

Minutes of the Health and Wellbeing Board Meeting held on 8 March 2018

Attendance:

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Tim Clegg	District & Borough Council CEO Representative
Dr Alison Bradley	North Staffs CCG
Dr. Charles Pidsley	East Staffordshire CCG
Alan White	Staffordshire County Council (Cabinet Member for Health, Care and Wellbeing)
Frank Finlay	District Borough Council Representative (North)
Roger Lees	District Borough Council Representative (South)
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Simon Whitehouse	Staffordshire Sustainability and Transformation PI
Helen Riley	Staffordshire County Council
Robin Morrison	Healthwatch

Also in attendance:

Jon Topham	Senior Commissioning Manager, Public Health
Karen Bryson	

Apologies: Glynn Luznyj (Staffordshire Fire and Rescue Service), Philip White (Cabinet Support Member for Learning and Employability) (Staffordshire County Council) and ACC Nick Adderley (Staffordshire Police)

71. Declarations of Interest

There were none at this meeting.

a) Minutes of Previous Meeting

RESOLVED That the minutes of the Health and Wellbeing Board meeting held on 7 December 2017 be confirmed and signed by the Chairman

72. Questions from the public

One question had been received by the Board but had been redirected as a Highways matter.

73. Local Transformation Plan for Children and Young People's Mental Health Services

NHS England requires CCGs to submit a refreshed version of the Local Transformation Plan (LTP) for the development of Child and Adolescent Mental Health Services (CAMHS) within their localities.

The first Staffordshire and Stoke on Trent LTP for Children and Young People's Mental Health was approved on October 2015. Additional NHS national funding had enabled a programme of investment to improve the local offer and mental health outcomes for children and young people. The refresh provides an update on progress and challenges associated with the delivery of CAMHS Transformation by 2021, across two local authorities and the six CCGs within Staffordshire and Stoke on Trent.

Progress differed across the whole LTP on a locality basis relating to northern and southern Staffordshire due to commissioning priorities, funding availability and having two NHS providers. Progress to date and plans and aspirations to achieve further improvements required up to 2021.

The current LTP was based on the existing Emotional Well-Being Strategies which ran until 2018. Work was underway to review and develop a new strategy. Government policy was focussed on seeking improvement in this area. Identified outcomes against existing priorities were summarised. Services were required to collate outcome measures and to review these regularly.

Board members asked whether the priorities going forward involved any further investment or disinvestment. The LTP looked for CCGs to invest in some areas recognising an anticipated increase in demand for these services, especially around crisis and intensive support. Implementation of the recent Green Paper on greater access in schools to mental health services would require investment. Disinvestment was unlikely and there was an expectation that there would be some shift in base line budgets towards enhancing mental health provision. Investment in mental health services was being monitored by Government.

Board Members discussed existing provision within schools. Most schools already have Safeguarding Leads who pick up on mental health needs so there was already some expertise and understanding. The thrust of the Green Paper addressed the role of schools in identifying low level needs. Schools based model and clusters would be a sensible approach: a greater presence of psychological practitioners in schools and upskilling existing staff. Board Members agreed that support within schools should be bolstered as they had background information that GPs would not be party to.

A Board Member questioned access to services: how good was young people's knowledge of the offer or those who could advocate for them? Generally access to services came through GPs. Dissemination of information and signposting would be

improved especially around the digital offer for young people. The Strategy under development would have young people at the front and centre and would engage with parents and carers too. Future referral pathways will include self-referral and the digital offer will be increasingly relevant.

League table of children's mental health placed Staffordshire as having greater wellbeing in this area than the national average by 1%. In terms of access to services, Staffordshire compared favourably with its peers.

RESOLVED That the Health and Wellbeing Board endorse the updated Local Transformation Plan which set out the progress to date and plans to meet national guidance as set out in the NHS and Local Government policy document – Future in Mind.

74. Pharmaceutical Needs Assessment 2018

In September 2017, the Board had agreed to the draft Pharmaceutical Needs Assessment going out to a three month consultation period. Relevant amendments had been made to the needs assessment following the conclusion of the consultation. Of the eight responses received; the majority endorsed the draft document.

