

**MINUTES OF THE STAFFORDSHIRE SHADOW HEALTH AND WELLBEING BOARD
MEETING HELD ON THURSDAY 6 OCTOBER 2011 AT COUNTY BUILDINGS
STAFFORD**

Matthew Ellis (ME) (Chairman)	Cabinet Member for Adults' Wellbeing, Staffordshire County Council
Mike Lawrence (ML)	Cabinet Member for Children's Wellbeing, Staffordshire County Council
Robert Marshall (RM)	Cabinet Member for Public Health and Community Safety, Staffordshire County Council
Aliko Ahmed (AA)	Joint Director of Public Health, Staffordshire County Council/Staffordshire Primary Care Trusts
Dr. Tim Berriman (TB)	South Staffordshire Care Commissioning Group
David Colin-Thome (DCT)	Health Consultant
Michael Cunningham (MC)	Chief Constable, Staffordshire Police
David Hughes (DH)	Executive Chairman, North Staffordshire Care Commissioning Group
Mrs. Mary Oates (MO)	Staffordshire Borough/District Councils
Eric Robinson (ER)	Director for People and Deputy Chief Executive Staffordshire County Council
William Taylor (WT)	Staffordshire LINK
Graham Urwin (GU)	Chief Executive, Staffordshire NHS Cluster

Also in attendance:

Barnes, R. (RB)	- Tamworth Borough Council
Bradbury, M. (MB)	- Staffordshire County Council
Eyers, D. (DE)	- Staffordshire County Council
Hill, M. (MH)	- Place Based Leadership Programme
Johnson, G. (GJ)	- Place Based Leadership Programme
Lindop, J. (JL)	- Staffordshire County Council
Taylor, Miss, S. (ST)	- Staffordshire County Council
Vittorino, Ms. D. (DV)	- Staffordshire County Council
Wickham, Ms. D. (DW)	- Staffordshire NHS Cluster

1. ME welcomed Members of the Shadow Board to the meeting and set out the background which had led to their establishment.

It was intended that Health and Wellbeing Boards would remove divisions between the NHS and local authorities and give communities a greater say in services needed to provide care for local people. Specifically, Health and Wellbeing Boards were to bring together those who commissioned services across the NHS, public health, Social Care and Children's Services, elected representatives and Health Watch to improve outcomes. They were to look at all health, public health and social care needs together rather than creating artificial divisions between services.

This improved joint working, would help to ensure that each member of the Shadow Board could draw on their areas of expertise to help shape commissioning strategies to meet local needs.

Staffordshire had decided to be one of 132 local authorities nationwide who would be early implementers and create shadow boards in advance of the legislation which was expected in 2013.

At the invitation of ME, Members then introduced themselves and highlighted their own particular areas of interest having regard to the organisations which they represented. They also outlined the broad outcomes which they hoped their membership of the Shadow Board would help to achieve.

2. **Background To The Health And Wellbeing Board**

The Shadow Board received presentations from AA and GU on the background to the establishment of the Shadow Board (PowerPoint slides attached as appendix 1 to the signed minutes).

Studies had shown that there were (i) a significant number of preventable deaths annually in Staffordshire; (ii) approximately 150,000 Staffordshire residents had a long term health condition and (iii) a significant proportion of these also had a contributory risk factor eg they were smokers. Current spending on patients with long term health conditions amounted to approximately £2 bn per annum and set against this background, the need to ensure better outcomes and greater value for money had been recognised nationally and at a local level.

Local authorities such as Staffordshire County Council had a major role in determining the health and wellbeing of residents within their area through eg the social care services which they provided. Central Government had therefore decided to establish Health and Wellbeing Boards under the leadership of upper tier authorities, to bring together public sector partners in order to focus on common outcomes in respect of health and wellbeing. These included (i) better ill health prevention; (ii) early intervention to prevent chronic health conditions and; (iii) fewer preventable deaths, whilst promoting independence and personal responsibility.

