

AT A MEETING of the CABINET of HAMPSHIRE COUNTY COUNCIL
held at the Castle on 28 March 2011.

Chairman:
p Councillor T. K. Thornber, CBE

Councillors:

a	K. Chapman	p	M.J. Kendal
p	C. Davidovitz	p	K. Mans
a	Dr. R. J. Ellis	p	R. Perry
p	Felicity Hindson, MBE		

Also present: Councillors A. Dowden, P. Edgar, K. Evans, K. House,
J. Porter (part), M. Tucker and P. West.

207. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors K. Chapman
and Dr R. J Ellis.

208. DECLARATIONS OF INTEREST

Members were mindful that where they believed they had a personal or
prejudicial interest in any matter considered at the meeting declared
that interest at the time of the relevant debate and, having regard to the
circumstances described in paragraphs 9, 10, 11 and 12 of the County
Council's Code of Conduct, considered whether to leave the meeting
whilst the matter was discussed, save for exercising any right to speak
in accordance with paragraph 12 of the code.

209. CONFIRMATION OF MINUTES

The minutes of the meeting held on 28 February 2011 were confirmed
as a correct record.

210. CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed to the meeting Dr. Ruth Milton, Joint Director
of Public Health and Debbie Fleming, the newly appointed cluster
Primary Care Trust (PCT) Chief Executive for Hampshire, Isle of Wight,
Portsmouth and Southampton. Both were in attendance for Minute No.
212. Cabinet formally recorded its congratulations to Debbie Fleming
who would officially take up her new post at the beginning of May 2011.

211. **“OPEN FOR BUSINESS” - ALIGNMENT OF POLICY AND REOURCES – REPORT 2**

The Cabinet considered a report of the Chief Executive (Item 5 in the Minute Book) providing an update on a number of proposals and issues highlighted in the report to Cabinet in January.

The report before Cabinet provided an update on the following areas of activity:

- Localism Bill
- Place Shaping
- Relationship with the Voluntary Sector and local communities
- Developing Alternative Trading arrangements for Adults In House Services and other Council Services
- Customer Services/HantsDirect
- Broadband
- Asset Management
- Shared Services
- Economic Partnerships

In considering the County Council’s Place Shaping Role, Cabinet considered that quality of life in Hampshire was not only a key priority, but was fundamental to Hampshire’s future economic success, and without risking the environment and character of Hampshire at the same time.

Developing and enhancing the County Council’s relationship with the voluntary sector and local communities was also considered an important area of activity, particularly as it dovetailed with the emerging policy ideas on or around the “Big Society”. Cabinet agreed that it would be beneficial to re-launch the framework of principles called the One Compact for Hampshire, which set out the relationship between the County Council and the Voluntary and Community Sector.

There was also discussion about developing more web based services and the advancements in telephone technology. There were some reservations about introducing interactive voice recognition systems and more web based services, Cabinet agreed it was timely to consider the use of interactive voice recognition for certain high volume services. In light of reductions in public sector funding, Cabinet considered that the original assumptions on which the customer service vision was developed needed to be reviewed and options for the future needed to be explored.

In considering Economic Partnerships, the Chairman advised that it was the County Council’s intention to maintain membership with the Partnership for Urban South Hampshire (PUSH), subject to the shadow board of the Solent Local Enterprise Partnership (LEP), confirming that a seat would be allocated to the Leader of Hampshire County Council.

Membership was considered important as it would ensure that the County Council's statutory responsibilities were represented at this partnership level.

The Cabinet adopted the recommendations set out in the report, with the following additions:

- That Cabinet confirms its intention to maintain membership with the Partnership for Urban South Hampshire (PUSH), subject to the shadow board of the Solent Local Enterprise Partnership (LEP), confirming that a seat will be allocated to the Leader of Hampshire County Council.
- That the Chief Executive be instructed to continue dialogue with the voluntary sector about the re-launch of the 'One Compact for Hampshire', a framework of principles for the relationship between the County Council and the Voluntary and Community Sector.

The decision record is attached to these Minutes as Appendix 1.

212. UPDATE ON NHS REFORMS AND PLANS FOR THE NEW HEALTH AND WELLBEING BOARD

[Councillor Felicity Hindson, MBE declared a personal interest in this item as a non voting member of NHS Hampshire].

The Cabinet considered a joint report of the Director of Adult Services and Joint Director of Public Health (Item 6 in the Minute Book) providing an update on the developing NHS reform programme and how it would impact on the County Council. It also covered the outcome of the Liberating the NHS White Paper consultation process and set out proposals to put in place a transitional Health and Wellbeing Board. The report also updated Cabinet on arrangements for Local HealthWatch and future health scrutiny powers in local authorities.

Cabinet discussed in detail the membership and governance arrangements for the Transitional Health and Wellbeing Board. It was noted that the Board would assume its full statutory responsibilities in 2013, and in the meantime transitional arrangements would need to be put into place. It was anticipated that the inaugural meeting would take place in June 2011. It was further noted that upper tier authorities had been invited to join a network of early implementers for Health and Wellbeing Boards. Hampshire had submitted an expression of interest in being an early implementer, as this would provide an opportunity to share learning with other authorities and work through some of the challenges in parallel with other areas. It was suggested that regular update reports on activity of the transitional Health and Wellbeing Board be presented to both the Cabinet and County Council.

The Cabinet were also advised that in order to realise efficiencies and manage the transition to GP commissioning effectively, Primary Care Trust's (PCT's) would be reorganised into clusters by June 2011, led by a single Executive Team, which would oversee work up to April 2013. It was reported that the County Council and PCT were collaborating to improve the effectiveness of adults' community health and social care commissioning across the two organisations prior to GP Consortia taking over many aspects of NHS commissioning from 2013. The ambition was to create a single joint commissioning team, with staff from the County Council and the PCT working together to commission community health and social care services.

In considering the section in the report about changes in health commissioning, Cabinet noted that during 2011/12 and 2012/13, PCTs would receive specific allocations to support social care. There was an expectation that the allocations would be transferred to local authorities for spending on social care services to benefit health and to improve health and social care outcomes.

The Cabinet also considered the draft responses to the Public Health consultation documents as set out in Appendix D to the report. The following amendments were made:

Question 1 – Paragraph 1 to read:

As the Board is not a commissioning body it is unclear as to the expectation and role of the Board in relation to the ring-fenced public health and other budgets.

Question 2 – Paragraph 5 to read:

Inspection bodies, such as Ofsted, Monitor and the Care Quality Commission also need to be clear about the areas of compliance that have health and wellbeing implications.

Healthy Lives, Healthy People: Transparency in Outcomes

Paragraph 2 – Sentences 1 and 2 to read:

To meet local challenges it is essential that any framework can be weighted against the areas of greatest importance to each local population as determined by the Health and Wellbeing Board. Local discretion and freedom is essential to ensure locally determined priorities can be addressed without dissipating actions.

Question 7 - remove 2nd sentence: The draft single list of central government data requirements for local government.

The decision record is attached to these Minutes as Appendix 2.