

# Minutes of the Staffordshire Health and Wellbeing Board Meeting held on 7 September 2023

Present: Mark Sutton (Chair)

Attendance	
Julia Jessel (Vice-Chair)	Garry Jones
Dr Richard Harling	Tim Clegg
Neelam Bhardwaja	Baz Tameez
Dr Rachel Gallyot	Carmel Warren (Substitute)
Phil Pusey	Nicola Bromage (Substitute)

**Presenters:** Natasha Moody, Amanda Stringer, Emma Sandbach

**Apologies:** Elliott Sharrard-Williams and Claire McIver

## Part One

### 9. Welcome and Routine Items

- a. Minutes of Previous Meeting

**Resolved** – that the minutes of the meeting held on the 8<sup>th</sup> June 2023 be agreed and signed by the Chair.

- b. Declarations of Interest

There were no declarations of interest on this occasion.

- c. Questions from the Public

None received.

### 10. Health in Early Life Priority Progress Update

The Board received a report and presentation from Natasha Moody and Nicola Bromage on the Health in Early Life Priority Progress Update.

The HWBB strategy had a priority for 'Health in Early Life' which sought to improve health in pregnancy and infancy with a focus on reducing infant mortality.

The presentation noted the local picture of Infant Mortality, both at Staffordshire, Stoke-on-Trent and the West Midlands. It was noted that Stoke-on-Trent had the highest infant mortality rate in England, whilst Staffordshire was rated 25<sup>th</sup> highest. Neonatal and Post-Natal mortality

rates were shown to the Board.

The slides further showed the rates across the districts and boroughs within Staffordshire. The Board were informed that whilst there is a lag in the published data, the latest available being from 2021, the 2023 provisional data was promising in a reduction in rates of Infant Mortality.

The Board were shown modifiable factors which would impact on infant mortality cases in Staffordshire. This included:

- Smoking during pregnancy
- Poor nutrition
- Pre-term and low birth weight of babies
- Access to support from GPs, Midwives, Health Visitors and other key workers

Smoking in pregnancy was highlighted as the top risk factor in infant mortality. The County Council had commissioned a stop smoking in pregnancy service for several years which offered a 12 week behavioural support and NRT therapy to pregnant women who smoke, post-natal support for up to six months and a preventative offer to support Staffordshire Schools.

In a step to overcome infant mortality, a parent education programme, called ICON helped to aim prevent abusive head trauma and help people who care for babies cope with crying. ICON served to show that:

- Infant crying is normal
- Comforting methods can help
- It's OK to walk away
- Never, ever shake a baby.

A co-ordinated whole system approach Staffordshire and Stoke-on-Trent was also in place to support breastfeeding. An infant feeding survey aimed at families was carried out to understand experiences and help inform future planning. A total of 752 responses were received. An action plan was in development following the analysis of the survey which had three key priorities:

- Improve the awareness of and benefits of breastfeeding within the community and for parents
- Increase the support to breastfeed particularly the first 10 days following birth
- Embed infant feeding pathway so more people know and access timely help and support.

The Board were further informed of a whole family support system, called

the Families' Health and Wellbeing Service (0-19). This offered holistic support to the entire family with a number of mandated checks.

The Strengthening Families Team work with pregnant and post-natal people and provided more targeted support for children known to services. They provide a named health worker for each eligible family and focus on achieving high quality outcomes.

It was noted by the Board that whilst there was significant work underway to address varying modifying factors of infant mortality, the approach was somewhat fragmented and lacked clear overall ownership. It was demonstrated that there were approximately 16 strategic and partnership/working groups who had reducing infant mortality as a priority focus. Moving forward, one system wide group had been established which would drive forward improvement, currently reporting into the SSCB and HWBB.

Garry Jones queried whether circumstances of the birth itself were included in the modifiable factors, and whether evidence of inequalities were linked to protected characteristics. Natasha responded to say that evidence and research suggested that certain cohorts of people were more likely to experience infant mortality. Nicola Bromage would take away the first point regarding modifiable factors.

Councillor Sutton questioned the age of data available and asked why there was such a lag, and whether there was any way of getting more up to date data. Natasha was not able to confirm why there was a lag in the data from the ONS, however, comparable data from Child Death Overview Panel showed similarities in the data between the two sources. Richard Harling highlighted that a local system could be established for the overall data, but with a deeper dive into the causes.

