input type="checkbox"/>	Prevention	<input type="checkbox"/>	Statutory Duties	<input checked="" type="checkbox"/>

## Recommendations

1. The Board is asked to:
  - a. Confirm Staffordshire's approach to responding to requests for specific joint strategic needs assessments (JSNAs) which are not currently in the work programme.
  - b. Acknowledge the annual update with assurance that the Joint Health and Wellbeing Strategy has picked up key challenges arising from this.

## JSNA approach in Staffordshire

2. Upper tier local authorities and Clinical Commissioning Groups have equal and joint statutory responsibilities to produce JSNAs which provide an evidence base that identifies issues in relation to current and future health, well-being and care. These are used to support the development of a joint health and wellbeing strategy and the commissioning of services.
3. In Staffordshire there is an evolving range of products and resources that make up the JSNA, such as:
  - a. Updates of key outcomes data
  - b. Children outcomes dashboards
  - c. Staffordshire and district data packs, including ward level analysis
  - d. Pharmaceutical needs assessment with supplementary statements where required
  - e. Community Safety Strategic Assessments
  - f. Public Health England (Fingertips) and NHS Right Care products
  - g. Thematic reports such as children's emotional wellbeing, all-age disability, mental health and diabetes prevention
4. At the Health and Wellbeing Board meeting in September 2018, it was agreed that the JSNA annual work programme between September 2018 and September 2019 would consist of:
  - a. Two deep dives per year aligned to identified intelligence gaps, with the initial reports agreed as: i) housing and health and ii) how communities can contribute to improving health and wellbeing
  - b. An annual update of JSNA
  - c. Quarterly exception reporting

5. Since then the Health and Wellbeing Board have received a number of requests from external organisations to undertake analysis and produce detailed insights into areas such as autism and the health and social care needs of veterans. Whilst these are acknowledged as key areas there are limited resources to producing JSNAs. Therefore, any requests need to be prioritised by the Board in line with available resources and following completion of the agreed work programme.

### JSNA annual update

6. As part of the Board’s statutory duties the 2019 annual update of the JSNA is now available on the website – it summarises key health, wellbeing and care challenges in Staffordshire.

7. A summary of the key health and wellbeing themes from the 2019 JSNA annual update are as follows:

a. Staffordshire has an ageing population with the number of those aged 85 and over expected to double over the next twenty years, an increase of around 25,000 people which will likely have a significant impact on health and care services, carers with implications for isolation. Life expectancy increases are slowing and there are still significant gaps between the least and most deprived communities in Staffordshire. Around a quarter of people’s lives will be spent in poor health.

b. Increasing demand on acute services is a challenge for Staffordshire - there remains high pressures on our urgent care system with residents being admitted to hospital for conditions that could be prevented or managed in the community. Young children and older patients tend to be greater users of hospital services. In addition some of those who are admitted to hospital are delayed from being discharged which can affect recovery. There are also predicted increases in the number of people requiring long-term adult social care.

8. The table below highlights some key points and the key indicators where Staffordshire is currently worse than England for each of the life course stages:

<b>Summary</b>	•Ageing population, life expectancy, healthy life expectancy, working age population, dependency ratio, older people with co-morbidities, carers.
<b>Inequalities</b>	•There are significant differences across many indicators of health and wellbeing and influencing factors across Staffordshire.
<b>Start well</b>	•Infant mortality, breastfeeding and smoking in pregnancy.
<b>Grow well</b>	•Excess weight, selected hospital admissions and GCSE attainment, Not in Education, Employment or Training, under 18 conceptions, Children in Need.
<b>Live well</b>	•Alcohol admissions, excess weight, diabetes, self-harm admissions, drug and alcohol treatment, employment of vulnerable people, adult skills and good jobs.
<b>Age well</b>	•Fuel poverty, appropriate housing, vaccinations (65+), ambulatory care sensitive conditions, delayed transfers of care and reablement services.
<b>Die well</b>	•Dying at home or usual place of residence.

