minutes

Nottinghamshire County Council

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday 9th November 2011 2pm – 4.02pm

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	-	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 Steve Kell	-	Bassetlaw
Dr Raian Sheikh	-	Mansfield and Ashfield
Dr Mark Jefford	-	Newark & Sherwood
Dr Guy Mansford	-	Nottingham West Consortium
Dr Jeremy Griffiths	-	Principia, Rushcliffe
Dr Tony Marsh	-	Nottingham North & East

LOCAL HEALTH WATCH

Jane Stubbings (Nottinghamshire County LINk)

PCT CLUSTER

Dr Doug Black, Director of Commissioning Development

OFFICERS IN ATTENDANCE

Chris Holmes	-	Democratic Services
Barbara Brady	-	Consultant in Public Health

Cathy Quinn - Associate Director Public Health

MINUTES

Members of the Board commented that it would be helpful to include more detail in the minutes as discussion around new ways of working and the potential benefits that the Health & Wellbeing Board could deliver had not been captured.

Aside from this the minutes of the last meeting held on the 7th September 2011 having been previously circulated were confirmed and signed by the Chairman

APOLOGIES FOR ABSENCE

None

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None

TACKLING SUBSTANCE MISUSE IN NOTTINGHAMSHIRE

A presentation was given to the Board by Barbara Brady, Consultant in Public Health on substance misuse in Nottinghamshire. She indicated that the use of class A drugs generated an estimated £15.4 billion in crime and health costs each year. The cost to the economy of alcohol related problems was £28.9 million per annum for Nottinghamshire. Case studies were used to highlight approaches to alcohol and drug misuse. She reported that the estimated numbers of dependant drinkers in Nottinghamshire was approximately 10,000.

She stated that a multi agency response can make a profound difference. The response included:

- Work with children, including personal, social, health and economic (PHSE) education and the National Healthy School Programme
- Targeting those young people aged 10-15 years who are thought to be at risk from substance misuse.
- Working with licensing and trading standards regarding access to alcohol.
- Workplace substance misuse policies.
- Screening and brief interventions.
- Treatment and recovery services in the community, criminal justice system and prisons.
- Specialist needle and syringe programme.

- Multi agency case conferencing for those with complex needs.

- Enforcement action by agencies such as Nottinghamshire Police and Customs and Excise.

- Effective communication through the media, using techniques such as social marketing.

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

- There was a joined up approach to tackling drug misuse through joint commissioning and work was being undertaken to take a similar approach to alcohol misuse.

- The current response to alcohol misuse was led through the Safer Nottinghamshire Board alcohol strategy. There was a need to consider the accountability of this giving the establishment of the Health and Wellbeing Board.

- One of the challenges was around integration of services. Because there are so many 'silo's' is the model of leadership right. There were gaps between healthcare and mental health services.

- There are significant costs associated with treatment. The current resource allocation reflected historical patterns and there was a need to address this.

- Early intervention with teenagers and young people was needed.

- There were difficulties in the surgery in getting someone to accept responsibility. There was a need to encourage providers.

- It was a requirement for health and schools to be joined up and for people to understand how the system worked. There was a need to make patient pathways simpler. The County Council was trying to bring individual services together under targeted support.

- The preventative agenda was important.

- There was a need for a responsive fast service. People often came in crisis and were not able to get assistance so the cycle restarted. A wide variety of responses were needed. If the right approach to commissioning was agreed, there was a better chance of success.

- With regard to the use of alcohol the message had to be around the degree of consumption. There was a need for consistency of the message.

- Peer pressure has a greater influence than family pressure. Risk taking was part of being a teenager. Trying to scare people may have the opposite effect.

- Scotland was introducing pricing based on alcohol. There may be a need to influence the government on this to introduce something similar in England.

- Anthony May, corporate director for Children and Young People's Services at Nottinghamshire County Council, agreed to arrange a seminar in the new year for clinical commissioning groups to provide information about services available for young people and explain the referral process.

RESOLVED 2011/023

1) The Board support and endorse the contents of the report.

2) That links with the Nottingham City Substance Misuse Partnerships be pursued to ensure the agenda is joined up as far as possible across the County/City boundary.

3) That all members of the Board consider what actions they could take to address the issues raised in the report.

4) That the Clinical Commissioning Groups and the County, Borough and District local authorities actively consider how they could commission services differently to address the substance misuse needs of local residents.

5) That District and Borough Local Authorities consider how they could use licensing regulations to address the issues raised in the report.

JOINT COMMISSIONING – PLANS FOR FUTURE DEVELOPMENT

Consideration was given to a report which recommended an approach to the development of commissioning priorities.

It was reported that an event was being organised in January 2012 to consider future scope and priorities for joint commissioning.

Each Clinical Commissioning Group had been established differently with different inputs from District Councils. The legislation requirements for CCG board membership were limited in scope, but it was acknowledged that there was a duty to engage with District Councils and others.

RESOLVED 2011/024

1) That the approach taken to include Clinical Commissioning Groups in the joint commissioning work programme be endorsed.

2) That further work between the County Council and the Clinical Commissioning Groups be approved with reference to other partners in reaching proposals for the Health and Wellbeing Board on the future of joint commissioning.

CLINICAL COMMISSIONING GROUP AUTHORISATION PROCESS

Consideration was given to a report which detailed the authorisation process for Clinical Commissioning Groups to take on the statutory responsibilities for commissioning in the NHS following the dissolution of the Primary Care Trusts.

It was suggested that it was very likely that the NHS Commissioning Board would have a regional organisation and that PCT Clusters would be the local footprint.

By October 2012 some Clinical Commissioning Groups could be authorised and it was the intention to get as many authorised as possible. It was believed all Nottinghamshire Clinical Commissioning Groups could authorised by April 2013. Health and Wellbeing Boards had a key role to play in the authorisation process. It was noted that Bassetlaw was in a different cluster in South Yorkshire and in a different Strategic Health Authority cluster and there would therefore be slight differences in approach.

RESOLVED 2011/025

1) That the Clinical Commissioning Group authorisation process and the role of local authority and the Health and Wellbeing Board be acknowledged.

2) That given the role of the Health and Wellbeing Board in the authorisation process, it is recommended that Clinical Commissioning Groups present there emerging commissioning plans for consideration by the Board.

UPDATE ON THE HEALTH AND WELLBEING STRATEGY

Consideration was given to a report which provided information on the plans being developed to progress the Health and Wellbeing Strategy.

It was pointed out that there was a need to clarify how to engage providers in the development of the strategy to achieve integration. It was noted that it was important for the strategy to identify how things were being done differently as a result of the strategy.

RESOLVED 2011/026

1) That the formation of a time limited Health and Wellbeing Strategy editorial working group be approved to lead the development of the Health and Wellbeing Strategy.

2) That the development of a dedicated webpage to host the Health and Wellbeing Strategy and supporting information on the Health and Wellbeing Board be approved.

The meeting closed at 4.02pm.

CHAIR M_9nov2011