

Minutes of the Health and Wellbeing Board Meeting held on 9 June 2016

Attendance:

Dr. Charles Pidsley	East Staffordshire CCG
Alan White	Staffordshire County Council (Cabinet Member for Health, Care and Wellbeing)
Ben Adams	Staffordshire County Council (Cabinet Member for Learning and Skills)
Frank Finlay	District Borough Council Representative (North)
Dr. Tony Goodwin	District & Borough Council CEO Representative
Roger Lees	District Borough Council Representative (South)
Helen Riley	Staffordshire County Council (Director for People and Deputy Chief Executive)
Jan Sensier	Healthwatch Staffordshire
Dr Mark Shapley	North Staffordshire CCG
Andy Donald	Stafford and Surrounds CCG
Glynn Luznyj	Staffordshire Fire and Rescue Service
Dr. Richard Harling	Staffordshire County Council (Director of Public Health)
Penny Harris	Staffordshire Sustainability and Transformation Plan (Staffordshire Transformation Director)
David Loades	Staffordshire County Council (Cabinet Support Member for Social Care and Wellbeing)

Also in attendance: Tina Groom - Personal Health Budget Implementation Manager, John McDonald - Chairman, Staffordshire Sustainability and Transformation Plan, Jon Topham - Locality Public Health Partnerships and Commissioning Lead, Chris Weiner – Consultant in Public Health and Judith Wright - Local Government Association.

Apologies: Dr. John James (Chair of NHS South Staffordshire & Seisdon Peninsular CCG), Chief Constable Jane Sawyers (Staffordshire Police), Mark Sutton (Cabinet Member for Children and Young People, Staffordshire County Council), Deputy Chief Constable Nick Baker (Staffordshire Police), Dr Paddy Hannigan (Chair, Stafford and Surrounds CCG) and Dr Mo Huda (Chair, Cannock Chase CCG).

1. Declarations of Interest

There were none received.

a) Minutes of Previous Meeting held on the 10 March 2016

Chris Weiner, Commissioner for Public Health, Staffordshire County Council, provided an update on the Action Tracker. In the course of the conversation it was confirmed that;

- Several Members of the Board had attended the Staffordshire Sustainability and Transformation Plan away days.
- A Local Government Association (LGA) Peer Review Questionnaire would be sent to all Board Members. Judith Wright, LGA Peer Reviewer was welcomed as an observer of the meeting.
- The Family Strategic Partnership Board item would be deferred until December.
- An End of Life workshop would take place in the Autumn.
- The Story of Health and Care in Staffordshire' had been disseminated by Board Members to their organisations.

Resolved: That subject to 'FSB' being amended to FSP on page 3, the minutes of the meeting held on the 10 March 2016 were approved as a correct record and signed by the Co-Chair.

2. Questions from the public

There were no questions put forward.

3. Personal Health Budgets - The Local Offer across Staffordshire and Stoke CCGs

Alan White, Co Chair, highlighted the Board's role in overseeing the delivery of the Health and Wellbeing Strategy which included four components and emphasised that Personal Health Budgets linked to this.

Tina Groom, Personal Health Budget Implementation Manager provided a presentation on The Local Offer. In the course of the presentation, it was highlighted that;

- Personal Health Budgets (PHBs) had been piloted since 2012 and Staffordshire had been one of the pilot areas.
- PHBs were beneficial to those with the most complex needs and since 2014 had to be offered.
- The Government expected the use of PHBs to increase significantly (1-2% of local population). This equated to approximately 1200 PHBs across Staffordshire and Stoke CCGs, there were currently 35.
- A phased approach had been suggested and the first phase from April 2016-17 extended PHBs to;
 - All adults in receipt of domiciliary care packages under Continuing Health Care (CHC).
 - Children in receipt of CHC or jointly agreed (with the LA) packages.
 - Patients in receipt of Joint Health and Social care package's that have gone through CHC but have not met the fully funded criteria.

- Learning disability and/or Autism and challenging behaviour patients in receipt of joint health and social care packages that have gone through CHC but have not met the fully funded criteria.
- Section 117 Mental Health packages jointly agreed with the local authority in the community.

These are all individually funded packages and do not include contracted services.

- A business case to develop the process was being developed.
- PHBs should help people (who are eligible) get a more personalised service from the NHS. They should not make things worse
- You did not have to have a PHB if you did not want one.
- PHBs enabled people to have more choice and control over the care that they received.
- NHS and social care organisations should work in partnership with the individual and with each other.
- Information about PHBs was being communicated through the Clinical Commissioning Groups (CCGs) and by GPs.

