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

Attendance:

_

Robert Marshall Staffordshire County Council (Cabinet

Member for Health and Wellbeing)

Dr. Johnny McMahon Cannock Chase CCG

Frank Finlay District Borough Council Representative

(North)

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 Children, Communities and

Localism

Roger Lees District Borough Council Representative

(South)

Dr. Charles Pidsley East Staffordshire CCG

Eric Robinson Staffordshire County Council (Deputy Chief

Executive and Director for People)

Jan Sensier Healthwatch

Alan White Staffordshire County Council (Cabinet

Member for Care)

Also in attendance:

Lucy Heath Staffordshire County Council

Rita Symons South East Staffordshire and Seisdon

Penninsula CCG

Marcus Warnes North Staffordshire CCG

Denise Vittorino Staffordshire County Council

Duncan Whitehouse

Apologies: Prof. Aliko Ahmed (Joint Director of Public Health) (Staffordshire County Council (Director of Public Health)), CC Mike Cunningham (Chief Constable)

(Staffordshire Police), Dr. Ken Deacon (NHS England (Shropshire and Staffordshire Local Area Team)) and Dr Mark Shapley (North Staffordshire CCG)

46. Declarations of Interest

There were none on this occasion.

a) Minutes of Previous Meeting

The Board thanked Robbie Marshall for his leadership and co-chairmanship of the Board. The co-chair would now be the County Council's Cabinet Member for Care. Thanks were also given to Peter McKenzie who had provided governance support to the Board.

RESOLVED – that the minutes be confirmed and signed by the Chairman.

47. Health and Wellbeing Strategy - Follow up on Outcomes

The Board considered a report from Lucy Heath which brought together the Board's deliberations from its April and May meetings in terms of priority areas and supporting indicators. The revised priorities include nine priority areas for the joint procurement of care and support reflecting the integrated commissioning project areas and two priority areas are proposed for the joint procurement of prevention and early intervention.

Delivery against the priorities needed to be fit for purpose with a number of these best delivered at a locality level whilst some needing to be delivered on a Countywide basis.

It was queried whether patient and user experience outcomes had become lost within the strategy. It was also important to develop a you said-we did approach to communicating the impact of the work of the Board. Greater prominence to the role of carers was given as an example of changes made following feedback to the original strategy.

RESOLVED – That:

- 1. The Board endorses the revisions to the strategy.
- 2. The Integrated Commissioning Executive Group be given the responsibility to further develop the outcomes and supporting indicators.
- 3. An update on all 9 priority areas is brought back to the Board at its October meeting.

48. Reducing the Harm caused by Alcohol

Tony Bullock, Integrated Commissioner for Alcohol and Drugs, introduced the report setting out progress made by the Alcohol and Drug Executive Board over the last 12 months. There has been a strong emphasis on prevention and early intervention as well as the continued targeted use of regulation and enforcement and treatment/ recovery. Early indications of success include a reduction in the overall rate of admissions to

hospital and reduction in specific conditions. The numbers accessing and completing drug treatment has also increased.

Innovation has included more effective identification of potential issues such as links to hypertension, education diversion programmes for lower level offences and additional recovery facilities in Cannock. IT was also highlighted that there was a lot of work taking place in districts around under age sales and addressing crime and disorder issues.

It was possible to capture admission record data from hospital trusts although the consistency of data from Trusts was not yet consistent. Support from licensees had been positive. It was important to take account of parents giving alcohol to their children as a means of under age drinking as well as simply actions of licensees. It was also reiterated that education was a priority.

RESOLVED – That the Board:

- 1. Continues to recognise alcohol and drugs as a priority.
- 2. Supports the ongoing development of the ADEB strategy; and
- 3. Where relevant, provide operational support to commissioned services.

49. Improving Health and Wellbeing at a local level

Tony Goodwin introduced his report on Achieving Strategic Outcomes through Locality Based Delivery saying that the proposals would build on the work that was already taking place at a locality level providing a mechanism for promoting an approach that would add value to the priorities of all organisations around the table. In developing these proposals discussions had taken place with all local authorities, CCGs and Local Strategic Partnerships.

