

Meeting **HEALTH AND WELLBEING BOARD**

Date **Wednesday, 4 March 2015 (commencing at 2.00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Joyce Bosnjak (Chair)
Kay Cutts MBE
Stan Heptinstall MBE
Martin Suthers OBE
Muriel Weisz

DISTRICT COUNCILLORS

	Jim Aspinall	-	Ashfield District Council
A	Simon Greaves	-	Bassetlaw District Council
	Jacky Williams	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
	Debbie Mason	-	Rushcliffe Borough Council
A	Tony Roberts MBE	-	Newark and Sherwood District Council
A	Phil Shields	-	Mansfield District Council

OFFICERS

A	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 Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group
	Dr Steve Kell OBE	-	Bassetlaw Clinical Commissioning Group (Vice-Chairman)
A	Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
	Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
	Dr Paul Oliver	-	Nottingham North & East Clinical Commissioning Group
A	Dr Judy Underwood	-	Mansfield and Ashfield Clinical Commissioning Group

LOCAL HEALTHWATCH

Joe Pidgeon - Healthwatch Nottinghamshire

NHS ENGLAND

Vacancy - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A Chris Cutland - Deputy Police and Crime Commissioner

SUBSTITUTE MEMBERS IN ATTENDANCE

Councillor David Staples - Newark and Sherwood District Council

OFFICERS IN ATTENDANCE

Allan Breeton	-	Nottinghamshire Adults Safeguarding Board
Teresa Cope	-	South Nottinghamshire Planning Unit
Lucy Dadge	-	Mansfield and Ashfield CCG
Paul Davies	-	Democratic Services
Ian Ellis	-	Mid Nottinghamshire Planning Unit
Stephen Firman	-	East Midlands Ambulance Service NHS Trust
Sarah Fleming	-	Better Care Fund Programme Manager
Dr Peter Homa	-	Nottingham University Hospitals NHS Trust
Nicola Lane	-	Public Health
Cathy Quinn	-	Public Health
Caroline Shaw	-	Nottingham University Hospitals NHS Trust
Sam Walters	-	Nottingham North and East CCG
Jon Wilson	-	Adult Social Care, Health and Public Protection
Bob Winter	-	East Midlands Ambulance Service NHS Trust
Peter Wozencroft	-	Sherwood Forest Hospitals NHS Foundation Trust

MINUTES

The minutes of the last meeting held on 4 February 2014 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Simon Greaves, Dr Mark Jefford, Councillor Tony Roberts, and Councillor Phil Shields.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

AGENDA ORDER

The order of the agenda was changed, in order to consider the item on Urgent and Emergency Care first.

URGENT AND EMERGENCY CARE

Each of the three planning units in Nottinghamshire gave a presentation on urgent and emergency care in their area, the pressures experienced during winter 2014/15 and the responses to those pressures.

The Board was informed that the national target for emergency departments was that 95% patients should be seen within four hours. Acute trusts in Nottinghamshire had not consistently achieved this. They were however aiming to meet the target by the end of March 2015, through coordinated efforts across health and social care.

Representatives of commissioners and providers participated in the discussion which followed.

South Nottinghamshire

- How did NUHT allocate resources in ways which might assist the discharge of patients? - It was explained that the Trust examined which wards were under pressure on a daily basis, and allocated extra resources where appropriate. In addition, there was a six monthly review, and consideration was being given to ward managers having greater control over resources.
- What had been the impact of closing the Stapleford Walk-in Centre? - It was indicated that after the closure, monitoring had shown that the low number of patients who had used the Walk-in Centre did not go elsewhere. Currently, extended hours at some GP surgeries was under consideration.
- How difficult was it to recruit staff, and what was the cost of agency staff? - Dr Homa offered to provide this information after the meeting. The picture nationally was that it was difficult to recruit to some specialties due to a lack of training places. However, NUH was a location which did attract candidates.
- What percentage of patients should be treated in the community rather than the Emergency Department? - The percentage was in low single figures. It was important to develop a system which could deal with the variety of patients who presented at A&E.
- How much of the high level, strategic knowledge permeated the system, so that individuals realised the part they played? – It was explained that this received great attention at NUH. However, the system was complex, especially outside hospital.
- How much was delayed discharge an issue in relation to the Better Care Fund? - The Better Care Fund had the potential as a catalyst for integration and making real progress.

- Loneliness and isolation meant that people would turn to professionals for help. More could be done in the community to overcome loneliness. – It was acknowledged that more could be done to develop capacity in voluntary organisations and the community.

