

# Staffordshire Health and Wellbeing Board

3.00 pm Thursday, 5 September 2019  
Trentham and Rudyard Suites - Staffordshire Place 1, Tipping Street,  
Stafford, ST16 2DH

## Our Vision for Staffordshire

"Staffordshire will be a place where improved health and wellbeing is experienced by all - it will be a good place. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of a strong, safe and supportive community. "

## We will achieve this vision through

"Strategic leadership, influence, leverage, pooling of our collective resources and joint working where it matters most, we will lead together to make a real difference in outcomes for the people of Staffordshire".

## A G E N D A

### 1. Welcome and Routine Items

Chair

- Apologies
- Declarations of Interest
- Minutes of Previous Meeting (Pages 1 - 8)
- Letter to Cllr Alan White, Co-Chair, from Action on Hearing Loss (Pages 9 - 12)

### 2. Questions from the public

### 3. Health and Wellbeing Board Terms of Reference (Pages 13 - 14)

Jon Topham, Senior Commissioning Manager

### 4. Director of Public Health Annual Report Recommendations (Pages 15 - 18)

Jon Topham, Senior Commissioning Manager

### 5. H&WB Strategy Delivery Plan

- Public Health and Prevention Self-Help Programme (Pages 19 - 22)

Joanna Robinson, Senior Commissioning Manager,  
Public Health

- Re-Invigorating Health in All Policies (Pages 23 - 30)

Dave Sugden, Commissioning Manager, Strategy and Policy

- Effective Prevention for those on the Cusp of Care - Summary Report (Pages 31 - 36)

Kerry Dove, Strategic Insight Manager, and Divya Patel, Senior Public Health Epidemiologist

6. **CCG Consultation on becoming a Single Commissioning Organisation** (Pages 37 - 40)

Presentation by Sally Young, Director of Corporate Governance, Communications and Engagement, and Jenny Fullard, Senior Communications and Engagement Manager

7. **Revised Draft Carers Strategy** (Pages 41 - 42)

Andy Marriot, Lead Commissioner (All Aged Disabilities and Mental Health) and Gill Smith, Commissioning Manager

8. **Staffordshire Better Care Fund Plan 2019/20** (Pages 43 - 46)

Jenny Pierpoint, Portfolio Manager

9. **Together We're Better Listening Exercise and Developing the Five Year Plan** (Pages 47 - 56)

Simon Whitehouse, STP Director

10. **Forward Plan** (Pages 57 - 62)

11. **Date of next meeting**

The next H&WB meeting is scheduled for Thursday 5 December 2019, 3.00pm, Trentham Room, SP1, Stafford.

<b>Membership</b>	
Alan White (Co-Chair)	
Dr Alison Bradley (Co-Chair)	North Staffs CCG
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)

Philip White	Staffordshire County Council
Dr Rachel Gallyot	East Staffs CCG
Dr Gary Free	Cannock Chase CCG
Dr. Paddy Hannigan	Stafford and Surrounds CCG
Dr Shammy Noor	South East Staffordshire and Seisdon Peninsula CCG
Dr John James	STP Chair of Clinical Leaders Group
Dr Richard Harling	Director of Heath & Care (SCC)
Helen Riley	Director for Families & Communities (SCC)
Craig Porter	CCG Accountable Officer representative
Maggie Matthews	Healthwatch
Simon Whitehouse	Staffordshire Sustainability and Transformation PI
Phil Pusey	Staffordshire Council of Voluntary Youth Services
Garry Jones	Support Staffordshire
Roger Lees	District Borough Council Representative (South)
Tim Clegg	District & Borough Council CEO Representative
Jeremy Pert	District & Borough Council representative (North)
Jennifer Sims	Staffordshire Police
Howard Watts	Staffordshire Fire & Rescue Service

**Contact Officer:** Jon Topham, (01785 278422),  
**Email:** StaffsHWBB@staffordshire.gov.uk

### **Note for Members of the Press and Public**

#### **Filming of Meetings**

The Open (public) section of this meeting may be filmed for live or later broadcasting or other use, and, if you are at the meeting, you may be filmed, and are deemed to have agreed to being filmed and to the use of the recording for broadcast and/or other purposes.

#### **Recording by Press and Public**

Recording (including by the use of social media) by the Press and Public is permitted from the public seating area provided it does not, in the opinion of the chairman, disrupt the meeting.



**Minutes of the Health and Wellbeing Board Meeting held on 6 June 2019**

**Attendance:**

Dr Alison Bradley (Co-Chair (In the Chair))	–
Dr Gary Free	Cannock Chase CCG
Alan White	Staffordshire County Council & Co-Chair
Philip White	Staffordshire County Council
Dr Richard Harling	Director of Health & Care (SCC)
Craig Porter	CCG Accountable Officer
Maggie Matthews	Healthwatch
Garry Jones	Support Staffordshire
Tim Clegg	District & Borough Council CEO Representative
Jennifer Sims	Staffordshire Police
Glynn Luznyj	Staffordshire Fire and Rescue Service
Brian Edwards	District/Borough Council Representative (South)
Mick Harrison	Staffordshire County Council

**Also in attendance:**

Andrew Donaldson	Staffordshire County Council
Jon Topham	Senior Commissioning Manager, Public Health
Jeremy Pert	District and Borough Council Representative (North)

**Apologies:** Mark Sutton (Staffordshire County Council (Cabinet Member for Children and Young People)), Dr Paddy Hannigan (Chair, Stafford and Surrounds CCG) (Stafford and Surrounds CCG), Helen Riley (Director of Families and Communities and Deputy Chief Executive), Simon Whitehouse (Staffordshire Sustainability and Transformation PI), Roger Lees (District Borough Council Representative (South)) and Tracy, Parker-Priest (STP)

**1. Welcome and routine items**

- a) Declarations of Interest

There were none at this meeting.

b) Minutes of the H&WB Meeting held on 7 March 2019

**RESOLVED** - That the minutes of the Health and Wellbeing Board (H&WB) meeting held on 7 March 2019 be confirmed and signed by the Chairman.

## 2. Questions from the public

There were none at this meeting.

## 3. Health & Wellbeing Board: An Approach to Delivery

The H&WB received a copy of “Staffordshire H&WB Strategy – An Approach to Delivery” and “Public Health and Prevention Supportive Communities”. These documents suggested a key focus for the Board and outlined specific areas of activity around four delivery mechanisms:

- Information: ensuring the IAG offer improved to support independence and to use and share data to target services effectively and intervene earlier;
- Communities: connecting people to community activity and early help/facilitating new community activity to address gaps in demand;
- Conversations: developing a programme of campaigns to promote healthy lifestyles and personal responsibility and connecting these to the H&WB public conversations; and
- Decisions: ensuring that the Health in All Policies (HiAP) agenda influenced all decisions taken.

Members received details of work within the Supportive Communities agenda, which included proactively reducing demand for social and health care services through people helping people. Common themes were identified, with priority areas being: loneliness and social isolation; carer support; and, housing and home tasks. Measures of success around these key themes had been set, along with activity for the Board which would form the basis of the H&WB delivery plan.

Members noted the importance of the JSNA in measuring success within a time period and the more detailed information produced from the “deep dive” JSNAs. This information would also be used to help identify where early support was needed. Members highlighted the importance of: assessment data in the production of collaborative plans; base lining changes; and, using information from local communities earlier. The STP had an increasing emphasis around place, and work with the eight district and borough councils was important for co-design and co-implementation.

**RESOLVED** – That:

- a) the H&WB continue to provide system leadership in Staffordshire for the Families Strategic Partnership and seek an update at the September Board meeting;
- b) a clear line of sight to the STP Prevention Workstream be developed;
- c) the implementation of Supportive Communities be actively supported;

- d) the Board provide leadership for more targeted Joint Strategic Needs Assessment (JSNA), with the initial assessment around better targeting of people on the cusp of coming into health and care;
- e) a programme of public conversations be re-energised; and,
- f) leadership of the HiAP be provided.

#### **4. District Council Health and Wellbeing Board Update**

The H&WB received an update and presentation from Tim Clegg, Chief Executive, Stafford Borough Council, outlining the work of district and borough councils with a range of partners to promote health in all they do. Specifically, Members heard how district and borough councils influence health through a range of activity, including:

- housing, supply, support and reducing homelessness;
- planning, leisure and green spaces;
- community outreach and advice services;
- economic development;
- environmental health; and,
- enabling and collaboration.

Examples of innovative projects were shared, such as the East Staffordshire “Pride of Place” project, the South Staffordshire “Good Life” project and Stafford Borough Council’s new garden community on the brown field site at Swynnerton.

District and Borough Council’s remained able to make a significant contribution to health and wellbeing through the HiAP agenda. They provided services that had a direct impact on the wider determinants of health, with their impact being enhanced when working in collaboration with partners.

**RESOLVED** – That:

- a) the content of the report and presentation be noted; and
- b) the H&WB show leadership in engaging key partners to work beyond organisational, sectorial, geographic and professional boundaries to work with communities to address the wider determinants of health.

#### **5. Changes to Governance of Physical Inactivity Sub Group**

*[Ben Hollands, Sport Across Staffordshire & Stoke-on-Trent, in attendance for this item.]*

Board Member Glynn Luznyj reminded Members that in 2017 the H&WB had set up a physical inactivity sub-group to understand and address the issue of physical inactivity. The Board received details of the work of the sub-group and their relationship with Sport Across Staffordshire and Stoke-on-Trent (SASSOT).

Over time the work of the sub-group had become closely aligned to that of SASSOT, its strategy and the resources associated with this. Inactivity remained a public health priority. However the sub-group’s membership was no longer active as its work had been mainstreamed through SASSOT. It was proposed that SASSOT’s governance structures should provide future oversight of the work programme through either the SASSOT Board or their Strategy Advisory Group. A link back to the H&WB could be maintained through Tim Clegg, who was a member of both the H&WB and SASSOT.

Members were aware that SASSOT met quarterly and thought would be needed as to how their work was reported back to the H&WB.

**RESOLVED** – That:

- a) SASSOT be recognised as the lead agency for physical activity;
- b) the new governance structure for the physical activity work strand that utilised existing meeting networks and governance structures managed by SASSOT and its Executive Board be endorsed; and
- c) thought be given to how the work of SASSOT be reported back to the H&WB.

## 6. **Stoke-on-Trent and Staffordshire Safeguarding Children Board**

*[Kate Sharratt, Head of Performance & Development, Families & Communities, SCC, in attendance for this item.]*

Members received a presentation which set out the new arrangements for the Stoke-on-Trent & Staffordshire Safeguarding Children’s Board. Following the Wood Review, Local Safeguarding Children’s Boards (LSCBs) were being reviewed. This had presented an opportunity to design a new partnership infrastructure, with the new arrangements being implemented from 1 April 2019.

Details of the statutory safeguarding partners on the new board were shared, with Members noting that the elected member with responsibility for children’s services from both SCC and Stoke-on-Trent City Council were also included on the Board as non-voting members.

