

## Minutes of the Health and Wellbeing Board Meeting held on 10 March 2016

### Attendance:

Dr. Charles Pidsley	East Staffordshire CCG (Chair)
Alan White	Staffordshire County Council (Cabinet Member for Health, Care and Wellbeing)
Frank Finlay	District Borough Council Representative (North)
Bill Gowans	Together We're Better
Richard Harling	Staffordshire County Council (Director for Health and Care)
Dr. John James	South East Staffordshire and Seisdon Peninsula CCG
Mike Lawrence	Staffordshire County Council (Cabinet Member for Children and Community Safety)
Roger Lees	District Borough Council Representative (South)
Helen Riley	Staffordshire County Council (Deputy Chief Executive and Director for Families and Communities)
Chief Constable Jane Sawyers	Staffordshire Police
Jan Sensier	Healthwatch Staffordshire
Dr Mark Shapley	North Staffordshire CCG

**Also in attendance:** Paula Furnival (Programme Director), Mick Harrison (County Commissioner for Children and Community Safety), Amanda Stringer (Programme Manager) and Chris Weiner (Commissioner for Public Health).

**Apologies:** Ben Adams (Cabinet Member for Learning and Skills, Staffordshire County Council), Ken Deacon (NHS England, Shropshire and Staffordshire Local Area Team), Tony Goodwin (District & Borough Council CEO Representative), Andy Donald (Chief Accountable Officer, Stafford and Surrounds CCG), Fiona Hamill (NHS England), Paddy Hannigan (Chair, Stafford and Surrounds CCG), Mo Huda (Chair, Cannock Chase CCG), Glynn Luznyj (Staffordshire Fire and Rescue Service) and Rita Symons (Chief Accountable Officer, Together We're Better).

### 108. Declarations of Interest

There were none received.

- a) Minutes of Previous Meeting held on 10 December 2015

It was agreed that the minutes of the previous meeting held on the 10 December 2015 were an accurate record and should be signed by the Co-Chair.

Referring to the actions from the previous meeting Chris Weiner, Commissioner for Public Health, Staffordshire County Council explained that following further work to identify gaps in information, a questionnaire would be circulated on diabetes.

Progress on the Pan Staffordshire Transformation Programme was queried and the following points were made;

- The Health and Wellbeing Board should be sighted on the Transformation Programme and there was a lack of transparency.
- The governance of the Transformation Programme was queried and it was explained that commissioners and providers now had a presence. A recruitment plan was being developed and would be made public shortly.
- Lessons could be learnt from the TSA process. It was important to ensure true engagement. This was a national issue.
- It was encouraged and confirmed that Staffordshire Healthwatch would be making representations to Healthwatch England regarding this matter as it was important for the public to have a voice.
- It was noted that the NHS England Board Member and Substitute Member had given apologies for the meeting but the Area Team Director for NHS England should be notified of the Boards concerns immediately.
- It was confirmed that the Cabinet Member for Health and Social Care had written to NHS England highlighting that taxpayers were paying for health and social care and therefore should be consulted on developments.
- It was suggested that the Regional Director for NHS England should be contacted.
- A special meeting of the Board was suggested.
- Changes to the local health economy such as the stepping down of two NHS Trust Chief Executives and changes at Burton Hospitals NHS Foundation Trust were referred to.
- Learning from the TSA process, those in the local system had to be included in the transformation progress.

It was **Resolved** that;

- The minutes of the meeting held on the 10 December 2015 be confirmed and signed by the Chair.
- The Co-Chairs of the Board contact the Area Team Director for NHS England immediately regarding the Board's concerns.
- A letter be drafted to NHS England expressing the Board's concerns.
- An Action Tracker be produced following every meeting.
- The Board be kept up to date with progress and outcomes.

## **109. Questions from the public**

Garry Jones, Chief Executive, Support Staffordshire expressed frustration at the lack of voluntary sector representation on the Health and Wellbeing Board and asked when the Board would consider this request.

Dr Charles Pidsley, Co-Chair referred to a letter that had recently been sent to the Chair of Staffordshire Voice regarding the issue. It was suggested that a Local Government

Association (LGA) Peer Review of the Board would consider this request as part of the Review process and provide a view as to how the Board should proceed.

It was confirmed by Paula Furnival, Programme Director, that work would need to be undertaken to prepare for the Peer Review and to agree what the focus of this should be.

In the course of the discussion that followed;

- Support was expressed for an LGA Peer Review. It was suggested that the Review could be an opportunity to look at how the Board operated.
- It was commented that there were over nine hundred and sixty residential and domiciliary care providers in the county alone. It was important that there were not too many representatives on the Board as this would stop business getting done.

It was **Resolved** that discussion on the proposal for an LGA Peer Review be included on the Health and Wellbeing Board's Forward Plan.

#### **110. Health & Wellbeing Board Prevention Programme – Healthy Housing**

A request to defer the item had been made as following a detailed review of the paper it had been concluded that it required some further work.

