

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday, 1 February 2017 (commencing at 2.00 pm)

**Membership**

Persons absent are marked with an 'A'

**COUNTY COUNCILLORS**

Joyce Bosnjak (Chair)  
Reg Adair  
Kay Cutts MBE  
Muriel Weisz  
Jacky Williams

**DISTRICT COUNCILLORS**

A Jim Aspinall - Ashfield District Council  
Susan Shaw - Bassetlaw District Council  
Dr John Doddy - Broxtowe Borough Council  
Henry Wheeler - Gedling Borough Council  
Debbie Mason - Rushcliffe Borough Council  
A Neill Mison - Newark and Sherwood District Council  
A Andrew Tristram - Mansfield District Council

**OFFICERS**

David Pearson - Corporate Director, Adult Social Care, Health and Public Protection  
Colin Pettigrew - Corporate Director, Children, Families and Cultural Services  
Barbara Brady - Interim Director of Public Health

**CLINICAL COMMISSIONING GROUPS**

A Dr Thilan Bartholomeuz - Newark and Sherwood Clinical Commissioning Group  
A Idris Griffiths - Bassetlaw Clinical Commissioning Group  
Dr Jeremy Griffiths - Rushcliffe Clinical Commissioning Group (Vice-Chair)  
A Dr James Hopkinson - Nottingham North and East Clinical Commissioning Group  
Dr Gavin Lunn - Mansfield and Ashfield Clinical Commissioning Group  
A Dr Guy Mansford - Nottingham West Clinical Commissioning Group

## **LOCAL HEALTHWATCH**

Michelle Livingston - Healthwatch Nottinghamshire

## **NHS ENGLAND**

Oliver Newbould - North Midlands Area Team, NHS England

## **NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER**

Kevin Dennis

## **ALSO IN ATTENDANCE**

Dr Nicole Atkinson - Nottingham West CCG  
Allan Breeton - Nottinghamshire Safeguarding Adults Board  
Nick Hunter - Nottinghamshire Local Pharmaceutical Committee  
Samantha Travis - NHS England

## **OFFICERS IN ATTENDANCE**

Paul Davies - Democratic Services  
Laurence Jones - Children, Families and Cultural Services Dept  
Nicola Lane - Public Health

## **MINUTES**

The minutes of the last meeting held on 4 January 2017 having been previously circulated were confirmed and signed by the Chair.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Jim Aspinall, Dr Thilan Bartholomeuz, Idris Griffiths, Dr James Hopkinson, Dr Guy Mansford, Councillor Neill Mison and Councillor Andrew Tristram.

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

None.

## **NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD**

Allan Breeton gave an update on the work of the Nottinghamshire Safeguarding Adults Board, and introduced the key points from the Board's annual report for 2015/16. He and David Pearson responded to questions and comments about safeguarding and the Board:

- The length of time taken to deal with a referral depended on the complexity of the individual case. Details were given in the annual report. The Multi-Agency Safeguarding Hub (MASH) prioritised enquiries, with the first step being to ensure that the individual was safe before proceeding to an investigation (if one was

required). Abuse of financial responsibilities could be a particular issue in adult safeguarding cases.

- What was meant by “partially achieved” outcomes on page 16 of the annual report?  
- It was explained that under Making Safeguarding Personal, it was not always to achieve the outcomes desired by the individual.
- What learning was there from referrals which did not meet the safeguarding threshold? - It was pointed Trainers’ Forum would consider issues and feed back to agencies.
- Making Safeguarding Personal had meant a shift from promoting understanding of safeguarding procedures to taking account of the victim’s perspective. - Reference was made to the responsibility of each organisation to follow the procedures correctly and reinforce them through staff development and supervision.
- Could the Health and Wellbeing Board do anything to overcome the delays experienced in the Court of Protection? - It was explained that the length of time which cases took depended on which aspect of the Court’s work was involved. In relation to people’s financial affairs, experience showed the value of people setting up lasting power of attorney. It would be difficult for the Board to influence the Court.

#### **RESOLVED: 2017/006**

That the report and the work of the Nottinghamshire Safeguarding Adults Board be noted.

#### **FAMILY SERVICE: BUILDING FAMILY RESILIENCE**

Laurence Jones gave a presentation on the County Council’s Family Service, whose purpose was to provide streamlined support to vulnerable families with a view to reducing more costly, statutory interventions. He responded to questions and comments.

- He explained that the variations in usage of the Family Service between districts arose in part from local understanding of thresholds and pathways. Detailed figures were presented to the Safeguarding Children’s Board.
- He indicated that the Service relied on families consenting to their information being shared with other organisations. Families were encouraged to give their consent, but would not always do so.
- It was pointed out that the Family Service, Vulnerable Persons Panels and other organisations worked with overlapping groups of people who were just below the threshold for statutory services. These people would benefit from greater coordination between services. This could be reflected in the forthcoming refresh of the Health and Wellbeing Strategy.

- Asked about the staff employed in the Family Service, it was explained that they were a mix of directly employed and seconded staff, highly skilled at working with families with complex needs.

**RESOLVED: 2017/007**

That the presentation of the Family Service be received.

**COMMUNITY PHARMACY SUPPORT FOR STP PREVENTION AND WORKFORCE AGENDAS**

Nick Hunter and Samantha Travis gave a presentation on the ways that community pharmacies could support the strands in the Sustainability and Transformation Plans to prevent ill health and future proof the workforce. They drew particular attention to the extension of Healthy Living Pharmacies, and to a pilot where community pharmacists were working as independent prescribers in six GP surgeries in Nottinghamshire and Derbyshire. They responded to questions and comments.

- They assured the Board that there was no current plan to extend the pilot project to community pharmacy settings. However there were plans to introduce a second phase of the pilot in GP surgeries.
- They explained that if a customer was seeking confidentiality, nearly all pharmacies had a consulting room.
- Healthwatch had studied the patients' perspective on community pharmacies, and concluded that levels of trust could be raised. - It was explained that the Healthy Living Pharmacy concept provided an assurance framework which could be the basis of building trust.
- It was pointed out that Healthy Living Pharmacies related closely to Making Every Contact Count, and that community pharmacies were well placed to support efforts to provide health and social care services close to people's homes.

**RESOLVED: 2017/008**

- 1) That the report on the role of community pharmacy be noted.
- 2) That Board members and partner organisations consider the support requested in paragraph 23 of the report.

**CHAIR'S REPORT**

The Chair encouraged Board members to attend the Stakeholder Network Social Prescribing Event on 21 March 2017.

**RESOLVED: 2017/009**

That the contents of the Chair's report be noted.

## **WORK PROGRAMME**

The Chair indicated that since the preparation of the report, several items had been moved from the agenda for 1 March. She therefore proposed that the 1 March meeting of the Board be cancelled.

### **RESOLVED: 2017/010**

That the work programme be noted, and the Board meeting on 1 March 2017 be cancelled.

The meeting closed at 4.20 pm.

## **CHAIR**