

**Minutes of the Staffordshire Health and Wellbeing Board Meeting held on 3  
September 2020**

**Attendance:**

Dr Alison Bradley (Co-Chair (In – the Chair))	
Johnny McMahon	Staffordshire County Council
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Dr Richard Harling	Director of Health & Care (SCC)
Helen Riley	Director for Families & Communities (SCC)
Craig Porter	CCG Accountable Officer Representative
Phil Pusey	Staffordshire Council of Voluntary Youth Services
Garry Jones	Support Staffordshire
Jeremy Pert	District & Borough Council Representative (North)
Tim Clegg	District & Borough Council CEO Representative
Rita Heseltine	South Staffordshire District Council
Jonathan Price	Staffordshire County Council

**Also in attendance:**

Jon Topham	Senior Commissioning Manager, Public Health
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**Apologies:** Roger Lees (District Borough Council Representative (South))

**29. Declarations of Interest**

District and Borough Councillor representative Cllr Jeremy Pert (Stafford Borough Council) declared an interest as the Chairman of Staffordshire County Council's Healthy Staffordshire Select Committee.

a) Minutes of the Previous Meeting

**RESOLVED** – That the minutes of the meeting held on 5 March 2020 be confirmed and signed by the Co-Chair.

b) Questions from the Public

There were no questions at this meeting.

### 30. COVID-19 Response - Reflections and Implications

The emergence of Covid-19 had had an unprecedented impact on the UK and the World. Following the range of measures implemented since the first case in the UK in January, the battle against the virus was now focusing on rolling lockdowns in specific areas. In Staffordshire hotspot areas had been seen in Burton, Silverdale (Newcastle-under-Lyme) and Stone.

The Board considered the implications for the Health and Wellbeing Strategy of Covid-19 and what, if any, updates were necessary to reflect the current issues. This included the anticipated local government devolution, with a white paper expected in the autumn, and the development of NHS Integrated Care Systems.

The Board considered findings from the Covid-19 Recovery Coordinating Group, which set out impacts of the virus on:

- mental health and wellbeing, with anxiety and “coronavirus fear” being a considerable issue;
- the widening broader health inequalities;
- the mounting backlog of non-Covid patients for the NHS, including the drop in non-urgent referrals and the potential consequences of this;
- the impact on front line and key workers, on their mental health and the potential long-term effects of this;
- the extremely clinically vulnerable and the impact of continued self-isolation on their mental health;
- the partial closure of schools and the impact from the lack of education and social isolation which was expected to disproportionately affect the most disadvantaged;
- economic and social hardship, with the largest spike in unemployment on record;
- the surge in volunteering and social action; and
- increased use and familiarity in the use of technology.

The Board reflected on each representative organisation’s experiences and learning from recent months, specifically considering the measures taken, their effectiveness and further work moving forward.

a) What has worked well during Covid-19?

Board Members shared the positives from their organisation’s responses to the Covid-19 crisis, with many common factors seen. Positive reflections included:

- the incredible way staff had pulled together and their willingness to work above and beyond their core roles, their flexibility in ways of working, the extensive readiness to volunteer and a real willingness to rise to the challenges faced and the increased pace of work;
- quicker decision making;
- the impressive way in which the community supported each other in a wide variety of ways, including local and hyper local activity;

- excellent communication across the Primary Care network and CCG;
- good partnership working across public and voluntary sectors, including community hub food delivery, with the crisis helping to forge and reinforce partnerships in Staffordshire;
- the rapid mobilisation and digitalisation of processes including: phone triage; digital consultations; integrated care records; virtual and online meetings; educational courses; youth services and IAG offers; better engagement with vulnerable young people;
- core service delivery maintained whilst the way staff worked was necessarily different, eg working from home, using dedicated phone lines etc;
- the Everyone in Campaign which saw all rough sleepers accommodated and off the streets, presenting opportunities for future multi-agency working;
- the effectiveness and importance of local knowledge in tackling the crisis;
- continued support for those shielding;
- much closer relationships and stronger partnership working with schools;
- the work of the Stoke on Trent and Staffordshire Safeguarding Children's Board (SSSCB), increasing the frequency of meetings and developing a risk matrix;
- the continued work of schools and child care providers throughout the crisis for key workers and vulnerable children.

b) What hasn't worked so well?

Board members shared areas that had not worked so well, including:

- frustrations over national systems, including PPE distribution and NHS Test and Trace, with a local approach being much better;
- initial impact on some primary care practices needing support due to staff sickness;
- patients not presenting resulting in delayed diagnosis and future concerns over the impact of the disease backlog, particularly as winter approached and when considering any future Covid-19 spike;
- delayed hospital treatments and appointments, and the significant impact on workload for primary care this created;
- concern for many staff who had been overworked for some time, and the impact of exhaustion on their physical and mental health;
- newly trained social workers normally continued their training shadowing experienced staff, which presented difficulties with the current restrictions;
- the need for a better and more coordinated response from pharmacies;
- an increase in anti-social behaviour, particularly around country parks;
- an increase in domestic abuse, with the extent of this unknown at present;
- impact on leisure services and the need to support the not for profit providers of district and borough leisure services;
- the disproportionate impact on young people and the need for a partnership response to address this;
- concerns around the long and short term impacts on mental health;
- financial implications across organisations with a significant long-term impact expected;
- whilst there had been wonderful partnership working across the NHS, there was a need to ensure this partnership working was extended to include NHS and non NHS organisations;

- concerns that the rapid move towards digitalisation had unintentionally excluded a cohort of vulnerable adults.

