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Staffordshire Health and Wellbeing Board

Thursday 3 June 2021
3.00 - 5.00 pm
Council Chamber, County Buildings, Stafford

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".

Agenda

Co-Chairs: Cllr Johnny McMahon, Cabinet Support Member for Public Health and Integrated Care
Dr Alison Bradley, Clinical Chair of North Staffordshire CCG

No	Time	Item	Presenter(s)	Page(s)
1.	3.00 pm	**Welcome and Routine Items** a) Apologies b) Declarations of Interest c) Minutes of Previous Meeting d) Questions from the Public	Chair	1 - 8
2.	3.05 pm	**Update on Covid**	Richard Harling	Verbal Report
3.	3.10 pm	**Plan for Joint Strategic Needs Assessment and Annual Report of the Director of Public Health**	Jon Topham	9 - 10
4.	3.35 pm	**Mental Health Update - Prevention and Strategy**	Chris Stanley Jan Cartman-Frost	11 - 12
5.	4.05 pm	**Healthwatch Update - Patient Public Perspective and Covid**	Simon Fogell	To Follow

6.	4.20 pm	**Staffordshire Better Care Fund (BCF)**	Rosanne Cororan	13 - 16
7.	4.25 pm	**Integrated Care System Update** a) Integrated Care Partnerships - Visioning Document	Tracey Shewan	17 - 20 21 - 36
8.	4.40 pm	**Forward Plan**		37 - 44
9.		**Date of Next Meeting** Thursday 2 September 2021 at 15:00-17:00, Council Chamber, County Buildings, Stafford.		
10.		**Exclusion of the Public** The Chairman to move: "That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs of Part 1 of Schedule 12A of the Local Government Act 1972 (as amended) indicated below". **Part Two** (All reports in this section are exempt) Nil.		

Membership	
Johnny McMahon (Co-Chair)	Staffordshire County Council
Dr Alison Bradley (Co-Chair)	North Staffs CCG
Julia Jessel	Staffordshire County Council (Cabinet Member for Health and Care)
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Dr Rachel Gallyot	East Staffs CCG
Dr Gary Free	Cannock Chase CCG
Dr Paddy Hannigan	Stafford and Surrounds CCG
Dr Shammy Noor	South East Staffordshire and Seisdon Peninsula CCG
Dr John James	STP Chair of Clinical Leaders Group
Dr Richard Harling MBE	Director of Heath & Care (SCC)
Helen Riley	Director for Families & Communities (SCC)

Craig Porter	CCG Accountable Officer Representative
Simon Whitehouse	Staffordshire Sustainability and Transformation Programme
Phil Pusey	Staffordshire Council of Voluntary Youth Services
Garry Jones	Support Staffordshire
Roger Lees	District Borough Council Representative (South)
Tim Clegg	District & Borough Council CEO Representative
Howard Watts	Staffordshire Fire & Rescue Service
Jennifer Mattinson	Staffordshire Police
Simon Fogell	Healthwatch Staffordshire

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.

Minutes of the Staffordshire Health and Wellbeing Board Meeting held on 4 March 2021

In attendance:

Johnny McMahon	Staffordshire County Council
Dr Alison Bradley	North Staffs CCG
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Dr Shammy Noor	South East Staffordshire and Seisdon Peninsula CCG
Dr Richard Harling	Director of Heath & Care (SCC)
Helen Riley	Director for Families & Communities (SCC)
Phil Pusey	Staffordshire Council of Voluntary Youth Services
Garry Jones	Support Staffordshire
Roger Lees	District Borough Council Representative (South)
Tim Clegg	District & Borough Council CEO Representative
Howard Watts	Staffordshire Fire & Rescue Service
Jennifer Mattinson	Staffordshire Police
Jonathan Price	Staffordshire County Council
Jon Topham	Senior Commissioning Manager, Public Health

Also in attendance: Tony Bullock (Lead Commissioner (Adult Public Health Prevention)); Karen Coker (Senior Commissioning Manager (Children's Public Health)), Jude Taylor (Chief Executive (Together Active)); Jeremy Pert (District & Borough Council Representative (North), Claire McIver (Staffordshire County Council); Marcus Warnes (Accountable Officer - CCG), Tracey Shewan (Director of Communications and Corporate Services CCG), Paul Taylor (STP Finance Director); John Wood (Staffordshire and Stoke-on-Trent Adults Safeguarding Board); Ruth Martin (Staffordshire and Stoke-on-Trent Safeguarding Board)

Apologies: Dr. Rachel Gallyot (East Staffs CCG); Craig Porter (CCG Accountable Officer Representative); Simon Whitehouse (Staffordshire Sustainability and Transformation Programme)

47. Welcome and Routine Items

a) Declarations of Interest

District & Borough Council CEO Representative Tim Clegg referred to item 4a for which he is a Board member for Together Active.

b) Minutes of Previous Meeting

An error was highlighted on page 3 second from last paragraph which should read 3 x ICPs rather than 3 x ICS – there is one system and three partnerships. No other errors/omissions identified.

RESOLVED: That the minutes of the meeting held on the 10th December 2020 be confirmed by the Health & Wellbeing Board (H&WBB) and signed by the Co-Chair.

c) Questions from the Public

There were no questions at this meeting.

48. Living with COVID

Dr Richard Harling presented to the Board and gave an update on some of the issues that may face us over the ensuing months and years. The virus has become endemic in our communities and It is unlikely that we will be able to eradicate it completely. This means we will need to maintain a series of Covid defences over the long term. This means that the future is quite uncertain. The Board paper and presentation outlined a number of plausible scenarios which we will need to consider and plan for.

Dr Harling suggested that under any scenario we will need to:

- Maintain effective testing, contact tracing, isolation and outbreak management. This will mean that we need to make sure have facilities available for testing as many people as possible, as frequently as possible. Contract tracing will need to be maintained and isolation of cases and contacts is expected to continue.
- Whilst the uptake of the vaccination is very good there will be pockets where this is sub-optimal, we need to maintain the ability to deal with them.
- Covid security will most likely need to continue, and this will include some level of ongoing social distancing.
- New Covid variants will evolve, which means that the vaccination will need to be updated on an annual basis.
- In Staffordshire we are supporting the 50,000 clinically extremely vulnerable individuals. We have provided additional support in terms of shopping making sure that they can stay safe at home, underpinned by good communication to make sure that we get the message across.

Dr Harling outlined the 3 scenarios and suggested that at the moment there are some grounds for the more optimistic scenarios, but the risks increase as lockdown is released.

What this all means is:

- that we need to protect staff wellbeing and make sure we have sufficient capacity in 21/22.
- Continue the digital shift and move our services online
- Pay close attention to demand for public services, which is unpredictable although we certainly expect high-level demands in NHS and social care to

continue for some time, fuelled by prolonged periods of isolation and rising mental health issues.

- Keep a grip on our finances and lobby for continued and ongoing Government funding to enable an effective local response to Covid in the future.
- We need to sustain and build on the improved partnership working of the past year.
- Businesses that rely on face to face interaction have been and will continue to be affected, we will need to continue to find ways to support our business sector
- Schools and universities have lost a year of learning and the challenge will be to try to recover and catch up. It is quite possible that universities will become less attractive options for young adults in future.
- The pandemic has damaged quality of life; we have early evidence that mental health problems are rising, and that inactivity, diet and obesity have deteriorated over the last year and we have a real challenge ahead of us to turn that corner.
- There has been a huge surge in volunteering and opportunity to harness this longer term.
- Social cohesion could be impacted if our population becomes more polarised between those wanting to protect the NHS and those more enthusiastic for returning freedoms and livelihoods more quickly.

Cllr Roger Lees asked if we are getting sufficient vaccine supplies. Dr Richard Harling told the Board that the supply chain is improving. It was erratic initially but now we have a steady and improved supply of vaccines, the promise and expectation is that we will get to around 80,000 doses per week over the next few weeks.

RESOLVED: The report was noted and it was noted that the HWBB will need to support and work with system partners to address some of the risks and inequalities highlighted.

49. Public Health and Prevention Plan

Presentation tabled and led by Tony Bullock, Lead Commissioner.

The Public Health and Prevention team within Staffordshire County Council is currently developing their strategy and the purpose of this item was to share initial ideas with the HWBB, to have a brief debate and to get input into the strategy and ensure linkage to the HWBB Strategy.

The longer term priorities are:

- healthy life expectancy;
- infant mortality;
- health inequalities

To meet the long term priorities a short term programme will focus on pandemic response and recovery:

- supportive communities
- mental wellbeing
- obesity.

Dr Johnny McMahon (Co-Chair) thanked Tony Bullock for the presentation and fully supported the direction of travel but noted that we need to be vigilant for other issues that haven't come to light yet.

Garry Jones noted that within the White Paper there is a paragraph which refers to bringing public health commissioning outside of public health regulations in the same way as those available to NHS Commissioners currently. This give us some flexibility in how services are commissioned.

RESOLVED: Co-Chair reported that the HWBB are very supportive of this approach and asks that colleagues of the HWBB reflect and feedback directly to Tony Bullock. The aim is to bring a more detailed plan back to the June HWBB.

50. Whole System Approach to Obesity and Physical Activity Participation

The purpose of the session was to get approval and support from the HWBB to the direction of travel for the obesity strategy and to debate what we can do differently going forward individually and collectively.

Background:

- Nearly 25% of reception aged children are overweight or obese (2019) (all 8 x districts are above the national average).
- Nearly 35% of Year 6 children are overweight or obese (2019) (5 x districts above national average).
- 64% of adults (aged 19+) are overweight or obese (2019) (6 x districts above national average).
- 21% of adults (aged 19+) are physically inactive (2019) (5 x districts above national average).

There are a wide range of consequences linked to obesity, both to the individual and to wider society. Whilst obesity has been a priority in many local and national strategies we have not seen a population shift in obesity levels.

Slide 1: Is the current position good enough?

Dr Johnny McMahon (Co-Chair) noted that more folk die now from the effects of overeating than they do of starvation in the World. We live in an obesogenic society which is why a Whole System place-based approach makes sense. We have got to look at the lives people lead and what we can do to modify behaviour, rather than the individual trying to sort themselves out, which we know doesn't work.

Dr McMahon also noted that we can rely too much on exercise we need to give more focus to providing people with good healthy nutritious low calorie food as well as providing people with the opportunity to integrate exercise into their day.

Dr Alison Bradley (Co-Chair) agreed that the whole system placed approach is the best approach.

Garry Jones noted the mental health aspects of overeating.

Slide 2: Is taking obesity just an issue for the Public Health teams – or is it genuinely a priority for all?

Tim Clegg noted that the District Councils and SCC, do see this as a priority and welcomed the holistic approach to tackle obesity. To do this we need to make it as easy as possible for people to make healthy choices. There needs to be a culture change in this country and to push back on processed food which manufacturers put in our direction, particularly around fast-food choices which are seen as a treat for families, which doesn't help in brining children up in making healthy choices. There is a link between health inequalities, poverty and obesity, more work is needed to understand this more and there must be a concerted effort across the wide range of fronts and we need an honest discussion with partners about what we can do to make a real change. Dr Alison Bradley (Co-Chair): Challenge of obesity cuts across everything, all our organisations, health and care we all have a part to play in it, it does need to be a priority for all.

Slide 3: Why have past efforts failed?

Dr Johnny McMahon – In the past we have been judgemental we need to take a more holistic concentrate more on food and less on exercise. Exercise is beneficial even though you don't lose any weight.

Cllr Mark Sutton noted the success of societal approaches like those to stop drink driving. Currently there are no consequences to overeating or becoming obese. Cllr Sutton also questioned the link between obesity and poverty, noting that obesity levels in children were high in South Staffordshire, which is an affluent area.

Helen Riley urged a strong focus on starting obesity prevention at an early age.

Slide 4: What are you/we going to do differently?

We will endorse the whole system approach and work together.

Slide 5: Is it an opportunity for the HWBB to show its got teeth?

Slide 6: Definition of Whole System Approach (PHE)

The key message was that we need to be consistent and persistent, this is a long-term approach and not a one off project.

Slide 7: step by step guidance document

There are grounds for optimism. The County Council has already had a Cabinet level discussion and has nominated two senior Champions, John Henderson (Chief Executive) and Dr Johnny McMahon (Cabinet Member). A core working team, has been set up and all 8 Districts have also shown interest. The place based pilots will take place in Cannock, East Staffordshire, and /Staffordshire Moorlands.

Slide 8: Request

- HWBB members were asked to invite a member of the Core Working Team to each organisation's board/senior leadership team meeting to discuss/gain ongoing commitment for the Whole System Approach.
- Each organisation was asked to identify:
    - A senior/strategic champion, and
    - An operational lead
- Each organisation was asked to commit to ensuring a healthy workforce.
- That the HWBB become the system-wide governance lead for the Whole System Approach.

RESOLVED: That the Board agrees the four requests and endorses the agreement to support the whole system approach. An update will be brought to the September HWBB.

a) Together Active - Physical Activity Participation

b) Implementing a Whole System Approach to Obesity

51. Integrated Care System Plan

Marcus Warnes updated the board about the development of the Integrated Care System, which will be based on the current STP partnership arrangements.

Marcus noted that the ICS application has been submitted and is one of 13 applications yet to be approved. The expectation is that all ICS bodies will be approved by the 1st April 2021, becoming statutory bodies on the 1st April 2022. The White Paper suggests that there would be an NHS ICS Body and a wider ICS health and care partnership, with the NHS Body acting as the statutory organisation taking on the roles of the 6 CCG's and some of those functions which NHS England have had responsibility for. For Staffordshire and Stoke-on-Trent there will be 3 Integrated Care Partnerships, which already exist in shadow form in the North, South East and South West of Staffordshire.

Health & Wellbeing Boards are statutory sub committees of Local Authorities and we will wait for further guidance that is being submitted in April, but a very close working relationship between ICS's and the H&WBB is very much envisaged. There was some agreement that further discussion about the role of the HWBB and the ICS Health and Care Partnerships was needed.

Tracey Shewan, Director of Communications and Corporate Services CCG updated the Board in relation to the merger application process, the GPs had voted for merger and supported the ICS application. A questionnaire has gone out to stakeholders to ask for their comments.

Prem Singh is the new Independent Chair to the ICS, there will likely be further changes needed in preparation for the ICS.

RESOLVED: The updates on the Integrated Care System Plan received and future updates to be provided

52. Safeguarding Adults with Learning Disabilities

John Wood Independent Chair of Staffordshire & Stoke on Trent Safeguarding Adults Board presented a paper focused on safeguarding, health inequalities and learning difficulties.

The HWBB and the Safeguarding Adults Board have a mutual interest in ensuring there is a clear prevention programme to improve health and wellbeing as well as a commitment from all partners to prevention. The report itself raises some significant questions about inequalities and how we can empower our communities to effectively respond to the needs of adults with learning disabilities.

Dr Richard Harling – Confirmed that he absolutely supports the need for due diligence in this area and indicated that we have got some data locally about the equivalent excess deaths among people with learning disabilities during the course of the pandemic. This can be shared.

RESOLVED: The report was supported. Richard Harling to share the data about excess deaths and learning disabilities.

53. Stoke-on-Trent and Staffordshire Safeguarding Children Board (SSSCB) Annual Report 2019/20

This item was for information and Helen Riley noted that Stoke on Trent City Council have decided that they needed their own safeguarding board rather than a combined Staffordshire and Stoke on Trent Board. It is anticipated that the two Boards will still work closely in partnership, especially around key issues like child exploitation.

RESOLVED: The Board accepts the Stoke-on-Trent and Staffordshire Safeguarding Children Boards (SSSCB) Annual Report 2019/2020.

