

Meeting      HEALTH AND WELLBEING BOARD

Date          Wednesday, 2 October 2013 (commencing at 2.00 pm)

**Membership**

Persons absent are marked with an 'A'

**COUNTY COUNCILLORS**

Joyce Bosnjak (Chair)  
Stan Heptinstall  
John Peck  
Martin Suthers OBE  
Muriel Weisz

**DISTRICT COUNCILLORS**

Councillor Jenny Hollingsworth  
A      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 Clinical Commissioning Group (Vice-Chairman)  
Dr Judy Jones      -      Mansfield and Ashfield Clinical Commissioning Group  
Dr Mark Jefford      -      Newark & Sherwood Clinical Commissioning Group  
Dr Guy Mansford      -      Nottingham West Clinical Commissioning Group  
Dr Paul Oliver      -      Nottingham North & East Clinical Commissioning Group  
Dr Jeremy Griffiths      -      Rushcliffe Clinical Commissioning Group

## **LOCAL HEALTHWATCH**

Joe Pidgeon - Healthwatch Nottinghamshire

## **NHS ENGLAND**

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

## **SUBSTITUTE MEMBERS IN ATTENDANCE**

District Councillor John Wilmott - Ashfield District Council  
Jacqui Williams - NHS England

## **ALSO IN ATTENDANCE**

Councillor Kay Cutts

## **OFFICERS IN ATTENDANCE**

Paul Davies - Democratic Services  
Nicola Lane - Public Health  
Irene Kakoullis - CFCS/Public Health

## **MEMBERSHIP**

Dr Judy Jones had been appointed in place of Dr Raian Sheikh as the representative of Mansfield and Ashfield Clinical Commissioning Group. Councillor Heptinstall had been appointed in place of Councillor Williams, for this meeting only.

## **MINUTES**

The minutes of the last meeting held on 5 June 2013 having been previously circulated were confirmed and signed by the Chair.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Helen Pledger and District Councillor Tony Roberts.

## **DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

Dr Steve Kell declared a private interest in the item on Substance Misuse Services Consultation.

## **MATTERS ARISING FROM THE MINUTES**

In response to a question, the Chair indicated there remained an intention to extend representation to all district councils.

## **CHILDREN WHO GO MISSING FROM HOME, CARE OR EDUCATION: END OF YEAR REPORT 2012/13**

The Chair referred to a missing Mansfield teenager, and the recent finding of a body near his home. Under the circumstances, it was agreed to defer discussion on the report until the next meeting.

### **YOUNG PEOPLE FRIENDLY HEALTH SERVICES**

Irene Kakoullis introduced the report proposing the adoption of quality standards to ensure that health services were young people friendly and the use of mystery shoppers to assess services. During discussions, Board members supported making services more accessible to young people, but there were some concerns about the use of mystery shoppers. Comments included:

- It was difficult to encourage young people to be involved in surgeries' Patient Reference Groups.
- More use could be made of the internet and smart phones to encourage young people to use services.
- Surgeries already hold age-related information which could be useful.
- It was not clear what the mystery shoppers would achieve. More might be achieved by asking real service users about their experience. - Mystery shoppers would only be one means of assessment. They would be commissioned through the Children's Integrated Commissioning Hub, which would report to the Children's Trust Board in the first instance.
- Healthwatch was appointing a Community and Partnerships Worker, who would have a focus on children and young people. Healthwatch supported the Department of Health's *You're Welcome* quality standards.
- Recommendations 3 and 4 should be stronger than asking commissioners to consider using mystery shoppers.
- The fundamental issue was that young people should take responsibility for their own health. The proposals were good, but might not achieve the desired outcomes.

### **RESOLVED: 2013/030**

- (1) That the proposal from the Children's Trust Board to adopt quality standards and performance measures outlined in *You're Welcome* be approved, in order to assure that health services are 'young people friendly'.
- (2) That commissioners of health services aimed at young people in both health and non-health settings consider integrating the quality standards and performance measures outlined in *You're Welcome* into contracts and service specifications with providers, seeking assurance that the *You're Welcome*

criteria are being met on an on-going basis, and where issues are identified, that actions are taken to resolve them, suggested performance measures being set as set out in Appendix 2 to the report.

- (3) That for health services aimed at all ages, commissioners use the outcomes of the mystery shoppers initiative to identify good practice or areas for improvement and work with providers to encourage them to learn from the results.
- (4) That commissioners and providers share information on user feedback (including the results of mystery shopping) and also share plans to tackle issues identified with the Children's Trust on behalf of the Health and Wellbeing Board.

