

# Staffordshire Health and Wellbeing Board

3.00 pm Thursday, 6 December 2018  
Trentham Room - No.1 Staffordshire Place

## **Our Vision for Staffordshire**

"Staffordshire will be a place where improved health and wellbeing is experienced by all - it will be a good place. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of a strong, safe and supportive community. "

## **We will achieve this vision through**

"Strategic leadership, influence, leverage, pooling of our collective resources and joint working where it matters most, we will lead together to make a real difference in outcomes for the people of Staffordshire".

## **A G E N D A**

### **1. Welcome and Routine Items**

Chair

- Apologies
- Declarations of Interest
- Minutes of Previous Meeting (Pages 1 - 10)

### **2. Questions from the public**

## **SYSTEM ISSUES**

3. **Starting Well, Living Well, Supporting Well - A Pan Staffordshire Approach to Children and Young People's Mental Health and Emotional Wellbeing** (Pages 11 - 14)

Liz Mellor, Children's Commissioning Development Manager and Jill Mogg, Commissioning Manager

4. **Pan Staffordshire Maternity Transformation Programme and Transformation Plan** (Pages 15 - 18)

Tilly Flanagan, Head of Child Health and Wellbeing

5. **Mental Health Crisis Care Concordat** (Pages 19 - 20)

ACC Jennie Sims

6. **CQC Local System Review**

Oral Update from Richard Harling, Director for Health and Care

## PREVENTION

7. **Seasonal Flu Campaign update** (Pages 21 - 22)

Karen Bryson, Assistant Director, Public Health and Prevention

8. **Tackling Fuel Poverty in Staffordshire (The Warmer Homes Fund Bid)** (Pages 23 - 26)

Karen Bryson, Assistant Director, Public Health and Prevention

9. **South Staffordshire End of Life Care Action Alliance** (Pages 27 - 28)

Emma Hodges, CEO, St. Giles Hospice

10. **Preventing Fire and Improving Health and Wellbeing** (Pages 29 - 60)

Glynn Luznyj, Director of Prevention and Protection, Staffordshire Fire and Rescue Services

## STATUTORY DUTIES

11. **The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2017/18** (Pages 61 - 62)

John Wood, Chairman of the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board

12. **Staffordshire Better Care Fund 2018 Quarter 2 Progress Report** (Pages 63 - 66)

13. **Forward Plan** (Pages 67 - 76)

14. **Date of next meeting**

The next H&WB meeting is scheduled for Thursday 7 March 2019.

Membership	
Simon Fogell	Healthwatch
Tim Clegg	District & Borough Council CEO Representative
Fiona Hamill	NHS England

Dr Alison Bradley (Co-Chair)	North Staffs CCG
Alan White (Co-Chair)	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)
Dr. Paddy Hannigan	Stafford and Surrounds CCG
Dr. Mo Huda	Cannock Chase CCG
Glynn Luznyj	Staffordshire Fire and Rescue Service
Philip White	Staffordshire County Council
Simon Whitehouse	Staffordshire Sustainability and Transformation PI
Helen Riley	Staffordshire County Council
Nick Adderley	Staffordshire Police
Shammy Noor	South East Staffordshire and Seisdon Peninsula CCG

**Contact Officer:** Jon Topham, (01785 278422),  
**Email:** StaffsHWBB@staffordshire.gov.uk

### **Note for Members of the Press and Public**

#### **Filming of Meetings**

The Open (public) section of this meeting may be filmed for live or later broadcasting or other use, and, if you are at the meeting, you may be filmed, and are deemed to have agreed to being filmed and to the use of the recording for broadcast and/or other purposes.

#### **Recording by Press and Public**

Recording (including by the use of social media) by the Press and Public is permitted from the public seating area provided it does not, in the opinion of the chairman, disrupt the meeting.



## Minutes of the Health and Wellbeing Board Meeting held on 6 September 2018

### Attendance:

Alan White (Co-Chair (In the Chair))	Staffordshire County Council
Simon, Fogell	Healthwatch
Tim Clegg	District & Borough Council CEO Representative
Frank Finlay	District Borough Council Representative (North)
Roger Lees	District Borough Council Representative (South)
Glynn Luznyj	Staffordshire Fire and Rescue Service
Dr Richard Harling	Staffordshire County Council
Philip White	Staffordshire County Council
Helen Riley	Staffordshire County Council
Shammy, Noor	South East Staffordshire and Seisdon Peninsula CCG
Tracy, Parker-Priest	STP
ACC Jenny Sims	Staffordshire Police

**Also in attendance:** Jon Topham, Senior Commissioning manager, Public Health; Karen Bryson, Assistant Director, Public Health; David Sugden, Commissioning Manager, Strategy and Policy; Janene Cox, SCC Commissioner for Culture & Communities; Mick Harrison, SCC Commissioner for Safety, Children & Families; Vicky Rowley, SCC Commissioning Manager, Older people; Rebecca Wilkinson, BCF Strategic Lead; Kerry Dove, Interim Strategic Insight Manager; and Emma Sandbach, Interim Consultant, Public Health.

**Apologies:** Dr Alison Bradley (North Staffs CCG), Mark Sutton (Staffordshire County Council (Cabinet Member for Children and Young People)), Dr Paddy Hannigan (Chair, Stafford and Surrounds CCG) and Simon Whitehouse (Staffordshire Sustainability and Transformation PI)

### 14. Introduction by the Chair

The Chairman welcomed new members to the Board. He also highlighted the format change to the way the agenda is set out, giving a focus on prevention and making it more relevant to the H&WB Strategy.

## 15. Declarations of Interest

There were none at this meeting.

a) Minutes of the H&WB meeting held on 7 June 2018

**RESOLVED:** That the minutes of the Health and Wellbeing Board held on 7 June 2018 be confirmed and signed by the Chairman.

## 16. Questions from the public

Question 1

The following statement and questions had been submitted by Viran Patel:

*JSNA does not provide the full waiting list for primary care and secondary care services for assessment and diagnosis. Given that it is up to the statutory authority to deal with making sure that public sector equality is upheld will they do the following:*

*Questions 1) Will the chair including all associated bodies that commission local services, now ask or provide waiting lists for each contract in place for assessment and diagnosis, in the NHS and provide the total cost of clearing each waiting list?*

*Question 2) Will the chair request that the waiting list for all Social Care services are published on a monthly basis where people are waiting for a review emergency or otherwise, and the first assessment and provide a cost for each month to clear that waiting list?*

*Question 3) Will the board then provide the list to the Secretary of State for Health and Social Care, to make sure they are aware of the waiting list and hold them to account on funding the clearing of such waiting list under the health and social care act and the care act?*

The Chairman read out the question (printed on the agenda) to the Board. The Questioner was not present at the meeting.

Members noted that this Board did not manage waiting lists for either social care or the NHS, although they could ask the CCGs and the County Council to provide appropriate information. However, they saw no value in writing to the Secretary of State for Health, as proposed in question 3, as local waiting lists were not his responsibility. Members also noted this question would be difficult to answer as different waiting lists were held for each contract and there were different targets for each provider, with penalties where these target were not reached. Members agreed that a response should be submitted within 30 days.

Question 2

The Chairman read a question (not printed on the agenda) from Darren Bullock of Painsley Catholic College, which informed the Board that the College was currently undertaking an audit of their wellbeing and were working towards the Wellbeing Award for Schools. As one of their actions towards this they were hoping to form a link with this Board. Philip White, SCC Cabinet Member for Learning and Employability, would lead on this link on the Board's behalf.

## 17. Health and Wellbeing Board Terms of Reference

At the 7 June Board meeting the updated Health and Wellbeing Strategy had been endorsed and a review of the terms of reference had been agreed along with a job description for Board Members. Members now received the amended terms of reference and considered the changes to membership and role description.

The terms of reference included:

- sub groups around: Prevention Programme Management; BCF and Joint Commissioning; Families Strategic Partnership; and Physical Activity; and,
- a new relationship proposed with the STP and with the Stoke H&WB, considering a “Committee in Common” approach.

Members were comfortable with the proposed new subgroups. They queried the current status of the drug and alcohol working group previously established by this Board, feeling this was particularly important with current concerns around the use of monkey dust and spice. There was a collaborative approach to this work, which was run as a sub-group of the Family Strategic Partnership.

Members agreed:

- the job description appended to the report;
- the inclusion of 2 voluntary sector representatives to the membership of the Board; and,
- the importance of close relationships with the STP whilst being mindful to avoid duplication. This could be addressed by having a standing STP item on each H&WB agenda.

The merits of a joint H&WB across the whole of Staffordshire and Stoke-on-Trent were discussed. Board Members were in favour of a joint Stoke-on-Trent and Staffordshire H&WB, however whilst officers at Stoke-on-Trent City Council appeared to be sympathetic towards this, there was currently some opposition to the idea from their Councillors. A number of opportunities for raising this issue were highlighted by Board Members, including through:

- Police partnership resources by ACC Jenny Sims;
- work around the Safeguarding Board early implementer initiatives;
- STP joint working; and
- Preventing Teams and a possible single bid across Staffordshire and Stoke-on-Trent.

**RESOLVED:** That the amended terms of reference and Members job description be agreed.

## **18. Place Based Approach - Update on Progress**

The Board received details of progress with the Place Based Approach (PBA) and activities in localities. A consolidation of the Public Health’s Prevention Through Wellness (PTW) programme and the PBA had taken place to enable a coordinated approach that supported and promoted local community wellbeing.

Members received details of current activity and evidence of outcomes from the eight district/borough pilot projects. In particular the achievements from the Tamworth pilot

were shared, including: the Tamworth Children's Pilot; Tamworth Vulnerability Partnership; Early help/earliest help showcase event; and the County Councils pilot of a one front door approach to Children's Services. The work in Tamworth had begun to show a reduction in demand on the Local Support Teams (LSTs) of between 10-11%.

The Board received details of the Early Help Performance Framework which would be used to benchmark on levels of demand in specific areas, with funding allocated against this. The Framework would be monitored over a six month period to evidence outcomes from investment.

Examples of partnership working and shared learning opportunities were discussed. Schools were a key part of the early help work with some Dedicated Schools Grant (DSG) money being used towards prevention work. The impact these initiatives had on low level crime and domestic violence was also considered as well as the impact on service demand for children and adult social care services, health and Police. A reduction in crime had been seen in both Tamworth and Newcastle.

The Board supported this work and were keen to see how the benefits evidenced in Tamworth and Newcastle would inform work around the County and looked forward to future reports outlining this.

**RESOLVED:** That:

- a) the report be noted; and
- b) the aspiration of a seamless partnership offer within a locality be endorsed.

## **19. Prevention Through Wellness, Operational Programme and Governance**

At its 7 June 2018 meeting the Board had updated the Health and Wellbeing Strategy, setting out the County's ambition to increase healthy life expectancy from birth to end of life and had approved the Prevention through Wellness Framework as its delivery vehicle. Members now received more details of the programme, including the following four transformation projects:

- Preventative Pathways – simplifying and connecting services and promoting a culture of personal ownership of wellbeing, self-management and independence;
- Supportive Communities – building the capacity, systems and processes that help people to live independently and manage their care needs with support from families and communities in the first instance;
- Digital and Voice – connecting people with their data which provides an insight to their health and wellbeing to support them living healthier lifestyles;
- Healthy Environments – improving where and how we live, supporting people to improve their own environment and reduce risks to their wellbeing.

Implementation of the Programme would require sustained and co-ordinated effort across a range of public sector partners and professionals as well as contributions from the private sector and local residents. The Board's role would be to provide leadership for further development and implementation and to provide assurance on its implementation.

The current healthy life expectancy in Staffordshire was 64 years and there was an ambition to extend this by at least six months. The importance of appropriate sign



posting was emphasised and the link with social prescribing. Work was being undertaken with a range of partners, including libraries, to help with signposting and to work towards more active communities.

There were some good examples of social prescribing and it was intended that the STP would map these, looking at the different approaches with local populations. Services would need to change to make sure this work was embedded with the Health in All Policies (HiAP). There was also a developmental role to ensure that community resolutions were considered rather than an automatic services first response.

**RESOLVED:** That:

- a) the Prevention through Wellness Operational Programme and governance arrangements be approved;
- b) leadership for its further development and implementation be provided by the Board;
- c) a new conversation with professionals and the public be supported, to promote greater personal ownership of wellbeing, self-management and independence; and
- d) regular progress reports be considered to enable assurance of implementation.

## **20. End of Life: Conversation with the Public - Final Report**

Members received an evaluation of the success of the H&WB public engagement campaign “Staffordshire Dying Matters”, which ran from mid-March to mid-May 2018. The campaign encouraged the public to talk about death and dying, to enable better quality of life and to better plan for their end of life. Members received details of outputs from the campaign, which exceeded expectations against the targets set.

Originally the public debate/campaign had been intended to raise the public profile of the Board. The campaign had been low cost but resource intensive.

The Board was informed that the End of Life work stream was working with providers and the voluntary sector to help embed the learning from this campaign. Training was needed to ensure that all involved (GPs, paramedics, NHS Staff, care staff) followed end of life care plans.

**RESOLVED:** That:

- a) the approach and outcomes of the Dying Matters Staffordshire public conversation be noted;
- b) a progress report be brought to the Board in 6 to 12 months.

## **21. Mental Wellbeing & Suicide Prevention**

Members received the Suicide Prevention Action Plan for Staffordshire and Stoke-on-Trent. They also received details of work to consider the issue of parental mental ill health and the impact this can have on children’s health and wellbeing. It was intended that this work would help to highlight the issues, gaps and areas of good practice, with results reported to the Board as well as the Children’s and Adult’s Safeguarding Boards. Members also received details of a specific project in Hednesford, Cannock, in developing a “Time to Change Hub” that will help reduce the stigma of mental ill health.

**RESOLVED:** That:

- a) the Suicide Prevention Action Plan be agreed and supported;
- b) the research being undertaken around parental mental ill health be supported; and
- c) the development of the “Time for Change Hub” in Hednesford, Cannock, be supported.

**22. Healthwatch Staffordshire**

Healthwatch Staffordshire published their Annual Report 2017/18 on 30 June 2018. Members now considered this report, which set out the work undertaken by Healthwatch in their role as the independent champion for health and social care in Staffordshire. Members also received a presentation on the work of Healthwatch and their wider role.

