



Committee and Date
Health & Wellbeing Board
12 April 2013
9.30 am

Item
3
Public

MINUTES OF THE SHADOW HEALTH AND WELLBEING BOARD MEETING HELD ON 20 FEBRUARY 2013 AT 9.30AM IN THE SHREWSBURY ROOM, SHIREHALL

Responsible Officer Michelle Dulson
Email: michelle.dulson@shropshire.gov.uk Telephone: 01743 252727

PRESENT

Members of the Shadow Board:

Councillor Keith Barrow	Leader, Shropshire Council (Chairman),
Councillor Ann Hartley	Portfolio Holder for Health and Wellbeing
Councillor Steve Charmley	Portfolio Holder for Health and Wellbeing
Dr Bill Gowans	Vice-Chairman, Shropshire CCG
Dr Helen Herritty	Chairman, Shropshire CCG
Dr Caron Morton	Accountable Officer, Shropshire CCG
Dr Julie Davies	Director of Strategy and Service Redesign, Shropshire CCG (Substitute for Paul Tulley)
George Rook	Chairman Shropshire LINK
David Taylor	Corporate Director – People
Prof. Rod Thomson	Director of Public Health
Ruth Houghton	Service Manager - Developmental Support (Substitute for Stephen Chandler)
Ken Deacon	Shropshire & Staffordshire NHS Commissioning Board (Substitute for Graham Urwin)

Officers and others in attendance:

Clive Wright	Director of Operations
Penny Bason	Health & Wellbeing Coordinator
Carolyn Healy	Partnerships and Health Integration Manager
Phil Brough	Partnerships Networks Officer

58. APOLOGIES

Apologies for absence were received from
Harmesh Darbhanga - Cluster Locality Support Member, Shropshire CCG
Cllr Cecilia Motley - Portfolio Holder for Flourishing Communities/Education and Skills
Paul Tulley - Chief Operating Officer, Shropshire CCG
Stephen Chandler - Director of Adult Services
Graham Urwin - Chief Executive Shropshire & Staffordshire NHS Commissioning Board

59. DISCLOSABLE PECUNIARY INTERESTS

There were none.

60. MINUTES

RESOLVED

That the Minutes of the Shadow Health and Wellbeing Board meeting held on 23 January 2013 be approved and signed by the Chairman as a correct record.

61. PUBLIC QUESTION TIME

No Public Questions had been received.

It was agreed to take agenda item 6 (Health & Wellbeing Board Terms of Reference) next followed by agenda item 7 (Local Commissioning Pilot).

62. HEALTH & WELLBEING BOARD TERMS OF REFERENCE

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

The Health & Wellbeing Coordinator drew the Board's attention to the main changes in the revised Terms of Reference, which would be reviewed annually to ensure the Board was fit for purpose.

It was recommended that the Health and Wellbeing Board move to Bi-monthly meetings, with a 'green paper' meeting in between and that each meeting be themed around one of the five outcome areas set out in the Health and Wellbeing Strategy. The first meeting in April would look at mental health issues to include dementia and Children and Young People's mental health.

It was requested that future Agendas highlight to Members that if they are unable to attend a meeting they may appoint a named substitute member with full voting rights to attend in their place.

RESOLVED that the Board:

- A. Approve the amended Terms of Reference; and
- B. Move to Bi-monthly meetings, with a 'green paper' meeting in between.

63. LOCAL COMMISSIONING PILOT

The Director of Operations gave a presentation in relation to local commissioning and the direction that the Council wished to go in. Looking at the big picture, the Director of Operations explained that only £200 million of the Council's total budget of £850 million was controllable and could be spent at the discretion of the Council. It was felt that following next year's comprehensive spending review the Council would be required to make savings in the region of £70-£80 million over three years, which was the same amount again as the savings already required.

Current spend on support and democratic core services was £25 million, savings from which would not make much dent in the overall savings required. £50 million had already been committed to contracts with eg Highways and Veolia etc. It was expected that the Council would struggle to make efficiency savings of between 3% and 5%. Therefore, in future, key budgets would need to make savings of between 50% and 80%. This was the context for the Council's current strategy going forward.

The Director of Operations reminded the Board of the purpose of the Council which was to deliver value for money for Shropshire people by commissioning outcomes, based on demand, working with elected members. The Council's priorities were keeping children safe, looking after vulnerable people and high quality education.

The Director of Operations explained why change was important for the kind of transformation that was required. He drew attention to how the Council acted now, for example top down management, for the customer, whereas in the future the Council needed to be more bottom up, solutions focused, working with the customer, with much closer relationships between officers and politicians. Also, services needed to be redesigned in order to deliver better outcomes at lower cost.

