

MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD MEETING HELD ON FRIDAY 6 JULY 2012 AT 9.30AM IN THE SHREWSBURY ROOM, SHIREHALL, SHREWSBURY

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Present

Members of the Shadow Board:

Councillor K Barrow	Leader of Council
Councillor A Hartley	Portfolio Holder for Health and Wellbeing
Councillor S Charmley	Portfolio Holder for Health and Wellbeing
Councillor C Motley	Portfolio Holder for Flourishing Communities/Education & Skills
Dr Helen Herritty	Chairman, Shropshire CCG
Dr Caron Morton	Accountable Officer, Shropshire CCG
Paul Tulley	Chief Operating Officer, Shropshire CCG

Officers and others in attendance:

David Taylor	Corporate Director – People
Janet Graham	Group Manager, Care and Wellbeing
Dr L Griffin	Deputy Chief Executive, West Mercia PCT Cluster
Carolyn Healy	Shropshire Partnership Co-ordinator
Sonia Roberts	Voluntary Sector Assembly
George Rook	Shropshire LINK
Emma Sandbach	Senior Public Health Intelligence Analyst
DI Callie-Ann Bradley	SARC Lead Officer, West Mercia Police
Prof. Rod Thomson	Director of Public Health

11. APOLOGIES

11.1 Apologies were received from Dr Bill Gowans.

12. MINUTES – 11 APRIL 2012

12.1 Mr Rook felt it was important to include in the Minutes the point made about collaborative commissioning between the CCG and the Council.

12.2 RESOLVED

That the Minutes of the Shadow Health and Wellbeing Board meeting held on 1 June 2012 be approved and signed by the Chairman as a correct record, subject to the above.

13. JOINT STRATEGIC NEEDS ASSESSMENT [JSNA] PRIORITIES REPORT FINAL DRAFT

- 13.1 Ms Sandbach reported that the JSNA Priorities report had been completed as a final draft for wider public consultation and would be brought back to the October meeting of the Shadow Board. She reported some slight grammatical amendments and explained that the Priorities report would be reviewed by the Shadow Board over time when new evidence became available.
- 13.2 Councillor Shingleton commented that she was somewhat disappointed by the lack of involvement of the patient group from Cleobury Mortimer in the public consultation, she was not sure that the references to 'low unemployment rate' and 'the majority of employment' being 'in the public sector' on page 4 were correct and she felt the document was unclear on the implications for people living at the edges of the County (page 5). She would like to see the inequalities stated then explored in more detail (page 6). The abbreviation CVD on page 6 should be stated in full. Councillor Shingleton highlighted the growing need for the provision of housing/rental properties.
- 13.3 In response, Ms Sandbach confirmed that the full definition of CVD had been included in the amended version. Ms Sandbach explained that the health inequalities were quite complex and varied depending on age group etc so it was difficult to summarise them into bullet points. It had been hoped to include more information in relation to accommodation but this information had not yet been received back.
- 13.4 Professor Thomson drew attention to the website which contained a lot of the background information and highlighted the detail behind the Priorities report. Professor Thomson was happy to draw out any areas and give examples. Ms Healy explained that the JSNA was web based, it was a growing resource and included all the data collected. An annual summary would be reported to the Board setting out the current state of play. She explained that the consultation exercise provided an opportunity to identify any gaps, which would be fed in to the document.
- 13.5 The Chairman felt that the report needed to be simple but also concise and he felt that this had been achieved. Councillor Hartley congratulated Ms Sandbach on an excellent piece of work.
- 13.6 **RESOLVED**
- i) That the final draft JSNA Priorities report be approved for full public consultation, to be brought back to the October meeting of the Shadow Board.
 - ii) That the priorities identified in the JSNA be reviewed by the Shadow Health and Wellbeing Board and refreshed over time to reflect emerging priorities.

14. HEALTH AND WELLBEING STRATEGY DEVELOPMENT

- 14.1 Ms Healy reported that the Health and Wellbeing Strategy had been completed as a final draft for wider public consultation, and would also be brought back to the October meeting of the Shadow Board.