The task and finish group found that the ambitions is respect of wellbeing were firmly shared across all partners. The challenge existed in translating these ambitions into concrete action. Key was to recognise the uniqueness and diversity of Staffordshire and avoid a one size fits all solution.

The review drew out a range of good practice but also the need for consistency in strategic commissioners engaging with each other to consider in the round impacts on particular communities. There remains some disconnect in terms of a common language and common understanding of what commissioning entails across partners.

In terms of statutory requirements then the organisations responsible should be left to get on and deliver and be accountable. There could be far greater collaboration around joint priorities and there needs to be a commitment and will from the Board to drive these forward. There was clear support through discussions with partners for the development of Locality Commissioning Board's building on existing Responsible Authorities Group structures.

Key points from the discussion included:

- Support for what Tony and the task and finish group had done and the recommendations they had made and recognition that some locality structures were working well.
- The need for the political will to drive this forward and recognition that the outcomes strongly reflected the ambitions and priorities of the Board.
- A discussion around the governance structures that would be needed at a locality level to make this work and whether this entailed new governance arrangements or simply clarity around existing mechanisms.
- Reinforcing the importance of not dictating to localities what the infrastructure should look like and the need to recognise that resources will need to be directed through localities to deliver this agenda.

RESOLVED:-

- 1. That the Board endorse the recommendations set out in the report and thanked the task and finish group for the work they had done.
- 2. That an update be brought back to the October meeting.

50. Children and Young People's Strategy

Anna Halliday, commissioner for Education and Wellbeing introduced the Strategy for Children and Young People which sets out a focus around prevention and early intervention and priorities around children and young people who are safe, belong, contribute, achieve and are happy and healthy.

The Strategy had been designed around ensuring alignment with the Health and Wellbeing strategy in terms of the start and grow well themes, to champion the needs of children, young people and their families and establish a strategic framework that defines vision, priorities and outcomes.

The Board endorsed the Strategy and offered full support to the priorities set out in the document.

RESOLVED: - that the Board:

- 1. Endorse the Children's Strategic Partnership strategy 2014-18 and approach.
- 2. Champion support for the 5 delivery groups to secure improved outcomes.
- 3. Recognise the CSP as a formal sub-group of the Health & Wellbeing Board.
- 4. Offer support & action to strengthen district engagement.

The Board wasn't at this time able to formally establish the Children's Strategic Partnership as a sub group of the Board as it was in the process of reviewing the infrastructure it needed to deliver against its stated priorities.

51. Joint Staffordshire and Stoke-on-Trent Mental Health and Wellbeing Strategy

Rita Symons and Alan White introduced the Strategy which has been designed around a partnership between service users, providers, professionals and strategic commissioners. The strategy has a clear focus on outcomes including physical health, work, a safe place to live, being part of a community and reducing social stigma, no s.136 detentions in Police custody, reduced demand and support to carers. These are based around the Recovery Star Model. The intention is for two delivery plans based on a north/ south basis.

The Board also heard from Danni who is a recovery champion who highlighted the value of recovery models, a focus on what individuals can achieve rather than what they can't do and the value of supportive work environments.

Significant work had been undertaken to engage partners in the development of the Strategy including the Acute Providers. It is significant that this is a joint strategy with Stoke on Trent City Council and CCG.

The importance of getting support right first time was discussed and the commitment to take the Strategy through local governance and partnership forums for endorsement and commitment to.

RESOLVED:- That the Board endorse the Joint Mental Health Strategy.

52. Commissioning Intentions

It was confirmed that the Board had received on overview of the commissioning intentions of key partners to ensure alignment with the Health and Wellbeing Board strategy and that an assurance process had been undertaken.

53. Update from Integrated Commissioning Executive Group

Rita Symons gave an update on the Better Care Fund with a Working Group having been established and resubmissions due by the 1 August. The distressed Health Economy review has also been extended into August.

54. Questions from the public

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

55. Forward Plan

The Forward Plan was noted.

Chairman