

Minutes of the Health and Wellbeing Board Meeting held on 10 December 2015

Present:

Dr. Charles Pidsley (Co-Chair)	Helen Riley
Alan White (Co-Chair)	Chief Constable Jane Sawyers
Ben Adams	Jan Sensier
Frank Finlay	Dr Mark Shapley
Mike Lawrence	Chris Weiner
Roger Lees	Glynn Luznyj

Also in attendance: Helen Coombes - Head of Care and Interim Director of Adult Social Services, Staffordshire County Council, Sheila Crosbie- Commissioning Lead for Children, North Staffordshire Clinical Commissioning Group, Paula Furnival – Programme Director, Roger Graham - CCG Commissioning Manager Children and Young People, South Staffordshire Clinical Commissioning Groups, Amanda Stringer- Programme Manager, Kate Waterhouse - Head of Insight, Planning and Performance, Staffordshire County Council and John Wood - Independent Chair of Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board.

Apologies: Dr. Ken Deacon, Dr. Tony Goodwin, Dr. John James, Dr. Paddy Hannigan and Dr. Mo Huda.

PART ONE

99. Declarations of Interest

There were none received.

a) Minutes of Previous Meeting - 10 September 2015

The first names of Dr Paddy Hannigan, Dean Stevens and Helen Coombes should have been included in the minutes. It was noted that Paula Furnival, Programme Director and Amanda Stringer, Programme Manager were in attendance at the meeting held on the 10 September 2015.

It was **RESOLVED** that subject to the above amendments the minutes of the meeting held on the 10 September 2015 be confirmed and signed by the Chairman.

100. Questions from the public

The following questions from Sandra Payne, Operations Manager South, Support Staffordshire, on behalf of Action on Hearing Loss, were tabled at the meeting;

What action will the Health and Wellbeing Board take following the 8 October county council motion against hearing aid cuts, which came about after nearly 6,000 Staffordshire residents signed a petition opposing cuts? What discussions have been

had with the Healthy Staffordshire Select Committee following its hearing aid working group held on 25 November?

In the discussion that followed it was confirmed that;

- The Hearing Aid consultation was in abeyance.
- North Staffordshire CCG had been implementing their Hearing Aid policy from the 1 September 2015.
- The CCG Prioritisation Process was being reviewed.

It was confirmed that the second question had been shared with the Chair of the Healthy Staffordshire Select Committee for a response.

It was **RESOLVED** that the Board would receive information regarding the CCGs Prioritisation Process after consideration by the Collaborative Commissioning Congress.

101. Membership of the Board

Dr Charles Pidsley (Chair) introduced the report and noted the personnel changes on the Board and suggested that inviting Rita Symons, Staffordshire Transformation Director to become a Member of the Board would be positive as she would provide clear insight into the work of the Collaborative Commissioning Congress.

In the discussion that followed it was suggested that NHS England be contacted regarding their attendance at Board meetings as there had been a change of personnel and the regional representative could now be in a position to attend.

It was **RESOLVED** that the Board;

- Approve the appointment of Rita Symons as the Staffordshire Transformation Director to the Staffordshire Health and Wellbeing Board.
- Note the changes to the titles and responsibilities of the County Council senior officer representatives on the Board.
- Write to Ken Deacon, NHS England, to ensure a representative attend the Board from NHS England in his absence.

102. Children's Mental Health Strategy

Sheila Crosbie, Commissioning Lead for Children, North Staffordshire Clinical Commissioning Group welcomed the opportunity to discuss the Local Transformation Plan for Child and Adolescent Mental Health (CAMH). She referred to national concerns, with a Mental Health Taskforce and a Parliamentary Inquiry focussed on CAMH. Pressures on Tier 4 in-patient services, which were the responsibility of NHS England were recognised. CAMH was now a government priority and resources had been made available. Allocations had been based on weighted populations but to secure this funding a Local Transformation Plan had had to be provided. Guidance was published in August 2015 and by the end of October 2015 the Plan had to be submitted to NHS England Specialised Commissioning. Prior to this, the plan required sign off from the CCG Accountable Officers and the Stoke on Trent and the Staffordshire Health and Wellbeing Boards. Due to time constraints it was agreed that this would be done via Chairs Action and Dr Charles Pidsley has signed the plan on behalf of the Board. The focus of the plan was around reducing pressure on in-patient access. On the 26 October

