

Minutes of the Staffordshire Health and Wellbeing Board Meeting held on 2 March 2023

Attendance:

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| Mark Sutton (Chair) | Staffordshire County Council (Cabinet Member for Children and Young People) |
| 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 |
| Tim Clegg | District/Borough Council CEO Representative |
| Baz Tameez | Healthwatch Staffordshire |
| Ian Read | Staffordshire Fire and Rescue Service |
| Claire McIver | Staffordshire County Council (Assistant Director for Public Health and Prevention) |
| Jon Topham | Staffordshire County Council (Senior Commissioning Manager) |
| Liam Archer | Staffordshire County Council (Member and Democratic Services Support Officer) |

Also in attendance: Lynn Millar, Tilly Flanagan, Vicky Rowley, Nicola Day, Mark Owens, Andy Marriott, Helen Trousdale, Tony Bullock, Karen Coker, Rachel Gallyot and Emma Sandbach.

Apologies: Julia Jessel (Cabinet Member for Health and Care)

28. Declarations of Interest

There were no Declarations of Interest on this occasion.

29. Minutes of Previous Meeting

Resolved – That the minutes of the meeting held on 1 December 2022 be agreed and signed by the Chair.

30. **Questions from the Public**

None received.

31. **Living my Best Life: Interim report on the new Staffordshire Integrated Whole Life Disability and Neurodiversity Strategy 2023-2028**

The Board received a presentation from Nicola Day on the interim report on the new Staffordshire Integrated Whole Life Disability Strategy 2023-2028.

The Board were informed of the key definitions around disability and neurodiversity/neurodivergence. Key facts showed the commonality of disabilities and neurodivergences in Staffordshire, and the expected change over the next 10-15 years. It was expected that both are to significantly increase as the older population increases, and also an increase of five percent for under 18s.

The Board were shown what factors affected people's health and wellbeing with disabilities and neurodivergences, these focused on social life and connections; work and money; education; health and wellbeing and local places.

Key survey findings showed that over 500 responded to the survey, made up of a good demographic mix.

Wider engagement on vision and priorities included engagement in all 8 districts with individuals with lived experience, carers, professionals and politicians. The engagement looked at the vision and priorities for the strategy which had been broadly agreed. Key emerging opportunities and actions were being identified.

The approach for the strategy was provided to the Board. Highlighted aspects included:

- Help people to help themselves
- Build and use community capacity
- Keep people at the heart of decisions made about them
- Embrace technologies
- Reinforce a strength-based and personalised approach
- Promoting independence
- Encourage the wider Staffordshire workforce and local communities.

It was clarified that the survey did not specify young carers, but instead the results showed those who care for people under the age of 18. A separate

strategy was in place for carers so any issues which were picked up as part of this work, would feed into the strategy.

Members of the Board commented on the element of encouraging the wider Staffordshire community and workforce, and whether the message could be strengthened and a proactive approach to making employers aware of engaging with people with a range of abilities.

Resolved – That the Board (a) note the process for development of a new Staffordshire Whole Life Disability and Neurodiversity Strategy; and

(b) Consider and comment on what has been learnt so far, and the draft vision and priorities of the new Strategy.

32. Health and Wellbeing Board Strategy – Comparative Health Metrics and Performance Indicators

The Board received a report from Claire McIver on comparative health metrics and performance indicators, following on from the Health and Wellbeing Board strategy.

Baseline data was provided to the board, which covered the latest three periods for Staffordshire and England. Metrics where Staffordshire currently performed worse than the national average would be explored in more depth as part of priority area discussions.

It was noted that the indicators presented in the report were quite high level which looked at data across the population, so multiple factors would influence these. A lag time from data reporting was noted which would affect results in the future, as not all updates would be available on a quarterly basis.

An update to the JSNA would be provided at the June 2023 Board meeting which in turn would help understand the population of Staffordshire and steer any campaigns/interventions.

It was proposed that the document would be updated quarterly, prior to each Health and Wellbeing Board meeting. The data would be made available via a webpage on the County Council's website. Moving the data into interactive dashboards would be explored.

Karen Coker provided feedback on the report, particularly for the Good Mental Health priority, and noted that items such as ineligible referrals into services for children and young people; percentage of re-referrals into services; waiting times; outcomes and percentage of children on EHCP plans. In response, it was noted that some of the indicators were taken from the Public Health Outcome Framework which may not include an appropriate

indicator at that level, but that everything raised could continue to be monitored at the level below. Further thought would be given to the lower level indicators and reporting.