The Pharmaceutical Needs Assessment now provides an accurate assessment of the current service provision and future needs and concluded that Staffordshire continues to have an acceptable network of community pharmacies.

RESOLVED That the Health and Wellbeing Board endorse the findings of the Pharmaceutical Needs Assessments 2018.

75. Physical Inactivity Sub-Group

A sub group of the Board were tasked with understanding and combatting physical inactivity in Staffordshire. The group have agreed that a vision, set of outcomes and focussed work programme will be delivered to drive this agenda forward. This process is underway with the first stages of a logic-modelling exercise having been completed. The following vision and key principle had been agreed:

Influencing people and places to embrace and value physical activity.

There is a clear line of sight between this work and Public Health's wider work programme and the STP Prevention programme. Staffordshire Moorlands Leek North and Cannock Springfield Estate had been selected as initial pilot authorities.

Board Members shared their frustration about levels of physical inactivity county and welcomed the approach by the sub-group. They agreed that force of circumstances did result in residents having to do exercise (such as a bridge closure!).

It was noted that local planning authorities were required to build in capacity for physical activity within new developments.

RESOLVED That the Board (a) endorse the approach of the Physical Activity Sub-Group, and,

(b) agree to host a challenge session in June, to test the robustness of the implementation plan for Staffordshire Moorlands.

76. CCG/SCC Commissioning Intentions

The Board received a presentation on Staffordshire CCGs commissioning intentions (CIs) for 2018-19, their development and alignment to HWBB and STP.

CCGs are required to publish CIs annually in order to communicate the priorities of commissioners and to facilitate a process of dialogue and collaboration with providers of healthcare services on how service change might be best implemented.

2018-19 is the second year of a two year contract between commissioners and providers which already sets the financial envelope, activity plans and commitments to be delivered. The CIs had been developed against a context of a complex and challenging environment: increasing demands and reducing budgets. The 2018-19 CIs were rooted both in the context of an overarching STP and a two year contract period.

Over half of the acute spend in Staffordshire is on residents over 65 years and this demographic is expected to increase by 7%. Strategic priorities centred on

- Focussed prevention – helping people stay healthier and independent by improving wellbeing and preventing illness
- Urgent and Emergency Care system – improving the quality of care by simplifying and improving access to it
- Enhanced primary and community care – reducing the need for hospital admission
- Effective and efficient planned care – to facilitate effective and expeditious discharge

The slides demonstrated the strong alignment between the HWBB Strategy, the STP and the NHS CIs.

In response, Board Members agreed that as the STP was worked through and CCGs were reshaped, there would be potential for significant changes in pathways.

The Board received a presentation on the County Councils Commissioning Intentions: Health and Care Plans 2018-19. The presentation provided a synopsis of the plans for next year on the Public Health and Prevention Programme; Care Commissioning; and Adult Social Work and Safeguarding.

There was a focus across the County Council on the digital offer and its application to every aspect of Public Health was being explored. The Care Commissioning market was challenged in Staffordshire as elsewhere. A revised Market Position Statement for each client group would be published and dialogue with all providers maintained and developed. The urgent care agenda was dominating the NHS and the County Council

currently and a raft of additional services had been commissioned to help get people discharged from hospital more quickly.

Board Members discussed the detail of the CIs. The digital by default approach was a new one and generally members felt the move from a physical space to a digital world presented opportunities but needed to be managed and monitored. CIs would continue to reflect those who were not ready for the digital platform. It was important that there continued to be a coherent alternative, not just telephone. Some members expressed their concern over moving over too quickly to a reliance on digital. Another Member felt that digital could enhance independence where appropriate but the transition needed to be proportionate. Members agreed that this was a generational issue and that in time, digital would be the accepted norm.

RESOLVED – That the Board endorse the Commissioning Intentions for 2018-19 for both the CCG and SCC.