The new Board would focus on scrutiny and assurance across the landscape of provision. In future it was suggested that the H&WB may wish to report annually to Staffordshire’s new LSCB evidencing their work in holding to account those involved in health and well-being improvement.

**RESOLVED** – That the new arrangements for the Stoke-on-Trent and Staffordshire Safeguarding Children’s Board be noted.

## 7. **Draft Carers Strategy**

*[Gill Smith, Commissioning Manager, in attendance for this item.]*

Staffordshire County Council (SCC) and the five Staffordshire Clinical Commissioning groups (CCGs) had produced a draft all age carers strategy “All Together for Carers”. The Strategy set out the statutory duties of the Council and the NHS towards Carers under the Care Act 2014 and to Young Carers and those approaching adulthood under the Children and Families Act 2014, and under the NHS Constitution. It set out the following seven proposed priorities:

- identifying carers;
- improving information, advice and guidance,
- staying healthy;
- a life outside of caring;
- assessment and support;
- crisis management;



- recognition and value.

A period of public consultation on the draft Strategy had begun on 29 April 2019 and would run for 12 weeks, closing on 22 July 2019. Consultation findings would help to develop the Strategy, which would be brought back to the H&WB for approval, along with a delivery plan giving key milestones and metrics to monitor implementation and progress.

Some concerns were shared around the current commissioned services. The contract was currently in its first year extension with the possibility of a further year extension from September. Concern was expressed that a contract that had received negative feedback looked likely to have a further extension due to time scale restrictions.

**RESOLVED** – That:

- a) the draft carers strategy “All Together for Carers” be noted; and
- b) members provide feedback on the Strategy as part of the consultation process.

## **8. Staffordshire Better Care Fund Plan 2019/20**

At their meeting of 7 March 2019 the H&WB noted the progress of the Staffordshire BCF during 2017-2019, agreed the extension of the current BCF schemes into 2019/2020 and approved the delegation of the final sign-off of the 2019/2020 plan to the Board Co-Chairs, with minimal change anticipated. On 10 April 2019 the Government published the 2019/2020 BCF Policy Framework which confirmed their ongoing commitment to supporting the integration of health and care. It confirmed the anticipated minimal change throughout 2019/2020, with the only notable alteration being a simplified planning and submission process.

At their March meeting Members received indicative funding for the Staffordshire BCF. As outlined in the BCF Policy Framework, the BCF National Conditions required an NHS contribution to adult social care. This involved a cash transfer from CCGs to local authorities. In Staffordshire the CCG cash transfer was anticipated to be in the region of £20.271m in 2019/2020, depending on the inflationary uplift. In addition the BCF mandates a minimum contribution from CCGs into the BCF pooled fund, which for Staffordshire in 2019/2020 was anticipated to be £42.927m.

The BCF Plan approval process would be assured and moderated regionally. Those deemed compliant would be put forward for approval by NHS England. Permission to spend from the CCG ringfenced contribution would be made by NHS England only after BCF Plan approval. This approval process presented risk in relation to both CCG cash transfers and to SCC and CCG minimum contribution to the BCF pooled fund. As planning templates and timescales had not yet been issued by NHS England, BCF approval was unlikely to be secured until late summer 2019. This meant that both SCC and CCGs were currently funding BCF schemes “at risk” and would have to do so until the plan was approved enabling the release of CCG funding. Members agreed this was unsatisfactory and requested the Co-Chairs escalate the Board’s concerns to the Secretary of State for Health and Social Care.

**RESOLVED** – That:

- a) the recent publication of the BCF Policy Framework be noted;

- b) the financial risk in relation to the funding of some services funded via CCG cash transfers be noted; and,
- c) the Co-Chair's escalate the Board's concerns to the Secretary of State for Health and Social Care.

## 9. Director of Public Health Annual Report

Members received a presentation on the Director of Public Health's draft Annual Report "Live Long and Prosper: Digital Technologies for Health and Wellbeing". The report considered the use of digital technologies in health and care and the opportunities they present, enabling individuals to take more control of their health and wellbeing and reduce dependence on health and care services, as well as transforming the way health and care services were organised and managed.

The report looked at the range of digital technologies in health and care, considering the evidence and benefit for:

- digital information, advice and guidance;
- consumer wearables;
- biometric monitoring and implantable drug delivery;
- linking electronic records;
- telemedicine;
- telecare/assistive technology;
- artificial intelligence; and
- care robots.

In considering these new technologies the Report made 17 recommendations around future use and developments. Members were asked to forward any comments on the draft report to the Director of Health and Care, with the finalised report being brought to the September H&WB.

Members asked that the use of new technology considered carefully any impact on the whole system, giving an example of missing people resulting in increasing referrals to the Police, often unnecessarily. It was important to ensure the right training went to the people sitting behind the technology.

Members also felt that one of the biggest challenges was around effective data sharing.

**RESOLVED** – That:

- a) the draft report be noted;
- b) the 17 recommendations be noted and any comments be forwarded to the Director for Health and Care;
- c) consideration be given to how the health and care system might deliver the key recommendations, these being shared at the September meeting.

## 10. Air Quality Project 2018 -2020

*[Mike Calverley, Health Protection and EPR Lead, and Matt Pringle, Connectivity Support Team, and Catherine Stephenson, Connectivity Manager, in attendance for this item.]*

The Staffordshire and Stoke-on-Trent Air Quality Project had been launched in July 2018 after a successful bid to Defra under their Air Quality Grant Scheme. The successful bid saw a grant of £208,000 in April 2018. The bid had four elements, including: business and school engagement; EV scoping and communication/behaviour change. The project partnership included all eight district and borough councils, Stoke-on-Trent City Council and SCC. A project board had been established, meeting quarterly, and a detailed project plan, with quarterly milestones, had been produced.

Members received details of progress to date and noted improving air quality would require significant behavioural changes. 20 June 2019 was clean air day, promoting the issues, and Members were referred to the Clean Air website which had useful information on this event.

**RESOLVED** – That the progress made be noted.

## **11. Mental Health Update**

The Board were updated on work around parental mental health and suicide prevention. Work had been undertaken to better understand the issue of parental mental health, specifically the challenges, gaps and potential improvements that could be made in identifying and supporting adults who are parents with emotional wellbeing and mental health needs. A number of recommendations were made which included: appropriate data sharing; utilising the Place Based Approach and a focus on whole family solutions; improved intelligence gathering; cultural changes across adult and children's services; governance; and a Children's Safeguarding Compact considered as part of every commissioning/procurement activity for adult health or social care. These recommendations were supported by the Staffordshire Safeguarding Children's Board (SSCB) and would be overseen by the Families Strategic Partnership Board.

Members also received details of a £300k funding bid to NHS England to support delivery of local suicide prevention plans, with a specific focus on prevention beyond secondary services and reduction within services via quality improvement.

Board Member ACC Jennie Sims asked that work be undertaken with partners to access funding for implementing environmental measures to prevent suicides in identified hotspot areas. Board Members Philip White and Craig Porter agree to take this issue back on behalf of SCC and the CCGs.

**RESOLVED** – That;

- a) the report be noted; and
- b) the issue of funding for environmental measures to prevent suicides in identified hotspot areas be raised with SCC and the CCGs.

## **12. Items for Information**

The H&WB received the following reports for information only:

- a) Creation of a Single Strategic Commissioning Organisation (sSCO) for NHS Services in Staffordshire and Stoke-on-Trent; and
- b) SCC Offer to the Integrated Care System.

### **13. STP**

Members were informed that a 12 week consultation on the STP was currently underway. Members received copies of the consultation documents, which included details of ways to feed back views to inform the consultation.

### **14. Forward Plan**

The H&WB noted their forward plan, and the addition of the following items for their September meeting:

- Family Strategic Partnership Board Annual Report;
- the H&WB Strategy;
- consultation follow-up; and
- CCG Commissioning intentions.

**Chairman**

Cllr Alan White  
Staffordshire Health and Wellbeing Board Co-Chair  
Cabinet Office  
Wedgwood Building  
Tipping Street  
Stafford  
ST16 2DH

2 July 2019

Dear Councillor White,

**Re: Threat to hearing aid provision in Staffordshire and Stoke-on-Trent**

I am writing to you from Action on Hearing Loss (formerly RNID), the largest national charity for people with hearing loss in the UK. We are writing to express our profound concerns about the potential restriction of access to hearing aids in your area – and hopefully secure your support in fighting these restrictions.

As you may be aware in October 2015 North Staffordshire CCG stopped providing hearing aids to patients with what they term as ‘mild’ hearing loss and restricted the provision of hearing aids for patients with ‘moderate’ hearing loss using a clinically unjustifiable questionnaire. North Staffordshire is the only area of the country to use such harsh restrictive policies. However, it is now possible the policies will be expanded across the entire Staffordshire and Stoke-on-Trent area.

We have learned that 6 CCGs across the Staffordshire and Stoke-on-Trent area are seeking to align their clinical policies. On most health topics they have been able to agree on their united policy going forward, however, they have been unable to agree on their policy for hearing aid provision. They are, therefore, planning a consultation on the matter, which is due to commence in September.

One possible outcome of this process is that North Staffordshire’s restrictive policy will be rolled out across the entire area. This would deny hearing aids to huge numbers of people who could benefit. This is something we simply cannot allow to happen.

---

Patron: His Royal Highness The Duke of York, KG Chairman: John Morgan

**Action on Hearing Loss is the trading name of The Royal National Institute for Deaf People.**

A registered charity in England and Wales (207720) and Scotland (SC038926).

Registered as a charitable company limited by guarantee in England and Wales No. 454169.

Registered office: 1-3 Highbury Station Road, London N1 1SE.

Page 9



There is overwhelming and comprehensive evidence that hearing aids improve hearing-specific health-related quality of life, general health-related quality of life and listening ability in people with mild to moderate hearing loss<sup>1</sup>. This evidence has directly influenced the development of the NICE Guidance on Hearing Loss in Adults<sup>2</sup>, which recommends fitting hearing aids to patients with hearing loss based on need and not on threshold alone. Furthermore hearing loss is now a national priority as demonstrated in the Action Plan on Hearing Loss<sup>3</sup> and the Commissioning Framework for people with hearing loss published by NHS England<sup>4</sup>.

Furthermore, there is growing evidence of the links between hearing loss and depression and dementia. Unaddressed hearing loss is associated with double the risk of depression<sup>5</sup>. Mild hearing loss is associated with twice the risk of dementia, moderate hearing loss with a 3-fold increase, and severe a 5-fold increase<sup>6</sup>. Furthermore, the rate of measured age-related cognitive decline is 75% less following the adoption of hearing devices<sup>7</sup> and estimates suggest if hearing loss were properly addressed, 9% of dementia cases could be prevented<sup>8</sup>.

It is incredibly important, therefore, that access to hearing aids is maintained for all who could benefit.

We are writing to ensure you are aware of the coming consultation and the potential consequences if restrictive policies are adopted. We also hope that you will be able to raise this issue within the Health and Wellbeing Board and lend your support during any engagement events that occur on this topic.