2015 confirmation was received that the plan had been approved and that funding would be released to the individual CCGs. Feedback was that some minor modifications/clarifications were required to the narrative. The Plan was based on national priorities, as listed in the report. Across Staffordshire £1.5 million of funding had been received for 2016/17. This would be received recurrently for five years and included in CCG baselines. In terms of governance the intention was to build on existing groups rather than create a new structure but a pan Staffordshire Strategic Board for Child and Adolescent Mental Health Services (CAMHS) had not existed previously. An implementation group including commissioners and providers would also meet. It was a pan-Staffordshire Plan, aligned to the existing strategies for Stoke on Trent and Staffordshire. A central referral hub had been introduced in the summer of 2015 and capacity would be increased. The target was to ensure access to an initial appointment within four weeks by June 2016. This would be a considerable improvement on the current position. In the north of Staffordshire schemes would be provided by North Staffordshire Combined Healthcare Trust and in the south, South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

Roger Graham, CCG Commissioning Manager Children and Young People, South Staffordshire Clinical Commissioning Groups, referred to the specific allocation for eating disorder. Intensive outreach was a priority area with the ambition of reducing Tier 4 admissions. The focus was on supporting people at home. Tier 3 Plus would be strengthened. A Participation Officer in the South would work with young people to find out how they wanted to be communicated with. A proportion of funding would be used to add to capacity at Tier 2, which had been commissioned by local authorities and provided by third sector providers. It was acknowledged that the momentum around early intervention had been lost in 2010 with reductions in CAMHS resources. Support would be provided to schools in the form of training and awareness raising amongst pastoral staff. The neuro psychiatry service would be developed as this service supported some of the most challenging cases and other specialist services would be developed to avoid Tier 4 admissions. It was confirmed that allocations had been made to the four individual CCGs in the south of the County and reporting would be based on the individual CCG allocations.

In the conversation that followed;

- The Board congratulated the team for securing the £1.5 million investment into the Staffordshire economy.
- Issues with the diagnosis of autism in adults had been picked up by Healthwatch Staffordshire but it was confirmed that the plan related to children and young people up to the age of eighteen years and not adults.
- Healthwatch Staffordshire's involvement in the development of the plan was queried and it was clarified that a Participation Officer had co-ordinated user feedback.
- It was suggested that Healthwatch Staffordshire and user representation should be included in the proposed governance structure and it was confirmed that Healthwatch Staffordshire's representation would be welcomed on the Implementation Group in the south.
- It was queried how the plan fitted with current strategies, what the existing waiting times were for Tier 4 services and how national priorities would impact on local priorities.
- It was confirmed that baseline information was included in the plan and that there would be detailed monitoring which would be reported back to NHS England.

- It was explained that guidance was very prescriptive on how eating disorder services could be developed and delivered and that this was a national priority.
- CAMHS currently received approximately £3.5m.
- It was queried how the Board could be satisfied that the nationally imposed plan would work locally and was making a difference in meeting unmet need. It was anticipated that the plan would have an impact on waiting times with an investment in early intervention.
- Business cases had been approved and implementation could commence. Funding for the year had been provided in month eight of the financial year and the team was keen to recruit quickly.
- Finances would be reported quarterly and there was a five year timetable.
- It was queried why a CAMH Pan Staffordshire Strategic Commissioning Board was required as well as the Collaborative Commissioning Congress. There was already a Pan Staffordshire Mental Health Commissioning body. Concerns were raised about possible duplication and it was suggested that there should be some discussion with the Collaborative Commissioning Congress. It was confirmed that the existing body focussed on adult mental health only and that Rita Symons had been consulted.
- It was queried how the Board could be satisfied that the increased funding was creating significant improvements in Staffordshire.

It was **RESOLVED** that the Board;

- Note the approval of the pan Staffordshire Local Transformation Plan.
- Agree the proposed governance arrangements.
- Note the progress in developing business cases.
- Agree reporting to the Board on a six monthly basis.

Note from Clerk: Following the discussion, the role of schools was highlighted and the Programme Director contacted the Commissioner for Education and Wellbeing, Staffordshire County Council regarding schools involvement in progressing the Plan.

103. Health and Wellbeing Board Intelligence Group Update

Chris Weiner, Interim Director for Health and Care, introduced the Intelligence Group Update which included a summary of the quarterly performance and outcomes report, detailed analysis on outcomes that were initially identified by the prioritisation process, the focus of the first deep dive - healthy lifestyles and diabetes prevention, evaluation of the CCG commissioning intentions and assessment of the mental health and alcohol and drugs strategies.

It was **RESOLVED** that the Board note and approve the recommendations within the reports presented as part of the Health and Wellbeing Board Intelligence Group update.

a) Outcomes Report

Chris Weiner introduced the performance and outcomes report which brought together key outcome measures from the national outcomes frameworks for the NHS, adult social care and public health.