### **Start well - giving children the best start**

9. Most children in Staffordshire live a comfortable life and start school equipped to succeed. Three out of four children achieve a good level of development at the end of reception year, better than national and the best of similar counties. Not all children have the best start in life though, infant mortality rates are amongst the highest in England with smoking in pregnancy and breastfeeding rates worse than national.
10. There is a growing demand for health and care services. There are high rates of emergency admissions to hospital and for admissions for some long term conditions. Referrals to specialist treatment are increasing for moderate to severe emotional, behavioural or mental health needs and there are growing numbers of children in need. There are significant differences in childhood obesity, teenage pregnancy and educational attainment throughout Staffordshire. Many health challenges and inequalities have foundations in early childhood, with the poorest families experiencing the worst health outcomes. Our 'in need' families/households are likely to present multiple needs so to have maximum impact it is important these needs are, where possible, addressed in the whole.

### **Grow well - maximising potential and ability**

11. Education is the foundation for improved outcomes across a whole lifetime but as pupils progress through the education system performance gets worse. By year 11 only 38% achieve a 9-5 pass in English and Maths GCSE, the worst of similar counties to Staffordshire and below national. Children who stay a healthy weight tend to be fitter, healthier, better able to learn, more self-confident and much less likely to have health problems in later life but in Staffordshire one in four reception year children are overweight or obese (worse than national and similar counties) and one in three year 6 children are overweight or obese (similar to national and worse than similar counties).

### **Live well – making good lifestyle choices**

12. Levels of disposable income affect our ability to meet basic needs – the way we live, the quality of the home and work environment, and the ability of parents to provide the kind of care they want for their children and whilst employment rates are high in Staffordshire there are issues with employment rates for certain vulnerable groups and some concern around the number of low pay, low skill jobs across the Staffordshire workforce.
13. The way we live our lives has a big impact on our health and wellbeing - around 40% of ill health can be prevented through changes to lifestyles for example, two out of three Staffordshire adults are overweight or obese which is worse than England. Having a good job allows families to be fed and has a positive impact on mental health so having a good education and the opportunity to gain the right skills is important.

### **Age well – sustaining independence, choice and control**

14. Homes that are stable, warm, safe and suitable will improve outcomes and support independent living for longer whilst at the same time helping to reduce demand on health and care sectors. Estimates suggest around a third of households would not meet the decent homes standard in Staffordshire and fuel poverty levels (12%) are worse than England.

## **End well – ensuring care and support at the end of life**

15. Staffordshire has an ageing population so planning for the end of life will be increasingly important for individuals, their families, carers and the health and care services that support them. End of life care is a concern, around two in five die at home or usual place of residence (worse than national).

### **Contact Officer**

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### **List of Appendices / Background Papers:**

To view the annual JSNA update please click on the link below.

<https://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>

Staffordshire Health & Wellbeing Board						
Report Title:	JSNA - Housing and Health					
Date:	7 March 2019					
Authors:	Divya Patel, Phillip Steventon and Dave Sugden					
Board Sponsor:	Richard Harling					
Report Type:	System Issues	<input type="checkbox"/>	Prevention	<input type="checkbox"/>	Statutory Duties	<input checked="" type="checkbox"/>

## Recommendations

1. The Board is asked to:
  - a. Prioritise housing as part of the health in all policies agenda
  - b. Ensure there are robust evaluation plans in place between CCGs and local authorities for implementation of the successful Warmer Homes bid, which includes the monitoring of health and care utilisation
  - c. Ensure that 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. Continue to engage with key stakeholders such as housing providers to develop a better understanding of the key issues facing residents.
  - e. Focus 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.
  - f. Apply 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

## Background

2. The environment we live in is an important influence on improving health and wellbeing outcomes. Homes that are stable, warm, safe and suitable will improve outcomes for the individual and support them to live independently for longer whilst at the same time help reduce demand on health and care sectors related to housing. Conversely people who live in poor housing are more likely to experience a multitude of other factors, are known to have poorer health and wellbeing outcomes and are higher users of health and care services.<sup>1</sup>
3. The Health in All Policies agenda is key to formulating a cross-agency, multiple stakeholder approach to improving housing. Priority areas for Staffordshire are: cold homes and fuel poverty; improving housing for vulnerable groups; and planning for healthier housing.

