Nottinghamshire County Council

minutes

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 6 November 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
Yvonne Woodhead

DISTRICT COUNCILLORS

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 Clinical Commissioning Group (Vice-Chairman)
A	Dr Judy Jones	-	Mansfield and Ashfield Clinical Commissioning Group
A	Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
	Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
A	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

Vikki Taylor	-	NHS England

OFFICERS IN ATTENDANCE

Barbara Brady	-	Public Health
Paul Davies	-	Democratic Services
Steve Edwards	-	Children, Families and Cultural Services
Nicola Lane	-	Public Health
Elizabeth Orton	-	Public Health
Jade Poyser	-	Public Health
Cathy Quinn	-	Public Health

ALSO IN ATTENDANCE

Chris Few	-	Chair, Nottinghamshire Safeguarding Children Board
Tracy Madge	-	NHS England

MEMBERSHIP

Councillor Woodhead had been appointed in place of Councillor Weisz, for this meeting only.

MINUTES

The minutes of the last meeting held on 2 October 2013 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Paul Oliver and Helen Pledger.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

Dr Guy Mansford declared a private interest in the item on NHS England Primary Care Strategy.

HOMELESSNESS

Barbara Brady and Jade Poyser gave a presentation on homelessness in Nottinghamshire, including the local picture, health consequences and recommendations for CCGs, the county and district councils and NHS England. They responded to questions and comments:

- Why were there as few as ten statutorily homeless people recorded in Broxtowe? - Explanations included the borough's beacon status and success at tackling homelessness, the narrow definition of statutory homelessness, and inconsistent recording across the county.

- The Board should be mindful that the county council's impending budget decisions (particularly in relation to Supporting People) might have an impact on homelessness and the support available to homeless people. - David Pearson pointed out that consultation on the County Council's budget was just starting. The impact of budget decisions was not yet known. The Board had a role in monitoring homelessness and the support to homeless people and promoting a joined-up response. He recognised the district councils' contribution, as evidenced after previous reductions to the Supporting People budget.

- District councils expressed some concern about the lack of detail in the report, especially regarding the work of district councils and voluntary organisations. - This report was a summary, with much more detail coming through the Joint Strategic Needs Assessment (JSNA).

- The report was helpful in showing that homelessness was not just a problem in urban areas.

- Lessons should be learnt from the integration of services for other vulnerable groups, for example the use of the Integration Transformation Fund for vulnerable elderly people.

- NHS England commissioned services relevant to homeless people, through their responsibility for health care in prisons and children's secure settings, as well as commissioning primary care, pharmacies etc.

- The Hostels Liaison Group maintained a list of resources on its website.

- Consideration might be given to whether homeless should have its own commissioning group, or how best it might feature in the work of the existing commissioning groups. Homelessness was suggested as a possible topic for a future stakeholder event.

RESOLVED: 2013/034

(1) That the report be noted and its contents endorsed.

(2) That support be given to the recommendations for action by the responsible commissioners, as set out in paragraph 24 of the report.

DEVELOPMENT OF NHS ENGLAND PRIMARY CARE STRATEGY

Vikki Taylor and Tracy Madge gave a presentation about work under way to transform the way in which primary care services are provided. The Derbyshire and Nottinghamshire Team of NHS England were leading this work with CCGs as part of the "NHS Call for Action". They encouraged participation in the work. Comments included:

- District councils welcomed the emphasis on integration and wider primary care services. They supported more work in pharmacies, for example.
- The Call for Action should be co-ordinated with work on the Integration Transformation Fund.
- More joint working by GP practices would help deliver some services.
- Altogether Better in Yorkshire was an example of using community health champions to promote health and wellbeing. - Community leaders were helping the Area Team with the development work.
- A difficulty was that the GP contract was national but the Area Team were looking for imaginative local responses.
- There was a lack of direction from NHS England about how to go about changes, for example when practices wished to merge.
- There was need for smarter working, making use of the GPs' knowledge of relationships to achieve better outcomes for patients.

RESOLVED: 2013/035

That the briefing be noted, and the Board receive an update report in due course.

NOTTINGHAMSHIRE SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT

Chris Few introduced the annual report of the Nottinghamshire Children's Safeguarding Board (NSCB). He summarised activities and achievements in child protection during 2012/13, and emphasised a continued focus on improvement. He responded to Board members' comments:

(1) How could the Health and Wellbeing Board add value to the NSCB's work? – By taking a holistic view of children and families when considering how services are delivered.