54. SEND Strategy

For information – presented by Deputy Chief Executive and Director for Families and Communities, Helen Riley.

The Staffordshire SEND Strategy was approved by the Council's Cabinet in February and is currently going through CCG's approval mechanisms. It is a strategy that has been produced with a range of partners including the CCG, schools as well as with families and young children and people themselves. There has been a wide consultation process.

Four priorities emerged out of the consultation and are reflected in the strategy, they were:

- Improved communication
- Education health and social care working with and in partnership with families
- Early intervention.
- The right support at the right time

There are 4 delivery plans against the four priorities.

Dr Alison Bradley Co-Chair confirmed that it is going through the CCG Quality and Safety Committee this month for approval.

RESOLVED: That the HWBB noted the update and endorse the Staffordshire SEND Strategy.

55. Forward Plan

RESOLVED: That the Board's Forward Plan for 2021-22 be noted.

56. Any Other Business

57. Pharmaceutical Needs Assessment (PNA)

Pharmaceutical Needs Assessment – link in papers – the Board received the update and the key messages summarised are:

- 3 x pharmacies have closed, and no new pharmacies have opened.
- 7 x pharmacies have changed address.
- 14 have changed ownership or name.

None of these are believed to be any concern.

RESOLVED: The HWBB received and accepted the report and the key messages summarised.

Chairman

Staffordshire Health and Wellbeing Board – 03 June 2021

Plan for Joint Strategic Needs Assessment and Annual Report of the Director of Public Health

Recommendations

The Board is asked to:

a. Agree the plan for a new, post Covid, Joint Strategic Needs Assessment (JSNA).

b. Endorse the scope of the Annual Report of the Director of Public Health and contribute where possible.

c. Commit their organisations to supporting the development of a new, post-Covid, Joint Health and Well-being Strategy to take into account the findings of the JSNA and Annual Report of the Director of Public Health.

Background

1. The Health and Well-being Board is a statutory committee of Staffordshire County Council with a series of statutory duties:

    a. To produce a Joint Strategic Needs Assessment and Joint Health and Well-being Strategy.
    b. To ensure that Clinical Commissioning Groups, NHS England and Staffordshire County Council commissioning plans take account of the Joint Strategic Needs Assessment and Joint Health and Well-being Strategy.
    c. To promote partnership working.

New, post Covid, Joint Strategic Needs Assessment

2. With the Covid pandemic abating at the moment there is an opportunity for the Health and Well-being Board to consider how Covid has affected health and well-being in Staffordshire and review the priorities for the next few years. The Board has already reflected on the impact of the pandemic at the September 2020, December 2020 and March 2021 meetings, with members indicating that the Board should: define and focus on a small number of key issues post-Covid; consider the role of wider determinants of health and of partnerships in influencing these; and take account of health inequalities.

3. To do this the recommendation is produce a new, post Covid, Joint Strategic Needs Assessment (JSNA). This will describe local needs and assets in the wake of the pandemic and make recommendations for priorities for a new, post-Covid, Joint Health and Well-being Strategy. The intention is that the JSNA will be web based and offer an interactive format. Content will include:

    a. An **introductory page** that presents a range of information and tools.

b. **Annual refresh of key issues.** A review of existing Health and Well-being Strategy priorities using latest data to identify emerging trends, as well as issues that remain a concern. A draft should be available for the September Health and Well-being Board.

c. **Impact of Covid on health outcomes.** An in-depth analysis that will focus of the key health and well-being impacts and arising from the pandemic, including health inequalities. Where possible local data will be utilised (e.g. acute, primary care, mortality, mental health), in addition to national research and qualitative insights study to support targeting of interventions. This will also link to existing Covid related information such as the Covid dashboards, as well as to the Annual Report of the Director of Public Health. A draft should be available for the September Health and Well-being Board.

d. **Thematic interactive dashboards.** Following agreement of priorities for the a new, post Covid, Health and Well-being Strategy we will develop a suite of dashboards including metrics that enable targeting of interventions and monitoring of progress. A draft should be available for the December Health and Well-being Board.

Annual Report of the Director of Public Health

4. The Annual Report of the Director of Public Health is a statutory and independent report that highlights key local health issues. Previous Reports in 2018 on Getting it Right at the End of Life and 2019 on Digital Technologies for Health and Well-being were well received. The 2020 report was deferred due to the pandemic.

5. The 2021 Report will focus on Covid and include:

   a. A Covid timeline
   b. Overview of the impact of Covid on health outcomes, linking to the JSNA.
   c. A review of the Covid response, including lessons learned.
   d. Conclusions and recommendations.

6. A draft Report should be available for the September Health and Well-being Board.

Contact Details

Board Sponsor: Dr Richard Harling MBE, Director for Health and Care

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Staffordshire Health and Wellbeing Board – 03 June 2021

Mental Health Update: Prevention and Strategy

Recommendations

The Board is asked to:

a. Note the content of the below briefing note and presentation (to be tabled at the meeting).

Background

1. There will be a presentation to the Staffordshire Health and Wellbeing Board on the 3rd June to provide an update on current prevention activities in respect of mental health and plans for the development of a new mental health strategy for Staffordshire.

2. The presentation on mental health prevention will update on:

    a. Update on impact from pandemic on mental health wellbeing
    b. Update on current programme of activities including:

        i. Suicide Prevention programme
        ii. Let's beat loneliness together campaign
        iii. Do it to feel good campaign

    c. Other offers to support people following the pandemic:

        i. Entitled To
        ii. Digital inclusion
        iii. Supportive Communities Programme

3. Update on current position regarding the new mental health strategy including alignment with the Community Mental Health Transformation engagement by the CCG, and new agreed outline timescales.

4. Update on the proposed approach to strategy development in relation to it being public health and prevention inclusive, so it aims to set out a holistic, end to end strategy for people, highlighting links into other relevant strategies, such as children/young people mental health strategy, suicide prevention strategy etc.

5. The presentation will also seek the Board views on how we ensure we engage with the whole health and care system effectively and also that given the strategy is public health and prevention inclusive, how do we reach the wider population and people within communities and not solely patients and service users.

STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

Contact Details

Board Sponsor:	Richard Harling, Director for Health and Care
Report Author:	Jan Cartman-Frost, Senior Commissioning Manager, Care Commissioning Chris Stanley, Commissioning Manager, Public Health and Prevention
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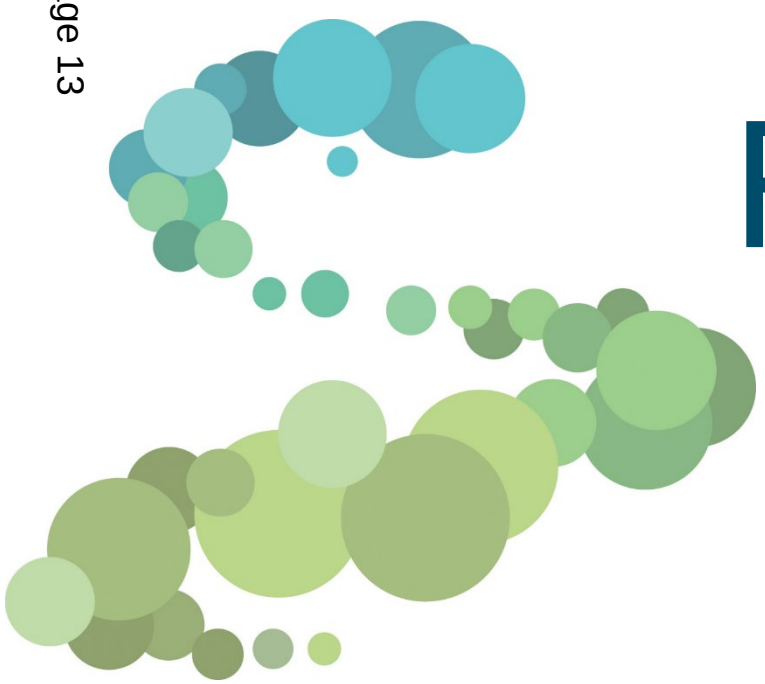
STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

healthwatch
Staffordshire



Healthwatch Staffordshire

Returning to Normal

STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

Returning to Normal

Over the last 18 months we have experienced anxiety, suffering, tragedy, restrictions on our activities and employment not to mention the challenges to our health and social care systems that no one could have foreseen in our lifetimes.

We have also seen great community spirit, marveled at the ingenuity and resilience of front-line health and social care workers, and those that support the delivery behind the scenes not to mention the Public Health, Local Government and army of volunteers that have stepped up to the plate.

healthwatch
Staffordshire

Our role

- During the 3 lockdowns and intervening periods Healthwatch Staffordshire remained operational throughout.
- We ensured our website was up to date at all times with the latest official advice and guidance on the riles at the time.
- We have supported the public with their enquires, signposting, intervening and continuing to challenge issues as well as carrying on with our focused pieces of work.
- Plus continuing to offer collaborative working/constructive critique with our strategic partners throughout Staffordshire.

STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

Something different…

We were asked to come and provide an update to this meeting. I could come and tell you about what our forthcoming work programme priorities are for this year, based on the results of what the public have told us they are most concerned about.

I imagine most of you could well have some very good ideas as to what they are. It wouldn't be new news, though we are still going to look into what the public are concerned about over the next several months.

healthwatch
Staffordshire

STAFFORDSHIRE HEALTH AND WELLBEING BOARD

How do people feel about returning to normal?

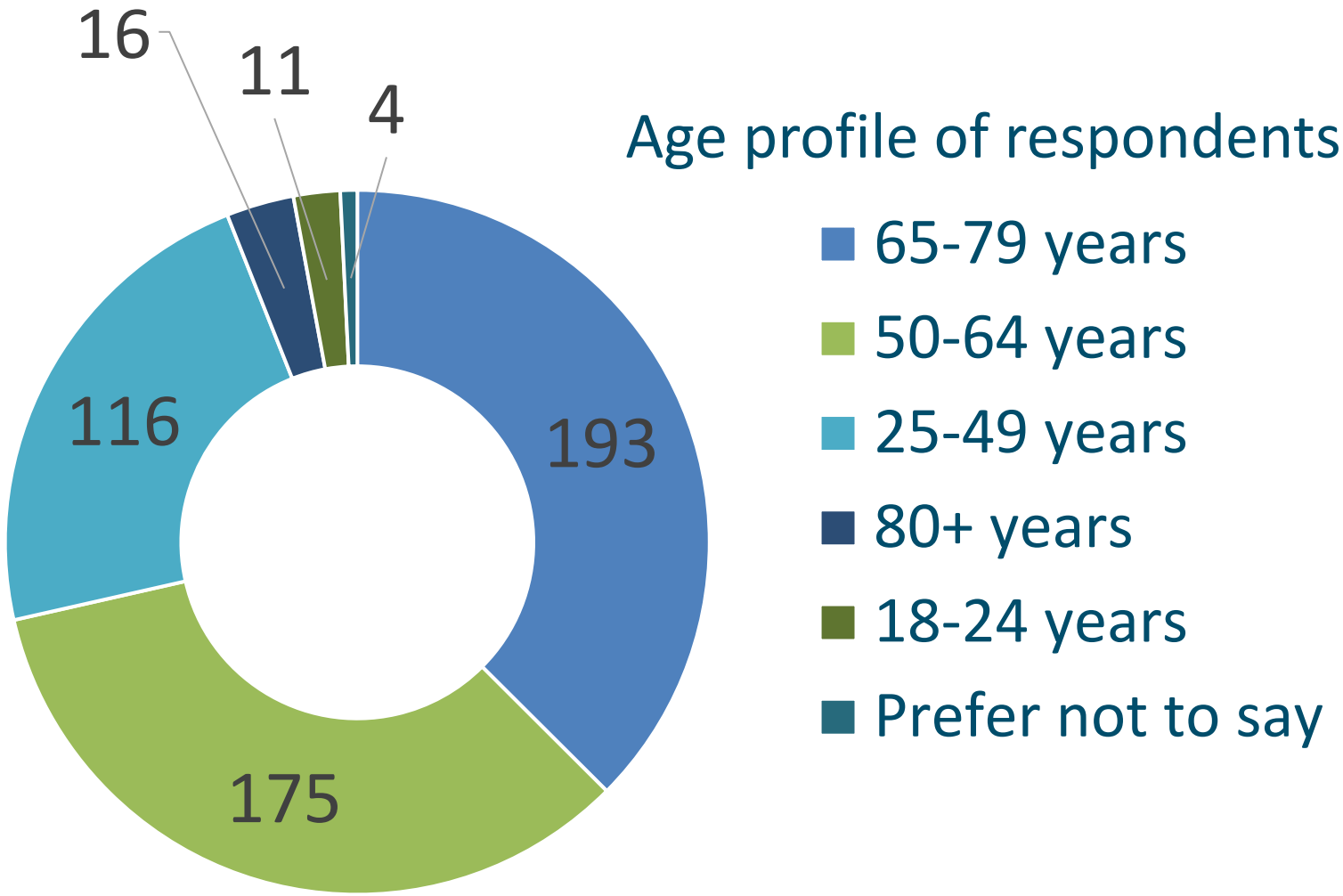
We thought it would be good to ask our own residents this very question across a small number of focused questions to find out how they feel about returning to normal.

We designed a quick survey consisting of 10 main questions plus several demographic questions. We ran it over a two-week period and promoted it extensively over social media, email, we sent out paper copies, held two virtual focus groups, and advertised it through our partners who included it in their mailings and staff bulletins.

healthwatch Staffordshire

Response rate

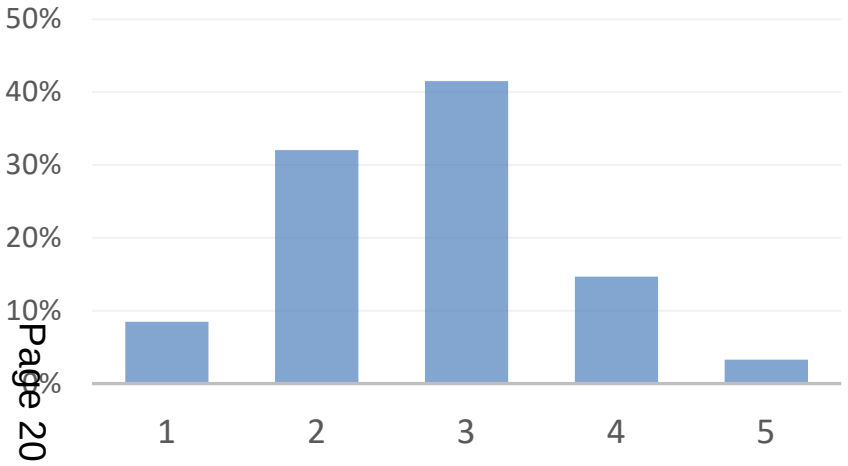
We received **523** completed responses in total.



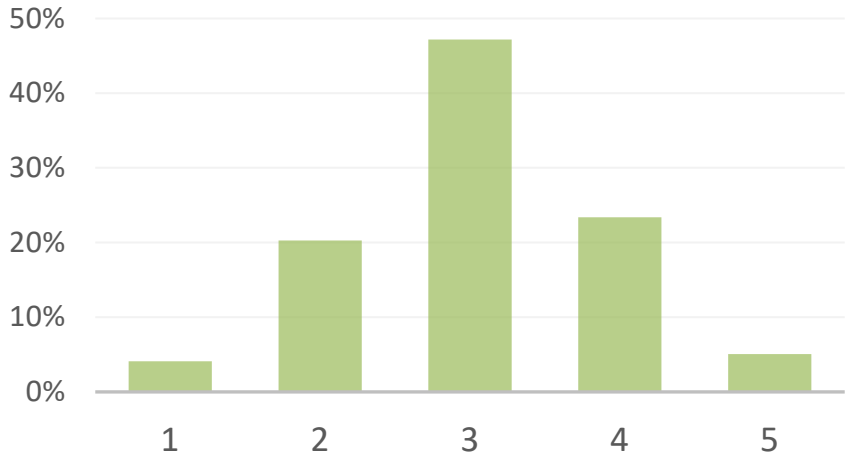
Mapping of the first part of respondent's postcodes showed that we had effectively collected data from all parts of the county.

STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

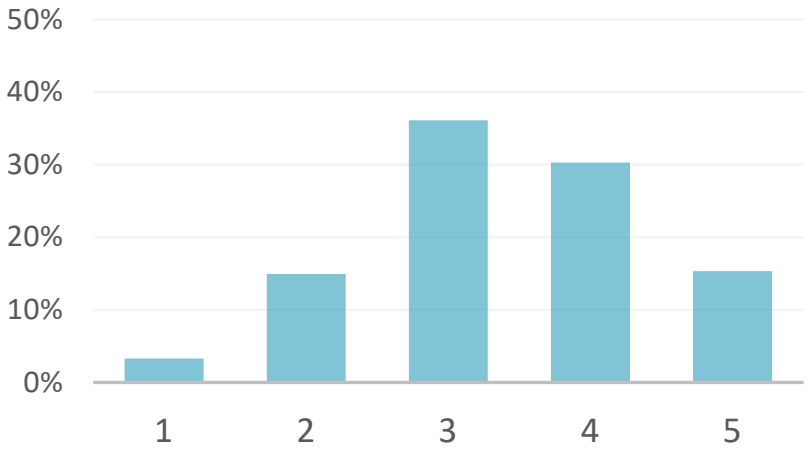
On a scale of 1-5, 1 being no threat and 5 being a high level of threat, what level of threat do you think the coronavirus poses to…



Your Area

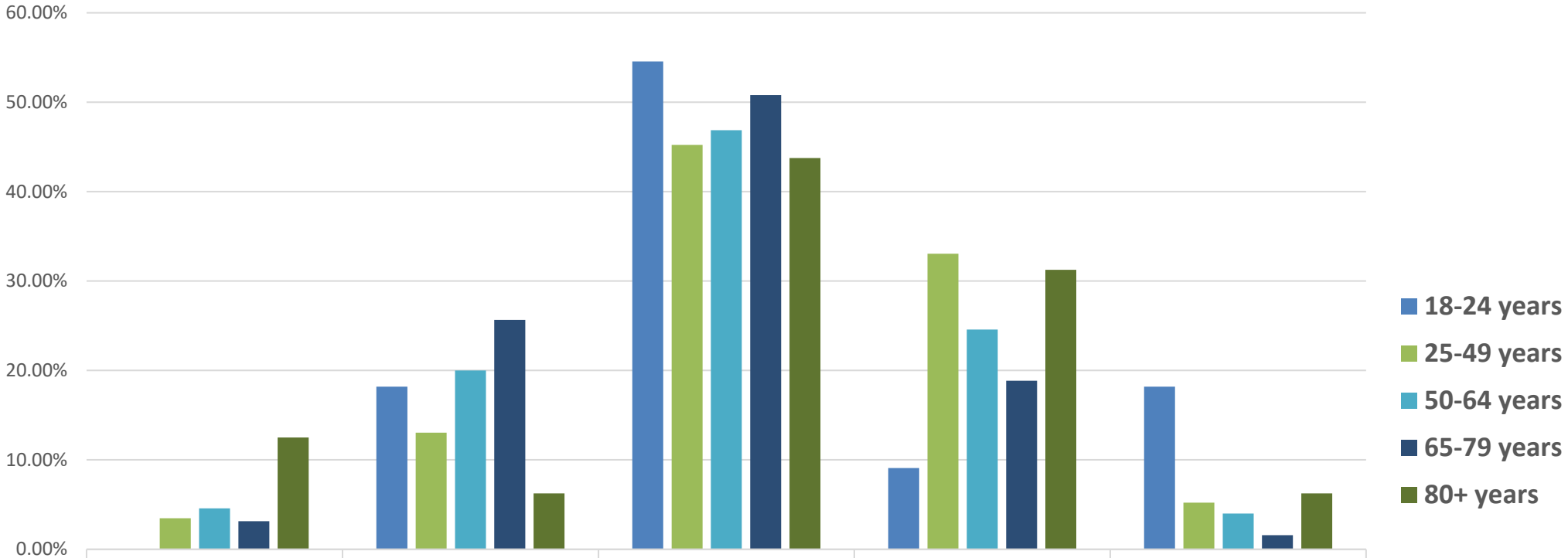


Staffordshire County



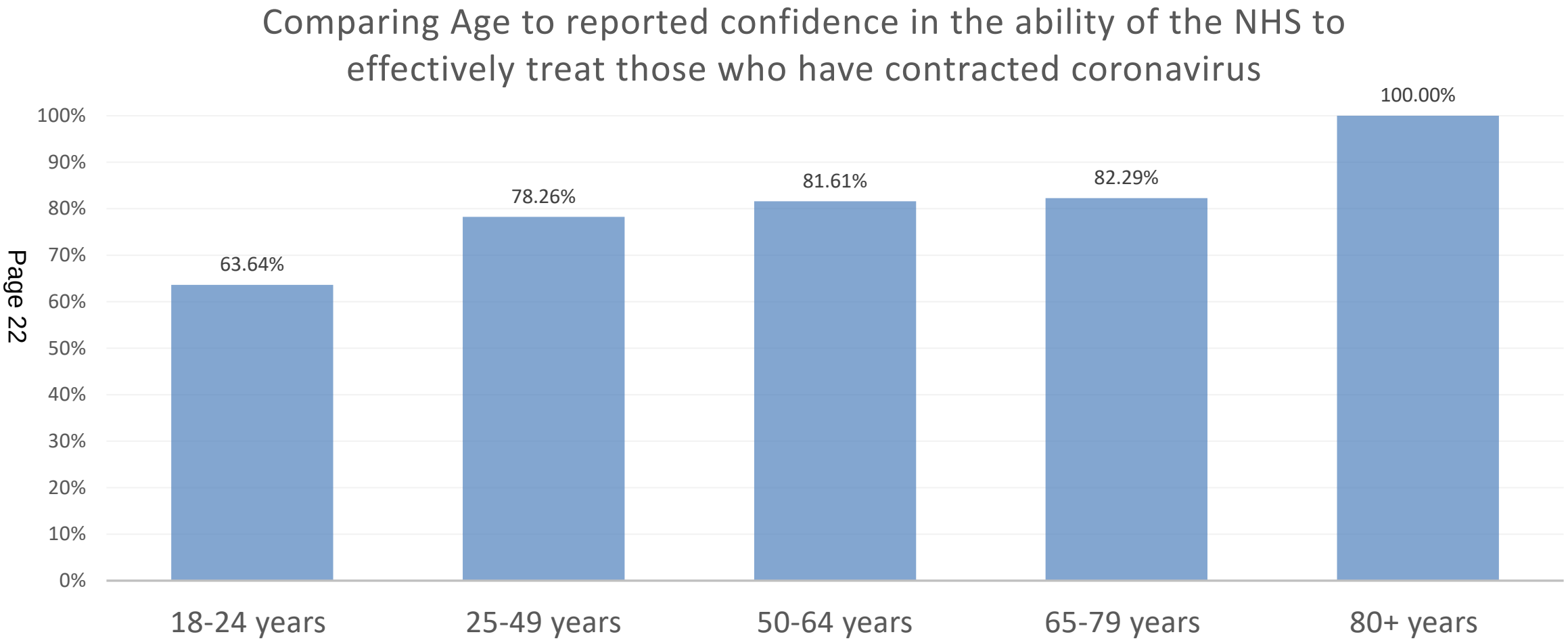
The United Kingdom

Comparing average perceived threat by age group

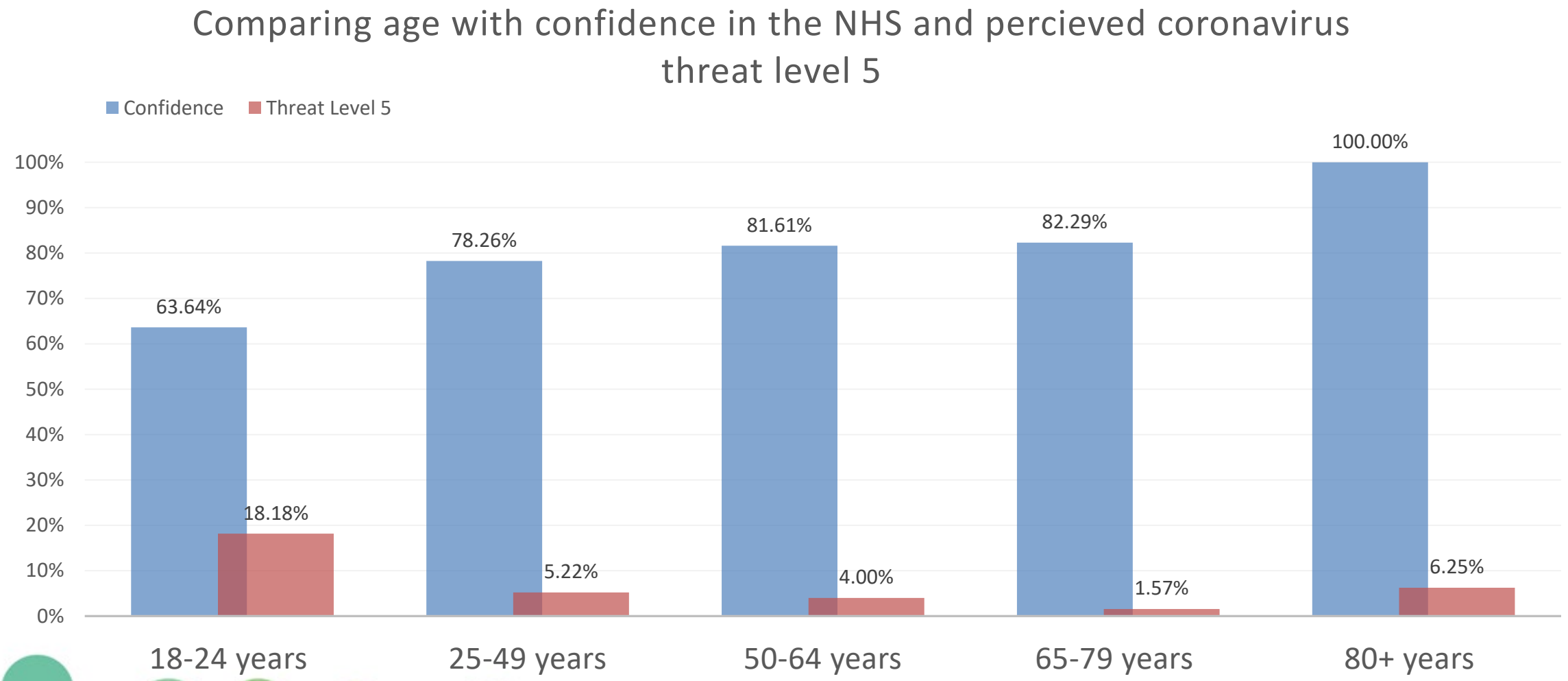


	1	2	3	4	5
18-24 years	0.00%	18.18%	54.55%	9.09%	18.18%
25-49 years	3.48%	13.04%	45.22%	33.04%	5.22%
50-64 years	4.57%	20.00%	46.86%	24.57%	4.00%
65-79 years	3.14%	25.65%	50.79%	18.85%	1.57%
80+ years	12.50%	6.25%	43.75%	31.25%	6.25%

How confident are you that the NHS will be able to effectively treat those who have contracted coronavirus?



How confident are you that the NHS will be able to effectively treat those who have contracted coronavirus?



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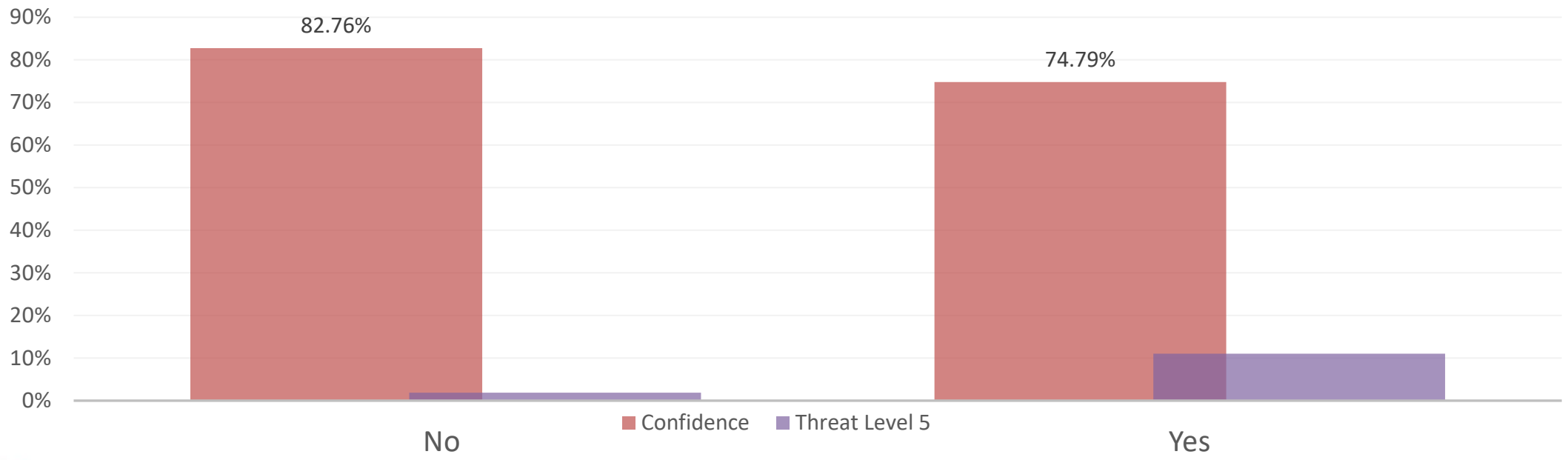
How confident are you that the NHS will be able to effectively treat those who have contracted coronavirus?

Comparing disability with confidence in the NHS and perceived coronavirus threat level 5



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Home testing

We asked people if they were taking part in the home testing initiative?