<sup>1</sup> [https://www.kingsfund.org.uk/sites/default/files/2018-03/Housing\\_and\\_health\\_final.pdf](https://www.kingsfund.org.uk/sites/default/files/2018-03/Housing_and_health_final.pdf)



## Summary of evidence

4. Living in a cold home increases preventable deaths and cold-related diseases particularly during the winter months, with the World Health Organisation estimating that 30% of winter deaths are caused by cold housing and Age UK estimating that for every excess winter death there are also around eight admissions to hospital, 32 visits to outpatient care and 30 social services calls.
5. Poor housing in England costs the NHS between £1.4 and £2.5 billion a year which equates to between £22 and £39 million every year in Staffordshire.<sup>2,3</sup> The average cost of making a home energy efficient is circa. £7,500 as a one-off payment, compared to the cost of an older person in hospital which is estimated at £3,000 for every unplanned admission, or a person in a care home costing between £430 and £570 per week.<sup>4,5</sup>
6. During 2017/18 there were 950 excess winter deaths in Staffordshire with the rate being at its highest in the last 15 years. Common causes during this period were: respiratory disease, dementia and mental health conditions; rates are also higher for females and for older people.
7. Some people are more vulnerable to the cold, for example people with a cardiovascular or respiratory condition or a physical disability which stops people moving around to keep warm. Large numbers of Staffordshire residents have high blood pressure, respiratory or circulatory diseases. Cold homes also have an impact on mental health. Employment rates for people with a long-term condition are much lower than the general population which impacts on the type of housing they can afford to live in and whether they can afford to keep their home warm enough.
8. Around one in five people aged 65 and over are thought to be frail making them more vulnerable to living in a cold home. Children living in cold and damp houses are at increased risk of poorer health outcomes and reduced performance at school.<sup>6</sup> Staffordshire experiences higher rates of children being admitted to hospital for long-term conditions, in particular respiratory conditions, and also performs poorly in terms of GCSE attainment.
9. Staffordshire has a higher than average rate of households in fuel poverty with the main drivers suggesting that rates are not likely to fall significantly soon:
  - a. **Income** – around one in ten residents live in low income households; one in five children are estimated to be living in poverty after housing costs.
  - b. **Cost of energy** – nationally domestic fuel bills have doubled in the last 15 years. Locally one in ten households are not connected to the gas network which means they are using more costly fuels such as electricity and oil to heat their homes.
  - c. **Energy efficiency** - households that are owner-occupied or privately rented are less energy efficient; homes in rural areas and older homes are also less energy efficient.

<sup>2</sup> Nicol S, Roys M and Garrett H, Briefing paper: The cost of poor housing to the NHS, Building Research Establishment (BRE) Trust, BRE 2015

<sup>3</sup> Local Government Association, Healthy homes, healthy lives, Local Government Association, May 2014

<sup>4</sup> Age UK: The Cost of Cold: Why we need to protect the health of older people in winter, [http://www.ageuk.org.uk/Documents/EN-GB/Campaigns/The\\_cost\\_of\\_cold\\_2012.pdf](http://www.ageuk.org.uk/Documents/EN-GB/Campaigns/The_cost_of_cold_2012.pdf)

<sup>5</sup> <https://improvement.nhs.uk/resources/reference-costs/>

<sup>6</sup> The Health Impacts of Cold Homes and Fuel Poverty, Marmot Review Team, 2011



Older people are more likely to live in less energy efficient homes. Staffordshire has a larger owner-occupied market; it is also predominantly rural and has an older population in comparison with the national average and therefore is likely to have a higher proportion of households that are less energy efficient.

10. Many vulnerable communities including those on low incomes are more likely to live in poor housing, with issues relating to overcrowding, cold homes, disrepair, damp and mould. They are more likely to be in rented accommodation and have limited housing options available to them. Table 1 estimates the number of people that are vulnerable who would benefit the most from a healthy, safe and secure home. Many vulnerable people will have multiple needs and fall into several categories.

