

Minutes of the Health and Wellbeing Board Meeting held on 13 February 2014

Attendance:

Dr. Johnny McMahon (In the Chair)	Cannock Chase CCG
Robert Marshall	Staffordshire County Council (Cabinet Member for Health and Wellbeing)
CC Mike Cunningham	Staffordshire Police
Prof. Aliko Ahmed	Staffordshire County Council (Director of Public Health)
Dr. Tony Goodwin	District & Borough Council CEO Representative
Dr. David Hughes	North Staffordshire CCG
Dr. John James	South East Staffordshire and Seisdon Peninsula CCG
Mike Lawrence	Staffordshire County Council (Cabinet Member for Community, Culture and Localism)
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)
Alan White	Staffordshire County Council (Cabinet Member for Care)
Andy Donald (In place of Dr. Anne-Marie Houlder)	Stafford and Surrounds CCG
Gareth Jones (In place of Frank Finlay)	District/Borough Council Representative (North)
Martin Samuels (In place of Eric Robinson)	Staffordshire County Council

Also in attendance:

Rita Symons	South East Staffordshire and Seisdon Penninsula CCG
Denise Vittorino	Staffordshire County Council
Carnell	Staffordshire Safeguarding Children Board

Apologies: Frank Finlay (District Borough Council Representative (North)), Dr. Anne-Marie Houlder (Stafford and Surrounds CCG) and Eric Robinson (Staffordshire County Council (Deputy Chief Executive and Director for People))

26. Declarations of Interest

Attendee	Minute Number	Type of Interest	Reason
Johnny McMahon (Co-Chair)	30	Personal	He has a relative who works for a Mental Health trust.

27. Minutes of Previous Meeting

RESOLVED – That the minutes of the meeting held on 12 December 2013 by confirmed and signed by the Chairman.

28. Annual Report - Staffordshire Safeguarding Children's Board

The Board were given a presentation by Jackie Carnell, Independent Chair of the Staffordshire Safeguarding Children's Board (SSCB). Key points from the presentation and discussion included:-

- Safeguarding Children's Boards had been established under the 2004 Children's Act to coordinate work to safeguard the welfare of children and evaluate its effectiveness.
- The legislation gave the County Council the responsibility to establish the SSCB and there was also a board in Stoke-on-Trent. Linkages between the two boards were recognised to the extent that they had a single chair.
- Government Guidance recommended that the SSCB should be independently chaired. More recent guidance had also encouraged the linkage with the Health and Wellbeing Board.
- The Annual report and business plan highlighted a number of key priorities for the SSCB's work; including improving communications and engagement with other relevant bodies and embedding effectiveness in safeguarding training and development across constituent bodies. There would be a particular focus on work with children at risk of harm from child sexual exploitation and domestic violence.
- Key messages for commissioners from the SSCB included ensuring that needs assessment took account of Children and Young People and the importance of embedding effective approaches to safeguarding in day to day practice.
- Board Members queried how the SSCB could effectively interface with the Board to both challenge and support their work. Jackie Carnell referred to the role of SSCB as a 'critical friend' that could support the Board's role in ensuring safeguarding and children and young people's roles were embedded when setting overall direction.
- In response to a question, Jackie Carnell suggested that the assessment of children and young people's needs in the Joint Strategic Needs Assessment was vital and that recent iterations had seen improved recognition of this.
- The potential role of Healthwatch in feeding into the board was highlighted, particularly in relation to their role with children in care. Jackie Carnell referred to the role of lay members on the SSCB and suggested that there could be an opportunity for Healthwatch to provide an effective network to support their work.
- It was noted that the Board could play a key role in ensuring that safeguarding was effectively embedded in commissioning plans and activity and that the SSCB could provide support for this.
- Board Members commented on the value of integrating soft intelligence into safeguarding practice, highlighting potential issues with commissioning decisions such as moving health visitors away from general practice losing some of these benefits. Jackie Carnell referred to the importance of clear communication across agencies as a consistent message from Serious Case Reviews and referred to the benefits of multi agency co-location as a result.

The Board was asked to consider signing up to a draft protocol for working across the Children's Strategic Partnership, SSCB and the Health and Wellbeing Board that was appended to the summary of the annual report.

RESOLVED – That

- 1) The Health and Wellbeing Board sign up to the protocol with Staffordshire Children's Strategic Partnership and the Staffordshire Safeguarding Children Board.
- 2) The presentation and annual report be noted.

29. Better Care Fund Proposal

The Board considered the report from the Senior Officer Group asking the Board to approve the draft Better Care Fund (BCF) submission, which was tabled at the meeting.