The Director of Operations gave examples from the private sector and from Adult Social Care. He stated that more of that type of thinking was needed and he explained how this could be achieved. It was hoped to get team managers together with leaders in order for them to understand the problems on the ground and how services could be re-engineered to take out inefficiencies. It was hoped to begin by getting one market town (Church Stretton) commissioning ready and in 12 to 18 months change the way the Council operates across Shropshire. The Director of Operations hoped that the Council's partners would join the Council on this journey.

In response to concerns around governance issues, the Director of Operations explained that the Commissioning Director had put together a diagram looking at new systems of governance where decisions were made in real time. The Council could break its own rules and regulations or change policy if permission was sought, so long as it did not break the law.

A query was raised as to what extent the Council had come across barriers to change. In response, the Director of Operations explained that there was not much choice other than to make these changes happen. The new ways of working would be better for employees and for customers and would be cheaper, however he did acknowledge that some resistance existed but he had been clear with staff that these were changes that needed to be made.

64. AGREEING LOCAL OUTCOME MEASURES FOR THE NHS OUTCOMES FRAMEWORK AND QUALITY PREMIUM

The Director of Strategy and Service Redesign introduced the joint report of the Head of Innovation and Special Projects and the Senior Public Intelligence Analyst – copy attached to the signed Minutes – which outlined six proposed indicators for the Board to assess and requested consideration of these to support the decision making on which three should be put forward to the Local Area Team and National Commissioning Board to be used for assessment against a Quality Premium payment.

The Director of Strategy and Service Redesign explained that the CCG were being asked to identify three local outcome indicators that they wished to use as part of

improving quality and which would form part of a set of indicators that would be monitored against the Quality Premium payment. The measures should be based on local priorities and aim to improve outcomes and reduce health inequalities.

The six indicators had been considered by the CCG Board and the Director of Strategy and Service Redesign explained their responses. Overall support from the CCG Board had been for Indicators 2 (Estimated Diagnosis Rate for People with Dementia) and 6 (The Uptake of Health Checks for Adults with Learning Disabilities), followed by Indicator 3 (Admitted to an acute stroke unit within 4 hours of arrival at hospital) and Indicator 5 (Maternal smoking at delivery) whereas Indicators 4 (Number of patients using assistive technology) and 1 (Proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement / rehabilitation services) whilst still important, posed some difficulties in ensuring robustness of measurement, and Indicator 1 was already above the national average.

The Accountable Officer, CCG explained that all six indicators would be progressed but that they had to select the three indicators that they were most likely to achieve in order to qualify for the quality premium payment which would be ploughed straight back into patient services.

Concern was raised that no or little attention was being paid to children's health and wellbeing/social care, it seemed very much adult health and wellbeing dominated. In response, the Accountable Officer explained that the indicators had been drawn from priority areas set out in the JSNA and that the CCG were undertaking very focused work with children.

In relation to Indicator 1 (Proportion of older people (65 and over) who are still at home 91 days after discharge from hospital into reablement / rehabilitation services), the Accountable Officer explained that achievement of this depended on the ability of the acute trust to discharge/assess beds so she was not convinced that the CCG could significantly improve this target. The same went for Indicator 4 (Number of patients using assistive technology) which was dependent upon patient use, and more work was needed to promote the use of assistive technology before the CCG could be confident of reaching targets in this area. The Director of Strategy and Service Redesign reiterated that the CCG would continue to perform against all the measures but it would be important to be able to demonstrate improvement.

Concern was raised that there were no mental health indicators, other than dementia, which was felt to be quite an omission. In response, it was reported that work was ongoing to redesign services around mental health and all the issues that needed to be addressed had not yet been fully identified. The Director of Strategy and Service Redesign explained that there would be other rounds of measures in future years, so the Indicators could be seen as a rolling programme linked to the JSNA.

In response to a query about the Acute Stroke outcome (Indicator 3) the Accountable Officer offered to bring a paper back to a future meeting. It was felt that all patients who had had a stroke should go on an acute stroke unit but there was some doubt as to whether or not this could physically be achieved.

In relation to the uptake of Health Checks for Adults with Learning Disabilities, it was confirmed that there were between 200-300 adults with learning disabilities eligible for a health check. It was however difficult to know what to include in the health check because some behaviour issues were hard for a GP to adequately

discuss with patients. A full health check needed to be established to assist GPs with examinations.

RESOLVED that the Board

- A. Support putting forward Indicators 2 (Estimated Diagnosis Rate for People with Dementia), 5 (Maternal smoking at delivery) and 6 (The Uptake of Health Checks for Adults with Learning Disabilities).
- B. Note that the indicators form part of a wider outcomes framework.