**Table 1: Summary of vulnerable groups in Staffordshire**

	Estimated number
Homelessness	41 rough sleepers in 2017, over 700 homelessness decisions made during 2017/18 of which 415 were accepted as being homeless and in priority need; 95 homeless people identified as not in priority need and around 75 households in temporary accommodation; hidden homelessness (e.g. sofa surfers) not known
Low income households	94,700 people living in low-income families; 13% of children under 18 living in poverty rising to one in five (21%) after housing costs; 13% of older people aged 60 and over living in low income households
Physical and sensory disabilities	About 42,200 people aged 18-64 in Staffordshire were estimated to have a moderate physical disability and 12,800 a serious physical disability. 4,900 people on the blind or partially blind registers; almost 4,000 people on the deaf or hard of hearing registers (December 2018). Over 7,750 adults with physical disabilities who were long-term users of local authority funded social care (December 2018)
Adults with learning disabilities	Around 16,400 residents aged 18 and over estimated to have a learning disability of which 3,400 are thought to be moderate or severe. Almost 2,300 long-term users of local authority funded adult social care (December 2018)
Mental health	72,000 (10.3%) of adults aged 18 and over on GP depression registers, 6,200 (0.7%) people with severe mental health illness (2017/18). Around 1,500 people long-term users of local authority funded adult social care (December 2018)
Dementia	Around 11,600 estimated to have dementia of which 6,400 have mild dementia, 3,700 have moderate dementia and 1,400 severe dementia of which over 60% living in community.
Other groups who may experience increased housing and health needs	<p><b>Alcohol and drug dependency</b> - around 8,500 adults with an alcohol dependency and 3,450 a drugs dependency with a number having both; around one fifth of those successfully exiting alcohol treatment and 5% exiting drug treatment identified with housing issues (2016/17)</p> <p><b>Care leavers</b> - 470 care leavers of which 87% were known to be in stable accommodation (March 2018)</p> <p><b>Domestic abuse</b> - around 16,800 incidents and offences reported to police during 2017/18; thought to be underestimated</p> <p><b>Offenders</b> - around 5,550 offenders of which around a quarter reoffend (2016)</p> <p><b>Teenage parents</b> - 330 live births to teenage mothers (2017)</p> <p><b>Veterans</b> - number not known</p>

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**Background Papers:** JSNA Housing and Health - the full report can be found at;  
<https://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>



<b>Staffordshire Health &amp; Wellbeing Board</b>						
<b>Report Title:</b>	Director of Public Health Annual Report					
<b>Date:</b>	7 March 2019					
<b>Author:</b>	Jon Topham					
<b>Board Sponsor:</b>	Dr Richard Harling					
<b>Report Type:</b>	System Issues	<input checked="" type="checkbox"/>	Prevention	<input type="checkbox"/>	Statutory Duties	<input type="checkbox"/>

### Recommendation

- a. The Board is asked to note that the Director of Public Health Annual Report is scheduled for the June Board.

### Background

1. The Director of Public Health Annual Report is a statutory and independent report that outlines key local health issues. The Board agreed previously that the 2018/19 Report should focus on the opportunities to improve health and care using digital technologies.
2. A completed version is anticipated for the June Board.
3. The Report will include an exploration of the following technologies:
  - a. Online Information Advice and Guidance
  - b. Wearables/applications to provide real time feedback about health and wellbeing
  - c. Biometric monitoring for management of long term conditions
  - d. Smart pills/implantable drug delivery
  - e. Use of Artificial Intelligence in decision making and therapy
  - f. Telecare
  - g. Electronic records
  - h. Predictive analysis
  - i. Assistive technology
  - j. Care robots
4. For each technology the Report will present:
  - a. A brief description of what the technology does, how it works and where is/could be used
  - b. The population that could benefit in Staffordshire
  - c. The evidence based for the benefits and whether these can be quantified in terms of total population health and care improvement
  - d. The costs
  - e. The opportunities and risks
  - f. Case studies about people combining the various technologies in real life
  - g. A recommendation based on the information above

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# STAFFORDSHIRE HEALTH AND WELLBEING BOARD

## FORWARD PLAN 2018/2019

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 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:

- 8 March 2018
- 7 June 2018
- 6 September 2018
- 6 December 2018
- 7 March 2019

Date of meeting	Item		Details	Outcome
8 March 2018 PUBLIC BOARD MEETING	Items for Decision	<b>Pharmaceutical Needs Assessment</b> Report Author – Ruth Goldstein	Final report based on outcomes of the consultation	The H&WB endorsed the findings of the Pharmaceutical Needs Assessments 2018.
		<b>Local Transformation Plan for Children &amp; Young People’s Mental Health Services</b> Report Author - Jane Tipping, Head of Mental Health Commissioning	This item was deferred from December -	The Health and Wellbeing Board endorsed the updated Local Transformation Plan which set out the progress to date and plans to meet national guidance as set out in the NHS and Local Government policy document – Future in Mind.
		<b>Physical Inactivity Sub-Group</b> Report Author – Jude Taylor		The H&WB endorsed the approach of the Physical Activity Sub-Group and agreed to host a challenge session in June, to test the robustness of the implementation plan for Staffordshire Moorlands.
	Items for Debate	<b>CCG/SCC Commissioning Intentions</b> Presentations from each CCG and from the Director of Public Health	Single CCG presentation Single SCC Adult Social Care & Public Health presentation  How commissioning Intentions / Strategy aligns with the HWBB strategy <ul style="list-style-type: none"> <li>- Cheryl Hardisty Director of Commissioning and Operations across the 6CCGs</li> <li>- Richard Harling</li> </ul>	The Board endorsed the Commissioning Intentions for 2018-19 for both the CCG and SCC.
		<b>Together We’re Better (TWB) Update on Progress STP</b> Lead Board Member – Simon Whitehouse	Standing Item to discuss key issues within the STP	The governance review recommendations were endorsed and the plans for a system-wide public engagement exercise were noted.

Date of meeting	Item		Details	Outcome
		<b>HWBB Strategy</b> Report Author – Jon Topham Lead Board Member – Richard Harling	Approval following consultation – Jon Topham Action plan: Wellness Programme Karen Bryson	The Board supported work to align the HWBB Strategy and STP with a clear message and statement on purpose, focus and prevention. It supports the aspiration to bring together STP, Stoke HWBB and Staffordshire HWBB and endorsed an approach to initiate discussion with Stoke H&WB for this purpose.  They also agreed that the June 2018 meeting receives: <ul style="list-style-type: none"> <li>• a more developed HWBB strategy</li> <li>• progress on the outcome of discussions initiated with Stoke HWBB.</li> </ul>
		<b>Staffordshire BCF Update</b> Lead Board Member – Richard Harling Report Author – Rebecca Wilkinson	Standing Item to update the Board on BCF issues	T Board noted the current activity underway and agreed that H&WB should continue to receive updates from the BCF Executive on actions taken to implement the BCF, HIC and DTOC position against the BCF trajectory.  The Board also supported proposals from the BCF Executive to review governance arrangements for implementation of the system wide High Impact Change Model.
		<b>JSNA Outcomes Report</b> Report Author – Divya Patel	Annual Discussion on the JSNA <ul style="list-style-type: none"> <li>• Highlight where we have new data</li> <li>• Highlight key trends</li> <li>• Dashboard to report on Strategy</li> </ul>	The Board noted the findings of the key outcomes measures and agreed the priority indicators for adults (Living Well, Aging Well, and Ending Well) in line with the new Health and Wellbeing Strategy.
		<b>Health &amp; Wellbeing Strategy &amp; Governance</b> Report Author – Jon Topham		

Date of meeting	Item		Details	Outcome
		<b>Health Improvement Service</b> Report Author – Joanna Robinson		The Board supported the commissioned activity which is targeted in 52 identified areas and will take every opportunity to actively promote the digital offer and Healthy Communities Service for example, via the Fire Service.
	<b>Items for Information</b>	<b>Annual Report of the Director of Public Health</b> Report Author – Karen Bryson Lead Board Member – Richard Harling	To provide an update on the report	For information
		<b>District Delivery Plans</b> Report Author – Karen Bryson Lead Board Member – Richard Harling	This is part of a rolling programme for the SCC/STP Wellness Programme to develop a place based approach, which will be the vehicle for delivery of much of the programme	For information
<b>7 June 2018</b> <b>PUBLIC BOARD MEETING</b> <b>9.52</b>	<b>Items for decision</b>	<b>H&amp;WB Strategy</b> Report Author – Jon Topham		The Strategy was approved and the consultation findings were noted. The direction of travel and alignment with the STP and the stronger strategic and leadership role with regard to prevention was noted.
		<b>End of Life: Conversation with the Public (Update)</b> Report Author – David Sugden		The Board noted the success of the Dying Matters, Staffordshire, public conversation. The next scheduled public conversation will focus on digital innovation in relation to health.
		<b>JSNA Review</b> Report Author- Divya Patel, Senior Public Health Epidemiologist		Establish a working group to identify priorities for, and oversee production of, the JSNA. Members will be emailed after the meeting to seek nominations to the working group;
	<b>Items for debate</b>	<b>H&amp;WB Action Plan</b> Report Author- Karen Bryson		They endorsed the H&WB Action Plan outline as the delivery plan for the H&WB Strategy and agreed that the plan be developed in more detail. The H&WB will oversee the implementation and assure progress. Board Members will ensure the organisations they represent understand the Plan and play an active role in its implementation.