The report was introduced by Rita Symons and key points from the report and discussion included:-

- Joint work had been undertaken to develop the submission which was in three parts; a narrative, finance template and set of locally agreed outcomes. These reflected priorities outlined in the Health and Wellbeing Strategy.
- The initial proposal needed to be submitted by 14 February 2014 and the plan would be subject to further review before a further submission in April 2014.
- Details were still emerging of how the assessment processes by the regional team of NHS England would operate. Martin Samuels advised that this would include an assessment by Directors of Adult Social Care to ensure clear integration. Rita Symons also advised that original proposals to hold back funding if targets were not achieved had been withdrawn.
- The BCF was a national fund of which Staffordshire's share was £56 million and the submission gave details of how this would be managed. It was noted that the Board had wider ambitions around integrated commissioning and the BCF was only one strand of this work.
- District representatives welcomed the involvement they had been able to have in the development of the process and highlighted that there would be other comments as the submission moved through the formal processes. Rita Symons highlighted the fact that the next stage of the project plan clearly recognised this.
- The role of the BCF as a catalyst for the wider ambitions in the Health and Wellbeing Strategy were recognised, it was noted that there would be further opportunities to address issues such as how it addressed wider determinants of health.
- It was noted that the initial submission was a first iteration and that there would be further opportunities to comment, including suggestions to clarify the level of involvement in individual areas and specific financial elements and for the engagement of providers.

RESOLVED – That

- 1) The Better Care fund narrative be approved as a first draft for submission.
- 2) The suggested priority outcomes be approved.
- 3) It be noted that the financial submission meets minimum requirements and has been signed off by relevant finance leads in organisations.

30. Mental Health Strategy for Staffordshire

The Board were given a presentation by Alan White and Mike Cunningham on the development of a mental health strategy for the County. Key points from the presentation and discussion included:-

- Mental health was an area that required resources across the public sector, with a range of impacts across the priority areas and outcomes from the Health and Wellbeing Strategy.
- In order to move to more positive outcomes, services needed to be closer to individuals' homes, involve them more and link together more effectively to be more responsive.
- Issues with dealing with people with mental health were a particular concern for operational police officers. Examples were given of individuals being taken into police custody for their own safety as there was no alternative provision available. As Police officers were not trained mental health professionals they were unable to meet these individuals' needs.
- Details were given on priorities for future development through an integrated strategy across agencies. These priorities were ambitious and linked into the wider health and wellbeing strategy.
- Board Members highlighted the importance of addressing the issues identified around crisis interventions, particularly as failures in this area could lead to wider consequences. It was noted that the ambulance service also experienced similar issues to the police, principally around taking some individuals to identified provision.
- It was suggested that the strategy should focus on addressing causes of issues to prevent as well as deal with crises. Board Members highlighted the importance of work to support early intervention through linkages to associated services, including appropriate co-location.
- Clarity was requested on the extent of issues with detention under the mental health act and Mike Cunningham confirmed that numbers were falling in some areas of the County and rising in others. Work was underway to identify why this was the case.
- Other developments and initiatives, particularly around policing and mental health were acknowledged and the Board noted the opportunity for organisations to work collaboratively on this issue on a wider basis, including in Stoke-on-Trent through a shared strategy, with the Board providing overarching leadership and management to focus on key priorities.

RESOLVED – That clear proposals for a mental health strategy for Staffordshire be considered at the April Board meeting.

31. Improving Health and Wellbeing at a local level

The Board were advised that Tony Goodwin had been asked by the Co-Chairs to undertake a piece of work on a task and finish basis to support the delivery of the Health and Wellbeing Strategy at a local level. He confirmed that he had the support of his District and Borough Chief Executive colleagues in undertaking this work that included clarifying both role of both the local authorities and wider district and locality partnerships in delivering health and wellbeing improvement. It was expected that this work would take around two months to complete. The Board thanked Tony for agreeing to take the work on and highlighted the importance of involving the public in the process.

RESOLVED – That the planned work on improving health and wellbeing at a local level be noted.

32. TSA Recommendations

The Board were given a presentation by Andy Donald on the Recommendations of the Trust Special Administrators (TSA) for Mid Staffordshire NHS Foundation Trust. Key points from the presentation and discussion included:-