Specifically, the main functions of Staffordshire Health and Wellbeing Board were to (i) provide local democratic accountability; (ii) determine the needs and priorities of residents by a Joint Strategic Needs Assessment; (iii) decide on the most effective methods of meeting these needs by a Joint Health and Wellbeing Commissioning Strategy; (iv)

oversee the effective delivery of Staffordshire strategic priority outcomes through the most appropriate means of monitoring; (v) drive joint commissioning and integration of health and social care services; (vi) assess with a view to formal authorisation, the establishment of Clinical Commissioning Groups; (vii) review and endorse Clinical Commissioning Groups Commissioning Plans and (viii) establish a basis of collaboration with the Stoke-on-Trent City Health and Wellbeing Board.

During the presentation, GU emphasised the key messages from Central Government in respect of the Shadow Board ie that through its work, local government would have an enhanced role within the NHS, helping to address the democratic deficit which existed by holding health services to account. There was also recognition that local government could greatly influence wider determinants of health e.g. smoking and job prospects, for the better. GU went on to refer to the NHS Commissioning units', improving performance and looked forward to the positive joint working between partners on the Shadow Board for the benefit of residents of Staffordshire. He acknowledged that whilst certain aspects of their work required changes to be made to existing legislation, there was much which could be achieved in advance by close co-operation between partners.

In the discussion which ensued ER commented on the need for the Board to consider their role in the widest sense e.g. how community safety, a major determinant of wellbeing, could be improved. AA highlighted areas where the Shadow Board could make a real difference in the short term e.g. by increasing life expectancy of children under the age of one and ML emphasised the need to see positive health and wellbeing outcomes from their work, as matter of urgency.

As part of the discussion, it was agreed that the terms of reference should include, in the first instance, the overall agreed Staffordshire Strategic Priority Outcome 2 – **“Staffordshire will be a safe, healthy and aspirational place to live”**, and the 3 priorities for this outcome. It was recognised that additional outcomes would follow, pending JSNA and prioritisation.

WT questioned whether the membership of the Shadow Board should also include representation from social housing and reference was made to the impact improved social housing in Tamworth had made on decreasing hospital admission.

RESOLVED – (a) That the presentations be received and noted;

(b) That further consideration be given to the structure of the Shadow Board having regard to the establishment of (i) themed Sub-Groups; (ii) task and finish groups and; (iii) a Stakeholder Forum.

(iv) That the terms of reference are updated to refer to the SSP outcome and its underpinning priorities

3. **Terms of Reference** (Schedule 1)

4. The Shadow Board considered a report by DE setting out proposed terms of reference to govern their future work and meetings.

Members reviewed the purpose of the Shadow Board, as set out in the document, which was to make a real difference to the health and wellbeing of local people, together with the specific functions listed in support of this role. In addition, the document set out (i) an initial approach to communication and engagement which would focus on capturing the

voice of local people including customers and the wider community; (ii) membership; (iii) the core principles of the Staffordshire Strategic Partnership (SSP) which, it was envisaged, would form part of the role of Members of the Shadow Board; (iv) proposed meeting arrangements which would be in accordance with the Procedural Standing Orders of the County Council; (v) governance and accountability arrangements including links with the SSP, scrutiny of their work, the powers delegated to members from their respective appointing organisations, voting arrangements and the production of an annual report.

They noted that it was intended their Terms of Reference would be reviewed prior to the transition to a statutory board as was anticipated by future legislation.

During his presentation of the report DE emphasised that in drafting the Terms of Reference, the aim had been to minimize bureaucracy. Also, points of good practice from similar bodies had been incorporated, where appropriate and he went on to speak about the importance of effective communication. With regard to Membership, this had been restricted to eleven representatives so that meetings were both manageable, business-focussed and were not protracted.

ME commented that the intention had been to align the work of the Board broadly with that of health partners as well as the County Council.

In the discussion which ensued, GU said that he was in agreement with DE where he had listed how the Board would support their overarching purpose (as set out on pages 1 and 2 of the draft Terms of Reference). However, with regard to the ninth bullet point he expressed his view that, depending on the forthcoming legislation, formal authorisation of the Clinical Commissioning Groups may not be the responsibility of the Board and should therefore be omitted from the Terms of Reference until such time as the position had been clarified. Following discussion it was agreed that the terms of reference should be amended to reflect that the Board would take an ongoing view on material changes, including the creation of new organisations, that would potentially impact on shared outcomes, and as necessary and at appropriate time, put forward its views to the Secretary of State.