In the discussion that followed;

- It was commented that the shift to the left and patient and user experience was not included. It was confirmed that some financial modelling had been undertaken for the Collaborative Commissioning Congress and that patient experience could be used to bring information to life although there was not one way to measure this.
- It was acknowledged that the Feel the Difference survey asked a number of questions about people's views on health and social care in Staffordshire and there was not one performance measure that could be provided. Information gathered was fed to relevant services.
- It was suggested that where information on user experience was gathered this could be mapped to develop measures to inform the Health and Wellbeing Board.
- It was put forward that the Board should focus on areas that it could influence and drive improvement where performance was getting worse, for example breast feeding rates.
- It was suggested that Board Members take the data away from the meeting and ask what their organisation was doing to address areas of worsening performance.
- It was identified that in some areas interventions had not made a big difference and that sometimes one professional, for example a pro-active midwife, could make all the difference.
- It was suggested that performance in relation eating disorders and waiting times for CAMHS could be included in future reporting to the Board and confirmed that this would be picked up for the next meeting.

It was **RESOLVED** that the Board note the information contained within the health and wellbeing outcomes and performance summary report for Staffordshire – November 2015.

b) Deep Dive - Lifestyle

Chris Weiner introduced the report which focussed on diabetes prevention. Performance against healthy lifestyle indicators such as excess weight, inactivity and healthy eating was not going in the right direction and although there had been a decline in mortality rates there had not been a decline in the levels of ill health. Ninety four percent of people in Staffordshire had at least one lifestyle risk indicator. Smoking remained a significant risk factor but an unhealthy diet had now taken the lead. There remained a gap between what was known and what was known about what worked. Over two thirds of people were over weight or obese and only half of people took sufficient exercise. To make a one percent improvement, services would need to reach out to thirty seven thousand people. Intervention would have to be delivered on a sufficient scale to have an impact. Performance data indicated inequalities in the care and treatment for diabetic patients across Staffordshire and Stoke on Trent. Children were starting school overweight. The system was highly complex and whole system change was required. There was a need to align policies, decide where to focus attention and consider how to implement policies that would be effective at scale. Some groups remained at higher risk of diabetes and it was important to engage with them. It was essential to recognise the scale of the problem and if this was addressed it would have a huge impact on the people of Staffordshire by improving health and wellbeing outcomes and creating a system which could drive down future cost.

In the conversation that followed;

- It was confirmed that Type 2 diabetes was reversible in some circumstances. For example diabetes could be reversed in certain patients with high levels of obesity who had bariatric surgery. In less severe Type 2 cases, a better diet and exercise could reverse the situation.
- It was suggested that £200m would be better spent on diets and gym membership than on drugs.
- It was emphasised that the environment had to change to force people to take more exercise and to make access to unhealthy foods more difficult.
- The important role of education programmes in schools and in the community was referred to.
- It was agreed that local authorities had a role to play but that central government also had a responsibility. It was suggested that the District and Borough Councils make representations that the Licensing Act should be amended to include health and wellbeing considerations, as in Scotland. It was later clarified that District and Boroughs had raised this issue in the past and there was the option to consult Public Health in licensing discussions.
- It was acknowledged that there was not one way to address the problem but to make an impact collective action was required. An example of an entire US city going on a diet was referred to.
- An example of work being undertaken in the East Midlands where by employers had signed a responsibility deal with Public Health was referred to. It was suggested that this be included in the discussions at the Boards Joint Workshop with the Local Enterprise Partnership.
- It was suggested that central government should consider reducing the level of sugar in foods.
- It was acknowledged that in the past the attention of Public Health was focussed on intervention at an individual level. There was a need to shift from the highly interventionist to focussing on having an impact on a wider number of people. The key was the shift in scale.
- There were interventions available such as the walking groups which had an impact but were not costly to run.
- It was suggested that services that would not achieve the scale of change required should be withdrawn.
- It was commented that NHS Health Checks were costly and needed to produce benefits. Those who had a Health Check were often those who needed it least.
- The national focus on work to encourage healthy eating was referred to.

It was **RESOLVED** that the Board;

- Endorse a whole system approach to healthy eating and physical activity in Staffordshire and Stoke on Trent.
- Support the identification and alignment of local policies and plans to create the right environment locally to support healthy lifestyles e.g. planning for health and creating local healthy food systems and environments through rural, economic, climate change, transport planning and spatial planning policies and plans.
- Support the securing of population-wide physical activity and healthy eating opportunities across Staffordshire (e.g. community-wide approach to build on or enhance existing community assets.)
- Capitalise on opportunities to raise public awareness of the risks of unhealthy lifestyles and excess weight across all settings and actively promote opportunities

available to support citizens to maintain a healthy weight using easily accessible information, advice and guidance (for example supporting a wider and more innovative use of technology).

