

**MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD MEETING HELD ON
12TH OCTOBER 2011 AT 2.00 P.M.**

2.00 p.m. – 2.45 p.m.

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Present

Mr K Barrow	Leader of Shropshire Council (Chairman)
Mr S Charmley	Portfolio Holder,
Dr J Davies	Director of Joint Commissioning
Dr H Herritty	Chairman, Shropshire County PCT
Dr L Griffin	Managing Director, Shropshire County PCT
Ms H Thompson	Community Involvement in Care and Health (CInCH)
Mr P Tulley	GP Consortium Transition Board

Officers

Mrs V Beint	Corporate Director, Health & Care, Shropshire Council
Mr S Chandler	Group Manager, Assessment and Eligibility
Ms J Graham	Group Manager, Care and Wellbeing
Ms C Healy	Shropshire Partnership Coordinator
Mr D Taylor	Corporate Director, People
Prof R Thomson	Director of Public Health
Ms F Beck	Director of Integrated Care

31. APOLOGIES

Apologies were received from Councillor A Hartley, Shropshire Council, Dr C Morton and Dr B Gowans, GP Consortium Transition Board.

32. DECLARATIONS OF INTEREST

No declarations of interest were received.

33. MINUTES**RESOLVED:**

That the Minutes of the Shadow Health and Wellbeing Board meeting held on 26th July 2011 be signed by the Chairman as a correct record.

34. ADULT SOCIAL CARE TRANSFORMATION: LIVING LIFE YOUR WAY

The Group Manager, Assessment and Eligibility, presented an update on the transformation of Adult Social Care. Members were advised that there were 2 main challenges facing the Council, increased demand for services by older people needing assistance, and people in receipt of care, who feel their care was not appropriate to their needs.

A comprehensive consultation had concluded at the end of September 2011, and the service had consulted with a large number of service users and stakeholder groups, visited service areas, and used social media, to capture views on how services should be delivered, what needed to change and what was important to people. Key messages focused on improving and developing partnerships, and supporting an individuals needs locally.

Shropshire Council had moved away from traditional service provision, to playing an active role in supporting an individual's independence, by utilising technology more proactively, and ensuring that provision was no longer service centred. It was noted that other, more surprising messages had been highlighted during the consultation period, including better use of transport resources and adversity issues due to the rurality of the county.

Members were advised that following approval of the Strategy, an implementation plan would be developed to ensure that efficient and prompt action would be taken to implement the changes asked for by the users of Adult Social Care services.

The Chairman thanked the Group Manager, noting the importance of delivering the changes, and providing staff with training and support during the transformation of the service.

35. LOCAL PUBLIC HEALTH TRANSFORMATION PLAN IMPLEMENTATION PROCESS AND TIMELINE

Consideration was given to a report of the Director of Public Health, summarising a Department of Health (DoH) draft template for the process of transferring local public health services from the NHS to Local Authorities.

The Director of Public Health provided a summary of key dates and staging points identified by the DoH for the transition. Members were advised that the guidance identified 31st March 2013 as the final date for transfer of public health services to Local Authorities. It was noted that PCT Clusters and Local Authorities were being asked to use a 'transition preparation toolkit' to guide their preparation for the shadow phase, but information on the toolkit was unavailable at the present time so further comment was unavailable at that time.

36. AUTHORISATION PROCESS FOR CLINICAL COMMISSIONING GROUP

The Managing Director, Shropshire County PCT, presented a verbal report on the authorisation process for the Clinical Commissioning Group (CCG).

Dr Griffin advised Members that the PCT Board had conferred a range of powers on the CCG, and confirmed delegated powers to manage budgets, lead on the commissioning processes and confirmed the formation of a formal PCT sub group. It was noted that by summer 2012 the authorisation process would need to be underway in advance of the dissolution of the PCT.

Mr Tulley, Chief Operating Officer, CCG, indicated that the formal authorisation process would be subject to the Bill being passed, and the Clinical Commissioning Group being fully established. The second phase of development would entail the CCG taking on delegated authority, and demonstrating their ability to manage budgets and processes.

The CCG were working with the PCT Cluster teams to provide support to enable them to take on their role and ensure the process was successful. It was noted that in the next 9 months, the CCG would increasingly take a lead role in the process and establish CCG as a lead organisation in the health economy. The authority process should be focused around what work the Health and Wellbeing Board were undertaking and further guidance may clarify their role.