GU also questioned whether the position of Chairman of the Shadow Board should be better held by an independent person as was the case with the Stoke-on-Trent Shadow Health and Wellbeing Board and various other bodies in the health sector. In reply the ME said that the Secretary of State for Health had stated Shadow Boards should be democratically accountable and therefore he was strongly of the opinion that the Chairmanship should remain with himself as the County Council's Cabinet Member for Adults' Wellbeing.

This to ensure the overall democratic mandate and that as a formal committee of the local authority the Board will require Cabinet Member Chair.

Further discussion took place on this issue with views being expressed for and against having an independent Chairman. Reference was made to the Place Based Leadership Development Programme which might provide assistance to them in deciding whether their proposed governance arrangements, as set out in the Terms of Reference, were the most appropriate having regard to their remit.

In reply to a point from MO, ME emphasised the need for the Shadow Board to liaise with district and Borough Councils on a regular basis in order to provide an effective channel of communication. MC added that it was anticipated existing Police Authorities would be replaced by Police Commissioners within the next two years and a further channel of communication would need to be established with the Commissioner for Staffordshire in due course.

In conclusion, DE said that flexibility been incorporated into the proposed Terms of Reference which could be re-visited by them at any stage should the need arise. The focus for the Board was on working efficiently in partnership, with the minimum bureaucracy for the benefit of residents of Staffordshire.

RESOLVED – (a) That the report be received and noted.

(b) That the draft Terms of Reference for the Shadow Board be approved, subject to amendment of the ninth bullet point in the list of how they would support their overarching purpose (as set out on pages 1 and 2) to:-

The Board would take an ongoing view on material changes, including the creation of new organisations, that would potentially impact on shared outcomes, and as necessary and at appropriate time, put forward its views to the Secretary of State

5. **Delivering Real Change and Making a Difference in Outcomes**

(Schedule 2)

ER introduced this item on how the Shadow Board could deliver real change and make a difference in outcomes.

It was vitally important that the Shadow Board worked in partnership so that they could fully realise their purpose of making a real difference to the health and wellbeing of local people, in the most effective and efficient manner. In order to achieve this, appropriate groundwork was required for engendering a team based approach. Therefore, following a successful application, resources had been secured from the Place Based Leadership (PBL) Programme to assist in an initial six month project for the development of the Board and delivery of positive outcomes as a matter of urgency.

They then considered a report from DV on the PBL Programme which had been initiated in response to the Government's 2010 White Paper 'Equity and Excellence: Liberating the NHS. The aim of PBL was for organisations to develop their practice in shared decision making and creation of partnerships that demonstrated openness and transparency, democratic legitimacy, responsibility and professional challenge.

Specifically, the intended outcome of the Staffordshire PBL programme was effective and efficient leadership exercised through the Health and Wellbeing Board which would enable the achievement of the secondary objective of improving the health independence and wellbeing of older people.

The Shadow Board were then addressed by MH and GJ from the PBL Programme giving further details of the offer which had been secured. It was proposed that the Board held a series of workshops before the end of March 2012 in pursuit of intended outcomes. Furthermore, the first workshop had been provisionally arranged for 11 November 2011 in order to identify a suitable complex cross agency piece of work. In the meantime the officers from PBL would contact individual Members of the Shadow Board by telephone to

learn something of their aspirations.

DH sought clarification of the time which would be required of Members during the Staffordshire PBL programme having regard to the many calls on GP's time and the need to manage work at his practice effectively. In reply DV said that it was envisaged the first workshop would last approximately half a day at which they would arrange further workshop(s) as required.

