

Minutes of the Health and Wellbeing Board Meeting held on 13 June 2013

Attendance:

Robert Marshall (Chair)	Staffordshire County Council
Dr. Johnny McMahon	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
Dr. John James	South East Staffordshire and Seisdon Peninsula CCG
Roger Lees	District Borough Council Representative (South)
Dr. Charles Pidsley	East Staffordshire CCG
Eric Robinson	Staffordshire County Council (Deputy Chief Executive and Director for People)
Jan Sensier	Healthwatch
Dr. Margaret Jones	Stafford and Surrounds CCG
Ben Adams	Staffordshire County Council
Mike Lawrence	Staffordshire County Council
Dawn Wickham	NHS England (For Ken Deacon)

Also in attendance: Denise Vittorino, Duncan Whitehouse, Debra Bate

Apologies: Dr. Ken Deacon (NHS England) and Dr. Tony Goodwin (Chief Executive) (Tamworth District Council)

1. Welcome and Introductions

The Chairman welcomed all those present to the first formal meeting of the Staffordshire Health and Wellbeing Board and invited all members of the board to briefly introduce themselves, their roles and what they hope to achieve during their time on the Board.

The Chairman explained the procedure for handling questions from members of the public.

2. Apologies

RESOLVED – that apologies be received and accepted from Dr. Ken Deacon who was substituted by Dawn Wickham and from Dr. Anthony Goodwin.

Dr. David Hughes gave apologies in advance for having to leave the room for a brief spell during the meeting.

3. Declarations of Interest

Jan Sensier declared an interest in the Service Level Agreement (SLA) between Staffordshire County Council and Engaging Communities Staffordshire (ECS) to deliver the project management of the engagement and consultation strategy. The Democracy Manager explained that as the decision to award the contract had already been made, there was no prejudice.

4. Background to the Statutory Role, Purpose and Principles of the Health and Wellbeing Board

The Chairman gave a resume of why the Health and Wellbeing Board has been created and what its role is. He explained that the Board exists to improve the wellbeing and physical health of Staffordshire residents and comprises representation from a wide range of organisations. The Chairman went on to explain that the Health and Social Care Act 2012 placed a duty on the Local Authority to establish a Health and Wellbeing Board and that the Board have already carried out a Joint Strategic Needs Assessment which has led to the production of a draft strategy on which the public will now have the opportunity to input into through an engagement exercise. The Chairman stressed that the strategy is ambitious and radical and seeks to shift resources from treatment to prevention and early intervention. He explained that there are difficult decisions ahead and the board members need to stand together and take joint accountability for those decisions.

Members of the Board were invited to comment.

5. Minutes of Previous Meeting

RESOLVED – that the Minutes of the Meeting held on 18th April 2013 be accepted as a true record and that they be signed by the Chairman at the end of the meeting.

6. Matters Arising from the Minutes of the Previous Meeting

27 c - The Board discussed support, the possible role of a Secretariat and how it might link in to the Senior Officers Group.

RESOLVED – that a support structure needs to be agreed.

28 - The re-naming of the Suicide Prevention Plan should have been inserted into the Forward Plan with the correct date.

RESOLVED – that the Forward Plan be amended so that the “Suicide Prevention Strategy and Mental Health” be considered on 12th December 2013.

7. Official Launch of Staffordshire Health and Wellbeing Strategy

The Chairman presented the Staffordshire Health and Wellbeing Board Strategy and explained that it sets out how the Health and Wellbeing Board would like to see healthcare delivered in Staffordshire over the next 5 years. He went on to state that it focuses on prevention and support in the community and that the wellbeing aspect will be influenced by education, employment and exposure to crime, therefore a partnership approach is the right one.

Martin Samuels, Commissioner for Care, explained the role of the Senior Officers Group and how the traditional health provision model was reactive and dealt with problems as they arose which led to poor outcomes, expensive care and poor experiences. He explained that the new strategy is proactive focusing on preventative care to prevent crises, help people to experience a good quality of life, good health care experiences and a less expensive care system.

The changing demographics and their effect on the financial state of public healthcare was explained. It was revealed that by 2018/19 the same level of healthcare will require an additional £200 million of funding and is unsustainable.

The three priorities were revealed as Parenting, Alcohol and Frail Elderly. The three enablers were also revealed as the Commissioner, Voice of the Public and Integrated Funding.

