



Committee and Date
Shadow Health & Wellbeing
Board

12th October 2011

2.00 p.m.

Item No

3

Public

**MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD MEETING HELD ON
27 JULY 2011 AT 11.30 P.M.**

11.30 p.m. – 12.50 p.m.

Responsible Officer Fiona Howe
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Present

Mr K Barrow	Leader of Shropshire Council (Chairman)
Mr H Darbhanga	Non-Executive Director, Shropshire County Primary Care Trust
Dr J Davies	Acting Director of Joint Commissioning
Dr L Griffin	Managing Director, Shropshire County PCT
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
Ms H Thompson	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
Mr S Chandler	Group Manager, Assessment and Eligibility
Mrs F Howe	Committee Officer [Scrutiny]
Mr D Taylor	Corporate Director, People, Shropshire Council
Prof R Thomson	Director of Public Health

16. APOLOGIES

Apologies were received from Councillor A Caesar-Homden, Dr C Beanland, Mr K Ryley, Ms J Graham, and Mr P Clarke.

17. DECLARATIONS OF INTEREST

No declarations of interest were received.

18. MINUTES

RESOLVED:

That the Minutes of the Shadow Health and Wellbeing Board meeting held on 25th May 2011 be signed by the Chairman as a correct record, subject to the following amendment:

Dr L Griffin, Managing Director, Shropshire County PCT

The Corporate Director, Health and Care, addressed the meeting advising that the authority and CiNCH had been awarded Pathfinder status.

19. MEMBERS QUESTION TIME

Councillor Gerald Dakin asked the following question:

I would like to raise the issue of the future of Whitchurch Community Hospital as there appeared to be some confusion over commissioning of services and wanted the Shadow Health and Wellbeing Board to be aware.

The Chairman thanked Councillor Dakin for bring the issue to their attention and it was confirmed that the Shadow Health and Wellbeing Board would monitor the situation.

20. GOVERNMENT RESPONSE TO THE CONCLUSIONS OF THE NHS FUTURE FORUM (LISTENING EXERCISE)

Consideration was given to a report of the Corporate Director, Health and Care, summarising the Government's response to the NHS Future Forum report and some of the key changes that the Government intends to make to its plans for NHS reform.

Members were advised that there were no significant issues affecting the Council, however, the Government had decided that changing accountability arrangements during the financial year would present a risk to operational grip and financial control and, therefore, SHAs would remain in their current statutory roles until 2012/13 and be abolished alongside PCTs at the end of March 2013. It was noted that the authorisation process for clinical commissioning groups will be overseen by the Commissioning Board, but would include a 360 degree process incorporating a range of different views including the Health and Wellbeing Board, and further information would be available in July 2011.

Government had confirmed that Healthy and Wellbeing Boards would have a clear involvement in the process of the development of commissioning plans by commissioning groups, and that the status and role of the board had been clarified, stating that it would discharge executive functions of local authorities and should operate as equivalent executive bodies do in local government and therefore would be for local authorities to determine membership. The Corporate Director, Health and Care, stressed the need to ensure that the right voices were considered and that there be flexibility in the terms of reference, which would allow them to be reviewed as and when required.

RESOLVED:

- (a) That the Shadow Health and Wellbeing Board note the commitment to a strengthened role for Health and Wellbeing Boards to be enacted through the forthcoming Bill.
- (b) That any changes to the terms of reference, following more detailed announcements by the Government, be brought before the Board as necessary.

21. HEALTHY LIVES, HEALTHY PEOPLE: UPDATE AND WAY FORWARD

The Director of Public Health provided an update on the feedback on the white paper 'Healthy Lives, Healthy People: Our Strategy for Public Health in England'.

Members were advised that the document outlined government proposals and highlighted the areas where further work was required. Public Health will be divided into 3 main areas; creation of the new independent organisation Health England, which will act as a stand alone body, some public health commissioning responsibilities would pass to the NHS Commissioning Board, but at local level the leadership of all public health aspects would pass to the Local Authority from April 2013.

The document highlighted how the integration of the public health functions that Local Authorities already have will accord with the NHS component of Public Health. The paper clarifies some of the relationships between Local Authorities and the new bodies being established, but doesn't indicate how staff, currently working with Public Health, will be employed by the various bodies. It was noted that further information on this issue would be available in the Autumn.

Members were advised that the document reinforces the strong role that Local Authorities will have as the local leader for assessing the health needs of the population and establishing the delivery of services at a local level. It was noted that the document had been viewed by Public Health professionals as a positive document, but further clarity was required on identified areas.

