

**Minutes of the Staffordshire Health and Wellbeing Board Meeting held on 10
December 2020**

Attendance:

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Johnny McMahon	Staffordshire County Council
Dr Alison Bradley	North Staffs CCG
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Dr Shammy Noor	South East Staffordshire and Seisdon Peninsula CCG
Dr Richard Harling	Director of Health & Care (SCC)
Helen Riley	Director for Families & Communities (SCC)
Craig Porter	CCG Accountable Officer Representative
Simon Whitehouse	Staffordshire Sustainability and Transformation Programme
Phil Pusey	Staffordshire Council of Voluntary Youth Services
Jeremy Pert	District & Borough Council Representative (North)
Roger Lees	District Borough Council Representative (South)
Tim Clegg	District & Borough Council CEO Representative
Jennifer Mattinson	Staffordshire Police
Simmy Akhtar	Healthwatch
Rita Heseltine	South Staffordshire District Council

Also in attendance:

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Apologies: Dr Rachel Gallyot (East Staffs CCG), Garry Jones (Support Staffordshire) and Jonathan Price (Cabinet Member for Education (and SEND)) (Staffordshire County Council)

35. Declarations of Interest

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

a) Minutes of Previous Meeting

RESOLVED That the minutes of the meeting held on 3 September 2020 be confirmed and signed by the Co-Chair.

b) Questions from the Public

There were no questions at this meeting

36. COVID-19 Update

Dr Richard Harling updated the Board. Numbers of cases of Covid in Staffordshire had reduced following the second lockdown but was not falling as quickly now under the tier 3 arrangements. NHS locally were not under the same amount of pressure as they had been but the number of case rates in Staffordshire was still above the national average and there was still some way to go. However there was cause for optimism in the medium to long term as vaccinations begin to roll out and testing capacity locally increases. Vaccinations had started at Royal Stoke in this week but it would be a while before it was at full capacity. The vaccine was difficult to manage logistically and to administer outside a hospital setting. Nevertheless, in the following week, 6 vaccination centres would open.

Testing of asymptomatic cases was being rolled out. This would be available at schools, key public sector organisations and known hot spot areas. Dr Harling said that now was not the time to relax our guard despite the Christmas respite period, notwithstanding Government has to take a holistic view in balancing the impact of covid against economic recovery and mental health and well being.

A Member asked whether in the pending tier review, the allocated tier was likely to be county wide or based more locally on Districts. Application would likely be on upper tier authorities so Staffordshire would receive a countywide tier allocation. In fact rates in the county were now more convergent than had previously been the case.

Dr Harling had visited Keele university to see the pilot testing for students. This had been very well organised and students had now returned home for Christmas.

37. Strategy Questionnaire - Summary of Findings

The September meeting of the Board had considered the impact of Covid on the HWBB Strategy. The November workshop to explore the impact had been cancelled due to the second lockdown and a questionnaire circulated to members instead.

Overall there had been 10 responses to the questionnaire showing strong support for a focus on both Mental Health, for greater efforts to tackle the wider Determinants of Health and that the focus for delivery should be in strengthening partnerships and the JSNA.

Generally, respondents agreed it was not necessary to re-write the Strategy but there needed to be a focus on key delivery priorities. Mental health and health inequalities were issues that needed to be prioritised. Seven respondents believed there were gaps in the Strategy – specifically around Children and Young People, Mental health and Wider Determinants.

In terms of the Joint Strategic Needs Assessments (JSNA), respondents saw Wider Determinants of Health and Mental Health as key priorities. In terms of delivery mechanisms, the most popular was Partnership working and there was clear support for a stronger focus on the JSNA to drive decision making, particularly in the light of Covid.

The Board saw obvious links with determinants of ill health and obesity – people should be encouraged to take a more active lifestyle and the building environment around them should be conducive to that. They agreed that Covid had exacerbated inequalities in terms of health and this should be addressed.

A Member felt that much time was spent in considering responding to covid but more weight should be placed on the prevention agenda – a more proactive than reactive approach – where the Board could make a difference and make life easier for the NHS. He believed there was much potential in the prevention agenda and there should be a focus on key areas.

In terms of resources, keeping people independent even 6 months longer than they might otherwise be, represents significant savings.

Mark Sutton suggested the Board should be focussed and targeted in their approach to be most effective and not try and do everything. He believed a focus on public health of children and young people could have influence and shape early years.

The Board agreed the importance of partnership delivery – it was how well the Board linked and worked with the Integrated Care System that would make the difference. The place of the Board in the system was crucial and notably, Staffordshire Board would cover 3 ICS.

