

Minutes of the Health and Wellbeing Board Meeting held on 21 May 2015

Attendance:

Dr. Johnny McMahon	Cannock Chase CCG
Alan White	Staffordshire County Council (Cabinet Member for Health, Care and Wellbeing)
Ben Adams	Staffordshire County Council (Cabinet Member for Learning and Skills)
Prof. Aliko Ahmed	Staffordshire County Council (Director of Public Health)
Frank Finlay	District Borough Council Representative (North)
Dr. John James	South East Staffordshire and Seisdon Peninsula CCG
Mike Lawrence	Staffordshire County Council (Cabinet Member for Children and Community Safety)
Dr. Charles Pidsley	East Staffordshire CCG
Jan Sensier	Healthwatch
Andy Donald	Stafford and Surrounds CCG
Helen Riley	Staffordshire County Council (Director for People and Deputy Chief Executive)

Also in attendance: Crispin Atkinson (South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group), Paula Furnival, John Henderson, Dean Stevens (Staffordshire Fire and Rescue), Amanda Stringer, Chris Weiner and Duncan Whitehouse

Apologies: Dr. Ken Deacon (NHS England), Dr. Tony Goodwin (District & Borough Council CEO Representative), Dr. Anne-Marie Houlder (Chair of Governing Body Stafford and Surrounds CCG), Roger Lees (District Borough Council Representative (South)), CC Jane Sawyers (Staffordshire Police) and Baker (Temporary Deputy Chief Constable) (Staffordshire Police)

79. Declarations of Interest

There were no declarations of interest on this occasion.

a) Minutes of Previous Meeting held on the 12 February 2015

RESOLVED – that the minutes of the meeting held on the 12 February 2015 be confirmed and signed by the Chairman.

80. Questions from the public

Garry Jones, Support Staffordshire, referred to the critical role of voluntary and community services in the future and current provision of health and wellbeing services in Staffordshire. He queried where the voluntary sector was represented on the Board and how the sector could look to ensure that its role is fully integrated into the work that the Board plans to do and the difference that it is making.

Key points made were that;

- Representation on the Board could not include all, however the engagement of the voluntary sector was included in the Board's priorities.
- Individual representatives on the Board had connections with voluntary organisations and communicate with them on a regular basis.
- Healthwatch was a member of the voluntary and community organisation and the Healthwatch representative on the Board aimed to be the spokesperson for the sector, not however a formal representative of the voluntary sector on the Board.
- Healthwatch would welcome a voluntary and community sector representative on the Board.
- It was confirmed that Support Staffordshire welcomed the ongoing dialogue with Board Members.

81. Membership and Terms of Reference of the Health and Wellbeing Board

Duncan Whitehouse, Democracy Manager, introduced the report on the membership and terms of reference of the Board. Dean Stevens, Director of Prevent and Protect, Staffordshire Fire and Rescue Service left the meeting for this item as the Board was to discuss the possible appointment of a representative from Staffordshire Fire and Rescue Service on the Board. It was highlighted that Helen Riley had now replaced Eric Robinson as the Director of Adult Social Services and Director of Children's representative on the Board. Forthcoming changes to CCG representation were also referred to, in particular the forthcoming retirement of the Co-Chair of the Board, Dr Johnny McMahon from his Clinical Commissioning Group role which had resulted in Dr Charles Pidsley being agreed as the new Co-Chair.

In the discussion that followed;

- Clarification was sought on the membership of NHS England on the Board and it was confirmed that changes at NHS England had resulted in the Board's representative working more regionally, however a new local area director was due to be appointed in July.
- It would be helpful if additional information could be included in the terms of reference to provide a clearer timetable of when the Board would need to complete certain tasks, however it was later clarified that the work of the Intelligence Hub would assist in providing this information.
- It was commented that there was a lack of reference to the leadership role of the Board in the terms of reference.
- It was felt that some aspects of the Board's work had not had sufficient focus, for example continuous improvement in quality, and that it was important for the Board to reflect on its role and ensure that it was achieving this.

- It was identified that analysis of patient experience was not set out in the Board's remit and that it was an extremely complex system with no one place for health and social care complaints to be considered. Healthwatch was working to get agreement for some peer review.

