Nottinghamshire County Council

# Health & Wellbeing Standing Committee

# Minutes

16 May 2011 at 10 am

## Membership

**Councillors** ● absent

Ged Clarke (Chairman)
Fiona Asbury (Vice Chair)
● Victor Bobo
John Clarke
Barrie Cooper
Mike Cox
Jim Creamer
● Bob Cross
Vincent Dobson
Rod Kempster
Bruce Laughton
Geoff Merry
● Carol Pepper
Alan Rhodes
Mel Shepherd
Chris Winterton
Brian Wombwell

**Other Councillors in attendance**

Keith Girling
Keith Walker
Stuart Wallace

**Officers**

Jon Wilson - Service Director, Personal Care and Support (Younger Adults)
Paul Davies - Governance Officer
Matthew Garrard - Senior Scrutiny Officer
Martin Gately - Scrutiny Coordinator

**Also in attendance**

Nyree Dawson - NHS Nottinghamshire County
Karlie Thompson – NHS Nottinghamshire County
Barbara Brady - NHS Nottinghamshire County
Mary Corcoran - NHS Nottinghamshire County
Nikki Hughes - NHS Nottinghamshire County
Nichola Stephenson - Sherwood Forest Hospitals Trust
Kirsty Ball - Sherwood Forest Hospitals Trust

## 1. Minutes

The minutes of the previous meeting held on 4 April 2011 were confirmed and signed by the Chairman.

## 2. Apologies for Absence

Apologies for absence were received from Councillors Bob Cross and Carol Pepper.

## 3. Declarations of Interest

There were no declarations of interest by members or officers.

## 4. Learning Disability Finance

Further to the previous report to committee in May 2010, Jon Wilson updated the committee on the improvement project for learning disability finance. The proposals would produce savings of £5.124m over the four years 2011/12 to 2014/15, under a number of headings, as set out in the report. The project now formed part of the County Council's improvement programme, and was overseen by the departmental and corporate Improvement Boards. Mr Wilson responded to members' questions and comments.

- Was there analysis of the projected demand for services? - There was an annual analysis of the demand for care in the following year, taking account of young people who would be coming under adult services, and anticipated increased demand from adults. This led to a budget pressure, of £5.4m in 2011/12 (an increase of 8%), which was in line with national trends.

- Could increased reliance on assistive technology give rise to social isolation? - No-one would rely solely on assistive technology. These were service users who were receiving high levels of support. The assistive technology might mean that at night, sleeping staff could replace waking staff, or one waking person could cover a number of service users.

- How would quality be ensured in outsourced contracts? - Standards were set out in the contracts. The department reviewed the care received and the quality of service. Procedures existed for handling complaints.

- What support was planned for people with mental health problems? - The service averaged 9-12 admissions per year, with similar numbers moving out of residential care. The project would focus on people who were ready to move out of residential care, and move them sooner. Such service users would generally move to supported living, and have support from a social worker and psychiatric nurse.

- The proposed savings were roughly equivalent to the budget pressures. - The budget pressures made it essential that services were cost effective, and provided at the right level.

- How were advocacy services provided? - There was statutory and local provision. The department worked closely with families in case they needed an advocate. Service users and their families decided who they wished to act as their advocate.

- Familiarity with staff was important to service users and carers. - Many employees would transfer to new providers, so service users should be dealing with familiar faces.

- How could members be assured that high quality services would continue? - There was no direct relation between a provider's costs and the quality of the service provided. Independent sector providers' services had cost from £11.50 to £16 per hour. The authority had to make efficiency savings, and was expecting providers to make some of the savings. Reduced costs did not mean reducing the hours or quality of services.

- The 5% per annum budget pressure was worrying. Home care providers had mentioned a lack of flexibility in the authority's commissioning. Could the authority look more closely at the individual service user, who might not need all the support which was allocated? - The authority was improving its approach. Personal budgets pointed the authority in that direction.

It was agreed to request a progress report in twelve months, paying particular attention to whether the predicted savings had been made, any amendments to the targets, how the budgetary pressures were being accommodated, and how quality had been maintained.

## 5. Final Report: From Care to Independence Review

In introducing the final report, Councillor Asbury thanked everyone who had contributed. She stated that the review group had been impressed by the work of the Aftercare Team. The select committee considered each of the recommendations in turn, and indicated its support for them. It was also felt that the first recommendation (about welfare benefits for care leavers continuing in education or training) should be taken up with the Government.

It was agreed to refer the final report and recommendations to Cabinet, with a response requested within two months; to refer Recommendation 1 to the relevant Secretary of State; and to send copies of the final report to Nottinghamshire MPs.

## 6. Tiger Teams (a) Reducing Obesity

Nyree Dawson and Barbara Brady gave a presentation on the PCT's work to reduce obesity in Nottinghamshire. This followed a previous presentation in December 2009. Figures for children's obesity showed a slight downward trend in Reception Year since 2006, but no significant change in Year 6. More than half of the county's adults were overweight or obese. An inter-agency strategy was tackling the problem by supporting a healthy weight in children through healthy eating and physical activity, promoting healthier food choices, building physical activity into people's lives, creating

incentives for better health, and maintaining and developing access to advice and support. They answered members' questions and comments.

- At what point was someone defined as overweight or obese? - The definitions related to an individual's weight and height, in relation to averages at particular ages.

