

Minutes of the Health and Wellbeing Board Meeting held on 10 April 2014

Attendance:

Robert Marshall (Co-Chair (In the Chair))	Staffordshire County Council (Cabinet Member for Health and Wellbeing)
Dr. Johnny McMahon	Cannock Chase CCG
Prof. Aliko Ahmed	Staffordshire County Council (Director of Public Health)
Dr. Tony Goodwin	District & Borough Council CEO Representative
Dr. Anne-Marie Houlder	Stafford and Surrounds CCG
Dr. John James	South East Staffordshire and Seisdon Peninsula CCG
Mike Lawrence	Staffordshire County Council (Cabinet Member for Community, Culture and Localism)
Dr. Charles Pidsley	East Staffordshire CCG
Eric Robinson	Staffordshire County Council (Deputy Chief Executive and Director for People)
Jan Sensier	Healthwatch
Dr. Mark Shapley	North Staffordshire CCG
Alan White	Staffordshire County Council (Cabinet Member for Care)

Also in attendance:

Lucy Heath	Staffordshire County Council
Martin Samuels	Staffordshire County Council
Marcus Warnes	North Staffordshire CCG
Denise Vittorino	Staffordshire County Council
Mark Bailey	Newcastle-under-Lyme Borough Council
John Fraser	Stafford Borough Council
John Selgren	Newcastle-under-Lyme Borough Council

Apologies: CC Mike Cunningham (Chief Constable) (Staffordshire Police), Dr. Ken Deacon (NHS England (Shropshire and Staffordshire Local Area Team)), Frank Finlay (District Borough Council Representative (North)) and Roger Lees (District Borough Council Representative (South))

37. North Staffordshire Clinical Commissioning Group

The Board welcomed Dr Mark Shapley to his first Board meeting as the representative of North Staffordshire Clinical Commissioning Group. The Co-Chair also paid tribute to the contribution Dr David Hughes had made to the Board throughout his tenure on the Board both during its formal and shadow phase.

38. Declarations of Interest

There were none on this occasion.

39. Minutes of Previous Meeting

It was noted that Jackie Carnell's name had been incorrectly recorded in the attendance list. It was also noted that the Board had formally signed up to the protocol with the Staffordshire Children's Strategic Partnership and Safeguarding Children's Board. Alan White advised the Board that further consideration of the mental health strategy had been deferred until the July 2014 meeting to allow further work with Stoke-on-Trent to develop a coordinated strategy.

RESOLVED – That subject to the correction of Jackie Carnell's name in the attendance list, the minutes be confirmed and signed by the Chairman.

40. Improving Health and Wellbeing at a local level

The Board considered a report from Tony Goodwin, which gave an update on the work of the task group he was leading to support the delivery of health and wellbeing outcomes at a local level. This highlighted the work of the group to clearly define their task in articulating the role of locality partnerships in delivering strategies, supported by appropriate proportionate governance arrangements with robust and clear lines of accountability. Details of members of both a core task and finish group and a wider engagement group were appended to the report. Key points from the report and discussion included:-

- The scale of the task required significant attention and it was important that there was clarity around what was expected to be achieved. This involved considering the synergies from parallel work that was taking place including County Council work on localities and district public health work.
- The task and finish group had undertaken a mapping exercise to assess existing arrangements and partnership structures to help to develop an understanding of what should be delivered at a local level. This was supported by comparative research and it was noted that there was interest in the innovative approach taken in Staffordshire.
- It was highlighted that, whilst it was accepted that the Health and Wellbeing Strategy was intended to have a high level focus, the development of specific measures to assess performance would aid the understanding of what could and should be delivered at a locality level.
- The group had suggested a framework for a developing model of commissioning at strategic and locality level that involved both commissioners and providers, focussed on high level outcomes targeted on prevention. It was suggested that the

next stage of work would be to develop architecture to support this model by identifying the assets available and resources required and then understanding the governance required. A number of challenges, particularly around a failure to ensure buy in to shared ambitions and formal joint working was highlighted and was suggested that the approach was piloted in individual localities initially before wider roll out.

- John Sellgren, Chief Executive of Newcastle-under-Lyme Borough Council was in attendance and highlighted the fact that the proposed approach had support from across the County. He also commented on areas where joint, locality based working could have a clear impact such as falls prevention, reablement and health promotion.
- Board members commented on existing local partnership infrastructure and asked whether the group had assessed whether sufficient resources were available to support any additional work on health and wellbeing commissioning. Tony Goodwin advised that work was underway to look at existing resources and commented that, whilst there were differences in approaches in different areas there was value in using existing infrastructure, provided support was provided to ensure they were fit for purpose.
- In response to concerns about delivering statutory accountabilities, particularly across administrative boundaries, Tony Goodwin suggested that the new commissioning architecture developed should act as accountable bodies, both through the board and through a clear understanding of their purpose.
- The Board highlighted the importance of focussing intention on developing approaches to deliver new ways of working, particularly on upstream prevention as well as joint spending. Tony Goodwin confirmed that the group were clear on this, focussing on developing work that would offer further benefits beyond that which constituent organisations were achieving through meeting their required duties.

