



<p><u>Committee and Date</u> Shadow Health & Wellbeing Board</p> <p>11 April 2012</p> <p>2.00 p.m.</p>
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<p><u>Item No</u></p> <p>3</p> <p>Public</p>

MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD MEETING HELD ON WEDNESDAY 18 JANUARY 2012 AT 9.30 A.M.

9.30 A.M. – 11.34 A.M.

Responsible Officer Fiona Howe
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Present

Councillor K Barrow	Leader of Council (Chairman)
Councillor A Hartley	Portfolio Holder for Health and Wellbeing, Shropshire Council
Dr H Herritty	Lead Non-Executive, Shropshire County PCT
Dr W Gowans	Vice-Chairman, Shropshire County CCG
Dr C Morton	Chairman, Shropshire County CCG
Mr P Tulley	Acting Chief Operating Officer, Shropshire County CCG

Officers

Mr K Ryley	Chief Executive, Shropshire Council
Mrs V Beint	Corporate Director, Health & Care, Shropshire Council
Mrs J Graham	Group Manager, Care and Wellbeing, Shropshire Council
Dr L Griffin	Managing Director, Shropshire County PCT
Dr K Lewis	Director of Preventive Health Programmes
Ms K Parkash	Diversity Officer, Shropshire Council
Ms B Patel-Smith	Head of Governance, Shropshire County CCG
Ms C Healy	Partnership Coordinator, Shropshire Council

54. CHAIRMAN'S ANNOUNCEMENTS

The Chairman reported that Shropshire Council, in partnership with Telford & Wrekin Council, has been awarded funds by Defra to develop a Local Nature Partnership, which had been identified as a key objective of the recent Natural Environment White Paper.

The purpose of the partnership was to bring together a diverse range of individuals, businesses and organisations to create a local vision, and ensure the natural environment was taken into account in decision making. Key to promoting and enhancing the socio-economic benefits provided by the natural environment.

It was noted that a large body of evidence had established the benefits of the natural environment to both physical and mental health, and that the partnership wished to engage with the Health and Wellbeing Board to help investigate evidence

and formulate practical mechanisms of achieving benefits to health through improvements to accessible and diverse green space.

Members were advised that the partnership were planning an engagement workshop on 2nd March 2012, where representatives of the Board would be welcome to attend. However, it was noted that the Shadow Health and Wellbeing Board were due to meet on the same date.

55. APOLOGIES

Apologies were received from Councillor Steve Charmley, and David Taylor (Shropshire Council), and Prof Rod Thomson, Director of Public Health.

56. DECLARATIONS OF INTEREST

No declarations of interest were received.

57. MINUTES

RESOLVED:

That the Minutes of the Shadow Health and Wellbeing Board meeting held on 9 December 2011 be approved and signed by the Chairman as a correct record.

58. SHROPSHIRE UNSCHEDULED CARE STRATEGY 2011 - 2014

Consideration was given to a report of Dr Gowans, Shropshire County Clinical Commissioning Group, regarding the Pan Shropshire Unscheduled Care Strategy 2011 – 2014, and the first draft of the accompanying Operating Framework, which summarised the next steps around the implementation of the Strategy.

The Group was informed on the process undertaken to produce the Strategy and Operating Framework, and noted that a rigorous consultation process had been carried out, with Patient Focus groups and Stakeholders, to identify key principles and clinical alignments. Following the initial consultation process, 19 project groups were developed, with self-determining outcomes as this would ensure that the models being developed were not based on any preconceived principles, and that emerging plans were clinically driven and had extensive patient input.

It was intended to bundle the projects together to undertake financial modelling, and allow commissioning of services to be agreed. Dr Gowans' stressed the importance of commissioning services and not organisations, as well as ensuring ownership of the strategy by all health partners to create an environment for success. Members were advised that a second version of the Operating Framework would be published in February 2012.

In response to questions raised by members of the Committee, Dr Gowans

indicated that the patient experience was at the heart of the process, and by ensuring integration of services with partner health agencies, patients would receive the best care available. In respect of timelines, a 3 year window had been set aside to develop the plans, however, it was expected that they would be rolling out big step changes in 2012.

RESOLVED:

- (a) That the Shadow Health and Wellbeing Board note the contents of the report, and approve the Shropshire Unscheduled Care Strategy for 2011 – 2014.
- (b) That the final version of the Operating Framework be considered by the Board at a later meeting.

59. CCG QIPP OPERATIONAL PLAN

The Acting Chief Operator, Shropshire County CCG, updated the Shadow Board on the emerging CCG QIPP Operational Plan. It was noted that the QIPP Plan contributed to the West Mercia Cluster System Plan, and identified the key priorities and practicalities to be undertaken in 2013. It was noted that the emerging principles were shared by all partner practices across Shropshire, and that important relationships were being developed between front line services, clinicians, partner organisations and the public.

Key principles had been agreed by member practices and shared with patient groups, to ensure that the emerging strategy was continually striving to improve quality, patient experience and empowerment.