Natasha also highlighted the Child Death Overview Panel which runs across Staffordshire and Stoke-on-Trent and discusses deaths of every single child. This panel is used to inform the work that is then undertaken.

Baz Tameez informed the Board of higher rates of infant mortality across BAME communities, and offered to bring data and deep dive findings back to a future meeting.

Tim Clegg observed that similar cohorts of people exhibiting similar health concerns are becoming apparent with each priority update to the Board and commented on the need to co-ordinate interventions across the system.

Councillor Jessel noted that the Board did not want to lose focus on infant mortality and questioned the prevalence of smoking and whether alcohol

and drug use was an emerging factor. In response, Natasha confirmed that the data wasn't showing drug and alcohol use as a major factor currently and would also consider the points raised by Tim and include more data sets where appropriate.

Councillor Sutton highlighted the governance surrounding the work on infant mortality and stressed the importance of all Boards having the same information presented to them, and co-ordination between what each Panel/Board are doing.

**Resolved** – that the Board (a) note the progress being made by partners in Staffordshire regarding Healthy Start in Life;

(b) Support the widening of the focus on children and young people beyond infant mortality to encompass the work we are doing on the wider determinants of health to improve outcomes for Children and Young People;

(c) Endorse the CYP Framework which has been developed by the Programme Board delivering on behalf of the Integrated Care System;

(d) Endorse the Co-Production Promise as a critical way in which we plan to work with CYP&F and consideration of its use across the broader partnership;

(e) Acknowledge the planned work across the partnership and continue to support the development of these programme of work over the coming year; and

(f) Work towards enhanced and timely data of infant mortality and more joined up working between the various governance structures.

## **11. Healthwatch Staffordshire Progress and Update on 3 Deep Dives**

The Board received a report and presentation from Baz Tameez on progress within Healthwatch Staffordshire and in particular an update on the three deep dives undertaken:

- Root causes of good and poor teenage mental wellbeing and health outcomes when you've been in care as a child
- Access to primary care
- Seldom heard groups

Healthwatch Staffordshire had been working with Healthwatch England to use a theory of change model to focus resources in areas in the deep dives where it was most needed. This sought to increase chances of successful outcomes, identify what was working and what wasn't, so the

approach could be adjusted and resources targeted.

The theory of change model also sought to measure and communicate the effectiveness of the work undertaken and evidence the outcomes achieved.

The methodology for the deep dives was presented to the Board, which included:

- Face to face events
- Surveys and questionnaires
- Focus groups
- Case studies
- Social media
- Desktop research; and
- Partnership working

The slides further demonstrated the root causes of good and poor teenage mental wellbeing and health outcomes when you've been in care as a child. Healthwatch had been working with the County Council and the ICS to co-ordinate and contribute to the development of a new 'Staffordshire Joint Mental Health Strategy'. This seeks to address and help improve the mental health and mental wellbeing of young people and uses six key outcomes identified from engagement activities.

Early key themes and recommendations showed that primarily young people prefer to have face to face appointments with the flexibility of other means to engage, the transition from Child Adolescent Mental Health Services into Adult Mental Health Services needed to be smoother, reducing the risk of vulnerable people slipping through the net and reducing waiting times by utilising more referrals to other providers. The Access to Primary Care deep dive showed that 92% of NHS consultation took place at the GP and this was where Healthwatch was receiving the most feedback, along with dentistry. Feedback showed that one patient made over 210 calls over two days before they got through, but did get the treatment they needed once booked in.

Healthwatch had been supporting the ICS with their Primary Care Access Campaign in line with the new delivery plan, by promoting the Additional Roles Reimbursement Scheme (ARRS).

Early key themes emerging from patient feedback included:

- Neurodiversity – reasonable adjustment was required for patients with communication needs
- Cost of living was making it difficult to afford prescriptions and travel to appointments

- Telephone access remained an issue for patients and found waiting times frustrating
- Patient registration which were specific to Burntwood and East Staffordshire
- Digital communication challenges including the use of the NHS App
- Mixed views on patient experiences with NHS 111

The Board were informed of next steps on this deep dive which included the potential role of PPGs, supporting changes in local practices, the continuation of the work with ICB primary care managers to understand countywide implementation of the Primary Care Improvement Plan, development of a simple guide to secure the best out of Primary Care and consideration of an event and looking at patient feedback in early 2024 on effects of changes on patients.