<sup>1</sup> Ferguson MA, Kitterick PT, Chong L, Edmondson-Jones M, Barker F, Hoare DJ. (2017). Hearing aids for mild to moderate hearing loss in adults. Cochrane Database of Systematic Reviews; Ciorba A, Bianchini C, Pelucchi S and Pastore A. (2012). The impact of hearing loss on the quality of life of elderly adults. *Clinical Interventions in Aging*. 7:159–163.

<sup>2</sup> NICE Hearing Loss in adults: assessment and management, 2018, (available at: <https://www.nice.org.uk/guidance/ng98>)

<sup>3</sup> Department of Health and NHS England (2015) Action Plan on Hearing Loss (available at: <https://www.england.nhs.uk/2015/03/23/hearing-loss/>)

<sup>4</sup> NHS England (2016) Commissioning Framework for adult hearing loss services: (available at: <https://www.england.nhs.uk/wp-content/uploads/2016/07/HLCF.pdf>)

<sup>5</sup> Saito, H., Nishiwaki, Y., Michikawa, T., Kikuchi, Y., Mizutari, K., Takebayashi, T., & Ogawa, K. (2010). Hearing handicap predicts the development of depressive symptoms after 3 years in older community-dwelling Japanese. *Journal of the American Geriatrics Society*, 58(1), 93-97.

<sup>6</sup> Lin, F. R., Metter, E. J., O'Brien, R. J., Resnick, S. M., Zonderman, A. B., & Ferrucci, L. (2011). Hearing loss and incident dementia. *Archives of neurology*, 68(2), 214-220.

<sup>7</sup> Maharani, A., Dawes, P., Nazroo, J., Tampubolon, G., Pendleton, N., SENSE Cog WP1 group, & Constantinidou, F. (2018). Longitudinal relationship between hearing aid use and cognitive function in older Americans. *Journal of the American Geriatrics Society*, 66(6), 1130-1136.

<sup>8</sup> Livingston, G., Sommerlad, A., Orgeta, V., Costafreda, S. G., Huntley, J., Ames, D., ... & Cooper, C. (2017). Dementia prevention, intervention, and care. *The Lancet*, 390(10113), 2673-2734.



We would also like to request a meeting with you to discuss this further. Our Audiology Specialist, Franki Oliver [fancesca.oliver@hearingloss.org.uk](mailto:fancesca.oliver@hearingloss.org.uk) would be happy to arrange such a meeting with you.

Yours sincerely,



**Mark Atkinson**  
Chief Executive  
Action on Hearing Loss  
[actiononhearingloss.org.uk](http://actiononhearingloss.org.uk)



## Staffordshire Health and Wellbeing Board – 06 September 2019

### Health and Wellbeing Board Terms of Reference

#### Recommendations

The Board is asked to:

- a. Comment on the decisions below.
- b. Accept the revised terms of reference.

#### Background

1. The Terms of Reference were agreed at the September 2018 Staffordshire Health and Wellbeing Board.
2. At the Board it was agreed to review these Terms of Reference manually. This report details a small number of adjustments to the document.
  - a. Paragraph 21: Agenda: Removal of 3 categories (Statutory items, Prevention items and System Issues items) for agenda, to simplify agenda setting.
  - b. Paragraph 23: Removal of Physical Activity Sub Group. It was agreed at the June 2019 Board that Tim Clegg would act as link between SASSOT and HWBB and the sub group would cease to function.

#### Decisions

3. The Board is asked to reflect on the Terms of Reference and agree the revised version, reflect on the role of the Board and linkages across the system and finally reflect on the Board Member Job Description.

#### List of Background Documents/Appendices:

[Appendix A – Membership and Terms of Reference Paper](#)

#### Contact Details

Board Sponsor: Dr Richard Harling, Director for Health and Care

Report Author: Jon Topham, Senior Commissioning Manager

Telephone No: 07794 491294

Email Address: [jonathan.topham@staffordshire.gov.uk](mailto:jonathan.topham@staffordshire.gov.uk)



## Staffordshire Health and Wellbeing Board – 05 September 2019

### Director of Public Health Annual Report Recommendations

#### Recommendations

The Board is asked to:

- a. Endorse the recommendations and agree the actions set out under paragraph 2.

#### Background

1. The Director of Public Health (DPH) Annual Report is part of the statutory duties of the DPH and is intended to highlight key local health and care issues. The 2019 Report is about digital technologies and focuses on opportunities to use these to improve health and well-being and health and care services. The report explores the evidence and the likely population impact if the technologies were implemented, and makes a number of recommendations. This short paper outlines how the Board might start to respond.
2. Following the presentation of the 2019 Director of Public Health Annual Report at the June Board, it was agreed that we reflect on the recommendations and consider how the Board supports implementation. The following table lists some recommendations and actions for the Board.

<b>Recommendation</b>	<b>Health and Well-being Board actions</b>
R1. Superfast Staffordshire should continue to expand physical infrastructure such as access to broadband.	Board to write to Darryl Evers to highlight the role of physical infrastructure for digital technologies in improving health and well-being and ask for an update on rollout.
R2. Staffordshire County Council, alongside relevant adult education and skills partners promote awareness of education and training opportunities to help residents develop basic digital skills.	Board to write to relevant Cabinet Member to ask that the Council promote awareness of education and training opportunities to help residents develop basic digital skills, along with details of how this will be achieved.
R3. Staffordshire Health and Wellbeing Board should take a lead in increasing public awareness of health and care digital technologies to help them improve health and wellbeing or better self-manage their condition.	Board to run a campaign for Supportive Communities including the role of digital information, advice and guidance.
R4. Staffordshire NHS and Staffordshire	Board to write to NHS provider trusts

<p>County Council should provide continuous learning and tools for the health and care workforce to enable them to develop the skills and knowledge to 'digitally prescribe' where there is a good evidence base.</p>	<p>and the Council to ask that they provide continuous learning and tools for the health and care workforce along with details of how this will be achieved.</p>
<p>R5. Staffordshire County Council and Staffordshire NHS should promote digital IAG to support people to live healthier and longer lives. ORCHA should be used as a resource to help individuals and front-line staff to access a range of applications that have been graded for their suitability and effectiveness.</p>	<p>Board to write to the Council and NHS provider trusts to ask that they promote digital IAG along with details of how this will be achieved.</p> <p>Board to support development of a 'toolbox' that incorporates information about ORCHA, digital information, advice and guidance, Assistive Technology and Telecare.</p>
<p>R6. Staffordshire NHS should promote use of the NHS app to help people manage their primary care online.</p>	<p>Board to write to STP digital lead asking for short report about how the NHS will promote the use of the NHS app to help people manage their primary care online, and details about coverage currently and anticipated.</p>
<p>R7. Staffordshire NHS should promote the use of applications such as MyCOPD to help people manage long-term conditions where there is good evidence that they are effective - and invest in them where there is good evidence that they are cost saving.</p>	<p>Board to write to STP digital lead asking for short report about how the NHS will promote applications to help people manage long-term conditions, and details about coverage currently and anticipated.</p>
<p>R8. Staffordshire NHS should roll out flash glucose monitors and insulin pumps for eligible diabetic people, in line with NHS policy and NICE guidelines.</p>	<p>Board to write to CCGs to ask for details about current and anticipated use of flash glucose monitors and insulin pumps.</p>
<p>R9. Staffordshire NHS through the STP digital workstream should keep abreast of developments with other biometric monitoring and implantable drug delivery devices and introduce these into clinical practice as evidence emerges to demonstrate their effectiveness and cost-effectiveness.</p>	<p>Board to write to STP digital lead asking for short report about how the NHS keeps abreast of these developments and any plans for introducing biometric monitoring and implantable drug delivery devices.</p>
<p>R10. The Health and Wellbeing Board should ask for a report on the Staffordshire</p>	<p>Board to write to STP digital lead asking for short report about the</p>

Integrated Care Record as it is rolled out to examine the benefits and costs.	Integrated Care Record.
R11. Staffordshire NHS, through the STP digital workstream, should ensure that GP telemedicine is thoroughly evaluated as it is rolled out.	Board to write to STP digital lead asking for short report about the roll out of GP telemedicine.
R12. Staffordshire NHS, through the STP digital workstream should explore opportunities to roll out teledermatology and teleradiology, within a properly regulated framework to ensure good standards of care.	Board to write to STP digital lead asking for short report about NHS plans for introducing teledermatology and teleradiology.
R13. Staffordshire NHS should roll out online CBT to expand access for people with depression and anxiety in line with NICE guidelines.	Board to write to CCGs to ask for details about current and anticipated access to online CBT.
R14. Staffordshire maternity services and health visitors should promote the use of Breastfeeding Friend to support women to initiate and sustain breastfeeding.	Board to write to UHNM to ask that they promote the use of Breastfeeding Friend along with details of how this will be achieved.
R15. The Health and Wellbeing Board should promote telecare and assistive technology and signpost people to useful devices.	Board to run a campaign for Supportive Communities including the role of telecare and assistive technology.
R16. The Health and Wellbeing Board should monitor the national evidence base for assistive technology and telecare and encourage local providers to participate in evaluation of telecare and assistive technology.	Board to sponsor a workshop for providers to highlight the opportunities from assistive technology and telecare.
R17. Staffordshire County Council and Staffordshire NHS should consider the role that robots might play in provision of care and should future-proof new facilities so that robots can be introduced as the technology matures.	Board to write to STP estates lead asking for assurance that the role of robots has been considered in the design of new facilities.

**List of Background Documents/Appendices:**

None

## **Contact Details**

Board Sponsor: Dr Richard Harling, Director for Health and Care

Report Author: Jon Topham, Senior Commissioning Manager

Telephone No: 07794 997621

Email Address: [jonathan.topham@staffordshire.gov.uk](mailto:jonathan.topham@staffordshire.gov.uk)

## Staffordshire Health and Wellbeing Board – 05 September 2019

### Public Health and Prevention Self-Help Programme

#### Recommendations

The Board is asked to:

- a. Endorse this approach as part of the Joint Health and Wellbeing Board Delivery Plan.
- b. Actively support and promote the communication campaigns through their organisational channels.
- c. Suggest how they can support and contribute to these campaigns.

#### Background

1. This report focuses on the delivery of the conversations part of the delivery plan for the Health and Wellbeing Board (HWBB) Strategy.
2. There is a growing demand for health and care services due to the increasing age of our population, but this is made worse by modern lifestyles. The HWBB has a stated ambition to increase healthy life expectancy. To achieve this we need people to take more control of their own health and wellbeing.
3. Staffordshire County Council will be running several communications campaigns throughout 2019/20 to educate people on how they can improve or maintain their own health and wellbeing and persuade them to take action.
4. We will maximise limited resources by using a mix of owned and earned channels, including social media, local media, email and other no-cost forms of digital communication, underpinned by a trusted source of online information advice and guidance. We will seek support from partners and stakeholders to help deliver and amplify messages.
5. There is a growing demand for health and care services due to the increasing age of our population, but this is made worse by modern lifestyles. About 40% of ill-health can be prevented if more people stop smoking, drink less, eat more healthily and get active.
6. We need people to take more control of their own health and wellbeing by ensuring people know what they need to do in order to live healthy lives and motivate them to take action. To enable this action, we can provide online tools, assistive technology and clear information, advice and guidance.
7. The Director or Public Health annual report 2019 'Live long and prosper: digital technologies for health and wellbeing' detailed specific recommendations for the Health and Wellbeing Board:

- a. To take a lead role in increasing public awareness of health and care digital technologies to help them improve health and wellbeing or better self-manage their condition.
- b. To promote telecare and assistive technology and signpost people to useful devices.