RESOLVED – That

- 1) The task and finish group be thanked for the work so far.
- 2) The work so far and the draft framework for locality commissioning be endorsed.
- 3) The task and finish group present further recommendations at the Board's July meeting.

41. Update from Integrated Commissioning Group

The Board considered a report from the Integrated Commissioning Executive Group (ICEG) updating on the group's work. The group's terms of reference required them to report on their work to each meeting of the board. The Report covered the following areas of activity:-

Better Care Fund (BCF)

The report highlighted the background to the development of the BCF, including details of national funding arrangements and the development of the Staffordshire plan. In addition, a number of issues, including a lack of clarity from central government about the detailed purpose of the fund, the consequential impact on the financial position and risk profile of the constituent organisations and how the BCF as a County wide fitted into wider planning processes that were designed on different geographical footprints were also raised. The Staffordshire Plan had been submitted on 4 April and was now being

considered through the assurance process with NHS England. Martin Samuels also commented on his attendance at an Association of Directors of Adult Social Services (ADASS) where discussions with colleagues in other areas had highlighted similar issues. He also advised that the Minister of State for Care had expressed his personal ambition to move towards further pooled budget arrangements in the future. As part of this direction of travel, the BCF was intended to be used as a catalyst for change with support from NHS England available in areas where it was found to be a challenge. He also highlighted that the process of developing the submission had highlighted a number of issues that would need to be addressed as work moved forward. The Co-Chair also apologised on behalf of the County Council for the fact that development of the submission had required such late sign up.

Staffordshire Strategic System Review

The report outlined that a process of intensive support had been launched nationally by NHS England, Monitor and the Trust Development Authority across eleven health and social care economies, including Staffordshire and Stoke-on-Trent. In addition, the Eastern Cheshire economy which included part of the University Hospital of North Staffordshire catchment was included in the review and Martin Samuels advised the potential for connection throughout the process in the two areas had been raised with the consultants appointed in Staffordshire. The work the consultants were undertaking was designed to support Clinical Commissioning Groups (CCGs) in developing their five-year strategy and work had taken place locally between the Health and Wellbeing Boards in Stoke and Staffordshire to ensure the boards and their strategies and priorities were embedded into the process. A launch event was due to take place on 11 April 2014 and proposals around continuous board involvement were due to be tabled. Whilst the opportunity presented by the work was welcomed, some concern was expressed that there was no planned public engagement around the support, particularly given that any significant outcomes would be of public interest, as demonstrated by the experience at Mid Staffordshire NHS Foundation Trust. Martin Samuels advised that this issue had been raised with NHS England and confirmed liaison would continue on this point.

Programme Management

It was noted that, whilst the Board had agreed priority areas for action through the health and wellbeing strategy, but had found developing a performance reporting structure to support this challenging. ICEG had agreed that a vacant Commissioning Manager post within the former Joint Commissioning Unit should be refocused to support the Board to maintain a sense of progress, hold priority leads to account and identify barriers requiring senior level input. This would enable ongoing work, such as joint work on drugs and alcohol and review of parenting services to be put into a wider planning and performance context. Board Members commented on the importance of drawing work together to inform public messages relating to the Board's work, referring to sub group work developing a public facing narrative. The need for wider support for the Board's infrastructure around communications and development work was highlighted and it was suggested this could be further discussed at a development session.

Integrated Commissioning

The report highlighted a number of areas where the Board had agreed in principle to begin developing integrated commissioning arrangements and the suggested approach to take it forward. This approach broadly built on existing joint arrangements where possible and would ultimately be underpinned by formal section 75 agreements. In parallel, a project plan had been developed that focussed on developing effective and appropriate governance arrangements with clear principles around delegated authority to act and clear understandings around approaches to integration and services. Specific work included workshops on developing a shared understanding of commissioning and ensuring governance was clear and accurate. The project plan included clear timescales that aimed for formal sign off of Section 75 agreements by the end of March 2015. Board members highlighted the importance of developing a common understanding of the wider ambitions around integration beyond the BCF and other formal joint funding arrangements to include areas such as demand reduction. There was also a brief discussion about governance arrangements and some concern was expressed that timescales in the project plan needed to ensure there was sufficient time to get this right. The Board's leadership role was noted, particularly given the significant nature of the services involved.

RESOLVED – That

- 1) The report be noted.
- 2) The Better Care Fund Proposal submitted on 4 April 2014 be endorsed by the Board.
- 3) The approach proposed for integrated commissioning be approved.