Representing Staffordshire Police, Jennifer Mattison suggested there was duplication between Boards and organisations in terms of safeguarding and health. The HWBB was a strategic board so its identified priorities should be multi agency. The Deputy Chief Executive and Director for Families and Communities, Helen Riley acknowledged the confusing partnership landscape and referred to a pending review to get clarity over lines of responsibility; identify duplication and identify where there are gaps. A Member had experience of a similar mapping exercise which had been very useful.

The Chairman suggested there was value in a focus on children and young people as a demographic and incorporate physical and mental health and obesity.

The Director agreed that the greatest difference could be made in focussing on children and young people but they must avoid duplication with the Families Strategic Partnership Board. Both Boards shared similar priorities and she agreed to explore with Senior Commissioning Manager how to consolidate and avoid overlap. The HWBB role was to champion projects, the FSPB was to do them.

The Director for Health and Care however, thought it too narrow to focus on a specific demographic – while influencing children had the potential to make a difference, some priorities identified could not be limited – for example influencing infrastructure and the built environment – while there could be a greater focus on children in some areas, there needed to be a whole population approach.

The Board were agreed on a focus on obesity but did not want to lose sight of inequalities and agreed the two were interrelated. The Chairman said the Board must be able to demonstrate a tangible difference from its actions and the more focussed the intent, the more likely that can be achieved.

RESOLVED That (a) the Board note the findings of the survey: Strategy Questionnaire

(b) agree that the priority areas of Obesity and Mental Health be brought for discussion at the March meeting of the HWBB (from cradle to grave and multi agency approach), and,

(c) The Deputy Chief Executive and Director for Families and Communities and the Senior Commissioning Manager undertake a review of partnerships to achieve clarity over lines of responsibility; identify areas of duplication and identify where there are gaps.

38. Commissioning Intentions

a) Staffordshire and Stoke-on-Trent Clinical Commissioning Groups Strategic Update

Dr Jane Moore, Director of Strategy, Planning and Performance reported that since March 2020 the system had been operating and planning in a very different environment and had responded to national guidance outlined in four letters to date. On 30 January 2020, NHS England and NHS Improvement had declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response. In March 2020, a Covid control centre had been established to provide control and command, co-ordination and decision making across the STP.

National planning, commissioning and finance frameworks had not been published for 2021-22 yet, and formal commissioning intentions had not been produced. However,

partners across the system had continued to work closely together focusing and linking the priorities to be delivered through the Phase 3 plan and those outlined in the long term plan. The STP strategic five year delivery plan (FYDP) outlined the ambitions and priorities to increase the scale and pace of progress of reducing health inequalities. The phase 3 planning letter outlined the focus required on protecting the most vulnerable from Covid-19 with a clear commitment to tackling inequalities and services transformed around a place based model.

In April 2020, work around the pre-consultation business case had been suspended and a number of service changes made in line with national guidance and local need. The system was keen to retain the benefits seen during Covid-19 particularly those that have accelerated the delivery of the LTP/FYDP ambitions.

A number of service changes had now been reinstated or reintroduced harnessing digital technology to support virtual appointments and clinics. Covid-19 had accelerated some schemes such as the Community Rapid Intervention Service (CRIS) health navigator and digital consultation methodologies. An involvement strategy would be developed alongside this process to ensure transparency.

Dr Moore reported that UHNM were performing top in terms of their progress in recovery services.

b) SCC Commissioning Intentions

Dr Harling outlined the Health and Care Intentions. He identified key objectives around public health and prevention; care commissioning; adult social care and safeguarding; and, in-house learning disability care services.

The Board recognised its key partnership role and that there was merit in looking at prevention in various systems. Although in responding to the pandemic, commissioning was reactive rather than proactive, learning from it suggests more collaborative partnership working arrangements are effective and must be retained into 2021.

The Board agreed that there was cause for optimism regarding the vaccine, the system had coped well under the circumstances and learning from it will shape future commissioning decisions.

RESOLVED That the updates on Commissioning Arrangements for the Staffordshire and Stoke on Trent Clinical Commissioning Groups and the County Council be noted.

39. Population Health Management

Dr Jane Moore provided a summary of progress in the establishment of a population health management function in Staffordshire.

Population Health was an approach aimed at improving the health of an entire population. Led by CCGs, the Staffordshire health and care system had been working with NHS England, to develop population health management capacity and capability across the system and links with wider system partners including the Public Health team in the local authority, PCN clinical directors and ICP leads to deliver on the vision to apply PHM approach at a system, locality and neighbourhood level.

