



Committee and Date
Shadow Health & Wellbeing
Board

27th July 2011

11.30 a.m.

Item No

3

Public

**MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD MEETING HELD ON
25 MAY 2011 AT 12.30 P.M.**

12.30 p.m. – 1.50 p.m.

Responsible Officer Fiona Howe

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Present

Mr K Barrow	Leader of Shropshire Council (Chairman)
Dr Catherine Beanland	GP Consortium Transition Board
Mrs A Caesar-Homden	Portfolio Holder, Education and Skills
Mr H Darbhanga	Non-Executive Director, Shropshire County Primary Care Trust
Dr J Davies	Acting Director of Joint Commissioning
Dr L Griffin	Managing Director, NHS Telford and Wrekin
Mrs A Hartley	Portfolio Holder, Health and Wellbeing
Dr H Herritty	Chairman of Shropshire County Primary Care Trust
Mr W Hutton	Non-Executive Director, Shropshire County Primary Care Trust
Mr S Luke	Community Involvement in Care and Health (CInCH)
Dr Caron Morton	Chairman of GP Consortium Transition Board

Officers

Mrs V Beint	Corporate Director, Health & Care, Shropshire Council
Mrs J Graham	Group Manager, Care and Wellbeing
Mrs F Howe	Committee Officer [Scrutiny]
Mr M Hyatt	Corporate Head of Strategic Planning
Mr D Taylor	Corporate Director, People, Shropshire Council
Prof R Thomson	Director of Public Health

1. ELECTION OF CHAIRMAN

1.1 RESOLVED:

That Mr K Barrow be elected Chairman for the 2011/12 municipal year.

2. APOLOGIES

2.1 No apologies had been received.

3. APPOINTMENT OF VICE-CHAIRMAN

3.1 RESOLVED:

That Mrs A Hartley be appointed Vice-Chairman for the 2011/12 municipal year.

4. DECLARATIONS OF INTEREST

4.1 No declarations of interest were received.

5. MINUTES

5.1 RESOLVED:

That the Minutes of the Joint Members Board meeting held on 16th March 2011 be signed by the Chairman as a correct record.

6. DECLARATIONS OF INTEREST

6.1 There were no declarations of interests.

7. SHROPSHIRE SHADOW HEALTH AND WELLBEING BOARD: TERMS OF REFERENCE

7.1 Consideration was given to a report of the Corporate Director, Health and Care, setting out the background to the establishment of a Shropshire Shadow Health and Wellbeing Board, a summary of the purpose of the Board and the proposed Terms of Reference including membership [a copy attached to the minutes].

7.2 The Corporate Director, Health and Care, advised the meeting that the core purpose of Health and Wellbeing Boards were to join up commissioning across the NHS, social care, public health and other services directly related to health and wellbeing. They would be developing an enhanced Joint Strategic Needs Assessment (JSNA) and a high level Joint Health and Wellbeing Strategy (JHWS) over the next 12 months and would be engaging with stakeholder forums to shape the JSNA and JHWS. It was noted that detailed proposals would be considered that the next meeting of the Health and Wellbeing Board.

7.3 Members stressed the importance of ensuring that a simplistic, accountable and easily followed approach was undertaken when developing the JSNA and JHWS.

7.4 RESOLVED:

(a) That the Terms of Reference be approved, subject to the following amendment:

18. Meetings will be held at least quarterly.

- (b) That the proposal to engage with the wider stakeholders by developing a Stakeholder Forum be approved.
- (c) That the proposal to set up a Joint Commissioning Executive to support the work of the Board be approved.