Date of meeting	Item		Details	Outcome
Page 53		<b>STP/H&amp;WB alignment</b> Report Author – Jon Topham		The terms of reference, membership and agenda format will be reviewed and a role description for members will be developed
		<b>Families Strategic Partnership</b> Report Author – Miriam Hussain Lead Board Member – Helen Riley		The FSP Annual Report 2017/18 was endorsed and their contribution towards delivery of the three H&WB priorities was acknowledged.
		<b>Whole life Disability Strategy</b> Report Author – Andy Marriott		The comments raised by the H&WB will be considered in the preparation of the final version of the Strategy to help inform the final Cabinet decision in June 2018
	<b>Items for Information</b>	<b>HIAP</b> Report Author – Allan Reid		For information
		<b>JSNA</b> Report Author – Divya Patel		For information
		<b>Physical Activity Challenge Session</b> Report Author – Jude Taylor		For information
<b>6 September 2018 PUBLIC BOARD MEETING</b>	<b>System Issues</b>	<b>Governance/terms of reference</b> Report Author – Jon Topham Lead Board Member – Richard Harling	Governance and terms of reference for the H&WB going forward	The amended terms of reference and Member job description were agreed
	<b>Prevention</b>	<b>Prevention Through Wellness, Operational Programme &amp; Governance</b> Report Author –Karen Bryson Lead Board Member – Richard Harling		The Prevention through Wellness Operational Programme and governance arrangements were approved. Leadership for its further development and implementation will be provided by the H&WB. Support was given to a new conversation with professionals and the public to promote greater personal ownership of wellbeing, self-management and independence and the Board agreed to receive regular report to help ensure implementation.

Date of meeting	Item	Details	Outcome	
		<b>Mental Health &amp; Suicide Prevention</b> Report Author – Vicky Rowley Lead Board Member – Richard Harling		The Suicide Prevention Action Plan was agreed and supported. The Board also supported: the research being undertaken into parental mental ill health; and the development of the “Time for Change Hub” in Hednesford.
		<b>End of Life: Conversation with the Public – Final Report</b> Report Author – Dave Sugden Lead Board Member – Richard Harling		The approach and outcomes of the Dying Matters Staffordshire public conversation were noted and a progress report was requested for 6 to 12 months time.
		<b>Place Based Approach</b> Presentation Author – Karen Bryson, Mick Harrison & Phil Pusey	Presentation to the Board	Aspirations for a seamless partnership offer within a locality were endorsed.
	<b>Statutory Duties</b>	<b>JSNA Review Update</b> Report Author – Divya Patel Lead Board Member – Richard Harling		The Board approved the JSNA work programme. Board Members will nominate colleagues from their respective organisations as appropriate to contribute to the themed reports. Topics for initial themed report will be: housing and health; how communities can contribute to improving health and wellbeing.
	<b>H&amp;WB Strategy Consultation 2018</b> Report Author – Jon Topham Lead Board Member – Richard Harling		The report was endorsed for reference in the development of its strategy and delivery plan. The Board also noted the use of this report to help inform future conversations with the public to promote the health and wellbeing agenda.	
	<b>BCF 2018 quarter 1 progress report</b> Report Author – Becky Wilkinson Lead Board Member – Richard Harling		The issues uncovered regarding Delayed Transfers of Care (DTC) methodology and agreed approach to DTC counting was noted. The Board agreed to delegate authority for BCF sign off to the co-chairs, as it had previously.	
	<b>Seasonal Flu Plan &amp; Campaign</b> Report Author – Jon Topham Lead Board Member – Richard Harling		Board Members agreed to act as local leaders in supporting the flu campaign, taking part in the local media campaign and by having the flu vaccination. They also agreed to act as advocates for vaccination of their eligible staff and emphasise the importance of this on overall system resilience.	

