

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday 7th September 2011 2pm – 4.03pm

membership

Persons absent are marked with `A`

COUNCILLORS

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

DISTRICT COUNCILS

Councillor Jenny Hollingsworth
Councillor Tony Roberts MBE

OFFICERS

David Pearson	-	Director of Adults Social Services
Anthony May	-	Director of Children Services
Dr Chris Kenny	-	Director of Public Health

GP CONSORTIA

	Dr Steve Kell	-	Bassetlaw Commissioning Organisation
	Dr Raian Sheikh	-	High Point Health
A	Dr Mark Jefford	-	Newark & Sherwood Health
A	Dr Kelvin Lim	-	Nottingham West Consortium
	Dr Jeremy Griffiths	-	Principia, Partners In Health
	Dr Sylvester Nyatsuro	-	Nottingham North & East Consortium

LOCAL HEALTH WATCH

Jane Stubbings (Nottinghamshire County LINK)

PCT CLUSTER

Dr Doug Black

ALSO IN ATTENDANCE

Dr Mary Corcoran
Ms Jane Cashmore
Ms Gill Oliver

OFFICERS IN ATTENDANCE

Chris Holmes - Democratic Services
Irene Kakoullis - Children, Families and Cultural Services

MINUTES

The minutes of the last meeting held on the 6th July 2011 having been previously circulated were accepted as a true record and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Mark Jefford and Dr Kelvin Lim.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None

MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

It was noted that Dr Steve Kell had subsequently been able to attend the meeting and therefore no replacement was required.

RESOLVED 2011/018

That the changes to the membership of the Board be noted.

GOVERNMENT RESPONSE TO THE CONSULTATION ON THE PUBLIC HEALTH WHITE PAPER – HEALTHY LIVES, HEALTHY PEOPLE

In response to a question, it was explained that there would be collocation of Public Health and County Council staff in October/November but that the employment transfers would not take place until April 2013. Many of the human resources issues which needed resolving were national ones. It was stated that there would be a dedicated support for each clinical commissioning team.

RESOLVED 2011/019

That the report be noted.

DEMENTIA AND ASSOCIATED SERVICES IN NOTTINGHAMSHIRE

A presentation was given to the Board by Dr Mary Corcoran, Consultant in Public Health, Ms Jane Cashmore and Ms Gill Oliver on dementia health and social care outcomes: a response to the national dementia strategy. They indicated that the estimated total direct cost of dementia in 2009 was £10.1 bn. They used case studies to highlight approaches to tackling dementia. Out of 162 care homes in Nottinghamshire 100 provided care for people with dementia. The County Council funded 2,900 people in care homes of whom 42% had dementia.

It was stated that revised GP referral guidelines had been agreed. A service model for new memory assessment service had been agreed with funding agreed in NHS Bassetlaw. All acute trusts had a lead clinician and staff training programmes. In care homes there had been staff training, including awareness and end of life issues. The Dementia outreach service was now countywide and quality monitoring included questions on dementia care.

The following hopes for the futures were outlined:-

- Full implementation of the new model of care for the Memory Assessment Service.
- Extending the Mental Health Intermediate Care across the county.
- Implementing Acute Care Liaison at Nottingham University Hospitals.
- Reducing the inappropriate use of medication to manage difficult behaviour in people with dementia

In the discussion which followed the presentation the following points were made:-

- Dementia also affected younger people – aged 30+ and there had been an investment in diagnostic services. It was acknowledged that the numbers were relatively much lower and had a wider diagnosis of problems but had different needs.
- With regard to the recording of the diagnosis of dementia, there was a need to work together to ensure a consistent response. There should be improved communication and links with the voluntary sector and the Mental Health Trust.
- There is reluctance for people to go to their Doctors as they were frightened about what would happen. Drugs were moderately effective in delaying the symptoms. Knowing about the problem was better and it was worse if you isolated yourself.
- The Primary Care Trust was working with Nottingham University Hospitals and the Geriatric Service to provide a community geriatrician who would be integrated 50/50 between the community and hospital.
- There was a need to raise awareness about the issue and remove stigma. Carers said they lacked information about dementia.
- The importance of the voluntary sector contribution was emphasised and the need for awareness of what was available.

RESOLVED 2011/020

That the report be noted.

OUTCOMES FRAMEWORKS

It was noted that the outcomes needed to be fully integrated into the strategy.

RESOLVED 2011/021

- 1) That the development of the 3 Outcomes Frameworks be noted.
- 2) That the frameworks be used to agree the ongoing priority areas for the Health and Wellbeing Strategy.

- 3) That the Board ensure that the emerging Health and Wellbeing Strategy takes the relevant indicators into account.

BUILDING ASPIRATION: WORKING TOGETHER TO TACKLE CHILD AND FAMILY POVERTY IN NOTTINGHAMSHIRE

RESOLVED 2011/022

- 1) That the Child and Family Poverty Strategy be noted and recommended for approval.
- 2) That the Board consider the impact of poverty when updating the Joint Strategic Needs Assessment and developing the Health and Wellbeing Strategy.

The meeting closed at 4.03pm.

CHAIR

M_7sept2011