Members were advised that development of the JSNA was continuing, from which a Health and Wellbeing Strategy would emerge to help focus commissioning decisions in the future. It was important to keep both plans at the front of any decision making process to ensure that outcomes were about patient recovery and not about saving money.

The QIPP programme focused around 4 key areas: Scheduled Care and Outpatient Design, Unscheduled Care, Long Term Conditions and Preventative Health, and Medicines Management. Information had been captured on work taking place in those areas, and that the outcomes, along with commitments from partner health organisations, had been built into the plan. The Shadow Board were advised that overall it was intended to improve quality for patients, while ensuring saving targets were met.

60. WEST MERCIA CLUSTER SYSTEM PLAN

The Managing Director, Shropshire County PCT, updated the Committee on the progress of the West Mercia Cluster System Plan refresh.

Members were advised that the West Mercia Cluster was made up of four PCT areas, and was responsible for the residual PCT functions, and assisting the CCG to develop.

The Cluster Board had been charged with refreshing the System Plan, focusing on the year ahead, shaping and focusing thinking. It was noted that the West Mercia Cluster was the largest in the country, and had three district health systems in place, which needed to be recognised by the Strategic Health Authority.

The development of the system plan would see it being reframed on quality and clinical leadership, but retaining a place based focus. The Cluster were working to drive three vehicles forward for change to ensure their ambitions to eliminate unwarranted variation, stimulation patient revolution, develop a cohort of transformation clinical leaders, and ensuring quality outcomes, were achieved.

Members were advised that savings had been delivered during the current financial year, and massive improvements to performance targets had been seen, with the 18 week referral to treatment (RTT) waiting times being very close to being achieved, a reduction in mortality rates had been seen, and management cost reductions were above target, providing significant efficiency savings.

Further work was required to move forward on Transformational Service Redesign, and although there were a small number of good examples, there was a need for significant provider and commissioner collaboration. It was noted that work was ongoing to develop, and implement, the pan Shropshire Unscheduled Care Strategy, and quality improvements.

The QIPP challenges over the next 4 years would see the need for significant efficiencies to be identified across the West Mercia area, totalling £377 million. In year 2, £90 million efficiencies needed to be identified, as well as additional challenges of £16.5m provider efficiencies, and an additional £22 million to maintain a 2% strategic change reserve.

'Big Bets' were needed to provide efficiencies through service redesign, and as a result the Cluster were investigating a change to working patterns, and reviewing medicine management, unscheduled care and scheduled care, and looking at best practice to implement an appropriate model.

It was noted that there had been, and would be, a lot to resolve the challenges in year. A lot of improvements had happened, but there were more to do. Further discussions were to be undertaken before the completing System Plan, and the need to set aside 2% of income to support the changes. Continuing development work, included resourcing key initiatives for implementation from 1st March 2012, and ongoing development of CCG capacity and capability.

Shropshire Council's Chief Executive stressed the need to ensure a balance between West Mercia PCT Cluster and place based approach, layering needed to be clear, and agreements needed to be made on what was best at each layer. The Chairman stated that the general principals needed to be clearer, sooner, and demonstrate that each tier would bring benefit.

61. SHROPSHIRE COUNCIL ADULT SOCIAL CARE LOCAL ACCOUNT 2010-11

Consideration was given to a report of the Corporate Director, Health and Care, in

respect of the Local Account for Shropshire 2010 – 2011 for Adult Social Care.

The Corporate Director, Health and Care, advised the Committee that the review process in respect of Adult Social Care had been submitted due to a change, and instead of undertaking an audit of services, the Government was implementing a 'light touch' process through peer review. The local account would be introduced with a view to provide a document to fit the needs of local people and organisations, and would be available as an online document for ease of access.

The Shadow Board was advised that the document would be published in its current format, and over the next few months it would focus on identifying achievements, undertake gap analysis and identifying aspirations for the future.

Members stressed the importance of the projects success, and by making the information meaningful, and accessible, to local people, would ensure that lines of communication would remain open, and negotiation on the need for services would continue.

RESOLVED:

- (a) That the Shadow Health and Wellbeing Board accept the draft Adult Social Care Local Account 2010 – 2011.
- (b) That the Board consider the content of the Child Social Care Local Account at a later meeting.

62. EQUALITY DELIVERY SYSTEM

Consideration was given to a report of the Head of Governance, Shropshire County CCG, in respect of informing the Board about the Equality Delivery System (EDS) for the NHS, and provide a plan for its implementation within Shropshire. It was noted that all work on the EDS had been undertaken jointly with Shropshire Council, and it was the intention to continue joined up working as a health economy in the future.

The EDS consisted of 4 goals, with 18 outcomes focussing on different levels of work within the various organisations. Workshops had been held in June 2011 to raise awareness of the emerging EDS agenda and engage with key stakeholders, and agree on the identified outcomes.

Since the formal launch of the EDS in November 2011, a EDS Task and Finish Group has been development to implement the system internally within individual organisations by April 2012. It was noted the work being undertaken in Shropshire was being used as a national lead.

