

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday, 7 November 2012 (commencing at 2.00pm)

membership

Persons absent are marked with `A`

COUNCILLORS

Reg Adair
Mrs Kay Cutts
Martin Suthers OBE (Chair)
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

A Dr Steve Kell - Bassetlaw Clinical Commissioning Group
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 Tony Marsh - Nottingham North & East Clinical Commissioning Group

LOCAL HEALTH WATCH

Jane Stubbings - Nottinghamshire County LINK

NHS COMMISSIONING BOARD

Helen Pledger - Local Area Team,
NHS Commissioning Board

OFFICERS IN ATTENDANCE

Kate Allen - Public Health
Mary Corcoran - Public Health
Paul Davies - Democratic Services Officer
Chris Few - Chair, Nottinghamshire Safeguarding Children
Board
David Hamilton - Service Director, Personal Care and Support (Older
Adults)
Nicola Lane - Public Health Manager
Phil Mettam - Bassetlaw Clinical Commissioning Group
Eric Morton - Interim Chief Executive, Sherwood Forest Hospitals
NHS Trust

MEMBERSHIP

The Chairman welcomed Helen Pledger, who had been appointed to the Board in place of Dr Doug Black.

MINUTES

The minutes of the last meeting held on 5 September 2012 having been previously circulated were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Kell, Dr Sheikh and David Pearson.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

SHERWOOD FOREST HOSPITALS NHS TRUST

Eric Morton, Interim Chief Executive, Sherwood Forest Hospitals NHS Trust gave a presentation on recent developments at the Trust. Monitor, the regulator, had found the Trust in significant breach in respect of governance and finance. Work on three specific reviews into quality, governance and finance had begun, to be completed by the end of November. He referred to the Trust's financial difficulties, and to the excellence of facilities at King's Mill Hospital. He responded to comments and questions.

- What assurances could be offered about Newark Hospital? - Mr Morton praised the facilities and staff at Newark Hospital. He believed that use of the hospital should be maximised as an integral part of the Trust. In his

view, its services could be better promoted. He saw no prospect of the hospital closing.

- How accurate were the reported costs of the Kings Mill PFI, and how had they become so great? - The costs had been reported in the press. They reflected the period of the PFI contract, and that payments would rise in line with RPI. The finance review would consider options for the PFI costs. A partnership board (including representation from CCGs and the County Council) would be established to take matters forward.
- Where were patients for King's Mill Hospital drawn from? - The pattern of referrals showed that patients from the King's Mill and Newark Hospital catchment areas sought treatment elsewhere. The Trust would look at why this was happening. Members observed that the journey times to Nottingham or Lincoln might be shorter for some patients.
- Was there room for two acute Trusts in Nottinghamshire? - The Trust would seek to treat as many local people as possible, and would speak to Nottingham University Hospitals about taking the pressure off their services. Mr Morton referred to the high quality of the accommodation at King's Mill, its low infection rates and short waiting lists.
- Some services provided by the Trust, for example screening and diagnostics, were part of the public health agenda. The Trust's outward-facing approach was welcomed.
- How would the Trust address its financial difficulties? - The Trust faced a severe challenge for the rest of 2012/13, but had the ability to borrow. The Trust would have to live within its means. While the PFI contract was an additional burden, without the contract, there would not have been the new hospital. The Trust would talk to partners about the options. Members acknowledged the quality of King's Mill Hospital.
- The Trust had not been perceived as team player in the past, and it was hoped that this would change. - The partnership board would be a useful way forward.

The Chairman concluded discussion by referring to the considerable public concern about the Trust, and observing that the Board had been somewhat reassured by the information presented.

CANCER AND NOTTINGHAMSHIRE

Mary Corcoran and Kate Allen gave a presentation which drew out key points from the report on cancer in Nottinghamshire. They explained how the three national screening programmes (for cervical, breast and bowel cancer) operated in Nottinghamshire, and how cancer services were provided locally and regionally. They responded to questions and comments.

- The district council representatives welcomed the report, but felt that there could be more targeted work with particular groups, for example ethnic minorities. There were also concerns about changes in cancer networks, and making posts more generic. - There were examples of targeted work, such as targeting bowel cancer screening at groups with low take-up rates,

or cervical screening at young women. The East Midlands Cancer Network was changing as a result of the health reforms, with the NHS Commissioning Board taken on a role. However these changes were administrative in nature, and clinical inputs would be unchanged.

- It was observed that cancer rates would increase as the population lived longer, and that patients should be encouraged to present to their GP early if they had symptoms.
- Sherwood Forest Hospitals NHS Trust had been penalised for missing waiting list targets. It was suggested that GPs could warn patients that they would receive an appointment letter. Some GPs had revised their correspondence, and GPs had been asked to check that people were not invited to appointments when they knew they would be on holiday. Public Health had produced a leaflet which GPs could hand out.
- Some members were not aware of the recent cancer publicity campaigns. It was suggested that there could be links from the County Council's website, for example. - The campaigns had been targeted at particular socio-economic groups, and had improved take-up rates. The weblinks could be done.
- Why was prostate cancer not given a higher profile? - Although prostate cancer was the second most common male cancer, it was a variable disease, with uncertainty about the conclusiveness of tests. This precluded a screening programme. There was also uncertainty about how to prevent prostate cancer, and how aggressive the disease might be. Some prostate cancers are quite aggressive and the treatment options are limited, whereas some are more benign and only require minimal intervention.
- The message about links between cancer and obesity could be strengthened. For GPs, there was a lack of knowledge about weight loss services. - It was acknowledged that the message about obesity and diet could be stronger. The Obesity Strategy Group and Make Every Contact Count had a role.
- More use could be made of mobile phone applications and social media to convey public health messages.