- Key positives from the recommendations included the retention of the majority of patient contact at Cannock and Stafford hospitals and considerable investment against a national backdrop of savings having to be made in the NHS.
- The investment provided a key opportunity to transform services to achieve the priorities in the Health and Wellbeing Strategy.
- There had been significant public concern in relation to the recommendations for Stafford, in particular the proposal around maternity services. Work was underway with the National Childbirth Trust to develop a sustainable model for future services. Other concerns included the removal of the current unique in-patient paediatric service and the 14/7 Consultant led Accident and Emergency provision.
- Proposals for Cannock related to intermediate care and elective in patient provision. Whilst these were broadly welcomed, the CCG were still in discussions about how these services met the needs of residents.
- It was noted that the proposals set out a model for commissioning and detailed discussions were still required before implementation. Sign off was due from the Secretary of State by 26 February 2014.
- Specific issues raised by the CCGs in relation to the original recommendations related to financial issues had been addressed. These ensured that transitional costs would be met and the CCGs would not be left with debt. The proposals did still leave a projected gap in the service budgets of around £14.9 million, as opposed to the current projected £40 million gap.
- Next steps included the development of Memoranda of understanding with the new trusts operating the services and the development of specific clinical delivery plans.
- It was noted that the CCGs were under an obligation to implement the TSA recommendations; the board could support them in taking the opportunity to use them as a framework to achieve the wider aims of the Health and Wellbeing Strategy were effectively embedded.
- Board Members commented on the wider work being undertaken on the acute health sector in Staffordshire, including the recent announcement of Staffordshire as a distressed area to receive national support. The role of the Board in shaping this work was highlighted and it was suggested that the Co-Chairs should write to the NHS England Regional team to suggest how they should be involved.

RESOLVED – That

- 1) The Co-Chairs write to the NHS England Regional Team to suggest that the Health and Wellbeing Board play a key role in wider work on acute services in the County.
- 2) The presentation be noted.

33. Establishment of Integrated Commissioning Executive Group to replace the Senior Officers Group

The Board considered a report from the Senior Officer Group (SOG), which proposed combining the work of the group with that of the Joint Commissioning Executive (JCE).

The report was introduced by Martin Samuels and key points from the report and discussion included:-

- The key role of SOG in supporting the Board in the delivery of the Health and Wellbeing Strategy was highlighted. In practice this meant that its membership and workload overlapped with the current JCE set up around the historic joint commissioning unit and it was proposed that the two groups merged to become the Integrated Commissioning Executive Group (ICEG).
- Draft terms of reference for ICEG were appended to the report and Martin Samuels tabled amendments following a discussion at SOG. These included the addition of an additional district representative and acknowledgment of the linkages with Stoke-on-Trent through inviting representatives to attend.
- Board Members queried whether there should be clinical representation on the group and agreed that the representation at Board level was currently sufficient but this should be kept under review.

RESOLVED – That

- 1) The proposal to combine the Senior Officer Group and Joint Commissioning Executive to form the Integrated Commissioning Executive Group be approved.
- 2) The terms of reference for the Integrated Commissioning Executive Group as tabled at the meeting be approved.
- 3) The Board keep the membership of the group under regular review.

34. Questions From The Public

The Board invited the members of the public present to ask any questions. Mr Ian Syme asked the Board how, given its strategic oversight role, members would ensure they remained in touch with frontline delivery. Board Members highlighted the fact that CCG representatives had direct clinical roles and Elected Member representatives provided democratic accountability. In a supplementary question Mr Syme stressed the importance of the Board maintaining clear oversight of frontline delivery through effective performance management, and asked how this would be achieved. In response Board Members highlighted how district representation provided clear linkages on the ground and highlighted how the professional representation on the board brought organisations together to hold each other to account. Finally, the key role of healthwatch in highlighting public views through clear engagement was emphasised as the board continued to develop these mechanisms.

Manir Hussain, Chair of the local Pharmacy network asked how local professional networks could engage and contribute to the board's plans. Board Members highlighted specific involvement mechanisms around ongoing work on mental health and through the Joint Strategic Needs Assessment. In response to a supplementary question about how the networks could engage proactively, it was suggested that contact should be made through ICEG and the commissioning organisations on specific work.

The Board also received a written question from Mr Syd Bill which highlighted work in an area of Burton-upon-Trent to deal with the impact of loneliness and asked how the health and wellbeing board proposed to address the impact of loneliness on the health and wellbeing of vulnerable people. The Board agreed to provide Mr Bill with a written response to his question.

35. Items For Information

The Board received items for information on the Autism Self Assessment, Integrated Commissioning and an update on the Children and Young People's Partnership.

The item on Integrated Commissioning included a summary of the discussion at the January workshop and details of the proposed approach to integrated commissioning that was in the process of formal ratification through governance processes in the constituent organisations.

AGREED – That the items for information be noted and ratified as applicable.

36. Forward Plan

The Board considered the forward plan for public meetings. It was noted that from April, the Board would move to quarterly public meetings. Items agreed for future agendas included the mental health strategy, an update on the Joint Strategic Needs Assessment and discussion of Clinical Commissioning Group commissioning plans.

AGREED – That the Work Programme be noted and approved.

Chairman