



Committee and Date  
Shadow Health & Wellbeing Board  
  
6 July 2012  
  
9.30 a.m.

Item No  
  
**2**  
  
Public

**MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD MEETING HELD ON FRIDAY 1<sup>ST</sup> JUNE 2012 AT 9.30AM IN THE SHREWSBURY ROOM, SHIREHALL, SHREWSBURY**

**Responsible Officer** Jane Palmer  
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**Present**

**Members of the Shadow Board:**

Councillor K Barrow	Leader of Council
Councillor S Charmley	Portfolio Holder for Health and Wellbeing
Dr Bill Gowans	Vice Chairman, Clinical Transition Board
Dr Helen Herritty	West Mercia PCT Cluster

**Officers and others in attendance:**

Harmesh Darbhanga	Non-Executive Director Shropshire County PCT
Tom Dodds	Performance and Design Team Leader
Janet Graham	Group Manager, Care and Wellbeing
Mr K Ryley	Chief Executive, Shropshire Council
Dr L Griffin	Deputy Chief Executive, West Mercia PCT Cluster
Carolyn Healy	Shropshire Partnership Co-ordinator
Ruth Houghton	Development Support Service Manager
Sonia Roberts	Voluntary Sector Assembly
George Rook	Shropshire LINK
Emma Sandbach	Senior Public Health Intelligence Analyst
Merron Simpson	Consultant re Ageing Well Programme
Prof. Rod Thomson	Director of Public Health
Paul Tulley	Chief Operating Officer, Shropshire County CCG

**1. ELECTION OF CHAIRMAN**

**RESOLVED**

That Councillor K Barrow be elected Chairman of the Shadow Health and Wellbeing Board for the ensuing year.

**2. APOLOGIES**

Apologies were received from Councillor A Hartley, Dr C Morton, Councillor C Motley and D Taylor.

### **3. APPOINTMENT OF VICE CHAIRMAN**

#### **RESOLVED**

That Councillor A Hartley be appointed Vice Chairman of the Shadow Health and Wellbeing Board for the ensuing year.

### **4. DECLARATIONS OF INTEREST**

Mr Dharbanga declared a personal interest as a Trustee of the Community Council for Shropshire.

### **5. MINUTES – 11 APRIL 2012**

#### **RESOLVED**

That the Minutes of the Shadow Health and Wellbeing Board meeting held on 11 April 2012 be approved and signed by the Chairman as a correct record.

### **6. AGEING WELL: EMBEDDING AN AGEING DIMENSION**

The Shadow Board considered the report detailing the findings of the Ageing Well Health and Wellbeing Board programme of research, training and engagement that had been sponsored by the Local Government Association to support Shropshire Council and sixteen other Councils to, 'embed an ageing dimension to the development of the Health and Wellbeing Boards and secure effective engagement with older people'.

Members noted that the core message from the work undertaken was that the current level of service provision for older people was unsustainable because of the diminishing level of resources and the increasing number of older people in the population. The Shadow Board noted the four parts to the project, namely i) desk top research, ii) engagement and training, iii) meeting with key members of the Board and iv) learning from the project.

Ms Simpson, LGA consultant on the Ageing Well programme, provided a full synopsis of the work that had been undertaken as part of the programme and drew attention to some notable areas:

- The improved relationship between older people and the groups represented on the Health and Wellbeing Board
- The valuable knowledge of older people that should be used to shape future services. This potential for older people to be potential service deliverers as well as service consumers was acknowledged
- The recognition that community led/run centres provide low level but high value services
- Health and Wellbeing Board to co-produce more services with older people

- The Strategy for older people is an integral part of the Health and Wellbeing Strategy

In answer to a query whether consideration had been given to the Equality Impact Needs Assessments [EINAs] of generic services of older people, Ms Simpson assured members that the programme explored how things could be done in future with an emphasis on the role of the Council as a facilitator to assist people doing more for themselves and thereby reducing the expense on the public purse.

Dr Gowans stressed the massive level of change that was needed in order to shift to community care and the need to recognise that most issues relating to care of older people could be met at a social rather than a medical level. Ms Roberts commented that the development of commissioning frameworks could be used to support work in this area and suggested the establishment of a Task and Finish Group to support the process. However, Mr Tulley added that there was a need to ensure that there was no duplication of the work already being done by the Health and Wellbeing Group and he agreed to liaise with Officers on the appropriate way forward.