77. Together We're Better (TWB): Update On Progress

Together We're Better (TWB), the partnership transforming Health and Care for the people of Staffordshire and Stoke-on-Trent is moving from planning to delivery. Existing structures and governance arrangements need to be fit for purpose and work in a manner that facilitates implementation, and a Health and Care Transformation Board governance workshop for this purpose had been attended by the Chair and Vice Chair of the HWBB. The statutory bodies which formed TWB retained precedence in decision making and TWB did not undermine the fact that the organisations within the partnership are sovereign legal entities and the leaders are accountable to their individual governance structures.

TWB had adopted a four stage process to engagement and consultation on any issues arising from the sustainability and transformation plan:

- Establishing the case for change
- Pre-consultation engagement
- Consultation
- Post-consultation

It is crucial that a single narrative is agreed that sets out what any changes will mean to local people in their community, in a way that is meaningful and aligned with the HWBB structures.

The approach to engagement will need to consider how solutions to the system challenges are developed and how to build a system that is both clinically and financially viable.

Board Members acknowledged the challenges of facilitating decision making in a fragmented system and endorsed work ongoing towards a system wide engagement process. They recognised the scale of change required and the need to deliver strong

outcomes. However, they felt that there was little understanding amongst general public about what the STP is or its intentions. For consultation to be meaningful, the public must understand that there will be changes and these will be for the better.

Board Members agreed that it was important to start the conversation before introducing consultation around specific and formal changes. Disseminating the message via multiple channels must happen before formal consultation.

There was some acknowledgment that whilst the themes of the process had been introduced following the launch of the STP, the pace of change had dropped and people had become complacent and even disinterested. Information sharing must be expeditious, in regular, bite-size chunks, consistent and in a language that people understand. It must also be comprehensive, recognising Staffordshire and Stoke on Trent's challenging health geography.

The consultation process must also engage with District and Borough Councils. It was noted that local planning authorities were being urged by Government to include green spaces within their local plans and are required to assess the impact on local hospitals and health services of large developments.

A Member acknowledged that often consultation on change was perceived as negative so it was important to deliver it as positive and encouraging.

RESOLVED That the Board (a) endorse the recommendations of the governance review, and,

(b) note the plans for a system-wide public engagement exercise.

78. Health & Wellbeing Board Strategy and Governance

The HWBB had facilitated a Development Session on 8 February attended by senior representatives from across the Health and Care spectrum, although there had been a noticeable gap in representation from CCGs. The purpose had been to consider the current scope of the draft HWBB Strategy 2018-23; the STP context and its alignment with HWBB and future governance issues.

A number of themes came out of the session, including a clear consensus of the need to develop a single, system-wide message that was clear, simple and understandable and that the focus on increasing healthy life expectancy was a good starting point.

Work continued on developing the Strategy, on governance and on the direction of travel. There was a strong aspiration to align or incorporate the two Staffordshire HWBBs and the STP. The Chairman appealed to all Board Members to facilitate a closer working arrangement across the two Boards particularly given the STP footprint and that of Fire and Police authorities.

Board Members supported opening dialogue with Stoke HWBB by suggesting a meeting between the reciprocal chairs and co-chairs with a single agenda item of STP. It would be important to have a range of governance options for consideration. Health Watch may be in a position to help broker a deal.

RESOLVED (a) That the Board (i) supports work to align the HWBB Strategy and STP with a clear message and statement on purpose, focus and prevention.

(ii) supports the aspiration to bring together STP, Stoke HWBB and Staffordshire HWBB and endorses an approach to initiate discussion with Stoke HWBB for this purpose.

(b) That the meeting of the HWBB in June 2018 receives:

- a more developed HWBB strategy
- progress on the outcome of discussions initiated with Stoke HWBB.

79. Health Improvement Service

Changes proposed to health improvement services to support healthy lifestyles are consistent with the Council's strategic priorities. People need to be encouraged to take greater responsibility for their own health and wellbeing so that the County Council can focus its resources where they will have the greatest impact.