8. LOCAL GOVERNMENT IMPROVEMENT AND DEVELOPMENT PEER REVIEW OF JOINT STRATEGIC NEEDS ASSESSMENT

- 8.1 The Corporate Director, Health and Care, provided an update on the recent peer review of the Joint Strategic Needs Assessment (JSNA) undertaken by the Local Government Improvement and Development (LGiD).
- 8.2 Members were advised that the document had previously been reviewed in 2009 and that the current review had generated interest and raised public understanding of the JSNA, and that they saw an opportunity to be involved in the process. It was noted that the JSNA evidence base would direct commissioning decisions and the final report would develop an action plan for the future. Members were advised that care needed to be taken on how resources were pooled to ensure they were used as effectively as possible, and that there was a time cost involved in the implementation of the JSNA and action plan.
- 8.3 The Director of Public Health reinforced the need to create a living document available in various formats, including a more interactive web based approach. He added the importance of incorporating Town and Parish Council plans in the work plan and a balance needed to be found to ensure that the rurality of the area, and the issues that created, were captured within the document.
- 8.4 Dr Beanland, GP Transition Board, indicated that they were looking at ways to engage effectively with partners and patient participation groups in order to disseminate their views and concerns on data. It was noted that they were already engaging with GPs locally and had identified areas of concern. Dr Beanland added that they would be liaising with CInCH Focus Group over the next few months and would provide feedback on their findings.

9. OFSTED INSPECTION OF SAFEGUARDING ARRANGEMENTS FOR CHILDREN AND YOUNG PEOPLE

- 9.1 Consideration was given to a report of the Safeguarding Officer in respect of the Ofsted Inspection which took place between 7 and 18 February 2011.
- 9.2 The Corporate Director, People, reported that the Ofsted inspection had been satisfactory, and that the outcomes were a sound and accurate reflection of the services provided in respect of safeguarding arrangements for children and young people. The Ofsted report noted that the overall direction of services were positive, and that there was real potential for strengthening and improving services for the most vulnerable children. Mr Taylor indicated that the recommendations put forward in the report would be used to focus on improvements in the Action Plan.

- 9.3 The inspectors had looked at the quality of multi agency working, and concluded that the system was not currently challenging enough to drive it forward, but it had been considered that the recent appointment of an independent Chairman would help address issues raised.
- 9.4 Mr Taylor concluded that there were challenges to be addressed, strengths had been recognised and the Council wanted to move quickly to a stronger position.
- 9.5 The Director of Public Health addressed the meeting stating that recommendations put forward by the Care Quality Commission had been included in the inspection and that work progressed had been confirmed by the inspectors as being 'on the right track' with proposals contained within the Action Plan. Inspectors were complimentary on direct communications with GP colleagues directly involved with the Health and Wellbeing Board.
- 9.6 In response to a question raised, Mr Taylor advised that services would not undergo another unplanned inspection, but indicated that it would be refreshed in 12 – 18 months. He stressed the need to act together cohesively for future success.
- 9.7 The Corporate Director, Health and Care, advised that annual reports on Safeguarding Adults and Children would be produced and they would enable the board to review the content in relation to adult and child outcomes. The Service would also be looking to improve and develop performance over the next 12 months.
- 9.8 **RESOLVED:**
To note the Ofsted Inspection of Safeguarding and Looked After Children Services report.

10. PLACE BASED INITIATIVE

- 10.1 The Corporate Head of Strategic Planning presented a verbal presentation on Place Based Initiatives, which picked up on quality multi agency and partnership working, moving away from peripheral working to the centre of transforming organisations and working together and that work would be focused around 3 key areas; People, Places and Productivity.
- 10.2 It was noted that they would be looking across the public sector workforce to ensure resources were used smartly and that a collective approach would be needed to produce a common face to the public and ensure funding streams and budgets were used effectively.
- 10.3 Key indicators would focus on policy themes within individual areas and it was envisaged that pilot schemes within Shropshire would drive development in other community areas around the county.
- 10.4 In response to a question in respect of integrating with patient groups, the Corporate Head of Strategic Planning indicated that the process was still in its infancy, but it had been recognised that it was essential to engage with GPs and patient groups to ensure sustainability of place based initiatives for the long term.

- 10.5 The Director of Public Health indicated that work on zones of influence had been undertaken with members of Council, where they had reviewed local level data and had undertaken communication with communities. It was clear that health and social inequalities existed due to rural challenges that had not been covered by Marmot and that these issues were not being addressed as well as they could be and that the next stage would be to implement on improvement structure.
- 10.6 The Corporate Head of Strategic Planning confirmed that further information on Place Based Initiatives would be brought back to the Shadow Health and Wellbeing Board.