- Parents were sometimes reluctant for their child to measured and weighed at school, for fear of denting the child's confidence. - This was recognised. Some parents would not accept that their child was overweight. The PCT training for professionals pointed out that a child may not look overweight, even though they were. The results from the measuring programme were given to the parents, and it was their decision how to tell the child.

- Although schools provided healthy eating, many parents relied on unhealthy ready meals. - The nutrition service encouraged parents to try new foods, and showed how they could afford them.

- What had been the impact of the DVD? - The DVD was available on the NHS Choices website, had been sent to all school nursing teams, and was being used in schools. The rising trend in obesity was levelling-off.

- What were schools doing to combat obesity? - Schools were encouraging a range of physical activities which went beyond sport to include dancing, for example.

- How had the work been affected by funding pressures? - This had been a challenging period for the PCT, and the payback from tackling obesity would be some years away. The tiger teams themselves would cease, but the learning form them would be carried forward. It was expected that the function of tackling obesity would transfer to the County Council in 2013, with a ring-fenced budget, meaning that there would no longer be competition with more short term clinical demands.

- The anti-drug misuse DARE programme for primary aged children had a short-lived effect, and showed that without significant government support, a health-related initiative may not succeed locally. - Obesity was a major challenge nationally, and its onset could be gradual. However the example of smoking showed that people did recognise that an activity could be damaging to their health.

It was agreed that, in view of the long term nature of the project, there should be a progress report after 18 months.

## (b) Reducing Hospital Admissions for Older People due to Falls

Nikki Hughes and Mary Corcoran gave a presentation on another of the PCT's health priorities, reducing hospital admissions for older people because of falls and fractures. There had been a previous presentation in March 2010. Falls were estimated to cost £13m per year to the PCT, with similar costs to social care. As measured by incidents of fractured neck of femur, trends were downwards, with a target of reducing such fractures by 17% from 2006/07 to 2011/12. Progress had been made by improved

clinical assessment, encourage patients to exercise, and reducing risks in the patients' environment. They outlined the various measures which had been taken. Under the Health and Social Care Bill, falls prevention would become a local authority responsibility. They responded to members' questions and comments.

- Did each care home have a health and safety representative who was trained about falls? - There should be a member of staff with responsibility for health and safety, including trip hazards. However, they might not be aware of the broader range of risk factors for falls.

- Would funding for falls prevention be ring-fenced?- Public health staff would transfer to the County Council, and would commission services from the NHS.

- Proper nutrition was important for people living in their own homes. - Fluid intake was important. Many older people had incontinence, and tended to be slightly dehydrated. In care homes, the PCT provided a nutrition and fluids tool, and pharmacy advisors worked with care homes about drugs. For people living at home, there was a need to train GPs and carers to identify risk factors.

- Was there a significant number of falls in care homes? Were they reporting those falls? - The rate of falls in care homes was twice the national average, reflecting the sort of people who were resident. An incident form should be completed for every fall. The PCT looked at the forms to see whether lessons could be learned. There was a balance between encouraging activity and exercise, and keeping people still to avoid falls.

It was agreed to request a progress report in 18 months.

## 8. Programme of Work

### (a) Bassetlaw Hospital Review

The committee discussed whether the forthcoming review of services at Bassetlaw Hospital should be carried out by a review group or by the whole committee.

It was agreed that the review should be by the whole committee, given the complexity of the proposed changes to service, and the number of people affected by them.

### (b) Newark Hospital Review

The Committee on 4 April had decided to refer the changes to services at Newark Hospital to the Secretary of State for Health. Councillor Laughton stated that he had, with the assistance of Save Newark Hospital Campaign Group, prepared a submission to be made as part of that process. He was disappointed that the referral to the Secretary of State had been made without giving including this detailed submission, and was concerned that the Independent Reconfiguration Panel (IRP, which was reviewing the

matter on behalf of the Secretary of State) would carry out its initial assessment without sight of the submission.

Matthew Garrard explained that the Chair had referred the matter to the Secretary of State by letter on 5 April. By initiating the process, the ability of the NHS to progress the changes at Newark Hospital had been suspended. The Secretary of State had asked the IRP to asses whether a full review was required. The Committee would be able to submit its full reasons for the referral, and it was possible that the document prepared by Councillor Laughton could become that submission. The Chair indicated that he had not yet seen the document.

During discussion, some members shared the disappointment that the referral had been made without providing detailed reasons. They asked to see the letter of referral to the Secretary of State. Karlie Thompson indicated that the PCT had completed the template sent by the IRP about the matter.

It was agreed that the Chair would consider the document prepared by Councillor Laughton, and if he regarded it as suitable, would submit it to the Secretary of State as the committee's detailed reasons for referral. If however the Chair had minor concerns about the content of the document, he would discuss them with Councillor Laughton. If there were major concerns, all committee members would be consulted, and if necessary a meeting of the Standing Committee convened. It was also agreed that the referral letter to the Secretary of State would be circulated to members.

## (c) Myalgic Encephalomyelitis

Councillors Ged Clarke, Creamer, Dobson, Shepherd, Wombwell and Winterton agreed to form a study group which would be briefed on Myalgic Encephalomyelitis to determine whether this was a suitable topic for scrutiny.

It was agreed that the programme of work be revised in the light of the above discussions, and presented to the next meeting.

The meeting closed at 12.30 pm.

CHAIR

Ref: m_16may11