



Committee and Date  
Shadow Health & Wellbeing Board  
20 February 2013  
9.30 am

Item  
**3**  
Public

**MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD MEETING HELD ON WEDNESDAY 23 JANUARY 2013 AT 9.30AM IN THE SHREWSBURY ROOM, SHIREHALL**

**Responsible Officer** Michelle Dulson  
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**PRESENT**

**Members of the Shadow Board:**

Councillor Ann Hartley	Portfolio Holder for Health and Wellbeing (Chair for the meeting)
Councillor Steve Charmley	Portfolio Holder for Health and Wellbeing
Harmesh Darbhanga	Cluster Locality Support Member, Shropshire CCG
Dr Bill Gowans	Vice-Chairman, Shropshire CCG
Dr Helen Herritty	Chairman, Shropshire CCG
Paul Tulley	Chief Operating Officer, Shropshire CCG
George Rook	Chairman, Shropshire LINK
Prof. Rod Thomson	Director of Public Health
Stephen Chandler	Director of Adult Services
Graham Urwin	Chief Executive of the Shropshire and Staffordshire NHS Commissioning Board

**Officers and others in attendance:**

Penny Bason	Health & Wellbeing Coordinator
Janet Graham	Acting Group Manager Care and Well-being
Councillor M Shineton	ALC representative
Councillor G Dakin	Chairman of the Healthy Communities Scrutiny Committee
Christopher Jensen	Business Manager, West Mercia Criminal Justice Board

**47. APOLOGIES**

Apologies for absence were received from Councillor Keith Barrow - Leader, Shropshire Council (Chairman), Dr Caron Morton - Accountable Officer, Shropshire CCG, Councillor Cecilia Motley - Portfolio Holder for Flourishing Communities / Education and Skills, David Taylor - Corporate Director – People and Carolyn Healy - Partnerships and Health Integration Manager.

**48. DISCLOSABLE PECUNIARY INTERESTS**

There were none.

**49. MINUTES**

**RESOLVED**

That the Minutes of the Shadow Health and Wellbeing Board meeting held on Friday 14 December 2012 be approved and signed by the Chairman as a correct record.

**50. PUBLIC QUESTION TIME**

No Public Questions had been received.

**51. HEALTH & WELLBEING EXECUTIVE REPORT TO THE BOARD**

The Board received the report of the Director of Public Health (copy attached to the signed Minutes) which highlighted the issues raised at the Health and Wellbeing Executive, either for information, endorsement or decision.

The Director of Public Health introduced Mr Graham Urwin who is the Chief Executive of the Shropshire and Staffordshire NHS Commissioning Board which was replacing the Strategic Health Authority.

The Director of Public Health drew attention to the key areas that the Health and Wellbeing Executive had been looking at including Personal Health Budgets and Adult Social Care Commissioning. The Executive had more work to do on Personal Health Budgets before reporting back to the Board. The Chairman hoped that good headway would be made through the joint working of the Local Authority and the CCG.

In relation to Adult Social Care Commissioning, it would be of great importance to both health and social care that the commissioning of services be joined up in order to address both the challenges faced and the opportunities available for improvement.

The Director of Adult Social Care reported that conversations had begun around areas for prioritisation however they were also being very cautious and looking at areas of clear benefit that both health and social care could do differently but together to their mutual benefit. He would report back to a future meeting of the Board with more information.

The Director of Public Health drew attention to the national measures set out at paragraph 1.3.2 of his report and explained that the Health & Wellbeing Board now had the opportunity to identify three local priorities. He explained that although there was some local discretion, the measures must be challenging but realistic and must have an impact in eg five years' time. It would also be important to identify areas that would take the Health and Wellbeing Strategy forward.

In response to a query, the Chief Operating Officer confirmed that the measures would be related to premium payments if it could be demonstrated that there had been an improvement in outcomes. So performance against the three local

measures would be one thing that would determine whether any premium payments were received. Mr Rook felt that the three local measures would be a great opportunity to join up the work of health and social care and that the stakeholder event on 31 January would be an opportunity to get buy in from the public.

In response to a query about how and when future financial implications would be considered, the Chief Operating Officer gave an example of when this might be discussed by the Board, and he explained that the level of ambition for improvement in a particular area may be linked to the level of resources available to put behind it. The Health and Wellbeing Coordinator explained that the Board would be asked to set priorities for improvement and so resources would be built in and would come back to the Board quite regularly.