(2) It must be difficult for child protection social workers to be innovative, given the adverse press coverage about poor practice.

(3) What was NSCB's view of the Multi-Agenda Safeguarding Hub (MASH), its accommodation and information sharing? – Systems and physical resources at MASH were under review. Work was becoming increasingly collaborative.

In answer to further questions, Chris Few explained that there had been no reduction in child protection training, and that the number of unexpected child deaths did fluctuate from year to year. He stated that child protection plans should be targeted, robust and driven forward.

RESOLVED: 2013/036

That the annual report of the Nottinghamshire Safeguarding Children Board be noted.

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

Steve Edwards introduced the report on activity during 2012/13 in relation to children who had gone missing. There had been a reduction in the number of missing children, and some improvement in agencies meeting targets for such actions as review meetings. In reply to questions, he clarified that very few of the looked after children placed outside Nottinghamshire were placed more than 20 miles from home. He confirmed that district councils received quarterly monitoring reports.

RESOLVED: 2013/037

That the update on activity relating to children who go missing from home or care in Nottinghamshire during 2012/13, and the progress being made in response to those children who go missing, be noted.

CHILDREN'S AND YOUNG PEOPLE'S MENTAL HEALTH AND EMOTIONAL WELLBEING

Kate Allen and Elizabeth Orton introduced the report on the 2013 health needs assessment of the mental health and emotional wellbeing of children and young people in Nottinghamshire. A number of short, medium and long term actions were recommended to address these needs. Discussion included:

- Loss and bereavement services for children and young people and other voluntary sector activity should be included. - The report focussed on local authority and NHS services, but could be broadened to recognised the voluntary sector contribution.

- Social media could be used to signpost sources of help.

- Given the high rate of self-harming, there would be benefit in covering dealing with emotions as part of young people's personal, health and social education (PHSE). - Anthony May acknowledged that primary schools had a better approach to such matters than secondary schools.

- Incidents of self-harming should be reported to the young person's GP.

- Waiting times were a problem when children with mental health problems were referred for support.

Councillor Bosnjak encouraged Board members to e-mail Kate Allen with any further comments about these services.

RESOLVED: 2013/038

(1) That the recommendations in the mental health and emotional wellbeing health needs assessment for children and young people 2013 be approved.

(2) That the challenges facing the delivery of Child and Adolescent Mental Health Services (CAMHS) in Nottinghamshire be noted.

(3) That the proposed actions to improve the mental health and emotional wellbeing of children and young people in Nottinghamshire be approved.

HEALTH AND WELLBEING IMPLEMENTATION GROUP REPORT

David Pearson introduced the report on progress being made by the Health and Wellbeing Implementation Group. He added that the group working on the Integrated Transformation Fund had met on 24 October, with the next meeting on 8 November. He confirmed that the Fund would be created as a pooled budget, and that allocations from the Fund would be announced on 4 December.

He referred to his appointment as Vice-President of the Association of Directors of Adult Social Services. As a consequence, Anthony May would replace him as chair of the Implementation Group. David Pearson would remain a member of the Board. Comments included:

- The impact of the Board on people's health and wellbeing would be measured through the outcomes framework.

- The proposal in relation to consultation about pharmacies was welcomed. Healthwatch were also consulted.

- The Board or Implementation Group should monitor the impact on health and wellbeing of budget reductions in local authorities and the NHS.

RESOLVED: 2013/039

(1) That the report be noted.

(2) That the work programme for the Health and Wellbeing Implementation Group to deliver the Health and Wellbeing Strategy be endorsed.

(3) That authority be delegated to the Health and Wellbeing Implementation Group in consultation with the Chair of the Board to respond to consultations on new and amended pharmaceutical services.

SUMMARY OF RESULTS OF THE HEALTH AND WELLBEING STRATEGY CONSULTATION

Cathy Quinn pointed out that the workshop on 4 December would concentrate on the Strategy and integration. Comments received during consultation, and responses to those comments, would be published in due course.

RESOLVED: 2013/040

That the summary of results of the Health and Wellbeing Strategy consultation be noted.

WORK PROGRAMME

RESOLVED: 2013/041

That the work programme be noted, subject to the inclusion of updates on the NHS England Primary Care Strategy and on homelessness.

ANY OTHER BUSINESS

Jeremy Griffiths reported that Rushcliffe CCG was piloting a 5 km park run aimed at younger people. This would, he pointed out, support a number of strands of the Health and Wellbeing Strategy.

The meeting closed at 4.45 pm.

CHAIR