37. PRIORITISATION PROCESS FOR HEALTH INVESTMENT DECISIONS IN SHROPSHIRE

Consideration was given to a report of the Chair of the Clinical Commissioning Group and the Senior Commissioning Manager – Planning and Programmes, in respect of the prioritisation process for health investment decisions in Shropshire.

Dr Julie Davies presented the report to Members providing information on the process the Clinical Commissioning Group were proposing for funding, advising that the process needed to be explicit and transparent. It was noted that in broad terms, the prioritisation process entailed two distinct stages, including setting and identifying priorities, and decision making on identified priorities.

Members were advised that a panel, made up of local members of the public, would review the decision-making process and review and offer opinions on competing proposals. Those opinions would then be fed into a formal prioritisation panel, made up of clinicians, managers, non-executive directors and members of the public.

The Committee noted that currently the CCG were undertaking strategic discussions in respect of commissioning District Nursing services and Child and Adolescent Mental Health services, and the outcomes of those pieces of work would be available in December 2011.

In response to a questions raised by a member of the Committee, the Corporate Director – Health and Care, advised that Councillors involvement within the group panels would be welcomed.

RESOLVED:

That the information report in respect of the prioritisation process for health investment decisions in Shropshire, but noted.

38. STAKEHOLDER ENGAGEMENT – PROGRESS UPDATE

Consideration was given to a report of the Shropshire Partnership Coordinator in respect of stakeholder engagement. Members were advised that a Joint Strategic Needs Assessment (JSNA) Steering and Editorial Group had been established to oversee the development of the JSNA, including communication and engagement with stakeholders. It was noted that a Stakeholder Alliance would also be created to support and inform on the work of the Shadow Health and Wellbeing Board.

Members were advised that it was essential to engage as broad a range of stakeholders as possible to ensure accurate priority setting was achieved. It was noted that a number of networks already existed that brought together a range of stakeholders, such as the Voluntary and Community Sector Assembly.

Stakeholder engagement was a priority for the JSNA, and initial discussions had confirmed that there was a desire to avoid duplication of meetings, and ensure that stakeholder voices were not diluted if only one representative was appointed to the Health and Wellbeing Board. Concern had been raised by some stakeholders in respect of the effectiveness of HealthWatch to adequately represent all service users, and it was clear that further work would need to be undertaken to build stakeholder confidence.

The Committee noted the importance of ongoing engagement through a virtual interface in order to disseminate information to a wider audience, however, it had been agreed that face to face contact was also important. Workshops and Forums would be set up to give people a way to question the Board, and the first event would be taking place in December 2011, which would present the emerging priorities from current evidence. Follow up events would focus on particular aspects of health and wellbeing, and these would continue to inform the JSNA and Health and Wellbeing Strategy.

The Corporate Director, Health and Care, stressed the significance of the work being undertaken by the Partnership Co-ordination Team, and indicated that there was an opportunity to put value into people's opinions to enable the Board to make decisions to improve the county's health. It was noted that national organisations, such as NSPCC and Action for Children, also needed to be involved in engagement process as they provided services and assistance to children within the county.

The Director of Public Health stressed the need for Town and Parish Council's to be part of the engagement process, adding that there were also a raft of organisations who had a role to play within the promotion of health and wellbeing in the county, and that they needed to be involved in the process. These include groups such as the scouts, sports clubs, and also local industry, and it would be essential to take

into consideration how the Local Authority engaged with them to ensure we achieve the greatest benefit.

The Chief Operating Officer, CCG, stressed to the Committee the need for stakeholders to understand the process fully, as the JSNA would drive and shape the Health and Wellbeing Strategy. It was important to ensure that joined up working was established, especially around the formulation of the Strategy, and that plans should be brought back to the board to develop a way forward. It was noted that the JSNA Editorial and Steering Group would be presenting a paper around progress needs, and outline what the strategy may contain, and the Board would have an active role in developing and shaping the strategy.

RESOLVED:

That the Shadow Health and Wellbeing Board note the report, and support future plans.

39. DATE OF NEXT MEETING

RESOLVED:

The next meeting of the Shadow Health and Wellbeing Board would be held on 9th December 2011 at 9.00 a.m. in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury.

Chairman:.....

Date:.....