

Minutes of the Staffordshire Health and Wellbeing Board Meeting held on 2 September 2021

Attendance:-

Dr Alison Bradley	North Staffs CCG
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Dr Richard Harling	Director for Health and Care (SCC)
Phil Pusey	Staffordshire Council of Voluntary Youth Services
Garry Jones	Support Staffordshire
Tim Clegg	District & Borough Council CEO Representative
Simon Fogell	Healthwatch Staffordshire
Gill Heesom	District Borough Council Representative

Note by Clerk: Simon Whitehouse (Integrated Care System Director) and Marcus Warnes (Staffordshire Clinical Commissioning Groups' Accountable officer) attended the meeting virtually/via Teams but took no part in the Board's decisions set out in the Resolutions below.

Apologies: Johnny McMahon (Cabinet Support Member for Public Health and Integrated Care) (Staffordshire County Council (Cabinet Support Member for Public Health and Integrated Care)), Dr Paddy Hannigan (Chair, Stafford and Surrounds CCG) (Stafford and Surrounds CCG), Helen Riley (Deputy Chief Executive and Director for Families and Communities) (Deputy Chief Executive and Director for Families and Communities (SCC)), Roger Lees (District Borough Council Representative (South)), Julia Jessel (Cabinet Member for Health and Care) (Staffordshire County Council (Cabinet Member for Health and Care)) and Rita Heseltine (South Staffordshire District Council)

68. Declarations of Interest

Nil

a) Minutes of Previous Meeting

RESOLVED – That, subject to the addition of Gill Heesom's name to the list of attendances, the minutes of the meeting held on 3 June 2021 be confirmed and signed by the Chairman.

b) Questions from the Public

Nil

69. Covid Update

The Board considered an oral report of the Director of Health and Care updating them on the progress of the Covid-19 pandemic in Staffordshire.

Infections in the County were currently at a rate of 350 per 1000 people (approximately) which represented a significant increase over recent weeks. However, new hospitalisations were relatively low owing to the success of the vaccination programme although the NHS remained under significant pressure.

The Director concluded by emphasising the continued importance of infection control measures in reducing the spread of the virus.

RESOLVED – That the report be received and noted.

70. Annual Report of the Director of Public Health

The Board considered a report of the Director of Public Health (schedule 1 to the signed minutes) updating them on progress towards publication of his Annual Report for 2020/21 (entitled “Covid-19 in Staffordshire: Impact and Opportunities”), which had been delayed owing to the Covid-19 pandemic.

The Annual report was a statutory document prepared under the Health and Social Care Act 2012 by the Director in his role as an independent advocate for the health of residents of Staffordshire and demonstrated the state of public health with communities in the County.

During his report the Director highlighted:- (i) Overall (direct) Impact (of the Pandemic); (ii) Variation (of cases in the County by rate per 1000 population, area and age band); (iii) Wider Impact (of the pandemic); (iv) The Response (in Staffordshire) and key themes and; (v) Recommendations.

RESOLVED – (a) That the report be received and noted.

(b) That the following six draft Recommendations for inclusion into the Director of Public Health’s Annual Report 2020/21 be supported:-

- Refresh the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy to identify and address longer term impacts of pandemic – including health inequalities.
- Economic and lifestyle related conditions, including diabetes, chronic heart disease, chronic lung disease, and obesity, as well as mental health should be high priorities.

- Hospitals and hospital discharge pathways should ensure that they promote independence and return people home wherever possible.
- Public sector partners should build on the relationships forged during the pandemic and the flexible and agile way of working that characterised the successful response.
- Build on the community response to the pandemic, make best use of the community assets available to support children and adults, and continue to develop community capacity to offer support.
- Take advantage of the increased uptake of technology during the pandemic and promote new technologies wherever possible to provide and complement support.

(c) That the finalised Annual Report be brought to the Board at their next meeting for information and any necessary action.

71. Joint Strategic Needs Assessment (JSNA)

The Board considered an oral report and PowerPoint presentation (slides attached at Appendix A to the signed minutes) of the County Council's Director of Health and Care updating them on progress with regard to the preparation of a refreshed Joint Strategic Needs Assessment (JSNA).

The report and accompanying slides were presented by the County Council's Interim Assistant Director for Public Health and Prevention (Claire McIver).

The JSNA sought to assess the current and future health, care and wellbeing needs of the local population so as to inform local decision making by Partners. At their meetings in December 2020 and March 2021 the Board agreed to:- (i) define and focus on various key post pandemic issues; (ii) consider the role of wider determinants of health and; (iii) identify opportunities for greater collaboration between Partners with a view to tackling health inequalities. The new JSNA was to describe local needs and assets in the wake of the pandemic and make recommendations for priorities for inclusion into a new Joint Health and Wellbeing Board Strategy.

