

## Minutes of the Health and Wellbeing Board Meeting held on 10 September 2015

### Attendance:

Alan White	Staffordshire County Council (Cabinet Member for Health, Care and Wellbeing)
Ben Adams	Staffordshire County Council (Cabinet Member for Learning and Skills)
Frank Finlay	District Borough Council Representative (North)
Dr. Tony Goodwin	District & Borough Council CEO Representative
Roger Lees	District Borough Council Representative (South)
Jan Sensier	Healthwatch Staffordshire
Dr Mark Shapley	North Staffordshire CCG
Hannigan	Stafford and Surrounds CCG
Stevens	Staffordshire Fire and Rescue
Chris Weiner	Director of Public Health
Tony Bruce	East Staffordshire CCG
Coombes	Staffordshire County Council

### Also in attendance:

Jacqueline Small

**Apologies:** Dr. Charles Pidsley (Chair of East Staffordshire CCG) (East Staffordshire CCG), Dr. Ken Deacon (NHS England (Shropshire and Staffordshire Local Area Team)), Dr. John James (Chair of NHS South Staffordshire & Seisdon Pennisular CCG) (South East Staffordshire and Seisdon Peninsula CCG), Mike Lawrence (Cabinet Member for Children and Community Safety) (Staffordshire County Council (Cabinet Member for Children and Community Safety)), CC Jane Sawyers (Chief Constable (Temporary)) (Staffordshire Police), Helen Riley (Director of Families and Communities and Deputy Chief Executive) (Staffordshire County Council (Director for People and Deputy Chief Executive)), Huda (Chair, Cannock Chase CCG) (Cannock Chase CCG), Andy Donald (Chief Accountable Officer) (Stafford and Surrounds CCG) and Mark Sutton (Cabinet Support Member for Social and Health Care) (Staffordshire County Council)

## **89. Declarations of Interest**

There were none received.

- a) Minutes of Previous Meeting held on 21 May 2015

**RESOLVED** – that the minutes of the meeting held on the 21 May 2015 be confirmed and signed by the Chairman.

## **90. Questions from the public**

There were none received.

## **91. Health and Wellbeing Board Intelligence Group Update**

Chris Weiner, Interim Director of Public Health introduced the Health and Wellbeing Board's Intelligence Group Update. The intention of the report was to support the Board's decision making going forward.

- a) i) Health and Wellbeing Outcomes Report

Kate Waterhouse, Head of Insight, Planning and Performance, Staffordshire County Council, referred to the Outcomes report and pack. The report was to support the monitoring of the health and wellbeing outcomes framework as set out in the Living Well Strategy and inform future decision making and discussions. An outcome indicator prioritisation matrix had been developed and different sets of indicators identified.

## **92. ii) Outcomes Performance Pack**

In considering the information in the Health and Wellbeing Outcomes and Performance report for Staffordshire, the following points were made by Board Members;

- There had been a positive uptake of the MMR immunisation for children aged two years. GPs were thanked by the Director of Public Health for their contribution.
- There was room for improvement in flu vaccination rates and all were urged to encourage take up. The Director of Public Health stated that he was happy to support any GP flu vaccination campaigns. It was acknowledged that the effectiveness of the flu vaccination was difficult to predict as strains varied.
- How the Board could use the information presented to review priorities was queried.
- It was suggested that alcohol and the resulting liver disease should be included in the top ten priorities as these were particular issues in the north of the county.
- District and Borough Councils required information to enable health and wellbeing considerations to be made in licensing decisions so that these decisions could withstand any possible judicial review. Information was not currently available but systems could be put in place by Public Health to gather this information, however these systems would take time to set up.
- That the principles applied to reducing smoking and alcohol consumption should be applied to the factors which cause diabetes.
- It may be helpful for future reports to separate the data on lifestyle choices from the data on the outcomes of those choices.

