minutes

Nottinghamshire County Council

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday, 17 April 2013 (commencing at 2.00pm)

membership
Persons absent are marked with `A'

COUNCILLORS

Reg Adair
Mrs Kay Cutts
Martin Suthers OBE (Chairman)
A Alan Rhodes
Stan Heptinstall MBE

DISTRICT COUNCILS

Councillor Jenny Hollingsworth
Councillor Tony Roberts MBE

OFFICERS

A	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 Raian Sheikh	-	Mansfield and Ashfield Clinical Commissioning Group
	Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
A	Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
	Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group
	Dr Tony Marsh	-	Nottingham North & East Clinical Commissioning Group

LOCAL HEALTHWATCH

	Joe Pidgeon	-	Healthwatch Nottinghamshire

NHS ENGLAND

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

SUBSTITUTE MEMBERS IN ATTENDANCE

Dr James Threlfall	-	Nottingham West CCG
David Hamilton	-	Adult Social Care, Health and Public Protection Department

ALSO IN ATTENDANCE

Councillor Joyce Bosnjak

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

OFFICERS IN ATTENDANCE

Kate Allen	-	Public Health
Paul Davies	-	Democratic Services
Sally Handley	-	Public Health
Cathy Quinn	-	Public Health

MINUTES

The minutes of the last meeting held on 6 March 2013 having been previously circulated were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Rhodes, Dr Mansford, David Pearson and Helen Pledger.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

DEVELOPING VIABLE OPTIONS FOR SHERWOOD FOREST HOSPITALS TRUST AND SURROUNDING HEALTH ECONOMY THROUGH A PARTNERSHIP APPROACH

Lucy Dadge and Tom Gold introduced the report. In summary, a number of care design groups had developed proposals for integrated approaches which would be presented to the Integrated Care Transformation Board on 24 April 2013. At the same time, Sherwood Forest NHS Foundation Trust was reviewing quality, board and financial governance (as required by Monitor) and had participated in the review of quality of care in 14 hospital trusts announced by the Prime Minister in February. Ms Dadge drew particular attention to the involvement of patients and public, and welcomed input from the Health and Wellbeing Board.

During discussion, Board members' comments included:

- The willingness of Healthwatch to become involved.

- The need to look beyond Sherwood Forest Hospitals Trust and the two local CCGs to other hospitals and CCGs.

- Concern about the duplication of scrutiny and effort.

- The Board would wish to know the plans arising from the reviews and their effect on services, particularly services in the community; it might be necessary to mothball some buildings or parts of buildings.

- The blueprint to be presented on 24 April would give detail about the proposals, including the use of the trust's estate and community-focussed.

- The County Council's Adult Social Care and Health Department had been fully involved in the review. Furthermore, there were similar discussions about integrating services in other parts of the county.

- How much influence did the Health and Wellbeing Board have on major providers? This might best be exercised through the Health and Wellbeing Implementation Group.

- Ms Dadge stated that the plans, to be shared the following week, were built around the right configuration of services. She referred to a possible £70 m - £140m funding gap in ten years time. The review was looking at the use of the Trust's estate, including King's Mill, Newark and Mansfield Community Hospitals. Some frail elderly patients could be treated outside hospital, and beds used instead for intermediate care. It was expected to become clearer where care would be accessed and provided.

- How much had the capacity of primary care featured in the reviews? - Mr Gold replied that primary care capacity had not been looked at specifically. However primary care had input to the review. The integrated front door would involve both health and social care.

- To what extent could the hospital estate be used for other purposes, given the commitments under the PFI (private finance initiative) contract? - Ms Dadge referred to the possibilities of disposing of parts of the hospital site, and of backfilling with services currently provided off-site. She emphasised that the PFI contract was not the whole of the financial challenge which the trust faced. Dr Jefford added that decisions on use of the estate would follow decisions about what services were required.

- In terms of the role of the Health and Wellbeing Board in relation to the plans, it was concluded that the Board should continue to monitor progress by way of an item at each meeting. Healthwatch, health scrutiny and CCGs' patient forums would also have a monitoring role.

RESOLVED: 2013/017

(1) That the Board continue to monitor progress by way of reports to each meeting;

(2) That the Board notes the progress made to date in the programme of work underway to secure a vision for sustainable hospital and community based services in mid-Nottinghamshire in the future.