In the first instance, people will be encouraged to use a range of online tools to undertake health checks and access information around positive lifestyle choices. A new Health Check and Lifestyle service has been commissioned and will be provided by Everyone Health for people aged 50 + years who live in 52 identified areas where residents have a higher risk of poor health and cardiovascular disease. This targeted approach acknowledges and seeks to address the current level of health inequalities

Board Members agreed the importance of discussing this matter as it represented a departure from current practice. It was agreed that targeting service provision in this way was more likely to result in the greatest benefit. Healthy Staffordshire Select Committee had endorsed the approach.

Details around how the individuals in the identified areas would be approached had not yet been worked through but would likely be a range of mediums in order to access this harder to reach group. The provider was known to be well connected amongst pharmacists and is keen to be involved with GPs. Members discussed alternative communication channels and identified the Fire Service as a tool to deploy messages, accepting that generally there is a willingness amongst residents to engage with the Fire Service.

The aim was to move beyond a mandated NHS 5 yearly health check towards choice for a healthier lifestyle. Whilst it was probable that the offer of a Health Check to people who request it would need to continue, the wider population must be encouraged to use the on-line service.

RESOLVED That the Board (a) support the commissioned activity which is targeted in 52 identified areas and

(b) take every opportunity to actively promote the digital offer and Healthy Communities Service for example, via the Fire Service.

80. JSNA Outcomes Report

The Health and Wellbeing outcomes report brought together key outcome measures from the national outcome frameworks for the NHS, adult social care and public health to support monitoring of a range of indicators and delivery of the Living Well strategy.

Based on data in the current quarter, it was noted that the number of children being admitted to hospital for unintentional injuries, and the rates of older people being admitted to hospital for a fall, had fallen. A range of challenges had also been identified and included a continued high proportion of women smoking throughout pregnancy and low breastfeeding rates.

There were some discrepancies in the extrapolation of the data around teenage pregnancies; however, Members agreed that the greatest opportunity for change sat with midwives. Communications teams needed to continue their campaigns. Clinicians needed to be consistent in inputting information into EMIS so that comprehensive and consistent data can be understood. Members acknowledged the role of the Fire service in extending their Fire Safety checks to encompass Safe and Well Checks.

It was believed that the public health team in Stoke implemented a different approach towards smoking cessation and this would be investigated and reported to the next meeting.

RESOLVED That the Board (a) note the key findings of the key outcomes measures and

(b) agree the priority indicators for adults (Living Well, Aging Well, and Ending Well) in line with the new Health and Wellbeing strategy.

81. Staffordshire Better Care Fund Update

The 2017-19 Better Care Fund (BCF) had been formally approved with conditions. Following approval, the BCF Plan had moved into implementation with a focus on reducing Delayed Transfers of Care (DTOC). Implementation of the National High Impact Change Model (HIC) was underway and would support the reduction of DTOCs in Staffordshire. Currently all Staffordshire patients awaiting discharge were being tracked. A review and streamlining of governance had been recommended to facilitate a more timely roll out of the HIC in line with BCF, STP and National expectations. DTOC

data had shown a significant improvement with an overall reduction of 1060 days from November to December.

Board Members agreed that this area was one of the highest priorities for the CCGs and the County Council and significant effort was being put into maintaining the downward trend, despite a dip in performance in January.

A Member asked about the issue of stranded patients in acute. External support had been put in and there was a specific target to deliver change by April. It was agreed that winter planning had not been implemented early enough for 2017-18 and planning for 2018-19 would start much sooner to avoid delayed discharge problems and incur fewer admissions.

It was hoped that there would be a greater uptake of flu vaccine in 2018-19. Public Health England had been looking to help companies who provide vaccine to promote uptake.

In terms of governance, the leadership effort is considerable but more effective coordination would result in better use of their time.

RESOLVED That the Board (a) note the current activity underway

(b) agree that HWBB continue to receive updates from the BCF Executive on actions taken to implement the BCF, HIC and DTOC position against the BCF trajectory.

(c) support the proposals from the BCF Executive to review governance arrangements for implementation of the system wide High Impact Change Model.

82. District Delivery Plans

Received for information, summary of activity currently developing in localities for information.

83. National Diabetes Prevention Programme

Received, for information

84. Forward Plan

Received, for information

Chairman