### **Current Activity**

8. Staffordshire County Council will be running several communications campaigns throughout 2019/20 to educate people on what they can do to improve or maintain their own health and wellbeing and then motivate them to take action.
9. The campaigns will help people to start, sustain or continue a behaviour change and remain independent by:
  - a. Educating people on the actions they can take to improve or maintain their own health and wellbeing
  - b. Persuading or motivating them to take action
  - c. Enabling change by signposting to trusted sources of information, advice and guidance, digital tools and assistive technologies, when appropriate.
10. The campaigns will cover four topic areas with the following objectives:
  - a. Sexual Health

Business objective: To reduce the number of residents aged 35+ who contract sexually transmitted infections (STI).

Campaign aims:

    - i. To educate the target audience around the continued need to practice safe sex and use a condom
    - ii. To bust any myths around STIs and safe sex believed by the target audience
  - b. NHS Health Checks

Business objective: To increase uptake rates of NHS Health Checks for residents aged 40+.

Campaign aims:

    - i. To educate people on the main risks to heart health
    - ii. To increase use of the online heart age tool
    - iii. To support the commissioned provider of NHS Health Checks to improve their communications activity to increase NHS Health Check uptake in at risk populations.



c. Supportive Communities

Business objective: To reduce the demand on health and social care.

Campaign aim:

- i. To encourage residents to do 'one more thing' to support family members, friends or neighbours to live more independently for longer as part of the #DoingOurBit campaign either by connecting people to community support, or through use of assistive technology or telecare

d. Suicide Prevention

Business objective: To reduce the number of people taking their own lives in Staffordshire.

Campaign aim:

- i. To educate people on the issue of suicide in Staffordshire and Stoke on Trent, busting common misconceptions and helping people to spot the potential signs. Particular focus will be given to suicide prevention in middle-aged men as the biggest at-risk group.
- ii. To ensure people know what action to take if they are concerned about themselves or someone they know

11. We anticipate that we will use the experience of the Board to support these campaigns as part of the conversations and communities part of the delivery plan for the HWBB Strategy.

### Issues

12. As we have limited financial resources to support these campaigns we will use a mix of owned and earned channels, including social media, local media, email and other no-cost forms of digital communication, underpinned by a trusted source of online information advice and guidance. We will seek support from partners and stakeholders to help deliver and amplify messages.

### List of Background Documents/Appendices:

None

### Contact Details

Board Sponsor: Dr Richard Harling, Director for Health and Care  
Report Author: Joanna Robinson, Senior Commissioning Manager  
Telephone No: 01785 276692  
Email Address: [Joanna.robinson@staffordshire.gov.uk](mailto:Joanna.robinson@staffordshire.gov.uk)



## Staffordshire Health and Wellbeing Board – 05 September 2019

### Re-Invigorating Health in All Policies

#### Recommendations

The Board is asked to:

- a. Commit to the role of members as ‘Champions for Change,’ for Health in All Policies (HiAP) to support implementation through the Board and within their own organisations.
- b. Agree the next steps for HiAP in Staffordshire as set out in paragraph 9.

#### Background

1. Health in All Policies (HiAP) recognises that the most important factors which affect the populations’ health are the ‘root causes’ or social determinants of health, rather than health services.
2. In March 2017, the Health and Wellbeing Board (HWB) agreed to embrace a HiAP approach. The key features were the intended role of HWB members as champions of HiAP within their own and across organisations; the incorporation of HiAP into the HWBB strategy and plan; and the intention to systematically adopt Health Impact Assessments (HIAs) or Community Impact Assessments (CIAs) in to decision making processes.
3. Following a workshop in September 2018 a workstream was developed with District and Borough Councils which included the production of data packs to facilitate the definition and development of local priorities for HiAP (e.g. green space, housing).
4. This resulted in range of priorities being set by the Districts and Boroughs with four producing definitive HiAP strategies or plans (Lichfield, Stafford, Newcastle-under-Lyme and South Staffordshire) as well as joint cross-directorate planning within the County Council.
5. HiAP complements local work to encourage healthy behaviours, People Helping People / developing supportive communities as well as sustainability.  
(Appendix 1a)

#### Recent developments

6. A King’s Fund report (2019) has highlighted the stalling of improvements in national life expectancy for the first time in 150 years. Their analysis shows this to be driven by health inequalities arising from the social determinants of health with the effects being felt by most, not just the worst off in society. (Appendix 1b)

7. The NHS Long Term Plan (2019) places great emphasis on the role of social determinants in NHS planning and outlines new requirement for local NHS systems to set out how they will reduce health inequalities. This includes joint planning with Local Authorities.
8. There are a growing number of tools to support HiAP. These include using existing frameworks more effectively (e.g. the LA National Planning & Priority Framework) to plan healthier places and coordinating multi-agency activity on critical health related issues such as obesity or climate change. (Appendix 1c).

### Next steps

9. Suggested next steps are:
  - a. Members signing up to a minimum standard for the development of HiAP activity within and across member organisations – with a view to establishing a baseline for a developmental and incrementally ambitious programme for HiAP.
  - b. Through these standards members agreeing to develop specific priorities for HiAP action within and across organisations (e.g. housing, obesity). In the first instance, to write to the CCG Accountable Officer suggesting a joint planning session on HiAP & Social Determinants in line with the NHS long term plan.
  - c. Members of Board to develop initial HiAP action plans for their organisations to bring to board for discussion. This could include focus on priority policy areas (e.g. workplace – NHS and smoking) or broader development of HiAP approaches.
  - d. Further supporting public health work which drives and facilitates the HiAP agenda across organisations /sectors (including existing work with Districts and Boroughs). For example, local development of facilitative HiAP tools (Appendix 1c) and a real or virtual Staffordshire-wide infrastructure. e.g. A HiAP on-line forum such as <https://khub.net/> for sharing learning and resources.
  - e. Development of a contextual broader HiAP narrative (Appendix 1a). This may include HWBB dialogue with the public to support the approach.

### List of Background Documents/Appendices:

[Appendix 1a – The HiAP narrative](#)

[Appendix 1b – The Social Determinants of Health & the life course approach](#)

[Appendix 1c – Resources and tools for developing HiAP](#)

### Contact Details

Board Sponsor: Richard Harling, Director for Health and Care  
Report Author: David Sugden, Commissioning Manager – Strategy and Policy



Telephone No: 01785 276707  
Email Address: [david.sugden@staffordshire.gov.uk](mailto:david.sugden@staffordshire.gov.uk)



## Staffordshire Health and Wellbeing Board – 05 September 2019

### Re-Invigorating Health in All Policies

#### Recommendations

The Board is asked to:

- a. Commit to the role of members as ‘Champions for Change,’ for Health in All Policies (HiAP) to support implementation through the Board and within their own organisations.
- b. Agree the next steps for HiAP in Staffordshire as set out in paragraph 9.

#### Background

1. Health in All Policies (HiAP) recognises that the most important factors which affect the populations’ health are the ‘root causes’ or social determinants of health, rather than health services.
2. In March 2017, the Health and Wellbeing Board (HWB) agreed to embrace a HiAP approach. The key features were the intended role of HWB members as champions of HiAP within their own and across organisations; the incorporation of HiAP into the HWBB strategy and plan; and the intention to systematically adopt Health Impact Assessments (HIAs) or Community Impact Assessments (CIAs) in to decision making processes.
3. Following a workshop in September 2018 a workstream was developed with District and Borough Councils which included the production of data packs to facilitate the definition and development of local priorities for HiAP (e.g. green space, housing).
4. This resulted in range of priorities being set by the Districts and Boroughs with four producing definitive HiAP strategies or plans (Lichfield, Stafford, Newcastle-under-Lyme and South Staffordshire) as well as joint cross-directorate planning within the County Council.
5. HiAP complements local work to encourage healthy behaviours, People Helping People / developing supportive communities as well as sustainability.  
(Appendix 1a)

#### Recent developments

6. A King’s Fund report (2019) has highlighted the stalling of improvements in national life expectancy for the first time in 150 years. Their analysis shows this to be driven by health inequalities arising from the social determinants of health with the effects being felt by most, not just the worst off in society. (Appendix 1b)

7. The NHS Long Term Plan (2019) places great emphasis on the role of social determinants in NHS planning and outlines new requirement for local NHS systems to set out how they will reduce health inequalities. This includes joint planning with Local Authorities.
8. There are a growing number of tools to support HiAP. These include using existing frameworks more effectively (e.g. the LA National Planning & Priority Framework) to plan healthier places and coordinating multi-agency activity on critical health related issues such as obesity or climate change. (Appendix 1c).

### **Next steps**

9. Suggested next steps are:

- a. Members signing up to a minimum standard for the development of HiAP activity within and across member organisations – with a view to establishing a baseline for a developmental and incrementally ambitious programme for HiAP.
- b. Through these standards members agreeing to develop specific priorities for HiAP action within and across organisations (e.g. housing, obesity). In the first instance, to write to the CCG Accountable Officer suggesting a joint planning session on HiAP & Social Determinants in line with the NHS long term plan.
- c. Members of Board to develop initial HiAP action plans for their organisations to bring to board for discussion. This could include focus on priority policy areas (e.g. workplace – NHS and smoking) or broader development of HiAP approaches.
- d. Further supporting public health work which drives and facilitates the HiAP agenda across organisations /sectors (including existing work with Districts and Boroughs). For example, local development of facilitative HiAP tools (Appendix 1c) and a real or virtual Staffordshire-wide infrastructure. e.g. A HiAP on-line forum such as <https://khub.net/> for sharing learning and resources.
- e. Development of a contextual broader HiAP narrative (Appendix 1a). This may include HWBB dialogue with the public to support the approach.

### **List of Background Documents/Appendices:**

[Appendix 1a – The HiAP narrative](#)

[Appendix 1b – The Social Determinants of Health & the life course approach](#)

[Appendix 1c – Resources and tools for developing HiAP](#)

### **Contact Details**

Board Sponsor: Richard Harling, Director for Health and Care  
Report Author: David Sugden, Commissioning Manager – Strategy and Policy





Telephone No: 01785 276707  
Email Address: [david.sugden@staffordshire.gov.uk](mailto:david.sugden@staffordshire.gov.uk)



## Staffordshire Health and Wellbeing Board – 05 September 2019

### Effective Prevention for those on the Cusp of Care - Summary Report

#### Recommendations

The Board is asked to:

- a. Consider and approve the focus for the next JSNA.
- b. Support the development of this JSNA.
- c. Consider the recommendation for further work in the next steps section.