**RESOLVED:** That:

- a) the report be noted; and
- b) the Board continue to work with Healthwatch to create stronger working links.

**23. Staffordshire Health and Wellbeing Board Strategy Consultation 2018**

The Board considered the feedback from the strategy refresh questionnaire. 1231 people from a broad geographical cross section of Staffordshire had responded and the feedback had been largely positive.

**RESOLVED :** That:

- a) the report be endorsed for reference in the development of its strategy and delivery plan; and
- b) use of the report to inform future conversations with the public to promote the health and wellbeing agenda be noted.

**24. Staffordshire Better Care Fund 2018 Quarter 1 Progress Report**

Staffordshire Better Care Fund (BCF) Quarter 1 performance and activity summary data was shared with Members, alongside joint commissioning intentions for the County Council and CCGs as part of the BCF Joint Commissioning Board.

Delayed Transfers of Care (DTOC) were being reduced, with figures for May 2018 showing a total of 15.46 (delayed days per 100,000 people over the age of 18) against a target of 16.02. This was towards a trajectory of 10.00 by September 2018. However Staffordshire’s high level of DTOC had been highlighted as an issue for national escalation as part of the 2017-19 BCF Plan resulting in support for the system through Peer challenges and external reviews. This had identified some structural and data factors that contributed to the consistently high level of DTOC in Staffordshire, resulting in agreements with the BCF National Team to provide support and challenge to reduce the DTOC.

The H&WB had previously delegated authority to the Co-Chairs to sign off the BCF on their behalf, to take account of the fast pace at which decisions were often needed and the difficulties in being able to arrange very short notice and frequent H&WB meetings to

deal with urgent decisions. The Board agreed that authority for sign off should remain with the Co-Chairs.

The Board were also advised that the CQC had asked to review the system in October 2018 and that they may wish to speak to some Board Members as part of that review.

**RESOLVED:** That:

- a) the Quarter 1 performance be noted;
- b) the issues uncovered regarding DTOC methodology and agreed approach to DTOC counting be noted; and
- c) H&WB Co-Chairs have delegated authority to sign off BCF on the Board's behalf.

## **25. JSNA Review - Update**

At their meeting of 7 June the Board had agreed a review of the JSNA work programme. It was now proposed that an annual full JSNA report monitoring population outcomes would be produced rather than the current quarterly reports. However the Board would still receive any exception reporting on a quarterly basis and there would also be an opportunity to receive detailed themed JSNA reports, with the initial themes being: housing and health; and communities and their contribution to improving health and wellbeing outcomes.

Where a topic for a detailed themed report was identified Members were asked to nominate individuals from their respective organisations as appropriate to contribute towards this work.

**RESOLVED:** That:

- a) the revised core JSNA work programme be approved;
- b) Board Members agree to nominate colleagues from their respective organisations as appropriate to contribute to the themed reports; and,
- c) topics for the initial themed reports be: housing and health; and, how communities can contribute to improving health and wellbeing.

## **26. Seasonal Flu Plan and Campaign**

The 2018-19 Seasonal Flu Plan set out various actions required, including how to improve the uptake of flu vaccinations in frontline staff and how to develop local promotional campaigns to encourage uptake in "at risk" groups. As the uptake in Staffordshire had been lower than the national average last year for both frontline staff and at risk groups it was important that the Board actively supported the seasonal flu campaign and promote it across their own organisations.

Board Members supported this campaign and agreed to promote it within their respective organisations.

**RESOLVED:** That:

- a) Board Members act as local leaders in supporting the local flu campaign, taking part in local media campaigns and by having the flu vaccination;
- b) the Board act as advocates for vaccination of their staff where eligible and emphasis the importance of this on overall system resilience.

**27. Forward Plan**

Board Members were asked to forward any comments on the Forward Plan to Jon Topham, Senior Commissioning Officer, Public Health.

**RESOLVED:** That comments on the Forward Plan be forwarded to Jon Topham.

**Chairman**

E-mail: [staffsHWBB@staffordshire.gov.uk](mailto:staffsHWBB@staffordshire.gov.uk)

Date: 01/11/18

Dear Mr Patel

Following your question to the September Health and Wellbeing Board, I can report that this was discussed at the meeting.

I should firstly let you know that the HWBB does not manage waiting lists for either social care or the NHS, and that the Secretary of State is not responsible for local waiting lists. However, having received your question the Board did ask, on your behalf, for a statement of the current situation from both the Clinical Commissioning Group and the County Council representatives.

The following responses cover the current situation regarding waiting times in Staffordshire.

**Staffordshire Clinical Commissioning Groups (NHS)**

The Clinical Commissioning Groups across Staffordshire commission a wide range of services from a number of providers, which all have very different waiting times. However, within the NHS the maximum waiting time for non-urgent consultant-led treatments is 18 weeks from the day your appointment is booked through the NHS e-Referral Service, or when the hospital or service receives your referral letter (Referral to Treatment - RTT). Your right to an 18-week waiting time does not apply if you choose to wait longer.

With regards to the Referral to Treatment Waiting List Targets, CCGs are monitored against the Incomplete Pathway standard i.e. patients waiting for the start of their treatment. The standard is 92% of patients on the waiting list are required to have started treatment before 18 weeks has elapsed.

At present all Staffordshire CCGs are close to, but not meeting this standard. East Staffordshire CCG is currently the best performing CCG in Staffordshire with a year to date performance of 91.55%. North Staffordshire CCG, and Stafford and Surrounds CCG are adversely affected by the poor RTT performance of University Hospitals of North Midlands (UHNM) with respective RTT performance year to date at 78.9% and 83.41%.

Commissioning leads are currently working with UHNM to find alternative providers for patients who have breached 52 weeks and also monitor and work with the Trust to take action for patients waiting above 40 weeks. Cannock Chase CCGs year to date performance is at 89.3% again mostly attributable to patients waiting over 18 weeks at UHNM. South East Staffordshire and Seisdon Peninsular CCG performance year to date is 91.4% and mainly attributable to patients waiting for treatment at Good Hope Hospital, now part of the University Hospitals of Birmingham.

## **Staffordshire County Council**

In Adult Social Care, there are currently 535 people waiting for an assessment by Midlands Partnership Foundation Trust, who are commissioned to deliver social care services on behalf of the County Council. This figure will change as assessments are started and new referrals are received. On average there are 567 assessments each month and the waiting list is prioritised to ensure that the people in greatest need of an assessment and the people who have been waiting the longest are prioritised.

I hope that this information is helpful

Yours sincerely



**Councillor Alan White**  
Co-Chair Staffordshire HWBB  
Cabinet Member for Health, Care & Wellbeing



**Dr Alison Bradley**  
Co-Chair of Staffordshire HWBB  
Chair of North Staffordshire NHS Clinical Commissioning Group

Staffordshire Health & Wellbeing Board						
<b>Report Title:</b>	Starting Well, Living Well, Supporting Well A Pan Staffordshire Approach to Children and Young People's Mental Health and Emotional Wellbeing					
<b>Date:</b>	FPEG - 12 <sup>th</sup> September 2018 FSPB - 15 <sup>th</sup> October 2018 HWBB - 6 <sup>th</sup> December 2018					
<b>Author:</b>	Jill Mogg, Commissioning Manager, Families and Communities Commissioning on behalf of the CAMHS Commissioning Board					
<b>Board Sponsor:</b>	Helen Riley, Deputy Chief Executive and Director for Families and Communities					
<b>Report Type:</b>	System Issues	<input checked="" type="checkbox"/>	Prevention	<input type="checkbox"/>	Statutory Duties	<input type="checkbox"/>

## Recommendation(s)

### The Board is asked to:

- Offer any comments on the priorities indicated in the Strategy.
- Note the governance arrangements that are in place to give leadership and accountability to making POSITIVE change happen.
- Endorse the Strategy and the Local Transformation Plan (LTP) for wider circulation and publication.

## Background

### Introduction

- This report seeks to secure approval of the Strategy for supporting children and young people's mental health and emotional wellbeing needs across Staffordshire and Stoke on Trent. The Strategy has been developed as a collaborative approach to transforming the way in which we deliver services and promote positive wellbeing for children, young people and their families and carers. It has been informed by a robust assessment of need and through a range of engagement with our partners and stakeholders, including children and young people and their families.
- It sets out our vision and pledge to bring about POSITIVE change to the way in which we currently deliver services and support for children and young people, their families and carers and professionals and communities who play a key role in achieving positive outcomes in relation to mental health and emotional wellbeing. It also articulates what we need to do to bring about a fundamental change over the next 5 years and beyond.

### Background and Context

- There has been substantial change in relation to the government's thinking with regard to children's mental health over the past few years, following the Future in Mind Report and the NHS Five Year Forward View. The government's Green Paper, Transforming Children and Young People's Mental Health Provision (December 2017) also proposes new ways of working for schools and colleges which will place more focus on early

identification of issues with regard to children and young people's emotional health and addressing low to moderate needs at an earlier stage.

4. Staffordshire's Emotional Wellbeing and Mental Health Strategy for children and young people is due to expire at the end of this year. The requirement to review the Strategy aligned to the proposed transformational changes is timely in ensuring that we have a clear vision on what our priorities are going forward and what needs to change.
5. This Strategy proposes a partnership approach to addressing the mental health and emotional wellbeing needs of our children and young people across Staffordshire and Stoke on Trent. We believe that collaboration in delivering our shared vision and priorities will be fundamental to delivering effective and sustainable transformation.
6. The mental health and wellbeing of all our children and young people is a priority for us all. Children and young people's emotional wellbeing impacts on every part of their lives, for their education, the relationships they have with their friends and family and the choices they make in everyday life.
7. Most of our children and young people do well and are **Thriving** for most of the time but there will be times when they need some extra help and support. To improve services and the mental health of our children and young people, a whole-system review is needed that looks at the future of all mental health services, including the role of the voluntary and community sector. There needs to be a re-focus away from medicalisation and mental ill health to prevention, early intervention and supporting the mental wellness of our children and young people, their families and their communities.
8. Better outcomes will be achieved for our children and young people through fostering collaborative relationships with our partners and our local communities. Transforming our offer to children and young people with regard to their mental health and emotional wellbeing will mean working differently, making sure that our collective resources are being used to best effect in achieving the right outcomes for our communities as a whole.
9. There are established leadership and collaborative commissioning arrangements in place across Staffordshire and Stoke on Trent between local authority and health partners in regard to children and young people's mental health. This offers a positive foundation for further transforming our services. This is endorsed through the Staffordshire and Stoke on Trent LTP for child and adolescent mental health services (CAMHS) and the respective local authorities.
10. This Strategy reflects the views, wishes and aspirations of all of our partners. This has been achieved through a range of consultation and engagement undertaken during the spring with children and young people, parents and carers and our partners and stakeholders. This has helped to inform our future priorities, where we need to change, where we invest our resources and what delivers the best outcomes for our children, young people and families.

## Contact Officer

Name and Job Title: Liz Mellor, Children's Commissioning Development Manager  
Telephone No: 07870 179012  
E-Mail Address: [Elizabeth.mellor2@staffordshire.gov.uk](mailto:Elizabeth.mellor2@staffordshire.gov.uk)



**List of Background Papers:**

[\*\*Appendix A – Strategy Presentation\*\*](#)

[\*\*Appendix B – Starting Well, Living Well, Supporting Well – A Stoke-on-Trent and Staffordshire Approach to Children and Young People’s Mental Health and Emotional Wellbeing\*\*](#)

[\*\*Appendix C – Local Transformation Plan \(LTP\)\*\*](#)



Staffordshire Health & Wellbeing Board						
<b>Report Title:</b>	Pan Staffordshire Maternity Transformation Programme and Transformation Plan					
<b>Date:</b>	6 <sup>th</sup> December 2018					
<b>Author:</b>	Tilly Flanagan / Alexandra Birch					
<b>Board Sponsor:</b>	Helen Riley					
<b>Report Type:</b>	System Issues	<input checked="" type="checkbox"/>	Prevention	<input type="checkbox"/>	Statutory Duties	<input type="checkbox"/>

## Recommendation(s)

### The Board is asked to:

- a. To note the content of the paper and the governance for delivering the plan.
- b. To endorse the Local Maternity System Transformation plan.

## Background

1. The purpose of this report is to inform Staffordshire Health and Wellbeing Board of the Local Maternity System (LMS) across Staffordshire and Stoke-on-Trent (known as the Pan Staffordshire Maternity Transformation Programme) and to share the transformation plan (Appendix 1). CCGs are required to establish Local Maternity Systems that are coterminous with Sustainability and Transformation Partnerships (STP) footprints. Staffordshire is part of the Staffordshire and Stoke on Trent STP footprint.
2. The purpose of the LMS is to seek opportunities to collaborate with partner agencies in the future transformation of maternity services. Pan Staffordshire has established a Maternity Transformation Programme which has been formally adopted as a work stream of the STP.
3. An operational plan for how Pan Staffordshire are going to meet the recommendations from Better Births has been developed by a range of partners including Staffordshire's Early Years Advisory Board which is a sub group of the Staffordshire Family Strategic Partnership.

## Context

4. In February 2016 the national maternity review, 'Better Births' was published. Better Births sets out a vision for safe and efficient models of maternity care: safer care, joined up across disciplines, reflecting women's choices and offering continuity of care along the pathway.
5. The plan has identified the 5 following objectives:
  - a. Improved quality and safety of maternity and new born services
  - b. Engagement and co-production with women and their families
  - c. Configuration of maternity services
  - d. Improved health and wellbeing of women and babies
  - e. Improved access to perinatal mental health services

6. The Pan Staffordshire Maternity Transformation Programme will be accountable and report to the NHS England Midlands and East Regional board, who in-turn report to the NHS England national maternity transformation programme board.
7. Staffordshire and Stoke on Trent have established the Pan Staffordshire Maternity Transformation Programme with representation from providers, commissioners and women who use these services in the area, including NHS and local authority.
8. The plan has been formally adopted as a work programme of the Pan Staffordshire Sustainability and Transformation Plan and is governed by the STP Health and Care Transformation Board.