- 14.2 Ms Healy reminded the Shadow Board of the three engagement events that had been held in June in order to identify key issues and data. Feedback from these events had informed the final draft and led to the inclusion of an additional outcome of reducing health inequalities. There were now five key outcomes for long term focus which were underpinned by key priorities for action in 2013/14 together with potential areas for future action. Ms Healy confirmed that as work began to address these, the strategy would need to be refreshed.
- 14.3 Ms Healy explained that Shadow Board members were being asked to take ownership and to champion different priorities supported by a senior officer from the Health and Wellbeing Executive.
- 14.4 Dr Herritty congratulated Ms Healy on the document and the one page strategy. Dr Herritty felt that there should be a coordinated consultation on both the JSNA and the Health and Wellbeing Strategy. In response, Ms Healy agreed that the two documents should be read together and would be consulted upon together.
- 14.5 In response to a query, Ms Healy explained that more work needed to be done on baseline measures. She reported that initially national indicators were being used but that some local measures may also need to be set. Any such measures must be useful and not overlap.
- 14.6 It was felt that the 'Who am I?' project (page 12) was not the best title for the project and it was suggested that it be renamed 'This is me.' Mr Rook queried how the 'Effectiveness of CAMHS' would be measured. He also felt that there should be a measure of the effectiveness of transfer from an acute setting to a community setting. Mr Rook commented that there was no mention of Healthwatch or its signposting function (page 25).
- 14.7 In response to Mr Rook's comment about dementia, Ms Healy agreed to take this back and enquire about the scheme.
- 14.8 The Chairman drew attention to a consultation taking place about car parking charges and wondered whether the Shadow Board wished to consider the effect of any increase on the health and wellbeing of people in Shropshire. Professor Thomson reported that the Hospital Trust had expressed interest in attending a future meeting of the Shadow Board to discuss its travel and transport plan.
- 14.9 **RESOLVED:**
- i) That the final draft Health and Wellbeing Strategy be approved for full public consultation, to be brought back to the October meeting of the Shadow Board.
 - ii) That Board members, excluding the Chairman, self-select to be responsible for a priority, supported by a senior officer from the Health and Wellbeing Executive.
 - iii) That progress against the priorities be reviewed by the Shadow Health and Wellbeing Board.

15. WEST MERCIA SEXUAL ASSAULT REFERRAL CENTRE (SARC)

- 15.1 DI Bradley gave a presentation on the new West Mercia Sexual Assault Referral Centre (SARC). She explained that funding had been agreed by all West Mercia Cluster PCTs to set up a SARC in the West Mercia area. The objective of the SARC was to provide a holistic service for all victims of rape and sexual assault. Victims would be guided through the process from the moment the incident was reported.
- 15.2 DI Bradley informed the Shadow Board that it would have been impractical to have just one SARC for such a large area so a hub and spoke model had been adopted for the West Mercia area. The Hub was located in Bransford in Worcestershire with a spoke centre located in Wellington.
- 15.3 The SARC in Bransford would contain a children's medical suite which was more child friendly and would be specifically designed and kitted out for children. The hub would also have an adult suite. The spoke facility at Wellington would provide one suite which could cater for both adults and children, but would not have child specific décor or furniture. If a child required the environment offered at Bransford then children from Shrewsbury and Telford could be taken to the hub.
- 15.4 DI Bradley drew attention to the key elements of the service together with the benefits. She reported that the only issue at the moment was in providing a choice of gender of physician as there were currently no female physicians in the north and just two in the south (Hereford). Work was ongoing but it was hoped that this issue would shortly be resolved.
- 15.5 In response to a query, DI Bradley confirmed that victims would be offered six counselling sessions at SARC for those who report their offences within 28 days. Professor Thomson acknowledged that if SARCs were successful this would lead to an increase in the number of victims reporting incidents and more chance of obtaining convictions. He congratulated DI Bradley on the work she had put into taking the service forward.
- 15.6 DI Bradley informed the meeting that it was hoped that the SARC would be up and running by the end of October with the official launch taking place on 9 November, for which Board members would be invited.

15.7 RESOLVED

To note the contents of the presentation.

16. EQUALITY DELIVERY SYSTEM PROGRESS REPORT

- 16.1 Mr Tulley introduced the report of the Head of Governance which provided an update on the progress of adoption of the Equality Delivery System (EDS) as agreed by the Shadow Board in January 2012. Mr Tulley reminded the Shadow Board that the EDS was part of the approach to allowing health bodies to meet their duties under the Health Act 2010.
- 16.2 Mr Tulley explained that all NHS organisations within the local health economy had to set objectives for themselves and report on those objectives. In Shropshire a

collaborative approach had been agreed which had been brought together at a session in March, with a further event planned for 18 July 2012.

16.3 In response to a comment that no reference had been made to the Robert Jones and Agnes Hunt Orthopaedic Hospital, Mr Tulley informed the meeting that the Orthopaedic Hospital had the same statutory requirement and he would encourage all NHS organisations to work collaboratively.

16.4 **RESOLVED**

To note the contents of the report.

17. **DATE OF NEXT MEETING**

17.1 **RESOLVED**

That the next meeting of the Shadow Health and Wellbeing Board be held at 9.30 a.m. on Friday, 14 September 2012 in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury.

Chairman:.....

Date:.....