- **Yes, I am currently doing it.** 40.16%
- **Not yet, but I intend to take part.** 23.78%
- **No, and I do not intend to.** 17.93%
- **I'm unsure what the home testing initiative is** 12.28%
- **I need more information in order to decide.** 05.85%

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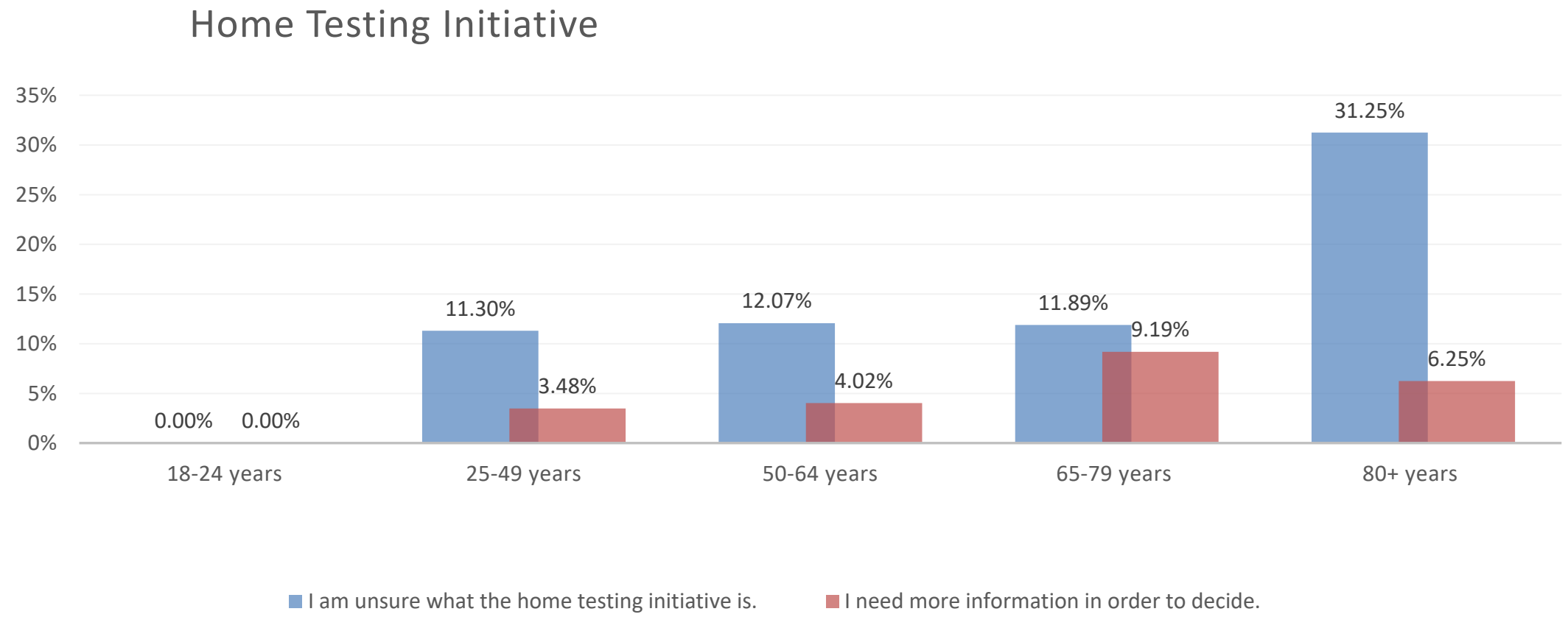
Home testing



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Home testing – qualitative information

Lack of information

"I have not had any information about this system and am completely at a loss over it".

People think there is no need to take part if they have been vaccinated or do not have symptoms…

"My wife and I have received the two vaccinations".

"Double vaccinated and still following guidelines".

"This is the first I have heard of it".

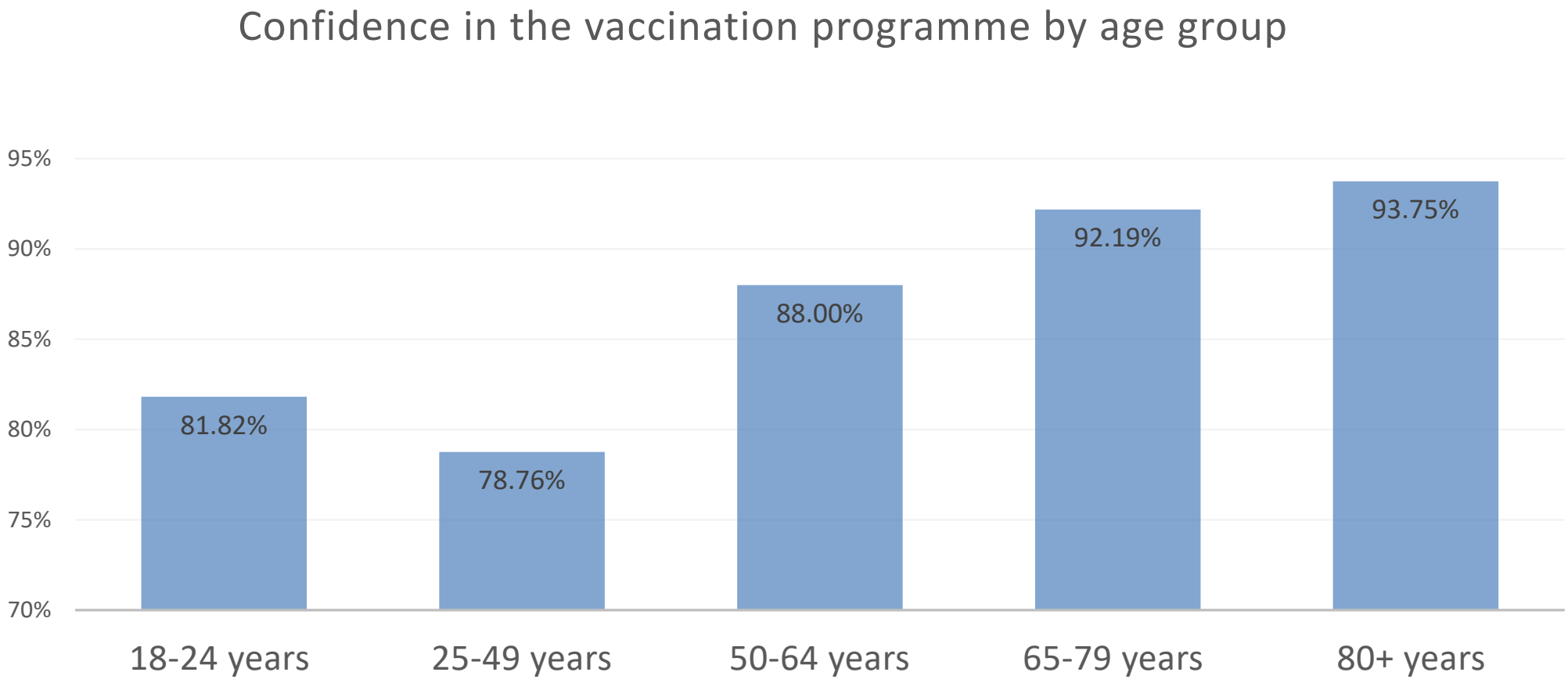
"I don't feel it's necessary as I am still being very careful where I go and with whom I mix".

"I don't feel the need to as wearing a mask and social distancing should be enough".

"Not being informed about it".

"My household has already been fully vaccinated, and my son goes to a small village school".

How confident are you in the ability of the Covid vaccination programme in Staffordshire to reduce transmission and number of new coronavirus cases?



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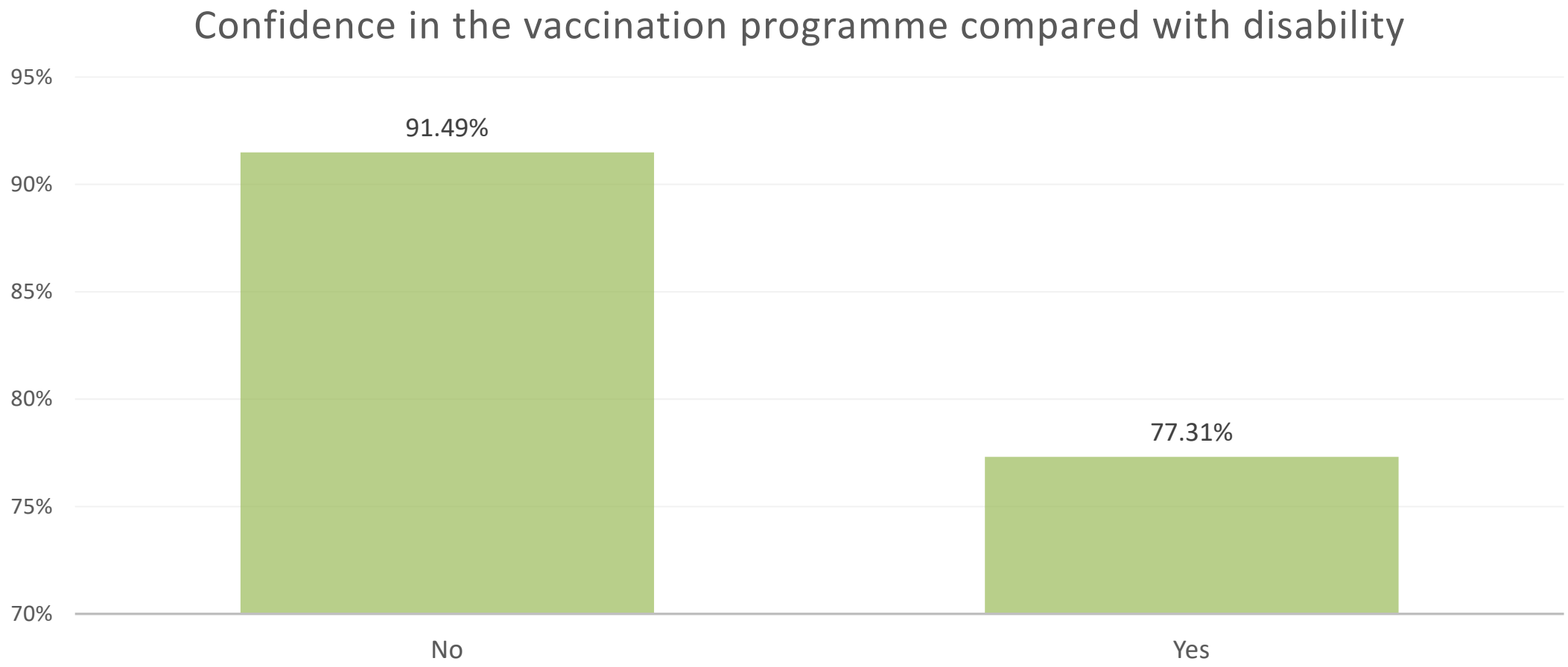
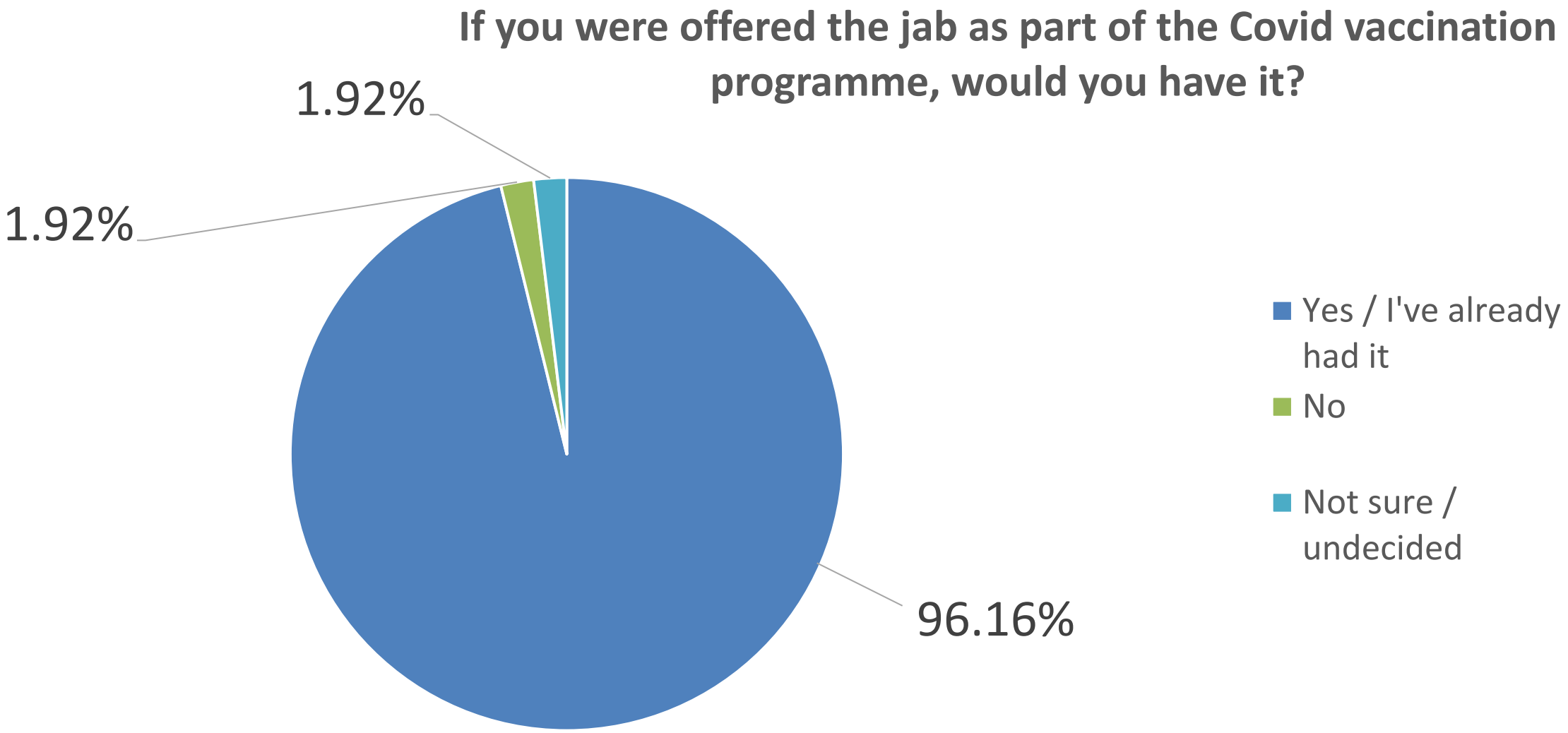


Vaccination uptake



Vaccination uptake – qualitative information

Concerns for side effects and safety

"The risk of blood clots - means they didn't test them enough - what else is going to come out".

"It was issued under emergency measures so HAS NOT undergone the same rigours as a normal virus regardless of what we were being told".

"Fears regards its safety".

"It isn't possible to know the long-term effects of these vaccines in the short-term".

"The jab has been issued under emergency licence and is currently undergoing clinical trials until 2023. I will consider having the jab when there is more information about the long-term efficacy of it".

"You don't know what the jab will do to you".

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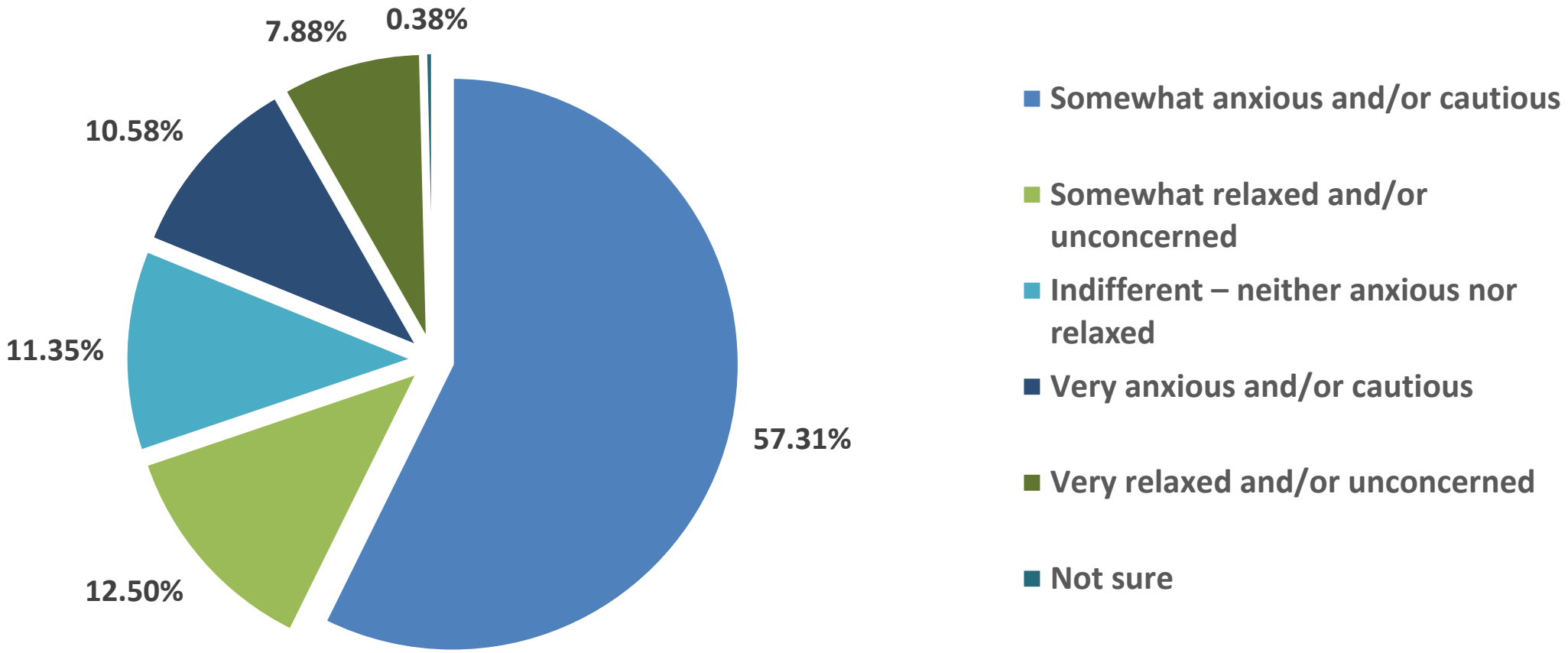
How do you feel about restrictions being lifted?



