



**NOTES OF THE INFORMAL MEETING HELD ON 23 NOVEMBER 2009  
(NOT QUORATE)**

10:05am – 10.55am

**Responsible Officer** Michelle Evans

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**Present**

Members

- Mr K Barrow – Leader of Shropshire Council (Chairman)  
Mr S Jones – Portfolio Holder for Adult Services, Shropshire Council  
Mr A Hannagan – Chairman of Shropshire County Primary Care Trust (Vice-Chairman)

Officers

- Mrs J Chambers – Chief Executive, Shropshire County Primary Care Trust  
Mr S Kenton – Director of Joint Commissioning  
Mrs V Beint – Director of Community Services  
Mrs L Nicholson – Director of Children and Young People's Services

The meeting was not quorate.

**1. Apologies for Absence**

- 1.1 Apologies for absence were received from Mr H Darbhanga (Non-Executive Director, Shropshire County Primary Care Trust) and Mrs C Motley (Portfolio Holder for Children and Young People).

**2. Declarations of Interest**

- 2.1 No declarations of interests were made by members.

**3. Minutes**

- 3.1 The Minutes of the meeting held on 30 October 2009 were noted (and will be confirmed at the next meeting).

**4. Draft Joint Strategic Needs Assessment**

- 4.1 The Director of Joint Commissioning introduced his report which provided Members with the key points in relation to the health and wellbeing of people in Shropshire. He confirmed that the Full Joint Strategic Needs Assessment would be going to Cabinet and the Primary Care Trust (PCT) Board in December.

- 4.2 In response to a query the Director of Joint Commissioning confirmed that by 2018, it was projected that there would be 11,000 people in Shropshire aged over 65, which represented 45% of the population (figure 2). He would ensure that this was explained in the narrative.
- 4.3 The Chief Executive of Shropshire County Primary Care Trust commented that this was the second Joint Strategic Needs Assessment which highlighted the underlying health needs in the community and would allow spending to be focussed on those areas. For example, figures 5 and 6 showed that the most common causes of mortality in Shropshire were circulatory diseases and cancer. The PCT would therefore have the greatest impact by improving the community's diet, level of alcohol consumption and smoking cessation etc. It was important to build an understanding of how these issues could be tackled together.
- 4.4 The Chief Executive of Shropshire County Primary Care Trust drew a link between the areas of priority identified in the JSNA and the current spending patterns arising from difficulties in reaching agreement about acute services reconfiguration. Delays in determining how to improve acute services meant that double running costs would continue in the acute hospital sector, which limits the scope for the PCT to divert resources into the JSNA priority areas.
- 4.5 The Chief Executive of Shropshire County Primary Care Trust pointed out that for long term conditions in nearly all areas Shropshire was higher than the national average. She queried the reasons for this and the Director of Joint Commissioning agreed to look into the reasons behind this trend.

## **5. Integrated Performance Framework**

- 5.1 The Board received the report of the Director of Joint Commissioning which provided Members with an update on the development of an integrated performance management framework for health and health care. He explained that this was a first draft which attempted to assimilate different performance regimes and targets. It was hoped to provide Cabinet and the PCT Board with regular updates on four areas of Performance Indicators.
- 5.2 The Director of Children and Young People's Services stressed the importance of having the right information in order to make strategic decisions based on the priorities of both the Council and the PCT.
- 5.3 In response to concern raised about the timeliness of data, the Director of Joint Commissioning confirmed that he would try to ensure that the timeframes were similar in order that an accurate picture of progress could be identified.
- 5.4 The Director of Community Services felt that trends should be focussed on, rather than performance management, as these would inform the direction for investment to be targeted.

## **6. Update on Personalisation**

- 6.1 The Director of Community Services tabled a paper and gave a verbal update on progress with the personalisation agenda and the transformation of social care in Shropshire.
- 6.2 The Director of Community Services explained that personalisation was the term used for a new approach aimed at putting people first by individually tailoring services and budgets to their personal needs and wishes. She also drew members' attention to the other areas that needed to be addressed as part of the transformation of social care.

6.3 The Director of Community Services informed members of the work being done by the Programme Board, of which she was Chairman. The idea underpinning personalisation was to ensure that users lived full individual lives and were kept safe. The Programme Board had endorsed 12 key principles that would steer the programme to achieve the desired outcomes. She then highlighted the progress to date and the timetable for the next phases.

6.4 In response to a query the Director of Community Services confirmed that direct payments and individual budgets would come out of the same social care budget. She also confirmed that self funders could purchase services from Community Services.

6.5 The Chairman requested further updates at future meetings.

## **7. Update on Recruitment of Director of Public Health**

7.1 The Chief Executive of Shropshire County Primary Care Trust informed the Board that 3 applicants had been short listed for interview and it was hoped to make an appointment shortly. She stressed the importance of appointing the correct person and reported that the Council were assisting with the decision making.

## **8. Update on Developing Health and Healthcare**

8.1 The Chief Executive of Shropshire County Primary Care Trust updated members on progress following the last meeting on 30 October 2009. She reflected on where they had got to and what had happened since.

8.2 She explained that she had written to the Chief Executive of Shrewsbury and Telford Hospital NHS Trust requesting detailed plans for the immediate improvements eg how the vascular surgery network rota would be organised etc. The PCT were seeking assurance that the enhanced service would deal with the concerns raised by the Royal College of Surgeons.

8.3 The Chief Executive of Shropshire County Primary Care Trust explained that they were awaiting a further piece of work, namely, the risk management and contingency plan for middle grade medical staff which would go before the PCT Board in January. She reported that the next phase would be the issue of costs in taking the project forward. The Chief Executive stressed the importance of having all partners on board and that all concerns were addressed.

8.4 In response to a query the Chief Executive reported that the network model for vascular surgery would provide 7 days cover out of hours on one site or the other, however detailed plans were awaited. She confirmed that SaTH would have the opportunity to appoint a locum whilst looking to make a permanent appointment.

## **9. Dates of Future Meetings**

9.1 The next meeting would take place at 2pm on Tuesday 4 February 2010.

9.2 Dates for future meetings would be scheduled into the Council Diary.