HEALTH OF VULNERABLE CHILDREN AND YOUNG PEOPLE

Kate Allen introduced the report on the impact of children and young people's vulnerability on health and wellbeing. The report also outlined a multi-agency response to meet those needs, including the creation of an integrated commissioning function. The Board was invited to sign up to the Department of Health's pledge for better health outcomes for children and young people. Comments made during discussion included:

- If the major determinants of children's poor health were economic, how much difference would the proposals make? - Some local interventions had successfully reduced the impact of vulnerabilities on children's health and wellbeing.

- The integrated commissioning proposals showed the benefits of location Public Health and other services in the County Council. The County Council had continued to follow the principles of Every Child Matters.

- How would the impact of the proposals be measured? - The Children's Trust Board would monitor the impact and submit its findings to the Health and Wellbeing Board.

- The proposals offered excellent opportunities, including working with the wider family.

- It was recognised that accurate data was key. Currently there were too many inefficiencies and data protection issues, as illustrated by the Multi-Agency Safeguarding Hub (MASH) being unable to access health data.

- It would be important to keep a balance between prevention and reaction.

- With so many agencies involved, the Health and Wellbeing Board's oversight would be crucial.

- The range of 7,000 to 12,000 for children with a disability seemed large. - There was no local record of children with a disability, so these numbers had been extrapolated from national figures.

- Particular schools were associated with pupil exclusions. The Education Attendance Service formed part of an integrated approach.

- Why was the current activity of so many 16-18 year olds "not known"? - Partly this was because of the ending of Connexions. Its successor, Futures, continued to offer support to vulnerable young people.

- Placing children in care outside their home area increased their vulnerability. What was the local practice? How did the Police respond when young people went missing? - With the rise in the number of looked after children, and the requirement for high quality placements, the local authority did sometimes place children outside the area. There was a coherent missing child protocol in Nottinghamshire. Further information could be provided.

- The estimated number of young carers seemed low. - The number came from the 2011 census. It was recognised that there could be under-reporting. Nottingham University was undertaking work with young carers.

- Chris Kenny assured the Board that good systems for MMR inoculation were in place locally, and take up was good. He would report later in the year.

- Problems in childhood could result in poor brain development, poor social skills and behaviour, and a lack of confidence. - Primary schools in particular had an effective programme for dealing with this.

RESOLVED: 2013/018

(1) That the approach summarised in the report to improve the health and wellbeing of vulnerable young people in Nottinghamshire be welcomed.

(2) That no additional developments are identified to reduce the vulnerability or the impact on health and wellbeing of children and young people.

(3) That the health and wellbeing of vulnerable children, young people and families be considered when developing the Health and Wellbeing Strategy for Nottinghamshire, recognising the importance of proactively identifying and targeting services to those children and young people who are most vulnerable, whilst reducing contributory health inequality factors.

(4) That the Board signs up to the Department of Health pledge to improve health outcomes for children and young people.

(5) That the Board endorses the establishment and scope of work of an Integrated Commissioning Function, as set out in Appendix 2 to the report.

UPDATE ON THE LIVING AT HOME PROGRAMME

David Hamilton gave an update on the Living at Home Programme in Adult Social Care, and responded to questions and comments from the Board.

- In Gedling, the Department was looking at an option with Gedling Homes, and also at the possibility of an extra care project in the longer term.

- He acknowledged the issue of timely assessments of older people in hospital. Often assessments were repeated as people's condition

changed. The Department might move to doing assessments outside hospital.

- The Department was looking at possible duplication with district council projects to keep people in their own homes, and the scope for rationalisation. This work would include an evaluation of what services were most effective.

- What plans were there to encourage older people and carers to focus on alternatives to residential care? - There would be a programme of workshops with partners, which included a presentation to consultants at NUH. There was increasing buy-in from partners.

- It was acknowledged that more could be done to address cultural sensitivities in services which were delivered at home.

RESOLVED 2013/019

That the report be noted.

CODE OF CONDUCT AND DECLARATIONS OF INTEREST

RESOLVED: 2013/020

That the Code of Conduct requirements for Board members, and the arrangements for registering and declaring interests be noted.

WORK PROGRAMME

RESOLVED 2013/021

That the work programme be noted.

DR TONY MARSH

This was Dr Marsh's last meeting before retiring as a GP and Board member. The Chairman thanked him for his contribution to the Board.

The meeting closed at 4.00 pm.

CHAIRMAN