

Minutes of the Staffordshire Health and Wellbeing Board Meeting held on 1 December 2022

Attendance:

Mark Sutton (Chair)	Staffordshire County Council (Cabinet Member for Children and Young People)
Julia Jessel	Staffordshire County Council (Cabinet Member for Health and Care)
Dr Richard Harling	Staffordshire County Council (Director for Health and Care)
Neelam Bhardwaja	Staffordshire County Council (Director for Children and Families)
Garry Jones	Support Staffordshire
Gill Heesom	District/Borough Council Representative
Rita Heseltine	District/Borough Council Representative
Tim Clegg	District/Borough Council CEO Representative
Baz Tameez	Healthwatch Staffordshire

Also in attendance:

Paul Edmondson-Jones	Staffordshire and Stoke-on-Trent Integrated Care Board
Jon Topham	Staffordshire County Council (Senior Commissioning Manager)
Claire McIver	Staffordshire County Council (Assistant Director for Public Health and Prevention)
Liam Archer	Staffordshire County Council (MaDS Support Officer)

Apologies: Peter Axon (Staffordshire and Stoke-on-Trent Integrated Care Board), Phil Pusey (Chief Executive Officer) (Staffordshire Council of Voluntary Youth Services) and Ian Read (Staffordshire Fire and Rescue Service)

16. Declarations of Interest

Board Member	Minute No.	Interest	Reason
Paul Edmondson-Jones	24	Other	Appointed as a trustee of Royal British Legion Industries

17. Minutes of Previous Meeting

Resolved – That the minutes of the meeting held on 8 September 2022 be agreed and signed by the Chairman.

18. Questions from the Public

None received.

19. Maximising the role of the Health & Wellbeing Board: Forward Plan & Strategy

The Board received a report from Jon Topham and Claire McIver on maximising the role of the Staffordshire Health and Wellbeing Board, particularly it's forward plan and strategy.

The Health and Wellbeing Board approved the Strategy in June 2022, with the overarching outcomes being to reduce infant mortality, and increase healthy life expectancy. It was agreed at the June meeting that four priorities would be reported on annually (namely, Health in Early Life; Good Mental Health; Healthy Weight; and Healthy Ageing). A Board Sponsor had been identified for each.

The Forward Plan for the Health and Wellbeing Board is largely determined by strategic issues and tends to be built around the following components:

- Statutory duties
- Updates on the four key priorities identified in the strategy
- Other Strategy documents
- Better Care Fund
- Partner updates

Board Sponsors for each priority and named lead officers were provided to the Board:

	Board Sponsor	Lead Officers (SCC and ICB)
Healthy Ageing	Richard Harling	Tilly Flanagan / Zafar Iqbal
Healthy Weight	Tim Clegg	Tony Bullock / ICB Lead
Health in Early Life	Neelam Bhardwaja	Natasha Moody / ICB Lead
Good Mental Health	ICB Nominee	Karen Coker / ICB Lead

A provisional arrangement for each strategy priority to be reported back to the Board had been devised:

- March – Healthy Ageing and Frailty
- June – Healthy Weight
- September – Health in Early Life
- December – Good Mental Health

Other items, such as the Director for Public Health annual report and Pharmaceutical Needs Assessment would be included on the agenda at the agreement of the Chair.

The Board were supportive of the approach outlined in the report.

The Board were informed of the intention to take a report to the next meeting of the Staffordshire Leaders Board on Health Inequalities.

Resolved – That the Board (a) confirm and agree Board Sponsors and Officer Leads for the Strategy;

(b) Be reminded that Leads will be asked to report on the performance metrics and actions signed off by the Board;

(c) Review and approve the cycle of reporting on the strategy priorities, and communicate this to the identified leads; and

(d) Review and approve the forward plan timetable.

20. Mental Health (HWBB Strategy Priorities and Mental Health Strategy)

The Board received a presentation from Jan Cartman-Frost and Chris Stanley on the Mental Health Strategy, and the links to the Good Mental Health priority outlined for the Board.

A number of strategies had been reviewed in the process of creating the new joint strategy with the Integrated Care Board.

High level statistics were provided to the Board:

- Around 19% of working age adults were estimated to have a mental health condition (in Staffordshire and Stoke-on-Trent)
- Across Staffordshire, there was a higher than average incidence of depression and suicides
- Research suggested that around half of adults with long-term mental health problems would have experienced their first symptoms before the age of 14
- Around 7 out of 50 adults over 18yrs had a record of depression; this was above the national average.
- Around one in four children aged 11-12 had an emotional wellbeing issue. For 5-16-year-olds, one in 10 had a diagnosed mental health condition.
- Around 10-15% of mothers had mild to moderate depression during pregnancy, and 3% had severe depression.

