minutes

Nottinghamshire County Council

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday 5th September 2012 2pm – 4.35pm

membership
Persons absent are marked with `A'

COUNCILLORS

Reg Adair
Mrs Kay Cutts
Martin Suthers OBE (Chair)
A Alan Rhodes
Stan Heptinstall MBE

DISTRICT COUNCILS

Councillor Jenny Hollingsworth
Councillor Tony Roberts MBE

OFFICERS

David Pearson	-	Corporate Director, Adult Social Care, Health and Public Protection
Anthony May	-	Corporate Director, Children, Families and Cultural Services
Dr Chris Kenny	-	Director of Public Health

CLINICAL COMMISSIONING GROUPS

Dr Steve Kell	-	Bassetlaw Clinical Commissioning Group
Dr Raian Sheikh	-	Mansfield and Ashfield Clinical Commissioning Group
Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group
Dr Tony Marsh	-	Nottingham North & East Clinical Commissioning Group

LOCAL HEALTH WATCH

Jane Stubbings (Nottinghamshire County LINk)

PCT CLUSTER

A Dr Doug Black - NHS Nottinghamshire County

OFFICERS IN ATTENDANCE

Chris Holmes - Democratic Services
Cathy Quinn - Associate Director of Public Health

MINUTES

The minutes of the last meeting held on 27th June 2012 having been previously circulated were confirmed and signed by the Chairman.

MATTERS ARISING

Exercise Referral Schemes

Concern was expressed about the uncertainty around continued funding of exercise referral schemes which were threatening the continuation of this service. Chris Kenny indicated that the question of funding was being looked at alongside all allocations for public health areas. This would ensure that the public health grant was used in the best way to improve health and wellbeing and reduce health inequalities.

APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Alan Rhodes who was on other County Council business.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None

TOBACCO CONTROL AND NOTTINGHAMSHIRE – SEPTEMBER 2012

Lindsay Price and Jo Hopkin from Public Health gave a presentation to the board on Tobacco Control and introduced the report. They emphasised that smoking remained public health enemy number one causing 81,400 premature deaths nationally each year. Almost half of all life long smokers will die prematurely, losing on average about 10 years of life. It was children who started smoking, not adults, with 90% of people starting smoking before the age of 19. Nationally, about 2 million children currently live in a household where they are exposed to cigarette smoke and many more are exposed outside the home. They stated that the local priorities were:-

- Reducing the number of young people starting to smoke.
- Motivating and supporting every smoker to quit.
- Protecting families and communities from tobacco related harm.

Localism was at the heart of the new public health system. From 2013 improving public health would be the responsibility of local authorities including tobacco control. The local authority was well positioned to impact not only on tobacco use but also the wider determinants of health. The Board locally would identify the key priorities with opportunities for all stake-holders to influence and support this agenda.

During the discussion the following points were made:-

- There was a lack of enforcement of non-smoking policies in hospitals.

- Each local authority had a different policy. They should be exemplars of good practice and develop a common policy.

- There was a need for a EU approach to the problem to prevent cheap cigarettes being available.

- Peer support for young people had been shown to be successful.

- The number of young people taking drugs was decreasing – was this the effect of the DARE programme?

- A question over radical approaches to tobacco control was proposed. The suggestion that smokers should not be employed by health and social care organisations was not supported. It was pointed out that the aim was to move to a position where smoking was not the norm.

- How aggressive was the message in schools. Did people who had COPD and cancers as a result of smoking speak to children? Many young people did not listen to people in authority e.g. doctors. Schools were now autonomous and decisions on these issues were made by Head Teachers and governing bodies although most would respond to the empowerment agenda to help young people make the right choice. There were programmes to enable young people to say no. Occasionally shock tactics worked but usually only for a short time. Social media and the youth service weren't being used to get the message over and Children centres were another mechanism. Preaching did not work and there is a need for a subtle message.

RESOLVED 2012/019

1) That the contents of the report be noted and endorsed.

2) That the roles and responsibilities for Local Authorities for commissioning to support tobacco control from 2013 be noted.

3) That approval be given to the hosting of a workshop/seminar and development of a full action plan to agree how the actions contained in the report will be delivered and monitored.

DELIVERY OF THE HEALTH AND WELLBEING STRATEGY AND THE ROLE OF INTEGRATED COMMISSIONING

David Pearson in introducing the report highlighted the importance of integrating commissioning in delivering the work of the Board.

During the discussion the following points were made:-

- Patients were not discharged in a timely way; there was often a wait for medicines, due to poor discharge planning.

- Hospital discharges was one of the work streams of Productive Notts and some progress had been made – 23 beds saved.

- The new hospital contract had financial penalties for readmissions.

- LINkS had carried out a study of feeding and nutrition and made recommendations to Hospital Trusts which had been taken up.

- The health and Wellbeing Board could receive stories about interface with services to highlight issues.