Comments were invited from Board members and provided as follows:

- 18 months have been spent developing the strategy and mutual interdependence is vital.
- The aim of the 12 week consultation is to shape the delivery of the strategy and not alter the strategy’s priorities, in line with guidance from the Department of Health. The brand “Conversation Staffordshire” was chosen for the engagement as it reflects the desired tone. The Trust Special Administrator (TSA) will also be consulting with the public (later than expected) and it is important to avoid confusing the public, especially as other plans (Police and Crime Commissioner and Fire & Rescue Strategy) are also being consulted on at the same time. ECS are looking at how engagement can be combined. It is hoped that the 12 weeks will allow for the summer holidays and all areas of the county will be targeted. Engagements are related to the use of resources, how to measure the success of the strategy and personal and community responsibilities. ECS will use events that are already planned, YouTube, social media, a website, CCGs local knowledge and existing events that are being held at district and borough level. It has been decided that engagement shall be carried out in Stafford and Cannock first to avoid confusion with the TSA’s consultation.
- The grassroots approach is the right one. There is a genuine desire to gain input from the public.

- Once the key local feedback has been obtained, there will be a county-wide event followed by presentation of the final strategy in September which should inform commissioning decisions.

8. Strategic Priority: Reducing the Harm Caused by Alcohol Misuse

The Director for Public Health explained that a sub-committee of the Shadow Board had worked on measures to address alcohol and drugs and introduced Tony Bullock, Commissioning Lead for Alcohol, Drugs, Smoking and Mental Well-being and Pat Merrick, County Commissioner for Community Safety who presented a summary of work carried out so far.

Members were asked to: Endorse the strategy, comment on the strategy, support the implementation of the strategy and explore opportunities or additional investment.

Members were invited to ask questions and make comments:

- It is important to balance putting pressure on people to change their lifestyle and helping people to make informed decisions. There is material provided to schools but very little to homes.
- The anticipated returns from commissioning must be looked at as there is a need to establish that commissioning has worked in order to attract investment into new commissioning of services.
- How £1 investment in prevention saves £5 of treatment was queried as was some of the data given in the presentation.
- A lack of control over the supply of alcohol, the amount of cut-price alcohol and the amount of illegally sold alcohol was discussed as was the involvement of licensing authorities and education.
- There are many complex issues involved which are difficult to assess. It is right to ask the public if they feel that this is the right way forward.
- Behaviour towards alcohol could become similar to the behaviour that the public show towards the impact of smoking.
- Although one measure is to see the impact on alcohol related hospital admissions it would be useful to look at sub indicators such as attendance at A&E and liver damage admissions as well as police data.
- It will be important to look at qualitative as well as quantitative indicators.
- Minimum pricing of alcohol is not likely to happen for at least 5 years. It may be more appropriate to introduce a voluntary agreement for retailers, such as has been implemented in East Anglia.
- Work is continuing with districts to encourage a united approach with regards to licensing and enforcement. Licences can only be refused if 4 objectives are not met and evidence is needed in order to refuse or withdraw a licence. Detailed data is available and could be shared with licensing authorities if they fully engage.
- There is a need to ask people who have received treatment about their experience.
- Increased investment in preventative care from North Staffordshire CCG has resulted in reduced hospital admissions (£450,000 on top of £650,000).

- Central Government should be approached for additional resources and existing resources need to be redirected. The alcohol industry could be asked to take some responsibility and provide some finance via the Local Permissions Board.
- New types of indicators need to be used, data needs to be collected (although behavioural data is difficult to collect). Data on A&E attendance and other hospital admissions would be useful. It may be difficult to measure as long term conditions originate from alcohol and drug abuse (such as blood pressure, strokes, breast cancer etc...) not just short term conditions.

RESOLVED – that the Health and Wellbeing Board endorses the prioritisation of addressing alcohol and drug issues.

- that the Health and Wellbeing Board supports the on-going work to tackle alcohol and drug issues.
- that the Health and Wellbeing Board agrees that partners continue to explore innovative solutions to address the impact of drugs and alcohol.

9. Questions from the Public

What is the process for joint decision making with Stoke Health and Wellbeing Board?

The Staffordshire Health and Wellbeing Board is conscious that it needs to develop a relationship with the Stoke Health and Wellbeing Board. The Co-Chairs have written to the Stoke Health and Wellbeing Board to ask to begin the dialogue between the two Boards. HealthWatch are linking in with Stoke Health and Wellbeing Board.

Why is there a delay with the TSA?

The TSA has realised that their recommendations will have implications for the whole of Staffordshire's health economy and not just Mid-Staffordshire. The TSA is aware of the need to engage with public outside of mid-Staffordshire.

10. Forward Plan

The Chair presented the proposed Forward Plan.

RESOLVED – that the Forward plan be approved with Housing as the main focus for the October meeting and the TSA attending the August meeting.

11. Date of next meeting

RESOLVED – that a workshop take place on 11th July 2013 at County Buildings, Stafford and that the public meetings will move around the county so that the Health and Wellbeing Board is more accessible to the public.

Chairman