### **Why should Staffordshire Health and Wellbeing Board endorse the plan?**

9. Pregnancy, the birth and the early weeks of a child's life are a crucial period for the future of the family and of the child<sup>1</sup>. For babies, this period has a major influence on their physical, social, emotional and language development<sup>2 3</sup>. For mothers and the wider family, pregnancy may be the first time they have sustained contact with health and other services and so presents the ideal opportunity to influence their lifestyle and to maximize their life chances. It is therefore vital that families in Staffordshire are supported by high quality maternity services which cater for their needs and support them to begin their new lives together. Ensuring children have a good start in life is fundamental to the children's system and the Council's Children's Transformation programme.
10. Staffordshire County Council and Stoke on Trent Council are both members of the Pan Staffordshire Maternity Transformation Board and have agreed to lead the objective to improve the health and wellbeing of women and babies within their respective local authorities.
11. The Pan Staffordshire Maternity Plan forms part of the Maternity, Children and Young People programme of the STP. Helen Riley is the Senior Responsible Officer for the overall programme.
12. Improving the health and wellbeing of women and babies is a priority in the delivery plan of the Family Strategic Partnership. Much of this work is delivered by partners through the Early Years Advisory Board, chaired by Cllr Mark Sutton, and the district level Family Improvement Boards.

### **Performance and Delivery**

13. The success of the plan will be measured by improvement in outcomes for women, babies and their families using the following key indicators and outcome measures;
  - a. Under 18-year-old conceptions rate
  - b. Flu vaccine take-up by pregnant women
  - c. Smoking at time of delivery% of low birthweight babies (<2500g)
  - d. Increasing Breastfeeding initiation

<sup>1</sup> Fair Society Healthy Lives (The Marmot Review), Professor Marmot, 2010

<sup>2</sup> The Marmot Review, p60

<sup>3</sup> NHS England, Care Quality Commission, Health Education England, NHS Improvement, National Institute for Health and Care Excellence, and Public Health England

- e. Neonatal mortality and stillbirths
- f. Infant mortality rate
- g. Healthy weight of mothers and babies

14. Current performance against these key indicators for Staffordshire and Stoke is illustrated below:



15. Overall Staffordshire performs worse than the national average for smoking in pregnancy and breastfeeding rates.
16. Working to improve the above indicators identified in the Pan Staffordshire maternity Transformation plan are consistent with the ambitions of the Staffordshire Family Strategic Partnership Board.
17. The Early Years Advisory Board, chaired by Cllr Mark Sutton, is one of the key delivery mechanisms to improve health and wellbeing of women and babies. This board has identified several actions to be delivered at a county level such as; Staffordshire Connects, commissioned services such as stop smoking in pregnancy services, Family Health and Wellbeing Service (0-19) and at district and borough levels through Children Centres, Family Improvement Boards and local community and peer support groups. In addition “making every contact count” work will ensure the wider wellbeing agenda for pregnant women is a collective STP system solution

## Financial Implications

18. Much the financial implications for this plan will be met with through CCG contracting arrangements. The prevention workstream will primarily be funded through existing Local Authority provision e.g. smoking in pregnancy service, Family Health and Wellbeing Service (0-19) and Children Centre provision. Please note the prevention budget referred to in this paper is separate from adult funded services such as Supportive Communities.

19. The local board has received some short term additional funding through NHSE. As an authority we have secured £65,000 to pump prime work which will focus on smoking in pregnancy and improving breast feeding rates.

## **Conclusion**

20. The Pan Staffordshire Maternity Transformation Programme and Transformation Plan provides a partnership approach across Staffordshire and Stoke on Trent's to delivering 'Better Births.' Whilst much of the focus is about driving the quality of health and maternity services, the success of this plan will also benefit the overall outcomes for children and families. Furthermore, it will support the aspirations of the Family Strategic Partnership Board and Health and Wellbeing Board.

## **Contact Officer**

Name and Job Title: Tilly Flanagan, Head of Child Health and Wellbeing  
Telephone No: 07790 772070  
E-Mail Address: [tilly.flanagan@staffordshire.gov.uk](mailto:tilly.flanagan@staffordshire.gov.uk)

## **List of Background Papers:**

[Appendix A - Pan Staffordshire Maternity Plan](#)

Staffordshire Health & Wellbeing Board						
<b>Report Title:</b>	Mental Health Crisis Care Concordat					
<b>Date:</b>	6 <sup>th</sup> December 2018					
<b>Author:</b>	Diane Malkin, Vulnerability Manager, Staffordshire Police					
<b>Board Sponsor:</b>	ACC Jennie Sims, Staffordshire Police					
<b>Report Type:</b>	System Issues	<input checked="" type="checkbox"/>	Prevention	<input type="checkbox"/>	Statutory Duties	<input type="checkbox"/>

## Recommendations

- a. Support the review and refresh of the Crisis Care Concordat Declaration, Action Plan and Governance Structure.
- b. To identify and nominate who is best placed to lead the review along with the support of partner organisations.
- c. To ensure the Concordat declaration and action plan is not only responsive to current need but is well prepared for future needs and to ensure we have clear direction in responding to such needs through our service provision.

## Background

1. The Crisis Care Concordat was implemented in 2014 by a number of both Statutory and Voluntary organisations within Staffordshire and Stoke on Trent. (See background papers below) and was the main driver for enabling change in the delivery of services to our communities who experience mental health issues.
2. The Concordat provided a joint declaration and action plan for both Staffordshire and Stoke on Trent in order to provide a response and commitment to the needs of the communities living within those areas. The Concordat promoted partners working together to ensure that service provision was directed through the needs of our communities.
3. The Concordat saw achievement in many areas such as reductions in the number of people going to Custody who had been detained using Section 136, training and ongoing development for professionals who work with our communities, implementation of creative solutions such as Triage teams, and 24/7 access to mental health services for people experiencing mental health issues
4. At this time the Concordat is outdated and is not wholly applicable to both our communities needs and to organisations that deliver within Staffordshire and Stoke on Trent.
5. Evidence:
  - 1.1, 5.1 – The Concordat is not evidenced within all areas of Commissioning.
  - 1.2, 1.2a – No clear lines of Governance at this time.
  - 1.3 – No Outcomes Framework.
  - 2.1, 5.5, 5.6, 7.3 – Pathways for dual diagnosis are not evident.
  - 2.3, 3.4 – No work looking at Seldom Heard Groups has been achieved.

- 2.4, 2.8, 2.10 – Training has been achieved through single agency there is not outcome for joint training, and understanding of vulnerability.
- 2.9, 7.1, 7.2, 7.4 – More work required regarding information sharing and access to care plans and plans for vulnerable people and high volume users.
- 4.5 – AMHP response times no clear evidence that this has been achieved.
- 5.4 – No confirmation of future delivery for Triage service and in what model this should be delivered.

6. At this time most organisations who signed up to the Concordat have changed responsibilities some through funding and restructure others for example NSUG no longer exist.

7. Where outcomes have been achieved and can be shown then this needs to be shared across services. Where actions have not been achieved then the review needs to look at whether they are still applicable to the needs of our communities and if so then address the barriers to move them forward.

### **Contact Officer**

Name and Job Title: Diane Malkin, Vulnerability Manager, Staffordshire Police

Telephone No.: 07748760999

E-Mail Address: [diane.malkin@staffordshire.pnn.police.uk](mailto:diane.malkin@staffordshire.pnn.police.uk)

### **List of Background Papers:**

[Crisis Care Concordat 2014](#) - [Declaration Statement](#)  
[Action Plan](#)  
[Progress Report](#)

Mental Health in Staffordshire – A better understanding (Draft NACRO report)

Starting Well, Living Well, Supporting Well

[Health and Wellbeing Strategy 2015-2020](#)

[Policing, Health and Social Care consensus: working together to protect and prevent harm to vulnerable people](#)



Staffordshire Health & Wellbeing Board						
<b>Report Title:</b>	Seasonal Flu Campaign Update					
<b>Date:</b>	6 December 2018					
<b>Author:</b>	Emma Sandbach					
<b>Board Sponsor:</b>	Richard Harling					
<b>Report Type:</b>	System Issues	<input type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Statutory Duties	<input type="checkbox"/>

### Recommendation(s)

- a. Note that Staffordshire County Council's seasonal flu campaign for 2018/19 started on the 13<sup>th</sup> September, almost 3 weeks earlier than last year and a full month ahead of the national seasonal flu campaign.
- b. Note that a detailed seasonal flu plan and communications plan has been developed and the communications plan runs from 13<sup>th</sup> September 2018 to 1<sup>st</sup> January 2019. This has been a joint effort between Health and Care, the Health, Safety and Wellbeing Team and the Council's Communications Team.
- c. Note that this year's campaign has been developed in partnership with Public Health England, the Staffordshire CCG's and this year for the first time we have also worked with the pharmaceutical industry (Sanofi Pasteur) which has proved valuable both in terms of an insight into the flu vaccine's but also into shaping our work programme.

### Background

1. Flu occurs every winter in the UK and is a key factor in NHS winter pressures. It impacts on those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups. This report is to update Board members on the seasonal flu campaign for 2018-19.
2. The national PHE seasonal flu campaign began on the 8<sup>th</sup> of October and there are several campaign materials available on the PHE Campaign Resource Centre under the theme of Stay Well this Winter.
3. In addition to the national campaign, locally Staffordshire County Council and the CCG's developed a detailed joint communications plan for seasonal flu which began on the 13<sup>th</sup> of September and will continue until January. The local communications plan will tailor the messages throughout the flu season, beginning with encouraging uptake to also including advice about what to do if you get symptoms of flu.
4. There has been progress on a number of areas of the seasonal flu campaign locally. The Staffordshire seasonal flu plan and communications plan received positive feedback from NHSE at the seasonal flu planning group who were impressed with the proactive approach taken locally.
5. Initial figures from the Health, Safety and Wellbeing Team at Staffordshire County Council indicate that there has been an increase in requests for vouchers for flu vaccinations from staff within the school setting and Staffordshire County Council's front

line staff compared to last year. Numbers to be verbally reported at the Staffordshire Health and Wellbeing Board.

6. Given the distribution of the flu vaccine to GP practices we will not know whether the uptake in 2018/19 is better or worse than 2017/18 in the at risk groups and young children till nearer Christmas 2018. This is because nationally the vaccine has been distributed on a 40/20/40 basis during October, November and December. At this early stage of reporting our CCG's are in line with other CCG's in the Midlands and East of England.
7. The Care Market Development Team have included a range of resources from the seasonal flu campaign on their page of the Staffordshire Connects website. In addition, they have been supporting the campaign via social media in relation to the importance of social care staff having flu vaccinations.
8. A local flu campaign is being developed in partnership between Staffordshire Public Health Team, Stoke City FC and Burton Albion FC. The aim is to produce a short video on the importance of the flu vaccination that can be played on the big screens at the stadiums. There may also be the opportunity to promote flu vaccination uptake on the local radio, with members of the football clubs.

#### **Contact Officer**

Name and Job Title: Emma Sandbach – Interim Consultant in Public Health

Telephone No.: 07970670995

E-Mail Address: [emma.sandbach@staffordshire.gov.uk](mailto:emma.sandbach@staffordshire.gov.uk)

#### **List of Background Papers:**

None

Staffordshire Health & Wellbeing Board						
<b>Report Title:</b>	Tackling Fuel Poverty in Staffordshire (The Warmer Homes Fund Bid)					
<b>Date:</b>	6 <sup>th</sup> December 2018					
<b>Author:</b>	David Sugden / Karen Bryson					
<b>Board Sponsor:</b>	Richard Harling					
<b>Report Type:</b>	System Issues	<input type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Statutory Duties	<input type="checkbox"/>

## Recommendation

- a. Note the successful bid to the Warmer Homes Fund (WHF) that has secured £1.8 million to address fuel poverty in Staffordshire, and the associated WHF programme.

## Background

1. In Staffordshire 44,452 households are living in Fuel poverty (2017 figures - 12.0% of all households, which is slightly worse than the England average of 11.3%). The risks of cold homes and from cold related illness translate readily in to increases in service use and the related increased costs for health and care. In Staffordshire 21.5% of the annual cost of excess winter deaths is attributable to cold homes (amounting to £1.9M<sup>1</sup>), whilst the costs of cold related illness to the NHS (all services) and Social Care are around £5.2M annually<sup>2</sup>.
2. A bid was completed and submitted by Staffordshire County Council on the 28<sup>th</sup> September 2018 to the Warmer Home Fund; a fund administered by Affordable Warmth Solutions CIC (AWS) on behalf of National Grid (now Cadent). The key purpose of the fund is to target and reduce fuel poverty as part of Cadents' ECO funding obligations (to reduce the cost of home heating and the national carbon footprint), and their strategic commercial intent to maximise the number of households connected to gas nationally. The County Council was notified of the success of the bid on the 15<sup>th</sup> November.
3. The local bid is a response to an AWS statement (at the notification of intent stage prior to submitting bids) that they would welcome a Staffordshire wide, partnership based bid, to assure scale, reach and effectiveness. (Only Councils and Registered Social Landlords (RSLs) can apply as lead bidders).
4. Formal approval was sought and given by the eight District and Borough Councils (and four of the six Staffordshire RSLs) for the County Council to bid on their behalf.
5. Stoke on Trent City Council have also pledged their support and intention to align their Bid (in the next round of bidding in early 2019) enabling a joint Staffordshire and Stoke footprint for a local Warmer Home Fund programme.

<sup>1</sup>Analysis undertaken by SCC Insight team

<sup>2</sup>Sheffield Transferable policy tool Fuel poverty (adapted for Staffordshire)

## **The Staffordshire WHF programme**

6. An innovative approach has been adopted in Staffordshire combining measures which will address fuel poverty and the wellbeing, mobility and health risks commonly associated with living in cold homes.
7. The bid is in two parts: Category 1 describes the targeting of vulnerable individuals where eligible for new or upgraded gas installs. Category 3 describes the 'wrap around services' which aim to support the fuel poor whilst also addressing risks to health and independence.
8. Category 3 support includes advice on tariffs, benefits and Warmer Homes Discounts and low cost home adaptations (e.g. to support mobility, or prevent falls). For example, respiratory, cardiovascular and mobility conditions can be made worse if an individual is living in a cold home. A householder may have received a new boiler - low level mobility aids such as hand rails, access ramps will ensure they can continue to live at home safely and independently, enjoying a warm house.
9. The County Council will be working in partnership with the eight Staffordshire District and Borough Councils, the CCG's Frailty Hub (FH), Beat the Cold and E.ON (Energy delivery partner) and wider partners in the Voluntary and social care sectors to develop this new network. We are considering the involvement of a Community Interest Company, the Ministry of Well-being, and a Special Purpose Vehicle to manage delivery of the programme.
10. As our energy delivery partner E.ON will match the monies awarded through the Warmer Homes Fund; in total providing £1.8M across both categories and £132,000 for the parts of the scheme supporting health and independence at home. The total value of the category 1 and 3 funded programme is £3.7M.