ME commented that an essential part of the Staffordshire PBL programme would be to liaise with the Stoke-on-Trent Shadow Health and Wellbeing Board. However, the Stoke PBL had very much 'drilled down' to a specific QUIPP delivery theme, rather than the wider leadership development per se. However, further discussion was required before a decision could be made in this respect. Continuing, DV requested that a Member of the Staffordshire Shadow Board act as a 'champion/sponsor' for the PBL, and asked them to consider whether they would wish to put their name forward for this role, and act as someone with whom DV/officers could liaise with in terms of the PBL development. Dr David Hughes agreed to act as 'sponsor'.

Members were also informed of the development of National Learning Sets for Health and Wellbeing Board early implementers, the key purpose of which was to enable Members of Boards to share their thinking and experiences with peers across the country, equipping them for statutory establishment in 2013 and feeding learning back into national policy development. Following discussion on the commitment and time resource this would involve, it was agreed to focus efforts on learning for Staffordshire.

RESOLVED – (a) That the report be received and noted.

(b) That the Shadow Board hold a development workshop on 11 November 2011, in pursuit of the objectives of the Staffordshire Place Based leadership programme as set out above.

(c) That DH support the Place Based Leadership Programme, acting as the Shadow Board's sponsor and liaising with the appropriate officers as necessary.

(d) That further consideration be given to a joint project with Stoke-on-Trent Shadow Health and Wellbeing Board.

(e) That the Board don't pursue the National Learning Sets and focus their capacity and resource on local learning in Staffordshire.

6. **Next Steps**

The Shadow Board received a PowerPoint Presentation from DE on their next steps with regard to (i) setting up themed Sub-Groups; (ii) engagement with wider partners and; (iii) collaboration with Stoke-on-Trent Health and Wellbeing Board (PowerPoint slides attached as appendix 2 to the signed minutes).

Members reviewed a proposed structure for the work of the Board which included the establishment of three themed Sub-Groups ie (i) Early Intervention and Prevention Sub-Group; (ii) Care and Support Sub-Group and; (iii) Safety and Protection Sub-Group. They noted the key areas on which it was proposed each Sub-Group would focus and that the Children's' agenda cut across the work of all three Sub-Groups. In addition, they gave initial consideration to the establishment of a forth Sub-Group on Environment which could lead on housing leisure and environmental factors which impacted on health.

It was also proposed that the work of the Shadow Board should be supported by the

	<p>establishment of task and finish groups, as and when required.</p> <p>In the discussion which ensued, MC expressed his support for the way forward as set out in the presentation. However, he commented that an explanation of how Shadow Board's priorities fitted into their potential processes had been omitted. In reply, DE acknowledged the point which had been made and the importance of their priorities and said that effective communication of these to partner organisations and the wider public was vital. He therefore undertook to update the Terms of Reference, as necessary.</p> <p>GU questioned the need for an Environment Sub-Group having regard to the proposed remit of the other three Sub-Groups. AA concurred with this view and spoke of the value, in terms of efficiency and effectiveness, of decisions being made at Sub-Group level rather than by either the full Shadow Board or individual partners. In the longer term it was envisaged that these Sub-Groups would subsume the work of individual partners in their respective themed areas.</p> <p>ME said that, with regard to the Sub-Groups, it was important their work was kept under close review so that these arrangements could be changed, if it was found appropriate, having regard to the urgent need for them to produce positive outcomes.</p> <p>RESOLVED – (a) That the presentation be received and noted. (b) That further consideration be given to the establishment of themed Sub-Groups as set out above when the emerging roles and responsibilities of the Shadow Board become clearer.</p>
7.	<p>Communications</p> <p>The Shadow Board gave initial consideration to a proposed mechanism for agreeing a communications protocol relating to their future work.</p> <p>RESOLVED – (a) That the County Council's Communications Unit be asked to prepare a press release on the inaugural meeting of the Shadow Board, and that prior to its publication, copies of the draft release be circulated to Members for approval within 24 hours of receipt. (b) That proposals for a Communications Protocol be brought to their next meeting for consideration.</p>
8.	<p>Date of Next Meeting</p> <p>RESOLVED – (a) That a further meeting of the Shadow Board be held in 2011 on a date to be arranged ie after the Workshop referred to in 6 and 7 above. (b) That a schedule of dates for future meetings be brought to the next meeting of the Shadow Board for consideration.</p>