Members shared concerns at the backlog of disease and the disease burden, the mental health concerns across all ages resulting from the crisis, the widening health inequalities and emphasised the importance of the Flu campaign. Cross sector and enhanced partnership working had positive impacts and there was a need to consider how this could be developed.

The H&WB Strategy was fairly high level and therefore still relevant, however certain elements might need a reemphasis, particularly around:

- obesity
- mental health
- health impact from economic pressures, including mental health, domestic abuse etc.
- social and health inequalities

**RESOLVED** – That:

- a) the Covid-19 Recovery Coordinating Group social recovery discussion paper be noted;
- b) the challenges identified for the Health and Wellbeing Strategy of Covid-19 be noted; and
- c) the 5 November workshop date be used to consider any refresh of the Strategy.

### **31. Local Outbreak Control Plan**

As part of the Test and Trace requirements a Covid-19 Local Outbreak Control Plan for Staffordshire had been produced. This set out how national and local partners would work with the public at a local level to prevent, contain and manage outbreaks.

Nationally the number of Covid-19 cases had started to rise and Staffordshire was mirroring this, although the County's case load remained below the national average. Following the 17 cases in Silverdale there had been a good response to testing and the case numbers were falling. Four wards in Burton upon Trent remained above the county average for case numbers. This was connected to underlying characteristics of the population in this area and community leaders were supporting work to address this. There had also been a number of cases in Tamworth recently with no common source identified presently. Local test and trace arrangements were in place, with regional, mobile and local test sites, although there had been some frustration with the national booking system.

The Director of Public Health thanked all who had been involved with the Local Outbreak Protection Board.

**RESOLVED** – That the Plan and associated governance arrangements be endorsed.

### **32. Integrated Care Partnerships**

Peter Axon (ICP Development SRO and CEO) and Chris Bird (Director of Strategy) from North Staffordshire Combined Healthcare NHS Trust, presented details of the Integrated Care Partnerships (ICPs). An ICP was supplementary to an Integrated Care System (ICS), with ICS leading on system leadership and setting a strategic outcomes framework across a larger population than covered by any individual ICP. An ICP was not a new legal entity and all decisions on health and care services would be retained by the relevant statutory organisations. The intention was for ICPs to enable seamless service delivery with service users not seeing the interface between different services or service providers.

The Board received details of the ICS roadmap and development plan, with all STPs to become ICSs by 2022 and an ICS being more outcome focussed. Details of system functions, planning and leadership and governance were shared, with leadership arrangements being key to the success of the ICPs in selling the vision to both staff and the general population.

A new system architecture had been proposed, with ICP level focus likely to be centred on:

- operational liaison and local coordination
- delivery of transformation aligned to STP/ICS priorities
- tackling health inequalities

Whilst there was some national guidance on design and function there was little guidance on developing the ICPs. The new arrangements would emphasise collective system management and transformation and would require a dedicated organisational development programme to support change. The Board received an update on developments over the last six months, with alignment on certain pathways across the three ICP localities. Each identified priority had a multi-agency working group which would report back to the ICPs.

Four key areas of focus for ICP development from September 2020 would be:

- culture
- systems and processes
- governance
- enabling support (eg PHM, financial management, digital)

The new arrangements largely related to how NHSE expected the NHS locally to work together without the need to change legislation. There was no expectation for any changes to financial flows or communication arrangements with the County Council.

**RESOLVED** – That the presentation be noted.

### **33. Staffordshire Better Care Fund 2020/21**

In September 2019 the H&WB had confirmed funding for the 2019/20 Staffordshire Better Care Fund (BCF) and its content, and had delegated sign off to the Co-Chairs. The Co-Chairs had signed off Staffordshire's 2019/20 BFC in January 2020 and the timescales for its approval. The Board also noted a request for re-baselining the overall

NHS contribution to adult social care in order to correct some historic issues. NHS contributions for social services in support of health, carers and Care Act were now reflected in a single figure of £20.729m for 2019/20.

The 2020/21 BCF Policy Framework was not yet published as priority was being given to managing the Covid-19 pandemic and NHS England would not be asking for BCF Plans at this time. NHS contributions to the BCF, including NHS contributions to adult social care would be uplifted by 5.3% for 2020/21. The iBCF (improved BCF) would be uplifted by 12.4%. The Winter Pressures Grant and Disabled Facilities Grant would remain at the same level as 2019/20.

NHSE had acknowledged that BCF Plans from April 2020 would not be formally approved, however they had indicated that for the duration of the Covid-19 pandemic systems should assume that expenditure of BCF funds would continue on existing services as in 2019/20 in order to maintain capacity in community health and social care.

**RESOLVED** – That:

- a) the Board noted the 2020/21 BCF Policy Framework had not been published, and that due to the ongoing requirement to prioritise management of the Covid-19 pandemic, NHSE would not be asking for BCF Plans at this time; and
- b) for the duration of the Covid-19 pandemic, systems would assume that expenditure of BCF funds should continue on existing services as in 2019/20.

### **34. Forward Plan**

The H&WB had the following suggested additions to their Forward Plan for the December meeting:

- Commissioning intentions;
- Covid – 19
- H&WB Strategy
- BCF
- ICS/STP
- Children: SEND Strategy; and FSPB Strategy and governance;
- Adults: Mental Health Strategy; Prevention Plan; and Troubled individuals;
- Population Health management;
- DPH Report
- Broadband & digital infrastructure update;
- Healthwatch; and
- VCSE – update.

Included from today's Board meeting was an item from Tim Clegg, Chief Executive, Stafford Borough Council, reflecting on cross sector working.

**RESOLVED** – That the additions to the Forward Plan be agreed and prioritisation for the December Board meeting be in consultation with the Co Chairs.

**Chairman**