## **Programme Delivery**

11. There will be pro-active targeting of the vulnerable through the new Community (Frailty) Hubs being established as part of the STP's Enhanced Primary and Community Care workstream, and starting with the Lichfield Hub. There will also be direct marketing to pick up existing unmet need in the community.
12. The programme aims to support up to 11,885 households across the county; offering a wide range of energy advice and support services to the most vulnerable individuals. The programme will also support an estimated 810 first time gas installations with related support and advice for health and independence at home and thermal comfort.
13. The programme will be live from early 2019 for an initial 2 years, with a view to extending the programme to 2022, if successful. A robust evaluation framework will put in place. We aim to measure the impact of the programme on primary care, hospital admissions and social care, in the first instance focusing on the impact of low cost health and independence measures on the reduction of health related events (e.g. falls) and risks to independence.

14. A key point of innovation, unique to Staffordshire, is the development of a dual assessment process; joining up the CCG's assessment of frailty with E.ONs process for ascertaining fuel poverty vulnerability and eligibility for the scheme.

**Contact Officer**

Name and Job Title: David Sugden: Commissioning Manager  
Telephone No.: 01785 276707  
E-Mail Address: [david.sugden@staffordshire.gov.uk](mailto:david.sugden@staffordshire.gov.uk)

**Appendices**

None



Staffordshire Health & Wellbeing Board						
<b>Report Title:</b>	South Staffordshire End of Life Care Action Alliance					
<b>Date:</b>	6 <sup>th</sup> December 2018					
<b>Author:</b>	Emma Hodges, CEO, St Giles Hospice					
<b>Board Sponsor:</b>	Dr Richard Harling					
<b>Report Type:</b>	System Issues	<input type="checkbox"/>	Prevention	<input checked="" type="checkbox"/>	Statutory Duties	<input type="checkbox"/>

## Recommendation

- a. The Board is asked to support the actions proposed by the End of Life Care Action Alliance in particular in relation to the funding from NHS England and the action plan attached to these papers.

## Background

1. Members of the voluntary sector, supported by Support Staffordshire came together in January 2018 to discuss the benefits of providing a mechanism for engagement both within the voluntary sector and between the voluntary sector and statutory agencies on end of life care. The End of Life Care Action Alliance was formed and to date there are seventeen different agencies involved. A representative from the CCG and from Public Health Staffordshire also attend the meetings.
2. Why might the Voluntary Sector need such a consortium for end of life care?
  - a. To an extent potential developments in Staffordshire have not progressed due to the procurement programme. Care continues to be fragmented, too many people are dying in hospital unnecessarily, carers are struggling and people are not therefore living as well as they could. As we know a poor experience has an impact on not just the patient but also their family and can make bereavement even more difficult.
  - b. The National Palliative and End of Life Care Partnership developed an ambitions framework for 2015-2020. <http://endoflifecareambitions.org.uk/wp-content/uploads/2015/09/Ambitions-for-Palliative-and-End-of-Life-Care.pdf>
  - c. Ambition Six is that 'Each community is prepared to Help'. The voluntary sector's contribution is essential to achieving the vision set out in the framework.
  - d. Our communities are diverse and enriched with charities, groups and people who want to help. We need to unite around a community based vision for end of life care that maximises the impact we can all make together.
  - e. The benefits of a consortium also allow us to share that vision with the statutory sector and help them plan, with us, a much improved and comprehensive solution for end of life care.
  - f. By collaborating it might be possible to:
    - i. present proposals to the End of Life Care Board that can improve the quality and consistency of end of life care for people in our communities
    - ii. enable voluntary sector organisations to join up their services
    - iii. enable smaller charities to develop a vehicle through which statutory sector funding might be channelled
    - iv. create a wider collective knowledge about our communities and what is happening in the voluntary sector

### 3. NHS England Funding

- a. NHS England became aware of the End of Life Care Action Alliance and following telephone discussions and a face to face meeting felt that the model being established would fit their project focusing on voluntary, community and social enterprise engagement with Sustainability and Transformation Partnerships (STP). The Alliance were asked to submit a paper for funding that would enable benefits to be fast tracked via building capacity and momentum. They are working with a small number of sites nationally. Appendix A provides the HWBB with the paper that was approved by NHS England and an action plan with funding. The funding has been secured subject to some paperwork between NHS England and the CCG.
- b. The funding will be transferred from the CCG to Support Staffordshire and any spend will be invoiced accordingly.
- c. There is a Steering Group for the NHS England funding which includes a representative from the CCG, Public Health Staffordshire, Support Staffordshire, St Giles Hospice and Katharine House Hospice.
- d. The actions should benefit a wide range of voluntary sector groups and organisations in supporting the development of networks and training and development for those individuals involved in community development work.
- e. A key element of the funding is to support a different approach to Care Planning which requires some work to understand how to 'brand' end of life care in Staffordshire. Public Health Staffordshire will be closely involved in this work.

### 4. Summary

- a. In summary the South Staffordshire End of Life Care Action Alliance is a voluntary association of interested parties working towards a common agenda. Some key priorities have been determined by the group.
- b. The Alliance is supported by the CCG and Public Health/Health and Care Staffordshire
- c. NHS England are funding the Alliance as part of an action learning set to understand different models of working between voluntary sector and the STP. The action plan is in Appendix A.
- d. This report is to provide an update and seek support from the HWBB

### Contact Officer

Name and Job Title: Emma Hodges, CEO, St Giles Hospice  
Telephone No.: 01543 434540  
E-Mail Address: [emma.hodges@stgileshospice.com](mailto:emma.hodges@stgileshospice.com)

### List of Background Papers:

[Appendix 1 – NHS England Voluntary Partnership Action Plan](#)



# Preventing Fire and Improving Health and Wellbeing

**Glynn Luznyj, Director of Prevention and Protection for Staffordshire Fire and Rescue Service**

Staffordshire Health and Wellbeing Board

6<sup>th</sup> December 2018

---

# Stoke-on-Trent and Staffordshire Fire and Rescue Authority

Page 39  
Corporate Safety Plan 2017-2020



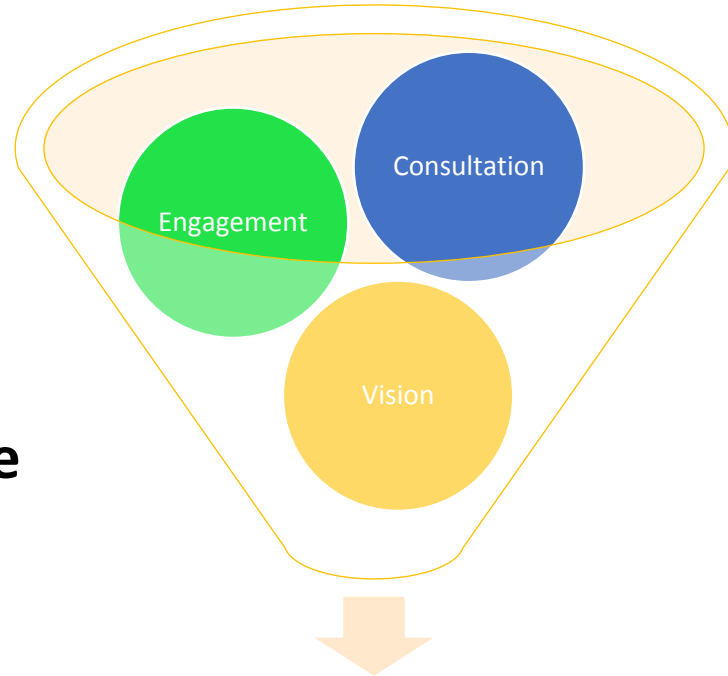
# Vision

'Making Staffordshire  
the safest place to be'