The Board noted the ongoing development work to date for the strategy:

- September – November 2021: Engagement and consultation
- December 2021 – March 2022: Engagement analysis and research
- April 2022 to date: Drafting strategy, consultation and feedback to develop final version
- December 2021 – February 2023: SCC and ICB Governance and Approvals
- March – April 2023: Sign off and launch of the strategy
- April 2023: Co-produce an action plan to deliver

Six key outcomes had been identified in the strategy:

- Everyone can look after their own mental wellbeing and find support in their communities when they need it;
- People have access to services when needed;
- A timely response to crises;
- There is equal access to support to improve mental wellbeing and services to manage mental health problems;
- People with severe mental health problems are supported to live in the community and have good quality, integrated care;
- More integrated, good quality services for young people that focus on achieving independence in adulthood.

A range of approaches had been developed deliver on the outcomes identified in the strategy.

The Board were keen to understand at what point people start to help others with their mental wellbeing, versus the resource available to support young people with their mental health. Work was ongoing within schools and within the children's system, for example the Kind Minds programme within schools, but noted the aspect of how young people are prepared as they move into more independent life.

It was highlighted that the strategy looks to bring together the work already happening, rather than act as a starting point, however it was lacking the partnerships on criminal justice, probation and domestic violence and the links between mental health and those partners. Assurance was provided that elements of criminal justice had been looked at in drafting the strategy and it was raised in a number of focus groups with vulnerability hubs as part of the consultation on the strategy.

Resolved – that the update be noted.

21. Staffordshire's Loneliness and Social Isolation Reduction Plan

The Board received a presentation on Staffordshire's Loneliness and Social Isolation Reduction Plan from Vicky Rowley.

As part of the Health and Wellbeing Board Strategy, Healthy Ageing was outlined as one of the four priorities. The Integrated Care System had recognised the importance of ageing well and had produced a Healthy Ageing and Managing Frailty in Older Age Strategy in 2021. Both strategies identify loneliness and social isolation as a cause of poor health. Development of a Plan would support delivery of both strategies.

The aim is to develop a collaborative and comprehensive Loneliness and Social Isolation Reduction Plan that builds on national guidance and best practice, local intelligence and local views.

The Plan would include:

- Raising awareness about loneliness and social isolation and its impact in our communities
- Foundation Services
- Direct Interventions
- Gateway Services; and
- Structural Enablers

Action to support the Plan was already underway, in that:

- The Supportive Communities programme had mapped assets in local communities and promoted them on Staffordshire Connects;

- Investment in Support Staffordshire to build additional community capacity where needed;
- Campaigns such as Let Us Beat Loneliness Together and Talk Suicide; and
- NHS Charities Together in Staffordshire had funded 14 loneliness and isolation projects across the County.

Next steps were highlighted to the Board:

- The Plan would form part of the Healthy Ageing priority for the Board;
- The approach would be taken to existing networks and partnerships;
- The Supportive Communities Infrastructure would be utilised to deliver key elements of the plan and measure impact; and
- Work would be shared with the ICS Frailty Board and Mental Health Partners.

The Board questioned why it was aiming to reduce reported levels of loneliness and not loneliness itself. In response, measuring loneliness was noted to be quite difficult, and the metrics were chosen because they were specific to measure, however a more holistic view would be taken to understand levels of loneliness rather than just focusing on the public health framework.

It was noted that higher reported levels of loneliness were present in East Staffordshire and Cannock, in comparison with Lichfield. More work needed to be undertaken to understand any causal effect for those particular areas that's down to economic or socio-economic factors which may have an influence.

Resolved – That the Board (a) approve the development of a Loneliness and Social Isolation Reduction Plan and ask that all partners contribute; and

(b) Receive future reports on the progress of the Plan.

22. Learning Disability and Autism: Everybody's Business

The Board received a report from Karen Webb and Ben Richards on Learning Disability and Autism. Background was provided and key statistics for people in Staffordshire were highlighted to the Board:

- 30,000 people have a learning disability and/or autism;
- The number of people with a learning disability and/or autism was expected to rise to 31,500 by 2030;
- 6000 are recorded on GP registers, and just over 1/3 had an Annual Health Check in the last year; and
- 1800 were in receipt of care and support from the County Council

The team were focusing on six workstreams:

- Early identification and diagnostics
- Communities
- NHS workstreams
- NHS learning disability and mental health services
- Dedicated care and support
- Inpatients

The County Council and Integrated Care Board were developing a Staffordshire Joint Whole Life Disability and Neurodiversity Strategy. This would continue and where necessary, adapt the workstreams and incorporate other priorities identified by people with a learning disability.