Resolved that:

- The Board approve the appointment of a representative of the Staffordshire Fire and Rescue Service to sit as a full voting member on the Board.
- The Board note the changes to existing membership of the Board, welcoming Helen Riley as a statutory member of the Board as the Director for Adult Social Services.
- That the Board note the stepping down of Dr. Johnny McMahon from his Clinical Commissioning Group role and the appointment of Dr. Charles Pidsley as the new Co-Chair.
- That changes would be made to the existing Terms of Reference, taking into consideration comments made regarding the timing of Board activity and that the revised draft terms of reference would be sent to Board Members for approval.
- A note of thanks to be recorded for Dr Johnny McMahon's work as Co-Chair of the Board from the Clinical Commissioning Groups and the Board as whole.

82. Health and Wellbeing Board Annual Report and Plan for 2015/16

Paula Furnival, Board Programme Director, introduced the Board's annual report, highlighting the developments in relationships between partners and other progress made over the past twelve months, in particular, the approval of the Better Care Fund, the completion of a diagnostic of the Board, the implementation of integrated commissioning arrangements, the establishment of the Localities Programme and eight partnerships to enable local delivery, the creation of an Intelligence Hub to ensure alignment of commissioning plans with the Board's priorities, the completion of the Pharmaceutical Needs Assessment and review of the Joint Strategic Needs Assessment, progress in communications, a review of governance arrangements and the development of the Board's key focus, prevention and early intervention.

In the conversation that followed, Board Members raised the following points;

- The annual report lacked information on improved outcomes and the measurable outcomes that the Board was trying to achieve however it was clarified that previously individual organisations had been tackling issues separately and work was ongoing to develop shared outcomes. The Intelligence Hub would be taking forward this work.
- It was commented that the draft Forward Plan did not clearly demonstrate the Board's role in taking forward the wider system of change needed across Staffordshire and Stoke on Trent.
- The role of the Joint Transformation Board and the Commissioning Congress was referred to. The Health and Wellbeing Board's role was to ensure that commissioning plans align. It was confirmed that the Commissioners would report back to NHS England but that a paper on governance would be going to the Clinical Commissioning Groups and it may be appropriate for this to be shared with the Health and Wellbeing Board also.

- It was queried how the Board could have oversight of the work of the Joint Transformation Board why this was not on the Board's Work Programme. It was confirmed that this work would be included in the commissioning intentions of individual organisations and would be considered by the Board. It was later commented that the Board's role was to provide direction and oversight and to influence the overall strategy rather than hold individual organisations to account as this is done elsewhere.
- It was confirmed that priorities of the Board would be highlighted through the Annual Reports of the Clinical Commissioning Groups.
- Concerns were raised that the Board's Annual Report could be confusing for the public.
- A lack of public engagement with the commissioning congress was referred to and concerns that the patient's voice continued to not be represented, however it was clarified that Clinical Commissioning Groups have to ensure public consultation and that the ethos was for the public to be part of the co-production and design of work streams.

It was resolved that;

- The Board note the Health and Wellbeing Board's Annual report 2014/15.
- The Board approve the programme of work programme for 2015/16.

83. The Annual Report of the Director of Public Health for Staffordshire 2014/15

Professor Aliko Ahmed, Director of Public Health introduced colleagues Denise Vittorino, Strategic Lead for Health and Wellbeing Development and Leo Capernaros, Health and Development Officer, who introduced the Annual report of the Director of Public Health which focussed on Healthy Ageing in Staffordshire: Adding Life to Years and Years to Life. It was commented that the report wished to celebrate ageing and longevity, recognising that Staffordshire reflects the global trend of having an ageing population. Key messages in the report are around sustainability and communities, recognising the economic contribution that older people make. It was anticipated that the report would provide a practical framework for action, with continuing engagement with communities, a shift in focus to those who are currently fit and well and could act as an enabler. There were number of recommendations in the report that would drive things forward. It was broader than looking at the frail elderly but focussed on the areas in which people live. Age UK had supported the development of the report and saw the report as an enabler.

In the discussion that followed it was;

- Confirmed that the report had been adopted by Staffordshire County Council.
- Commented that it may have been helpful for the report to have focussed more on the individual's responsibility, recognising that people have rights and responsibilities,
- Welcomed as a potentially helpful tool for District and Borough Councils when considering large housing developments. Stafford Borough Council was in the process of employing a design expert to try to ensure that all aspects were embedded into the design process.

- Suggested that the focus on individual human characteristics was welcome and that the over sixty five age group, including some frail elderly do a lot of very good work, as demonstrated by those volunteering with Healthwatch.
- Acknowledged that there were concerns that the NHS age discriminates.

It was resolved that;

- The report be accepted and endorsed by the Board.
- The District and Borough Councils be written to asking if they would like to adopt the report.