The final deep dive focused on 3 seldom heard groups:

- Transgender community (LGBTQIA+)
- People with Neurodiverse Conditions (co-occurring needs)
- Those in Rural Areas (rurality)

Feedback showed that patients felt that GPs were generally unsure how to support them when they wanted to transition, and that transitions were taking longer than the initial promised timescales.

Surveys were formulated which gathered feedback around wanting professionals to have more of an understanding on co-occurring needs which would improve access to services.

Survey feedback on the rurality strand showed that people had concerns around time and money for travelling to GP appointments, opticians, pharmacists and health centres along with wishes that services were available closer to home. In addition, the survey highlighted feedback around the lack of public transport to get to appointments.

Councillor Jessel provided comments around self-diagnosis of young people's mental health conditions and whether feedback was based on professional diagnoses or self-diagnoses. In response, Baz highlighted that feedback was mixed between self-diagnoses and formal diagnosis with a health professional. The latest data showed that 12 in 100 young people had a diagnosable mental health condition.

Tim Clegg highlighted the points raised around digital communication and the excessive amount of phone calls to get an appointment, considering the use of a digital triage system. Baz further commented on the barriers in place affecting peoples use of digital options, however stated that those who are supported to use digital do use it.

Garry Jones reminded the Board that the role of Healthwatch was to shine a light on things that were most important to the public and patients, which may not always be the same things that are important to service providers. As this was the first year under new arrangements for Healthwatch, learning from the deep dives shows that collaboration was good but future deep dives would be even more focused and therefore may reduce the breadth.

**Resolved** – that the Board consider and comment on the progress made by Healthwatch Staffordshire service on the three deep dives.

## **12. CQC Single Assessment Framework**

The Board received a presentation from Amanda Stringer on the Care Quality Commission Single Assessment Framework.

The presentation demonstrated the following areas of interest:

- Providers
- Integrated Care Systems
- Local Authorities

CQC were suggesting that an assessment of a local authority would take around 20 weeks, with notice given to collate evidence including a self-assessment. Evidence would be primarily reviewed off site, with the on-site assessment taking two days and one day spent in virtual meetings. There would be an opportunity to review the report before it was published.

The self-assessment to date included assessing needs, supporting people to live healthier lives, equity in experiences and outcomes, care provision integration and continuity, partnerships and communities, safe systems pathways and transitions, safeguarding, governance management and sustainability, learning improvement and innovation, with strengths and areas to work on identified against each assessment criteria.

Garry Jones queried whether an overall rating would be provided, similar to that of OFSTED, despite recent learning from inspections at schools. Amanda confirmed that an overall rating would be provided but a full report would identify how this position had been reached. Richard Harling asked a question to the Board, what help and support would be needed to make an informed representation.

Councillor Jessel supported the comments made by Garry and noted the impact that a rating would have on staff, confidence of service users and the ability to recruit.

Councillor Sutton queried if a self-assessment would be completed and shared beforehand to demonstrate awareness of any issues present. Amanda confirmed this was in place and regularly updated and tested with partners.

**Resolved** – that the presentation be noted.

### **13. JSNA Development**

The Board received a report and demonstration from Emma Sandbach on the development of the Joint Strategic Needs Assessment for Staffordshire.

Since the last report, a JSNA steering group had been established to oversee the development of the assessment. The group had representatives from key local organisations including the County Council, ICB, District and Borough Councils, MPFT and Stoke-on-Trent City Council.

A working group that met on a more regular basis had also been established, which supported the development of the content of the JSNA chapters. The initial chapters would follow a life course approach, including an initial focus on population demographics, starting well, living well and ageing well. Due to the complexity of the piece of work, it would be necessary to complete the JSNA in phases, and it would become an iterative process to be continually updated and augmented as data sources evolved.

To date, detailed mapping had been undertaken on the data requirements for the population demographics chapter. This included collating all requirements for data indicators, sources, dates, geography, etc. A detailed mapping for the Ageing Well section had also been started.

The working group would be asked to scrutinise the various datasets and indicators to be included in each chapter which would ensure that members of the group with expertise in data or in the subject would be confident that the right information is included.