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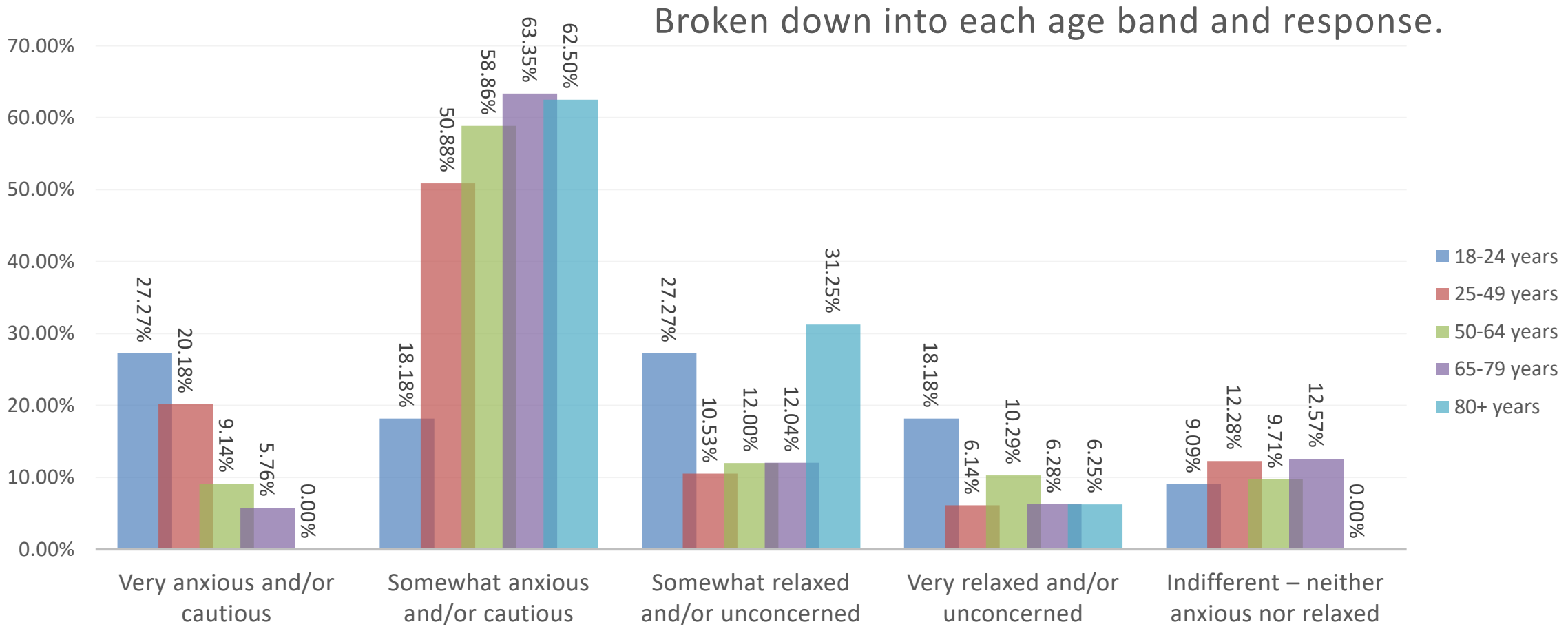
How do you feel about restrictions being lifted?



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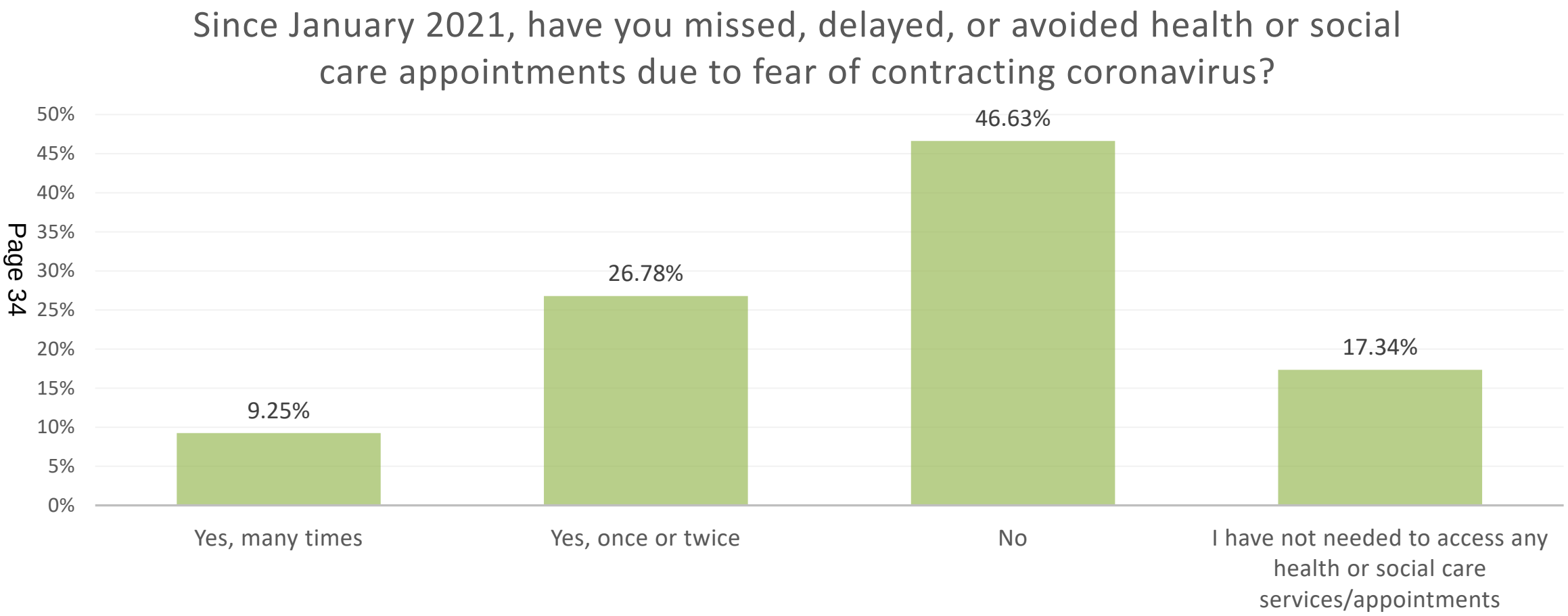
Missed appointments



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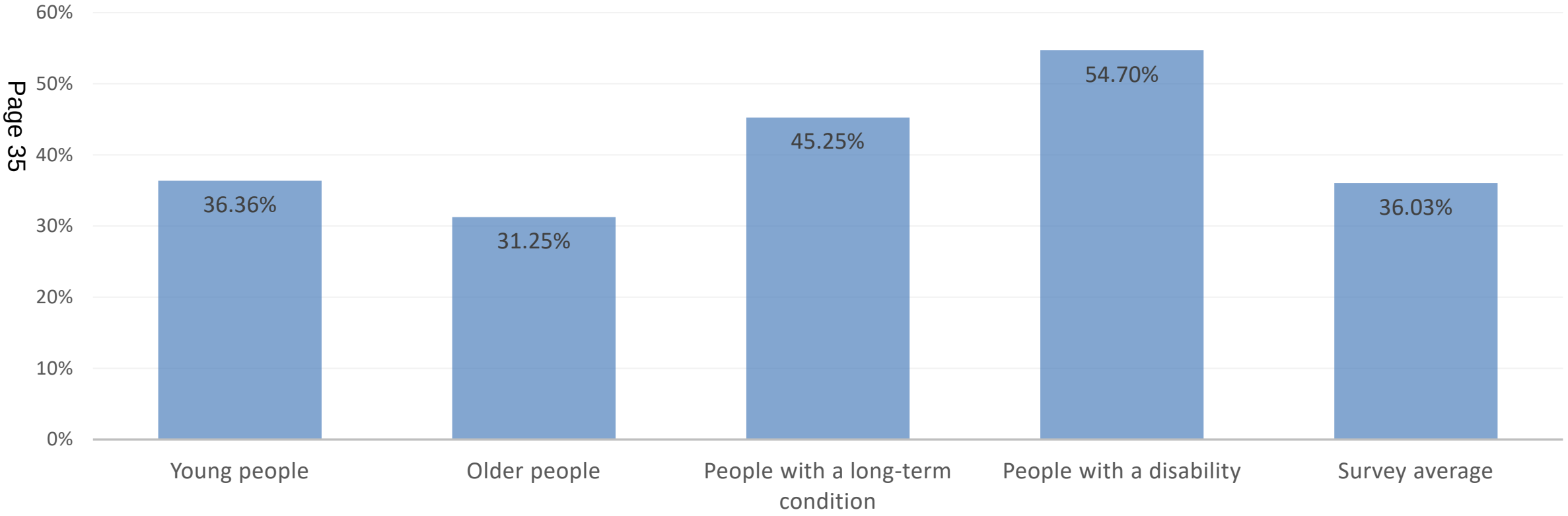
HEALTH AND WELLBEING BOARD

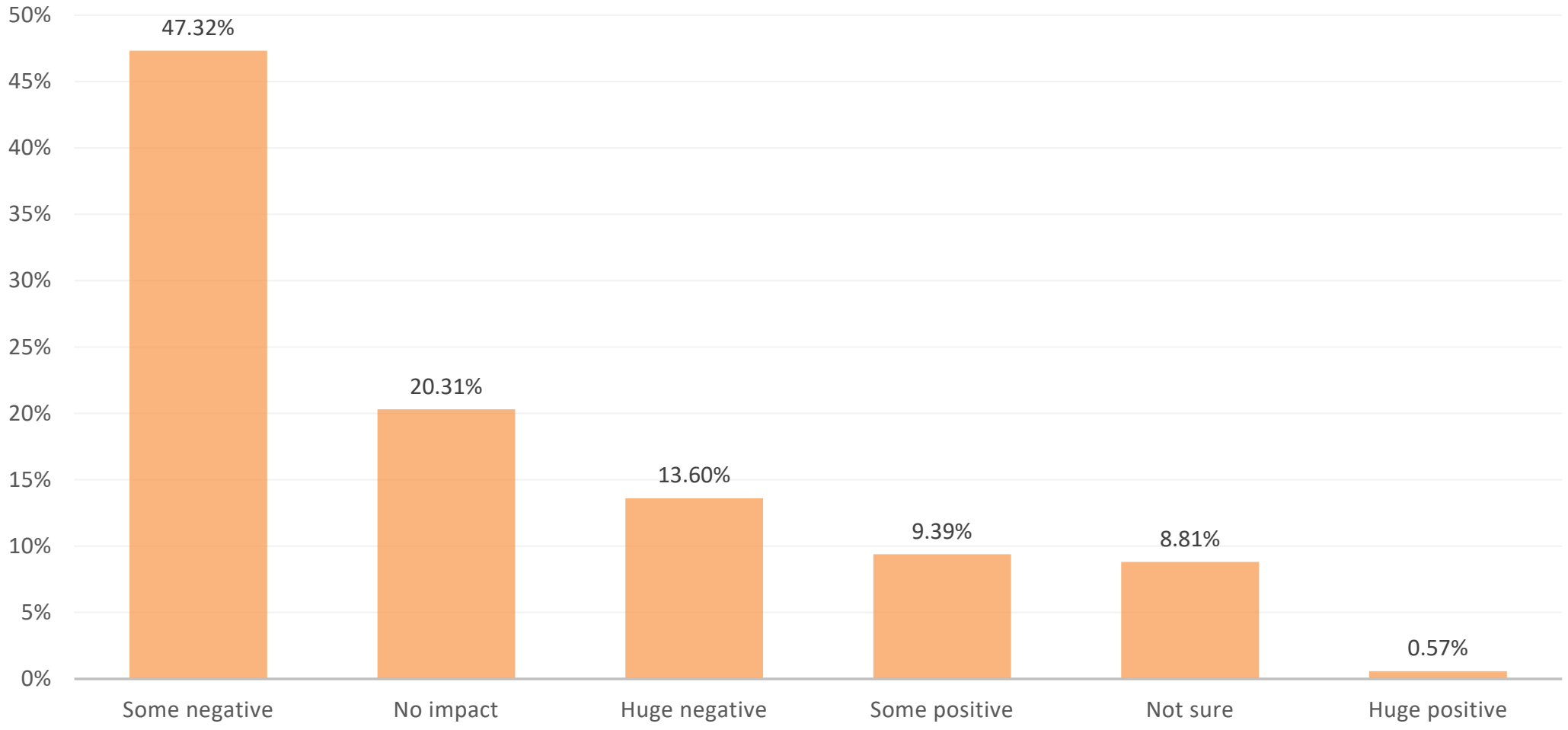
Missed appointments

Groups reporting missing, delaying, or avoiding at least one health or social care appointment due to fear of catching coronavirus since January 2021.