In the discussion that followed the following points were made;

- People's needs were reassessed after three months and then at least yearly.
- Andrew Donald, Accountable Officer, was responsible for the Continuing Healthcare Team.
- There was monthly reporting on progress to the IPA Board.
- There were several brokerage services supporting people.
- The majority of the 35 individuals accessing PHBs had a Direct Payment. The Support Plan identified health needs and outcomes.
- A PHB did not have to cover all needs, if for example another condition was exacerbated.
- People became an employer, registered with HMRC and were supported in this process.
- There was work to encourage the market to develop a third party option so that Personal Assistants could be employed through a company rather than directly by the individual.
- Five children were currently in receipt of PHBs.
- If money was used through PHBs to better support individuals this would have a positive effect on services.
- The number of PHBs would need to increase to have a positive return on investment overall.
- A customer satisfaction survey was being undertaken.
- Healthwatch Staffordshire could assist with any engagement work required.
- CCGs decided how the process was delivered and whether this should be delivered locally or centrally. There were opportunities to work with Social Care partners to develop the local approach.

It was **Resolved** that;

- An annual report on progress to be presented to the Board.
- That the Board approve the Pan Staffordshire and Stoke-on-Trent Personal Health Budgets Local Offer and the phased approach to this as reported.

4. **Healthy Housing**

Dr Antony Goodwin, Chief Executive & Executive Director Community Services, Tamworth Borough Council introduced the report highlighting the benefits of working with the county council and the innovative good practice undertaken.

Jonathan Topham, Locality Public Health Partnerships and Commissioning Lead, Staffordshire County Council referred to the report, and cited;

- Previous discussion at the Board regarding the role of housing in health.
- The valuable role that the District and Borough Councils had in contributing to the Health and Wellbeing Strategy.
- The priority areas that had emerged from the newly formed Housing & Wellbeing Group which included;
 - Improving the delivery of aids and adaptations (Including DFGs).
 - A co-ordinated and consistent approach to tackling cold homes and reducing fuel poverty.
 - Preventing and delaying hospital admission and supporting Hospital Discharge, including effective mechanisms for joined partnership working between support agencies (Let's Work Together).

In the course of the discussion that followed Board Members commented that;
Planning

- The Whole Life Standard should be included in new building developments as this could have an impact on the whole system, by reducing delayed discharge. Although it was noted that Developers could potentially challenge the application of Design Standards due to viability.

Tamworth

- The learning from the Tamworth Healthier Housing Strategy refresh was that there was more work to get the housing agenda included in commissioners agendas but there were now conversations regarding employment, mental health and housing.
- Tamworth were now linking the Housing & Wellbeing Strategy with the Unified Neighbourhood Offer and it was noted that this approach was similar to the Building Resilient Families and Communities Programme. In that it will use data to identify those who may put demand on District/Borough Councils and stakeholders and then put in intervention to prevent a future cost burden. This was a demand management tool.

Extra Care

- There was a discussion about the need for Extra Care facilities to be delivered at scale, it was felt that Extra Care housing could free up housing for younger families.
- There was a need to consider how money could be used more effectively to prevent issues emerging to ensure a greater return on investment, although it was also noted that People were often unwilling to move from a large home to a flat with no garden. Bungalows were not being built but were very popular. There is a need to get people to plan for old age at a much earlier stage
- There needed to be a common plan and clarity on the Disabled Facilities Grant. The Leaders and Chief Executives Group would be discussing DFG as one of the top ten "wicked" issues that there could be collaboration on. The Housing and Wellbeing Group was also beginning to do this, Jon & Tony agreed to link up on this.

NHS

- There needed to be assessment of the provision of Primary Care when new developments were being considered. Extra care villages had no primary care facilities within them and sometimes lacked adequate parking for District Nurses for example. The Planning Authority should engage with the NHS. There should be consultation with CCGs and the local primary care providers.
- There were discussions currently taking place on the co-location of primary care services.
- The location of services linked with the work being undertaken through the Staffordshire Transformation Programme on estates.
- The creation of a Staffordshire Planning Document would be a huge opportunity to improve how housing was delivered and configured.

It was **Resolved** that;

- The Whole Life Standard, the development of retirement villages, and consultation with CCGs and local primary care providers in development planning should be included in the Chief Executive and Leaders Planning Forum agenda.
- The Housing and Wellbeing Group be mandated to share learning and develop Healthy Housing as an approach across the county.
- The Health and Wellbeing Board receive periodic reports from the Housing and Wellbeing Group.
- Housing is specifically considered as a key contributor to the integration of health and social care within the Better Care Fund and as an essential element for the delivery of service transformation.
- The Health and Wellbeing Board note that the Housing for Wellbeing Group will discuss Disabled Facilities Grant and link with the Chief Executives group.