The first draft of the demographics chapter would be available to view in October 2023, and a further update report would be brought to the Board in December 2023.

**Resolved** – that the Board support the development of the Joint Strategic Needs Assessment 2023 and note the timescale for its development.



## 14. Staffordshire Better Care Fund

The Board received a report from Rose Cororan on the Staffordshire Better Care Fund.

The 2023-25 BCF Policy Framework required the submission of BCF Plans by the 28<sup>th</sup> June 2024, to include a narrative plan and an expenditure template, capacity and demand, as well as ambitions and delivery plans for BCF metrics. Plans were expected to be assured by the 8<sup>th</sup> September 2023.

Staffordshire's plans had been completed and were approved by the Health and Wellbeing Board Chair on the 27<sup>th</sup> June, under delegated authority. Plans were subsequently submitted.

The total ICB ASC Discharge Grant allocation for 2023/24 was £5.148m, and £9.837m for 2024/25. The current proportion split used in the submission to each HWB area was 72% Staffordshire and 28% Stoke-on-Trent, which was not consistent with the adult population of the Integrated Care System which was 78% Staffordshire and 22% Stoke on Trent. This meant that of the £5,148m and £9,837m allocated in 2023/24 and 2024/25 respectively Staffordshire would receive only £3,706,560 and £7,082,640 compared to our fair shares of £4,015,440 and £7,672,860, a shortfall of £899,100 over two years. The Council had requested that the apportionment of the ICB's ASC grant allocation in 2024/25 was reviewed to redress this imbalance.

**Resolved** – that the Board (a) note that the 2023-25 BCF Policy Framework was published in April 2023 which required the submission of BCF Plans by 28<sup>th</sup> June 2023;

(b) Note that the Staffordshire 2023-25 BCF Plans had been submitted, including a narrative plan, expenditure template, capacity and demand and ambitions and delivery plans for BCF metrics;

(c) Note that the expenditure plans for the 2023/24 and 2024/25 SCC and ICB Adult Social Care Discharge Grants had been agreed, and were detailed in tables 2 and 3 of the report; and

(d) Note that the current proportion split of the ICB ASC discharge grant to each Health and Wellbeing Board area was not consistent with the adult population of the Integrated Care System, and that the Council had requested that the apportionment of the ICB's ASC grant allocation in 2024/25 was reviewed to redress this imbalance.

## **15. Health and Wellbeing Board Strategy - Comparative Health Metrics and Performance Indicators Update**

The Board received a report for information on the comparative health metrics and performance indicators update on the Health and Wellbeing Board Strategy.

At the Board meeting in March 2023, to support the monitoring of the strategy, baseline data was provided. For each of the four priority areas, a priority lead was assigned with agreement that each priority area would be the focus for discussion in more depth at a different quarterly meeting, including discussion of the associated metrics/indicators. The lead officer for the Good Mental Health priority had suggested that further metrics may be added to their area.

Since the March meeting, discussions had taken place and one further metric was added: 'New referrals to secondary mental health services for those under 18 years of age'.

**Resolved** – that the Board note the contents of the report.

## **16. Right Care, Right Person**

Due to the non-attendance of the Staffordshire Police representative for the meeting, this item was not considered, but assurance had been given to the Chair that an appropriate representative would be sent to the December meeting to provide an update.

The Board held a discussion on the item and what Right Care, Right Person meant, and sought to clarify engagement events that had taken place with various partners.

Councillor Jessel asked that the Board request that partners are kept fully informed and provided with a demonstration on how the system would work before the initial go-live in February.

## **17. Forward Plan**

The Board noted the following items for consideration at their December meeting:

- Good Mental Health Priority Progress Update
- Staffordshire and Stoke-on-Trent Adult Safeguarding Board Annual Report
- JSNA Update
- Right Care, Right Person

**Resolved** – that the Forward Plan be received.

**18. Date of Next Meeting**

**Resolved** – that the date, time and venue of the next meeting (Thursday 7<sup>th</sup> December 2023 at 2:00pm in the Oak Room, County Buildings, Stafford), be noted.

**19. Exclusion of the Public**

**Resolved** - That the public be excluded from the meeting for the following items of business which involves the likely disclosure of exempt information as defined in the paragraph of Part 1 of Schedule 12A (as amended) of the Local Government Act 1972 as indicated below.

**Chair**