

Minutes of the Health and Wellbeing Board Meeting held on 8 September 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. John James	South East Staffordshire and Seisdon Peninsula CCG
Roger Lees	District Borough Council Representative (South)
Chief Constable Jane Sawyers	Staffordshire Police
Jan Sensier	Healthwatch Staffordshire
Penny Harris	Staffordshire Sustainability and Transformation Plan
Dr Richard Harling	Staffordshire County Council (Director of Public Health)
Rob Barnes	Tamworth Borough Council

Also in attendance: Dr Bill Gowans – Staffordshire Transformation Programme, Chris Weiner – Consultant in Public Health, and Jon Topham – Locality Public Health Partnerships and Commissioning Lead,

Apologies: Dr Alison Bradley (Chair, North Staffs CCG), Dr. Tony Goodwin (Chief Executive) (District & Borough Council CEO Representative) and Dr Mo Huda (Chair, Cannock Chase CCG) (Cannock Chase CCG)

11. Declarations of Interest

There were none at this meeting.

12. Minutes of Previous Meeting held on 9 June 2016

RESOLVED - That the minutes of the Health and Wellbeing Board meeting held on 9 June 2016 be confirmed and signed by the Co-Chair.

13. Questions from the public

There were no questions from the public.

14. Staffordshire Sustainability and Transformation Plan

Penny Harris, Transformation Programme Lead, updated the Board on progress with developing the five year Staffordshire Sustainability and Transformation Plan (STP). The Board was reminded that the Health and Care Transformation Board of the Together We're Better Programme had taken on oversight of the STP. Workstreams had been developed and the Board had previously received details of priorities for action based on outcomes of analysis across all workstreams. The priorities were confirmed as:

- a) focussed prevention
- b) enhanced primary and community care;
- c) effective and efficient planned care;
- d) simplification of urgent and emergency care systems; and
- e) reduce service costs.

All elements of each programme would address mental health issues within their plan.

The Board noted the following developments:

- introduction of the Health and Care Collaborative to address social care impacts and challenges within the plan, ensuring Health and Care is considered system-wide across Staffordshire and Stoke-on-Trent;
- formal Health and Care Chief Executive meetings to ensure continued system-wide working together in support of STP;
- a Clinical Design Authority to ensure planned changes accord with best practice and are clinically and/or professionally deliverable;
- an engagement plan at system level; and
- clarification of the role for the Directors of Finance meeting across the system in ensuring system wide agreements, planning and assuring the delivery of core financial targets, especially Cost Improvement Plan (CIP) and Quality Innovation Productivity and Prevention (QIPP).

The STP was due to be submitted for national review at the end of October 2016 at which time both CCG Commissioning intentions and provider operating plans would be required to be consistent with the STP, with details of change impacts on each organisation.

During the discussion that followed the Board heard that:

- queries were just starting to be made by members of the public seeking details of the STP. There was a danger in sharing detail at this stage as elements may change. A public facing document would be available at the end of October;
- a public meeting was being arranged for the Autumn using Healthwatch resources to help explain the case for change;
- there tended to be a mismatch between the public acceptance in general terms of the case for change as opposed to specific local impacts;
- the need to ensure the value of any engagement undertaken, being clear about the reasons change is required whilst considering a number of options for delivering that change; and

- the timescale for the STP, reinforcing that there will be incremental implementation across the five years of the programme.

RESOLVED - That:

- a) the report be noted;
- b) the Board assures itself there is adequate engagement in the planning process through updates on workstream membership and the engagement programme; and,
- c) further updates be brought to the Board following the next STP submission in October 2016.

15. Better Care Fund (BCF) Update

The CCGs had been unable to commit additional funding to protect adult social care in 2016/17 and beyond. This left Staffordshire County Council (SCC) with a financial gap of £15m against planned assumptions for 2016/17. Having therefore been unable to agree funding the plan had entered a national escalation process.

Following the 17 May 2016 escalation meeting two independent experts had been appointed with a view to securing a greater understanding of the financial arrangements over 2015-16 and 2016-17. SCC was considering the contents of the review in the context of a continuing underlying disagreement with key findings. However it was accepted that both parties should look again at Out-of-Hospital Care expenditure in the BCF pool to consider if there was scope for a rebalancing of investment between health and social care.

During the discussion that followed Members commented that:

- SCC's funding had reduced by 40% over a seven year period;
- it was estimated that the introduction of the national living wage would have a £30m impact on adult social care;
- it was imperative that adequate impact assessments were undertaken in respect of any savings to understand the consequences of changes made and that mitigation processes were in place;
- there was a need to ensure that costs lay with the appropriate organisation;
- it was anticipated that the STP would help find solutions to some of these issues;
- the importance of prevention and personal responsibility with regard to health and wellbeing, as well as the need to understand what level of motivation a patient may have to change and how best to support this; and
- the importance of focusing on key messages.