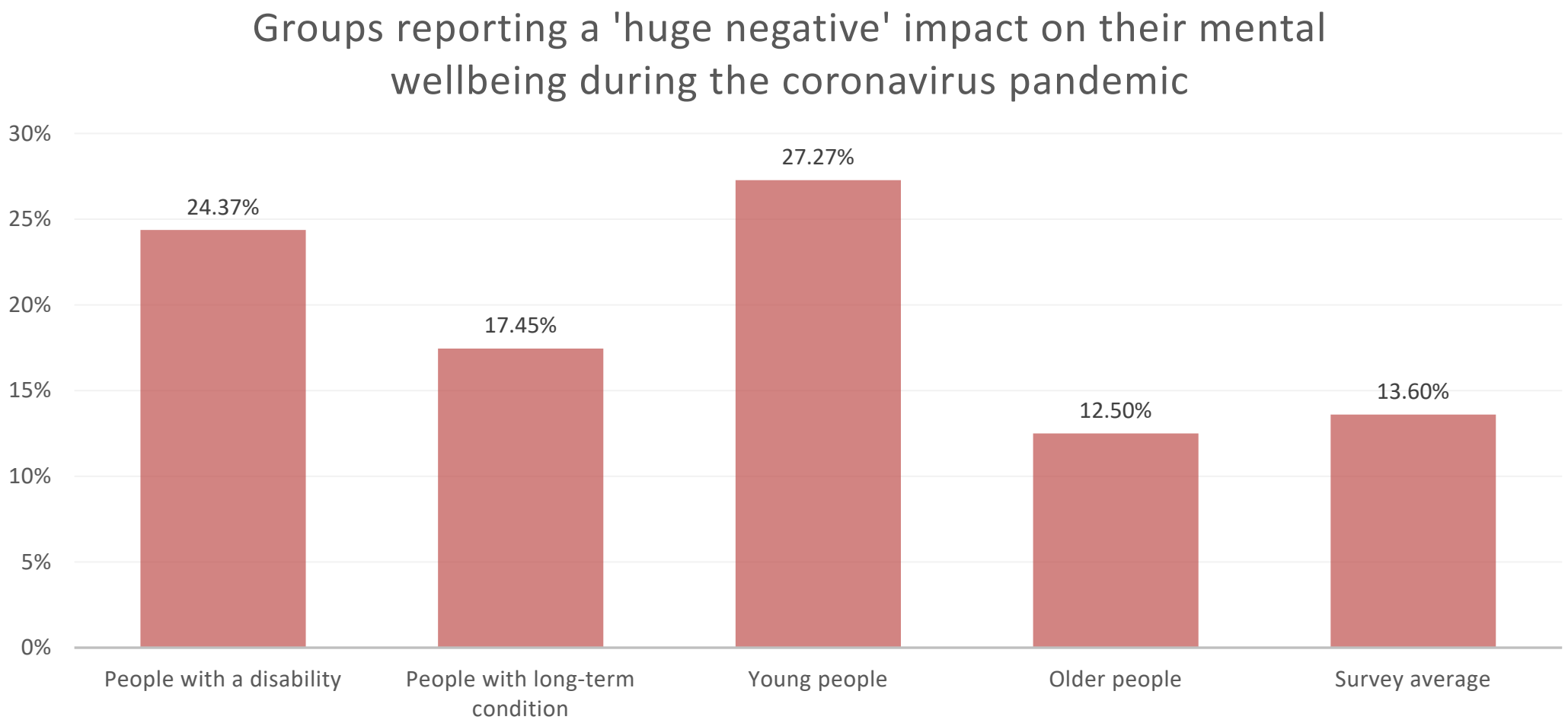


STAFFORDSHIRE HEALTH AND WELLBEING BOARD

Impact of the pandemic on mental health



Impact of the pandemic on mental health



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HEALTH AND WELLBEING BOARD

Thank you for listening.

Any questions?

Contact:

enquiries@healthwatchstaffordshire.co.uk

simon.fogell@weareecs.co.uk

Staffordshire Health and Wellbeing Board – 03 June 2021

Staffordshire Better Care Fund (BCF)

Recommendations

The Board is asked to:

a. Note that a 2020/21 BCF Section 75 Agreement has been approved and signed by the Council and Staffordshire CCGs.

b. Note that the 2021/22 national BCF Policy Framework has not yet been published, however the Council and the CCGs will commence planning through the BCF Steering Group

c. Note that the expectation is that the 2021/22 BCF Plan extends existing schemes with appropriate adjustments for inflation

d. Delegate approval of 2021/22 BCF Plan to the Health and Wellbeing Board Chairs.

e. Note that the Disabled Facilities Grant for 2021/22 will be passported to the District and Borough Councils as required by the Ministry of Housing, Communities and Local Government.

Background

1. In August 2020, the Board noted that due to ongoing requirements to prioritise management of the Covid-19 pandemic, NHSE were not yet asking for BCF plans, and advised systems to assume BCF expenditure should continue on existing services as in 2019/20 in order to maintain capacity in community health and social care.

2. In October 2020, the Board noted that the 2020/21 BCF Policy Framework had still not yet been published, and the extension of existing schemes for 2020/21 was agreed. Approval of the 2020/21 BCF Plan was delegated to the Health and Well-being Board Chairs.

BCF 2020/21

3. In December 2020, NHSE confirmed that BCF Plans for 2020/21 were not required although systems were still required to meet the following national conditions:

    a. Plans covering all mandatory funding contributions to be agreed by Health and Well-being Boards with minimum funding contributions included in a Section 75 agreement.
    b. Contributions to social care from CCGs are agreed and meet or exceed the minimum expectation.
    c. Expenditure on CCG commissioned out of hospital services meets or exceeds the minimum expectation.

d. Local authorities and CCGs confirm compliance with the above conditions to their Health and Well-being Boards.

4. These national conditions have been met by the Council and the CCGs, and a 2020/21 Section 75 Agreement has been approved and signed by the Council and Staffordshire CCGs.

5. NHSE require an end of year report to be submitted, with information and data on scheme level expenditure that would normally be collected in BCF Plans. This is currently being completed.

BCF Funding 2020/21 and 2021/22

6. The 2020/21 BCF funding, and 2021/22 funding is shown in the table below. *To note, with the exception of the iBCF and DFG figures which has been confirmed, all other figures for 2021/22 are indicative currently.

FUNDING	**2020/21 (£000's)**	**2021/22 (£000's)***
CCG cash transfers to SCC for social care services in support of the NHS - includes RNF transfers, carers and Care Act	**21,743,309**	**22,967,361**
CCG directly commissioned social care services in support of the NHS	130,310	136,886
iBCF (including winter pressures)	31,747,360	31,747,360
Social Care Total	**53,620,979**	**54,714,721**
Disabled Facilities Grant	10,005,367	10,005,367
CCG Aligned Funding (recurrent)	52,812,191	55,452,801
CCG Aligned Funding – New Schemes (non-recurrent)	3,204,000	n/a
Total BCF	**119,642,538**	**120,172,889**

BCF Planning for 2021/22

7. The Council and the CCGs will commence planning for the 2021/22 BCF through the Staffordshire BCF Steering Group, whilst we await the national Policy Framework and associated Planning Requirements to be published.

8. Given that we are already well into the first quarter of the year it is difficult to envisage material changes: the expectation therefore is that the 2021/22 BCF Plan extends existing schemes with appropriate adjustments for inflation

9. The Board is recommended to delegate approval of 2021/22 BCF Plan to the Health and Well-being Board Chairs. This will then inform a 2021/22 BCF Section 75 Agreement which will be approved and signed by the Council and Staffordshire CCGs.

10. The table below details Staffordshire's Disabled Facilities Grant funding for 2021/22 by district and borough. These will be passported to the relevant District and

Borough Councils as required by the Ministry of Housing, Communities and Local Government.

District	DFG Funding
Staffordshire Moorlands	£1,773,856
Newcastle under Lyme	£1,715,114
Stafford	£1,522,033
East Staffs	£1,160,392
South Staffs	£1,126,662
Lichfield	£1,109,194
Cannock Chase	£1,051,224
Tamworth	£546,890
Total	£10,005,367

Contact Details

Board Sponsor: Dr Richard Harling MBE, Director for Health and Care

Report Author: Rosanne Cororan, Senior Commissioning Manager
Telephone No: 07817244653
Email Address: Rosanne.cororan@staffordshire.gov.uk

Staffordshire Health and Wellbeing Board – 03 June 2021

Integrated Care System Update

Recommendations

The Board is asked to:

a. Note the contents of the report in developing the Staffordshire and Stoke-on-Trent ICS.

Background

1. The Staffordshire and Stoke-on-Trent Integrated Care System (ICS) has made real progress over recent months and formal designation was confirmed in March 2021. The ICS development plan submitted in December 2020 detailed our strengths and demonstrated progress against the consistent operating requirements as well as detailing the areas where further development required.

2. An interim governance structure based on 'function' has been established. The sub committees that have been formed enable the dual role of an ICS to be fulfilled and ensure that there is full partner engagement in all of this work. We have shown an immediate demonstration of openness and transparency by holding board meetings in public (alternate months from February 2021) with papers published and in the public domain.

3. The ICS Delivery Plan actions have been reviewed to determine progress made since the ICS application submission in December 2020. Outstanding actions have been identified with next steps and timelines. The full review is available on request and will be used by the Executive Forum to ensure there is capacity and capability aligned to deliver this agenda at pace.

4. The following areas are suggested to frame the thinking around how the ICS responds effectively to the requirements of the NHS White Paper/Legislation and National NHS Planning guidance:

    a. A timeline reflecting the national and regional route map for progressing the work outlined in the National Planning guidance and regional work streams overlaid with the timelines outlined in the ICS development plan submission. This is will need to be in place to demonstrate the work the system will undertake to deliver the requirements outlined in the White Paper and planning guidance.

    b. An initial focus on governance arrangements at Place and sub Place level will help to inform both system reporting and clinical leadership requirements.

    c. Partnership agreement on Terms of Reference and Memorandum of Understandings will assist in ensuring appropriate representation. This will directly support the ICS requirements in relation to 21/22 Planning Guidance.

5. The following sets out a potential route-map/timeline for progressing this work

Activity	**Timeline**
National NHS guidance expected (likely to be released over several months)	April 2021
System Leaders exploratory discussion	April 2021
Implications of National Guidance (informal Board)	May 2021
Staffordshire and Stoke-on-Trent ICS Formal Board: Progress review of principles, functions and structure	June 2021
Purpose and principles of Partnership Board	June 2021
Update ICS Development Plan to align with national guidance	June 2021
Confirm and establish place-based (Integrated Care Partnerships, ICP) arrangements to enable places to receive any agreed CCG functions and resource to be aligned	June 2021
Proposals on Strategic Intent and Commissioning	June 2021
Review current governance arrangements and recommendations to modify	July 2021
Establishment of ICS system and Partnership Board Project Plan	July 2021
Confirm proposed governance arrangements for health and care partnership and NHS ICS body	September 2021
Confirm designate appointments to ICS Chair, Chief Executive and Director of Finance positions (following the second reading of the Bill and in line with senior appointments guidance to be issued by NHSEI).	September 2021
Confirm designate appointments to other ICS NHS body executive leadership roles, including place-level leaders, and non-executive roles	December 2021
Shadow ICS NHS Board and shadow ICS Health and Care Partnership Board commence	September /October 2021
Peer review of shadow working (likely regionally co-ordinated)	January 2022
Complete due diligence and preparations for staff and property (assets and liabilities) transfers from CCGs to new ICS bodies	March 2022
Submit ICS NHS Body Constitution for approval and agree MOU with NHS England and NHS Improvement	March 2022
Confirm designate appointments to any remaining senior ICS roles	March 2022
Establish new ICS NHS body with staff and property (assets and liabilities) transferred and boards in place	April 1st 2022
Statutory Board and Partnership Board formal commencement	April 2022

List of Background Documents/Appendices:

None.

STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

Contact Details

Board Sponsor:	Simon Whitehouse, ICS Director
Report Author:	Tracey Shewan, Director of Communications and Corporate Services
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Email Address:	tracey.shewan@staffsstokeccgs.nhs.uk

Staffordshire Health and Wellbeing Board – 03 June 2021

Integrated Care Partnership (ICP) Visioning Document

Recommendations

The Board is asked to:

a. Note the general update on the continued development of the Integrated Care Partnerships; and

b. Endorse the ICP Visioning Document.

Background

1. Together We're Better is the partnership working together to transform health and care for the people of Staffordshire and Stoke-on-Trent. It is one of 44 Sustainability and Transformation Partnerships (STPs) in England, which brings together local NHS organisations, the local authorities of Stoke-on-Trent City Council and Staffordshire County Council as well as voluntary and HealthWatch organisations.

2. Following the publication of the NHS Long Term Plan in January 2019, the system partners set out their response in a system-wide Five Year Plan which set out a strategic framework to articulate our collective vision, aims, objectives and delivery priorities.

3. Subsequently, in September 2020, the partners published the Integrated Care System (ICS) Development Plan. This confirms system partners intention to be part of the February 2021 ICS designation cohort and the delivery of this ambition will be overseen by the shadow ICS Partnership Board led by an independent chair, Prem Singh

4. The purpose of this document is to set a broad framework in which the development of the Integrated Care Partnerships across Staffordshire and Stoke-on-Trent can be progressed in a cohesive and coordinated manner.

5. This includes reference to a strong commitment to work with Health and Wellbeing Boards as well as Local Authorities.

6. The report is supplemented by an overview of the functions, currently delivered through local Clinical Commissioning Groups, which may become coordinated via the ICPs from April 2022 together with a 'Plan on a Page' which sets out the aims of the ICP Development programme and the interdependencies with other ICS workstreams.

List of Background Documents/Appendices:

Appendix 1 – ICP Functions
Annex – ICP Plan on a Page

STAFFORDSHIRE
HEALTH AND WELLBEING BOARD

Contact Details

Board Sponsor:	Alison Bradley, GP Chair, North Staffordshire Clinical Commissioning Group
Report Author:	Peter Axon, Chief Executive, North Staffordshire Combined Healthcare NHS Trust / Chief Executive Lead - ICP Development
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Integrated Care Partnerships – A visioning document

Introduction

The purpose of this document is to set a broad framework in which the development of the Integrated Care Partnerships across Staffordshire and Stoke-on-Trent can be progressed in a cohesive and coordinated manner.

It is recognised that this framework is being established as national policy on the arrangements for integrating care across England is continuing to emerge and is likely to develop significantly over the next twelve months. It is natural therefore to assume and expect local arrangements will also evolve and will change over time. Where possible, the framework seeks to harmonise the approach where it makes sense to do so whilst allowing space for individual ICPs to tailor their own arrangements to factors in their individual geographies.

This framework also seeks to find the right balance between establishing the conditions for ICPs to develop, acknowledging further work will be needed to better articulate future arrangements in some areas, the presence and impact of contingent interdependencies from other workstreams and maintaining flexibility for evolution to take place.

In summary, this framework sets out a three dimensional approach; a single ICP Visioning Document to apply across the Staffordshire & Stoke-on-Trent geography, a ICP level Partnership Agreement and a ICP level Delivery Plan. The framework does not, and cannot, describe an end-state, instead it acts to guide ICP development over the coming months to support a collective endeavour across system partners to establish ourselves as an Integrated Care System by April 2021.

Background

Together We're Better is the partnership working together to transform health and care for the people of Staffordshire and Stoke-on-Trent. It is one of 44 Sustainability and Transformation Partnerships (STPs) in England, which brings together local NHS organisations, the local authorities of Stoke-on-Trent City Council and Staffordshire County Council as well as voluntary and HealthWatch organisations.

Our partners are committed to changing the way we provide health and care across the county so that it better meets the needs of the c1.1 million people who live in Staffordshire and Stoke-on-Trent.

Following the publication of the NHS Long Term Plan in January 2019, the system partners set out their response in a system-wide Five Year Plan which set out a strategic framework to articulate our collective vision, aims, objectives and delivery priorities.

Subsequently, in September 2020, the partners published the Integrated Care System (ICS) Development Plan. This confirms system partners intention to be part of the February 2021 ICS designation cohort and the delivery of this ambition will be overseen by the shadow ICS Partnership Board led by an independent chair, Prem Singh.