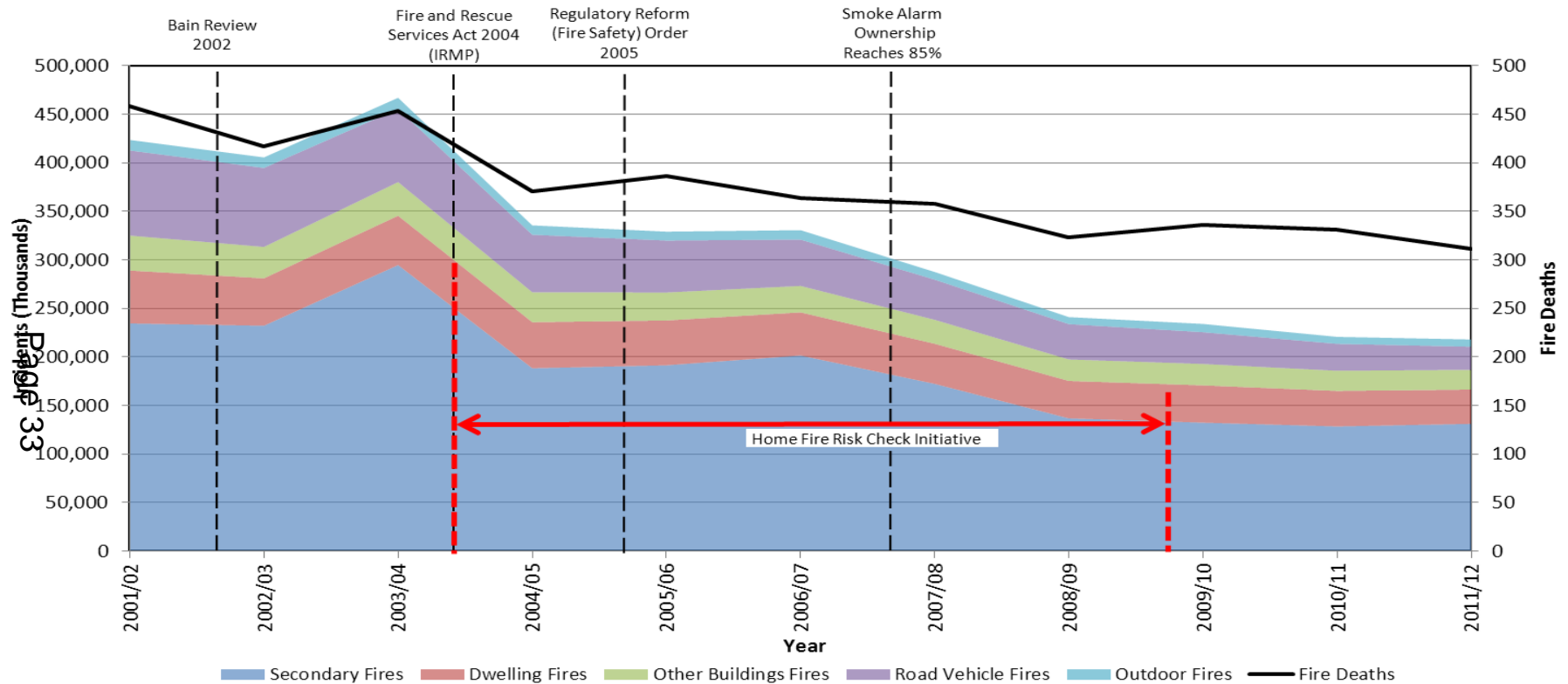
# 3 Priorities

1. Education and Engagement
2. Community Safety & Wellbeing
3. Planning, Resilience & Response



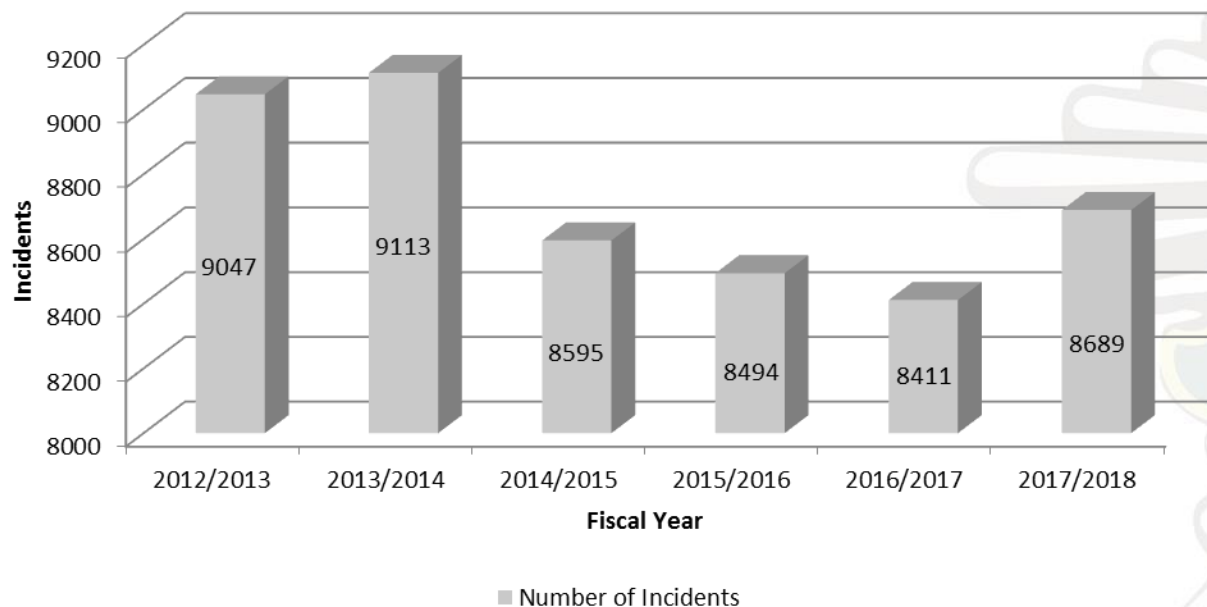
Corporate Safety Plan

# FRS Performance (fire)



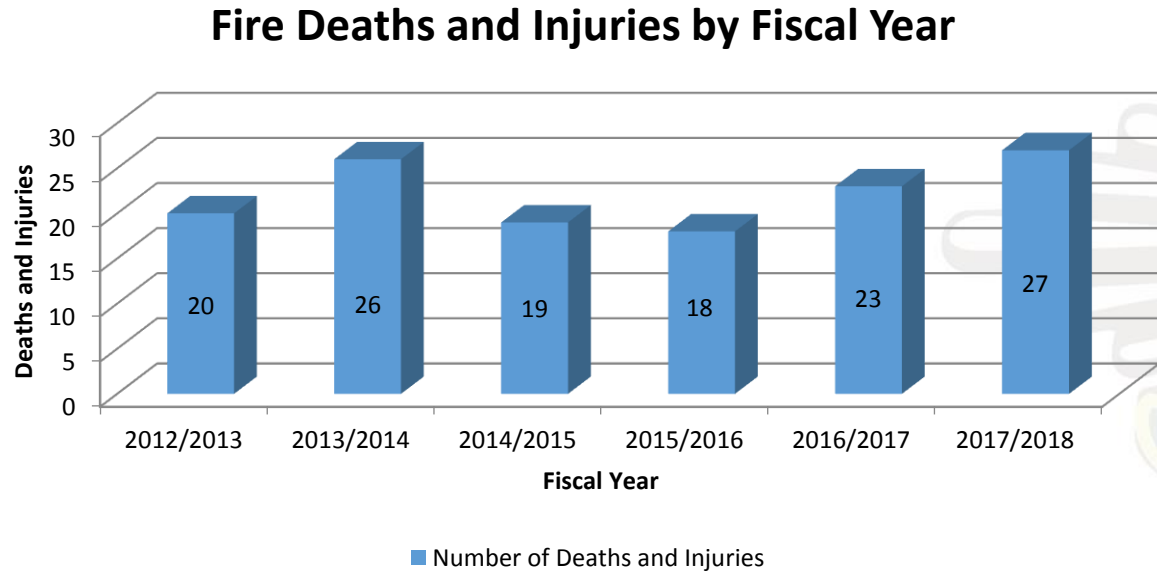
# Staffordshire Fire Call-outs

## All Attended Incidents By Fiscal Year



# Fire Deaths and Injuries

Page 35



# The role of the Fire and Rescue Service

- As fires have become less common, the role of the service is more about engaging with communities and doing work to prevent fires occurring in the first place whilst....
- Building relationships with other blue light services and health and social care partners to maximise the value of fire and rescue service prevention work in order to improve health and wellbeing





# Why is this important?

Underlying and common risk factors for fire and poor health:

- Age
- Smoking materials
- Living alone
- In receipt of social services/ agency support
- Physical disability/lack of mobility
- Mental Health
- Prescribed medication
- Cold homes

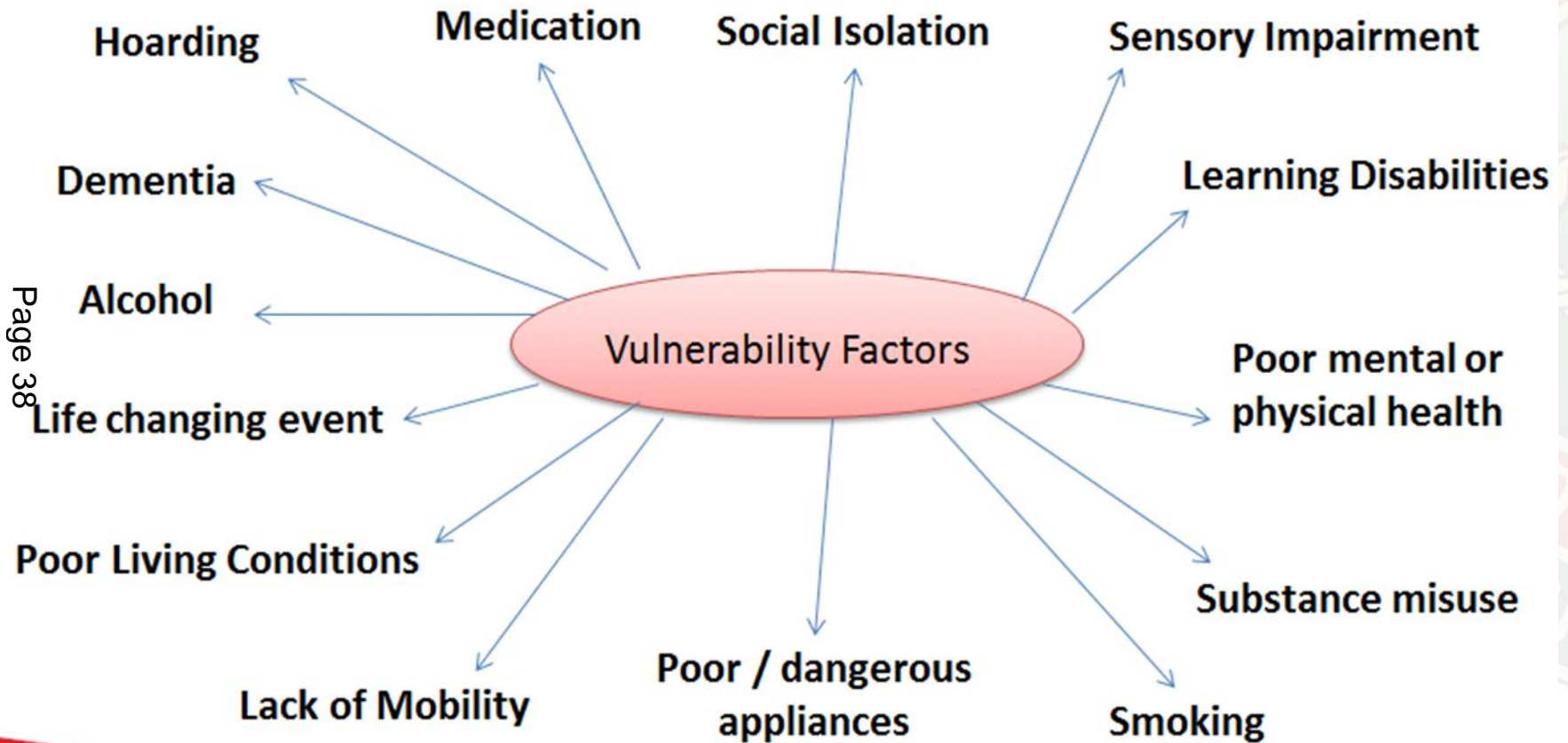
Page 37



## The Prevention Capability of FRS

- The 580,000 home visits carried out by FRS annually in England and targeted at vulnerable people provide an opportunity to deliver proactive support that delivers improved integrated care.
- Incidents have reduce by 40% over the last 10 years

# Vulnerability to both poor health and Fire risk



# In the interest of Fire Services....

Page 39

## Fire **Death** Factors are usually the

# SAME

**Smoking Alcohol Mobility Elderly**

The Service is launching the Fire Death Factors campaign in order to reduce the number of fire deaths which occur in a bid to make Staffordshire the safest place to be.

Statistics based on **10 years evidence** of those who have died in a fire:

**Cigarettes/cigars and lighters have been the biggest cause of fires in which people have died**

with 41 per cent of those who died being smokers



**74%** were **65+**



**40%** of those who died were regular drinkers

**In a number of cases alcohol was a contributing factor**

Often with people being intoxicated and then falling asleep whilst smoking or cooking food



**50%** had poor mobility



  
[www.staffordshirefire.gov.uk](http://www.staffordshirefire.gov.uk)

 **Staffordshire**  
Fire and Rescue Service  
preventing • protecting • responding



# The Journey so far....

Page 40

October 2014

Recognition that the NHS is facing the same challenge as the FRS did 10 years ago – moving from chasing demand to getting serious about prevention, and that FRSs could help with the demand on NHS services

January 2015

Chief Fire Officer Association met with Simon Stevens and agreed to work together, including specifically challenging CFA to think about how they could help support the NHS to reduce excess winter deaths

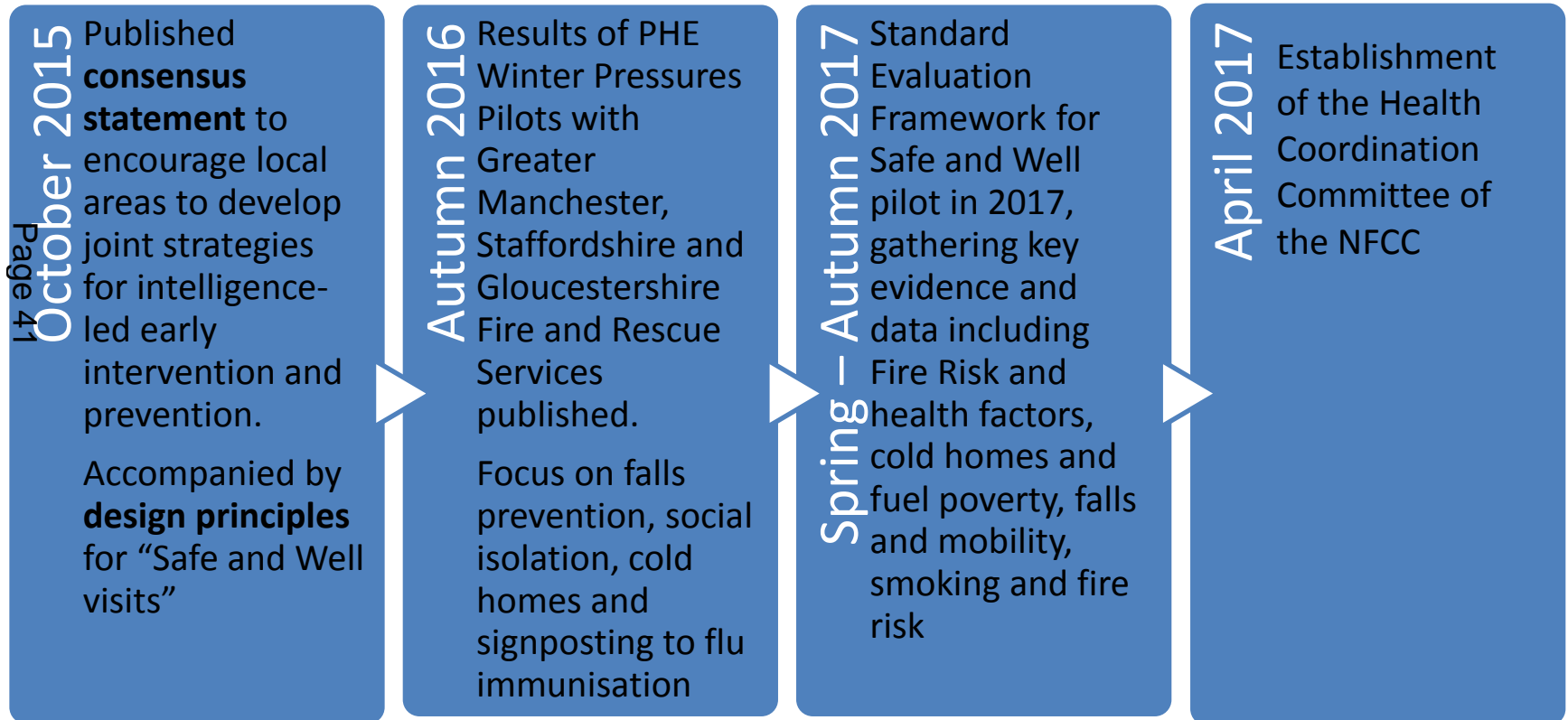
April 2015

Fire Health Summit held with representatives from NHS England, CFA, Public Health England (PHE), Age UK, and the Local Government Association (LGA)

April 2015

LGA published Beyond Fighting Fires – case studies showing the role of the FRS in improving the public's health

# The Journey Part 2...



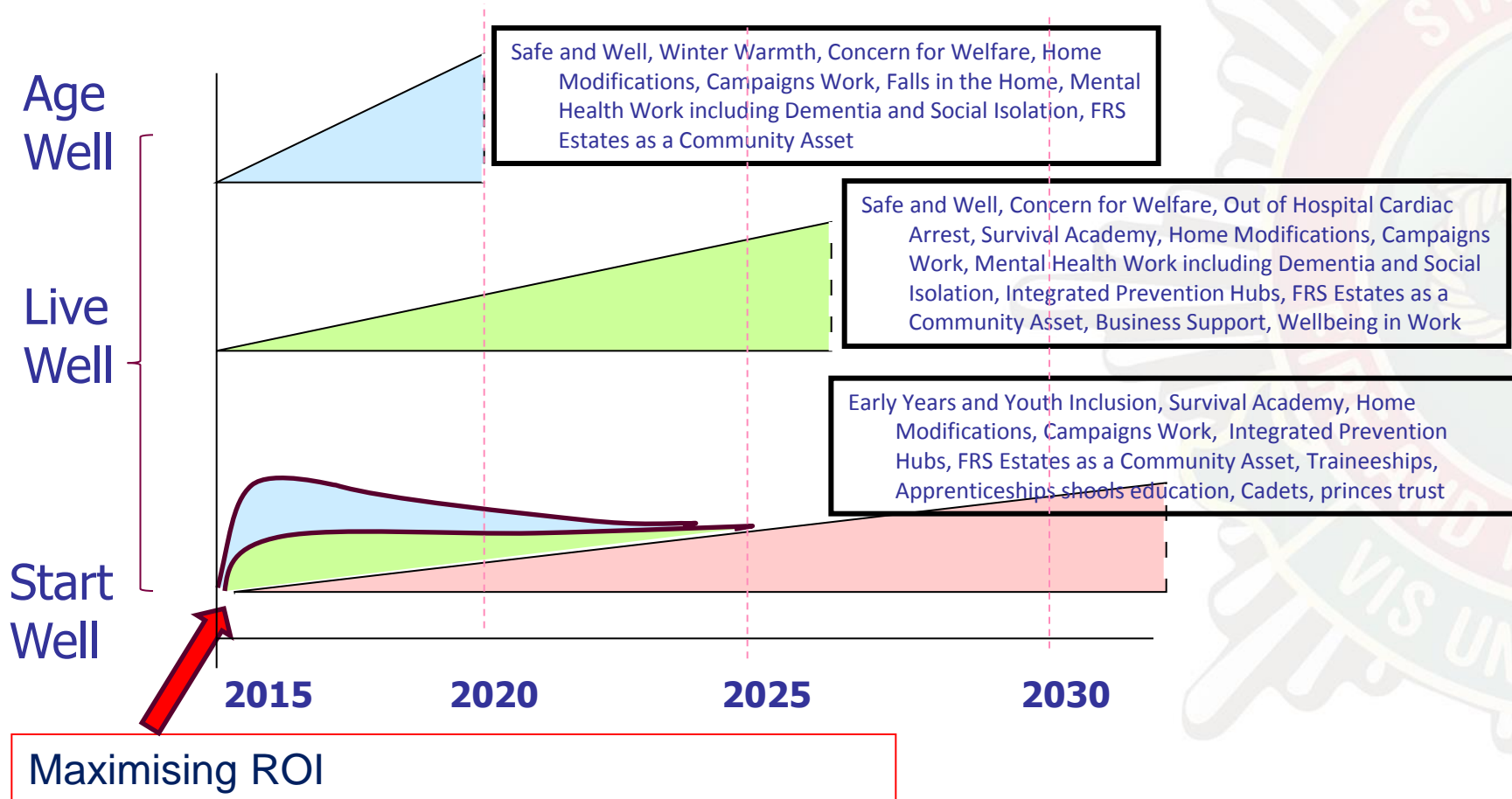
# Working together with health partners

- FRS engaged with 41 of the 44 Sustainability and Transformation Partnerships (variable levels)
- 41 of 46 FRS are currently, or in process of, implementing core “Safe and Well visits” as part of a local prevention programme (again - variable engagement from partners) with reach of 580,000 people UK wide and 30,000 per year locally.
- Wider safe and well support on offer from different local services:
  - ✓ Adopt Safe and Well as part of local risk assessment including falls prevention, social isolation and advice on cold homes, benefits and healthy lifestyles
  - ✓ Use of fire stations as community assets including for community health services supporting healthy activities and engagement opportunities
  - ✓ Falls prevention and response services
  - ✓ Early discharge support with Partners such as the British Red Cross
  - ✓ Understanding and identifying the links between mental health, dementia and fire risk (research ongoing)
  - ✓ Supporting young people through education and intervention programmes such as cadets, schools education programmes and the PHSE agenda, working with the Princes trust.
  - ✓ Supporting referral pathways across the health system