The Department of Health had been asked to ensure that there would be a safe transition of the various functions into the hosting bodies. The scope the Strategic Health Authority would be looking at had yet to be clarified, but essential aspects were around budgets, staffing and mechanisms for delivering different strands of commissioning under Local Authorities control.

The Corporate Director, Health and Care, addressed the meeting, advising Members that there was a good working relationship between Public Health and the Local Authority, and that they were holding workshops to build on the good work already completed. The session would help brief colleagues on where the process was going and where it would lead in the future.

The Chairman thanked Mr Thomson for his update.

22. JOINT STRATEGIC NEEDS ASSEMENT PEER CHALLENGE

Consideration was given to a report of the Corporate Director, Health and Care, which set out the key findings of the Joint Strategic Needs Assessment (JSNA) peer challenge undertaken on behalf of Shropshire Council by Local Government and Development. The report also described how those findings would be used to develop a new JSNA and Joint Health & Wellbeing Strategy for Shropshire in 2012.

The main purpose of the peer challenge was to ensure that the JSNA was 'fit for purpose', to identify options for improvement, and raise its profile. The review had been extremely successful and had confirmed that it was an essential piece of work, and a key task in the formulation of a JSNA and Health and Wellbeing Strategy. It was noted that the review had been cost neutral and had helped to set out the headline messages. It was noted that the Joint Strategic Needs Assessment Steering and Editorial Group (JSNASE) had already been established, and that information on their progress would be brought back to a future meeting.

In response to a question raised in respect of providing a leadership vision for elected Members, it was noted that it was the intention to develop a stakeholder engagement plan and that further information on this issue would be considered at a future meeting.

The Managing Director, Shropshire County PCT, addressed the meeting advising of the importance of the JSNA in informing the Health Inequalities Approach, and specific work around place-based interventions, and requested that an update on the work being undertaken be considered at a future meeting of the Board.

The Director of Public Health advised Members that they had been working at drawing in a number of bodies into the work of the JSNA to a much greater extent. Included in that had been work that the Transitional Board had been taking part in to ensure that each locality GPs were aware of the JSNA process and recognise the value of future planning of health services. Community groups, and other interested parties, had indicated the wish for greater involvement in the process, which was encouraging, and positive feedback had been received from GPs.

The Corporate Director, Health and Care, indicated that LGiD would be providing a 'Next Steps' Workshop for members of the Board, and a date would be confirmed in due course.

RESOLVED:

- (a) That the Shadow Health and Wellbeing Board approved the proposed way forward, including the setting up of a Joint Strategic Needs Assessment Steering and Editorial Group (JSNASE)
- (b) That a resourced programme, including an outline communication and engagement plan to ensure stakeholders are fully involved in the development of the JSNA, be brought to the Shadow Health and Wellbeing Board in October 2011.
- (c) That a workshop facilitated by the LGiD is arranged for September 2011, to enable the Board to agree the principles for partnership working.

23. SHROPSHIRE CHILDRENS TRUST

Consideration was given to a report of the Group Manager, Care and Wellbeing, in respect of streamlining Shropshire Children's Trust Partnership arrangements.

The Corporate Director, People, indicated that there was no longer a statutory requirement on local Councils and partners to support and maintain a Children's Trust partnership in their local area. A streamlined executive group of the Children's Trust, comprising the main public sector organisations, had been appointed, and would feed directly into the Health and Wellbeing Board via the Health and Wellbeing Board Joint Commissioning Executive.

Shropshire Children's Trust's overall strategy was to maintain high quality provision despite diminished resources and make aims more precise and attuned to the environment. The Trust has reduced the number of priority outcomes it is trying to achieve and implement a clear focus on the remaining priority outcomes.

In response to a questions raised by a member of the Committee, it was noted that meetings would be set up with the Lead Member to keep them informed of the process, and that they would be welcome to attend the Executive Group meetings.

RESOLVED:

The Shadow Health and Wellbeing Board note the changes to the structural and governance arrangements for Shropshire Childrens Trust and endorse the proposed alignment with Shropshire Health and Wellbeing Board.

24. REVIEW CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN SHROPSHIRE

Consideration was given to a report of the Group Manager, Care and Wellbeing, in respect of an independent review of Child and Adolescent Mental Health Services (CAMHS) in Shropshire.

