

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday 6th July 2011 2pm – 4.10pm

membership

Persons absent are marked with `A`

COUNCILLORS

Reg Adair
Mrs Kay Cutts
Martin Suthers OBE
Alan Rhodes
Stan Heptinstall MBE

DISTRICT COUNCILS

Councillor Jenny Hollingsworth
Councillor Tony Roberts

OFFICERS

	David Pearson	-	Director of Adults Social Services
	Anthony May	-	Director of Children Services
A	Dr Chris Kenny	-	Director of Public Health

GP CONSORTIA

	Dr Steve Kell	-	Bassetlaw Commissioning Organisation
	Dr Raian Sheikh	-	High Point Health
	Dr Mark Jefford	-	Newark & Sherwood Health
	Dr Tony Marsh	-	Nottingham North & East Consortium
A	Dr Kelvin Lim	-	Nottingham West Consortium
	Dr Jeremy Griffiths	-	Principia, Partners In Health

LOCAL HEALTH WATCH

Jane Stubbings (Nottinghamshire County LINK)

NHS COMMISSIONING BOARD

A Wendy Saviour (NHS East Midlands)

ALSO IN ATTENDANCE

Dr John Tomlinson	-	Deputy Director of Public Health
Dr Kate Allen	-	Consultant in Public Health

OFFICERS IN ATTENDANCE

Chris Holmes	-	Democratic Services
Irene Kakoullis	-	Children, Families and Cultural Services
Nicola Lane	-	Adult Social Care & Health & Public Protection

APPOINTMENT OF CHAIR

RESOLVED 2011/009

That the appointment by the County Council at its Annual Meeting on 19th May 2011 of Councillor Martin Suthers OBE as Chair as the Board be noted.

VICE-CHAIR OF THE BOARD

RESOLVED 2011/010

That Dr Steve Kell be appointed Vice-Chair of the Board.

MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD

It was reported that as a result of revised arrangements for Strategic Health Authorities, it would not be possible for them to be represented on all Health and Wellbeing Boards. It had been suggested that this representation would be better coming from the PCT Cluster and the Primary Care Trust was being written to, to seek a representative.

RESOLVED 2011/010

That the membership of the Board be noted.

MINUTES

The minutes of the last meeting held on the 4th May 2011 having been previously circulated were accepted as a true record and signed by the Chair.

GOVERNMENT RESPONSE TO THE NHS LISTENING EXERCISE

It was reported that there were 136 out of a possible 152 early implementers agreed for the establishment of Health and Wellbeing Boards. The outcome of the listening exercise appeared if anything to strengthen Health and Wellbeing Boards.

It was pointed out that integration between primary and secondary care and between health and local government was being encouraged but there was a need to be clear what integration meant as it could mean different things to different people.

It was suggested that a diagram would be helpful to show how the new proposals would work in practice. With regard to collaboration with the City Council it was pointed out that there was good dialogue with officers at the City Council. The first meeting of the City's Health and Wellbeing Board was in October.

RESOLVED 2011/011

- 1) That the report be noted and the implications of any changes to the Health and Social Care Bill be considered following the confirmation of amendments.
- 2) That a diagram be provided showing how the new proposals would work.

JOINT STRATEGIC NEEDS ASSESSMENT – NEXT STEPS

RESOLVED 2011/012

That the review of the Joint Strategic Needs Analysis as outlined in the report be approved.

NOTTINGHAMSHIRE COUNTY COUNCIL, NHS NOTTINGHAMSHIRE COUNTY AND NHS BASSETLAW – OUTLINE PLAN FOR HEALTH AND WELLBEING STRATEGY JUNE 2011

Consideration was given to the plan for the Health and Wellbeing Strategy for Nottinghamshire.

During the discussion it was suggested that there should be more emphasis on highlighting particular issues for local areas. In addition it was thought that workplace health did not receive enough emphasis in the document. It was stated that there was a need to measure the outcomes to ensure that value was being added to the process. It was pointed out that a report would be brought to the next meeting on progress and that the Board would then be able to determine the outcomes.

RESOLVED 2011/013

- 1) That the development of the Health and Wellbeing Strategy for Nottinghamshire be agreed as identified in paragraph 17 of the report but that greater emphasis be given to highlighting particular issues for local areas and workplace health.
- 2) That it be recognised that there was a need for measurable outcomes to be identified.

CHILD AND ADOLESCENT HEALTH BEHAVIOURS

A presentation was given to the Board by Dr Kate Allen and Irene Kakoullis on child and adolescent health – an example of how we can improve health outcomes.

It was stated that intervention could not be carried out without support from parents. Where there was no parental support a parenting course was offered. If this was not taken up then agencies worked collectively for example the school nurse would gather information from a range of agencies using a common assessment with a view to early intervention. The common assessment required contact between different agencies as shared knowledge was critical.

It was stated that the Children, Families and Cultural Services Department was working with the schools and academies to launch the early intervention and prevention strategy. Reference was made to the problems which can be caused for young people by the move from junior to secondary school.

Comment was made that there was a need for all the agencies involved to be linked together otherwise they would be operating as “silos”. It was pointed out that young people were heavily influenced by their peer group and that efforts needed to be made to reinforce positive peer group messages. Their health and wellbeing depended on them having somewhere to go and do. It was suggested then there was a need to move expenditure towards early intervention. In response to a question it was stated that the youth service published what services were available on a district basis on its website which included District Council information.

Anthony May reassured members of the Board that the Children's Trust was working hard to join up the various parts of the children's services arrangements across Nottinghamshire. This included the recently introduced Pathway to Provision and Early Intervention and Prevention Strategy, which would ensure that all agencies understand what is available across the county and how to access vital services at the appropriate age or stage in the child or young person's life.

RESOLVED 2011/014

- 1) That the health of children, young people and families be considered when the Health and Wellbeing Strategy for Nottinghamshire is developed, recognising the importance of reducing health inequalities and the value of early intervention and prevention.
- 2) That a chapter in the Health and Wellbeing Strategy be included for children and young people.
- 3) That in light of the NHS reforms and changes in commissioning arrangements, consideration be given to how the County Council and Primary Care Trust's engage with clinical commissioning groups to ensure the health needs of children and young people are effectively addressed.

DEVELOPING AND RE-ABLEMENT SERVICES LINKED TO HOSPITAL

Comment was made that it would be useful to see the evaluation of the schemes in due course.

RESOLVED 2011/015

- 1) That the work being undertaken using dedicated monies to test new approaches to delivering re-ablement and post discharge support services be noted.
- 2) That future reports be presented regarding the developing approach to hospital focused re-ablement services.

NHS NOTTINGHAMSHIRE COUNTY – QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION (QIPP)

RESOLVED 2011/016

- 1) That the report be noted.
- 2) That further updates be presented to inform Board decisions regarding the Health and Wellbeing Strategy.

NHS BASSETLAW – QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION

RESOLVED 2011/017

- 1) That the report be noted.
- 2) That further updates be presented to inform Board decisions regarding the Health and Wellbeing Strategy.

The meeting closed at 4.10pm.

CHAIR

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