- Support the implementation of interventions which effectively target and achieve successful behaviour change in higher risk populations.
- Support the reduction in inequalities in primary care across the diabetes pathway from identifying pre-diabetics through initiatives such as NHS health check programmes to care and treatment of diabetic patients to ensure they receive good outcomes.
- Respond individually to a questionnaire to be circulated on how the organisation that they represent is working to address the above resolved actions.

c) Clinical Commissioning Group Commissioning Intentions Review

Paula Furnival, Health and Wellbeing Board Programme Director introduced the report which provided a collective summary of the assessment of CCG Commissioning/Operational Plans 2015. It was confirmed that each CCG had received individual feedback and strengths and opportunities had been identified. The authors of strategies and plans had been offered pointers around greater alignment for future action/development. Use of the evidence contained in the Joint Strategic Needs Assessment and alignment with the Living Well in Staffordshire Strategy had been considered. It was commented that all CCGs were facing massive challenge and noted that since the plans were written a number of changes had taken place with greater collaborative working between the CCGs through the Collaborative Commissioning Congress. Plans going forward would have a greater focus on prevention and care closer to the person and the Board would wish to see evaluation by patients, user feedback and models of care shaped by stakeholders.

In the conversation that followed, it was commented that;

- There was a lot of learning from the assessment and it was hoped that the CCGs would take this into account.
- Learning needed to be included in the system and reported back to the Collaborative Commissioning Congress and demonstrated in the Case for Change

It was **RESOLVED** that;

- The Board note the plans that had been reviewed and endorse the improvements required and outlined as opportunities.
- That the draft Case for Change be considered by the Board.

d) Review of Drugs and Alcohol Strategy

A report on the review of the Drug and Alcohol strategy as part of the alignment of commissioning strategies to the Living Well in Staffordshire was referred to.

It was commented that;

- There was a good level of evidence of how the Joint Strategic Needs Assessment fed into the strategy but less evidence of patient engagement.
- There was a clearly outlined approach to recovery and asset based community development.

- The strategy was clear in its intent with a focus on shifting to prevention, early help and recovery (after treatment).
- There was an opportunity to share learning with other strategic leads.
- Whilst there was strong integrated working with the CCGs and the local authority there was an opportunity to further align the strategy with the police.
- Overall the strategy was positive.

It was **RESOLVED** that the Board;

- Commend the development of the Strategy and the work involved in taking an approach across the whole system.
- Further evaluate the progress of the development of the strategy and its delivery plans in a cycle of outcomes reporting to the Board.
- Endorse the approach to the evaluation taken by the Intelligence Group.

e) Review of Mental Health Strategy

The Board received a report detailing the assessment of the alignment of the Mental Health is Everybody's Business strategy to the Living Well Strategy.

In the discussion it was commented that;

- Having a separate strategy and stand alone delivery for adult mental health was an opportunity.
- There was a lot of alignment and co-working but budgets were not yet pooled, although there was a joint commissioning team for mental health.
- Engaging Communities had undertaken community engagement to feed into the Mental Health Strategy. A report could be provided to the Health and Wellbeing Board if requested.
- Nervousness was expressed about whether or not the opportunities that had been identified would be taken forward and it was commented that the Collaborative Commissioning Congress could support this process.

It was **RESOLVED** that the Board;

- Commend the development of the Mental Health Is Everybody's Business strategy and the work involved in gaining sign up and ownership of the approach across the whole system.
- Monitor and evaluate the opportunities achieved in the regular performance oversight, with a detailed progress report to be reported in six months time.
- Endorse the approach to evaluation by the Intelligence Hub.

104. Better Care Fund

Alan White, Co-Chair of the Board and Cabinet Member for Health, Care and Wellbeing introduced the item, highlighting that there was more work to be undertaken and that the Better Care Fund (BCF) would continue for future years.

