

## Minutes of the Health and Wellbeing Board Meeting held on 8 January 2015

Present:

Alan White (Co-Chair)  
Prof. Aliko Ahmed  
Dr. John James  
Mike Lawrence  
Roger Lees

Eric Robinson  
DCC Jane Sawyers  
Jan Sensier  
Dr Mark Shapley  
Andy Donald (Substitute)

**Also in attendance:** Chris Weiner, Andy Burns, Paula Furnival and Amanda Stringer

**Apologies:** Dr. Johnny McMahon, Dr. Ken Deacon, Frank Finlay, Dr. Tony Goodwin, Dr. Anne-Marie Houlder, Dr. Charles Pidsley, Stephen Brown, Tony Bruce, Rita Symons and Marcus Warnes

### PART ONE

#### 1. Declarations of Interest

There were none on this occasion.

##### a) Minutes of Previous Meeting

Jan Sensier identified outstanding actions in paragraph 61. It was agreed that these would be progressed.

RESOLVED – that;

- The minutes of the meeting held on the 9 October 2014 be confirmed and signed by the Chairman.
- The outcomes of national research in terms of NHS complaints to be presented at a future meeting.
- Progress is made regarding publicising Healthwatch in GP surgeries.

#### 2. Questions from the public (15 minutes)

The following question was submitted:

“In light of the current difficulties experienced by local A & Es, does the Board understand the significant support informal family carers provide to those who are unable to care for themselves in preventing admissions to hospital, supporting discharge and future care in the community? If so, what impact does the Board feel will be the consequences of a 20% reduction in the funding available to carers to take a break from April 2015 onwards?”

In the discussion that followed:

- Board Members acknowledged the important role that carers have to play in the system in reducing Accident and Emergency admissions and enabling people to choose to stay at home.

- The importance of encouraging carers to help maintain their own health and to inform GPs that they are carers was referred to.
- It was suggested that the Board look at the role of carers as a collective rather than individual.
- The importance of preventing people needing to go to hospital in the first place and enabling swift discharge from hospital was referred to and the Board's role in influencing a shift to the left to keep people safe and at home.

RESOLVED: That –

- A formal written response to the question would be provided which would address the consequences of a 20% reduction in the funding available to carers to take a break.

### **3. Board Proposals (45 minutes)**

Paula Furnival, Programme Director for the Board provided a summary of the discussions around the purpose of the Board. The overwhelming view was that the Board was in the right place to be the system leader for prevention, focussing on the whole population and influencing strategy and commissioning intentions to fit in with the Living Well Strategy. The Board will need to work across partnerships in Staffordshire, acting as the system leader for prevention. The Board Intelligence Group will be considering how to measure the impact on outcomes. People should be able to expect to receive the right level of support at the right time and services should be joined up. People should be as empowered as possible. The Board is interested in two key measures of success: the shifting of resources across the whole economy from high cost acute services to earlier intervention, prevention and universal support and, what the public tell the Board about their experiences with people having the confidence to manage their own lives with as little intervention as possible.

Key points in the discussion included;

- The importance of making sure that the Board's work programme is aligned with other areas and that all have a common work stream.
- The suggestion that there should be more consideration of the Board's role in holding others to account.
- That the prevention agenda is bigger than people realise. A lot of money is spent on encouraging people to be fit and live healthy lives. District Councils play a huge role in this.
- There is sufficient resource in the system but what is needed is better integration so that money can be spent more wisely.
- There needs to be a common understanding of what prevention is as all do this differently.
- There needs to be early intervention for those on the cusp of ill health.
- That the Board's role includes influencing co-commissioning and there are clear opportunities for this.
- That early intervention can be delivered in different ways. There needs to be an outcomes based approach to commissioning with providers.
- There is a need to do things that work on a bigger scale, across the county.

- There is a need for greater engagement of the Board with the Department for Work and Pensions.
- There has been progress in the Districts. Public Health now funds for example activities rather than obesity treatments.

