



MINUTES OF THE MEETING HELD AT 10 AM ON 20 DECEMBER 2010

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Present

Members

- Mr K Barrow – Leader of Shropshire Council
- Mrs A Caesar-Homden – Portfolio Holder for Children Services, Shropshire Council
- Mr H Darbhanga – Non-Executive Director, Shropshire County Primary Care Trust
- Dr H Herritty – Chairman of Shropshire County Primary Care Trust (Chairman)
- Mr W Hutton – Non-Executive Director, Shropshire County Primary Care Trust
- Mr S Jones – Portfolio Holder for Adult Services, Shropshire Council

Officers

- Mrs J Chambers – Chief Executive, Shropshire County Primary Care Trust
- Mrs V Beint – Corporate Director, Community Services, Shropshire Council
- Mr K Ryley – Chief Executive, Shropshire Council
- Mr D Taylor – Corporate Director, Children and Young People Services, Shropshire Council

In attendance

- Prof R Thomson – Director of Public Health
- Dr K Lewis – Director, Help to Change, Shropshire County Primary Care Trust

1. **Apologies for Absence**

- 1.1 There were no apologies for absence

2. **Declarations of Interest**

- 2.1 There were no declarations of interest.

3. **Minutes**

The Board received the minutes of the meeting held on 30 October 2009 and the notes of the informal meeting held on 23 November 2009.

- 3.1 **RESOLVED:** that the minutes of the meeting held on 30 October 2009 be approved and signed by the Chairman as a correct record.

On matters arising the Chief Executive of the Primary Care Trust (PCT) reminded the Board of Membership as agreed at the meeting on 30 October 2009 which confirmed that members of the JMB for the Council were the Leader of the Council and the Cabinet Members with responsibility for Adult Social Care and Children and Young People, as well as the Directors of Community Services and Children and Young People. For the PCT, the members of the JMB were the Chair of the PCT Board and two other Non Executive Board Members, as well as the PCT Chief Executive and Deputy Chief Executive. The Director of Public Health and Director of Joint Commissioning would also attend JMB. It was noted that the membership would need to be updated to reflect recent changes to the local authority structure and the departure of the Director of Joint Commissioning.

4. Implementing the NHS White Paper Reforms – Developing a Transition Health & Wellbeing Board

- 4.1 The Board received the report of the Director of Community Services outlining proposals contained in the NHS White Paper with regard to the establishment of Health and Wellbeing Boards. The report had been written prior to Government's response to the consultation on the white paper which had been published on 15 December.
- 4.2 The Board received information on the four main areas in health where local authorities would have greater responsibility. Directors of Public Health would also be transferring to local authorities, although the transfer of public health resources had yet to be quantified. Work was ongoing on advocacy services and how local authorities would support LINKs which would become the local HealthWatch. It was stressed that the Health and Wellbeing Board (HWB) would not be a commissioning board but would have influence over NHS and local authority commissioning.
- 4.3 With regard to membership of the HWB, this was set out at paragraph 18 and guidance indicated that it was up to local authorities if they wished to expand membership when relevant. It was intended that HWB's would not be overly bureaucratic but should be fit for purpose and fit in with the local perspective.
- 4.4 Joint Strategic Needs Assessments (JSNAs) would become even more significant to help shape commissioning across the NHS and GP Commissioners would need to develop their plans on the basis of local health needs identified in the JSNA.
- 4.5 It was intended to report to the next meeting draft terms of reference for the HWB, developed in consultation with local partners. The Local Government Improvement and Development (LGID) would provide support for transitional arrangements and a timeline had been developed as at Appendix B. Proposals for local HealthWatch were also appended.
- 4.6 The Director of Community Services reported that in the response to the consultation, Government have now recognised that the original proposal to merge local authorities' scrutiny functions into HWBs was flawed. Instead local authority formal scrutiny powers will continue and be extended to cover all NHS-funded services, and will have greater freedom in how these are exercised.
- 4.7 The Board discussed the pace of change and the importance of assessing and managing risk as functions moved around and a more detailed timeline to reflect the changes would be brought to the next meeting with draft terms or reference. There was a need also to clarify funding issues for the transfer of public health as further guidance emerged.

The Board RESOLVED that:

- A. The content of the White Paper with regard to Health & Wellbeing Boards be noted.
- B. A report be brought to the next Joint Member Board on the establishment of a shadow or Transition Health & Wellbeing Board, with outline Terms of Reference, a Timeline and Membership.
- C. A paper on the transfer of public health functions, money and staff to the local authority be brought to a subsequent meeting.
- D. An update on the Government's response to the White Paper consultation be brought to the next meeting.
- E. Formal approval be given to proceed with the Local Government Improvement and Development (LGID) proposal to support implementation of the NHS White Paper reform proposed in the White Paper.

