

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday, 5 June 2014 (commencing at 2.00 pm)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Joyce Bosnjak (Chair)
John Peck
Martin Suthers OBE
Muriel Weisz
Jacky Williams

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

A	Dr Steve Kell	-	Bassetlaw Clinical Commissioning Group (Vice-Chairman)
A	Dr Raian Sheikh	-	Mansfield and Ashfield Clinical Commissioning Group
	Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
	Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
	Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group
	Dr Paul Oliver	-	Nottingham North & East Clinical Commissioning Group

LOCAL HEALTHWATCH

A Joe Pidgeon - Healthwatch Nottinghamshire

NHS ENGLAND

A Helen Pledger - Nottinghamshire/Derbyshire Area Team,
NHS England

SUBSTITUTE MEMBERS IN ATTENDANCE

Claire Grainger - Healthwatch Nottinghamshire
Julie Bolus - NHS England

ALSO IN ATTENDANCE

Councillor Kay Cutts
Councillor Kate Foale

Amanda Sullivan - Chief Operating Officer, Ashfield and Mansfield and Newark and Sherwood CCGs

Lucy Dadge - Programme Director, Mid Nottinghamshire Integrated Care Transformation Board

Sue Gill – Head of Partnerships, Bassetlaw CCG

Rachel Tyler - Parent

OFFICERS IN ATTENDANCE

Kate Allen - Public Health
Paul Davies - Democratic Services
Sarah Everest - Public Health
Gill Oliver - Public Health
Penny Spice - Public Health
Cathy Quinn - Public Health

APPOINTMENT OF CHAIR

The appointment by the County Council of Councillor Joyce Bosnjak as Chair of the Health and Wellbeing Board was noted.

APPOINTMENT OF VICE-CHAIR

Dr Steve Kell was appointed Vice-Chair of the Board.

MINUTES

The minutes of the last meeting held on 17 April 2013 having been previously circulated were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Kell, Dr Sheikh, Joe Pidgeon and Helen Pledger.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

MEMBERSHIP AND TERMS OF REFERENCE

RESOLVED: 2013/022

That the Board's membership and terms of reference be noted.

MID NOTTINGHAMSHIRE NHS INTEGRATED CARE TRANSFORMATION PROGRAMME

Amanda Sullivan and Lucy Dadge gave a presentation about the Mid Nottinghamshire NHS Integrated Care Transformation Programme, the principles underlying it, and the next steps to be taken. They responded to questions and comments.

- GP surgeries in Newark were all located in the town centre. Might a practice be encouraged to relocate to the Newark Hospital site? - There had been in-principle discussions with the Sherwood Forest Hospitals Trust (SFHT) about primary care services on the hospital site, in addition to the Fernwood Unit, which was led by primary care.
- Could other hospital trusts learn from the experience of Sherwood Hospitals? How secure was the future of small rural hospitals? - Discussions about integrated care had begun in Bassetlaw, but were not as far advanced.
- This was an excellent example of working across organisations. The programme was likely to raise concerns, and the Health and Wellbeing Board, with its responsibility to promote joint working, was in a good position to help resolve or respond to those concerns. Nottinghamshire Integrated Care (formerly Productive Nottinghamshire) was drawing together best practice.
- It was important for programmes to be resourced properly if they were to work as well as pilot projects. - The estimated costs of the programme were best estimates.
- Assessments of service users were often repeated, giving rise to a loss of confidence in services. - This was recognised. The ward manager had a key role, and in the virtual ward, there would be a nominated key worker.
- Would clinicians have ownership of admission decisions? – Clinicians had been part of the work, and been challenged by it. Targets were ambitious but

achievable. It was pointed out that Nottingham North and East CCG had a project which would be starting soon.

- What were the plans for engaging the public? - It was planned to use existing groups in Ashfield and Mansfield and Newark and Sherwood to create a "citizens' board". There was also an extensive outreach programme, and a keenness to work with Healthwatch and members of SFHT and Nottingham Community Healthcare Trust.
- Was it realistic to offer 35 service lines at Kings Mill Hospital, and would they meet immediate needs? - The 35 service lines included Kings Mill and Newark Hospitals. There would be discussions with a view to reducing the number of lines.
- What was the communications strategy, at a time when the media often took a negative view? - There were some excellent facilities at both hospitals. As commissioners, the CCGs would be looking at whether they were getting the best outcomes.

RESOLVED: 2013/023

That the presentation be received.

JOINT WORKING TO IMPROVE THE CARE OF FRAIL ELDERLY PEOPLE

Dr Mansford introduced the report on joint working in Nottingham City and south Nottinghamshire to improve care for frail older people. Comments made during discussion included:

- Would the programme address complaints that service users were put to bed too early, or that care workers switched time between service users? - David Pearson stated that this should not happen. Care workers were monitored, and the County Council followed up issues raised with it. He referred also to the time it might take to arrange a care package, and to direct payments, which allowed service users to arrange their own package.
- Hospitals were not seen as part of the community. Rushcliffe CCG was encouraging hospital doctors to undertake some work in the community, and community based doctors to go into hospitals.