# Start Well, Live Well and Age Well

Page 43



# Age Well

## Safe and Well visit programme

- Targeting the right people - based upon Fire and Health risk factors
- Trained personnel carry out and visits, assessments, interventions and pull in partner agencies where necessary
- Focus on Fire Risk, Falls, Frailty, Cold Homes, Social Isolation and Wellbeing with a single point of contact
- A flexible approach – tailored to the frail elderly, high volume users of Accident and Emergency departments or for those families

Page 44 A successful pilot in 2015/16 has evidenced the value of this approach (Gloucestershire, Staffordshire, Greater Manchester FRS's working with PHE, NHE, Age UK and the LGA). ROI on acute services is £2.52 for £1 spend

- Adds real value to people lives (many case studies) and reduces demand on Fire and Health services
- In the interests of Fire, Health, & Local Services and most importantly – the community themselves!



## Keeping Our Communities 'Safe and Well'.





# What difference have we made so far?

- Incidents have reduced by 40% (Nationally and Locally)
- Fitted around 3 million plus smoke alarms (Ownership from around 15% - 90% of fire detection equipment)
- We have fitted circa 300,000 smoke alarms over the last 10 years in Staffordshire
- Early intervention and long term prevention is rapidly evolving to encompass wider health issues
- We have enabled our communities to engage with us to improve their lives through our community safety work
- 10,000 interactions, engagements and training of children and young people per year (Safe and Sound, Cadets, Princes Trust and diversionary activities)

# Implementation example 1

## Identification of AF in Halton

- Population of 20,500 over 65 years old with below average rates of Atrial Fibrillation diagnosis
- Halton CCG received funds from the Innovation Agency (AHSN North West) for mobile ECG screening tool and training for staff
- CFRS staff could test for irregular heartbeat when appropriate at the SWV

Page 46

If tested positive householder received advice and a leaflet about the screen and advised to make an urgent GP appointment

- 85 SWVs a week in Halton by operational firefighters
- 1134 screenings between 1/2/17 and 4/2/18
- 34 people signposted and followed up by GP

### Scaling up:

- From 15/01/18 programme expanded to a further 3 new CCG areas
- 19 signposted in the first 2 weeks



# Implementation example 2

## Staffordshire Community Wellbeing Week

- Staffs FRS represented on the Health and Wellbeing boards – responded to a call to action in 2017 to support better diet and exercise in the population
- Aim to Mass mobilise all staff, not just Prevent staff in community activity with theme of improving levels of exercise, diet and CPR awareness
- 96 events, 45 included CPR awareness, 2400 people engaged
- 2018 event focussed on social isolation and loneliness with a theme 'Brew with the crew' – thousands of older people engaged in events during the first week in October
- Nationally recognised through the NFCC as good practice

Page 47



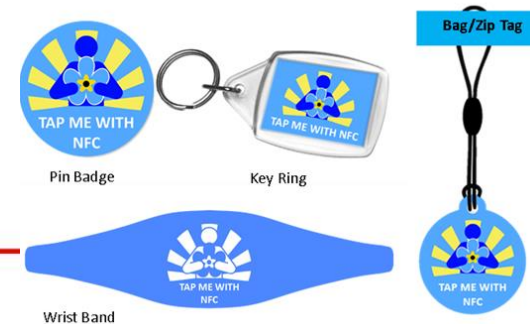
# Implementation example 3

## Lancashire dementia support

- Currently 17,600 people over 65 diagnosed with dementia anticipate 25,600 by 2025 in Lancashire
  - A small charity running dementia cafes ran a consultation and identified a solution for maintaining safety of people living with dementia when out if they become disoriented and get confused
  - Working with LFRS developed a device that can be carried easily, when tapped by a smart phone it raises a help message and assigned contact enabling a call to be made and secure the right help
- Initial programme involved awareness raising and distribution by LFRS dementia leads and through SWVs in Fleetwood area.

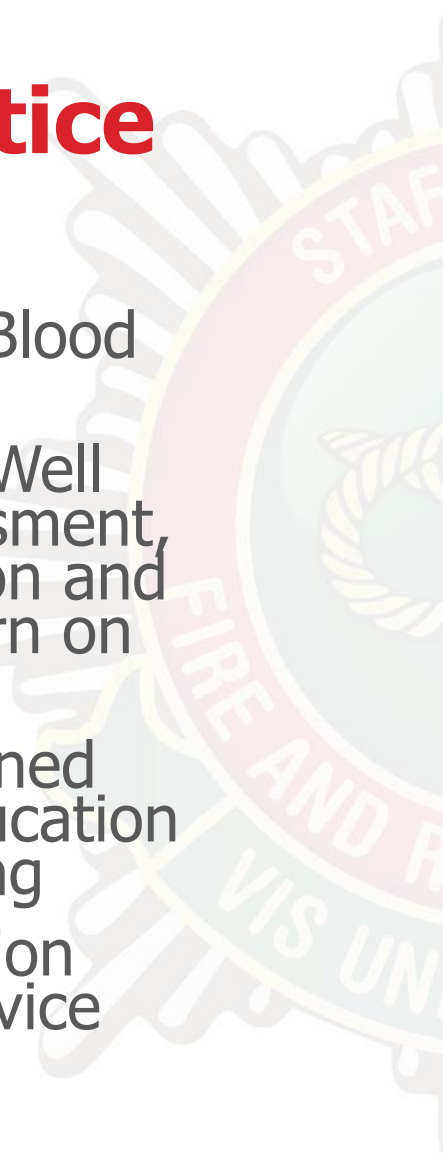
### Next steps :

- Change of delivery and activation method and new supplier has enabled reach to be extended to whole Lancashire area including Blackpool
- Working with blue light partners to extend reach and ensure data compliance



# Other examples of good practice

- **South Yorkshire FRS:** Dementia – memory café, smoking cessation, eye sight screening, Blood donor sessions at Fire Stations
- **South Wales FRS:** Example of the Safe and Well process with a focus on fire safety, Falls assessment, carbon monoxide awareness, smoking cessation and home security. Evaluation includes, social return on investment and targeting strategy.
- **Warwickshire FRS:** Public Health commissioned initiative (heart shield project) based upon education around cardiac health and CPR practical training
- **Humberside FRS** Falls response and prevention within Hull as part of a CCG commissioned service





# PHE campaigns



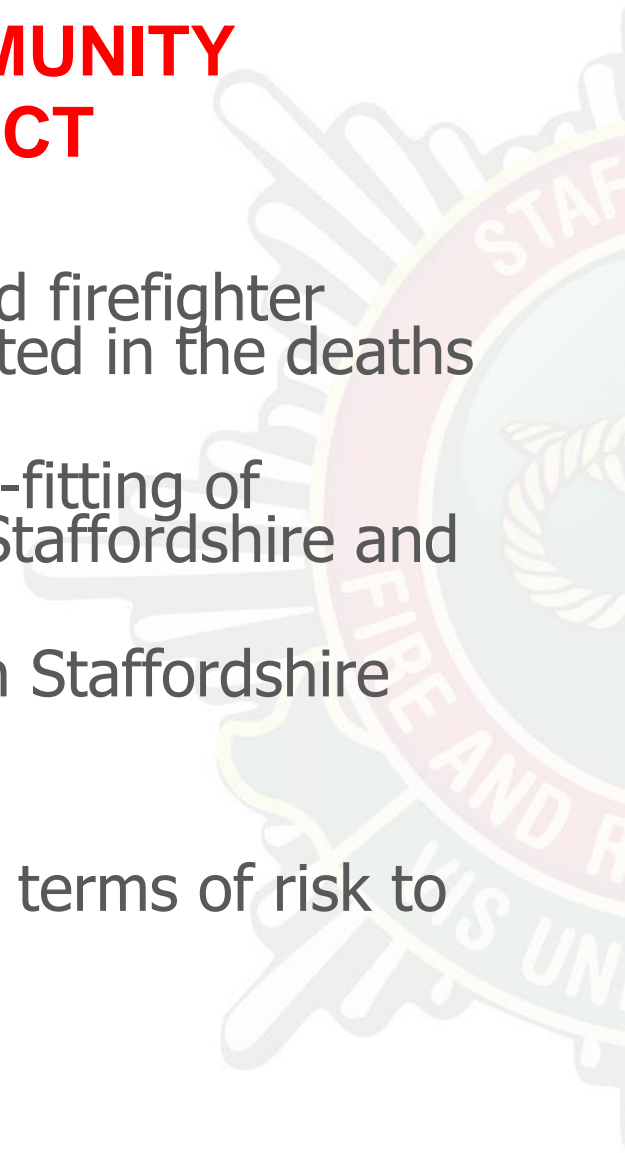
# Tamworth, Staffordshire – Dementia friendly





# STAFFORDSHIRE COMMUNITY SPRINKLER PROJECT

- In order to improve both community and firefighter safety (Shirley Towers fire in 2010 resulted in the deaths of 2 firefighters)
- SFRS is determined to achieve the retro-fitting of sprinklers into all high rise buildings in Staffordshire and Stoke-on-Trent
- 47 domestic properties above 5 floors in Staffordshire and Stoke- on-Trent targeted
- Approximately 1830 flats
- 311, Gold, 155 Silver and 157 Bronze in terms of risk to people (high risk of vulnerability to fire)





# STAFFORDSHIRE COMMUNITY SPRINKLER PROJECT

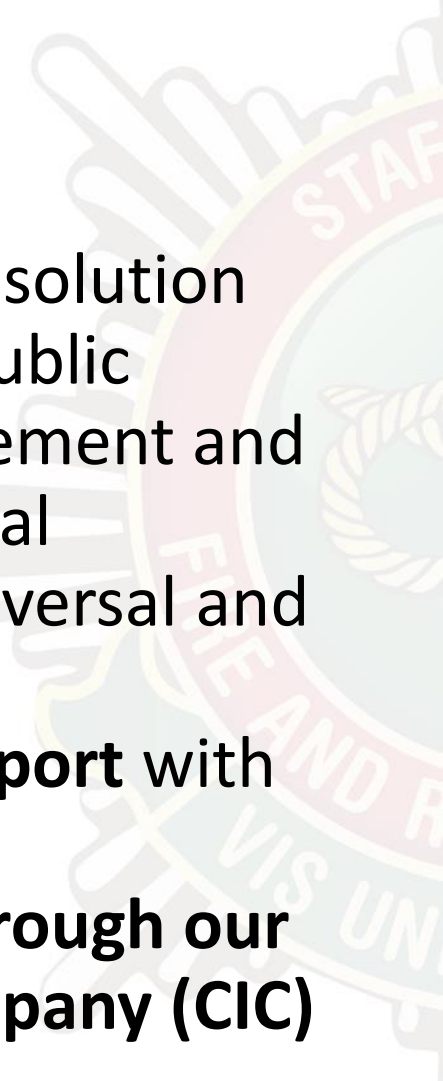
## Community Sprinkler Project

- July 2018 saw the completion of a sprinkler installation in two high rise blocks in Lichfield.
- This project was already underway months before Grenfell Tower fire.
- Stoke-on-Trent City Council have started work to fit sprinkler in their 17 high rise building
- Tamworth Borough Council have started to fit sprinklers in their 6 high rise buildings
- Lichfield has 4 other tower blocks which are due to be sprinklered by 2020



# Wider prevention

- **CYP Focus – Princes Trust / Cadets +**
- **Safe and Sound Education** – Multi-agency solution to reducing pressures and demand on all public services over the long term through engagement and education. It promotes safe behaviour, social inclusion and employability with both a universal and targeted offer.
- **Family interventions and place-based support** with other agencies
- **Asset – Based Community Engagement** through our Fire stations and Community Interest Company (CIC)