RESOLVED – That the Board note SCC and the CCGs have not yet agreed the funding and that this is now with the national escalation process.

16. Health and Wellbeing Board Intelligence Group Update

The performance and outcomes report brought together key outcome measures from the national frameworks for the NHS, adult social care and public health to support monitoring of the Living Well Strategy. The Board agreed to receive an update summary on a quarterly basis and had requested details on trends and place based analysis for poorly performing indicators.

Highlights this quarter included:

- childhood immunisation rates continuing to be above average;
- reduction in the number of young people who were Not in Education, Employment or Training (NEET);
- slightly more people being physically active;
- less people smoking than average;
- reductions in fuel poverty;
- an improvement in pneumococcal vaccination although rates remained below average.

Challenges for Staffordshire within this quarter included:

- lower than average breastfeeding rates;
- lower than expected diagnoses of chlamydia amongst young people;
- uptake of NHS health checks remaining below average;
- numbers of delayed transfers of care continuing to increase; and
- end of life care measures by the proportion of people dying at home below the England average.

In the discussion that followed the following points were made:

- NHS England had the responsibility for immunisations; take-up could be encouraged by the CCGs; immunisation could be undertaken by acute trusts with high risk patients;.
- There was a House of Lords consultation on the Licensing Act;
- a concern that there may now be a less joined up approach between Public Health and the NHS since Public Health moved to be part of SCC;
- underlying issues affecting alcohol consumption and misuse; and
- the effectiveness of current health checks and whether the data supported expenditure, recognising that these were a mandated service expected to be funded from the Public Health Ring Fenced Grant.

RESOLVED – That:

- a) the Board continue to receive quarterly updates from the Health and Wellbeing Intelligence Group including additional data on exception indicators; and
- b) the detailed report, including trend and place analysis, continues to be published quarterly on the Staffordshire Observatory website as part of the Joint Strategic Needs Assessment for the Health and Wellbeing Board.

17. Developing the Health and Wellbeing Board Agenda

Following the 7 June 2016 development session core themes had emerged around the role of the Board to:

- a) oversee implementation of the Joint Health and Wellbeing Strategy, as well as other key strategies, and ensure coordinated action to improve health and independence;
- b) be a proactive force for change, facilitating discussion and consensus on key issues;
- c) maximising the contribution of the public to Health and Care; and
- d) have a clear focus on a small number of key issues.

The Board wished to change the way it worked by recognising and focusing on where it was able to make most difference. In future it was proposed that the Public Board meetings be confined to key issues that required debate, approval and oversight by the Board, whilst other issues be dealt with virtually, circulated to Members for their information, consideration and comment.

Key issues for the Public Board meetings could include:

- development of policy, guidance and support on issues such as: alcohol licensing/saturation zones; fast food and hot takeaways as a lever for the reduction of obesity; housing policy with a focus on an ageing population.
- oversight, consideration of updates on the joint health and wellbeing and other key strategies, as well as system issues where the Board debate could add value and/or where approval was required.

It was proposed that development sessions continued and that a new initiative to hold regular debates on key issues to raise public awareness and gauge public opinion be introduced.

Members noted:

- the importance of an effective communications strategy and asked that this be included for debate at the next Board meeting;
- the suggestion that Public Board meetings are not reduced to any less than four meetings a year;
- Healthwatch being able to help and support public involvement in the work of the Board, and specifically in the proposed debates; and,
- future development sessions may take place after the Public Board Meetings, in private session.

RESOLVED – That:

- a) the Board accept the proposed new approaches outlined above and include the introduction of public debates, continuation of private development sessions and a more focused agenda for Public Board Meetings;
- b) frequency of Public Board Meetings being no less than 2 and no more than 6 per year, with 4 being per year being preferable; and,
- c) consideration of a communications strategy be included on the 8 December Public Board Meeting agenda.

18. Update on Board Membership

Richard Harling, Director of Health and Care, informed the Board there were no membership updates to report.

19. Forward Plan

The Co-Chair informed the Board that this was Chris Weiner's last Board meeting and wished to put on record his thanks for his support for the work of the Board.

In considering the Forward Plan and requests for items from this meeting it was **RESOLVED** – that the following items be included on the 8 December Public Board Meeting:

- Annual Report of Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership 2015/16 (information item);
- Annual reports of Staffordshire Safeguarding Children Board 2014/15 and 2015/16 (information item);
- Health and Wellbeing Board Annual Report and Plan for 2016/17;
- Health and Wellbeing Board Intelligence Group Update;
- Annual Report of the Director for Public Health;
- Update on the work of Staffordshire Families Strategic Partnership Board; and
- development of a Communications Strategy.

20. Date of next meeting

RESOLVED - That the next Health and Wellbeing Board Meeting be scheduled for 8 December 2016, 3.00pm, Trentham Room, No.1 Staffordshire Place, Stafford.

Chairman