RESOLVED 2012/022

- (1) That the report be noted.
- (2) That promotion of the key prevention measures for cancer be endorsed.
- (3) That the promotion of the National Awareness and Early Detection Initiative locally, especially the awareness of key symptoms among local residents, be endorsed.
- (4) That the use of social media in health motion be explored, with a report back to the Board on implementation.

NOTTINGHAMSHIRE CHILD AND FAMILY POVERTY STRATEGY ANNUAL PERFORMANCE UPDATE

Anthony May introduced the report, which updated the Board on the first year of the strategy, and invited the CCGs to consider how they might be more involved. The report provided statistics about child poverty in Nottinghamshire, and gave examples of progress which a number of organisations had made to fulfil the pledges they had made. The strategy was currently being refreshed, and would form part of the county's Early Intervention Strategy in future. Mr May responded to questions and comments.

- How might CCGs be involved in the strategy? It was pointed out that each CCG had a lead for children's services.
- District councils believed CCGs should be involved and that commissioning plans should recognise the needs of children. There was some concern that the strategy might lose sight of pockets of deprivation.
 - The County Council did have detailed data on poverty. Mr May recognised the district councils' energetic commitment to tackling child poverty.
- By defining local child poverty as a percentage of median income, there would always be children who came under the definition. Child poverty could therefore never be eradicated. - Poverty had always been defined in relative terms.

RESOLVED: 2012/023

- (1) That the report and its contents be welcomed.
- (2) That Clinical Commissioning Groups consider how they would like to be involved in the development of a revised Child and Family Poverty Strategy.

HEALTH AND WELLBEING BOARDS AND CHILDREN, YOUNG PEOPLE AND FAMILIES

Anthony May introduced the report which gave the national context for joint commissioning of services for children, young people and families and gave information on the Children's Trust self-assessment. He saw the Trust as moving to a more active role, and recommended that it should become the integrated commissioning group for children and young people.

During discussion, it became clear that there was a consensus that there should be closer links and better communication between the Board and bodies like the Trust. It would be useful to identify the areas where closer links would be most useful and how they might be achieved. In reply to a question about the role of CCG representatives on the Trust, Mr May stated that it would be desirable but not essential for them to be members of the Board. He saw the role as being almost a consultant to the Trust. He also explained that there were good relations with academies, which were expressing an interest in health matters.

RESOLVED 2012/024

- (1) That the Board support the view that the Children's Trust should revise its focus and membership so that it becomes the lead integrated commissioning group for health and wellbeing services for children and families.
- (2) That the Board support the Children's Trust to develop the next Children, Young People's and Families Plan. This new plan should reflect the Trust's revised role and the forthcoming Children and Young People's Health Outcomes Strategy, and be aligned to the Health and Wellbeing Strategy.
- (3) That the Clinical Commissioning Group clinical leads consider whether it would be helpful for one or more of them to take on a lead role in the children's services agenda, working with the Corporate Director for Children, Families and Cultural Services.

EAST MIDLANDS HEALTH AND WELLBEING BOARD CHALLENGE EVENT

Guy Mansford introduced a summary of the regional event held on 25 September 2012, which had been attended by seven Board members. He highlighted the importance of members taking ownership of Board decisions, and being aware of risks but prepared to take them.

Councillor Suthers endorsed the comments in the report, and referred to a follow-up event in January. He encouraged members to return their own assessment of the Nottinghamshire Board, so that the information could help shape the workshop on 28 November.

RESOLVED 2012/025

That the report and the proposed actions be supported.

PUBLIC HEALTH TRANSITION

The report gave the current position on the work to transfer Public Health to the County Council, and on the development of the Board. Chris Kenny responded to questions and comments.

- What budget for Public Health would transfer to the County Council? - The Government would announce the Public Health grant for 2013/14 in December. It was expected to be at least £29.9m.
- This was less than the £32m mentioned previously. More precise figures could be anticipated at this stage. - There would be some proposals which would take the budget beyond £29.9m. Public Health's current spending had been identified a few weeks ago, and the budget for 2013/14 would be similar. The exact amount to be transferred would not be known until the December announcement.

- The Board should be looking at value for money in all Public Health contracts, and would be assessing the outcomes of these contracts.
- CCGs would welcome continuity in the Public Health service in 2013/14, and improved outcomes the following year.
- District councils would welcome the opportunity to participate in the programme of workshops. This would help develop collaboration. - This suggestion was welcomed, as the informal setting of the workshops would allow other stakeholders to participate.

RESOLVED: 2012/026

That the report be noted, and that stakeholders including district councils be invited to workshops where appropriate.

NOTTINGHAMSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2011/12

Chris Few, Chair of the Nottinghamshire Safeguarding Children Board, introduced the Board's annual report for 2011/12. He highlighted the successful training programme and improved responsiveness to certain types of concern. Looking forward, the theme for 2012/13 was engagement. The Chairman observed that the Safeguarding Children Board was an important stakeholder for the Health and Wellbeing Board. Members saw bullying and early pregnancies as important issues.

There was discussion about encouraging the attendance of health professionals at child protection conferences. It was commented that GPs should provide reports for child protection conferences, and they would attend depending how useful their contribution would be; that there should be more notice of conference dates; and that it would be helpful to have a dialogue with GPs in advance of the conference. In response, Anthony May said that these were issues which the Safeguarding Children Board was considering. He pointed out that child protection timescales often left little flexibility over dates. He acknowledged that dialogue would help. Making use of new technologies was suggested.

RESOLVED: 2012/027

That the report be noted.

The meeting closed at 4.15 pm.

CHAIRMAN