# Cadets + scheme





# Princes Trust. In partnership with Safer Communities CIC



# Community facilities





# Safe and Sound education and engagement



SAFE +  
SOUND



# The future – a fork in the road

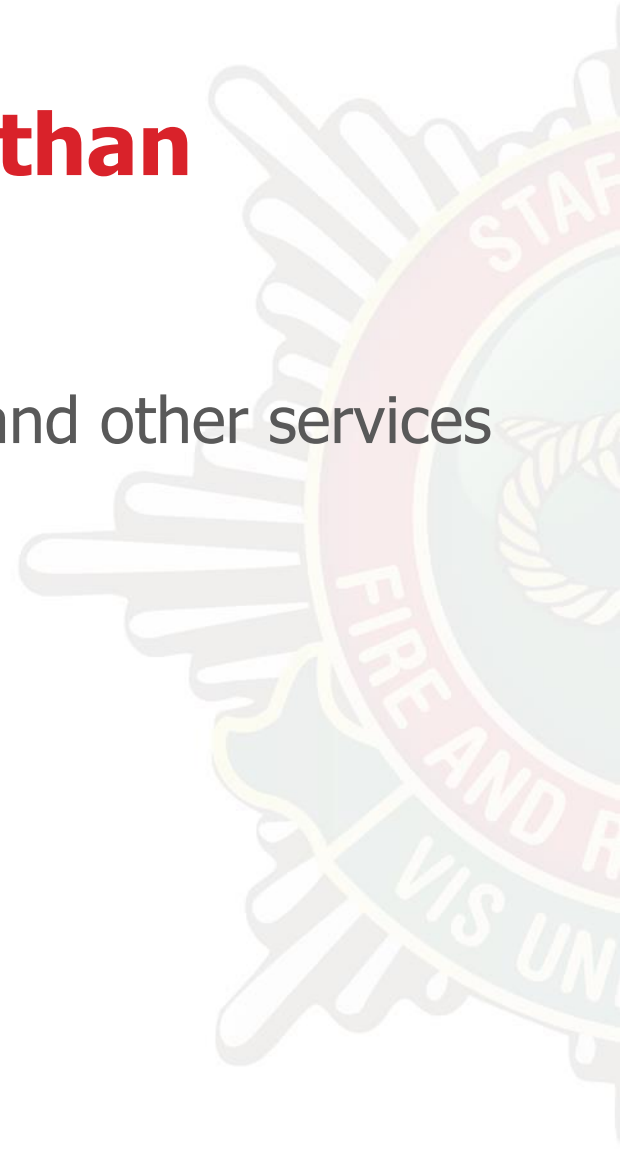
- Sustained funding reductions have reduced SFRS by 30% in terms of staff. Continued cuts may lead to less prevention work as statutory functions are prioritised
- Demand shunting across the system is a growing concern
- Greater collaboration with health organisations is possible if viewed as a strategic partner rather than a provider/commissioned service
- There is ongoing development at national level about the role of the FRS in health interventions and Emergency medical response
- There is a growing evidence base of the need to fund FRS's to peak demand and to better harness the prevention capability to continue to reduce fires, road deaths and to provide better population health outcomes.



**'...Prevention is better than  
cure...prevention is cheaper than  
cure...'**

We need to reduce demand on our own and other services  
– through long term prevention activities.

**Thank You**





Staffordshire Health & Wellbeing Board						
<b>Report Title:</b>	The Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2017/18					
<b>Date:</b>	6 <sup>th</sup> December 2018					
<b>Author:</b>	Helen Jones, SSASPB Manager					
<b>Board Sponsor:</b>	Richard Harling					
<b>Report Type:</b>	System Issues	<input type="checkbox"/>	Prevention	<input type="checkbox"/>	Statutory Duties	<input checked="" type="checkbox"/>

## Recommendations

- a. Receive the SSASPB Annual Report 2017/18 in accordance with requirements of the Care Act 2014 Statutory Guidance (2016; Para 160);
- b. Provide feedback to the work of the SSASPB.

## Background

1. The Care Act 2014 states that the local Safeguarding Adult Board must share their Annual Report with the Health and Wellbeing Boards in their area. This Annual Report covers the period 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018. During this period the Independent Chair was Mr John Wood.

## An overview of the contents of the Annual Report 2017-18

2. The Report outlines the progress of the sub-groups that support the SSASPB and its delivery of their Strategic Priorities and objectives (as described in the Care Act 2014).
3. The Strategic Priorities during 2017/18 were:
  - a. Engagement
  - b. Transition (Preparing for Adulthood)
  - c. Leadership in the Independent Care Sector
4. The Report contains six case studies forwarded by a range of SSASPB partners demonstrating 'Safeguarding in Action'. There is detailed section on Adult Safeguarding data, including narrative to provide an explanation of themes and trends. There is also a section on the development and improvement activity of the SSASPB. An overview of the SSASPB budget is provided.

## Brief overview of Adult Safeguarding Data:

5. During the course of 2017/18 in Staffordshire there have been 4908 occasions when concerns have been reported that adults with care and support needs may be at risk of or are experiencing abuse or neglect. This figure has decreased from 5529 in the previous year. The reported concerns averaged 409 per month; but there has been a reduction of nearly 50% each month from December 2017 onwards. The reason for this reduction is due to a change in recording practice, only those referrals that meet the threshold are now recorded as a referral. This change also had an impact on the number of referrals meeting the duty of enquiry requirement; increasing from 65% to 85% after December 2017.

6. Of the people subject of a Section 42 enquiry, those aged 85-94 (26%) represent the largest cohort, closely followed by 75-84 (25%), and then 65-74 (12%). There has been a small change in the population this year and the proportion of over 75 year olds has increased by 4 percentage points to 56% (from 52% in 2016/17). Women remain most likely to be subject of a Section 42 Safeguarding Enquiry. 92% of adults involved in an enquiry are white.
7. Neglect continues to be the most prevalent factor which has led to the concern being made, followed by physical abuse. Financial abuse referrals are increasing; this is a new Strategic priority for the SSASPB during 2018/2021. 50% of the abuse and neglect concerns raised occurred in the adult's own home. There was a 27% increase in the number of reports of acts of abuse or neglect by people in a position of trust.
8. The proportion of people subject of a Section 42 enquiry whose expressed outcome was met has increased to 85% from 74% last year with over 97% of people expressing their desired outcomes as either fully or partly met.

**Contact Officer**

Name and Job Title: Helen Jones, SSASPB Manager

Telephone No.: 07887 822003

E-Mail Address: [helen.jones4@staffordshire.gov.uk](mailto:helen.jones4@staffordshire.gov.uk)

**List of Background Papers:**

[Appendix A - SSASPB Annual Report 2017/18](#)

Staffordshire Health & Wellbeing Board						
<b>Report Title:</b>	Staffordshire Better Care Fund 2018 Quarter 2 Progress Report					
<b>Date:</b>	6 <sup>th</sup> December 2018					
<b>Author:</b>	Jenny Pierpoint					
<b>Board Sponsor:</b>	Dr Richard Harling					
<b>Report Type:</b>	System Issues	<input type="checkbox"/>	Prevention	<input type="checkbox"/>	Statutory Duties	<input checked="" type="checkbox"/>

### Recommendation(s)

- a) Note the Quarter 2 BCF performance in 2018/19
- b) Note the indicative BCF budget for 2019/20
- c) Note progress with development of joint commissioning by SCC and CCGs

### Background

1. The Staffordshire BCF plan received full approval (conditions removed) 22.03.18 and is currently in the second year of a two year programme (2017-19). Planning guidance is expected in December for financial year 2019/20.
2. Continuing from Quarter 1, SCC and the CCGs are progressing and extending Joint Commissioning arrangements. There is an agreed programme of work underway for 18/19 overseen by the BCF Joint Commissioning Board. Progress made includes Stoke-on-Trent City Council joining the joint commissioning arrangements; improving joint commissioning already in place and agreement for further joint commissioning in 2018/19.
3. The table below shows our joint commissioning progress and future plans:

Services		Progress	Future Intentions
A.	Better Care Fund including Discharge to Assess	<ul style="list-style-type: none"> <li>- Good alignment of commissioning of D2A</li> <li>- Indicative 2019/20 BCF funding agreed</li> </ul>	<ul style="list-style-type: none"> <li>- Integrated Commissioning proposal being developed with a view to either joint commissioning through a single specification and contract or aligned commissioning with a shared performance management framework.</li> </ul>
B.	Integrated equipment service	<ul style="list-style-type: none"> <li>- Well developed</li> <li>- Fully integrated commissioning across Geographical Staffordshire with 2 s75s and pooled budget (County and City)</li> </ul>	<ul style="list-style-type: none"> <li>- Current contract expired and service retendered.</li> <li>- Once outcome of tender is confirmed mobilisation likely to take place during 2019/20.</li> </ul>
C.	Transforming Care Partnership	<ul style="list-style-type: none"> <li>- Good joint working</li> <li>- Good progress with discharging original cohort</li> <li>- Problem with new admissions of young people with autism</li> </ul>	<ul style="list-style-type: none"> <li>- National escalation based on under delivery of NHS trajectory which is common in all TCPs</li> <li>- Continued progress with discharging cohort unlikely to hit 2019 trajectory</li> <li>- Continued issues with young people</li> </ul>
D.	Joint funded care – S117	<ul style="list-style-type: none"> <li>- Good progress recently with new agreements to resolve some historic issues</li> </ul>	<ul style="list-style-type: none"> <li>- Interim arrangement agreed for all S117 client groups to prevent DTOC</li> <li>- S117 Operational Policy agreed</li> <li>- S117 Commissioning process in the</li> </ul>

			final stages - Historic joint funding arrangements for LD and mental health resolved - S256 to be agreed for all joint funded arrangements
E.	Quality assurance	- Increasing alignment of QA activities for care homes	
F.	Home First	- Current arrangements are separately commissioned but daily reporting of use and capacity distributed to stakeholders	- Integrated Commissioning proposal being developed with a view to either joint commissioning through a single specification and contract or aligned commissioning with a shared performance management framework.
G.	Home Care Health Tasks	- S256 drafted and awaiting signature - Audit being undertaken by CCG of identified packages	- Finalise s 256 and negotiation of long term solution to come into effect from 01/04/2019.
H.	Continuing Health Care	- Improved joint working - Commitment to resolve historic access issues for people with Learning Disability - Possibility for SCC to broker domiciliary care on behalf of the CCG's for CHC patients - Commitment to work together on commissioning a joint market	- Joint policy for CHC to be agreed by CCG's, CSU and SCC by mid December 2018 - Implementation of joint policy between Jan- Feb 2019 - Dispute Policy agreed and signed off by CCGs, CSU and SCC by mid-December 2018 - Agreement to provide joint training for all front-line staff by end Feb 2019

## BCF Performance and Indicative Funding for 2019/20

4. Quarterly financial reporting of the Staffordshire BCF now includes the BCF and iBCF with a combined budget of £93m for 18/19 rising to an indicative £100m in 2019/20. The table below shows the Staffordshire BCF budget and forecast outturn for 2018/19 along with indicative BCF funding for 2019/20.

	2018/19 Budget (£000k)	2018/19 Forecast Outturn (£000k)	2019/20 Indicative (£000k)
CCG cash transfers to SCC for adult social care	17,129	17,129	17,472
CCG cash transfers to SCC for carers	571	571	582
CCG directly commissioned adult social care services	237	237	242
CCG cash transfers excluding Care Act	<b>17,937</b>	<b>17,937</b>	<b>18,296</b>
CCG cash transfer for ongoing costs of Care Act	1,977	1,977	2,017
<b>Total CCG cash transfer</b>	<b>19,914</b>	<b>19,914</b>	<b>20,312</b>
iBCF part 1	12,722	12,722	23,201
iBCF part 2	10,080	10,080	5,003
<b>Social Care Total</b>	<b>42,716</b>	<b>42,716</b>	<b>48,516</b>
CCG aligned funding	42,172	42,172	43,015
Disabled Facilities Grant	8,172	8,172	8,335
<b>BCF total</b>	<b>93,060</b>	<b>93,060</b>	<b>99,867</b>

5. Quarterly financial reporting of the Staffordshire BCF now includes the BCF and iBCF with a combined budget of £93m for 18/19 rising to an indicative £100m in 2019/20. The table below shows the Staffordshire BCF budget and forecast outturn for 2018/19 along with indicative BCF funding for 2019/20.
6. We are making progress against BCF metrics including a reduction in Delayed Transfers of Care [DTOC]. Against a 2017/18 baseline of 3,913, Staffordshire's DTOCs for September were 3,193 against a target for the month of 2,679. We are on target for the non-elective admissions, residential admissions and reablement metrics as set out in the table below and the quarterly returns – see Appendices A and B.

Metric	Progress against planned target	Challenges	Achievements	Support needs
Reduction in Non-Elective Admissions	On track to meet target		Whilst the number of NELs in Q2 was very slightly above the quarterly target, the cumulative number over the BCF reporting period remains 3% below target.	n/a
Residential Admissions	On track to meet target	The number of very elderly people (85+) in Staffordshire is currently increasing by 2.5% per year.	Despite these demographic pressures, the rate of admissions to residential care remains below our target, and below the rate in 2016/17.	n/a
Reablement	On track to meet target	Our reablement providers are under-providing against commissioned activity and continuing efforts to recruit in order to meet demand.	Staffordshire is currently achieving a success rate of over 90% which is well above the national average.	n/a
Delayed Transfers of Care	Not on track to meet target	<p>Still 20% above target, the main reasons for this, which we are addressing, are:</p> <p>Mobilising commissioned capacity in HomeFirst services &amp; full capacity in D2A beds</p> <p>Continuing to review in hospital discharge pathways</p>	Although still above target, Staffordshire has made significant progress in achieving DTOC ambitions during Q2. This has resulted in Staffordshire no longer being in the 'top 20' highest DTOC areas in the country. This is notable due to our previously static high levels over the last 12 months. A system wide approach and implementation of a new counting methodology has resulted in a 25% reduction on DTOC levels since January 2018.	Currently in receipt of national BCF support from Sarah Mitchell which is having the desired outcomes in reducing DTOC numbers

**Contact Officer**

Name and Job Title: Jenny Pierpoint, Strategic Lead: Staffordshire BCF

Telephone No.: 07773 791371

E-Mail Address: [jenny.pierpoint@staffordshire.gov.uk](mailto:jenny.pierpoint@staffordshire.gov.uk)

**List of Background Papers:**

[Appendix A: Delayed Transfers of Care - September 2018](#)

[Appendix B: Staffordshire Better Care Fund - Performance Metrics update \(Q2 2018/19\)](#)



# STAFFORDSHIRE HEALTH AND WELLBEING BOARD

## FORWARD PLAN 2018/2019

This document sets out the Forward Plan for the Staffordshire Health and Wellbeing Board.

Health and Wellbeing Boards were established through the Health and Social Care Act 2012. They were set up to bring together key partners across the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch to lead the agenda for health and wellbeing within an area. The Board has a duty to assess the needs of the area through a Joint Strategic Needs Assessment and from that develop a clear strategy for addressing those needs – a Joint Health and Wellbeing Strategy. The Board met in shadow form before taking on its formal status from April 2013.