5. **Update on Health and Wellbeing Board Membership**

It was **Resolved** that the Board recognise the appointment of the following;

- Dr Richard Harling ,Director of Health and Care, Staffordshire County Council
- Penny Harris, Staffordshire Transformation Director
- Mark Sutton, Cabinet Member for Children and Young People, Staffordshire County Council.

The Board also thanked Mike Lawrence and Rita Symons for historical work with the Board.

6. **Staffordshire Sustainability and Transformation Plan**

Penny Harris, Staffordshire Transformation Director introduced John MacDonald, Chairman, Staffordshire Sustainability and Transformation Plan. During the presentation it was highlighted that;

- There was a tight timescale. More engagement work would take place in due course.
- The Staffordshire Sustainability and Transformation Plan (STP) was being driven from an NHS perspective however it was important to take on the wider care issues as well.
- Quality and sustainability were priorities.
- There needed to be a plan to use the resources available, considering forward investment in prevention and transformation in the provision of NHS and social care.
- The STP was place based.

- A number of challenges facing the local health and care system, as detailed in the presentation, had been identified. There were four key challenges that the STP would focus on. There was only one financially sustainable organisation locally.
- There was new leadership and governance to deliver the STP.
- Each work stream was lead by a Senior Responsible Officer who was a Chief Officer/Chief Executive in the Staffordshire System.
- There would be engagement with the Health and Wellbeing Board, the public and staff.
- There had been engagement with senior representatives at a financial and clinical level. All had said that change was needed.
- The Programme Board was accountable to the Regional Leads for NHSE and NHSI who formally assured the process. However it would be a Staffordshire Plan.
- The STP would need to be presented to the Board again. It was important to fully engage on the options, as they were developed, at a very early stage.
- The emerging hypothesis, as discussed within the presentation, was critical.

In addition to the above points, John MacDonald emphasised that;

- The implications could not be underestimated.
- There was a need to consider how to best use resources and develop a more explicit agenda involving the local authorities and third sector partners.
- There was huge fragility in the domiciliary care market.
- The acute sector needed to be involved.
- The process needed to be robust.
- There needed to be debate and agendas had to be built.
- There was commitment from health services and the local authority.

In the course of the discussion that followed;

- It was confirmed that a two day workshop had been held at which significant progress had been made.
- Concerns were expressed that no solutions had been found over the past four years and progress could not be made without additional investment.
- It was acknowledged that the development of primary and community care required upfront funding. Nationally there would be some funding available to support the STP.
- It was suggested that there should be early engagement with District and Borough Members so that all could understand the implications and objectives and be prepared for when issues arose.
- The Fire and Rescue Service nationally had written to STP leads. The Fire and Rescue Service could assist with delivery. A joint consensus statement had been signed the previous year. There were two areas locally that the Fire and Rescue Service were contributing to already these were through Safe and Well Visits and through the use of Community Fire Stations to improve health and wellbeing.
- A strong Communications plan was advocated. People had concerns regarding the closure of buildings even if there was an alternative available.
- Integration and collaboration was the focus. For true integration organisations would need to pool finances.
- The use of technology could support professionals.
- It was not about doing more of the same thing but doing things differently.

- When the Case for Change was agreed this would be tested. Considerations would then be made about what changes required a formal process and what engagement was required. MPs had advised that it was important to discuss what was coming before putting proposals forward. It was important to describe the big picture as well as the changes.
- MPs did not always pass information on to Councillors.
- There would be engagement with local groups and Committees.
- It was important to articulate the need for change and share this with the public.
- There had to be confidence in the ability to make change. All leaders would need to lead system wide change to drive things forward.
- Health Services could learn from local authority approach, by telling people early about changes and giving time for people to think about the changes and influence the process.
- Patients were spending too long in hospital resulting in them requiring higher levels of support. The Case for Change should include a focus on the elderly and long term conditions.

It was **Resolved** that the Board;

- Note the timeline for development of the final submission of options at the end of June 2016.
- Support the Staffordshire Sustainability and Transformation Planning Process.

7. **Better Care Fund (BCF)**

On behalf of the Co-Chairs, Alan White thanked Alex Jones, Project Manager, Staffordshire County Council for the support that he had provided on the Better Care Fund (BCF).

Richard Harling, Director for Health and Care, Staffordshire County Council highlighted the following;

- The BCF was a national scheme to align NHS and Social Care budgets but in reality the national rhetoric had not been met.
- The CCGs and the County Council were clear on what should be achieved but had not agreed on the amount that each organisation should contribute financially. The Department of Health and the Department for Communities and Local Government were working to resolve this and a decision was awaited.
- The Social Care Capital Grant had been removed which had had an impact on the £3 million planned spend. The Disabled Facilities Grant had been uplifted and some of this would be used to cover the planned Social Care Capital Grant spend.
- The County Council had had to start planning for what would happen if the BCF money could not be found. Expenditure would have to be closely controlled and health and social care budgets considered with a view to reducing expenditure.