5. Progress on the Joint Strategic Needs Assessment (JSNA)

- 5.1 The Board received an update from the Director of Public Health on discussions with the LGID on how the LGID could support Shropshire Council in establishing a shadow HWB by April 2011, in line with the NHS White Paper implementation timetable. Support would include a peer review of the JSNA and the evolving role of Members generally in gaining understanding of HWBs and in commissioning. There would be no cost to either the PCT or Shropshire Council as the project would be nationally funded as part of a pilot scheme on peer review of JSNAs in the West Midlands by PCTs with neighbouring local authorities and supported by the SHA.
- 5.2 The Board noted the need to understand the operating framework for both the local authority and the PCT and the need for clarity in balancing the different expectations from different government departments.
- 5.3 It was clarified that the JSNA would remain current until refresh took place, likely to be in 2012. There were a number of areas requiring update and the revised JSNA would be a live document easier to update.

The Chairman varied the order of the agenda, taking agenda item 7 next.

6. Progress on Developing GP Consortia

- 6.1 The Board received an update to the Briefing Note of the Director of Community Services and the PCT Chief Executive provided an update on current progress. In the formation of consortia, GP's could come together in a grouping of their choosing but sufficiently large to manage their own risk. Management support would depend upon the size of the group. Statutory responsibility for commissioning would remain with the PCT until the legal framework was in place, not before April 2013. Existing governance arrangements would be used to form the Transition Board of GP Commissioners which would gradually take over responsibilities. The PCT would provide interim support to enable GPs to take on their increased responsibilities.
- 6.2 The LMC was working closely with GPs to identify leaders who would sit on the Transition Board, which would operate as a sub-committee of the PCT Board until March 2013 and it would be around the end of January when the leadership of GP Commissioning locally would be known. The PCT would support local groups and the appointment of the leadership. There were moves towards a Shropshire Commissioning Group and a few local groups with some joining cross border arrangements. The finalised structure would have the mandate of all GPs in

Shropshire and would provide transition arrangements over the next 2 years. It was planned to have the Transition Board set up by 1 April 2011. The PCT would support the election and appointment of the Chair and Deputy, the remainder Board Members would be by selection process.

7. Proposed changes to Children's Trust

- 7.1 The Director of Children and Young People Services reported on plans of the Trust to work more closely with the new Health & Wellbeing Boards in a holistic approach joining up Children's and Young People's Services with Adult Services. Discussions between the Trust and with the Director of Public Health were taking place to establish an executive body for children's services to link into HWB structures. Previous arrangements had become increasingly bureaucratic.

8. Healthy Lives, Healthy People

- 8.1 The Director of Public Health gave an update on the Government White Paper published on 30 November 2010 aimed at reinvigorating public health in a radical approach based around health promotion and disease prevention. Public Health England would be set up to take on full responsibilities from 2012 and funding would be ring-fenced from the NHS budget to support a range of public health functions at local level.
- 8.2 A range of supporting documents would be published during 2011 with papers on mental health and health visiting imminent. Arrangements for the transfer of public health staff would not be known until Autumn 2011. There was also uncertainty with regard to funding and how this could be used. The Director for Public Health would transfer from the PCT to the local authority as part of the senior staffing structure with funding for the post transferred to the local authority, so as not to burden local authority budgets. Where the post of director of public health was already filled and covered an area co-terminus with the local authority area, then a TUPE transfer would apply. Where this was not the case, or there was a vacancy, then an appointment process would be arranged between Public Health England and the local authority. Whilst there was a national core job description covering a range of standards, this could be varied dependent upon the size and type of local authority area. Salary was in accordance with NHS pay scales.
- 8.3 Government would be consulting on some elements of the transition of public health with a consultation running until 8 March 2011.
- 8.4 The Board was informed of work to co-ordinate the transition of public health to local authorities via a range of working groups nationally and regionally across the PCT, Public Health and local authorities and the SHA were arranging a number of consultation events with one for this region taking place around the end of February/early March. A range of stakeholders would be invited including members of Overview and Scrutiny Committees in local councils.
- 8.5 Clarity on the role and responsibilities of Public Health England and those moving across to local authorities would emerge during the coming year. The Chair commented on the need for more regular meetings of the JMB and it was agreed these would be held bi-monthly.

9. The New Ofsted Inspection Framework

- 9.1 The Corporate Director - People gave an update on the new Ofsted Inspection Framework, particularly in relation to the contribution of health agencies to safeguarding children and young people. Details on how health agencies would contribute to keeping children and young people safe were set out on Page 7 of the Ofsted Inspections Evaluation Schedule attached to the agenda marked '9'.

Illustrations of grade descriptors on what outstanding, good, adequate and inadequate judgements might look like were shown on pages 15 to 17.

9.2 Ofsted would still have considerable powers in relation to safeguarding and looked after children and at a time of change. Details had only recently been published in November. The inspection process would evaluate health agencies as a whole and there was a need to keep a collective watch on responsibilities, evaluate training requirements and examine current level of service against the evaluation schedule.

9.3 The Board noted it would be difficult to meet the requirements of the new inspection regime given local authority funding cuts. A self assessment of strengths and weaknesses should be made and what health partners needed to put in place, given the limited resources, rather than what they should aspire to in order to meet inspection requirements.

9.4 The Chair asked for an update report for the next meeting to provide assurance that adequate measures were being put in place and an understanding of the risks involved.

10. Date of Next Meeting

10.1 Wednesday 16 February 2011 at 10 am. Meetings thereafter would be bi-monthly, dates to be confirmed.

Signed.....(Chairman)

Date.....