

## Minutes of the Health and Wellbeing Board Meeting held on 12 December 2013

### Attendance:

Dr. Johnny McMahon (In the chair)	Cannock Chase CCG
Robert Marshall (Co-Chair)	Staffordshire County Council (Cabinet Member for Health and Wellbeing)
Ben Adams	Staffordshire County Council (Cabinet Member for Learning and Skills)
CC Mike Cunningham	Staffordshire Police
Prof. Aliko Ahmed	Staffordshire County Council (Director of Public Health)
Frank Finlay	District Borough Council Representative (North)
Dr. John James	South East Staffordshire and Seisdon Peninsula CCG
Mike Lawrence	Staffordshire County Council (Cabinet Member for Community, Culture and Localism)
Roger Lees	District Borough Council Representative (South)
Jan Sensier	Healthwatch
Dr. Ken Deacon	NHS England (Shropshire and Staffordshire Local Area Team)
Tony Bruce (In place of Dr. Charles Pidsley)	East Staffordshire CCG
Marcus Warnes (In place of Dr. David Hughes)	North Staffordshire CCG

### Also in attendance:

Lucy Heath	Staffordshire County Council
Rita Symons	South East Staffordshire and Seisdon Penninsula CCG
Alan White	Staffordshire County Council
Denise Vittorino	Staffordshire County Council

**Apologies:** Dr. Anne-Marie Houlder (Stafford and Surrounds CCG), Dr. David Hughes (North Staffordshire CCG), Dr. Charles Pidsley (East Staffordshire CCG), Eric Robinson (Director of People & Deputy Chief Executive) (Staffordshire County Council (Deputy Chief Executive and Director for People)) and Dr. Tony Goodwin (Chief Executive) (District & Borough Council CEO Representative)

## **18. Declarations of Interest**

There were no declarations of interest on this occasion.

## **19. Minutes of Previous Meeting**

In respect of Minute 13, it was noted that the funding for District Councils in respect of Disabled Facilities Grants would cease from the 2015/16 financial year rather than next year as recorded in the minutes.

The Board asked for an update on the work of the task group established to consider housing and its contribution to the health and wellbeing strategy. Task group members advised that a teleconference led by Tony Goodwin had taken place and public health officers were working to produce an analysis of work on housing activity. The Chair asked if an update could be given at the next meeting in January.

### **RESOLVED – That**

- 1) Subject to an amendment to clarify that the funding for District Councils covering Disabled Facilities Grants would cease in 2015/2016, the minutes of the meeting held on 10 October 2013 be confirmed and signed by the Chairman.
- 2) An update on the work of the task group on the contribution of housing to the health and wellbeing strategy be given at the January 2014 meeting.

## **20. Final Report Public and Stakeholder Engagement on Health and wellbeing Strategy**

The Board considered the final report from Engaging Communities Staffordshire (ECS) on the public and stakeholder engagement on the health and wellbeing strategy. Jan Sensier introduced the report, highlighting that following the presentation at the last meeting board members had been given an opportunity to comment on the report. Key points from the report and discussion included:-

- It had been intended to produce an analysis of the engagement results by district however; due to variances in the level of involvement in different districts, it was not felt this would be valuable. As a result and following feedback from board members, an appendix had been prepared that highlighted the messages from the engagement work for individual groups of organisations.
- Some work on continuing engagement had been picked up through ECS public advisory group who had recognised the powerful potential impact of small investments in communities to drive health and wellbeing work forward.
- Board Members across different organisations were clear on the importance of collaborative working on engagement across the public sector. Opportunities to link engagement work together were highlighted and there was a commitment to sharing the outcomes of individual work to create a more complete overall picture.
- The Board was clear that engagement should be a continuous dialogue, highlighting the value of mechanisms such as 'you said, we did' to provide meaningful feedback to those who had contributed. It was recognised that this needed to happen quickly and regularly, starting with those who had contributed to the original engagement exercise.