It was highlighted that the Early Life priority was on the agenda for the September 2023 meeting and that a further update would be provided then.

The Healthy Weight priority was discussed by the Board and that all indicators were providing a clear picture and that most indicators would be updated on an annual basis, however it may be worth supplementing some of the indicators with those from the Better Health Staffordshire ongoing programme.

With Healthy Ageing being a newer priority for the Board, it was noted that it would be beneficial to see wider measures which would provide more rounded indicators on positive healthy ageing.

The Board had agreed that the data did not need to be fixed but highlighted that additional data could be included and a similar rigour applied to identify any further metrics.

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

(b) Acknowledge the baseline data for the previously agreed comparative health metrics and performance indicators; and

(c) Agree to the suggested update frequency, format and sharing process outlined in the report.

33. Update on Healthy Ageing Priorities

The Board received a report from Tilly Flanagan on the Healthy Ageing priority in the Health and Wellbeing Strategy.

In Staffordshire, the number of people aged between the State Pension Age and 79 had increased by 16,000 and the number aged 80 and over by 11,000, in the ten years between 2011 and 2011. It is expected that those figures are due to increase by another 16,400 and 31,600 respectively, by 2041.

Several outcomes had been identified to track the progress. Performance indicators for these would be developed and the Healthy Ageing Plan would focus activity to achieve those outcomes:

- Increasing percentage of people who feel they belong to their community
- Increasing the percentage of older people living in energy efficient homes
- Increasing the percentage of older people who are physically active

- Reducing emergency hospital admissions in older people
- Reducing prevalence of older people in care homes
- Improving the management of dementia
- Reducing the number of older people falls-related hospital admissions
- Increasing the number of people who die at home.

Current activity ongoing to support Healthy Ageing, which would be included in the Plan, included:

- Recommissioning of national diabetes prevention programme and the integrated lifestyle service, with a specific focus on NHS health checks; stop smoking support; adult weight management support; workplace health lifestyle support; and Making Every Contact Count (MECC) training
- Continuation of the Warmer Homes Scheme
- Supportive communities had reached 110,000 people to help stay healthy and independent.
- Development of a 12-week pathway to identify and manage severely frail patients.

Other work in development which would also contribute to the plan included:

- Production of a Loneliness and Social Isolation Reduction Plan
- Enhanced falls prevention programme
- Business case for a mild frailty digital intervention
- Staffordshire University research to understand the impact from the Covid pandemic on physical activity
- Outputs from two healthy ageing partnership workshops, to inform the delivery plan.

It was noted that the Healthy Ageing Plan would be developed and shared with the Health and Wellbeing Board in June 2023.

The Board supported the comprehensive work done to date and highlighted it was a great example of joint-working. The Board also discussed implications and additional pressures impacting on the Healthy Ageing priority, including the Covid pandemic, and the current cost of living crisis, but noted that these were not highlighted in the report.

In response, Tilly informed the Board that conversations had taken place around some of the frailty issues and support available which would cover the impact and implications of those additional pressures.

Resolved – That the Board (a) note progress to date and agree the timescales to receive a Healthy Ageing delivery plan; and

(b) Agree the proposal to review and update the outcome measures and indicators, to reflect the priorities.

34. **Integrated Care Partnership Strategy**

The Board received an update and presentation from Lynn Millar on the Integrated Care Partnership (ICP) Strategy.

The ICP is a partnership of senior leaders across health, local authorities, voluntary sector and other agencies to provide a united voice and single, integrated strategy focusing on improving the overall health of the population. The ICP meets quarterly.

The key themes of the strategy were highlighted to the Board, which were discussed and agreed by the ICP during their meeting on the 23 November 2022:

- Prevention and Inequalities
- Productivity
- Personalised Care
- Personal Responsibility
- People and Communities

It was noted that a phased approach was being taken to develop the ICP Strategy in collaboration with all partners. Phase 1 (to December 2022) led to the publication of an initial ICP strategy, and Phase 2 (to 31 March 2023) would lead to the publication of the Final ICP Strategy, taking a co-production approach.

Five questions were posed to the Board:

- Do the Board think that the 5 key current priorities are right?
- Do the Board think that the existing ICP Partner priorities are right?
- Do the Board think the Health Inequalities 'Plus Groups' are right?
- Does the Board have any suggestions for key specific groups to engage with?
- Would the Board like any further information or opportunity to engage?

The Board were supportive of the strategy and the conversations ongoing which have been strengthened since the Covid pandemic, and fits in well with the Health and Wellbeing Board strategy.