Following recommendations from the Task Group, the shadow ICS board endorsed a number of programmes of work, which included scoping on the establishing an intelligence hub and working to secure additional development support resource.

There is increasing recognition that from the joint intelligence approach used during the Covid-19 spike, the PHM approach should be progressed and formally develop the required infrastructure and intelligence capacity. Development of an Integrated System Intelligence Hub with representation from all system partners will oversee delivery of the PHM approach. Strong links will need to be established between existing work streams and the PHM programme of work and strong engagement with key stakeholders. It was intended that the Intelligence Hub would be the delivery vehicle supporting a Clinical Design Group, a Technical Design Group and the PHM Programme Board.

Dr Moore said that PHM introduced outcome focussed, clinically lead, evidenced based, data driven change. The emphasis was on collaborative partnership working to drive culture change and focus on inequalities.

Jeremy Pert appreciated the data driven approach of PHM and said that robust data was crucial. He asked how PHM was integrating with partner organisations data management systems - for example the County Councils observatory – and how it was engaged with the voluntary sector. The Board agreed a need to link with wider data sources to ensure a holistic view.

RESOLVED That progress in the establishment of a population health management function in Staffordshire be noted.

40. Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board (SSASPB) Annual Report 2019-2020

RESOLVED That the Staffordshire and Stoke-on-Trent Adult Safeguarding Partnership Board Annual Report for 2019-20 be received for information and be considered in detail alongside the Children's Safeguarding Board Annual report at the Board meeting in March 2021.

41. Hospices

Dr Emma Hodges and David Webster Chief Executive Officers at St Giles hospice and Douglas Macmillan respectively, delivered a presentation on behalf of those hospices.

Covid-19 had significantly impacted voluntary income to the hospices and the two charities were working together to ensure a sustainable future for hospice care in Staffordshire. Sales this year to both hospices' shops were lower than last year by more than £1m each. This raised significant concerns around future funding for hospice care. Ms Hodges acknowledged excellent support from their local communities but there remained a significant shortfall in very uncertain times. If the situation did not improve there was a concern that they would not be able to continue to deliver the current breadth of services.

The CEOs asked for some assurance of funding support. They had shown resilience during the pandemic and had continued to deliver palliative care but the position was not sustainable. Craig Porter, representing the CCGs acknowledged the significant challenge and confirmed that the CCGs would work proactively with the hospices. Collectively the Board recognised the value of hospices but it would require all system partners to be willing to reduce their cost base to move funds to hospices for palliative care. It would be incumbent on all 6 hospices in the county to work together. Dr Hodges maintained that they had closed some shops for efficiency but this saving could only be achieved once. It was important for providers to understand the hospice business model and she asked for a 'seat at the table' in consideration of providing and funding palliative care.

RESOLVED That the Board recognise the high quality end of life care offered by Staffordshire hospices and the significant challenge facing them in ensuring a sustainable future.

42. Family Strategic Partnership Board - Future of Wider Governance Arrangements

Deputy Chief Executive and Director for Families and Communities referred to the current governance arrangements for the wider children's partnership agenda which were complex whilst potentially creating gaps and duplication. All partners were experiencing challenges around resources and making best use of capacity. She said it had been agreed for the various multi agency partnerships to conduct a round table discussion to attempt to streamline and simplify the current arrangements. The Board agreed there needed to be some rationalisation.

RESOLVED That the Board note the discussion to take place between the various Family Strategic Partnership Boards multi agency partnerships to attempt to streamline and simplify governance arrangements.

43. Staffordshire Better Care Fund 2020/21

Dr Richard Harling said that in June 2019 the Board had noted that the Staffordshire Better Care Fund (BCF) Policy Framework had been published and noted the financial risk presented by the delay in the publication of BCF Planning Requirements. In July,

the 2019-20 BCF Planning Requirements were published allowing the drafting of the BCF Plan to commence and removing the financial risk.

In January 2020, the HWBB noted the sign-off by the Co-chairs of the 2019-20 BCF Plan and the timescales for its approval. The Board also noted the request for re-baselining of the overall NHS contribution to adult social care in order to correct some historic issues with BCF funding.

In August the Board had noted that due to the ongoing pandemic, NHSE were not yet asking for BCF Plans and advised systems to assume BCF expenditure would be rolled over on existing services as in 2019-20 in order to maintain capacity in community health and social care.