RESOLVED:

- (a) That the content of the Equality Delivery System report, be noted.
- (b) That the Shadow Health and Wellbeing Board ensure that progress of the Equality Delivery System be considered at regular intervals.

63. STAKEHOLDER ALLIANCE DEVELOPMENT

Consideration was given to a report of the Shropshire Partnership Coordinator, summarising the feedback from the Shropshire Partnership Standing Conference event, held on 1st December 2011 to launch the Health and Wellbeing Stakeholder Alliance, and begin a dialogue with stakeholders to shape the structure of the Alliance.

The Shadow Board was advised that feedback was received from a wide range of stakeholders, and those who attended the event in December 2011 were very positive and actively engaged in the process. Two key themes emerged from discussions; all stakeholders being involved in the process, and ensuring that all sectors of the community had a voice. As a result of that information, it was decided to develop a virtual social network that would allow access to all sectors to have access. As the network develops, it was expected that sub-groups would be formed by users to enable more indepth discussions to take place, which would help develop the Health and Wellbeing Strategy. In the first instance, the network would focus on themes identified through the JSNA, and then monitor discussions and report back key outcomes to the Board.

Members were advised that proposals for the Stakeholder Alliance be circulated to identified stakeholders, so that any further comments and refinements could be made, launch the virtual social network in February 2012, and develop focus group from February through to May 2012.

In response to questions raised by members of the Committee, the Partnership Coordinator advised that they will be able to analysis information being put forward by providers, and those representing patient groups, although it would not always be clear cut. The engagement process needed to be driven, and enthusiasm from stakeholders needed to be maintained, and in order to do this it was important to put the stakeholder in the driving seat when discussing themes, to allow them to share their views, and good practice. The system would be set up to remind stakeholders to revisit the virtual network and feed in to the discussion threads as they develop.

The Corporate Director, Health and Care, advised the Board that they intended to issue newsletters to the community sector to inform them of the process, but they had yet to decide if this would be a regular method for communicating the engagement process. It was noted that it was also important to revisit the membership of the Board, and it may be appropriate to appoint a representative from the Voluntary and Community Sector to the Board in the short term to ensure that any issues they were experiencing were identified, and their views were taken into account when developing the Strategy.

RESOLVED:

That the Shadow Health and Wellbeing Board support the work undertaken on the engagement process, and note the report.

64. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) UPDATE

Consideration was given to a report of the Director of Public Health, to update the Board on Joint Strategic Needs Assessment (JSNA).

The Director of Preventive Health Programmes addressed the meeting, advising that the JSNA sort to identify health needs in the local population and inform the commissioning of services based on those needs. The Health and Social Care Bill had given a renewed focus on the JSNA by giving it a central role in bringing partners together in deciding priorities. Those priorities would form the structure for the Health and Wellbeing Strategy, which would be key to commissioning health and social care services in the future.

Shropshire's JSNA had undergone a Peer Review at the beginning of 2011, which had provided a chance to evaluate the current document, and consider how to operate it differently. The challenge of how to make the process inclusive was considered, and it was agreed that the document needed to be in a virtual format to allow ease of access. The Board were advised that development of an interactive document would allow a broad spectrum of users access, and was going to be available within the next few months, with the site going live internally and being developed over time.

RESOLVED:

That the Joint Strategic Needs Assessment Update report, be noted.

65. HEALTH AND WELLBEING PRIORITIES

Consideration was given to a report of the Corporate Director, Health and Care in respect of the Health and Wellbeing principles and priorities, including the development of a Health and Wellbeing Strategy.

The Board was advised that the plan was not a linear process, and that partners were reliant on each other to develop the Strategy, and in order to develop priorities we needed to strike a balance between short and long term issues, cover all age groups, focus on healthy lifestyles, and recognised the large rural areas when putting priorities in place. It was important to concentrate on where we could achieve better outcomes.

Members were advised that if the report was accepted then the JSNA Steering Group and the Health and Wellbeing Executive would work together on the development of the document, and report back to the Board on the key priorities in March 2012.

RESOLVED:

- (a) That the Health and Wellbeing priorities and principles, be approved in draft form.
- (b) That the Shadow Board review the Health and Wellbeing principles and priorities following consultation with partners, in March 2012.

- (c) That the JSNA Steering Group develop an initial Health and Wellbeing Strategy for consideration by the Shadow Board in April 2012.
- (d) That Cabinet be asked to consider, and agree, the Health and Wellbeing principles and priorities.

66. DATES OF FUTURE MEETINGS

RESOLVED:

- (a) That the next meeting of the Shadow Health and Wellbeing Board would be held on 15 February 2012 at 2.00 p.m. in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury.
- (b) That future meetings for the Shadow Health and Wellbeing Board were confirmed:
 - 2 March 2012
 - 11 April 2012
 - 1 June 2012
 - 6 July 2012
 - 31 August 2012
 - 14 September 2012
 - 5 October 2012
 - 21 November 2012
 - 14 December 2012
 - 23 January 2013
 - 20 February 2013
 - 20 March 2013

Chairman:.....

Date:.....