- There was some concern about the gaps identified the engagement work, particularly across the different District and Borough Council areas and this was highlighted as a priority for future work.
- The message around the impact of small early interventions on health outcomes was welcomed. Board Members highlighted a number of areas where collaborative working could have an impact, including development control and licensing. Existing joint working on licensing issues was highlighted and it was suggested that the Board could work towards establishing a Planning Charter for Health and Wellbeing, modelled on the Local Enterprise Partnership's jobs and growth charter.
- In response to specific messages highlighted in the report around the value of Children's Centres, the County Council Cabinet Member for Children, Communities and Localism referred to an ongoing review of the service. He highlighted a number of issues, particularly around the provision of childcare and agreed that the messages from the engagement work would be fed into the review going forward.
- The Board acknowledged the importance of using the feedback from the engagement work to ensure that the health and wellbeing strategy was embedded in the constituent organisation's culture and thinking. Clinical Commissioning Group representatives agreed to pick this issue up for further discussion.
- The Board identified the work to support communities to deliver improvements as a key area to follow up with stakeholders, recognising the key impact this could have.

#### **AGREED – That**

- 1) The Board sign off the final report on engagement with the public and key stakeholders for public release.
- 2) Work be undertaken to develop a Planning Charter for Health and Wellbeing to ensure planning and development, led by districts contributes to improving health outcomes.
- 3) The Board commits to ongoing engagement work on the strategy, including using a 'you said, we did' mechanism for providing feedback to stakeholders involved in the engagement.
- 4) The Clinical Commissioning Group Chair's group discuss strategies for embedding the health and wellbeing strategy and priorities within their organisational culture.
- 5) Engaging Communities Staffordshire make contact with all stakeholders who contributed to the engagement work, inviting them to continue to contribute to continuing conversations on the development of the strategy.

## **21. Draft Proposals for Integration Transformation Fund**

The Board considered a report from the Senior Officer Group on proposals for the Integrated Transformation Fund (ITF). Rita Symons presented the report on behalf of the Senior Officer Group, key points from the report and discussion included:-

- The ITF was a national initiative to drive necessary integration of NHS and Social Care services to develop systemic change.
- Whilst there was a range of existing work to integrate commissioning across the wider health economy across Staffordshire, including Stoke-on-Trent, there was a role for the ITF as a catalyst to develop an overarching strategic approach to ensure action met wider ambitions.

- The report referred to draft guidance on the development of the ITF that suggested a range of funding streams to develop a minimum level of pooled funding within the area. It was recognised that these minimum levels did not reflect the strategic ambitions across the area however, due to the need to sign off the ITF proposal by February 2014; it was recommended that a phased approach be taken.
- Areas identified for inclusion in the first instance reflected the existing direction of travel in integrated commissioning, recognising geographical constraints. Specific recommendations for inclusion in addition to the required investment funds were:-
  - Integrated Equipment (reflecting an existing Section 75 agreement)
  - Learning Disabilities
- A workshop had recently been held with partners to discuss the integration agenda and, in addition to the initially identified areas, it was recommended that a number of workstreams were progressed to discuss future integration as follows:-
  - **Frailty, Complex needs, long term conditions, older people** – based on pooled budget arrangements in North Staffordshire and Stoke-on-Trent and South Staffordshire.
  - **Mental Health** – based on pooled budget arrangements in North Staffordshire and Stoke-on-Trent and South Staffordshire.
  - **End of Life Care** – pooled budget arrangement
  - **Children’s Services** – Pooled budget arrangement
  - **Drug and Alcohol Services** – this had been agreed at the work shop following the preparation of the report.
- Further work was also being undertaken to address key knowledge gaps, particularly around the financial implications of issues such as disabled facilities grants and further guidance was expected on the operation of the ITF in due course. Rita Symons also advised that the ITF was also likely to be renamed the ‘Better Care Fund’.
- Board Members highlighted concern at District Council level about the future of the Disabled Facilities Grant funding. It was acknowledged that there were currently different approaches to administering this function across the County and further information and guidance was required before definitive implications in individual areas could be disseminated.
- All Board Members recognised that the ITF was going to be part of an integrated approach to commissioning and would not be the only mechanism for achieving wider ambitions.
- The Board also recognised the issues associated with Staffordshire’s geographical context that would have an impact on the ITF in the future. This meant that an initial ITF submission based on minimum requirements was the most appropriate response with a view to wider work in the future. Board Members commented on other areas that future ITF work could cover.
- In response to queries, Ken Deacon clarified the role of NHS England in the administration of the ITF. He highlighted that there was an error in the way the legislation had been drafted which gave NHS England a greater role in the administration than was intended in practice. He emphasised that this had been recognised and that there was no intention for NHS England to become a blockage to effective working through the ITF.
- It was recognised that the Health and Wellbeing Board was collectively responsible for decisions on the ITF and Members asked that additional work should be completed by June 2014.