**RESOLVED** that the Board:

- A. Accept the information contained in section 1.2 Personal Health Budgets, for information.
- B. Endorse the development work taking place with Adult Social Care Commissioning and the proposed mechanism for delivery.
- C. Endorse the proposal for the development of local measures (1.3.2 NHS Planning Guidance). The final proposed measures to come back to the HWB Board for approval.
- D. To consider the Inequalities Strategy – See separate report (Agenda Item 7).

## **52. CRIMINAL JUSTICE AGENCIES ROLE IN HEALTH & WELLBEING**

The report of the Director of Public Health was received – copy attached to the signed minutes – which asked the board to consider the working relationship between Criminal Justice Agencies (CJA) and the Health and Wellbeing Board. The Director of Public Health explained that it was recognised that there was a lot of cross over between the work of the CJA and the work of the Board in improving the health and wellbeing of the Shropshire population.

The Director of Public Health introduced Mr Chris Jensen who is the Business Manager for the West Mercia Criminal Justice Board. Mr Jensen drew attention to the strong cross over between priorities, for example addressing the root causes that contribute to offending which creates obvious wellbeing benefits for the populous. It was felt that effective joint working between CJA and the Board would actively help achieve these shared objectives. To this end, he wished the Board to find an effective way to engage with the West Mercia Criminal Justice Board.

The Chairman commented that everyone wanted to sit on and be involved with the work of the Health and Wellbeing Board which was good, however there was concern that the Board could become too large. It was an issue to ensure that everyone had a say on the Board whilst remaining a strategic decision making authority.

The Chief Executive of the Shropshire and Staffordshire NHS Commissioning Board agreed that the strategic nature of the Board should be preserved and that this issue had been addressed by other Health and Wellbeing Boards by ensuring that only the most senior officers sat on the Board in order to keep the conversation very strategic.

Mr Jensen explained that the Chief Constable was the Chairman of the West Mercia Criminal Justice Board but it had been recommended that Mr Jensen act as the voice of the Chief Constable. The Director of Public Health informed the meeting that the Criminal Justice Board had a budget of approximately £200 million and so had the ability to joint commission if the Board felt they had a contribution to make.

The Chairman commented that reducing health inequalities would have an impact on a whole load of other people, not just offenders and ex-offenders. The Chief Operating Officer stated that it was difficult to know exactly what form any joint working could take and the specific areas for collaborative work.

A brief discussion took place in relation to the governance of the Board and how Members wished it to operate. The Board was the decision making body and the idea was that the Board would make the decisions, and approve any strategies etc whilst the Health and Wellbeing Executive would be asked to deliver on work coming out of that together with relevant partners. The Chairman felt that this issue should be discussed further during consideration of the draft amended Terms of Reference later on in the agenda.

The Vice-Chairman, Shropshire CCG felt that consideration needed to be given to which organisations were central enough to engage in regular collaborative work and to ensure that these organisations were represented on the Board.

The Chairman acknowledged the important role played by CJAs but felt that the discussion should be taken to the Health and Wellbeing Executive in order to clarify and work out what role the West Mercia Criminal Justice Board could play and to what extent.

**RESOLVED** to refer the item to the Health and Wellbeing Executive for further discussion and clarification of the role of Criminal Justice Agencies.

### 53. **INEQUALITIES STRATEGY**

The report of the Accountable Officer was received – copy attached to the signed Minutes - which asked the Board to consider the development of an overarching Inequalities Strategy for Shropshire to be adopted by the wider partnership and stakeholders.

The Vice-Chairman, Shropshire CCG highlighted the key points. He explained that the impetus for an Inequalities Strategy was multiple, not least recognising the growth in inequality reflected in the heightened sense of social justice/injustice. The change in legislation altered the focus and responsibility for addressing health and wellbeing and put patients at the centre of decision making by empowering them to become involved in addressing inequality. These were all powerful motivators for such a strategy.

It was being proposed that the draft Inequalities Strategy be taken to the Leaders Board, who would be responsible for delivery of the Strategy and would take accountability for it, in order to develop a Memorandum of Understanding and to report back to the Board. The Chairman highlighted the importance for every member of the Leaders Board to be signed up to the Memorandum of Understanding. It was also felt that a champion was needed in order to keep the momentum going, someone who was directly responsible and able to lead with passion.

The Vice-Chairman, Shropshire CCG explained that the second stage would be to try to set out what success would look like and how this would be evaluated. He gave an example of the increasing demand for food banks where a practical measure of success would be the closure of food banks as they were no longer needed in a sustainable economy where everyone could support themselves. It would be important to get buy in from each component organisation where they could contribute and not just to the bigger picture.