In terms of 2020-21 planning, the BCF Policy Framework had still not been published however the NHS draft planning guidance had been shared which stated that planning requirements would be minimised and narratives reduced. NHSE had advised organisations to assume that expenditure of BCF funds should continue on existing services as in 2019-20. Timescales for completion of 2020-21 plans had not been confirmed.

The Board noted that Staffordshire BCF performance was good and there was reason to assume this would continue.

A new BCF steering group would meet quarterly from November 2020. The Council and the CCGs would begin planning for the 2020-21 BCF submission in line with the draft guidance.

RESOLVED That the Board (a) note the 2020-21 BCF Policy Framework had still not been published although the NHS draft planning guidance had been shared stating that planning requirements would be minimised,

(b) note the extension of existing schemes for 2020-21,

(c) confirm the delegation of authority to enter into the section 75 agreements for 2019-20 and 2020-21 to the Director of Health and Care, and,

(d) confirm the delegation of approval of 2020-21 plans to the Health and Wellbeing Board Chairs.

44. Staffordshire Joint Mental Health Strategy (2021-2025)

Richard Deacon, Commissioning Manager and Josephine Bullock, Strategic Commissioning Manager (CCG) explained that the current mental health strategy had been implemented in 2014 and was joint between the County Council, Staffordshire and Stoke on Trent CCGs and Stoke City Council. It had a wide remit which included interdependences with both protective and risk factors such as education, housing, employment, public health and law enforcement. Since then, other factors such as the

impact of Covid-19 on mental health and wellbeing and the introduction of the NHS Long Term Plan/NHS Mental health Implementation Plan 2019-20-2023-24, it seemed opportune to develop a new mental health strategy.

Mr Deacon and Ms Bullock outlined a joint approach to developing the Staffordshire Joint Mental Health Strategy 2021-25. It was envisaged that the new strategy would maintain a similar wide remit and it is proposed that the County Council and the CCGs work in partnership to coordinate and contribute to its development including key contributions from a range of other partners.

The new strategy would look to improve outcomes and wellbeing for people living with mental health problems and its development would involve a period of engagement and partnership with people with lived experience (of mental health) as well as a range of organisations across the public and private sectors and the voluntary and community sector.

The Board regretted that Stoke on Trent City Council had indicated that they would not be involved in the new Strategy but hoped that they may reconsider before the go-live date – anticipated to be August 2021. Simon Whitehouse asked what links had been established with the Mental Health Programme Board. Mr Deacon acknowledged that a link to that board had not yet properly been established but he undertook to facilitate it.

The Board accepted that current covid restrictions made it more difficult to engage with the more vulnerable groups and the Board which had agreed a focus on mental health and wellbeing, would endeavour to facilitate engagement. Ms Bullock maintained that it was important to structure the questions in such a way as to make them accessible and to gain most from the responses.

The Board noted that Healthwatch could help facilitate engagement.

RESOLVED That the Board (a) approve a joint approach by the County Council and Staffordshire CCGs to the coordination, contribution to and development of a new Staffordshire Joint Mental Health Strategy,

(b) contribute to the development of the new Strategy including formal sign off for any draft version as part of governance process, and,

(c) endorse the proposed scope of the new Strategy.

45. Troubled Individuals Proposals

The County Council's Lead Commissioner for Public Health, Anthony Bullock and Assistant Director for Commissioning, Natasha Moody, outlined proposals for dealing with 'Troubled Individuals'. Covid -19 had impacted on those families identified as having chaotic lives and the proposals were an approach to addressing their needs in a holistic way.

It had been identified that most rough sleepers faced numerous co-existing issues – drugs, mental health, offending and debt for example and that this group received services separately for each issue from different agencies.

The proposed approach would focus on the person as a whole and not address issues in isolation and it would be multi agency. The approach would follow the successful model adopted for Troubled Families (BRFC) but adapted for adults with complex needs.

The Troubled Individuals initiative would adapt existing BRFC infrastructure and delivery would be through an extension of the Place Based Approach. A task and finish group were working through the proposals.

Following a question from a Member, Mr Bullock confirmed that Districts would be encouraged to take responsibility for their own troubled individuals rather than displace the problem onto other districts.

District Housing Associations welcomed this approach.

RESOLVED That the Board (a) endorse the principles being developed to adapt the BRFC programme to include the Troubled Individual approach, and,

(b) commit to supporting the translation of these principles into practice (being prepared to change working practices where necessary and appropriate)

46. Forward Plan

RESOLVED That the Board's Forward Plan for 2020-2021 be noted.

Chairman