

Membership

Councillors

Keith Girling (Chair)
Nicki Brooks
Richard Butler
Dr John Doddy
Kevin Greaves
David Martin
Michael Payne
Liz Plant
Kevin Rostance
Steve Vickers
Martin Wright

Officers

Barbara Brady	Nottinghamshire County Council
David Ebbage	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council
Susan March	Nottinghamshire County Council
John Wilcox	Nottinghamshire County Council

Also in attendance

Michelle Livingston Healthwatch Nottinghamshire

MINUTES

The minutes of the last meeting held on 21st November 2017, having been circulated to all Members, were taken as read and were signed by the Chair.

APOLOGIES

Councillor Brooks replaced Councillor Weisz for this meeting only.

DECLARATIONS OF INTEREST

None

LOCAL PHARMACEUTICAL COUNCIL

Nick Hunter, Chief Officer for the Local Pharmaceutical Committee and Samantha Travis, gave a presentation on the work carried out by the Committee.

The following points were raised within the presentation:-

- The Committee is a body recognised in statute to represent community pharmacies of which there are 243 and that number includes 60 pharmacies within the City delivering over 25,000 health interventions a day. It is made up of 13 members who are nominated or elected and it works closely with local NHSE, CCGs, Local Authorities and other healthcare professionals to help plan healthcare services.
- The LPC negotiates and discusses pharmacy services with commissioners and is available to give advice to community pharmacy contractors and others wanting to know more about local pharmacy. LPCs liaise closely with their medical equivalent the Local Medical Committee so that GPs and pharmacists can work together to deliver services to patients
- Each NHSE team has three LPNs (Local Professional Network) – pharmacy, dentistry and optometry. They also work with CCGs, Local Authorities and others on prevention and medicines optimisation initiatives.
- There are over 200 accredited healthy living pharmacies who have trained healthy living health champions on site who cater for the public health needs of the community.
- The Committee recognised 5 high impact areas to be worked on, these were:-
 - Promote Wellbeing, Prevention, Independence and Self-Care
 - Strengthen primary, community, social care and carer services
 - Simplify Urgent and emergency care
 - Deliver Technology enabled care
 - Ensure consistent and evidence based pathways in planned care
- Since April 2017 25,600 pharmacy first consultations have taken place saving GP practice consultations. Around 8,300 patients have used the local community pharmacy emergency supply service saving out of hours GP appointments.

During discussions the following points were raised:

- There is a lot of close working with the 111 service referring patients with relevant symptoms to pharmacists instead of arranging a GP appointment.
- The 243 pharmacies does not include the pharmacies in hospitals apart from the community pharmacy at the Queens Medical Centre.
- The situation with delays between hospitals prescribing medication to patients being discharged is an in house procedure and the Pharmaceutical Council is not involved with that area. The QMC has a community and an independent pharmacy on site.
- SFH are able to send discharge information to community pharmacies, in the next 6 months, an upgrade is planned to make it easier than the current model. NUH are a little further behind but the intention is for it to happen in the near future. Funding for technology needs to be provided.

- Relationships between GPs and Pharmacies remain positive, NHS England campaign called 'stay well this winter'. Booklets have been delivered to every household, TV adverts, promoted on buses. The benefit of getting people into a pharmacy has been recognised.
- Members were advised if they received any queries regarding unwanted drugs or medication, you are able to take them back to any pharmacy who will be able to get rid of them.

The Chair thanked Nick Hunter for his attendance.

OBESITY SERVICES

John Wilcox and Barbara Brady from Nottinghamshire County Councils Public Health provided information on the issue of obesity, and programmes and plans that contribute to obesity prevention, and weight management services. They highlighted the following points:

- It was estimated that the NHS in England spent £5.1 billion on overweight and obesity related ill health in 2014/15. This is more than is spent each year on the police, fire service and judicial system combined and it does not cover the costs of wider economic and societal impacts including sickness absence, reduced productivity and welfare payments.
- The percentage of adults who have excess weight in Nottinghamshire is significantly higher than the England average. Levels of overweight and obesity are highest in Bassetlaw and lowest in Rushcliffe.
- The percentage of children in England who are obese, doubles between Reception age (age 4-5 years) and Year 6 (age 10-11 years). The percentage of Year 6 children who have excess weight in Nottinghamshire is lower than the England average. Levels of overweight and obesity are highest in Ashfield and lowest in Rushcliffe.
- For individuals who are already overweight or obese the provision of treatment services that are accessible and appropriate is needed, they are described in 4 tiers:-
 - Tier 1 – Preventative programmes
 - Tier 2 – Weight management services
 - Tier 3 – Specialist weight management services
 - Tier 4 – Severe and complex obesity services
- Nottinghamshire County Council's Public Health Division has a programme of work to tackle obesity. This involves working with relevant County Council Divisions, District and borough councils, the NHS and other Partner organisations. These Public Health programmes are:
 - Strategic Leadership and Partnership Working to address the causes of obesity
 - A commissioned Obesity Prevention and Weight management Service
 - Healthier Option Take away scheme (HOT)

- National Child Measurement Programme
- Joint working between Public Health and Planning departments
- Breastfeeding support and Breastfeeding Friendly Nottinghamshire
- During discussions the following points were raised:

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- With regards to the children statistics, vending machines in schools do not help with the choices the children make. They made high sugar drinks easily accessible. More promotion on diet and nutrition needs to be done in schools.
- When new housing developments are being built, developers meet with planning officers from the Local Authority about the health and wellbeing elements, it's not just about the number of houses being built. Space, paths, connectivity and other aspects are also taken into account.
- If parents opt out of the National Child Measurement Programme, they have to give reasons why, 100% of schools participate in the programme.
- Work is being done in schools, making sure the link with the nurses in health service who measure children engage with parents and give advice about a healthy diet and lifestyle.

The Chairman thanked John and Barbara for their briefing.

SUICIDE PREVENTION PLANS

Susan March from Nottinghamshire County Councils Public Health outlined arrangements for preventing suicides in Nottinghamshire County. The following points were raised:-

- For the period 2014 -16, the age-standardised incidence rate of suicide in Nottinghamshire County was 8.2 per 100,000 population, which is slightly lower than the average for England (9.9 per 100,000). This equated to approximately 58 suicide deaths per annum of which about three quarters occurred in men aged between 21 and 49 years.
- Effective prevention of suicide requires a whole system approach involving Nottinghamshire County Council, primary care, health and criminal justice services, voluntary organisations and local people affected by suicide.
- In 2016, there were ten suspected suicides on Nottinghamshire railways. Public Health in partnership with Network Rail, British Transport Police and the Samaritans are working to prevent any further suicides. In 2017, there has been a 20% reduction Nottinghamshire Network Rail suicide deaths.
- CCGs have funded suicide prevention. Public health and CCGs together have invested in mental resilience programmes in schools to prevent and improve children and young people's mental health problems. The provision

of government funding to the NHS for suicide prevention that is guaranteed for 2018/19-2020/21 is still to be allocated.

- On the 11th of December 2017, the ASCH and PP Committee agreed £50k from the Public Health grant to be allocated to Mental Health and Suicide Prevention awareness and training.

During discussions, the following points were made:-

- Most of the successful suicides are not individuals who are involved with support services previously, majority happen within their own home.
- The £50k allocated to Mental Health and Suicide Prevention will fund training for about a year.
- Members requested information around suicides as Rampton Hospital to see how it compared to prison in Nottinghamshire

WORK PROGRAMME

The Committee agreed to bring back EMAS to the February meeting to inform us on how they are getting on with their performance around winter pressures.

The work programme was noted

The meeting closed at 1pm

CHAIRMAN