The Chief Executive of the Shropshire and Staffordshire NHS Commissioning Board felt that the report set out a strategy to write a strategy which allowed all Members to have a say from the start, which was a good and positive example of how the Board should work. He explained however that public service was very good at hitting targets but missing the point, for example, when targets were set for the number of people quitting smoking, this actually widened the inequalities gap, rather than targeting eg smoking in pregnancy, which would hit the target but would also hit the point.

It was felt that the Health and Wellbeing's non-hierarchical relationships would provide the greatest chance for success by being able to hold one another to account. Historically the principles of citizenship and corporate responsibility were separate but they now needed to be brought together in a more meaningful way.

**RESOLVED** that the Board:

- A. Endorse the further development of 'An Inequalities Strategy for Shropshire' and provide commitment from Health and Wellbeing Board Partners; and
- B. Work with other partners from the public, private and voluntary sectors, through the Shropshire Partnership Leaders Board, to develop a Memorandum of Understanding that ensures the commitment of the wider partnership in the development and delivery of the Inequalities Strategy across Shropshire.

#### **54. HEALTH AND WELLBEING BOARD – TERMS OF REFERENCE**

The report of the Health and Wellbeing Coordinator was received – copy attached to the signed Minutes – which presented the draft revised Terms of Reference for discussion by the Board as it moved towards a full Health and Wellbeing Board.

The Health and Wellbeing Co-ordinator gave a brief presentation highlighting the key points and the changes made to the Terms of Reference which were much the same but reflected the move from Shadow form in April 2013.

She reported that more work needed to be done to understand the relationship between the Board and the Health and Wellbeing Executive and the appointment of Task and Finish Groups. The operating principles had been updated to reflect discussions held at the development sessions and further discussion was required to consider Membership of the Board including election of Chairman and appointment of Vice-Chairman.

The report recommended that a small Task and Finish Group be convened, made up of one Councillor, one CCG representative, one Council officer and one other to discuss the items for further consideration and report back to the Board at its next meeting in February.

A query was raised whether the board could legally appoint a Vice-Chairman as anyone other than a Shropshire Councillor. The Health and Wellbeing Coordinator

confirmed that she had not come across any guidance that says it cannot be someone other than Local Authority representative. The Chairman felt that it made sense to have someone from the CCG as Chair or Vice-Chair in order to demonstrate inclusivity. She explained that it was hoped to hold agenda setting meetings in future between the local authority and the CCG.

The Chief Operating Officer explained that the CCG did not have a Chief Executive but that he was the CCG's fourth member.

It was hoped to obtain some key priorities from the stakeholder event on 31 January in order to take the Health and Wellbeing Strategy forward and it was felt that in some instances there may be existing processes already in place. The Vice-Chairman, Shropshire CCG felt that the role of the Board should be kept at the forefront with the Terms of Reference being the servant of delivery.

It was agreed to set up a Task and Finish Group and to give all members the opportunity to feed into the Terms of Reference before bringing recommendations back to the next meeting of the Board. A brief discussion ensued in relation to membership of the Task and Finish Group and it was agreed to discuss this outside of the meeting.

In response to a query, it was clarified that Members of the Board could nominate a named substituted.

**RESOLVED:**

- A. To note the revised Terms of Reference and any relevant recommendations for further development; and
- B. To convene a small Task and Finish Group, made up of one Councillor, one CCG representative, one Council officer and one other in order to discuss the items for further consideration and make a full recommendation to the Board.

**55. DATE OF NEXT MEETING**

**RESOLVED**

That the next meeting of the Shadow Health and Wellbeing Board be held at 9.30 a.m. on Wednesday 20 February 2013 in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury.

**56. EXCLUSION OF PRESS AND PUBLIC**

It was **RESOLVED** that under paragraph 10.2 of the Council's Access to Information Procedure Rules that the proceedings of the Committee in relation to agenda item 11 shall not be conducted in public on the grounds that it involves the likely disclosure of exempt information defined by the category specified against the item.

**57. EXEMPT MINUTES (EXEMPTED BY CATEGORY 3)**

**RESOLVED**

That the Exempt Minutes of the Shadow Health and Wellbeing Board meeting held on Friday 14 December 2012 be approved and signed by the Chairman as a correct record.

The meeting finished at 10.45am

Chairman : .....

Date : .....