#### Background

1. In September 2018 the Board agreed that the annual Joint Strategic Needs Assessment (JSNA) work programme would include an annual JSNA update, in addition to analysis and reporting of two key thematic areas. Over the last six months much work has been underway to support this, including a Housing Deep Dive as the first thematic area which was presented at the March 2019 Board.
2. The second thematic area was to focus on a better understanding of communities and people on the cusp of care. This report provides an overview of work that has been in development over previous months, which provides us with a better understanding of current and likely demand in the context of community and asset-based approaches, and therefore helps in progressing current prevention and earlier intervention strategies.
3. Our increased lifespan does not mean extra years in good health. Many people are living longer in poor health, with complex long-term conditions which impacts on:
  - a. Workforce, already under pressure with:
    - i. Significant vacancies
    - ii. High staff turnover with recruitment difficulties
    - iii. Closure of care homes
  - b. Finance – managing these issues in traditional ways is generating huge increases in costs. Providers face increased costs, for example due to increases in the national living wage which are not matched by available funding streams.
4. The new green paper “Advancing our health: prevention in the 2020s – consultation document” <sup>1</sup>, published 22<sup>nd</sup> July 2019 asserts that prevention

---

<sup>1</sup> <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

services will be more proactive, predictive and personalised. A new wave of intelligent Public Health is envisaged using NHS data and data generated by smart devices used by individuals. It also highlights the increasing importance of taking a population health approach, and how this will be a key part of future prevention work, aimed at improving the overall health of a population while reducing health inequalities.

5. Given the context the system needs to change, with a greater focus on prevention and ensuring we have the right strategies for changing demand, through a better understanding of the causes of ill-health and the drivers of demand.

### What is our demand?

6. In June 2019 alone, there were nearly 320,000 Staffordshire general practice appointments of which nearly half were with GPs. Almost 9 out of ten were face-to-face appointments. The remainder were mostly over the telephone, with a fraction of a percent using video conferencing or conducted online.
7. The bulk of local authority funded Adult Social Care demand is long term, with 9,800 care users as at 31st March 2019, accessing mainly home care (27%) but with significant proportions accessing professional support (18%), direct payment (17%) and residential care (17%).
8. There were 3,100 short-term adult social care users in Staffordshire as at March 2019, with their care packages mainly for equipment provision (83%).

### Adult social care service users are most likely to be:

- a. Aged 75 years or over (24% were aged 85 years or more)
- b. White British origin (94%)
- c. Living in deprived areas
- d. Living in Tamworth, East Staffordshire and Cannock Chase districts
- e. Physical support needs, whether that be for Personal Care Support or Access and Mobility.

We therefore have opportunity to reduce demand through prevention and earlier intervention.

	Short-term support	Long-term support
Number	n = 3,100	n = 9,800
Age group	24% aged 85+ 49% aged 75+ 69% aged 65+	29% aged 85+ 51% aged 75+ 62% aged 65+
Gender	64% female	60% female
Ethnic group	94% White British	95% White British
Deprivation	Rates for deprived 4.5 times higher than least deprived decile	Rates for deprived 2.4 times higher than least deprived decile
Mosaic group	14% Family Basics 12% Vintage Value	15% Vintage Value 11% Senior Security

	12% Modest Traditions 10% Senior Security	10% Aspiring Homemakers 9% Transient Renters
Primary Support Reason	48% physical - personal care support 37% physical - access and mobility only 10% - mental health or learning disability  Associated with: equipment packages, for example stair or bath lift or major adaptations	45% physical - personal care support 23% - mental health 17% - learning disability  Associated with: home care, direct payments and care homes, for LD also extra care/assistive living

*Table 1 - Characteristics of adult social care users in Staffordshire, March 2019*

9. An important qualification is that this data only relates to expenditure by local authorities (including money received from the NHS) on social care. It does not include private spending on care, for which there are no reliable estimates.
10. Overall 185,200 individual Staffordshire residents attended an A&E unit between April 2017 and March 2018. The average number of attendances per person was 1.62.

**Multiple A&E attendances are more likely to be:**

- aged under five or aged 65 and above
- White British
- from deprived areas
- living in Cannock, Lichfield and Tamworth districts
- medical attendances for “burns and scalds” and “diabetes and other endocrinological conditions”
- related to social problems such as alcoholism and homelessness
- related to mental health conditions

11. Similarities in characteristics identified between adult social care users and multiple A&E attenders:
- a. Elderly
  - b. More deprived
  - c. White British
  - d. Living in Tamworth and Cannock Chase districts

**Drivers of demand**

12. One of the key drivers of adult social care needs within any given area is population change. By 2029 the number of residents aged 75 and over, traditionally people who need the most support will rise more dramatically from 88,200 in 2019 to 117,900 in 2029, an increase of 34% or around 29,700 people.

13. Based on data from front door, Care Director records, front line staff and Fire and Rescue Service Safe and Well Checks, the main drivers of demand were grouped into three themes:
  - a. Carers
  - b. Housing
  - c. Social isolation
  
14. Population change is also a major contributor in GP and hospital activity, whilst other factors include:
  - a. Changes in medical technology
  - b. New ways of treating patients
  - c. Wider system factors
  - d. Population lifestyle choices
  - e. Increased numbers living with long term conditions
  - f. Rising expectations

### **Current work programme**

15. We are gradually developing the evidence base for the groups and individuals at risk of requiring health and care services. There are a number of existing or in development products which support our understanding of these areas:
  - a. Staffordshire JSNA Annual Update 2019 – provides an annual overview of key health and wellbeing issues for Staffordshire.
  - b. Analysis of ASC demand using a wide range of datasets and other intelligence to inform the supportive communities workstream. This included a better understanding of current demand and existing community assets to identify gaps, to support the redesign of a health and care information, advice and guidance offer.
  - c. Supportive Community District Data Packs – these identify areas with higher than average need and contribute to the supportive communities evidence base, whilst providing Members with a resource to signpost to local community solutions. Packs are currently produced at District level, and the value of doing these at a more micro level is currently being explored.
  - d. Primary Care Network (PCN) packs – currently in development with the aim of identifying health and care needs and assets across the 26 PCN localities. These will support the prevention agenda, linking closely to the community offer.
  - e. Creation of a local index to identify populations at higher risk of poor health and care to help target the Healthy Communities programme

### **Next Steps**

16. As outlined in the green paper, we have an opportunity to explore a more predictive approach to health and care, using data to better understand those individuals or specific populations more likely to benefit from support from NHS or

adult social care services. It also presents an opportunity to shape an appropriate response from our communities, as part of the rising prevention agenda.

17. In doing this, over the next six months we will take a population health management approach to better understand how existing and integrated care record data may support us developing an early warning system approach to predicting future demand and targeting prevention at the earliest opportunity.

### **List of Background Documents/Appendices:**

None

### **Contact Details**

Board Sponsor: Richard Harling, Director of Health and Care

Report Author: Martin Dudgon, Public Health Epidemiologist

Telephone No: 01785 854999

Email Address: [martin.dudgon@staffordshire.gov.uk](mailto:martin.dudgon@staffordshire.gov.uk)





## Staffordshire Health and Wellbeing Board – 05 September 2019

### Proposal to form a single Strategic Commissioning Organisation (CCG)

#### Recommendations

The Board is asked to:

- a. Note the progress on the proposal to form a single Strategic Commissioning Organisation

#### Background

1. The six Clinical Commissioning Groups (CCGs) across Staffordshire and Stoke-on Trent held a consultation, between the 9 May and 30 June 2019, on proposals to form a single Strategic Commissioning Organisation.
2. The consultation document was shared virtually with the Health and Wellbeing Board members to enable any feedback to be incorporated into the consultation process.
3. This report aims to provide an update on the proposal to form a single Strategic Commissioning Organisation and the next steps following the consultation.

#### The need to come together

4. The CCGs recognise the need to keep ahead of the growing and changing needs of the people living in Staffordshire and Stoke-on-Trent. This means being better at planning, buying and delivering health and care for local people.
5. The NHS Long Term Plan which was published earlier this year is all about working together effectively, with no barriers. Coming together is one way the CCGs can start to do this in Staffordshire and Stoke-on-Trent, to deliver health and care services more efficiently.
6. The six Governing Bodies asked for assurance on how a single Strategic Commissioning Organisation would:

<b>Clinical leadership</b>	Remain clinically led, and break down barriers in the interests of patients
<b>Local control</b>	Retain strong, local clinical and patient voices
<b>Local needs</b>	Respect that different areas of the county may have particular healthcare needs different to others and we need to consider these needs
<b>Money</b>	Ensure that no CCG would lose out financially as a result of a single Strategic Commissioning Organisation

### **The current arrangement**

7. The CCGs have been working more closely together over recent years:
  - a. **A single leadership team and staffing structure** so that where possible, the organisations do things once and not six times. But the CCGs continue to be mindful of the different needs of the smaller local areas
  - b. **Governing Body meetings held 'in common'** so that any strategic decisions that affect the whole population can be made quickly and consistently.
8. In December 2018, the CCGs wrote to NHS England, telling them they would like to explore the development of a single organisation.

### **Proposals**

#### **Option 1: Keep the current arrangements of six separate CCGs under a single leadership team**

9. The six CCGs stay as separate organisations, each responsible for their own statutory functions (legal obligations). The single leadership team will oversee the delivery of these, supported by meetings held jointly or 'in common'.
10. The CCGs will continue to work closely together, but will keep their own constitutions, and is responsible for its own local area. The constitutions will each need to be amended to reflect arrangements where Governing Body and members will meet jointly or 'in common' for any joint decision-making.

#### **Option 2: Develop a new, single CCG**

11. To form a single Strategic Commissioning Organisation for the county. The single leadership team will help a single Governing Body working to one set of statutory duties (legal obligations), rather than six. This will be supported by a single governance structure and single set of committee meetings

#### **Maintaining decision making for local people**

12. Whatever option is taken forwards, the CCGs' priority is to develop strong Divisions to help deliver the transformation set out in the NHS Long Term Plan about integrated care planning.
13. Clinical leadership from the GP membership will influence strategy over a larger footprint. The GP members will continue to work in local networks to inform decisions and services, based on local needs.
14. A single CCG would continue to be aligned with the Health Overview and Scrutiny Committee and Health and Wellbeing Boards at Staffordshire County Council and Stoke-on-Trent City Council.

### What happens next

15. A decision will be made by the CCGs' GP members in **September 2019**. The feedback from the consultation will be shared with the membership to help inform their decision.
16. If they agree to form a single organisation, the next step would be for the Governing Bodies to make a formal application to NHS England.