The Corporate Director, People, addressed the meeting providing background information on the independent review process currently being undertaken. Members were advised of the importance of the review as it would provide an opportunity to obtain a perspective from the community, teachers and GPs, as well as engaging with service users and partner organisations.

Some issues had been raised between the links for child and adult mental health provision, but overall real strengths had been identified with the services provided. Members were advised that the key findings would be made available once the review had concluded its work.

RESOLVED:

The Shadow Health and Wellbeing Board note and endorse the approach to secure a comprehensive understanding of CAMHS service delivery in Shropshire to inform and support service improvement.

25. NHS SUPPORT FOR SOCIAL CARE 2011-2012

Consideration was given to a report of the Group Manager, Assessment and Eligibility, on the local plans regarding the 'NHS support for Social Care' investment and inform the Board on key areas where expenditure was planned, some of which was already in place, using monies that Public Health had identified as NHS support for social care.

The Group Manager, Assessment and Eligibility, referred to the content of Appendix 1 (a copy of which is attached to the minutes), which set out the areas and expectations around the funding, some of which related to the current financial year.

The 3 key areas referred to reablement, social care and new resources for carers. Members were advised that £866k had been identified for a reablement plan, and that the spend had been agreed jointly by the Local Authority and the Primary Care Trust. The second area, relating to social care, had seen an allocation of £3,742 million, and an appropriate spending plan had been produced, and shared with the Primary Care Trust Board, but no formal agreement had been reached. The Acting Director of Joint Commissioning stressed that the plan would be considered in August 2011 and that there were no issues affecting the proposed approval.

The Department of health had announced new resources of £400 million for carers to be made available to the NHS over the 2011-15 period. At the present time the Primary Care Trust had not been able to identify the additional funding for Shropshire and had agreed to map all existing carer related expenditure and share the information openly with Stakeholders, and then engage in a dialogue on how move the carers agenda forward and whether there was funding support available. It was noted that, at the very least, the Council would provide a transparent opportunity to discuss and debate the issue.

The Acting Director of Joint Commissioning indicated that it would be helpful, in terms of the reablement project and as social care develops, to bring a joint update back to a future Board meeting to consider the impact the work was having in terms of what was expected and real outcomes. Future funding in terms of project delivery, what the Local Authority was expected to deliver and the anticipated health benefits.

In response to a question relating to disaggregating funding rather than pooling, Members were advised that Government encouraged different formats relating to the different elements, for example the reablement, the expenditure of the £866k would be held in a section 256 Agreement. In respect of the Social Care funding, the expectation would be that the funding in its entirety would transfer directly to the Local Authority. The guidance around the monies for carers encourages the Local Authority to pool the budget as the Local Authority already invests significantly in carers related activities, and the Government expects Local Authorities to make some efficiencies by pooling the funding.

RESOLVED:

- (a) The Shadow Health and Wellbeing Board note and approve the progress made to date in agreeing the priority and expenditure areas.

- (b) The Shadow Health and Wellbeing Board receive a joint update considering the impact work was having in terms of expectations over real outcomes, and future funding in terms of project delivery, expected delivery and anticipated health benefits.
- (c) The Shadow Health and Wellbeing Board receive a year end report on the impact of the investment.

26. QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION (QIPP)

The Managing Director, Shropshire County PCT, provided a presentation on managing strategic change in the local NHS: Quality, Innovation, Productivity and Prevention (QIPP) to members of the Board.

Dr Griffin advised the Board that it was essential to have a co-ordinated approach across each service to continue to bring quality, raising innovation, driving productivity and that an emphasis be put on prevention and protect NHS equalities. The NHS must ensure that they live within their means over the next few years where there are clear financial challenges placed on the NHS that outstrip resources. The protection of the NHS within the public sector equates to the Governments commitment to fund inflation. Over and above that are costs presented to the NHS around demographic change, a growing elderly population, technological change, developing new drugs and an increasing demand on the service from an increasing educated and aware public, with greater access to services than those available a decade ago.

In addition to the challenges raised, Shropshire had identified baseline issues as the NHS was providing additional funding support for Shropshire and Telford Hospitals as current they were current dependent on external, non-recurrent support. The costs to the NHS over and above the Government's commitment is estimated as £15 – 20 billion nationally over the next 4 years. Shropshire County's share is estimated in the region of £89 million to maintain existing services, which equates to 20%, accumulated over 5 years, of their current spend. At the current time Shropshire County spends approximately £400 million on health provision and health care, so the cuts in funding would be a significant challenge to achieve.