The Forward Plan is a working document and if an issue of importance is identified at any point throughout the year that should be discussed as a priority this item will be included.

Councillor Councillor Alan White and Dr Alison Bradley  
**Co- Chairs**

If you would like to know more about our work programme, please get in touch on 07794 997 621

Unless otherwise stated public board meetings are held in Staffordshire Place 1, Trentham and Rudyard Rooms, at 3.00pm.

Public Board Meetings:

8 March 2018  
7 June 2018  
6 September 2018  
6 December 2018  
7 March 2019

Date of meeting	Item		Details	Outcome
<b>8 March 2018 PUBLIC BOARD MEETING</b>	<b>Items for Decision</b>	<b>Pharmaceutical Needs Assessment</b> Report Author – Ruth Goldstein	Final report based on outcomes of the consultation	The H&WB endorsed the findings of the Pharmaceutical Needs Assessments 2018.
		<b>Local Transformation Plan for Children &amp; Young People's Mental Health Services</b> Report Author - Jane Tipping, Head of Mental Health Commissioning	This item was deferred from December -	The Health and Wellbeing Board endorsed 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.
		<b>Physical Inactivity Sub-Group</b> Report Author – Jude Taylor		The H&WB endorsed the approach of the Physical Activity Sub-Group and agreed to host a challenge session in June, to test the robustness of the implementation plan for Staffordshire Moorlands.
	<b>Items for Debate</b>	<b>CCG/SCC Commissioning Intentions</b> Presentations from each CCG and from the Director of Public Health	Single CCG presentation Single SCC Adult Social Care & Public Health presentation  How commissioning Intentions / Strategy aligns with the HWBB strategy - Cheryl Hardisty Director of Commissioning and Operations across the 6CCGs - Richard Harling	The Board endorsed the Commissioning Intentions for 2018-19 for both the CCG and SCC.
		<b>Together We're Better (TWB) Update on Progress STP</b> Lead Board Member – Simon Whitehouse	Standing Item to discuss key issues within the STP	The governance review recommendations were endorsed and the plans for a system-wide public engagement exercise were noted.



Date of meeting	Item		Details	Outcome
		<b>HWBB Strategy</b> Report Author – Jon Topham Lead Board Member – Richard Harling	Approval following consultation – Jon Topham Action plan: Wellness Programme Karen Bryson	The Board supported work to align the HWBB Strategy and STP with a clear message and statement on purpose, focus and prevention. It supports the aspiration to bring together STP, Stoke HWBB and Staffordshire HWBB and endorsed an approach to initiate discussion with Stoke H&WB for this purpose.  They also agreed that the June 2018 meeting receives: <ul style="list-style-type: none"> <li>a more developed HWBB strategy</li> <li>progress on the outcome of discussions initiated with Stoke HWBB.</li> </ul>
		<b>Staffordshire BCF Update</b> Lead Board Member – Richard Harling Report Author – Rebecca Wilkinson	Standing Item to update the Board on BCF issues	T Board noted the current activity underway and agreed that H&WB should continue to receive updates from the BCF Executive on actions taken to implement the BCF, HIC and DTOC position against the BCF trajectory.  The Board also supported proposals from the BCF Executive to review governance arrangements for implementation of the system wide High Impact Change Model.
		<b>JSNA Outcomes Report</b> Report Author – Divya Patel	Annual Discussion on the JSNA <ul style="list-style-type: none"> <li>Highlight where we have new data</li> <li>Highlight key trends</li> <li>Dashboard to report on Strategy</li> </ul>	The Board noted the findings of the key outcomes measures and agreed the priority indicators for adults (Living Well, Aging Well, and Ending Well) in line with the new Health and Wellbeing Strategy.
		<b>Health &amp; Wellbeing Strategy &amp; Governance</b> Report Author – Jon Topham		

Date of meeting	Item		Details	Outcome
		<b>Health Improvement Service</b> Report Author – Joanna Robinson		The Board supported the commissioned activity which is targeted in 52 identified areas and will take every opportunity to actively promote the digital offer and Healthy Communities Service for example, via the Fire Service.
	Items for Information	<b>Annual Report of the Director of Public Health</b> Report Author – Karen Bryson Lead Board Member – Richard Harling	To provide an update on the report	For information
		<b>District Delivery Plans</b> Report Author – Karen Bryson Lead Board Member – Richard Harling	This is part of a rolling programme for the SCC/STP Wellness Programme to develop a place based approach, which will be the vehicle for delivery of much of the programme	For information
7 June 2018 <b>PUBLIC BOARD MEETING</b> 10.30 – 12.00	Items for decision	<b>H&amp;WB Strategy</b> Report Author – Jon Topham		The Strategy was approved and the consultation findings were noted. The direction of travel and alignment with the STP and the stronger strategic and leadership role with regard to prevention was noted.
		<b>End of Life: Conversation with the Public (Update)</b> Report Author – David Sugden		The Board noted the success of the Dying Matters, Staffordshire, public conversation. The next scheduled public conversation will focus on digital innovation in relation to health.
		<b>JSNA Review</b> Report Author- Divya Patel, Senior Public Health Epidemiologist		Establish a working group to identify priorities for, and oversee production of, the JSNA. Members will be emailed after the meeting to seek nominations to the working group;
	Items for debate	<b>H&amp;WB Action Plan</b> Report Author- Karen Bryson		They endorsed the H&WB Action Plan outline as the delivery plan for the H&WB Strategy and agreed that the plan be developed in more detail. The H&WB will oversee the implementation and assure progress. Board Members will ensure the organisations they represent understand the Plan and play an active role in its implementation.

Date of meeting	Item		Details	Outcome
Page 71		<b>STP/H&amp;WB alignment</b> Report Author – Jon Topham		The terms of reference, membership and agenda format will be reviewed and a role description for members will be developed
		<b>Families Strategic Partnership</b> Report Author – Miriam Hussain Lead Board Member – Helen Riley		The FSP Annual Report 2017/18 was endorsed and their contribution towards delivery of the three H&WB priorities was acknowledged.
		<b>Whole life Disability Strategy</b> Report Author – Andy Marriott		The comments raised by the H&WB will be considered in the preparation of the final version of the Strategy to help inform the final Cabinet decision in June 2018
	<b>Items for Information</b>	<b>HIAP</b> Report Author – Allan Reid		For information
		<b>JSNA</b> Report Author – Divya Patel		For information
		<b>Physical Activity Challenge Session</b> Report Author – Jude Taylor		For information
<b>6 September 2018 PUBLIC BOARD MEETING</b>	<b>System Issues</b>	<b>Governance/terms of reference</b> Report Author – Jon Topham Lead Board Member – Richard Harling	Governance and terms of reference for the H&WB going forward	The amended terms of reference and Member job description were agreed
	<b>Prevention</b>	<b>Prevention Through Wellness, Operational Programme &amp; Governance</b> Report Author –Karen Bryson Lead Board Member – Richard Harling		The Prevention through Wellness Operational Programme and governance arrangements were approved. Leadership for its further development and implementation will be provided by the H&WB. Support was given to a new conversation with professionals and the public to promote greater personal ownership of wellbeing, self-management and independence and the Board agreed to receive regular report to help ensure implementation.

Date of meeting	Item		Details	Outcome
		<b>Mental Health &amp; Suicide Prevention</b> Report Author – Vicky Rowley Lead Board Member – Richard Harling		The Suicide Prevention Action Plan was agreed and supported. The Board also supported: the research being undertaken into parental mental ill health; and the development of the “Time for Change Hub” in Hednesford.
		<b>End of Life: Conversation with the Public – Final Report</b> Report Author – Dave Sugden Lead Board Member – Richard Harling		The approach and outcomes of the Dying Matters Staffordshire public conversation were noted and a progress report was requested for 6 to 12 months time.
		<b>Place Based Approach</b> Presentation Author – Karen Bryson, Mick Harrison & Phil Pusey	Presentation to the Board	Aspirations for a seamless partnership offer within a locality were endorsed.
	<b>Statutory Duties</b>	<b>JSNA Review Update</b> Report Author – Divya Patel Lead Board Member – Richard Harling		The Board approved the JSNA work programme. Board Members will nominate colleagues from their respective organisations as appropriate to contribute to the themed reports. Topics for initial themed report will be: housing and health; how communities can contribute to improving health and wellbeing.
		<b>H&amp;WB Strategy Consultation 2018</b> Report Author – Jon Topham Lead Board Member – Richard Harling		The report was endorsed for reference in the development of its strategy and delivery plan. The Board also noted the use of this report to help inform future conversations with the public to promote the health and wellbeing agenda.
		<b>BCF 2018 quarter 1 progress report</b> Report Author – Becky Wilkinson Lead Board Member – Richard Harling		The issues uncovered regarding Delayed Transfers of Care (DTC) methodology and agreed approach to DTC counting was noted. The Board agreed to delegate authority for BCF sign off to the co-chairs, as it had previously.
		<b>Seasonal Flu Plan &amp; Campaign</b> Report Author – Jon Topham Lead Board Member – Richard Harling		Board Members agreed to act as local leaders in supporting the flu campaign, taking part in the local media campaign and by having the flu vaccination. They also agreed to act as advocates for vaccination of their eligible staff and emphasise the importance of this on overall system resilience.

Date of meeting	Item		Details	Outcome
		<b>Healthwatch</b> Report Author – Simon Fogell Lead Board Member – Simon Fogell		The Board agreed to continue to work with Healthwatch to create stronger working links.
<b>6 December 2018 PUBLIC BOARD MEETING</b>	<b>System Issues</b>	<b>CAMHS Strategy</b> Report Author – Elisabeth Mellor Lead Board Member – Helen Riley	Pan Staffordshire Approach to Children and Young People's Emotional Wellbeing and Mental Health (CAMHS) and Local Transformation Plan	
		<b>Response to the September H&amp;WB Public Questions</b>	Following questions from Viran Patel to the Board it was agreed that a response would be forwarded to the questioner within 30 days of the meeting and that detail of that response would be shared with Board Members. This will be appended to the minutes	
		<b>Maternity Strategy</b> Report Author – Tilly Flanagan		
		<b>Mental Health Crisis Care Concordat</b> Report Author – Lead Board Member -	ACC Jennie Sims suggested this item to support a refresh of the Concordat.	
		<b>CQC Local System Review</b> Lead Board Member – Richard Harling	Oral update from Richard Harling	
	<b>Prevention</b>	<b>Public Health Prevention Plan including Flu Update</b> Report Author – Karen Bryson		
		<b>Warm Homes Fund</b> Report Author – Karen Bryson/Dave Sugden Lead Board Member -	A report addressing the issues of tackling fuel poverty in Staffordshire.	
		<b>South Staffordshire EOL Care Action Alliance</b> Report Author – Emma Hodges		

Date of meeting	Item		Details	Outcome
		<b>Preventing Fire &amp; Improving Health and Wellbeing</b> Lead Board Member - Glynn Luznyj		
	<b>Statutory Duties</b>	<b>Staffordshire and Stoke-on-Trent Adults Safeguarding Board Annual Report 2017/18</b> Report Author – John Wood		
		<b>Autism Self-Assessment 2018</b>		
		<b>BCF</b> Report Author – Becky Wilkinson/Jenny Pierpoint		
<b>7 March 2019 PUBLIC BOARD MEETING</b> <b>Page 74</b>	<b>System Issues</b>			
	<b>Prevention</b>	<b>End of Life Conversation with the Public – progress report</b> Report Author – Dave Sugden Lead Board Member – Richard Harling	At the September 2018 meeting Board Members requested a progress report on the end of life work stream with providers to help imbed learning from the campaign in 6 – 12 months time.	
		<b>Air Quality</b> Report Author – Mike Calverley Lead Board Member – Richard Harling	A report on Air Quality last came to the Board on 7 December 2017.	
	<b>Statutory Duties</b>			

Document	Background	Timings
Pharmaceutical Needs Assessment (PNA)	<p>The PNA looks at current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets the current and future population needs for Staffordshire residents and identifies any potential gaps in current services or improvements that could be made.</p> <p>The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to HWBs.</p>	<p>The current PNA was published in February 2015.</p> <p>The PNA is reviewed every three years, with the next review due in <b>2018</b>.</p>

Board Membership Role	Member	Substitute Member
Staffordshire County Council Cabinet Members	<b>CO CHAIR - Alan White</b> – Cabinet Member for Health, Care and Wellbeing Mark Sutton – Cabinet Member for Children and Young People Philip White – Cabinet Support Member for Learning and Employability	Gill Burnett – Cabinet Support Member for Adult Safeguarding
Director for Families and Communities	Helen Riley – Deputy Chief Executive and Director for Families and Communities	Mick Harrison – Commissioner for Safety, Children & Families
Director for Health and Care	Richard Harling – Director of Health and Care	Karen Bryson – Assistant Director, Public Health & Prevention
A representative of Healthwatch	Simon Fogell – Executive Director	Robin Morrison – Chief Executive, Healthwatch Staffordshire
A representative of each relevant Clinical Commissioning Group	Mo Huda – Chair of Cannock Chase CCG Paddy Hannigan – Chair of Stafford and Surrounds CCG Shammy Noor – Chair of South East Staffs and Seisdon Peninsula CCG Rachel Gallyot – Chair of East Staffs CCG <b>CO CHAIR - Alison Bradley</b> – Chair of North Staffs CCG	Marcus Warnes – Chief Operating Officer
NHS England	Fiona Hamill – Locality Director	

Staffordshire's Health and Wellbeing Board has agreed to the following **additional representatives** on the Board:

Role	Member	Substitute Member
District and Borough Elected Member representatives	Roger Lees – Deputy Leader South Staffordshire District Council Frank Finlay – Cabinet Member for Environment and Health	Brian Edwards  Gareth Jones
District and Borough Chief	Tim Clegg – Chief Executive Stafford Borough Council	tbc

Executive		
Staffordshire Police	ACC Jennie Sims	tbc
Staffordshire Fire and Rescue Service	Glynn Luznyj – Director of Prevention and Protection	Jim Bywater
Together We're Better - Staffordshire Transformation Programme	Simon Whitehouse – Programme Director	Tracy Parker-Priest, Chief Operating Officer Staffordshire & Stoke-on-Trent STP