In the course of the conversation that followed;

- It was confirmed that a letter had been sent to District and Borough Council Chief Executives regarding the Disabled Facilities Grant.
- Concerns were expressed that the District and Borough Councils had two year contractual agreements.

- It was suggested that it may be possible to align CCG spend with Districts/Borough Council areas. Public health funding for District and Borough Councils remained as outlined in the Council's Medium Term Financial Strategy.
- It was queried how District/Borough Councils and the County Council would work together to improve health and wellbeing in the future. Housing and licensing examples were referred to. Public health had not yet taken the opportunity to respond to licensing applications.
- It was explained that Newcastle had the highest alcohol admissions and restricting access through planning and licensing controls could have an impact.
- It was confirmed that the West Midlands Combined Authority was looking at how to incorporate wellbeing in planning. Tamworth was trying to use planning powers to shape a newly re-generated estate.

It was **Resolved** that;

- The Board agree the vision and schemes of the Better Care Fund as set out in the plan included in the papers.
- The Board note that Staffordshire County Council and the Clinical Commissioning Group had not yet agreed the funding and that this was with the national escalation process.
- The Board note that Staffordshire County Council and the District/Borough Councils were developing proposals for use of the Disabled Facilities Grant.
- More work should be undertaken to ensure that Public Health respond to planning applications were appropriate.

8. Assessment of CCG Commissioning Intentions and CCG Annual Reports

Jonathan Topham introduced the item, referring to the work of the Health and Wellbeing Board Intelligence Group in evaluating the CCGs commissioning intentions and whether they contributed to the delivery of the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment and if the patient and public voice was heard.

In the course of the discussion that followed it was commented that;

- CCG operational plans were prescribed by national guidance and had to be written in a certain way. It was difficult to deliver what was required nationally and reflect local work.
- The Board had not done enough work with the CCGs in advance and it was therefore a retrospective look. It was suggested that next years commissioning intentions should be considered as soon as possible.
- It was suggested that the CCGs should share information regarding changes in activity rather than their strategic intentions.
- The Board had to maintain focus on the strategic priorities and not be caught up in operational detail.
- It was important that all strategies fitted together.
- The CCGs were signed up to the Staffordshire Sustainability and Transformation Programme. This would set the strategic framework. Individual CCG commissioning plans and strategic intentions may not be required in the future. It was important to check statutory guidance.
- The Staffordshire Sustainability and Transformation Plan would make clear what would need to spent on what.

- The Board was partly achieving its statutory duties. It needed to oversee the direction of travel.
- CCG Annual reports could provide more information and the opportunity to test out strategies and if improvements had been made.
- CCGs could be asked how they had responded to the Joint Health and Wellbeing Strategy.
- Engagement with the public was very important. There had to be involvement at the design, implementation and evaluation stages.

It was **Resolved** that;

- The Board in future would not formally review commissioning intentions, but would formally ask the CCGs how they have used their Commissioning Intentions to meet the Joint Health and Wellbeing Strategy
- The Board would ask CCGs to demonstrate how they have engaged with the public to develop Commissioning Intentions.

9. Performance and Outcomes Report

Richard Harling, Director of Health and Care, Staffordshire County Council introduced the report and sought the Board's comments. In the course of the discussion it was noted that;

- There had been a decrease in flu immunisation rates for those aged over sixty five and that it was important to get this onto the agenda of Leaders and Chief Executives.
- There needed to be clear actions against worsening indicators.
- Red indicators should be owned by the Board.
- It would be possible to encourage flu vaccination in libraries.
- It would be helpful to consider poor and worsening performance collectively as a Board and then allocate an owner to work through this.

It was **Resolved** that;

- The Board note the performance information presented.
- Work is undertaken in libraries to encourage flu immunisation take up.
- Actions to address worsening indicators to be presented at a future meeting.

10. Forward Plan - June 2016

It was **Resolved** that;

- Progress on the Staffordshire Sustainability and Transformation Plan would be reported to the September 2016 Health and Wellbeing Board meeting.
- An annual report on Personal Health Budgets to update on progress should be included on the Forward Plan.
- The update on Staffordshire Families Strategic Partnership Board would be presented in December 2016 with the Annual Report of Staffordshire Safeguarding Children Board.
- The next meeting of the Board would take place on the 8 September 2016.

Chairman