65. OFSTED ACTION PLAN

The Corporate Director – People gave a presentation following Ofsted's unannounced inspection of Shropshire's arrangements for the protection of children between 19 and 28 November 2012 – copy of slides attached to signed Minutes. The Corporate Director – People explained that the current inspection regime was focussed on the local authority however under the new framework the focus would be on how all partners were working together to safeguard children and young people.

The Corporate Director – People informed the Board that currently Shropshire's level of child protection was just below that of its statistical neighbours and was in line with the England level. Shropshire was spot on in its relationship between rates of children placed on child protection plans and the number of children living in poverty which provided reassurance that Shropshire were getting the judgment right.

Common assessments were completed under Safeguarding Plans which showed how well Local Authorities work with multi-agency teams. The number of common assessments completed in Shropshire peaked at 1012 in 2009/10 but had since dropped and it was felt that figures for this year would be in line with those from 2007/08 (441), which the Corporate Director – People felt was quite concerning.

The Corporate Director – People then looked at sources of referrals around safeguarding including those where no further action was taken. The Accountable Officer, Shropshire CCG requested evidence of what these figures should be for Health. The Corporate Director – People had a map showing where all referrals came from in Shropshire if anyone wanted a copy.

The Corporate Director – People informed the Board that Shropshire Council had been judged as adequate overall and better than average in some areas. He then drew attention to the other areas that the inspection had considered: quality of practice; leadership and management; and the effectiveness of help, together with the overall recommendations. He reported that most of the actions would be in place by the end of March and would be monitored through the Safeguarding Board. He informed the Board that Worcester Council would be coming in to undertake a peer challenge in April.

The Corporate Director – People explained the immediate actions to be taken together with the challenges and questions, which he would be handing over to the Director of Children's Services on 1 April 2013. He felt that Shropshire Council would have an inspection in early 2014 looking at how well it really worked with its partners.

It was agreed to defer agenda item 9 (School Meals) to a future meeting.

66. HEALTH & WELLBEING STAKEHOLDER EVENT – STRATEGY TO IMPLEMENTATION AND REGULAR STAKEHOLDER ENGAGEMENT

The Board received the joint report of the Health & Wellbeing Coordinator and the Partnerships Networks Officer – copy attached to the signed Minutes – which provided the Board with feedback following the stakeholder event held on 31 January 2013.

The Health & Wellbeing Coordinator gave an overview of the event and reported that feedback had been really positive. The information being collated from the priority workshops would be used to help develop Action Plans for the 8 Health and Wellbeing priority areas.

The Partnerships Networks Officer drew attention to the Evaluation Overview and he reported that most attendees had been either satisfied or very satisfied with the event. The Partnerships and Health Integration Manager was encouraged by the attendance of a broad range of services such as housing, leisure and public protection which recognised the impact of these services on health and wellbeing.

The Partnerships Networks Officer discussed the online Stakeholder Alliance tool and 'Have Your Say' campaign which were being used to consult wider stakeholders and to discuss services provided and what could be delivered better etc. It was hoped that the Stakeholder Alliance could provide regular updates to the Board.

The Health & Wellbeing Coordinator went on to look at future engagement including 'Train the trainer' focus groups in March, continued consultation events and a survey consultation. She would ensure that the Board were kept up to date with the ongoing regular engagement.

RESOLVED: to receive regular input from stakeholders and to receive regular updates through the Stakeholder Alliance.

67. 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 issues raised at the Health & Wellbeing Executive either for information, endorsement or decision.

The Director of Public Health drew attention to the information item on Personal Health Budgets set out at paragraph 1.2 which would be a major area for colleagues to take into account going forward as there was a great deal of crossover work with social care. The issue required detailed discussions including with patient and carer groups. The Director of Public Health would report back on progress to a future meeting of the Board.

RESOLVED that the Board accept the contents of the report.

68. DATE OF NEXT MEETING

RESOLVED

That the next meeting of the Shadow Health and Wellbeing Board be held at 9.30 a.m. on Friday 12 April 2013 in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury.

69. ANY OTHER BUSINESS

Mr Rook informed the Board that the Shropshire VCS Assembly and CCG had won a £50,000 bid from the NHS National Commissioning Board, to develop innovative approaches to improving engagement between the Clinical Commissioning Group and the voluntary sector. Dr Caron Morton confirmed that they had won the bid and that she would be bringing a report to a future meeting of the Board.

The meeting finished at 11.10am

Chairman :
Date :