During her presentation the Assistant Director highlighted:- (i) key components of the new Assessment; (ii) Positive (health related) Outcomes (identified in the local community); (iii) Strengths and Innovation (which had taken place to address the needs of the local population); (iv) Community Assets (available to support the local community) Overview; (v) Overview of Key Issues and Trends (which had been identified); (vi) Key Messages (arising from (v) and; (vii) Covid Impact on (health related) Outcomes (both nationally and locally). She also stressed that many of the expected consequences of the pandemic were not reflected in the data currently available owing to the inevitable time lag between observation and recording. These attributes might not

be present in the statistics for several years to come. Therefore, efforts would be made to fill any gaps identified with alternative sources of insight.

Continuing, the Assistant Director drew the Board's attention to the following key issues which required their attention:- (i) how should they ensure the Assessment was both joint and strategic; (ii) was there anything currently absent from the Assessment which should be included; (iii) could Partners contribute any additional datasets/intelligence to strengthen the Assessment and make it more meaningful/holistic and; (iv) what measures needed to be implemented to address identified priorities.

During the full and wide-ranging discussion which ensued Members expressed their support for the proposed approach to the new JSNA, as set out in the presentation. However, they debated the balance required between data and Partner intelligence having regard to the previous comments by the Assistant Director. Members also highlighted the potential contribution predictive data and public consultation could make in ensuring the Assessment was both forward thinking and comprehensive. With regard to local health inequalities, the Assistant Director re-assured them that 'hot spot' mapping would be incorporated into the draft document.

RESOLVED – (a) That the report and presentation be received and noted.

(b) That Partners commit to sharing all relevant data/intelligence required to inform the refreshed Joint Strategic Needs Assessment.

(c) That Partners submit their comments on the draft refreshed Joint Strategic Needs Assessment to be circulated prior to the next meeting of the Board with a view to the finalised version being brought to their meeting in December 2021 for sign-off.

72. Health and Wellbeing Strategy

The Board considered a report (schedule 2 to the signed minutes) and PowerPoint presentation (slides attached at Appendix B to the signed minutes) of the County Council's Director of Health and Care updating them on progress with regard to the development of a new Health and Wellbeing Board Strategy for the period 2023 to 2028.

The report and accompanying slides were presented by the County Council's Interim Assistant Director for Public Health and Prevention (Claire McIver).

The joint Health and Wellbeing Strategy outlined priority areas for the Board and how they intended to work together to improve the health and wellbeing of residents of the County. Their current Strategy, adopted in 2018, focused on Healthy Life Expectancy and was intended to cover the period until 2023. However, the impact of the 2020/21 Covid-19 pandemic had provided a range of opportunities and assets which could be used to further improve health and wellbeing. Therefore, at their meeting on 3 June 2021, they committed to developing a new strategy taking into account the findings of the above-mentioned refreshed Joint strategic Needs Assessment (JSNA).

The Board noted the proposed structure of the new document, as set out in the report which had been informed by engagement with individual Partners over the summer to

seek views on strategic priorities for inclusion. They also noted the proposed timeline for development of the revised Strategy which included a proposed workshop for Members on 12 October 2021 to provide an opportunity for detailed discussion on both the JSNA and draft document.

During the discussion which ensued a Member proposed a further Priority for inclusion into Section 2 of the Strategy ie, “Support and Advice Necessary for the Public to Take Preventative Measures to Promote their Health and Wellbeing”. In reply, the Assistant Director said that whilst it had been intended to include consideration of this issue in the draft document, the Board might wish to identify “Support and Advice” as a stand-alone priority during the development of its content in due course. In reply, the County Council’s Director of Health and Care suggested a way forward in order to address the Members’ concerns whilst retaining the emphasis placed on Obesity and Mental Health in the proposed structure.

Another Member highlighted the need to avoid duplication between the Health and Wellbeing Strategy and new Integrated Care System strategy.

RESOLVED – (a) That the report be received and noted.

(b) That the proposed structure for the revised Health and Wellbeing Strategy be endorsed.

(c) That Partners support the further development and implementation of the Strategy.

(d) That the date of the above-mentioned Joint Strategic Needs Assessment/ Health and Wellbeing Strategy Workshop be noted.