RESOLVED – that:

- The Board affirmed its purpose as prevention, achieved by greater integration and the increased empowerment of people. This will be achieved through the closer working of all elements of the health and care system, and with districts/boroughs, police, fire, voluntary, community sectors to create the connectivity between where people end up being supported (e.g. hospital) and where they could be supported (at home, in a community setting).
- That the details of the work programme be designed over the coming weeks and outline what specific elements would contribute to an effective preventative approach.
- That the integrated commissioning workstream (of which there are eight) and the locality working programme be mapped for their ability to contribute to the prevention agenda.
- The Board affirms the work of the Intelligence Group to create a framework of measures of success which incorporate two fundamental elements: the shift in spend towards prevention, and the understanding of the experience of local people in being effectively supported to maximise their independence and control over their lives.

#### **4. Locality Based Delivery Update (30 minutes)**

Amanda Stringer, Programme Manager, Health and Wellbeing Board, introduced the report which provided an update for each locality setting out how the locality commissioning approach would be developed through to April 2015. A Strategic Locality Leads group has been established including representatives from all eight district and borough Councils in Staffordshire.

In the discussion that followed:

- It was acknowledged that the work of the Task and Finish Group had been challenging and Tony Goodwin was thanked for the progress made.
- It was acknowledged that money was going to District and Borough Councils for locality based commissioning and that this was probably the best way to discharge activities in the future.
- It was commented that although funding had gone to District and Borough Councils how to develop this further needed to be considered. There needed to be a degree of confidence about the way forward so that expertise and capacity could be built up to develop the work.
- There was need to reference the work undertaken in relation to the Better Care Fund in the report.
- It was commented that two Districts had not referred to the value of their commissioning prospectus however it was acknowledged that each District was doing things differently and there were different bodies putting money in.

RESOLVED: that-

- The closure of the task and finish group be approved and the role of the Strategic Locality Leads group moving forward noted.
- That each of the integrated commissioning themes consider the interface with localities and use the Strategic Locality Leads to initiate this conversation.

## **5. Chairs Update (10 minutes)**

Alan White introduced the policy overview paper. He referred to the possible impact of the general election and asked for feedback from Board Members on the implications.

In the discussion it was commented that;

- The NHS had been re-arranged after every general election. Any changes would take time to implement. There was a focus on integration.
- The election could affect the Police more than ever before with the future of Police and Crime Commissioners in question.
- Patients would remain the same even if there was any change to the NHS infrastructure.
- There are also District and Borough Council elections in 2015.
- Progress was queried regarding the publication of the KPMG report and it was confirmed that an NHS England Composite was published on the 19 December 2014. It was commented that the Health and Wellbeing Board should be accountable to the public and needed to explain what it was doing and why. It was suggested that the Board should write and request that the report be published as work was already being undertaken which took into account the KPMG recommendations. It was commented that the report was never intended to be published and had been produced by Monitor and NHS England for their own purposes. Things had moved on and if it was published now it could prove unhelpful.

RESOLVED: that –

- The Board support Jan Sensier to write to NHS England on behalf of Healthwatch regarding the KPMG report.
- The implications of the recommendations within the KPMG report be taken into account in the Board's work programme planning.

## **6. Forward Plan (5 minutes)**

Paula Furnival confirmed that the next meeting of the Board would need to be in public to consider the Pharmaceutical Needs Assessment, a private session may also be required.

Reference was made to the difficulties being experienced in parking in the centre of Stafford with queries raised regarding the possible use of alternative venues.

RESOLVED: that-

- A report on the national research in terms of NHS complaints be presented at a future meeting.
- That prevention would be the focus of the Board's work programme.
- There needed to be alignment with the Living Well Strategy.

## **7. Annual Report of the Staffordshire Safeguarding Children's Board**

This item was for information only.

Resolved – that:

- The Board note the content of the report.
- A letter of thanks be sent to Jackie Carnell, Independent Chair of the Board before she steps down from the role, and her team.

## **8. Exclusion of the Public**

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

## **9. Better Care Fund (50 minutes) (exemption paragraph 3)**

**Chairman**

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Documents referred to in these minutes as Schedules are not appended, but will be attached to the signed copy of the Minutes of the meeting. Copies, or specific information contained in them, may be available on request.