Resolved – That the Board (a) support the initial Integrated Care Partnership Strategy and actively engage where appropriate to turn the strategy into reality;

(b) Take time to actively discuss and comment upon the Initial Strategy at Appendix A;

(c) Take opportunities available to them to socialise the ICP Strategy in appropriate forums, using the Initial ICP Strategy at Appendix A to provide the framework for such socialisation.

a) ICB Joint Forward Plan

The Board received an update and presentation from Helen Dempsey on the ICB Joint Forward Plan. The report provided an overview of the national planning requirements; milestones for planning submissions; approach to the development of the Joint Forward Plan; and next steps to developing the Joint Forward Plan.

The Joint Forward Plan (JFP) is a five-year plan from 2023 to 2028 but would evolve over the five years, in line with national requirements. Preparation of the first JFP would take place by the 31st March 2023 and a final plan submission to NHSE would take place by the 30th June 2023, following consultation.

Next steps included further development of the narrative and baseline plans, addressing any gaps/duplication and interdependencies between the portfolios and enablers. A final draft would be shared with stakeholders including the Health and Wellbeing Board for feedback. A statement of the final opinion of the Health and Wellbeing Board was to be included as part of the final submission in June 2023.

The Board agreed to provide an informal/provisional view on the JFP in April/June 2023 and provide a final opinion at their meeting on the 8 June 2023.

Resolved – That the Board (a) note the process undertaken so far to develop the Joint Forward Plan to date;

(b) note the process proposed to produce the final draft of the Joint Forward Plan; and

(c) note that as part of the final submission in June that a statement of the final opinion of the Health and Wellbeing Board is to be included.

35. **Staffordshire Better Care Fund (BCF)**

The Board received an update from Helen Trousdale on the Staffordshire Better Care Fund (BCF).

The Board were reminded that at their meeting in March 2022, the 2021/22 Staffordshire BCF plan was submitted to NHSE&I in December 2021 and approval was received in January 2022. It was also noted that the BCF Plan

had been subsequently updated with the inclusion of an additional £19.25 million of non-recurrent funding.

At the Board meeting in September 2022, the Board were informed that the 2022/23 national BCF Policy Framework had been published with a requirement for the submission of BCF Plans in September 2022. The Board therefore delegated approval of the 2022/23 Staffordshire BCF Plan to the Health and Wellbeing Board Chairs. It was also noted that the contracts for the Disabled Facilities Grant for 2022/23 had been issued to the District and Borough Councils.

On the 18th November 2022, DHSC published guidance about an ASC Discharge Fund, and an addendum to the 2022/23 BCF policy framework and planning requirements was published to set out further details. An additional £6.4m of funding had been added to the BCF and was included in the Section 75.

The 2022/23 BCF funding, and provisional 2023/24 funding was provided to the Board. For 2023/24 the IBCF allocations remains the same as in 2022/23, and the DFG allocation provisionally remains the same until confirmed. NHS allocations have been uplifted by 5.66%.

The 2023/24 BCF Policy Framework had not yet been published. The current working assumption was that all existing schemes would continue with relevant inflationary uplifts in order to maintain essential health and care services and therefore most of the funding will follow on from previous years.

The Board discussed their frustrations around the late notification of funding and announcements of funding which in turn had impacts on commissioning services.

Members of the Board were in agreement with delegating approval of 2023/24 BCF Plans, and BCF reporting to the Health and Wellbeing Board Chairs.

Resolved – That the Board (a) note allocation to Staffordshire County Council (the Council) and the Integrated Care Board (ICB) by HM Government of the Adult Social Care (ASC) Discharge Grant the sum of £6,368,757, and the subsequent inclusion of this within the BCF 2022/23 Section 75.

(b) note that the 2023/24 national BCF Policy Framework has not yet been published, however indicative funding for 2023/24 is outlined in table 2 and this now includes a further Hospital Discharge Grant allocation. The Council and the ICB will need to agree expenditure, balancing additional capacity against maintaining the capacity we already have; and

(c) Delegate approval of 2023/24 BCF Plans, and BCF reporting to the Health and Wellbeing Board Chairs.

36. Forward Plan

The Board received the Health and Wellbeing Board Forward Plan for 2023/24 which included the following items:

- Healthy Weight Priority Progress Update
- Co-production: Healthwatch Update
- Children's Safeguarding Board Annual Report
- JSNA Review
- Healthy Ageing Follow Up

The Board also noted the items discussed during the meeting for inclusion of the June agenda.

Resolved – That the plan be noted.

Chairman