- A balance between system governance and delivering the strategy is needed to allow progress to be made.

- A report on carers issues should be brought to a future meeting.

RESOLVED 2012/020

1) That the progress being made in developing a strong supporting structure to deliver the Health and Wellbeing Strategy be noted and the process for refreshing the integrated commissioning plans to fully align with the work of the Health and Wellbeing Board be supported.

2) That the arrangements required to promote joint working and appropriate reporting mechanisms by the Health and Wellbeing Implementation Group be considered.

PRESENTATION ON CLINICAL COMMISSIONING GROUP COMMISSIONING INTENTIONS

Oliver Newbould, Chief Operating Officer Nottingham West Clinical Commissioning Group gave a presentation on behalf of the 5 Clinical Commissioning Groups of their commissioning intentions. A copy of the statement of intent of their outline commissioning intentions 2013/16 was circulated.

He indicated that the commissioning intentions were based around the joint strategic needs assessment – commissioning for local communities. They had a proactive rather than reactive approach and GP clinical leadership was at the heart of their approach. He outlined the work being done on the 5 domains of the NHS Outcomes Framework 2012/13 viz:-

- Preventing people dying prematurely.

- Enhancing quality of life for people with long term conditions.

- Helping people to recover from episodes of ill health or following injury.

- Ensuring that people have a positive experience of care.

- Treating people in a safe environment and protecting them from harm.

This meant that there would be greater focus on early intervention and treatment in the community and intensive community based rehabilitation. Standards would be universally high and there would be seamless transition between care providers. People would make positive choices about their health.

He outlined the financial background which was flat growth for the next 3 years, coupled with increases in demand, expectations, national priorities and inflation. The local NHS would need to be more productive with better services but act differently to release the following savings:-

£31 million in 2012/13,
£28.7 million in 2013/14,
£25.9 million in 2014/15.

He outlined the process for engagement and refinement and he indicated that the process would be completed by late autumn.

The approach was welcomed. It was noted that there was a need to change otherwise there would be insufficient funding. The agenda would include decommissioning some services from the providers which would be difficult. It was a prerequisite that all work together in what would be a major transformational change. The County Council had experience of this. There was a need to harness political will to get the message over to the public.

COMMISSIONING A LOCAL HEALTH WATCH FOR NOTTTINGHAMSHIRE

Consideration was given to a report on progress in commissioning a Local Healthwatch for Nottinghamshire.

Concern was expressed that the Patient Advice and Liaison Service (PALS) was going to be run from a call centre and the need for a local presence was emphasised. There was also concern over the funding of the former NHS PALS service as it was suggested that had not been as high as stated in the document.

RESOLVED 2012/021

That the contents of the report and the intended approach to commission a Local Healthwatch for Nottinghamshire be noted.

SELF ASSESSMENT OF THE HEALTH AND WELLBEING BOARD

Consideration was given to a report which described the self assessment tool published by the Local Government Association. It was noted that this was to be looked at in more detail at the next workshop. Reference was made to how Boards around the country were developing differently.

RESOLVED 2012/022

That a workshop be held on the subject and preparatory work be completed by members. Each Board member is asked to assess the statements given, using the score between 0-5 (0 = strongly disagree, 5 = strongly agree.) This will be used to produce a combined report for discussion at the workshop.

PRESENTATION ON PRODUCTIVE NOTTS

Chris Calkin, Programme Director of Productive Notts gave a presentation about Productive Notts. He explained that Productive Notts was established as a health economy alliance. This had board level commitment to work together on key projects that will best be delivered through a collaborative approach aiming to improve quality and reduce costs of services provided across the NHS/Social Care in Nottinghamshire. Being part of Productive Notts enables organisations within the health and social care economy to achieve together what they cannot achieve as individual organisations. Its membership included City and County Councils and all the Clinical Commissioning Groups and the provider trusts in Nottinghamshire.

He stated that the new financial climate required significant productivity increases to make up the funding gap. A focus on quality, innovation, productivity and prevention (QUIPP) was maintained. Demographic changes meant increase in demand for services. In Nottinghamshire the number of over 65's will increase by 37% from 2010 – 2025. The scale of the health economy challenge was outlined with £212 million out of £444 million reduction up to 2014/15 still to be identified.

It was explained that the funding for Productive Notts came from top slicing Primary Care Trust budgets and that they had a small staff. Details were outlined of what had been achieved in 2011/12.

Reference was made to the fixed nature of PFI costs and that Trusts should not be penalised for that. The need for a mature debate on these issues was emphasised.

OFSTED THEMATIC INSPECTION OF JOINT WORKING BETWEEN CHILDREN'S AND ADULT SERVICES

Anthony May updated Board members orally on the positive outcome from the OFSTED Thematic Inspection of joint working between children's and adult services on the 15th and 16th August 2012. Good joint working had been identified. The report would be published later in the year.

The meeting closed at 4.35pm.

CHAIRMAN