It was **Resolved** that this item be deferred for consideration at a future meeting.

#### **111. Feedback on Staffordshire Families Strategic Partnership Board**

Helen Riley, Deputy Chief Executive and Director for Families and Communities, Staffordshire County Council provided a presentation on Staffordshire Families Strategic Partnership (FSP) Board, supported by Mick Harrison, County Commissioner for Children and Community Safety, Staffordshire County Council. In the course of the presentation the establishment and membership of FSP Board was discussed along with the governance arrangements and interaction with Staffordshire Safeguarding Children Board and the Health and Wellbeing Board.

It was highlighted that;

- The FSP Board would set the direction of travel.
- A Families Executive Partnership Group had been established to take forward the strategy.
- An Integrated Commissioning Sub Group would bring partners together in commissioning which would improve the outcomes for children.
- Short life task and finish groups would be set up as and when required.
- The FSP Board included schools and community and voluntary sector representatives. The Board was considering how to include provider representation.
- Demand management encouraged interdependence. It was important to avoid duplication and address the root causes of issues and not the symptoms.
- The strategy inherited from the previous Children's Strategic Partnership Board was being refreshed by the FSB Board. It was important to have one strategy and include within this the Early Help Strategy and the Hidden Harm Strategy so that there could be one integrated plan.

- A Children and Families Transformation programme was building on approaches that were known to work. It was recognised that it was important to build resilience in families and communities. Early help was fundamental.
- There were a number of Pilot proposals. These would be initiated by partners to explore the delivery of different aspects of the model outlined within the report which included a whole system partnership approach that considered the whole family.
- It was important to consider how to prevent children, young people and their families coming into the system.
- All contracts across the system would be considered and opportunities to avoid duplication and to commission in partnership around route causes explored. The drugs and alcohol Intensive Prevention Service was referred to as an example of commissioning that had effectively brought services together to collectively work with families.

In the conversation that followed it was confirmed that;

- One thousand three hundred families had been turned around in the first two years of the Building Resilient Families and Communities (BRFC) programme. Only six percent of these families had come back into the system. The programme operated on a payment by results basis. The second phase of the programme had been broadened to include health and domestic abuse. It was anticipated that over the next five years, five thousand families would be supported.
- It was important for partners to work together to address the route causes of problems, what interventions could help and to measure the outcomes. It was a challenge to ensure health improved also.
- It was requested that a system wide matrix be developed to demonstrate independencies.
- The development of a young people's Healthwatch was being considered.
- It was suggested that progress of the FSP Board be reported back to the Health and Wellbeing Board in six months time.
- BRFC work should include health outcomes as well as wellbeing outcomes in the performance matrix.
- The Healthy Staffordshire Select Committee had recently completed a review of Emotional Wellbeing and Mental Health Services.

It was **Resolved** that:

- The Health and Wellbeing Board approve the working protocol for the Health and Wellbeing Board, Staffordshire Safeguarding Children Board and the Families Strategic Partnership Board.
- The Health and Wellbeing Board request a further update from the Families Strategic Partnership Board on its strategic intent, integrated commissioning protocols, delivery plans, outcomes framework and progress on the Children and Families Transformation Programme in six months time.

## **112. Performance and Outcomes report**

Chris Weiner, Commissioner for Public Health, Staffordshire County Council presented the Health and Wellbeing Outcomes and Performance Summary report. A number of points were made including that;

- The provisional Office of National Statistics data for winter deaths 2014/15 were now available. There had been a substantial peak in national mortality which had had an

impact on the acute system and coincided with twelve hour waiting breaches in Accident and Emergency. It was suggested that more could be done to increase flu immunisation rates and that targets were not ambitious enough.

- People were not dying where they wanted to. Performance on end of life care was going in the wrong direction.
- Work around delayed transfers of care had been progressing since September 2015. University Hospitals of North Midlands NHS Trust had reclassified the recording of delayed transfers of care but this had not been successfully completed in Burton area where there was a strong belief there was a misclassification.

In the discussion that followed comments were made that;

- There was a huge amount of work being undertaken to address resilience. The social care teams were actively engaged in Burton. It was suggested that the Public Health team engage with the System Resilience Group on this issue.
- It was important to communicate effectively with the public. The Board's messages could be, for example, sent out with Council Tax bills and in the Your Staffordshire magazine.
- There was no mechanism for the Board to collectively share its message and a communication strategy would be helpful.
- It would be useful to share with the public the Board's priorities and gather the public's views on these.
- NHS England's Public Health team were driving immunisation nationally.
- Board Members could report back individually on how the organisations that they represented were addressing individual issues.
- Interesting conversations could be held with the public regarding end of life care.
- There was over medicalisation of end of life care. Thirty percent of the NHS budget was spent on the last year of life.
- There had been work to engage with the public regarding end of life care in Staffordshire.
- The treatment of someone at the end of their life was the patient's choice and the GP would take this into account.
- Nationally there was not enough planning around death and it was important to have these conversations. A joint Health and Wellbeing Board message around this would be helpful.
- People had been reluctant to engage in advance care planning in North Staffordshire but it was positive to start conversations with people early. There was an opportunity for GPs to be de-prescribers of medication.
- Sixty seven percent of people wanted to die at home.
- Four Staffordshire CCGs looked to procure an end of life service. This had been prompted by poor outcomes. There had been a lot of work undertaken with patients as part of this procurement process, but the process had now been paused. There was more work to do to consider the views of people County wide and not just current patients. Healthwatch Staffordshire would be happy to support this.
- Many people did not have an advanced plan in place. People may have a lasting power of attorney but health and wellbeing considerations were not included.
- Many people approaching the end of their life did not have immediate family living nearby.
- There was an opportunity to debate public attitudes towards death.
- There had been excellent patient engagement work undertaken by Macmillan.