## **RESOLVED**

- i) That the recommendations contained in the final report, 'Embedding an Ageing Dimension' at Appendix A (section 6, page 4) be approved as follows:
  - Continue to work with Shropshire Older People's Assembly (SOPA) to develop and shape its role in representing all older people across the County – including by articulating what 'good and broad' representation looks like and encourage SOPA to achieve that aim.
  - Consider how the Older People's Partnership Board can add value now that new arrangements are firming up, identifying any changes to their role that might improve their impact, and making those changes.
  - Incorporate evidence gathered during the project into the Joint Strategic Needs Assessment (JSNA) – including evidence from:
    - the desk-top research – see Appendix 2
    - the issues raised by the Senior Citizen's Forum at the meeting held on 15 December 11 – see Appendix 3.
  - Develop the Older People's element of the Joint Health and Well-being Strategy (JHWS) casting older people in three roles:
    - A knowledge bank – by co-producing with older people
    - Deliverers of services – to the wider community, not just to older people
    - Consumers of services – where necessary.
  - Revisit/update the Millennium Map including by putting out a general invite for all community groups/individuals to send in a summary of the service they run or asset they hold. Make sure this is drawn into the Joint Strategic Needs/Asset Assessment.

- Create the conditions for existing community-based services to develop to address the issues and goals identified in the Older People's Strategy and JHWS (as long as it has been co-produced with older people).
  - Consider further how the relationship between evidence and actions might be improved (through the JSNA, JHWS, commissioning), and how this might be fed back, so that older people can see what happens to the information gathered through various consultations.
- ii) That the Health and Well-Being Executive takes forward the further development of Compassionate Communities described in paragraph 4.4 page 19 of Appendix A of the report.
- iii) That the transformation of Adult Social Care and the wider Council contributes to what older people value most through a continued commitment to preventive services, community involvement and connectivity and re-commissioning services, where necessary.

## **7. JOINT STRATEGIC NEEDS ASSESSMENT [JSNA] UPDATE**

Ms Sandbach introduced the report on progress being made in the JSNA process that was currently being refreshed to take into account policy changes and a wider remit. The Shadow Board noted that a summary document was being produced to highlight which areas of the JSNA had been identified as priorities to support the Health and Wellbeing Strategy.

Professor Thomson explained that some of the health areas had been prioritised over others because of their impact on a larger proportion of the population, their link to other health conditions that impact on large sections of the population and those causing concern as they were worse than in other areas of the country or those showing a trend in the wrong direction. He stressed that they, nevertheless, remained important areas of health need and they would continue to be addressed through work programmes.

### **RESOLVED**

- i) That the progress made on creating a revised JSNA be noted;
- ii) That the proposed developments for deciding on priorities be endorsed.

## **8. HEALTH AND WELLBEING STRATEGY DEVELOPMENT**

The Shadow Board members received an update on the development of the Joint Health and Wellbeing Strategy to date. An example of the section on priorities for action was noted, together with an outline of the proposed vision, set of ambitions and principles and a refinement of the previously agreed priority statements.

It was acknowledged that the high level Health and Wellbeing Strategy would not detail the specific actions that would need to be taken as these would be included

in service delivery and commissioning plans. The Strategy would set ambitious targets that would steer those delivery and commissioning plans and the Board stressed the need to keep the document alive, manageable and relevant. It was noted that the Strategy would include reference to other wider determinants in order to clarify the full picture, for example, Housing Strategy, Economic Development Strategy and the JSNA.

Dr Gowans stressed the need to include detail of what could be achieved in relation to change and to be explicit about the outcomes. Professor Thomson added that the document needed to highlight the issues and signpost people to help themselves with the help of partner organisations and cited the example of childhood obesity.

Mr Tulley stated that the focus should fall on to social care collaboration and he recognised that collaboration was currently patchy and would need to be embedded in the way business was conducted in future. Dr Gowans and others echoed these sentiments and agreed that joint commissioning arrangements represented the way forward but understood that preparatory work was required in the first instance in order to pave the way for this to take place.

The Chairman of the Shadow Board concluded that the on-going process of relationship building and the growing trust between all parties bode well for the future commitment to improving the health and wellbeing of local people now and in the future.

**RESOLVED:**

That the vision, ambitions, cross-cutting principles and priorities for action on the development of the Joint Health and Wellbeing Strategy be approved for wider consultation with stakeholders.

**9. DEFINING THE NINE SHROPSHIRE OUTCOMES**

Members considered the report detailing the work being undertaken to define the 9 broad Shropshire outcomes that needed to be further defined in order to be used to support the moves towards outcome based commissioning, outcome focused performance management and payments by results. Each Board member's input was requested to be fed back to the Corporate Head of Business Improvement as soon as possible.

**RESOLVED**

- i) That Shadow Board members identify their top 4 'by this we mean' statements for each outcome and feed them back to [tom.dodds@shropshire.gov.uk](mailto:tom.dodds@shropshire.gov.uk) as soon as possible;
- ii) That the approach being taken to define the 9 Shropshire outcomes be supported.

**10. DATE OF NEXT MEETING**

**RESOLVED**

- i) That the next meeting of the Shadow Health and Wellbeing Board be held at 9.30 a.m. on Friday, 6 July 2012 in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury.
  
- ii) That the cancellation of the meeting scheduled to have been held on Friday 31 August 2012, be noted.

Chairman:.....

Date:.....