

Minutes of the Health and Wellbeing Board Meeting held on 10 October 2013

Attendance:

Robert Marshall (Co-Chair)	Staffordshire County Council (Cabinet Member for Health and Wellbeing)
Dr. Johnny McMahon (Co-Chair)	Cannock Chase CCG
Prof. Aliko Ahmed	Staffordshire County Council (Director of Public Health)
Frank Finlay	District Borough Council Representative (North)
Dr. David Hughes	North Staffordshire CCG
Roger Lees	District Borough Council Representative (South)
Dr. Charles Pidsley	East Staffordshire CCG
Jan Sensier	Healthwatch
Dr. Ken Deacon	NHS England (Shropshire and Staffordshire Local Area Team)
Dr. Tony Goodwin	District & Borough Council CEO Representative
Martin Samuels	Staffordshire County Council
Rita Symons	South East Staffordshire and Seisdon Peninsula CCG
Ben Adams	Staffordshire County Council (Cabinet Member for Learning and Skills)
Mike Lawrence	Staffordshire County Council (Cabinet Member for Community, Culture and Localism)
Dr. Anne-Marie Houlder	Stafford and Surrounds CCG

Apologies: CC Mike Cunningham (Chief Constable) (Staffordshire Police), Dr. John James (GP Chair) (South East Staffordshire and Seisdon Peninsula CCG) and Eric Robinson (Director of People & Deputy Chief Executive) (Staffordshire County Council (Deputy Chief Executive and Director for People))

10. Minutes of Previous Meeting

Resolved - The minutes of the meeting held on 8th August 2013 were approved subject to the removal of the following section:

“The recommendations would see the removal of: renal satellite services and minor injuries unit”

Resolved – That the notes of the meeting held on 19th September be approved.

11. Staffordshire Health and Wellbeing Strategy

Jan Sensier, CEO of Engaging Communities Staffordshire (ECS) presented the results of the engagement on the HWB strategy.

A discussion took place and the following comments were made:

- Some district councils had been more proactive than others.
- Some district councils work more closely with CCGs than others.
- Although the number of responses is disappointing, the quality of them is very good.
- There is a need to re-visit the findings with providers, to be more upfront and spell out the implications of the strategy.
- It is a shame that other organisations wouldn't work collaboratively on the consultation.
- There is a need to agree how the Board will be accountable to HealthWatch. The Board needs to allow HealthWatch to engage the help of the public to do that. They need to establish what Health and Wellbeing Board is going to do and how.
- It is possible that the low response rate was due to the large number of other consultations taking place at the same time.
- When people see that they're able to influence decisions, they'll be more willing to participate.

Resolved – That ECS will provide a report by 14th October 2013, members will have 2 weeks in which to comment. The report may then be amended by ECS and made public.

12. Addressing the Wider Determinants of Health and Wellbeing

Frank Finlay introduced the topic by stating that for many, home ownership is an aspiration but that for some, it is not possible. He also stressed that housing impacts on the health and wellbeing of people at every stage of their lives and urged the board to acknowledge that housing should be on the Health and Wellbeing Board's agenda and to select a GP practice with which to analyse housing issues and health problems in an attempt to determine how certain illnesses are affected by which housing issues over a 5 to 10 year period.

Howard Thomas (Stafford Borough Council) gave a presentation describing some of the relationships between poor housing and poor health and wellbeing and make some proposals to the Health and Wellbeing Board.

The following points were raised by Board members:

- The UK has mild winters but an excess number of winter deaths.
- In 2010 there were 25,000 winter deaths, of which 30%/40% were due to fuel poverty.
- Fuel poverty is defined as a household spending more than 10% of its income on domestic fuel.
- People vulnerable to winter death include young people with existing conditions as well as the elderly.
- Stafford and Surrounds CCG have made reducing winter deaths a priority. Their aim is to vaccinate 70% of over 65s, carers and other eligible residents.
- Poor housing is thought to be the cause of some long term conditions such as pulmonary and cardio problems as well as conditions caused through falls.