- There was a development in Tamworth where decisions had to be made on whether retail outlets should be replaced like for like. It was hoped that conversations about health and wellbeing considerations in licensing discussions would lead to a change in the legislation.
- How the indicators demonstrated work to address health inequalities, that quality was improving and that there had been a shift towards prevention was queried.
- More detail on health inequalities could be provided. Priorities would need to be re-considered when the Joint Strategic Needs Assessment was re-written.
- District and Borough Councils were not receiving information from all hospitals on alcohol admissions. The University Hospitals of North Midlands NHS Trust were developing one system to gather this information but this was taking time. Information had been shared with Staffordshire Police.
- Councils were place shapers and could influence alcohol consumption and weight loss.
- The CCGs Improving Lives work had identified that people did not feel well supported. It was important not to take false reassurance from the indicators presented.
- The work of the Board should be aligned with the pan Staffordshire work.

It was **RESOLVED** that;

- The Board agree the top ten outcome indicators as the initial focus for detailed analysis based on the prioritisation methodology outlined by the Intelligence Hub.
- The Director of Public Health to consider ways in which health and wellbeing information could be gathered to help inform licensing decisions.
- The Integrated Commissioner for Alcohol and Drugs, Staffordshire County Council to check that District and Borough Councils were receiving the relevant data on alcohol admissions.
- That the Board's comments and suggestions be considered when developing the next quarterly outcomes report.

### 93. iii) Integrated Commissioning Update

Dawn Jennens, County Commissioner Mental Health, Staffordshire County Council, provided an update on mental health commissioning, referring to the Mental Health Dashboard. She highlighted the 53% reduction in Section 136 detentions where people had accessed mental health services rather than being detained in police cells. Mental health nurses now go out with Staffordshire Police where required. The increase in the employment of people with mental illness was also referred to.

In the discussion that followed;

- The Chairman thanked all for work undertaken towards the Mental Health Concordat which had previously been signed by the Board.
- It was important that the strategy resulted in coherent commissioning and for outcomes to be tracked.
- It was queried how patients opinion on whether or not life was better for them was being captured and it was confirmed that some patient cohorts included

patient reporting and that a Recovery Star System was used to gather information.

- It was queried how information could be captured on the impact of mental health on individuals and on the community and it was confirmed that commissioners considered police indicators, mental health and wellbeing indicators and community safety indicators. There was engagement with service users through Healthwatch Staffordshire and also with District Commissioning Leads. It was later acknowledged that it was hard to establish what proportion of crime was being, for example, drug driven.
- It was confirmed that there had been good attendance at the Healthwatch Staffordshire Mental Health Strategy Public Launch Events in Tamworth and in Leek with over eighty people attending each event and it was anticipated that similar numbers would be attending the Stafford event on the 17 September.
- The high level of mental health problems in the community, with a large proportion of people feeling anxious, was referred to and it was agreed that mental health and wellbeing should be improved.

Anthony Bullock, Integrated Commissioner for Alcohol and Drugs, Staffordshire County Council, discussed a summary paper on the performance of the Alcohol and Drug Executive Board's strategy. He explained that things were moving away from monitoring activity to monitoring outcomes and developing real life outcome measures. There was optimism that the strategy was being successful, but it was acknowledged that this information had not been communicated. While there was no official trend data available for alcohol, problematic drug use in Staffordshire in 2011/12 was significantly down from 2008/09. There was good data from schools which found that alcohol use was down from 73% of pupils in 2013 to 57% in 2015. The number of people in alcohol and drug treatment was also increasing and although successful completion rates had dropped in 2014, they have improved each month since September 2014. The Police were cautiously optimistic there was a downward trend in alcohol related violent crime and domestic violence and the number of alcohol related admissions to hospital had fallen for the first time in Staffordshire in 2014/15 by 1.8%, compared to 1.1% nationally. Admissions of young people had fallen for four years in a row. Child Protection rates were steady and investment in this area would reduce the numbers of children going into care. All indicators were heading in the right direction however some rates still showed Staffordshire above the national averages.