**AGREED – That**

- 1) A Joint Health and Wellbeing Board session is held with Stoke-on-Trent to discuss the Integrated Transformation Fund.
- 2) The initial ITF submission should feature NHS minimum requirements, plus pre-agreed partnership arrangements i.e. Community Equipment and Learning Disabilities.
- 3) Further work on Frailty, Complex needs, long term conditions, older people, Mental Health, End of Life Care, Children's Services and Drug and Alcohol Services be undertaken to explore integrated commissioning by June 2014.

**22. Stoke-on-Trent Health and Wellbeing Board**

The Board were given an update from Robbie Marshall, Co-Chair on his attendance at the Stoke-on-Trent Health and Wellbeing Board earlier in the day. He had spoken to the Stoke-on-Trent Board about the value of working together on areas of mutual interest, highlighting examples such as drugs and alcohol and mental health where there were clear benefits to joint work. Board Members acknowledged the value of joint working, recognising the existing linkages, including between the relevant senior officer groups. Mr Marshall suggested that the dialogue between the boards should continue, initially by inviting the chair and vice chair from Stoke-on-Trent to attend future meetings, with a view to hold possibly two shared meetings where there were common priorities. The Board also recognised the importance of retaining local accountability in the relevant authority areas within this dialogue.

**AGREED – That an invitation to future Board meetings be extended to the Chair and Vice Chair of the Stoke-on-Trent Health and Wellbeing Board.**

**23. Questions From The Public**

Representatives from the Local Professional Networks for Pharmacy, Eye Health and Dentistry were in attendance and asked the Board for views on how they could contribute to the Board's work, particularly the health and wellbeing strategic priorities.

Board Members commented on the role of the Joint Strategic Needs Assessment in identifying wider needs, including specific pharmaceutical needs. The Local professional networks were a key source of advice for the Board in the development of the strategy. Work had already begun with the pharmacy network to discuss the role of local pharmacy provision and similar work with the other networks would also be valuable. In response to a further suggestion that the networks share their work programmes with the board, it was suggested that it would be productive for the networks to contact the Clinical Commissioning Groups.

**24. Forward Plan**

The Board considered the Forward Plan for future meetings. The Board was due to hold a workshop session in January to take forward ongoing development work. Items suggested for future formal meetings included consideration of key strategies such as learning disabilities and children and young people services. It was suggested that The Board would also need to consider the final outcome from the Trust Special

Administrators into Mid Staffordshire NHS Foundation Trust and review progress with identified priorities in the Health and Wellbeing Strategy.

**AGREED** – That the progress and timescale of the current Year One 3 and future priorities and work programme be discussed and reviewed at the work shop in January 2014..

## **25. Items For Information**

The following documents previously circulated to Board Members was provided for information:-

- Autism Strategy
- Suicide Prevention Strategy.

The Board noted that the Mental Health strategy had been due to be considered at the December meeting; however it was still being drafted. It was recognised that this was a key area for joint working, Mike Cunningham highlighting that this was a key priority for the Police and asked that the Board discuss these issues. The Cabinet Member for Care offered to work with the police and provide an update to a future meeting.

**AGREED** – That the Board discuss issues with Mental Health at the February 2014 meeting.

**Chairman**