### List of Background Documents/Appendices:

[Appendix 1: Consultation Document on the single Strategic Commissioning Organisation](#)

### Contact Details

Report Author: Anna Collins, Associate Director for Communications and Engagement  
Telephone No: 07801404519  
Email Address: [anna.collins@northstaffsccg.nhs.net](mailto:anna.collins@northstaffsccg.nhs.net)



## Staffordshire Health and Wellbeing Board – 05 September 2019

### Revised Draft Carers Strategy

*(following 12 weeks of engagement)*

### Recommendations

The Board is asked to:

- a. Endorse the Staffordshire Strategy for Carers.
- b. Note that a review of the Carers pathway and services arrangements is underway.

### Background

1. The Council and the five Staffordshire CCGs are developing a Staffordshire Carers Strategy: 'All together for Carers'.
2. The Strategy sets out the statutory duties of the Council and the NHS for Carers under the Care Act 2014, Children and Families Act 2014 and the NHS Constitution.
3. It sets out seven priorities, based on national research, the NHS 10 Year Plan and learning from earlier consultations with carers:
  - a. Identifying carers
  - b. Improving information, advice and guidance
  - c. Staying healthy
  - d. A life outside of caring
  - e. Assessment and support
  - f. Crisis Management
  - g. Recognition and value
4. The Health and Wellbeing Board had the opportunity to comment on a draft version of the Strategy on 6<sup>th</sup> June, 2019.
5. Development of the Strategy has included a 12 week period of public consultation, from 29 April 2019 to 22 July 2019. The consultation was advertised through the Council's webpages and social media and promoted through a number of public, private and voluntary organisations, including the CCG, Support Staffordshire, Healthwatch, VAST, SCYVS, Staffordshire Schools via School Bag, GP's, Pharmacies, The Carers Hub, CASS, North Staffs Carers, as well as providers of Dom Care and Day Opportunities. A further push to encourage participation was undertaken during Carers Week in June via a press release.
6. Feedback on the Strategy could be submitted via email, telephone, post or completion of an online questionnaire, one for carers and another for professionals and other stakeholders, as well as attendance at one of six drop in events across the County. Commissioners met with a number of Carer Support

Organisations and the Carers Partnership Board to seek feedback and sought support from the Voice Project to consult with Young Carers.

7. The overwhelming feedback from the consultation was that the seven priorities are sensible, laudable and exactly what the Council and the CCGs should be doing to further enhance the lives of carers across Staffordshire.
8. A range of views emerged during the consultation and these have been reflected in the final version – the most prominent suggestions were:
  - a. The Council and the CCGs should review the carers pathway to ensure a single gateway and an equitable approach;
  - b. The Council and the CCGs should review currently commissioned services for carers to ensure that they are able to deliver the ambitions set out within the Strategy. With current commissioned arrangements expiring Sept 2020, a review of the Carers hub has already commenced.
  - c. The Council and the CCGs should consider how to strengthen relationships and joint working with the voluntary and community sector to improve collaborative working.

### **List of Background Documents/Appendices:**

[Appendix 1 – Staffordshire Strategy for Carers – “All together for Carers”](#)

### **Contact Details**

Board Sponsor: Cllr Alan White, Deputy Leader and Cabinet Member for Health, Care & Wellbeing

Report Author: Andy Marriott, Lead Commissioner (AAD/Mental Health)

Telephone No: 01782 277754

Email Address: [wholelifedisability@staffordshire.gov.uk](mailto:wholelifedisability@staffordshire.gov.uk)

## Staffordshire Health and Wellbeing Board – 05 September 2019

### Staffordshire Better Care Fund Plan 2019/20

#### Recommendations

The Board is asked to:

- a. Confirm the funding for the 2019/20 Staffordshire Better Care Fund (BCF) as set out in paragraph 5.
- b. Note the content of the 2019/20 Staffordshire BCF Plan as set out in paragraph 8.
- c. Confirm the delegation of the authority to sign off and submit the BCF Plan to the Co-Chairs.
- d. Note the submission and assurance timescales for the 2019/20 Staffordshire BCF Plan as set out in paragraph 14.

#### Background

1. In March 2019 the Health and Wellbeing Board noted the progress of the Staffordshire BCF during 2017-2019, agreed the extension of the current BCF schemes into 2019/20 and approved the delegation of the final sign-off of the 2019/20 plan to the Co-Chairs of the Board.
2. In June the HWB noted that the 2019/20 BCF Policy Framework had been published and also noted the financial risk presented by the delay in the publication of the BCF Planning Requirements.

#### BCF Planning Requirements

3. After being delayed for several months, BCF Planning Requirements were published on 18 July 2019. They give details of the submission and approvals process and confirm the uplift to the CCG cash transfers, which for Staffordshire, will be 5.3%.
4. As this represents an additional pressure to CCG budgets, additional funding is being made available to CCGs to meet this requirement.
5. The 2019/20 BCF Pooled Fund will be made up of the following funding:

CCG RNF transfers to SCC for ASC (previously SCISH)	18,037
CCG cash transfers to SCC for carers	601
CCG directly commissioned	123
<b>CCG contribution to ASC excluding Care Act</b>	<b>18,762</b>
CCG cash transfer for costs of Care Act	2,082
<b>Total CCG contribution to ASC</b>	<b>20,844</b>
<b>CCG aligned</b>	<b>42,172</b>

iBCF part 1	<b>23,202</b>
iBCF part 2	<b>5,003</b>
<b>Winter pressures</b>	<b>3,542</b>
<b>DFG</b>	<b>8,818</b>
<b>BCF Total</b>	<b>103,581</b>

### Development of the BCF Plan

6. The 2019/20 Staffordshire BCF Plan is being developed jointly between Staffordshire County Council and the Staffordshire Clinical Commissioning Groups.
7. In accordance with guidance from the national and regional teams, the BCF Plan will be largely a rollover of the 2017-19 Staffordshire BCF Plan.
8. The BCF Plan will include:
  - a. Income to and expenditure from the BCF pooled fund;
  - b. Performance metrics to be achieved, including those relating to the delayed transfers of care;
  - c. Our approach to person-centred, integrated care;
  - d. Our approach to integrating services;
  - e. Our approach to using the Disabled Facilities Grant to support the housing needs of people with disabilities;
  - f. System level alignment under the Sustainability and Transformation Partnership;
  - g. How we will continue to implement the High Impact Chance Model to manage transfers of care.

### Submission and Approvals

9. The 2019/20 Staffordshire BCF Plan has been agreed by the Joint Commissioning Board and will be approved by the CCG Governing Bodies.
10. In March 2019 the HWB approved delegation of the authority to sign off and submit the BCF Plan to the Co-Chairs. Accordingly, Dr Alison Bradley and Cllr Alan White will sign off and submit the BCF Plan.
11. The BCF Plan will be submitted no later than 27 September in line with the submission timescales.
12. There will be a simplified assurance process and plans will be assured and moderated regionally in a joint NHS and local government process. The assurance of plans will be a single stage, with two outcomes: “approved” or “not approved”.



13. There will be further updates to the HWB when we know the outcome of this process.
14. Timescales for submission and assurance of the BCF Plan are as follows:
  - a. BCF Plan submission: 27 September;
  - b. Scrutiny of plans by regional assurance: end October;
  - c. Assurance recommendations considered by departments and NHSE: 5-15 November;
  - d. Approval letters issued giving formal permission to spend: w/c 18 November;
  - e. Section 75 agreements to be signed and in place: 15 December.

### **BCF Funding Risk**

15. The HWB have previously been informed of the financial risk in relation to the late publication of the BCF Planning Requirements and that left the Council spending at risk.
16. Following some assurance from NHSE to the CCGs, they have agreed to begin transferring the contribution adult social care, with payment for the first quarter of 2019/20 initially followed by payment of the remainder on a monthly basis. On receipt of payment the Council's financial risk will be mitigated.

### **List of Background Documents/Appendices:**

None

### **Contact Details**

Board Sponsor: Dr Richard Harling, Director for Health and Care

Report Author: Jenny Pierpoint, Portfolio Manager

Telephone No: 07773 791371

Email Address: [jenny.pierpoint@staffordshire.gov.uk](mailto:jenny.pierpoint@staffordshire.gov.uk)



## Staffordshire Health and Wellbeing Board – 05 September 2019

### Together We're Better Listening Exercise and Developing the Five Year Plan

#### Recommendations

The Board is asked to:

- a. Consider the information provided and comment on the approach to developing the Five Year System Plan.

#### Background

1. The Together We're Better partnership launched a listening exercise on the 3 June 2019 to seek views on health and care services in Staffordshire and Stoke-on-Trent.
2. The listening exercise is the next major milestone on the system-wide journey to improve services and respond to the challenges and opportunities identified in the Case for Change. Since the STP plan was published in 2016, partners and clinicians have been working to identify these challenges and opportunities locally. This work has a golden thread that links to the national Long Term Plan and future service changes that may require formal consultation:
  - a. Access to **urgent and emergency care services** that are appropriate and deliver that care within the right setting. This includes working with other parts of the system to ensure that people are not having to access urgent and emergency care for exacerbations of conditions that should be managed in other ways
  - b. **Care integrated around the individual**, delivered as close to home as possible
  - c. **Integrated and efficient complex care pathways** that are simple to navigate, with rapid access to specialists and diagnostics
  - d. **Enhanced primary care and community services**, aiming for continuity of care pathways which will be improved by working alongside social care and the voluntary sector
  - e. **Supporting care that provides integrated mental and physical health services within the community.**
3. This listening exercise is the start of a formal involvement process to gather local experiences and views, to identify any new challenges or opportunities and inform any future proposals for service change. The listening exercise will capture feedback from across health and care services. However, it is particularly focused on the areas highlighted in the Case for Change that may require significant transformation.
4. The feedback will be taken forward by the partnership's work programmes to inform the development of a Pre Consultation Business Case for any areas

identified as requiring significant transformation. It will also be used to inform the development of the system Long Term Plan refresh in Autumn 2019.

5. The CCGs, as the statutory decision authorities, will ultimately be responsible for this listening exercise and will receive the feedback report in Autumn 2019 to inform their decision whether to proceed to the next assurance stage.