In the conversation that followed it was commented that;

- Approximately between a third and a quarter of the population were still drinking dangerous levels of alcohol.
- People were not eating and exercising enough and it was suggested that the same principles applied to smoking, alcohol and drugs be applied in these areas. £10 million had been spent last year and applying this to other areas would however be very costly.
- There are many people who abuse alcohol but are not alcoholics. Addressing this should be a greater priority than the treatment of drug addiction.
- Staff were being trained on alcohol interventions in the north of the county and it was anticipated that this training would be rolled out across the whole county in the next few months.

- Alcohol abuse was not just a medical problem, a more assertive approach across services was required.
- It was acknowledged that there had been a shift of focus to prevention from treatment from a 98% focus on treatment initially to a 10% focus on prevention.
- There was a need to influence lifestyle choices to effect behaviour change.
- The Active Staffordshire Group was referred to. This Group would need to take the lessons from drugs and alcohol and apply them elsewhere.
- There had been a strong collaborative process in tackling drug and alcohol misuse.
- The principles used in tackling smoking had been replicated.

It was **RESOLVED** that the Board;

- Note the Alcohol and Drug Executive Board performance measures and the Mental Health Dashboard and identify areas for improvement.
- Recognise the tentative success of the Alcohol and Drug Executive Board Strategy.
- Continue to prioritise the alcohol and drug agendas and continue to provide its support to the development of the Strategy.

a) iv) Evaluation of Strategies / Commissioning Intentions

Paula Furnival introduced the report which reminded the Board of the proposed approach by the Intelligence Group on how it would exercise its responsibility of aligning strategy and commissioning intentions to the Board's Strategy - Living Well in Staffordshire. In considering the Living My Life, My Way strategy a number of strengths and opportunities had been identified. For example it was suggested that there should be more focus on prevention and early intervention. It had been acknowledged that different strategies had been written for different cohorts of people, however individuals had co-existing issues and there was opportunity for the Board to steer the scope of integrated commissioning and delivery over time.

In the discussion that followed it was reiterated that many people do not fit into one category. For example previous recipients of the Independent Living Fund had reported mental health needs also.

It was **RESOLVED** that the Board;

- Commend the development of the Living My Life My Way Strategy.
- Implement the opportunities noted in the report in relation to the future evolution of the Strategy.
- Endorse the approach to evaluation by the Intelligence Group.

## 94. Healthy Lifestyles Programme

Jacqueline Small, Deputy Director of Public Health, introduced a presentation on the Healthy Lifestyle Programme. In Staffordshire 94% of people had at least one lifestyle risk factor and in lower socio-economic and educational groups people were five times more likely to engage in all four lifestyle risk behaviours. There was a plethora of individual services and providers to address this however evidence showed that approaches needed to be bought together to provide one integrated offer. Analysis of people's attitudes to their health suggested that 40% of the population were highly motivated to adopt healthy lifestyles and the remaining 60% had a more negative or fatalistic attitude.

Tilly Flanagan, Strategic Commissioning Lead-Health Improvement referred to the four lifestyle risk factors – smoking, low fruit and vegetable consumption, excess alcohol and physical inactivity and work that had been undertaken to consider what prevented people from taking a healthy approach. Evidence had been considered from across the county and a Healthy Lifestyle Programme developed. Firstly people could be motivated to make changes themselves so it was important that the right information, advice and guidance was available. A Healthy Staffordshire Hub had been developed to provide this information. Secondly community programmes were required to support healthy eating, the increased take up of physical activity and alcohol prevention. Thirdly one Healthy Lifestyle Service was required offering additional support for lifestyle issues. From the 1 July 2015, the Healthy Staffordshire Hub had been in place to provide people with help and advice and to signpost to the right support. It was important to build up self help support and not just rely on services. Links had been made with commissioned services in the Districts and Boroughs. A self referral hub and online portal would be available in November 2015. The Hub capacity was for twenty five thousand five hundred and seventy contacts each year. In July forty one contacts had been made and in August there had been ninety seven. Staffordshire Cares ran the Hub. Staffordshire and Stoke on Trent Partnership Trust (SSOTP) had been commissioned to provide the Healthy Lifestyle Services across the whole of Staffordshire. This would include tailored and structured motivational support and interventions around weight management, alcohol advice and smoking cessation for up to twelve months. It would include weight management advice and support for pregnant women and children.