The Board were supportive of the ongoing work and the development of the strategy.

Resolved – That the Board (a) champion the cause of people with a learning disability and autism and encourage all organisations to make a contribution to improving their lives;

(b) endorse consultation to inform a Staffordshire Joint Whole Life Disability and Neurodiversity Strategy; and

(c) consider the Staffordshire Joint Whole Life Disability and Neurodiversity Strategy when available.

23. **Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2021/22**

The Board received a report from Helen Jones on the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report for 2021/22.

This Annual Report of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) covers the period 1st April 2021 to March 31st, 2020/22. Mr John Wood was the Independent Chair of the Board throughout the period.

Headlines for the reporting period 1st April 2021 to 31st March 2022 were provided to the Board. There had been 13,227 concerns reported, which was an increase of 1,051 from 2020/21. Following an initial assessment, it was determined that the duty of enquiry requirement was met in 21% of those concerns, a decrease of 4% from 2020/21.

Resolved – That the Board (a) receive and consider the SSASPB Annual Report 2021/22 in accordance with the requirements of the Care Act 2014; and

(b) Provide feedback as to how the HWBB can enhance contributions to safeguarding of adults with care and support needs at risk of abuse or neglect.

24. Delivering the Armed Forces Covenant in Staffordshire

The Board received a report and presentation on the Armed Forces Covenant in Staffordshire.

The Armed Forces Covenant is a promise by the nation that ensures those who serve / have served, and their families, are treated fairly. It focusses on helping all members of the Armed Forces Community have the same access to government and commercial services as any other citizen does. Support is provided in a number of areas, including healthcare, education and employment. The Armed Forces Act 2021 would further incorporate the Covenant into law (which was expected to come into force later in 2022).

In Staffordshire, the Covenant was first signed in 2012. 1000+ military personnel and their families moved to Stafford from Germany – the council, along with health partners, were commended for the resettlement process in 2015.

The Staffordshire Armed Forces Covenant brings together key partners and the armed forces to work with, help and support current and former service personnel and their families in the local area. This is ensured through the delivery of a Partnership Action Plan.

The refreshed 'Staffordshire Armed Forces Covenant Partnership Group' was brought together in July 2022. The Group had shaped the 'Partnership Action Plan' and would also be responsible for driving delivery, and an annual review.

An overview of the Armed Forces Act 2021 was provided to the Board, and it was noted that Staffordshire County Council had helped influence and shape national guidance, by working with the West Midlands Armed Forces Covenant Network. Work was also underway to understand and prepare for any implications as a result of the Act.

The Action Plan builds on the success of the delivery in Staffordshire to date.

Objectives for the Covenant in 2022/23 were shown to the Board:

- To re-establish the Staffordshire Armed Forces Covenant Partnership Group, and develop a strengthened and refreshed approach to delivery and co-ordination;
- To build on practical action and support for the Armed Forces community;

- Focus on the four key partnership priority areas:
 - Insight/data, and information, advice and guidance
 - Provision of, and access to health
 - Armed Forces legislation
 - Promotion and awareness of the Covenant / Advocacy.

The Board were very supportive of the work and welcomed the refreshed approach.

It was confirmed that all organisations present at the Board did have Armed Forces Champions and that the contents of the plan had been communicated to partners. All districts and boroughs have representatives on the Partnership Group.

Resolved – That the Board (a) note that 'Provision of and access to Health' is a key priority within the Action Plan, and note the emerging Armed Forces Act 2021 focus on healthcare;

(b) Consider and endorse the suggested action plan focus across partners, particularly around health and public health;

(c) Consider and reflect on any emerging joint opportunities for the Board to highlight, or further good practice to consider; and

(d) Support and inform the approach to raise awareness of the Covenant, advocating for our Armed Forces Community.

25. **FireSide Study Update**

The Board received a report for information on the FireSide Study.

Resolved – That the report be noted.

26. **2021 Census Briefing**

The Board received a report for information on the 2021 Census.

The report was taken as read with the following recommendations:

Resolved – That the Board (a) note the contents of the report;

(b) note the contents of the background briefing note; and

(c) support a more in-depth investigation of the potential issues raised as the focus of this year's Director of Public Health Annual Report.

27. Forward Plan and Matters Arising

The Board received the Forward Plan for the Health and Wellbeing Board for 2022-23 and noted the items contained on the plan.

Chairman