- The Health and Wellbeing Board should consider a) examining what is already available, b) campaigning to help people understand what they can do to help themselves, c) targeting the worst hit homes and signposting residents to good schemes and d) launching a pilot scheme with a GP practice to see how poor housing affects health.
- There is a need to take a long term view.
- £0.5million is currently spent by South Staffordshire Council on Disability Facilities Grants (DFGs). In the future, the Health and Wellbeing Board will be responsible for directing the spending of these grants and not local authorities.
- The Board needs to commit to a housing framework.
- The district and borough councils have already committed to leisure services and are open for business to provide more.
- There is an opportunity through collaborations to make a difference and achieve shared visions and outcomes.
- Thermal imaging should be used with caution as it doesn't show why houses aren't releasing heat.
- The link between poor housing and poor health is compelling.
- The Board should identify what's happening at the moment, what the most effective intervention is in one area and scale it up across the county.
- Good work is being done to improve housing and reduce related poor health but it is not consistent and there is no coordination.
- Home insulation is a solution that could be considered.
- If anyone is admitted to hospital from cold related problems then the Health and Wellbeing Board has failed.
- A task group should be created to see how the issues can be solved.
- Learning from each other's organisations should happen until funding is available.
- A bid is currently being prepared by the county council to improve home insulation.

Resolved – That a task group comprising Dr. Houlder, Dr. Goodwin, Cllr. Lawrence and Cllr. Finlay be established to develop a recommendation for implementing the strategy with regard to housing and bring it back to the Board as soon as possible.

13. Implications for the Health and Wellbeing Board

Martin Samuels, County Commissioner for Care, gave a presentation on the implications of the Care Bill, Families Bill and the Integration Transformation Fund (ITF) for the Health and Wellbeing Board.

A discussion took place and the following points were made:

- District councils will lose DFG funding next year so the Health and Wellbeing Board needs to prepare now for how to replace that service.
- There is a need to forget how money has been spent in the past and look at how it will be best spent as a partnership.
- A 3% cut in funding will put CCGs into a serious deficit.
- The Health and Wellbeing Board needs to establish how it will shift funding to community and preventative treatment.
- ITF is not district or borough money it is Health and Wellbeing Board money and will be a good test of whether the Health and Wellbeing Board can work.

- The district councils need to understand how they will fulfil their statutory duties if their funding is cut.
- The Health and Wellbeing Board needs to be strategic and not get bogged down in detail.
- The government will put in primary legislation to force NHS and local authorities to work together.
- Money needs to be moved from the acute sector and into prevention urgently.
- The Health and Wellbeing Board needs to redesign services and accept that there is less money.

Resolved – That the SOG be asked to produce a paper for the November meeting mapping where funding is currently spent and provide some baseline information.

14. Report on a Meeting with Staffordshire Economic Consortium (SEC)

Denise Vittorino and Robert Marshal reported that they had attended a meeting of the SEC. Strategic links were made but there is a need to ensure that the Health and Wellbeing Board strategy is reflected in many other economic strategies.

15. Forward Plan

Resolved – That the forward plan be accepted.

16. Items for Information

The following documents were provided for information:

- Health and Wellbeing Board Support Comparison
- NHS England General Medical Services Data (Staffordshire)
- Report on Local Authority roles in end of life care
- Staffordshire Fire and Rescue – Corporate Safety Plan

It was also reported that the TSA has an obligation to carry out a health impact assessment. They have to determine whether there would be a disproportionate impact on certain groups of people as a result of the TSA proposals.

Access is a big issue as 7000 people will have to travel further than previously. The majority of those affected will have an increase in travel time of 10/15 minutes.

The report will be made public on 23rd October 2013.

17. Questions from the public

There were no questions on this occasion.

Chairman