RESOLVED: 2013/024

That the report be noted.

AGENDA ORDER

The Chair agreed to alter the order of the agenda.

NEEDS ASSESSMENT FOR CHILDREN AND YOUNG PEOPLE WITH DISABILITIES AND/OR SPECIAL EDUCATIONAL NEEDS

Sue Gill introduced the report on the needs assessment for children and young people with disabilities and/or SEN in Nottinghamshire. Rachel Tyler spoke of her experiences as the parent of a child with learning disabilities. Officers responded to comments and queries.

- The requested changes seemed reasonable, and the proposals for a more integrated approach would appear to answer them. Could anything be achieved sooner rather than later? - Officers were already converting statements of special educational needs into individual health care plans.
- Would specialised commissioning be part of the integrated commissioning hub? – They were not, but could be invited to be involved.
- GPs might well see very few patients with complex needs. GP training sessions could be used to inform GPs of the programme. – Guidance had been sent to GPs, but there might be further thought about how information was presented.
- Information sharing had presented real challenges. Some progress had been made, but there remained cultural and legislative barriers. The Health and Wellbeing Board had a role in promoting better information sharing.

RESOLVED: 2013/025

- (1) That the ongoing work be noted both in the Special Educational Needs and Disabilities Pathfinder and the Integrated Community Children and Young People's Healthcare Programme to move to an integrated model of commissioning and delivery for children and young people with disabilities and/or special educational needs.
- (2) That the Board sign up to the Disabled Children's Charter for Health and Wellbeing Boards.
- (3) That the Board receive an update on this area of work when the Children and Families Bill is published in 2014.
- (4) That a report be presented to a future meeting on information sharing.

HEALTH AND SOCIAL CARE INTEGRATION PIONEERS

David Pearson introduced the report which invited support for the proposed bid to become a "pioneer" for integrating social care and health. The Mid Nottinghamshire Transformation Programme and Care of Frail Elderly People project would form part of the proposal.

RESOLVED: 2013/026

That the report be noted, and the Board support the submission of an expression of interest to become an integration pioneer.

LONELINESS IN OLDER PEOPLE

Gill Oliver and Penny Spice introduced the report on the health risks of loneliness, the Campaign to End Loneliness, and the action which the Board and partners could take. Comments by the Board included:

- It was important to embed the principles of the Campaign before it ended in March 2014; and for social care workers to be alert to loneliness as an issue.
- While participating in group activities was positive, such involvement often ceased when someone became unwell, thus putting them at risk of loneliness. Loneliness might be something which Patient Participation Groups could help to address.
- People should feel empowered to make contact with a lonely person. However this should be balanced against their privacy.
- Transport was an important factor. The County Council's integrated transport project (TITAN) could help, and Councils for Voluntary Service could contribute. People in sheltered accommodation could be lonely. Therefore arts projects could be useful.
- The Board should identify opportunities where a small amount of social spend could result in great health benefits. There was experience of this in Cornwall. Another example was art colleges and hairdressers working with care homes.

RESOLVED: 2013/027

- (1) That the Board support the roll-out of the Campaign to End Loneliness across partners in Nottinghamshire.
- (2) That the Board promote the incorporation of evidence-based measures to combat loneliness in all service proposals for relevant care groups.
- (3) That the Board promote work with non-statutory sector partners to combat loneliness.
- (4) That the Board continue to monitor the impact of measures to address loneliness locally through both the Outcomes Framework and Annual Satisfaction Survey.

HEALTH AND WELLBEING CONSULTATION PLAN 2014/15

Suggestions for inclusion in the draft strategy were greater emphasis on the Board's role to promote integration and on the role of housing.

RESOLVED: 2013/028

- (1) That the plan to review the Health and Wellbeing Strategy for 2014 onwards be noted.
- (2) That the comments made be reflected during consultation on the strategy.
- (3) That a further report be presented in September on progress against the priorities and the full review of the strategy.

WORK PROGRAMME

The Chair indicated that the County Council was considering changing the composition of the Board to include a representative from each district council and from the Police and Crime Commissioner. She emphasised the value in terms of continuity for organisations to have named representatives.

Non-accidental injuries were suggested as a possible future item. Anthony May stated that this was a responsibility of the Children's Safeguarding Board, but he would check whether there were significant issues to bring to the Board.

Another suggestion was the effectiveness of the Health and Wellbeing Strategy on the population. It was explained that this was measured through the outcomes framework, and through priorities set by the Health and Wellbeing Implementation Group for the groups which reported to it.

RESOLVED: 2013/029

That the work programme be noted.

The meeting closed at 5.05 pm.

CHAIR