The shadow ICS Partnership Board has agreed five areas that will form the basis of the development plan towards ICS designation. These are:

- ICP Development and establishment – led by Peter Axon, CEO North Staffordshire Combined Healthcare NHS Trust
- Strategic Commissioner Development – led by Marcus Warnes, Accountable Officer, Staffordshire & Stoke-on-Trent CCGs
- Governance & system architecture – led by Simon Whitehouse, STP Programme Director'
- Quality, Finance and Performance - led by Neil Carr, Chief Executive, Midlands Partnership FT NHS Trust
- Clinical & Professional Leadership – led by Dr John Oxtoby, Medical Director, University Hospitals North Midlands NHS Trust and Dr Rachel Gallyot, Clinical Chair, East Staffordshire CCG

Within the ICP work stream, there are a further six areas of focus:

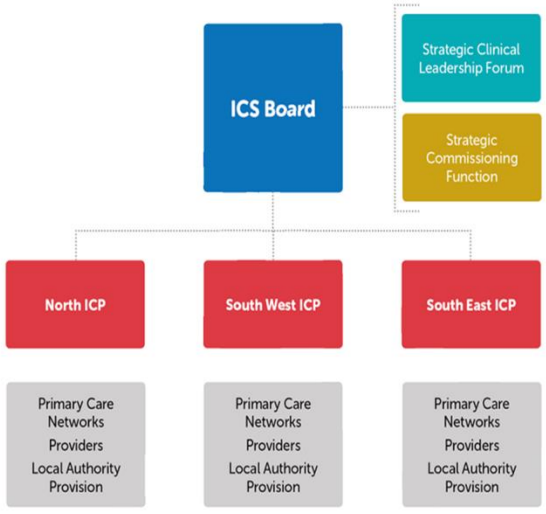
- Formal establishment of the ICPs with supporting infrastructure
- Finance (including development of the Intelligent Fixed Payment model at the ICP level and shadow arrangements for the 20021/22 financial year)
- People Plan
- Provider collaborations
- Place Leadership
- OD support

An ICP Programme Board has been established, chaired by Peter Axon as the SRO for the ICP Development workstream and will include representatives from each of the ICP areas, as well as ensuring a balance of representation from clinical and professional, strategic and operational areas.

The role of the ICP Programme Board is time-limited and exists solely to provide strategic direction to the programme and coordinate ICP development activity. It has no enduring role once the ICS and ICPs are fully established and will continue to provide space for locally tailored responses to local issues during its period of operation.

Integrated Care Partnerships

Across Staffordshire and Stoke-on-Trent there has been considerable progress in recent years towards working in a more integrated way. There is a collective ambition to build on this progress and expand the scale and nature of the opportunities for integration. The system-wide Five Year Plan set out a new system architecture to be achieved by April 2021. The schematic below shows the ambition the system has to move to a fully functioning ICS supported by an ICP based model of care.



The ICPs will inherit a challenging legacy centred on three main issues:

- A need to reduce health and wellbeing inequality
- A system-wide financial deficit
- A forecast for demand to continue to outpace capacity

By working together, NHS bodies and Local Authorities, together with other provider organisations and public bodies, will develop a 'place-based' focus to enable a whole population perspective with a common purpose of harnessing provider expertise to integrate health and care services.
At ICP level, the focus is likely to be centred around three key elements:

- Operational liaison and local coordination
- Delivery of transformation aligned to STP/ICS priorities
- A clear focus on tackling health inequalities through Population Health Management (PHM)

The three ICPs across the Staffordshire and Stoke-on-Trent geography have developed organically and at a pace which reflects local factors. System-wide support to ICP development was at an early stage of maturity prior to the COVID-19 pandemic and is now re-emerging to support a cohesive and coordinated approach linked to the wider ICS Development Plan.

Earlier in 2020, each ICP was invited to share their six areas of priority with the Shadow ICS Partnership Board. The ICP Programme Board will not have a role in coordinating the continued delivery of these programmes, this will remain with the individual ICPs, however the ICP Programme Board will have an interest in areas of commonality across the programmes and the inter-connectivity between the programmes at system level.

Governance

ICPs are coalitions of willing partners who have agreed to collaborate to improve delivery of health and care services for a defined population. ICPs are not new legal entities and all decisions on health and care services will be retained by the relevant statutory organisations and remain subject to relevant legislation regarding consultation and public engagement.

For ICPs to be successful it is important that governance arrangements are agile and empowering with a focus on seeking collective collaboration aligned to a shared purpose and objectives. As a sign of their commitment, each partner shall enable the commitment of senior decision-makers from each organisation to be their representative at the ICPs to ensure that proposals developed within the ICP arena can be connected back to individual organisations own corporate governance arrangements.

In committing to this vision, all partners acknowledge that:

- ICPs are not a new legal entity and each partner retains their organisational sovereignty
- Decisions cannot be taken separately from partners own organisation
- Actions cannot be taken in the ICPs that breach individual organisations legal &/or regulatory obligations
- This ICP Vision is not a contract and is not intended to give rise to any legally binding commitments between partners

The ICP Partnership Agreement

The ICPs have been operating for several months and whilst each has governance arrangements in place there is a variation in the nature and scope of these arrangements. This visioning document is designed to act as a common medium through which the ICP partnership arrangements can be re-stated whilst continuing to offer space for locally tailored responses to local issues.

Through supporting this ICP Vision, partners are asked to strengthen their collective commitment and set out the arrangements by which all partners will work together to deliver the integration of health and care services via an ICP Partnership Agreement.

Accordingly, each ICP will develop their own Partnership Agreement (including a terms of reference) in order that such arrangements accurately reflect local provision, membership and factors in those areas.

Each ICP will have a designated chair and vice-chair of their ICP. It is intended that the Chair should be a senior clinician from within the ICP footprint and a common feature of their role will be to:

- Provide ICP leadership
- Promote the integration of health and care services at place-based level
- Ensure that the ICP is cross-sector with opportunities for partners to contribute and feel valued in the partnership
- Act as the lead contact for the ICP and take responsibility for day to day delivery of ICP objectives
- Maintain the governance arrangements and support networks to ensure coordinated delivery of ICP priorities

Each ICP will develop its own vision, aims and objectives and will continue to deliver the priority areas identified over Summer 2020 and which have been shared with the shadow ICS Partnership Board. The ICPs will retain flexibility to establish supporting governance arrangements as required in order to provide the optimal design conditions to support delivery of the agreed priorities. This may take the form of 'Task & Finish' groups for example which will be established through the respective ICP.

The ICP Programme Board will support local ICP governance through a coordinated approach to ICP development activity where appropriate to do so. This may include supporting the design of a common delivery model (tailored to local factors), design of system-wide ICP governance and operational issues (e.g. financial framework development, management of ICS Development Plan interdependencies) and a consistent programme management methodology. Delivery of the ICP related projects and tasks will be retained at a local ICP level.

ICPs, by their nature, should be inclusive and collaborative and this will be reflected in the scope of representation from partners recognising that the range of partners may expand or change over time, the core partners in each ICP area are likely to be:

- NHS Trusts (Acute, Community & Mental Health)
- Clinical Commissioning Groups (through to March 22 subject to primary legislation)
- Primary Care Networks
- Local Authorities

Each ICP will need to make its own arrangements to ensure that the voice of their stakeholder community, including voluntary sector and other public bodies, are actively engaged within the design, development and delivery of ICP transformation programmes.

The ICP Delivery Plan

As individual partner organisations around the ICP, each organisation will have developed its own operating plan to respond to national policy imperatives and continuously develop &/or improve its services.

In order that the ICP partners can better articulate how they will collectively support local populations to improve their health and care outcomes it is proposed that each ICP develops a 'place-based' delivery plan. This plan will be rooted in a Population Health Management approach which will enable a broad understanding of local population need to be developed and established across all partners. In turn, this will be used to set out the ICP priorities for the year ahead including the evidence base supporting the identification of those priorities, the actions that will be taken to deliver improvements, the structure it will adopt to support delivery and how it will have visibility on progress.

In time, it may evolve to include financial, workforce and performance related data but as a first publication should include a place-based emphasis on why the partners have come together in this way, how they will arrange themselves to support delivery (including reference to strategic commissioning based enabling programmes) and the objectives and programmes of work they have chosen as their priority areas of emphasis.

To ensure continuity with current system-wide programmes focussed on service transformation and redesign, the ICPs will continue to engage with, and benefit from, support from the Transformation Delivery Unit. This will enable existing mechanisms of cross-ICP support to remain in place and provide a strong basis from which to evaluate and determine ICP support mechanisms into the future.

ICP Roles and Responsibilities

The ICPs will, as they mature, work with the Strategic Commissioner to determine the range of functions that can be discharged at place-based level and those which should be retained at system level. Analysis carried out by the CCGs working with Deloitte's has identified the following functions which could be delivered at ICP level:

- Integrated Service and pathway design and transformation
- Provider resilience/market development and management
- Locality financial management and planning
- Community asset identification and integration
- Care co-ordination and planning through evidence based pathways
- Continuous quality improvement
- Cost reduction and demand management.
- Locality workforce strategy
- Clinical, political and public engagement

There are a second category of areas where there may be a shared role between ICPs and the strategic commissioner, these include functions centred around:

- Market management
- Financial and contract management
- Quality and performance
- Stakeholder engagement

Alignment with strategic commissioning

It is recognised that a full alignment with the strategic commissioning workstream will be required to harmonise both the shape and scale of the future design arrangements together with the timeline on the incremental steps necessary to achieve the end point.

At a meeting in November 2020, the Governing Body of the Staffordshire & Stoke-on-Trent CCGs approved the alignment of functions and posts to strategic commissioning and Integrated Care Partnerships. More detail on the specific nature of the ICPs functions for each of the areas listed above can be found at Appendix 1

The CCGs are working towards a transition date of the 1st April 2021 as part of the Strategic Commissioning workstream and regular fortnightly touch-point meetings have been established between the two lead Directors to coordinate activities across the two workstreams and these will continue throughout the transition to the new system architecture.

Whilst it is important to have the clarity on which functions align to which category it is also important to note that such distinctions are perhaps not as binary as might first be indicated and there are several areas where a function can sit as part of continuum across both spectrums and more work is required as part of the transitional planning process to work through the detail. Equally, there are functions fully retained within the scope of strategic commissioning which nonetheless have a significant bearing on the ICPs ability to deliver the roles and responsibilities assigned to it, e.g. Population Health Management. Again, more work is required through the transitional planning process to fully define the relationships between the two areas.

Alignment with Health and Wellbeing Boards

Health and Wellbeing Boards are statutory sub-committees of unitary Local Authorities. Each has a statutory duty, together with the Clinical Commissioning Groups, to publish a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWBS).

The Health and Wellbeing Boards are central to the promotion of integrated health and care across all system partners, and both the JSNA and JHWBS will directly inform the priorities of the ICPs. The ICP Delivery Plans will recognise the distinctive contribution of place-based partnerships to addressing health inequalities, this cannot be achieved without full and meaningful engagement with, and the support of, the Health and Wellbeing Boards.

Through the ICP Delivery Plans, system partners will ensure a genuine golden thread that will weave Health and Wellbeing Board strategies through to the ICP transformation programmes and enable full visibility on the progress being made towards achieving strategic outcomes.

ICP operating characteristics

The ICPs will adopt a series of operating characteristics in delivery of the roles outlined above, these are:

- Care will be coordinated around the person and not organisations
- Services will be designed and delivered through a place-based approach
- People will be supported in their own home and community for as long as is appropriate and possible
- There will be a focus on prevention and early intervention to tackle health inequalities supported by Population Health Management
- Our staff and local people will be empowered to actively contribute to identifying solutions and opportunities for service redesign
- We will support the development of a culture with an agreed set of values and behaviours
- A focus on maximising opportunity for digital transformation to enhance health and care quality
- Proposals will be evidence-based and focus on improving quality and outcomes
- Integration should be enabled wherever possible and appropriate reducing duplication and promoting best use of scarce resource
- Systems of governance will continue to recognise organisational sovereignty, regulatory obligations and contractual agreements

The ICPs recognise a need to achieve transformation in health and care services for people, carers and families and will work in collaboration with the strategic commissioner to design a health outcomes framework which will form the basis of a performance reporting model to evidence the progress being made.

Shared Behaviours

In order to promote a culture of collaboration and partnership working, each partner is invited to adopt a set of behaviours which will underpin how they will interact and support each other:

- Citizen/Patient/Service User centred approach focussed on achieving the best outcome for the individual
- Recognising the strengths and values of partners and opportunities to do things differently
- Promote an asset-based approach recognising the power of local community assets
- To work in a spirit of trust, openness and transparency
- Challenge constructively and appropriately
- Accept a level of risk in achieving the agreed outcomes

Clinical and Professional Leadership

The Staffordshire & Stoke-on-Trent Health & Care Senate (the Clinical Senate) was established in 2019 to ensure strong clinical leadership at the ICS decision-making.

As the ICPs have emerged, the approach of the Clinical Senate has also evolved and the vision is for each ICP to develop a Clinical Assembly affiliated to the Clinical Senate. This will ensure the widest representation from all professionals and parts of the health and care sector is available to provide clinical input whilst maintaining a focus on distinct populations at a place-based level.

Connections between the Clinical and Professional Leadership workstream and ICP Development have been established and more work will be undertaken over the coming weeks to further develop the role of the Clinical Assemblies and mutual relationship with the ICPs.

Development of Locality Commissioning Boards

It is acknowledged that changes to primary legislation would be required to formally delegate or transfer existing CCG duties and responsibilities to an ICP. Such a proposal is included within the scope of the consultation work currently being undertaken through NHSEi although any final decisions are not expected to be confirmed until Spring 2021 at the earliest.

In lieu of that timeline and its lack of fit with the ICS application process planned for the first quarter of the 2021 calendar year, the CCGs have established 'Locality Commissioning Boards' (LCBs). The LCB will act as a transitional vehicle to fulfil the CCGs statutory functions aligned to ICP footprints, which will enable greater involvement of ICP partners in the discussion and deliberation on matters that remain the responsibility of the CCG for now, but are expected to move across to ICP responsibilities in due course.

The LCB is a formal sub-committee of the CCGs Governing Body and constituted with delegated authority from the Governing Body for those functions included within scope of the ICP functions as approved by the November 2020 meeting of the CCG Governing Body and as listed in Appendix 1. This provides a synergy of approach and will enable a future transition to ICPs subject to changes in primary legislation.

The LCB will adopt a governance model that will co-opt members from partner, statutory organisations to further support an alignment of approach between the LCB and the ICP whilst retaining sovereignty of decision-making in those individual organisations.

The LCBs will be supported by locality commissioning teams led by the CCG Managing Directors for the three locality areas of Northern Staffordshire, South East Staffordshire and South West Staffordshire. This both provides coterminosity with the ICP footprints but also ensures continuity of resource to pursue the priority areas set out in the ICP Delivery Plans at the place-based level.

Alignment with Local Authorities

The active participation of Local Authorities must be considered as an essential building block if system-working is to drive meaningful improvements in health and care outcomes. This enables both an opportunity to integrate services across health and care as well as improving population health by focussing on local population need and the wider determinants of health through the inclusion of housing, education and other local authority services.

The continued development of ICPs at the level of 'place' may offer a more natural footprint for collaboration as we may be better able to join services up at a localised level. Consequently each of the ICPs ought to consider the link to their local authority partners and if not in place already, build relationships and secure representation as part of their Partnership Arrangements going forward.

Confidentiality and commercial sensitivity

It is recognised and acknowledged that partners in the ICP may, as a result of working together, disclose information which could be regarded as confidential or commercially sensitive.

Each partner, in sharing information, should make it known whether it regards the information as being confidential prior to disclosure and such information should not be further disclosed without prior confirmation from the original partner.

Each partner recognises each partners obligations under GDPR and Data Protection and will not act in a way or share information which would put such obligations at risk.

It is also recognised that, on occasion, the sharing of information could lead to a potential for an unfair advantage in any future competitive situation. Such information will need to be managed in a way that minimises this risk.

Timelines

The ICS Development Plan commits partners to working towards being designated as an ICS by April 2021. This necessitates the need to work at pace and it is proposed this visioning document is approved by the end of December 2020 with the ICP-level Partnership Agreements and ICP-level Delivery Plans developed on a parallel timeline to January 2021.