### **Developing the Five Year Plan**

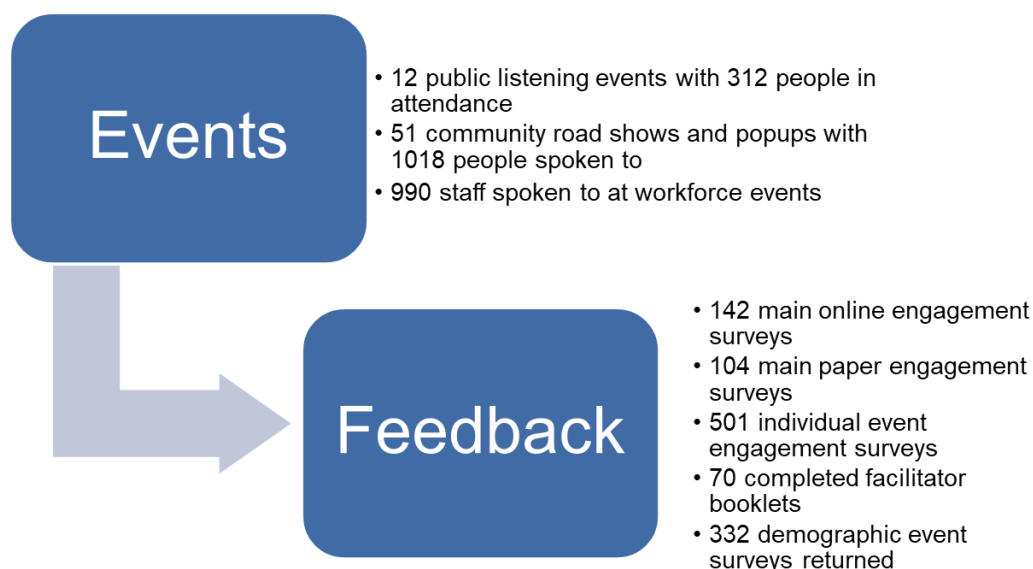
6. Together We're Better is required to publish its refreshed system Five Year Plan by Autumn 2019. This will address the national ambitions set out in NHS England's Long Term Plan (January 2019) and respond to the challenges and opportunities faced by our staff, public and partners locally.
7. This is one plan for the whole system, owned by all partners, and will help us realise our vision: working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work. Although the national Long Term Plan is NHS focused, integration is an essential theme and we're committed to developing a system-wide plan, which is collaborative across health, social care and the voluntary sector.
8. The ambitions set out in the national plan are challenging but realistic and reaffirm our ambitions locally. Much of the work Together We're Better has been doing over the past two years is reflected in the priorities set nationally. This is an opportunity for us to engage local people, the workforce and partners as we refresh our priorities for the next five years.
9. There is a commitment locally and nationally that this plan will be developed in an ongoing open, transparent dialogue. In particular, we need to:
  - a. Work to understand the aspirations of the service users and communities we serve (including democratic representatives)
  - b. Involve clinicians and the full range of health and care professionals
  - c. Build partnerships across the NHS, local government and voluntary sector.
10. The framework sets out the national ambition for local plans to set out the practical improvements in the services that people will see. It is important to show in concrete, not just aspirational, terms how a shared vision will translate into reality in Staffordshire and Stoke-on-Trent, including how the system will tackle the five major service changes outlined in the NHS Long Term Plan:
  - a. Boosting out-of-hospital care
  - b. Redesigning and reducing pressure on hospital services
  - c. Giving people more control over their own health and more personalised care when they need it
  - d. Mainstreaming digitally enabled primary and outpatient care
  - e. Focusing on population health and local partnerships with local authority-funded services.

## One conversation

11. The Health and Care Transformation Board and the CCGs agreed that there would be “One Conversation” to capture feedback. This aims to reduce confusion and involvement “fatigue” for service users, staff, partners and public. The feedback gathered will be used to inform:
  - a. Day to day service improvements
  - b. Any future proposals for system change
  - c. System Five Year Plan.
  
12. Involvement of patients, stakeholders, health and care staff and the wider public will drive this process; involvement includes:
  - a. Face to face events: 13 public listening events across the county (additional dates in Stafford and Tamworth), roadshows in high footfall locations, workforce involvement, attending existing meetings in local communities and service user involvement in clinics
  - b. Public survey, available online and in hard copy
  - c. A public-facing Issues Paper, based on the technical Case for Change, outlines local health and care challenges and opportunities.
  
13. This process is being supported by communication activity to raise awareness of the opportunities to take part. Appropriate communication channels are being used to inform people about the events and how they can get involved including media releases, social media and CCGs and partners’ communication channels with members and participants.

## Activity summary

\*Note numbers are changing as more events are completed.



## **Capturing feedback**

14. All feedback is being captured through a number of structured tools:

- a. Online and hard copy versions of the main survey
- b. A shorter survey that is used at pop-up/smaller roadshow events
- c. A note taker template, used at community events to capture general comments/feedback from people who are not completing the survey
- d. Listening events – a bespoke survey template that individuals on the table and also the facilitators are completing.

## **Emerging themes**

15. Below is a high-level summary of the emerging themes received through the events held so far.

### **a. Local services**

- i. Need to maintain services locally and understand local needs – multiple comments about maintaining services at local community hospitals
- ii. Maintain A&E department at County Hospital and restore 24/7 access
- iii. Lack of awareness around the services that are available and need to promote services underutilised (especially County Hospital)
- iv. Need to improve access for community diagnostic services
- v. Need to have more after care support closer to home (especially cancer).

### **b. Primary care appointments**

- i. 10-minute appointments with GPs are not long enough
- ii. Access to GP appointments is inconsistent across practices and can be difficult to get an appointment
- iii. Did not attend (DNA) appointments – comments about charging or having standby appointments for DNAs. Also comments about the risks of not understanding why people have missed their appointments
- iv. Importance of making more Skype appointments available, but a need to support people who do not use technology
- v. Lack of home visits for medication reviews.

### **c. Prevention**

- i. Need to take a preventative response rather than reactive
- ii. Need to work closely with the voluntary sector and raise awareness amongst GPs of the support available – recognition of the role the sector can play in reducing social isolation
- iii. Cuts in prevention services e.g. stop smoking support will have a long-term impact on people's health

- iv. Need to promote the opportunities for people to self-care and the local services available.

**d. Mental health**

- i. CAMHS services need to improve
- ii. Long waiting times
- iii. Reopen George Bryan Centre in Tamworth
- iv. Need to improve mental health support in schools (including signposting)
- v. Need to clarify the mental health services available in Tamworth since the fire.

**e. Maternity**

- i. More awareness is needed about safety of giving birth at a midwife led unit. Women will choose to give birth at a consultant unit to avoid risk of complications
- ii. Women are asked to choose where to give birth too early in their pregnancy
- iii. Health visitor clinics post birth are impersonal and do not give enough time for parents to ask questions
- iv. Discharge after birth can take too long
- v. Afterthought service “amazing”.

**f. General**

- i. Travel to specialist appointments – not easy to get to appointments (multiple bus journeys), cost and impact on visitors
- ii. Accessibility standards not consistently applied. Need to automatically book interpreters for people with hearing impairments. Importance of continuity of interpreter
- iii. Need to reduce waiting times (generally as well as some specific services)
- iv. Lack of communication between some services
- v. Lack of continuity of carer (GPs and health visitors in particular)
- vi. Positive feedback around cancer, trauma, maternity, perinatal mental health services
- vii. Positive feedback on the resilience and care delivered by staff.

16. To note that these themes have not been analysed at this stage and are meant to provide a snapshot of the type of feedback received through the events to date. A detailed analysis of all commentary will be undertaken by NHS Midlands and Lancashire CSU at the end of this listening exercise and a Report of Findings will be produced in Autumn 2019.

**Media and social media update**

17. We have worked with the local media to promote the listening exercise events and the general themes being discussed.

18. 1:1 interviews have been given with the Local Democracy Reporter, Tamworth Herald, Radio Stoke, Signal One, Moorlands Radio. There has been coverage in the above publications as well as the Burton Mail, Sentinel, Staffordshire Live, Lichfield Mercury, Derbyshire Live and Express and Star.
19. In Tamworth, Burton and Stafford the coverage related mainly to concerns about the future of the Sir Robert Peel Hospital and A&E departments. The Communications and Engagement Team and also the providers issued statements to reassure people that there were no proposals or options at this stage.
20. This activity is supported by social media promotion on Facebook and Twitter. A series of short videos have been produced with work programme clinicians discussing the key themes of the listening exercise.

### **Seldom heard groups**

21. An Equality Impact Assessment has been developed to inform the involvement approach with seldom heard groups to meet the CCGs duties under the Equality Act 2010. This is available on the Together We're Better website.
22. The Communications and Engagement Team is working closely with the CCGs' Local Equality Advisory Forum (LEAF) and the voluntary sector to identify opportunities to involve and empower these groups to get involved. The feedback from LEAF, patient groups, the Local Representatives group and the voluntary sector has helped inform the approach to involvement activity. This includes identifying local community and voluntary sector groups that can reach seldom heard groups.
23. Due regard to the needs of people with protected characteristics will be made in the approach to involvement, accessibility of the involvement process and when considering future options. Every effort will be made to ensure that involvement with protected groups takes place through organisations which represent those groups. Equality monitoring data will be gathered (although optional for participants to provide) through the survey.
24. The Communications and Engagement Team will ensure communications are accessible by:
  - a. Writing in plain language
  - b. Using visuals (including diagrams and easy read documents)
  - c. Providing access to other languages
  - d. Arranging events to be at different times and days of the week to maximise attendance
  - e. Using digital tools including webinars to support people who may not be able to attend face-to-face events
  - f. Providing reasonable adjustment and support. For example, organising a workshop with ASIST Advocacy services, a group of people with learning



- disabilities which will be facilitated by their trained support workers and working with Deaflinks to conduct a focus group in British Sign Language
- g. Choosing venues for public events which meet Equality Act 2010 requirements. All participants will, therefore, be asked to specify any particular needs for which reasonable adjustment will be made.
25. The partnership will build on relationships with the voluntary and community sector, to utilise existing networks and their knowledge of working with seldom heard groups. Using these networks, the approach will include working with trusted advocates, for example liaison officers for the homeless or the Gypsy, Roma and travelling communities to support conversations in a way that is approachable and understandable.

### **Local Representatives**

26. The Local Representatives group consists of local patients and voluntary sector representatives who meet every 6-8 weeks to help inform the partnership's approach to involvement. The public issues paper was co-designed with the volunteer Local Representatives group, alongside key stakeholders (including Healthwatch, voluntary and community sector, patient groups and local authorities) and the workforce.
27. A workshop was held with the Local Representatives on the 24 July to gather views on the initial draft priorities.
28. The representatives reviewed the feedback received through Healthwatch activity and the listening exercise so far. Their comments will help us to target our involvement activity and to further refine the priorities that will be put forward in the plan.