Mid Nottinghamshire and Bassetlaw

- Scepticism was expressed, in relation to the closure of Kirkby Walk-in Centre and the use of Prime Minister's Challenge monies at Kings Mill Hospital. - It was pointed out that the pressures were system-wide. Even where walk-in centres remained, there were high numbers attending A&E. There was still scope to expand the primary care stream at Kings Mill Hospital.
- A fundamental issue was that GPs were paid by the number of registered patients, and hospitals by the work undertaken. - It was explained that despite this, there was no financial incentive for hospitals to take more emergency admissions. There was some desire to move to a more capitated budget.
- The Health and Wellbeing Board could encourage closer working by health and social care, and seek to raise the status of work in care homes and home care.
- It was suggested that more attention could be given to providing services at residential and nursing homes, with a view to avoiding the admission of residents to hospital. Reference was made to examples of care plans being ignored, resulting in admission to hospital.
- Organisations across the system could contribute to reducing hospital admissions and routing people to appropriate sources of care or treatment. This should include work with care homes, to reduce both admissions to hospital and the discharge of patients from hospital to care homes. The CCGs had supported increasing the capacity of interim care, and there should be consideration about flow across the whole system.
- It was pointed out that EMAS looked at other pathways for patients as well as A&E.
- It was acknowledged that solutions to the issues which had been discussed would take time. However, the Board was well placed to promote integration. The outcome of the peer challenge would serve to strengthen the relationships between the Board and the three planning groups.

The Chair summed up the discussion, and thanked everyone for their participation.

RESOLVED: 2015/007

That the presentations on urgent and emergency care be noted.

NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD

Allan Breeton, Independent Chair of the Nottinghamshire Safeguarding Adults Board introduced the report on the Board's activities in 2013/14. He emphasised that the

Board was a strong partnership, and well placed to take on its statutory role under the Care Act. In reply to questions, he stated that the number of safeguarding referrals had increased as a consequence of Winterbourne View and training. However, he indicated that fewer referrals led to assessments. Other points during discussion were that clusters of incidents were investigated, and there was liaison with the Care Quality Commission, CCGs and NHS England; that end of life care, admission to hospital and safeguarding were all related; and that end of life care should be considered for the Health and Wellbeing Board work programme.

RESOLVED: 2015/008

That the report and the work of the Nottinghamshire Adults Safeguarding Board be noted.

BETTER CARE FUND PLANS TO REDUCE NON-ELECTIVE ADMISSIONS

Sarah Fleming introduced the report which sought the Board's approval for a reduction in the trajectories for non-elective admissions to hospital, in light of the pressures discussed earlier. Each CCG had developed a revised figure for their area, giving an overall change in the county from 3.7% to 2.9%.

RESOLVED: 2015/009

That the proposed amendments to the trajectories for non-elective admissions be approved.

BETTER CARE FUND POOLED BUDGET

Lucy Dadge and Sarah Fleming gave a presentation on the draft section 75 pooled budget agreement and the governance arrangements for the pooled budget. The draft agreement was subject to approval by CCG Boards and by the County Council's Finance and Property Committee, and to public consultation which closed on 15 March. In response to questions, they clarified the arrangements for sharing risk.

RESOLVED: 2015/010

- 1) That the section 75 pooled budget agreement be approved subject to amendments required by CCG governing bodies and the public consultation.
- 2) That the governance arrangements in place for the operation of the pooled budget agreement be noted.

APPROVAL OF THE PHARMACEUTICAL NEEDS ASSESSMENT

Cathy Quinn introduced the report about the Pharmaceutical Needs Assessment (PNA), and responded to questions and comments from Board members, which included:

- The variety of services provided at different pharmacies made it difficult for the public and GPs to know what services to expect. - It was recognised that better information about services should be available.

- An executive summary of the PNA would be useful. - This would be included.
- Every pharmacy should have a private consulting area. - That was the case at almost all pharmacies.
- How to ensure that pharmacies did not over-order medications? - Concerns about quality should be addressed to NHS England. However the Board could lend weight to expressions of concern.
- The PNA could be stronger about the contribution of pharmacies to overall health and wellbeing, and encourage pharmacies to take on wider services. – Cathy Quinn offered to work with Joe Pidgeon to strengthen the wording of section 3.9 the PNA in relation to this.

RESOLVED: 2015/011

That the final Pharmaceutical Needs Assessment be approved for publication on the County Council's website, subject to strengthening of section 3.9 in relation to future services.

AGENDA

In view of the time spent on previous items, it was agreed to postpone the Learning Disability Self Assessment Framework and Health and Wellbeing Implementation Group reports to the next meeting.

CHAIR'S REPORT

The report updated the Board on a number of matters. The Chair referred to plan for the Board to meet monthly, and suggested that as a replacement for the bi-monthly workshops, there could be a lunchtime workshop session before some Board meetings.

RESOLVED: 2015/012

That the Chair's report be noted.

WORK PROGRAMME

RESOLVED: 2015/013

That the work programme be noted.

The meeting closed at 17.10 pm.

CHAIR