42. Health and Wellbeing Strategy – a review of the evidence

The Board considered a report from Lucy Heath and Jan Sensier that introduced a review of the areas identified for action in the Health and Wellbeing Strategy. The full review was appended to the report and key points from the report and discussion included:-

- The data review had involved using a quantitative approach through the recent refresh of the Joint Strategic Needs Assessment (JSNA) against national trends, issues raised by the public and board agendas.
- The outcomes of the exercise had been presented for the Board to discuss and it was noted that, in conjunction with the review, other issues to consider included the level of ambition applied to areas where comparative performance was positive, whether issues were a root cause for wider issues, the impact of inequalities and the level of influence the board could have on areas on in their direct control.
- The review highlighted how the data used related to the agreed priority areas to suggest areas where focus could be reviewed. Board Members commented on the outcome relating to End of life care, highlighting wider work that was taking place on this issue and how it linked into other identified areas. It was also noted that data on the issue was hard to obtain effectively.
- It was noted that, in addition to the data analysis, further work across the identified priorities was taking place that could be mapped. This would help to frame a review of priorities and could link into wider work to develop the Board's public facing narrative.

- A distinction was drawn between different areas of the Board and constituent organisation's work across priorities where the focus was on prevention, intervening and reacting and seeking to influence wider work.
- It was suggested that further assessment of short and long term gain associated with the priorities would be valuable and a potential task for the programme manager when appointed.

RESOLVED – That further work to assess the priorities through mapping existing work and developing an understanding of short and long term benefits be undertaken.

43. Health and Wellbeing Intelligence Support

The Board considered a report from Lucy Heath and Jan Sensier that suggested the development of an integrated approach to intelligence support to deliver the Health and Wellbeing strategy. Key points from the report and discussion included:-

- A previous Health and Wellbeing Board workshop session had included a discussion on options for delivery of the health and wellbeing strategy. This had included commissioning support functions such as insight and intelligence, highlighting the value an integrated approach could play.
- The report outlined the current approach, highlighting existing joint working across public health, the County Council insight function and Engaging Communities Staffordshire. The report went on to make a number of practical recommendations around:-
 - Joint work and a role for the Integrated Commissioning Executive Group in reviewing the Joint Strategic Needs Assessment (JSNA)
 - Enhancing the JSNA through incorporating existing in-depth linked work through the Staffordshire Observatory
 - Production of district outcome matrices to support District Health and Wellbeing groups in reviewing their JSNA work.
 - Support for programme leads in the use of insight in developing delivery arrangements around the priority areas for action.
 - Support for Clinical Commissioning Groups (CCGs) in requesting support from the Commissioning Support Unit (CSU) to obtain and link data.
 - Further engagement work across the districts.
- The Board discussed each of the recommendations in turn and endorsed the approach. Some concern was expressed about the engagement with the CSU and Board Members suggested any further work by the CSU in this area could only be undertaken if it did not impact on their existing commitments.
- It was noted that the proposed engagement work would need to clearly link into the task and finish work Tony Goodwin was leading.

RESOLVED – That

- 1) The plan to review Joint Strategic Needs Assessment data on annual basis through the Integrated Commissioning Executive Group making recommendations to the Board on strategic priorities be supported.
- 2) The Board request that relevant in-depth analyses branded as Joint Strategic Needs Assessment, promoted through the Staffordshire Observatory.
- 3) The Board request that District Health and Wellbeing groups review their enhanced Joint Strategic Needs Assessments using the District Outcome Matrix and engagement work.

- 4) The Board request that District Health and Wellbeing groups develop the asset section of the enhanced Joint Strategic Needs Assessment to focus on the 12 areas for action.
- 5) The Board support the development of Health Needs Assessment through programme and insight and intelligence leads.
- 6) The Board support Clinical Commissioning group Accountable Officers to formally request support from the Commissioning Support Unit to support insight and intelligence work, subject to this not impacting on their existing commitments.
- 7) The Board request that the district and locality partnership organises further engagement events to build on previous work to develop and prioritise areas for action.

44. Questions from the Public

There were no questions from the members of the public present on this occasion.

45. Forward Plan

The Board considered a report from Denise Vittorino and Peter McKenzie that set out an approach for future development of the Board work Programme. The report set out the Board's statutory functions and duties and highlighted how work across the previous year had fitted into the following framework based on these duties:-

- Strategic needs assessment and planning
- Assessment of how organisations' commissioning intentions and joint arrangements met needs and fit with strategic plans
- Active encouragement of integrated commissioning
- Effective assessment of performance against identified priorities.

An indicative work programme for the quarterly public meetings 2014/2015 year based around this framework was also included. It was noted that the report back from the locality delivery task group needed to be added to the programme for July. Denise Vittorino also highlighted the parallel work that would take place through the development sessions, including consideration of how the board would effectively assess organisations' commissioning intentions. Board Members also noted the linkage to previous discussions around need to consider the wider infrastructure to support the Board in delivering work identified as a priority.

RESOLVED – That

- 1) The framework and indicative work programme be adopted for prioritising and identifying future board work.
- 2) The board discuss its wider infrastructure support at a future development session.

Chairman