73. Developing the Relationship between the Integrated Care Partnership and Health and Wellbeing Boards for Staffordshire and Stoke-on-Trent

The Board considered a joint report of the Co-Chair, the Integrated Care System (ICS) Director and the Staffordshire Clinical Commissioning Groups’ Accountable Officer (schedule 3 to the signed minutes) regarding the emerging relationship between the Integrated Care Partnership and Board.

The Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership became a designated ICS on 1 April 2021 with the aim of (i) improving outcomes in the population’s health and healthcare; (ii) tackling inequalities in outcomes, experiences of and access to healthcare services; (iii) enhancing productivity and value for money in the healthcare system and; (iv) helping the National Health Service support broader social and economic development.

The anticipated Health and Care Act was expected to require the formation of Integrated Care Partnerships (ICP) comprising a Joint Committee to bring together representatives of Health, Social Care, Public Health and other Partners with an interest in the wider determinants of Health, economic and social development (eg Universities, Fire Service, Police etc). Furthermore, the ICP (if established) was expected to work closely with

Health and Wellbeing Boards and have regard to their Joint Strategic Needs Assessments and Health and Wellbeing Strategies in preparing an Integrated Care Strategy. The purpose of the ICP Strategy was to address the broader health and care needs of the population, including the wider determinants of health and social and economic development.

Members noted that a significant amount of work had already been completed by Partners in respect of the formation of the ICP in Staffordshire including agreement that it:- (i) should be a partnership of equals; (ii) should represent all organisations, sectors and professional groupings to ensure all viewpoints were heard and the Strategy was strong and inclusive; (iii) balance inclusiveness with focus and the need to adopt a Strategy, ensuring that there were processes in place to undertake business and make progress; (iv) had effective and efficient decision making through collaborative consensus rather than voting; (v) supported all Partners to achieve the ICS statutory duties whilst recognising the independent nature of Partner organisations and; (vi) balanced both national and local priorities driven by population needs or the democratic/political processes.

During the discussion which ensued Members gave consideration to balancing their role with that of the ICP. They spoke in support of holding a joint meeting with Stoke-on-Trent Health and Wellbeing Board and representatives of the ICP to consider this matter further in a co-ordinated and collaborative way. In response the County Council's Senior Commissioning Manager highlighted the date of 12 October 2021 had provisionally been identified for a Workshop on this issue although these arrangements were flexible. The County Council's Director of Health and Care undertook to meet with the Leaders of both the County and City Councils as well as the Chairs of the Board in the meantime to plan for the workshop in more detail.

The ICS Director informed them that the ICP Chair designate was unavailable on the above-mentioned date.

A Member requested that details of the two Health and Wellbeing Boards' priorities etc be circulated to Members in advance of the workshop in order to provide a level of background information having regard to them having not previously met.

RESOLVED – (a) That the report be received and noted.

(b) That arrangements be made for a meeting/workshop to be held by the Board with Stoke-on-Trent Health and Wellbeing Board and representatives of the Staffordshire and Stoke-on-Trent Integrated Care System/provisional Integrated Care Partnership, on a mutually convenient date, to consider their emerging relationship with a view to ensuring appropriate collaboration between the bodies, as necessary.

74. Voluntary Community and Social Enterprise (VCSE)

(a) Voluntary Sector Update – the Opportunities and Challenges of Restart and Recovery

The Board considered a report (schedule 4 to the signed minutes) and Powerpoint presentation (slides attached at Appendix C to the signed minutes) of the Chief

Executive of Staffordshire Council of Voluntary Youth Services (SCVYS) updating them on the opportunities and challenges of re-start and recovery post the 2020/21 Covid-19 pandemic.

During his presentation the Chief Executive highlighted the:- (i) National View (of the population regarding the work of charities); (ii) National View (of the population regarding trust and confidence in the work of charities); (iii) National Council for voluntary Organisations – Respond, Recover Reset report; (iv) Findings from Staffordshire County Council's Voluntary and Community Service Enterprise Surveys; (v) (the findings of) SCVYS Census 2021; (vi) Case Study – Cannock Stadium Allotment Group; (vii) Case Study - Wellbeing and Health Action Map (WHAM); (viii) WHAM Plan Outcomes; and (ix) Summary of Restart/Recovery Challenges.

(b) Community-Based Approaches to Achieving Health Equality

The Board received a joint PowerPoint presentation (slides attached at Appendix C to the signed minutes) of the Chief Executive of Support Staffordshire and Chief Executive of St Giles Hospice outlining community-based approaches to achieving health equality having regard to the Health and Wellbeing Strategy.