11. PUBLIC HEALTH TRANSITION

- 11.1 Consideration was given to a progress report by the Director of Public Health on Public Health transition arrangement. Members were advised that the Public Health Bill was not clear about how Public Health would be split and that the Strategic Health Authority was investigating what the split would mean in real terms. Various partners had been brought together to map out what process the transition would take and how it would operate in the transition stage, including identifying risks and broad direction of travel. Concerns had been raised over the lack of clarity to where functions sat nationally, and locally, and further information was required on the regional picture.
- 11.2 The Corporate Director, Health and Care, advised that they were working to bring in a Public Health transition plan as an essential piece of work and that they had been waiting for the conclusion of the 'pause' to continue moving forward. It was confirmed that the Public Health team had been linked to Shropshire Council to ensure a smooth transition, but Officers were still awaiting guidance on which personnel would transfer over.

12. MUNROE REVIEW UPDATE

- 12.1 The Corporate Director, People, provided an update on the Munroe Review of Child Protection, commissioned by the Government. The final report recommended the radical reduction in bureaucracy, a reduced need to work with cumbersome systems, the introduction of real indicators and stressed the need for early interventions.
- 12.2 He concluded that the report was good news for all concerned and the new approach would provide less prescription and better professionals.

13. HEALTHWATCH PATHFINDER SUBMISSION

- 13.3 The Corporate Director, Health and Care, advised the meeting that the authority had applied for HealthWatch Pathfinder status. Officers were working in partnership with Shropshire Local Involvement Networks and host organisations to develop the HealthWatch Pathfinder for Shropshire. It was noted that the pause in the Health Bill had had an affect on timescales and as a result outcomes would be delayed.

14. HEALTH SERVICE CHANGES IN SHROPSHIRE

- 14.1 The Chairman of the GP Consortium Transition Board addressed the meeting, advising that Shropshire County had set up a transition board, but were waiting for further guidance at the conclusion of the 'Listening' exercise. At the present time the membership comprised of 7 GP members from across Shropshire and appropriate co-optees, and they were currently looking at benchmarking activity against county and national indicators to ensure Shropshire would be getting the best use of services and to ensure plans were financially sound.
- 14.2 It was noted that the Transition Board had highlighted 3 key priorities in the short term; urgent care, outpatient neurology and long term conditions. Work would be focused on those priorities and taking ownership of projects to ensure success. A development programme would also be progressed to prepare GPs for new commissioning roles.
- 14.3 A discussion ensued on the importance of organisational integration, and the Leader recommended the GP Commissioning Transition Board would find it useful to discuss options with the Council's Peoples Panel, which comprised of a cross section of the community, to assist them in investigative project work. He requested that the Corporate Head of Strategic Planning liaise with the GP Commissioning Transition Board to progress the proposal.
- 14.4 The Managing Director, Primary Care Trusts NHS Telford & Wrekin and Shropshire County, stated that the West Mercia Cluster comprised of PCTs from Herefordshire, Worcestershire, Telford and Wrekin and Shropshire County. It was confirmed that Clusters would have a lifespan of 2 years and they would pick up Strategic Health responsibilities in preparation for a National Commissioning Board.
- 14.5 It was noted that Shropshire's Community Health Services Trust would be formally established on 1st July 2011 and would specialise in community services and have an opportunity to be at the forefront of modern out of hospital services while retaining traditional values as they worked towards Foundation Trust status.
- 14.6 Shropshire and Telford Hospitals (SaTH) had been putting together an Outline Business Case (OBC) for the reconfiguration of health services in Shropshire. It was noted that the OBC would be completed by the end of July 2011 prior to the development of a Full Business Case.

15. DATE OF FUTURE MEETINGS

- 15.1 Representatives from the GP Transition Board requested that the start time for future meetings be amended to either 9.00 a.m. or 2.00 p.m. to enable them to be in attendance.
- 15.2 **RESOLVED:**
That the future meeting dates be reviewed and revised dates confirmed.

Chairman.....

Date.....