In the conversation that followed Board Members stated that;

- Healthwatch Staffordshire endorsed the approach and would help promote the Healthy Staffordshire Hub.
- The engagement of voluntary and self help groups was very important.
- The Healthy Staffordshire Hub could be included in the CCGs Directory of Services.
- The Healthy Staffordshire Hub could be included in clinical protocols and promoted by secondary care consultants.
- A Healthy Staffordshire Hub App may be the way forward.
- The Healthy Lifestyle Service would depend on payment by results so there was an incentive for the service to find and support people.
- Staffordshire Fire and Rescue Service had some community assets that could potentially support the initiative.

- Voluntary walking groups in one of the Districts were engaging around sixteen hundred people at no cost to the District. A query was raised about how this could be used to stimulate cross learning and it was confirmed that Public Health Officers in the Districts could consider what to do more of. Activity would be mapped and the market strengthened where required.
- Experience showed that schemes worked best when people self referred.
- It was important to evidence how the new service would achieve better outcomes than the previous services which had been decommissioned.
- SSOTP were developing a patient portal of lifestyle advice.
- The Hub would depend on marketing. It was important to demonstrate value for money and that people had acted on the advice given. It was confirmed that data on users would be collected and payment only made on successful outcomes.

It was **RESOLVED** that the Board;

- Endorse and adopt the Healthy Lifestyle programme approach as an integral part of the Board's prevention priority.
- Suggestions for the promotion of the Hub and the development of an App be progressed.

## 95. **Health and Wellbeing Board Terms of Reference and Progress Against Core Duties**

Duncan Whitehouse, Democracy Manager, Staffordshire County Council introduced the updated terms of reference and the report on the progress made against the Board's statutory duties. A request had previously been made for the Board's leadership role over the system to be more explicit.

In the conversation which followed;

- It was queried how the provider voice was being heard and how opinions were being made on commissioning plans. It was acknowledged that there were a large number of individual providers and it would be challenging to choose certain organisations to sit on the Board and exclude others.
- It was suggested that there should be a coherent public engagement approach. There were many consultations and pieces of engagement but not one coherent engagement strategy.
- It was confirmed that County and District/Borough Councillors sat on the Board to ensure democratic legitimacy and that the Board was a Committee of the Council by statute.
- It was queried how the Board was engaging with the public compared to other Health and Wellbeing Boards.
- It was commented that it was important to include the voluntary and community sector voice on the Board.

It was **RESOLVED** that;

The Board agree the refreshed terms of reference.

**96. Agreement on Responsibility Interfaces between Staffordshire Health and Wellbeing Board, the Collaborative Commissioning Congress and the Healthy Staffordshire Select Committee**

Paula Furnival introduced the report and described the need for transparency around reporting. NHSE had recently committed to create a joint Transformation Programme managed through the Collaborative Commissioning Congress and the terms of reference for the Congress were still in negotiation. There were synergies between the work of the Board and the Congress and it was important to align strategies and commissioning intentions and ensure that different organisations were not working towards different priorities and outcomes.