During their presentation, the Chief Executive's highlighted:- (i) (the contents of) The Current Health and Wellbeing Strategy (and what it States under 'Communities'; (ii) What Needs to Change and; (iii) Lots of Good Stuff is Happening in Staffordshire (the positive initiatives already taking place in the County and how these could be improved). They went on to seek support for the establishment of a task group of Partners to investigate how support for community-based approaches in the County could be improved/enhanced and make recommendations to the Board.

In the discussion which ensued the County Council's Director of Health and Care stated his view that 'Partners commitment to widespread system legitimacy for community-based approaches' (identified in the presentation as an area for improvement) was already evident ie statutory bodies accepted the need to promote greater independence within communities. In addition, he expressed reservations regarding the need for detailed 'Institutional Change Frameworks' including communication strategies, financial plans etc and spoke in favour of 'light touch' methods of improving community-based initiatives.

Members confirmed their commitment to working collaboratively towards improving community-based approaches in the interests of achieving health equality.

The Chairman then thanked the Chief Executives for interesting and informative presentations.

RESOLVED – (a) That the report/presentations be received and noted.

(b) That consideration of future support for community-based approaches to achieving health equality be taken forward through the process of co-ordination/joint working with the Independent Care System/independent Care Partnership, at the appropriate time.

75. Staffordshire Better Care Fund (BCF)

The Board considered a report of the Council Council's Director of Health and Care (schedule 5 to the signed minutes) updating them on the operation of the NHS's Better Care Fund (BCF) which aimed to support the integration of health and care systems in a way that supported:- (i) person-centred care; (ii) sustainability and; (iii) better outcomes for people and carers.

The report was presented by the County Council's Senior Commissioning Manager (Rosanne Cororan).

Members noted that the 2020/21 BCF Policy Framework had been published on 19 August 2021 and, as expected, contained minimal change compared to the previous year's scheme. The framework aimed to build on progress made during the Covid-19 pandemic ie, strengthen:- (i) the integration of commissioning; (ii) delivery of services and; (iii) person centred care whilst continuing to support system recovery.

The national conditions for the BCF in 2021/21 were:- (i) a jointly agreed plan between local health and social commissioners, approved by the Board; (ii) NHS contributions to adult social care to be maintained in line with the uplift to Clinical Commissioning Groups' minimum contribution; (iii) investment in NHS commissioned out-of-hospital services and; (iv) a plan for improving outcomes for people being discharged from hospital.

Members also noted that the joint BCF Plan ((i) above) was required to focus on improvements in the following key metrics:- (i) length of stay in hospital, measured through the percentage of hospital inpatients who had been admitted for longer than 14 and 21 days respectively and; (ii) the proportion of people discharged home using data on discharge to their usual place of residence. However, they heard that Staffordshire's baseline and performance against these metrics was difficult to measure as they were not currently enumerated on a population basis. Therefore, further work was required to ensure the position could be accurately quantified.

RESOLVED – (a) That the report be received and noted.

(b) That the 2021/22 National Better Care Fund Framework with the requirement to submit Expenditure and Narrative Plans in September 2021 be noted.

(c) That the Better Care Fund 2021/22 funding be noted as follows:-

FUNDING	2021/22 (£000's)
CCG cash transfers to SCC for social care services in support of the NHS - includes RNF transfers, carers and Care Act	22,895,704
CCG directly commissioned social care services in support of the NHS	137,216
iBCF (including winter pressures)	31,747,360
Social Care Total	54,780,281
Disabled Facilities Grant	10,005,367

CCG Aligned Funding (recurrent)	55,611,237
CCG Aligned Funding – New Schemes (non-recurrent)	n/a
Total BCF	120,396,885

(d) That, owing to the short timescale involved, approval of the 2021/22 Better Care Fund Plan be delegated to the Co-Chairs.

(e) That the transfer of the Disabled Facilities Grant for 2021/22 to District and Borough Councils as required by the Ministry of Housing Communities and Local Government, be noted.

76. Health and Wellbeing Board Terms of Reference

The Board considered a report of the County Council's Director of Health and Care (schedule 6 to the signed minutes) regarding a proposed change to their terms of reference following a Cabinet re-shuffle by the County Council.

RESOLVED – (a) That the report be received and noted.

(b) That the proposed change to their Terms of Reference to reflect the Co-Chair's (County Councillor Johnny McMahon) new role as Cabinet Support Member for Public Health and integrated Care, be approved.

77. Forward Plan

RESOLVED – That their Forward Plan for 2020/21 (schedule 7 to the signed minutes) be received and noted.

78. Date of Next Meeting

RESOLVED – That the date, time and venue of the next meeting of the Board (Thursday 2 December 2021 at 3.00 pm, County Buildings, Stafford), be noted.

Chairman