Appendix 1 ICP functions

Proposed ICP functions from the strategic commissioning workstream

ICP

Service evaluation

* Undertake clinically led service evaluations at a local level as part of the prioritisation process aligned with the required delivery of outcomes
* Identify required improvements feeding into pathway redesign across the ICP
* Evaluation to feed commissioning/decommissioning decisions at a local level

Service design and development and Integrated Pathway Redesign

* ICPs to take the required outcomes co produced with strategic commissioning to design integrated services to meet the needs of the local population - 'the how'
*Clinically led process aligned with the available financial envelope
* Lead provider arrangements to be identified and financial movements co ordinated
* QIPP/CIP/system savings to be considered in all redesign
* Care co ordination and integration
* Consideration given to cross border commissioning by ICPs where appropriate and decided at ICP level.
* Providers and commissioners across health, social care and the voluntary sector to take the co produced required outcomes and develop integrated pathways.
* Agreement of any financial realignment between providers
* Agree appropriate use of facilities and technology identifying efficiencies
* Development of CIP/QIPP programmes/system savings
*Identification of lead provider and mechanisms to hold to account through the ICP

Health and Social Care Integration - local delivery

* ICP to take the areas of joint commissioning and outcomes defined across health and social care and redesign pathways to deliver these at a local level.
* Integrated approach to quality monitoring at an ICP level
* Workforce development
* Developing local culture and frameworks for working

Local procurement

*Undertake procurements at a local level where sub contracting outside of the ICP is required for capacity or service specific reasons.
*Ensure that procurements are undertaken in line with the agreed procurement strategy.

Place-based planning

* Planning will be done at the most appropriate level based upon service by the ICPs across health and social care to take collective responsibility.
* Agree governance structures
*Take outcomes to deliver single set of measurables

Evidence - based protocols & pathways

*ICPs will take the strategy and outcomes developed through Strategic commissioning using PHM, health inequalities and health inequities data and co produced as part of the process to develop pathways at a local level to address and deliver the required outcomes
* Clinically led discussions across partner organisations to develop pathways and protocols
*Use centralised CPAG function to inform decision making at a local level

Cost reduction and demand management

* ICPs through delegated budgets and local prioritisation based upon delivery of the required outcomes will develop demand management schemes which will be clinically led and evidence based.
*Managing risk across the local ICP system
*QIPP/CIP system savings will be developed based upon clinical evidence and aligned to the needs of the local populations that the ICPs serve
* Clinical leadership in place within the ICPs to drive the discussions and decisions
* Engagement done at an ICP level and formal consultation undertaken in partnership with strategic commissioning

Outcome based service specifications

* ICP will develop outcome based specifications for any sub contracted services to be managed through the ICP mirroring the head contract.
*Outcomes will be linked to those co produced following robust PHM data analysis.

ICP	
Engagement – Political / Clinical / Professional / Public / Community * Engagement across multiple stakeholders to be undertaken through the ICPs in determining service and pathway changes. This will take be both informal and formal. * ICPs will determine the methods and types of engagement working with the communications team in Strategic Commissioning to ensure legal requirements are met. * Relationships with MPs and Councillors including attendance at OSCs *Other public sector provision - fire and police etc.	**Contract Design - ICP** * Develop the local outcomes framework for service specifications aligned with the strategic outcomes * Translate and implement local and system changes to NHS contract * Define required contractual governance structures to local ICP
Provider resilience and failure * ICP to work as a collaborative to support provider resilience and identify areas where efficiencies and alignement can be made * Work in partnership through sharing of skills and experience across providers and commissioners * Process in place for sub contractor provider failure	**Financial monitoring - delegated budgets** * Responsible for the delivery of services within the delegated financial budget including prescribing * Development of ICP level QIPP/CIP/system savings * Reporting mechanism and governance structure in place at an ICP level into the strategic commissioner
Contract management and monitoring - ICP *Set out outcome management, reporting and quality priorities for local ICP *Testing robustness of the supply chain arrangements * Assurance to ICS and Governing Body on delivery against the operating plan and outcomes performance * Local RIG MDT to assess compliance/performance of head contract against priorities * Assurance and input to any local provider led Clinical Improvement Groups	**Management of delegated budgets** * Ensure budgets are aligned to propritised services and outcomes * Reporting into the Strategic Commissioner * Development of ICP risk/gain shares through pathway developments
Local quality monitoring and delivery * Leading on the development of ICP quality metrics linked to specified outcomes as part of service evaluation and development * Quality monitoring of sub contracted services * ICP QIA panels *PIRT team *Operational safeguarding nurses to sit at an ICP level *Datix reporting * Partnership approach to quality improvements	**Management of Urgent care performance and remedial actions** * Reporting to NHSEI - local system reports such as OPEL/sitrep *Daily operational management of the urgent care system * Capacity and demand management at an ICP level * Surge planning at an ICP level *Recommissioning of Discharge services/D2A * Implementation of any urgent care services changes that fall out of consultation and decision making * Integrated discharge planning and service redesign with Local Authorities

ICP

Primary Care development ((note commissioning has been included in the functions boxes due to overlap)

*General Practice Development/support/improvement

This will need to feed into the ICS as part of the delegated function, but the function can be at ICP level

*Primary Care Quality – quality improvement and monitoring

This will need to feed into the ICS as part of the delegated function, but the function can sit at ICP level.

*Primary Care Quality Dashboard reviews, links to CQC, quality visits

*North learning and development /PLTs

*Learning and development to meet the needs within the ICP.

*Primary Care Relationship & Stakeholder management across the ICP footprints.

*PCN support and development alongside the development of the ICP to ensure that primary care are a core part of the partnerships.

*Workforce development including Training Hub Board membership - Will need engagement at ICP level to feed into the overall workforce plans.

*Screening and vaccs and imms – Monitoring, improving uptake, assurance at a local level

Digital and estates

*Re-Procurement of Clinical Systems - engagement at an ICP level - holding ICS to account

*Digital First Primary Care - part of the collaborative board

*Technology Enabled Care - delivery

*Estates delivery at an ICP level

* Wider digitalisation of care pathways across the system

Meds Optimisation

*Medicines, appliances and nutritional related transformational project redesign - as part of the overarching pathway work

*Antimicrobial stewardship - delivery at a local level

*Workforce development - implementation at an ICP level

* Shared Care arrangements - to form part of the pathway work within ICPs

*PCN DES - ICP MO teams will have the resposnibility to monior delivery and manage relationship with PCNs. PCN Clinical pharmacy teams at will implement the DES specifications

*Practice/PCN clinical pharmacy and medicines optimisation service - ICP MO teams will be involved with developing a whole host of resources and training for PCN clinical pharmacy teams to address quality, safety and cost-effectiveness of prescribing. MO ICP teams will have responsibility for monitoring and managing the contract, and for managing relations with PCN teams

PCN clinical pharmacy teams will implement the service specification

ICPs Support & Management of Devolved Functions

* Operational staff resource to support each of the CCG statutory functions & duties as outlined (numbers / balance of split t.b.c)

Administration aligned to the ICPs

* Remaining Admin function moved to support ICPs

Community - based assets identification & integration

* Working across health and social care partners with the voluntary sector to develop and approch based upon community assets using communities to feed service redesign and define what is important to the local population.

*Agree alignment of finances to deliver the approach

*Governance structure around integrated decision making and resource allocation.

*BI function at a local level

ICP Plan on a Page

Vision: Tackle local health & care inequalities whilst improving performance and financial outcomes through a focus on integrated care.

Attributes:

Leadership
- Collaboration
- Trust
- Clinical & professional Ownership

Delivery
- Shared Values
- Positive behaviours
- Defined Resources

Governance
- Inclusive
- Clear
- Simple

What will be different:
- We will maintain a line of sight to our patients and residents in everything we do
- Clinical & professional leadership – working together to organise the whole care pathway from self-management through to treatment
- Clinical governance – align ambitions of different clinicians and citizens involved in an individual's care towards achieving a mutually agreed goal
- Collaborative care planning with patients– multi-disciplinary teams working with citizens and patients to agree goals, identify need & develop personalised care plans
- Aligned financial frameworks - so that risk and reward is appropriately shared across system partners and no one partners actions materially adversely impact on another.
- Integrated data and IT – empowering access to and use of health and care records as well as enabling better risk stratification across clinicians
- Mobilisation – of local community assets to build stronger connections to localities
- Co-production – of pathways with those with lived experience to ensure they reflect the citizen/patient voice
- People will feel listened to in the planning of their care

What will it look like:
- each person will be an active partner in decisions affecting their care and will get the care they need, in the right place, at the right time by the right person
- improved responsiveness to the assessed care needs of local communities and keep people well
- Increased focus on prevention and managing conditions to stop a health and care issues becoming an emergency
- providers will share information and think ahead to plan care around the individual
- hospital admissions avoided unless where clinically necessary
- improved patient flows in a hospital setting and promote early supported discharge
- Enhanced co-ordination of care in the community
- Improved use of scarce resource to reduce waste and/or duplication and support financial sustainability

Links:

Strategic Commissioner
- PHM
- Outcomes Framework
- Tactical Commissioning Resource

Clinical/Professional Leadership
- Clinical & Professional Assemblies
- Co-production of ICP priorities
- Empowering ICP plans

Quality, Performance & Finance
- Performance & Assurance
- Quality Assurance & QI Methodology
- Financial Strategy

Architecture
- ICS PB & link to ICP
- Link to HWBB / LA
- Enabling programmes

Touchpoints:

February
- ICP Visioning Document

March
- ICP Partnership Agreement
- ICP Delivery Plan

April
- ICP Boards
- Transformation Teams established

April + +
- Delivery
- ICP continued development

STAFFORDSHIRE HEALTH AND WELLBEING BOARD FORWARD PLAN 2021/2022

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 Dr Johnny McMahon and Dr Alison Bradley - **Co-Chairs**

If you would like to know more about our work programme, please get in touch on 07794 997621

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

	Meeting Date:	**Venue:**
Public Board Meetings:	4 March 2021	via Microsoft Teams
	3 June 2021	via Microsoft Teams
	2 September 2021	
	2 December 2021	
	3 March 2022	

Date of Meeting	Item	Details	Outcome
4 March 2021 PUBLIC BOARD MEETING	**SEND Strategy** Report Author – Tim Moss Lead Board Member – Helen Riley	Agreed at the January 2020 meeting	Update noted and the Board endorsed the Staffordshire SEND Strategy.
	Living with COVID Report Author – Richard Harling Lead Board Member – Richard Harling		Report was noted and it was noted that the HWBB will need to support and work with system partners to address some of the risks and inequalities highlighted.
	Together Active Report Author – Jude Taylor		The Board agreed with the requests made and endorsed the agreement to support a whole system approach. Update to be brought to the September 2021 meeting.
	Obesity Strategy Report Author – Karen Coker		
	Adult Safeguarding Report Report Author – John Wood Lead Board Member – Richard Harling		Report was supported. Data shared around excess deaths and learning disabilities.
	Children's Safeguarding Annual Report Report Author – SSSCB Lead Board Member – Helen Riley		The Board accepted the SSSCB Annual Report.
	Integrated Care System Plan Report Author – Tracey Shewan		The Board received an update on the ICS plan and future updates to be provided to the Board.
	Public Health Strategy / Plan Report Author – Tony Bullock Lead Board Member – Richard Harling		The Board were supportive of the approach and asked that the HWBB fed back to the author. A more detailed plan will be brought back to the June meeting.

Date of Meeting	Item	Details	Outcome
11 June 2021 PUBLIC BOARD MEETING	**JSNA – Strategy and Planned Timeline** Report Author – Jon Topham Lead Board Member – Richard Harling		
	Annual Report of the Director for Public Health (Draft) Report Author – Jon Topham Lead Board Member – Richard Harling		
	JSNA – Outline Report Author – Wendy Tompson Board Sponsor – Richard Harling		
	Mental Health – Prevention and Strategy Report Author – Jan Cartman-Frost / Chris Stanley Board Sponsor – Richard Harling		
	Healthwatch Report Author – Simon Fogell		
	Better Care Fund Update Report Author – Rosanne Cororan Lead Board Member – Richard Harling		

Date of Meeting	Item	Details	Outcome
	Integrated Care System Update Report Author – Tracey Shewan		
	Update on Covid Report Author – Richard Harling Lead Board Member – Richard Harling		
Future Items for Consideration	**Families Strategic Partnership Board Revised Strategy and Governance** Report Author – Kate Sharratt Lead Board Member – Helen Riley	Agreed at the January 2020 meeting	
	Broadband & Digital Infrastructure Strategy Update Report Author – Lead Board Member – Richard Harling	Agreed at the January 2020 meeting as part of discussions around progress on recommendations from the Director of Public Health Annual Report.	
	Director for Public Health Report Report Author – Lead Board Member –	Annual report	
	HWBB Delivery Plan Report Author – Jon Topham Lead Board Member – Richard Harling		

Date of Meeting	Item	Details	Outcome
	Mental Health Strategy Report Author – Richard Deacon / Josephine Bullock Lead Board Member – Richard Harling		

HWBB Statutory Responsibility Documents		
Document	**Background**	**Timings**
Pharmaceutical Needs Assessment (PNA)	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. The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to HWBBs.	The current PNA was published in March 2018. The PNA is reviewed every three years (the next assessment is due in 2021).
Joint Strategic Needs Assessment (JSNA)	The HWBB arrange for: • an annual JSNA update report • 2 deep dive reports per year • Quarterly exception reporting	The Annual JSNA report comes to the March HWBB.
Joint Health and Wellbeing Strategy (JHWS)	The JHWS sets out how the needs identified in the JSNA will be prioritised and addressed.	JHWS was adopted by the HWBB at their June 2018. An action plan will be developed to set out how the Strategy will be delivered.
CCG and Social Care Commissioning Plans	The HWBB receive annually details of both CCG commissioning plans and Social Care to consider whether these have taken proper account of the JHWS.	Annually, normally at the March meeting.

Board Membership Role	Member	Substitute Member
Staffordshire County Council Cabinet Members	**CO CHAIR – Johnny McMahon** – Cabinet Member for Health, Care and Wellbeing Mark Sutton – Cabinet Member for Children and Young People Jonathan Price – Cabinet Member for Education (and SEND)	Gill Burnett – Cabinet Support Member for Adult Safeguarding
Director for Families and Communities	Helen Riley – Deputy Chief Executive and Director for Families and Communities, Staffordshire County Council	
Director for Health and Care	Richard Harling – Director for Health and Care, Staffordshire County Council	
A representative of Healthwatch	Simmy Akhtar – Chief Officer, Healthwatch	Maggie Matthews – Healthwatch Advisory Board Chair Robin Morrison
A representative of each relevant Clinical Commissioning Group	Gary Free – Chair of Cannock Chase CCG Paddy Hannigan– Chair of Stafford and Surrounds CCG Shammy Noor – Chair of South East Staffs and Seisdon Peninsula CCG Rachel Gallyot – Chair of East Staffs CCG **CO CHAIR - Alison Bradley** - Chair of North Staffs CCG	Marcus Warnes – Chief Operating Officer
Representative of the CCG Accountable Officer	Craig Porter – CCG Managing Director of South West Division	TBC

Staffordshire's Health and Wellbeing Board has agreed to the following **additional representatives** on the Board:		
Role	**Member**	**Substitute Member**
District and Borough Elected Member representatives	Roger Lees – Deputy Leader, South Staffordshire District Council Helena Maxfield – Portfolio Holder (Community Safety and Wellbeing), Newcastle-under-Lyme Borough Council	Brian Edwards

District and Borough Chief Executive	Tim Clegg – Chief Executive, Stafford Borough Council	TBC
Staffordshire Police	Jennifer Mattinson – Chief Superintendent	TBC
Staffordshire Fire and Rescue Service	Howard Watts – Director of Prevent and Protection	Jim Bywater
Together We're Better - Staffordshire Transformation Programme	Simon Whitehouse – Programme Director	TBC
Voluntary Sector	Phil Pusey – Chief Executive, SCYVS Garry Jones – Chief Executive, Support Staffordshire	TBC