The health-system wide approach had been taken to develop a strategic plan, which reflect the fact that there were common features across Shropshire and Telford, where they share the same provider base, share the same specialist providers, and there is commonality in the challenges being faced. The plan is part of a wider West Mercia overarching plan developed through discussions with local organisations and clinicians. It was noted that the NHS was close to 'sign-off' from the Department of Health and the Strategic Health Authority, once some issues had been clarified. It was their intention to refresh the plan over the next few months, and then the plan would be placed in the public domain following sign-off and refinement.

Dr Griffin indicated the key features of the plan, including that nationally, and locally, it was estimated that 60% of the challenge was to be met by providers through tariff deflation, challenge to commissioners to generate further efficiencies through their actions, service redesign to improve quality and productivity, including how to

provide support for people requiring long term care, investment in health to ease demand, reduction of commissioning running costs and reviewing current investment to ascertain the scope and appropriateness of prioritisation.

The next steps for the strategic plan were to review and refresh the existing plans, further strengthening of delivery mechanisms, and publish the plan within the public domain, to produce key discussion and guide the NHS for the future.

27. TRANSPARENCY IN OUTCOMES IN ADULT SOCIAL CARE

Consideration was given to a report of the Performance Specialist, summarising the key elements of the framework and highlighting the need for every Local Authority to publish a 'Local Account' which reports on performance and current and future service delivery of Adult Social Care.

The Corporate Director, Health and Care, stated that in November 2010, the Government had published a consultation paper 'Transparency in Outcomes: a framework for adult social care' and that the work of the Health and Wellbeing Board had responsibilities over outcomes. Members were advised that there was a need for clarity about what good quality adult social care services look like in Shropshire and how to respond to the changing demographic pressures over the coming years.

The consultation document identified a number of key priorities and outcome measures and details of the measures chosen for 2011/12, would be set out in a document 'The Adult Social Care Outcomes Framework – Handbook of Definitions; due to be published shortly.

One of the most important measures identified, was that Councils be asked to consider the production of an 'Annual Local Account', with input from LINKs, but in the first instance it was important for the Local Authority to draw together a draft account and bring it back to the Board in December for comment prior to involving CInCH.

RESOLVED:

- (a) The Shadow Health and Wellbeing Board note the content of the report, and the implications for Shropshire Council's future performance management arrangements for adult social care.
- (b) The Shadow Health and Wellbeing Board receive Shropshire's first, annual Local Account in December 2011.

28. STATEMENT OF GOVERNMENT POLICY ON ADULT SAFEGUARDING BENCHMARKING IN SHROPSHIRE

Consideration was given to a report summarising the Government's policy on Adult Safeguarding and the content of the recent Government statement, and proposals, that the individual partner members of the Adult Safeguarding Board considered the principles outlined in the statement and contributes to a review of the Adult Safeguarding Policy accordingly.

The Corporate Director, Health and Care, advised the Board that the Government’s statement, published in May 2011, provided Local Authorities, and other care agencies, with the tools to benchmark existing adult safeguarding arrangements, and help build services from a strong platform, preventing and reducing the risk of harm to vulnerable adults and to measure future improvements.

It was noted that Shropshire had carried out a preliminary benchmarking exercise and whilst the Council fared well, there was room for further improvement, and the importance of involving, and informing, other care agencies of review outcomes was noted.

RESOLVED:

(a) The Shadow Health and Wellbeing Board ensure that as partner members of the Adult Safeguarding Board they contribute to the ongoing review of the Adult Safeguarding Policy in light of the principles set out by the Government.

(b) The Shadow Health and Wellbeing Board receives a report on the revised adult protection policy and the proposed improvements at the December 2011 meeting.

29. PUBLIC HEALTH PLANNED ASSURANCE VISITS – TRANSFORMATION ARRANGEMENTS

The Director of Public Health presented and update on the transformation arrangements for Public Health planned assurance visits, referring to correspondence received from the Department of Health (a copy is attached the minutes).

The Board were advised that the assurance visits, planned for the autumn, would relate to the transition of NHS functions and resolves and relevant monitoring and government requirements, but that the majority of the visit would focus on local vision for transformation for better outcomes, principally led by the Director of Public Health and his team.

30. DATE OF NEXT MEETING

RESOLVED:

The next meeting of the Shadow Health and Wellbeing Board would be held on 12 October 2011 at 2.00 p.m. in the Shrewsbury Room, Shirehall, Abbey Foregate.

Chairman.....

Date.....