### **HEALTH AND SOCIAL CARE INTEGRATION TRANSFORMATION FUND**

David Pearson introduced the report which outlined arrangements to prepare for the Integration Transformation Fund, which the Government was establishing from 2015/16. The report proposed a working group to oversee the arrangements, and a further report to the Board in January. Mr Pearson indicated that he was on the national steering group for the Fund, and that full clarification of the Government's proposals was expected by the end of October. Comments made during discussion included:

- Bassetlaw CCG came under the South Yorkshire Area Team of NHS England and related to different hospitals. Therefore some form of local arrangements might suit best. - It was recognised that the scene in Nottinghamshire was complex. One possibility was an overall plan with three different strands for north, mid and south Nottinghamshire. Helen Pledger would represent the Notts/Derbys Area Team on the working group. There could be discussion about how to link with South Yorkshire Area Team.
- It should be borne in mind that the purpose of the Fund was transformation and not shoring up existing services. - This was not seen as money to protect social services, but rather as being about joined-up commissioning to meet the needs of the population and retain the sustainability of all the partners.
- The Fund was a logical step. There was a need to look at how current systems worked, and break down divisions between Health and Social Care with a view to best value for money. - Although the Fund was 3% of total spending, the challenge was to look at all spending and how systems could work cost effectively.
- The Fund could be used as leverage to access other funding which was available. It was important that the working group's proposals fitted into organisations' business planning timelines.
- Disabled Facilities Grants, administered by district councils, were to be included in the Fund. However it was clarified that handipersons schemes were not included.

- The performance related element of the Fund from 2015/16 was significant. However existing performance indicators, such as delayed discharges, tended to relate to secondary care. – Given the short preparation time, it was necessary to use existing performance indicators, rather than devise new ones.
- Would the further report in January be too late? - There could be an interim report to the workshop about integration in December.

The Chair concluded the discussion by encouraging partners to submit their nominations for the working group.

#### **RESOLVED: 2013/031**

- (1) That a working group be established to identify arrangements necessary for oversight and use of the pooled Health and Social Care Integration Transformation Fund budget.
- (2) That the Board receive a follow-up report in January 2014 detailing draft plans for approval, with an interim report to the workshop in December 2013.

#### **UPDATE ON SOCIAL CARE AND HEALTH INTEGRATION ‘PIONEERS’**

David Pearson introduced the report which indicated that the bid to be one of the health and social care ‘pioneers’ had not been successful. However the Nottinghamshire initiatives had been well received, and the county would be part of a network to share support and learning. He explained that complexity of relationships in Nottinghamshire had been seen as a potential weakness. Board members were generally pleased that the work on integration would continue, even though the bid had been unsuccessful.

#### **RESOLVED: 2013/032**

That the report and the outcome of the Integration Pioneers bid be noted.

#### **NOTTINGHAMSHIRE RESPONSE TO ‘TRANSFORMING CARE: A NATIONAL RESPONSE TO WINTERBOURNE VIEW HOSPITAL’**

David Pearson introduced the report summarising the Department of Health’s recommendations arising from the incidents at Winterbourne View Hospital, and the local proposals for the care of people with challenging behaviour. In reply to a question, he stated that although the provision of social care might be means tested, it was unlikely that this would impact on the individuals transferring from hospital settings.

While the report recommended the use of interim placements for some individuals, the Board noted that paragraph 23 of the report referred to the potential costs and benefits of interim placements versus delayed transfer from hospital. The Board therefore asked for further information about these before deciding on this recommendation.

## **RESOLVED: 2013/031**

- (1) That the report be noted.
- (2) That approval in principle be given to the establishment of a pooled budget to meet the needs of the people who will move from hospital to more appropriate community based support, subject to further work to scope the size of the pool, develop an appropriate management arrangement and develop risk sharing agreements.
- (3) That further work take place on the potential costs and benefits of interim placements for individuals whose preferred accommodation and support cannot be provided within the prescribed time frame of 1 June 2014, with a further report to the Board about this.
- (4) An update report be received in January 2014 to include progress on the development of pooled budget arrangements.

## **SUBSTANCE MISUSE SERVICES CONSULTATION**

Chris Kenny reported on the recent public consultation exercise undertaken as part of the re-commissioning of substance misuse services. Themes arising from the consultation would be presented to an expert panel, with a report and recommendations to Public Health Committee in January. The specification for services would be issued in February, decisions on providers made in May, and new services would commence in October. Dr Kenny pointed out that this was later than originally intended. He expressed gratitude to existing providers for agreeing to continue their services for this additional six months, and to all those who had participated in the consultation.

In reply to a question about the role of the Board, Dr Kenny pointed out that the Board had debated substance misuse services in November 2011, had set the strategic direction, and would ensure that processes were valid. The Public Health Committee would decide how the substance misuse services budget would be spent.

Board members referred to the impact that these decisions could have on existing providers, CCGs and NHS England. It was observed that other services would be subject to similar re-commissioning exercises. The Chair recognised the need to be sensitive to the effect of changes in commissioning and referred to the Board's role in setting strategy.

## **RESOLVED: 2013/032**

That the update on substance misuse services consultation and the timescale for re-commissioning services be noted.

## **WORK PROGRAMME**

It was suggested that the Board receive the minutes of the Health and Wellbeing Implementation Group on a regular basis. The Chair supported this suggestion in

principle, with some thought to be given about how best to present this information to the Board.

A number of other suggestions were made which, on reflection, were probably being addressed in other settings. These suggestions would be considered and responded to.

The next Board meeting would also consider the deferred item on missing children, and the further information about the response to Winterbourne View Hospital at the January meeting.

**RESOLVED: 2013/029**

That the work programme be noted.

The meeting closed at 4.00 pm.

**CHAIR**