84. Ageing Well update

Paula Furnival introduced the item, explaining that there were some ways in which ageing could be tackled across the whole system and opportunities to enhance what individual organisations already do and do well.

Dean Stevens, referred to the Fire Service as an example of how investment could result in prevention. Over the last twelve months the key characteristics of those at risk of fire and incidences of fire has been considered to ensure a targeted approach. The number of home safety checks carried out per group has been considered. There were opportunities to develop this further with other organisations for example the Department of Health to try, for example to reduce the number of excessive winter deaths. With a whole systems approach, Safe and Well Visits could be extended beyond concentrating on fire and more referrals could be made to partners.

Paula Furnival explained that there were now more opportunities as data became more accessible and mechanisms put in place locally to understand risks and help resolve them. Initially work would be taken forward in South Staffordshire, Tamworth and Stoke on Trent to test the methodology and evaluate the outcomes. This was the early stage of development, bringing agencies together to work in a cohesive way.

In the discussion that followed;

- The work was welcomed by Board Members.
- It was commented that the Fire Service worked as one effectively and was not divided between prevention and the management of acute services.
- It was recognised that the approach was evidence based and was working well elsewhere.
- The positive public perception of the fire service was referred to and their ability to make home visits.
- That Olive Branch and other activity had always been undertaken and the public would see a continuation of this work. There would be better tie in with other organisations such as Age Uk who already support the project, to ensure that other problems identified on visits could be picked up.
- The focus on communities was interesting and that there could be the opportunity to commission services on a community basis.
- It was recognised that all organisations had the same principles – Lets Work Together/ Every Contact Counts etcetera.

Resolved: that the Ageing Well Programme be endorsed by the Board.

85. Better Care Fund update

Andrew Donald, Chief Officer of Stafford and Surrounds & Cannock Chase Clinical Commissioning Groups, discussed the latest developments around the Better Care Fund (BCF), describing how it was intended to better use health and social care resources by bringing money together. Significant savings need to be identified locally so the BCF needed to be progressed at pace. The Plan was approved on the 26 March 2015. Section 75 and Section 256 legal documents were in place and in the process of being signed off, however this was complicated as the financial position of Clinical Commissioning Groups in Staffordshire and nationally had now changed. There was a team of people working on the BCF to ensure that it would be taken forward and individuals were taking forward schemes for example seven day working. Support was being received nationally by the BCF advisor.

Crispin Atkinson, Interim Turnaround Director, South East Staffordshire and Seisdon Peninsula CCG, referred to the need to move from the planning to the doing stage and the additional support required to take the BCF forward. Skills and capacity available locally needed to be identified and there was a need to focus on areas where work was not yet underway. There was a lot to deliver and savings had to be made over and above the BCF plans.

NHS England would be performance managing the BCF however regular reporting to the Board would be undertaken. Quarterly reports have to be submitted and a request was made that the Health and Wellbeing Board delegate sign off of forms to the Partnership Board as this would overcome logistical issues, however the Board would continue to have oversight.

In the discussion that followed it was commented that;

- The BCF was a catalyst and test for how the Board could work and if the BCF did work it was something that the Board could build on.

Resolved:

- That the Health and Wellbeing Board delegate sign off of reports to the Partnership Board, recognising that the Health and Wellbeing Board would continue to have regular oversight of the BCF.

86. Report of the Intelligence Hub

Chris Weiner, Consultant in Public Health, referred to the work of the Intelligence Hub as outlined in the report presented to the Board.

It was commented that the concept appeared good and that it was important to encourage all to be involved.

Resolved:

That the Board agree that the approach outlined would be trialled.

87. Clinical Commissioning Groups Annual Reports

Duncan Whitehouse referred to the high level consideration of the draft Clinical Commissioning Group Annual Reports, and confirmed that the Intelligence Hub would be analysing work in far more detail when considering commissioning intentions. An error at paragraph 7 of the report, referring to East Staffordshire CCG, was referred to. The report should have read prime contractor rather than prime provider.

Resolved: That the Board note the work undertaken to provide feedback on the CCG annual reports.

88. Forward Plan

Paula Furnival referred to the upcoming Board development sessions in June and July. The June meeting would include discussion on development, aligning outcomes, cancer path finder and the health economy. The July session would consider work with the Local Enterprise Partnership. Future items also included the Improving Lives Programme and integrated commissioning.

It was suggested that housing should be included and it was commented that work was being undertaken with the Districts on this.

Resolved:

- That the Board approve the Forward Plan.
- That the Board thank Aliko Ahmed for his contribution to the Board before he leaves Staffordshire County Council.

Chairman