### **Healthwatch involvement update**

29. In addition to the listening events being organised by the Communications and Engagement Team, Healthwatch Staffordshire and Healthwatch Stoke-on-Trent were commissioned by NHS England to gather feedback to inform the Five Year Plan. This included:
- a. Two surveys promoted widely: a general survey about health and care services and a specific survey aimed at people with long term conditions
  - b. A focus group with children and young people (identified as a priority with Together We're Better)
  - c. A focus group with the public to review NHS support within the care home sector
30. The Healthwatch organisations have produced their report of findings, which includes the following recommendations:

- a. Focus on prevention, including identification of priority areas based on population health together with long-term financial investment and a clear line of accountability for achieving positive change
  - b. Health and Care services to develop a joined-up approach to communication and information provision for all members of our communities so that they are enabled to keep themselves well whilst taking account of Data Protection legislation
  - c. Community assets that alleviate loneliness or promote communities should be considered, monitored and recognised as integral to the overall approach. This includes engaging the third sector in a meaningful way and accepting that financial investment is needed in the third sector if a gap cannot be met by health and care services
  - d. Transport should be understood as a key determinant of health, especially in rural communities. It should be at the heart of planning beyond the placement of health and care services and done so jointly
  - e. Carers should be supported to fulfil their role and services such as respite given higher priority
  - f. Access to mental health should be improved and recognition of possible mental health conditions be considered when diagnosing conditions
  - g. The use of technology in healthcare should be a choice, addressing the needs of patients who may not be comfortable with it but maximising opportunity for those that are
  - h. Easier access to test results and information where appropriate so that patients can become active participants in their care
  - i. Improved communication between services and move towards an integrated, digital system
  - j. GP reception staff should be trained to communicate with young people and other vulnerable groups to enable them to feel more confident to engage. This should form part of Care Navigation training where delivered
  - k. Every effort should be made to ensure continuity of care in all settings, especially with at-risk groups and young people for whom the building of a relationship is important
  - l. The NHS' comprehensive service should extend to residential care and care homes, providing simple access to services such as physio's, occupational therapists, dentists and district nursing, hearing specialists and others
  - m. Staff training in care homes should be key priority for the NHS as well as increased supervision of establishments where required
31. The individual Together We're Better work programmes and the Boards will be reviewing the full report, alongside the listening exercise Report of Findings to inform the system's Five Year Plan.
32. The full Healthwatch report can be found on the Healthwatch partners' websites.

### Steps

33. All feedback is currently being inputted to support independent analysis. The CSU will then produce a report of findings in Autumn 2019.

34. In the meantime, key themes are being shared with the partnership's work programmes to help inform the development of the Pre Consultation Business Case and the Five Year Plan.
35. In the Autumn it is anticipated work programmes will be in a position to produce their long list of options. This will be based on the relevant data analysis, clinical feedback and the listening exercise feedback. The programmes will then follow a best practice approach to develop a short list of options to be included in the Pre Consultation Business Case. This approach will include working with clinicians, staff and patient representatives to provide an open, transparent and robust list of options to be considered by the partnership and the CCGs as the statutory authorities.
36. The partnership is keen to work closely with the Board at every step of this journey and welcomes the opportunity to provide a further update in Autumn 2019.

#### **Further information**

37. For more information and to access the online survey visit [www.twbstaffsandstoke.org.uk](http://www.twbstaffsandstoke.org.uk) or email [TWBcomms@staffordshire.gov.uk](mailto:TWBcomms@staffordshire.gov.uk)

#### **List of Background Documents/Appendices:**

- [Appendix 1: Public Issues Paper](#)  
[Appendix 2: NHS England Long Term Plan Summary](#)  
[Appendix 3: Five Year Plan Draft Priorities](#)

#### **Contact Details**

Report Author: Anna Collins, Associate Director for Communications and Engagement

Telephone No: 01782 298196

Email Address: [anna.collins@northstaffsccg.nhs.uk](mailto:anna.collins@northstaffsccg.nhs.uk)





# STAFFORDSHIRE HEALTH AND WELLBEING BOARD

## FORWARD PLAN 2019/2020

This document sets out the Forward Plan for the Staffordshire Health and Wellbeing Board.

Health and Wellbeing Boards were established through the Health and Social Care Act 2012. They were set up to bring together key partners across the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch to lead the agenda for health and wellbeing within an area. The Board has a duty to assess the needs of the area through Joint Strategic Needs Assessment and from that develop a clear strategy for addressing those needs – a Joint Health and Wellbeing Strategy. The Board met in shadow form before taking on its formal status from April 2013.

The Forward Plan is a working document and if an issue of importance is identified at any point throughout the year that should be discussed as a priority this item will be included.

Councillor Councillor Alan White and Dr Alison Bradley  
**Co- Chairs**

If you would like to know more about our work programme, please get in touch on 07794 997 621

Unless otherwise stated public Board meetings are held in Staffordshire Place 1, Trentham and Rudyard Rooms, at 3.00pm.

Public Board Meetings:  
6 June 2019  
5 September 2019  
5 December 2019  
5 March 2020

Date of meeting	Item	Details	Outcome
<b>6 June 2019 PUBLIC BOARD MEETING</b>	<b>Director of Public Health Annual Report</b> Report Author – Jon Topham Lead Board Member – Richard Harling	Annual report this year is “Live Long & Prosper: Digital Technologies for Health and Wellbeing”	The draft report was shared with Members, with the final report being brought to their September meeting
	<b>Suicide Prevention Update</b> Report Author – Vicky Rowley Lead Board Member -	An update on parental mental health and suicide prevention.	Funding for environmental measures to prevent suicides in identifiable hotspot areas to be raised with SCC and the CCGs by Cllr Philip White and CCGs Craig Porter
	<b>District Council &amp; H&amp;WB</b> Report Author – Lead Board Member - Tim Clegg	Presentation outlining the work of district & borough Councils in promoting health and wellbeing.	Continued engagement with partners to promote health and wellbeing.
	<b>Air Quality</b> Report Author – Mike Calverley Lead Board Member – Richard Harling	A report on Air Quality last came to the Board on 7 December 2017.	Progress noted.
	<b>Children’s Safeguarding</b> Report Author – Kate Sharratt Lead Board Member -	Outline the new arrangements for the Stoke-on-Trent & Staffordshire Safeguarding Children’s Board.	The new arrangements be noted.
	<b>H&amp;WB Strategy – Delivery Plan</b> Report Author – Jon Topham Lead Board Member – Richard Harling	Considering “Staffordshire H&WB Strategy – An Approach to Delivery” and “Public Health and Prevention Supportive, Communities”	Considered a number of delivery approaches, and included: re-energising public conversations; leadership for HiAP; and leadership for targeted JSNA.
	<b>Carers Strategy</b> Report Author – Gill Morris Lead Board Member -	SCC & the CCGs new draft all age carers strategy “All Together for Carers”	Members to provide feedback on the Strategy as part of the consultation process.
	<b>BCF</b> Report Author – Jennie Pierpont Lead Board Member – Richard Harling	Highlighting concerns around timescales/funding of the BCF	That the concerns be escalated to the Secretary of State for Health and Social Care.
	<b>Physical Inactivity</b> Report Author – Ben Holland Lead Board Member - Glynn Luznyj	Changes to Physical Inactivity governance.	SASSOT be recognised as the lead agency for physical activity, with consideration being given to how their work will be reported back to the H&WB.

Date of meeting	Item	Details	Outcome
<b>5 September 2019 PUBLIC BOARD MEETING</b>	<b>End of Life Conversation with the Public – progress report</b> Report Author – Dave Sugden Lead Board Member – Richard Harling	At the September 2018 meeting Board Members requested a progress report on the end of life work stream with providers to help imbed learning from the campaign in 6 – 12 months time.	
	<b>Family Strategic Partnership Board Annual Report</b> Report Author – Lead Board Member – Helen Riley		
	<b>H&amp;WB Strategy</b> Report Author – Jon Topham Lead Board Member – Richard Harling		
	<b>STP Consultation follow-up</b> Report Author – Lead Board Member -		
	<b>SCC &amp; CCG Commissioning intentions</b>		
	<b>Review of Terms of Reference</b> Report Author – Jon Topham Lead Board Member – Richard Harling		
	<b>DPH Annual Report</b> Report Author – Richard Harling Lead Board Member – Richard Harling		
	<b>JSNA deep dive – Communities</b> Report Author – Lead Board Member – Helen Riley		
	<b>Re-energised Public Conversations</b> Report Author – Lead Board Member -		
	<b>HiAP Leadership</b>		

Date of meeting	Item	Details	Outcome
	<b>BCF</b> Report Author Lead Board Member -		
	<b>MPTF &amp; H&amp;WB</b>		
	<b>CCG Merger</b>		

### H&WB Statutory Responsibility Documents

Document	Background	Timings
Pharmaceutical Needs Assessment (PNA)	<p>The PNA looks at current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets the current and future population needs for Staffordshire residents and identifies any potential gaps in current services or improvements that could be made.</p> <p>The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to HWBs.</p>	<p>The current PNA was published in March 2018.</p> <p>The PNA is reviewed every three years (the next assessment is due in 2021)</p>
Joint Strategic Needs Assessment (JSNA)	<p>The H&amp;WB arrange for:</p> <ul style="list-style-type: none"> <li>• an annual JSNA update report</li> <li>• 2 deep dive reports per year</li> <li>• Quarterly exception reporting</li> </ul>	The Annual JSNA report comes to the March H&WB.
Joint Health and Wellbeing Strategy (JHWS)	The JHWS sets out how the needs identified in the JSNA will be prioritised and addressed.	JHWS was adopted by the H&WB at their June 2018. An action plan will be developed to set out how the Strategy will be delivered.
CCG and Social Care Commissioning Plans	The H&WB receive annually details of both CCG commissioning plans and Social Care to consider whether these have taken proper account of the JHWS.	Annually, normally at the March meeting.

Board Membership Role	Member	Substitute Member
Staffordshire County Council Cabinet Members	<p><b>CO CHAIR - Alan White</b> – Cabinet Member for Health, Care and Wellbeing</p> <p>Mark Sutton – Cabinet Member for Children and Young People</p> <p>Philip White – Cabinet Support Member for Learning and Employability</p>	Gill Burnett – Cabinet Support Member for Adult Safeguarding



Director for Families and Communities	Helen Riley – Deputy Chief Executive and Director for Families and Communities	Mick Harrison – Commissioner for Safety, Children & Families
Director for Health and Care	Richard Harling – Director of Health and Care	Karen Bryson – Assistant Director, Public Health & Prevention
A representative of Healthwatch	Maggie Matthews – Healthwatch Advisory Board Chair	Robin Morrison – Chief Executive, Healthwatch Staffordshire Simon Fogell – Executive Director
A representative of each relevant Clinical Commissioning Group	Gary Free – Chair of Cannock Chase CCG Paddy Hannigan – Chair of Stafford and Surrounds CCG Shammy Noor – Chair of South East Staffs and Seisdon Peninsula CCG Rachel Gallyot – Chair of East Staffs CCG <b>CO CHAIR - Alison Bradley</b> - Chair of North Staffs CCG	Marcus Warnes – Chief Operating Officer
Representative of the CCG Accountable Officer	Craig Porter – CCG Managing Director of South West Division	tbc

Staffordshire's Health and Wellbeing Board has agreed to the following **additional representatives** on the Board:

<b>Role</b>	<b>Member</b>	<b>Substitute Member</b>
District and Borough Elected Member representatives	Roger Lees – Deputy Leader South Staffordshire District Council Jeremy Pert – Cabinet Member (Community Portfolio) Stafford Borough Council	Brian Edwards
District and Borough Chief Executive	Tim Clegg – Chief Executive Stafford Borough Council	tbc
Staffordshire Police	ACC Jennie Sims	tbc
Staffordshire Fire and Rescue Service	Howard Watts – Director of Prevent and Protection	Jim Bywater
Together We're Better - Staffordshire Transformation Programme	Simon Whitehouse – Programme Director	
Voluntary Sector	Phil Pusey – Chief Executive SCYVS Garry Jones – Chief Executive Support Staffordshire	tbc

