Nottinghamshire County Council

minutes
Social Care and Health Standing Committee

Monday, 9 January 2012 commencing at 10 am

Membership

- absent

Councillors
Ged Clarke (Chairman)
Fiona Asbury (Vice-Chair)
- Victor Bobo
- John Clarke

Barrie Cooper
Mike Cox
Jim Creamer
- Bob Cross

Vincent Dobson
Rod Kempster
Geoff Merry
- Carol Pepper

Alan Rhodes
Mel Shepherd
Chris Winterton
- Brian Wombwell

Vacancy

Officers
David Pearson - Corporate Director, Adult Social Care, Health and Public Protection
Cathy Quinn - Associate Director of Public Health
Jon Wilson - Service Director, Personal Care and Support (Younger Adults)
Martin Gately - Scrutiny Coordinator
Paul Davies - Governance Officer

1. Minutes of the previous meetings

The minutes of the meetings held on 28 November and 6 December 2011 were confirmed and signed by the Chair.

2. Apologies for absence

Apologies for absence were received from Councillors John Clarke (other reason), Cross (unwell), Pepper (other reason) and Wombwell (unwell).

3. Declarations of interest

There were no declarations of interest.

4. Health and Wellbeing Board

David Pearson and Cathy Quinn introduced a report on the role of the Nottinghamshire Health and Wellbeing Board. The County Council had established a Shadow Board in March 2011, in anticipation of the passing of the Health and Social Care Bill in 2012. The membership and core responsibilities of the Board were prescribed in the Bill. Four meetings had been held, and work had begun on the preparation of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy for Nottinghamshire.

They responded to members' comments and questions:-

- Were there plans to coordinate with Nottingham City Health and Wellbeing Board? - There were, although the City Health and Wellbeing Board had been established more recently. There was also contact between officers, and further coordination through an East Midlands body to coordinate matters such as large hospitals. Strategies would be consulted on, both with stakeholders and neighbouring Boards.

- The role of Monitor was critical. - Monitor's precise role would be defined in the Bill, but included scrutiny of hospital trusts. Monitor would not scrutinise Health and Wellbeing Boards.

- It was important for scrutiny of hospitals to continue. - Scrutiny would be provided by Monitor, the Care Quality Commission, Healthwatch, non-executive members of trusts, members' councils on some trusts, and Overview and Scrutiny in local authorities. There was some work nationally to see how these different elements would fit together.

- How did clinical commissioning groups (CCGs) coordinate? - Each CCG had a lead responsibility. For example, West CCG led on commissioning services from Nottingham University Hospitals. Each CCG was responsible for identifying the health needs of its local population and commissioning services to meet them. People involved in the CCGs were well used to working together. The County Council's involvement was by either the Corporate Director for Children, Families and Cultural Services or the Corporate Director for Adult Social Care, Health and Public Protection being represented on each CCG board, or through Public Health.

- Could the membership of the Health and Wellbeing Board be widened to include more councillors, including district councillors, and representatives from the third sector? - District councils currently had two representatives on the Board, which was felt to be sufficient, given the size of the Board. These representatives were expected to liaise with the other authorities. Agencies such as housing associations, Police and Probation were also interested in membership. There had to be a balance between broad representation and becoming unwieldy. The third sector would be involved through Healthwatch. There was scope for districts and partners being involved in the structures which would be under the Board. Ms Quinn indicated that she was planning to widen the pre-meeting for the two district representatives to representatives from all the districts.

- How did CCGs come into being? - Each GP practice had to belong to a CCG, the size of which could determined locally. Each had to meet the criteria for being a fit body, meaning that they had the capacity to perform their role. The composition of Health and Wellbeing Boards would therefore vary according to the number of CCGs in their area.

- What sort of problems were currently being raised with the Government at present? - These were about the role of Monitor, the role of foundation trusts, and their use of income from private work. Ms Quinn was not aware of work which affected public health or Health and Wellbeing Boards. Mr Pearson believed that there was still much discussion to take place during the passage of the Bill about GPs' role in commissioning, and of competition.

It was agreed to note the report.

5. Work Programme

Councillor Ged Clarke referred to the exchange of correspondence with the Department of Health about the referral of the Newark Review. Copies of the correspondence had been circulated. Members shared the view that the Department should not be delaying the referral to the Secretary of State, and were surprised that services were being changed without the referral being resolved. Copies of an e-mail from Save Newark Hospital were circulated.

It was unanimously agreed to express the committee's frustration about the delay, and request that the matter be presented to the Secretary of State immediately.

Members agreed the work programme for 20 February and 16 April 2012.

The meeting closed at 11.00 am.

CHAIR