Date of meeting	Item	Details	Outcome
	<b>Healthwatch</b> Report Author – Simon Fogell Lead Board Member – Simon Fogell		The Board agreed to continue to work with Healthwatch to create stronger working links.
<b>6 December 2018            PUBLIC BOARD MEETING</b>	<b>System Issues</b> <b>CAMHS Strategy</b> Report Author – Elisabeth Mellor Lead Board Member – Helen Riley	Pan Staffordshire Approach to Children and Young People’s Emotional Wellbeing and Mental Health (CAMHS) and Local Transformation Plan	Members noted the governance arrangements which were designed to give leadership and accountability and endorsed Strategy and Local Transformation Plan (LTP) for wider circulation and publication.
	<b>Response to the September H&amp;WB Public Questions</b>	Following questions from Viran Patel to the Board it was agreed that a response would be forwarded to the questioner within 30 days of the meeting and that detail of that response would be shared with Board Members.	A copy of the letter was appended to the minutes for information.
	<b>Maternity Strategy</b> Report Author – Tilly Flanagan		Members endorsed the Local Maternity Transformation Plan, noting the governance arrangements for its delivery.
	<b>Mental Health Crisis Care Concordat</b> Report Author – Lead Board Member -	ACC Jennie Sims suggested this item to support a refresh of the Concordat.	Members supported the review and refresh of the Crisis Care Concordat Declaration, Action Plan and Governance Structure. They also agreed that: <ul style="list-style-type: none"> <li>a) each representative organisation on the H&amp;WB nominate an individual to take part in the review;</li> <li>b) that the H&amp;WB have the responsibility for sign off on the Concordat and for monitoring its delivery; and</li> <li>c) the requirement for the Concordat declaration and action plan to be responsive to current need, well prepared for future need, and have clear direction in responding to such need through service provision was supported.</li> </ul>
	<b>CQC Local System Review</b> Lead Board Member – Richard Harling	Oral update from Richard Harling	Members noted the oral report.

Date of meeting	Item		Details	Outcome
	<b>Prevention</b>	<b>Public Health Prevention Plan including Flu Update</b> Report Author – Karen Bryson		<p>Members noted the development of the detailed seasonal flu plan and communications plan running from 13 September 2018 to 1 January 2019. They were aware that the campaign was jointly developed between Health and Care, the Health, Safety and Wellbeing Team and the Council’s Communications Team, and that it had been developed in partnership with Public Health England, Staffordshire CCGs and the pharmaceutical industry (Sanofi Pasteur).</p> <p>The Board requested that a letter setting out the H&amp;WB concerns over vaccine supplies this year be sent to NHS England.</p>
		<b>Warm Homes Fund</b> Report Author – Karen Bryson/Dave Sugden Lead Board Member -	A report addressing the issues of tackling fuel poverty in Staffordshire.	Members welcomed the successful bid to the Warmer Homes Fund (WHF) that secured £1.8m to address fuel poverty in Staffordshire, and the associated WHF programme.
		<b>South Staffordshire EOL Care Action Alliance</b> Report Author – Emma Hodges		Members supported the actions proposed by the End of Life Care Action Alliance, particularly in relation to the funding from NHS England, and the action plan.
		<b>Preventing Fire &amp; Improving Health and Wellbeing</b> Lead Board Member - Glynn Luznyj		Members noted the presentation and asked that the Director for Health and Care raise the possibility of Fire and Rescue Service involvement in equipment installation at the Joint Commissioning Board.
	<b>Statutory Duties</b>	<b>Staffordshire and Stoke-on-Trent Adults Safeguarding Board Annual Report 2017/18</b> Report Author – John Wood		That the SSASPB Annual Report 2017/18 was received in accordance with the requirements of the Care Act 2014 Statutory Guidance (2016’para 160).
		<b>Autism Self-Assessment 2018</b>		the Autism Self Assessment had been completed and would be signed off by the Co-Chairs on the Board’s behalf, and circulated to Members.