- Caution was expressed about the impact of communication plans in changing behaviour. It was emphasised that the Board should not do something if there was not the evidence that it could have an impact.

It was **Resolved** that;

- Jan Sensier, Chief Executive, Healthwatch Staffordshire and Richard Harling, Director of Health and Care, Staffordshire County Council present a proposal regarding an end of life focussed workshop session.
- The Health and Wellbeing Board note the information contained within the Health and Wellbeing Outcomes and Performance Summary Report for Staffordshire – February 2016.

a) The Story of Health and Care in Staffordshire

Chris Weiner introduced the Story of Health and Care in Staffordshire document to the Board. This would form the building blocks of the Joint Strategic Needs Assessment (JSNA) and provide demographic information about Staffordshire. The ageing population was highlighted and that there may be difficulties in caring for older people in the future as there would be a lower proportion of young people to provide paid care.

In the conversation that followed a number of points were raised including that;

- Older people were often carers themselves.
- GPs were likely to see increased demand.
- Medical technology and increased medication meant that more could be done for people.
- Practice nurses as well as GPs provided services to older people.
- A Primary Care Strategy was in development.
- The Board should have sight of the Primary Care Strategy. It was important to understand why there were pressures in the system and whether this was due to population changes or because of improved medical technology and people utilising services more. The Board needed to have an understanding of what was planned.
- The Primary Care Strategy should make reference to the JSNA.

It was **Resolved** that;

- The Health and Wellbeing Board note the information contained within The Story of Health and Care document.
- The Story of Health and Care in Staffordshire should be disseminated by Board Members to their own organisations.

### 113. Better Care Fund

Paula Furnival, Health and Wellbeing Board Programme Director referred to the Better Care Fund (BCF) guidance which had been made available approximately two weeks prior to the meeting. There was a steering Board which oversaw the BCF and could give assurance that they were content with the plan.

The second submission of BCF plans for 2016-17 would be made on the 21 March 2016. This would include narrative on what the plan would contain in accordance with the guidance. The requirements included for example, detail of the care and wellbeing offer, access to information, advice and guidance across the system, what was

happening currently for example around enablement and how the BCF plans would support progress on preventing unnecessary admissions and supporting discharge.

The final decision on the plan would be made in April 2016 and would come through the Board's steering group which oversaw the BCF.

The Disabled Facilities Grant had been granted and allocated to the District and Borough Councils. There had been an eleven percent increase in this but the Social Care and Care Act capital grant had been removed.

In the course of the discussion it was commented that;

- The County Council had increased Council Tax by three point nine five percent which included two percent ring fenced for social care.
- The BCF had to work, as spending power was determined by the success of this. £16.9 million needed to be transferred from health to social care.
- The Clinical Commissioning Groups (CCGs) were in difficulties financially also. All had to share the burden of the financial deficit.
- Reducing people requiring acute care was the solution.

It was **Resolved** that the Health and Wellbeing Board continue to have oversight of the BCF process.

#### **114. Forward Plan**

Paula Furnival, Programme Director, verbally updated the Board on upcoming items. These included the;

- Deferred Healthy Housing item.
- An item on the future commissioning of Healthwatch Staffordshire.
- Consideration on what had been achieved by the Board over the past twelve months.
- CCG commissioning intentions and annual reports.
- LGA Peer Review scoping and endorsement.
- Personal Health Budgets
- Sustainability, transition planning and the Case for Change.
- The Better Care Fund
- End of life care.

It was commented that Engaging Communities Staffordshire had built up a central repository of user feedback. It was difficult to incorporate information from all sources. Work was underway to explore how to consider patient experience and the shift to spend on prevention. Initial ideas could be shared with the Board.

The meeting was the last that Paula Furnival would attend as she was stepping down from her role as the Board's Programme Director. The Co-Chairs thanked Paula Furnival for her hard work and contribution to the Board.

It was queried if there would continue to be a Programme Office for the Board and it was confirmed that arrangements going forward were still in discussion and would be shared with the Board shortly.

It was **Resolved** that the verbal update on the Forward Plan items be noted by the Health and Wellbeing Board.

**Chairman**