Helen Coombes, Head of Care and Interim Director of Adult Social Services, Staffordshire County Council, explained that a stocktake exercise was being undertaken to ensure that the lessons learnt from the current year could be taken forward into the plan for 2016/17. Data showed that performance around non elective admissions was

within the plan's expectations. Twenty percent of the fund was dependent on this. In terms of Accident and Emergency attendances, there had been a slight reduction over the summer months however this was to be expected. Although the rate of social care assessments of new clients had fallen, the level of reduction required to achieve the planned figure had not been met as a result of the implementation of the Care Act 2014, which had broadened the criteria for assessment of needs. Admissions of older people (aged 65 and over) to residential and nursing care remained low compared to elsewhere in the West Midlands however seasonal fluctuations would lead to increases later in the year. Work was being undertaken to ensure consistent reporting of delayed discharge from hospital to reablement/rehabilitation services, with two workshops being held. The BCF would continue going forward and national guidance was awaited. It was anticipated that the BCF would need to become less bureaucratic and that the Health and Wellbeing Board would have a pivotal role in driving forward integration. Final sign off would take place on 11 April 2016.

In the discussion that followed that following points were made;

- The process had commenced in November 2013. It was hoped that the Department of Communities and Local Government and the Department of Health would align.
- The announcement of an additional £500m was referred to and it was confirmed that a small amount would be available in 2017/18 and that this would scale up in 2019/20.
- It was queried if the District and Borough Councils would be allocated the same Disabled Facilities Grant as the previous year as there were concerns that potentially there could be an increase in the number of delayed discharges of care as adaptations could not be made. It was acknowledged that as soon as the allocations were known the District/Borough would be informed.
- The outcomes of the BCF were queried and work to develop Staffordshire Cares was referred to.
- It was suggested that if there were seasonal variations in performance that were anticipated then these should be included in the BCF.

It was **RESOLVED** that the Board consider the future direction of the Better Care Fund in more detail.

105. Autumn Spending Review/Comprehensive Spending Review

Alan White provided an update to the Board and explained that Health and Social Care was a key part of the Autumn Statement with £10 billion allocated over a five year period with £6 billion to be provided in the first year. £22 billion in efficiency savings was expected from the NHS. An additional £600 million would be available for mental health and £1.5 billion through the BCF. Local authorities had been given permission to raise an additional 2 percent in Council Tax, which would be ring fenced to support health and social care. There were efficiency savings to be made of 6.2 percent in public health each year which could make the shift to the left more challenging. Services had to work more creatively and do things differently to make the savings required. £1 billion would be invested in technological improvements and £5 billion in health research and development. Patients would have to be diagnosed or given the all clear from cancer within four weeks and there would have to be investment in diagnosis. £1.5 billion would be allocated to the BCF by 2019 however overall there would be a real term decrease. The government would not determine what health and social care integration should

look like but would highlight models that worked. Plans had to be submitted by April 2017, however Staffordshire was already underway with this and ahead of other areas, with the development of the Collaborative Commissioning Congress. In response to a question posed it was confirmed that the Council's Medium Term Financial Strategy had been published and a decision would be made in February 2016.

106. Forward Plan

Paula Furnival provided an update to the Board on future items. It was confirmed that workshop sessions would be held in January and February. The next public meeting of the Board would take place on the 10 March and include consideration of the BCF submission and the Staffordshire Families Strategic Partnership Update.

107. Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board Annual Report

John Wood, Independent Chair of Staffordshire and Stoke on Trent Adult Safeguarding Partnership Board took the opportunity to introduce himself to the Health and Wellbeing Board.

In the discussion that followed;

- It was confirmed that the number of referrals had increased and it was thought that this was a result of greater awareness raising and training which had encouraged reporting. He undertook to consider this in more detail.
- The Multi Agency Safeguarding Hub (MASH) in Staffordshire was an example of best practice and was visited by local authorities from elsewhere, however representatives from the Staffordshire MASH were also in regular liaison with colleagues outside the area, enabling learning from elsewhere to be shared. If an issue arose information could be shared very quickly.
- Current issues included problems with Care Homes as some did not have the best business models and the introduction of the National Living Wage would create pressures. There had also been an increase in the number of the Deprivations of Liberty referrals as the definition had changed which had resulted in a backlog.
- It was confirmed that the Cabinet Member for Health, Care and Wellbeing was in regular dialogue with the Association of Care Home Providers and was keen to see the evidence behind the concerns raised.
- Nationally there was no evidence to demonstrate the link between the cost of care and the quality of care. The vast amount of issues were in relation to quality rather than safeguarding.
- There were increasing amounts of family abuse.
- Modern slavery was taking place in Staffordshire. This included forced labour and adult exploitation and there were signs that this could be an issue going forward.

Co-Chair

Documents referred to in these minutes as Schedules are not appended, but will be attached to the signed copy of the Minutes of the meeting. Copies, or specific information contained in them, may be available on request.