In the discussion that followed Board Members commented that;

- The work undertaken to align strategies was reassuring.
- Closer working with the Healthy Staffordshire Select Committee was welcomed.
- Work with the Commissioning Congress was not clear in practice.
- The work that the Commissioning Congress was undertaking with the Provider Group was welcomed. It was queried how the intelligence from the Provider Group could be shared with the Board. It was later commented that some providers that the Board may wish to engage with were not included on the Provider Group, for example housing providers.
- The Board continued to have legal responsibility for signing off the Better Care Fund.
- There should be clarity on the role of the Board in signing off the Commissioning Congress' commissioning plans.
- There should be clarity on how often the Commissioning Congress should report to the Board.
- The intention of the pan Staffordshire arrangements was to develop a clinically and financially sustainable system and to protect social care. This was an explicit agenda which needed to be fed into the system rather than the commissioner agenda. People needed to lead more independent lives.
- There was an opportunity for the Board to push for maximum benefits from the evolving system.
- It was suggested that the Transformation Director should have a place on the Board.

It was **RESOLVED** that the Board;

- Agree the proposed alignment of the Board and Congress Programmes and endorse the interfaces as documented at Appendix C.
- Endorse BCF progress being reported to the Commissioning Congress and the Board.
- Note that the Integrated Commissioning Boards would continue to operate and take direction from the Congress where appropriate.
- Agree that the Intelligence Hub would share and coordinate its work in conjunction with the Congress to ensure factors align across the system.



- Note that the Board provides the public vehicle for commissioners to collectively set out the direction of travel and evidence to local people and communities that there was a plan that is working and having an impact.
- Endorses the draft protocol between the Board and the Healthy Staffordshire Select Committee prior to discussions with the Committee.
- Consider membership of the Transformation Director on the Board.

## 97. Better Care Fund

Crispin Atkinson, Better Care Fund (BCF) Programme Director, discussed the item and queried if the Board wished to see more detail in future reports. He referred to the establishment of the BCF to develop a pooled budget in order to reduce non emergency hospital admissions and to protect adult social care. Plans that had initially been put together in 2014/15 had been reviewed and it was necessary to find additional and alternative schemes to achieve the savings required to protect adult social care, work was underway to put new plans in place and there were a number of areas identified as potential new areas for savings. A wide range of small schemes could be considered but the Partnership Board was focussing on schemes that could provide large savings. Central government guidance for 2016/17 was awaited. The scope of the BCF was within the Pan-Staffordshire Transformation Programme and should be migrated to that programme and not treated separately.

In the discussion that followed;

- Board Members queried the position on the Disabled Facilities Grant. It was anticipated that the Spending Review would result in the BCF growing rather than reducing and it would be a Ministerial decision on whether the Grant would be ring-fenced or not.
- It made sense for the BCF to fall within the Pan-Staffordshire Transformation Programme however it was important for the Board to maintain oversight.
- Work had been undertaken to identify the appropriate CCG sign off arrangement for the additional £5 million required to protect adult social care. Agreement in principle had been reached but the final document setting out the benefits available through Staffordshire Cares was awaited.
- Performance data on non elective admissions in quarter 1 showed less than anticipated admissions. BCF activity may not have driven this, however things were heading in the right direction. There were however differences in opinion on the expected acute activity, between CCGs and NHS England.

It was **RESOLVED** that;

The Board note the update on the status of the Staffordshire Better Care Fund.

## 98. Forward Plan

Paula Furnival proposed that the Board met in November for a joint workshop session with Stoke on Trent and Staffordshire Local Enterprise Partnership and possibly Stoke on Trent Health and Wellbeing Board. At the December meeting there would be the opportunity to consider a refreshed performance outcomes report, consider feedback on commissioning intensions, examine healthy housing and receive an update on the BCF.

In the conversation that followed;

- It was confirmed that a response from the Board to the Unison report on 'Time for Care' would be collated.
- There was discussion on the need to measure the shift to left and whether this could be determined by looking at spend and/or the outcomes for the population.

It was **RESOLVED** that;

The next public meeting of the Board would take place on the 10 December 2015.

**Chairman**