Date of meeting	Item		Details	Outcome
		<b>BCF</b> Report Author – Becky Wilkinson/Jenny Pierpoint		Members noted the Quarter 2 BCF performance in 2018/19, including the indicative BCF budget for 2019/20 and progress with developments towards joint commissioning by the County Council and CCGs. They also agreed that the BCF Plan 2019/20 would be brought to the March Board for agreement if submission date is after the 8 <sup>th</sup> March, otherwise the Chairs be given delegated authority to agree the Plan if submission is required prior to the next meeting.
<b>7 March 2019 PUBLIC BOARD MEETING</b>	<b>System Issues</b>	<b>CQC Final Report</b> Report Author – Richard Harling		
		<b>Commissioning Intentions</b> Report Authors Richard Harling & Helen Slater (CCG)		
	<b>Prevention</b>	<b>STP Update from Workshop</b> Report Author – Simon Whitehouse		
		<b>Director of Public Health Annual Report</b> Report Author – Richard Harling/Jon Topham		
	<b>Statutory Duties</b>	<b>BCF</b> Report Author – Jenny Peirpont		
		<b>Joint Strategic Needs Assessment (JSNA) Update</b> Report Author – Divya Patel & Rachel Caswell	An outline of a strategy for delivering JSNA obligations	
		<b>JSNA Housing &amp; Health Deep Dive</b> Report Author – Divya Patel & Rachel Caswell	Requested at the September Board meeting	
		<b>JSNA Armed Forces</b>	Response to a Board Member request for an Armed Forces JSNA	

Date of meeting	Item	Details	Outcome
		<b>H&amp;WB Statutory Duties and Monitoring</b> Report Author – Jon Topham	Requested at the December H&WB
<b>6 June 2019 PUBLIC BOARD MEETING</b>	<b>System Issues</b>		
	<b>Prevention</b>	<b>Suicide Prevention Update</b>	
		<b>District Council &amp; H&amp;WB</b>	
		<b>Air Quality</b> Report Author – Mike Calverley Lead Board Member – Richard Harling	A report on Air Quality last came to the Board on 7 December 2017.
		<b>Children's Safeguarding</b>	
	<b>Statutory Duties</b>		
<b>ttc Page 58</b>		<b>End of Life Conversation with the Public – progress report</b> 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.

#### H&WB 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</p>	<p>The current PNA was published in February 2015.</p> <p>The PNA is reviewed every three years, with the next review due in <b>2018</b>.</p>

	HWBs.	

<b>Board Membership Role</b>	<b>Member</b>	<b>Substitute Member</b>
Staffordshire County Council Cabinet Members	<b>CO CHAIR - Alan White</b> – 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	Karen Bryson – Assistant Director, Public Health & Prevention
A representative of Healthwatch	Simon Fogell – Executive Director	Robin Morrison – Chief Executive, Healthwatch Staffordshire
A representative of each relevant Clinical Commissioning Group	Mo Huda – 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 <b>CO CHAIR - Alison Bradley</b> - Chair of North Staffs CCG	Marcus Warnes – Chief Operating Officer
NHS England	Fiona Hamill – Locality Director	

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

<b>Role</b>	<b>Member</b>	<b>Substitute Member</b>
District and Borough Elected Member representatives	Roger Lees – Deputy Leader South Staffordshire District Council Frank Finlay – Cabinet Member for Environment and Health	Brian Edwards  Gareth Jones
District and Borough Chief Executive	Tim Clegg – Chief Executive Stafford Borough Council	tbc
Staffordshire Police	ACC Jennie Sims	tbc
Staffordshire Fire and Rescue Service	Glynn Luznyj – Director of Prevention and Protection	Jim Bywater
Together We’re Better - Staffordshire Transformation Programme	Simon Whitehouse – Programme Director	Tracy Parker-Priest, Chief Operating Officer Staffordshire & Stoke-on-Trent STP

