

HEALTH AND PUBLIC SERVICES SCRUTINY SUB-COMMITTEE

Minutes of the Meeting held on Monday, 9th September 2013 at Worksop Town Hall

Present: Councillor D G Pidwell (Chair)
Councillors B Barker, H M Brand, M Gregory, S Isard, J Potts, J C Shephard,
A Simpson and T Taylor.

Officers: G Blenkinsop, C Crossland and E Whittles

Witnesses: C George – Senior Public Health Manager, Nottinghamshire County Council
Dr S Kell – Chairman Bassetlaw Clinical Commissioning Group and Vice Chairman
Nottinghamshire Health and Wellbeing Board
J Pidgeon – Chairman of Nottinghamshire Healthwatch
A Sutton – Bassetlaw Board Member, Nottinghamshire Healthwatch
Councillor G Wynne – Deputy Leader of Bassetlaw District Council and Member of
Nottinghamshire County Council Health Scrutiny Committee

(Meeting opened at 6.30pm.)

(The Chair welcomed all to the meeting and read out the Fire Alarm/Evacuation Procedure.)

12. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors S Fielding, D R Pressley and K Sutton.

13. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

(a) Members

There were no declarations of interest by Members.

(b) Officers

There were no declarations of interest by officers.

14. MINUTES OF THE MEETING HELD ON 15TH JULY 2013

RESOLVED that the Minutes of the meeting held on 15th July 2013 be approved.

15. MINUTES FOR ACTION AND IMPLEMENTATION

RESOLVED that the Minutes for Action be received.

16. OUTSTANDING MINUTES

RESOLVED that the Outstanding Minutes be received.

Key Decisions

None.

Other Decisions

17. CHANGE OF AGENDA ORDER

The Chairman advised that Agenda Item No. 6(b), Reviews of Health and Wellbeing Boards/ New Public Health Arrangements and Patient Advocacy in Nottinghamshire, would be considered first.

18. REPORT(S) OF THE DIRECTOR OF CORPORATE SERVICES

(a) Reviews of Health and Wellbeing Boards/ New Public Health Arrangements and Patient Advocacy in Nottinghamshire

Members were provided with an overview of the scopes agreed at a previous meeting, written responses to questions posed and given supplementary information to support the review. Members were given the opportunity to ask questions.

Health and Wellbeing Boards/ New Public Health Arrangements

Dr S Kell gave Members an introduction to his role and background. He advised that he has worked as a GP in Bassetlaw for 11 years; he is the Chair of the Bassetlaw Clinical Commissioning Group (CCG), Vice-Chair of the Health and Wellbeing Board and Co- Chair of the NHS Clinical Commissioning Leadership Group (national body).

The Health and Wellbeing Board was created in 2011, initially in shadow form, in response to the requirements of the Health and Social Care Act 2012. The Board brings different health organisations together but the Board's role is still evolving. The Board's elected membership has recently changed following the Nottinghamshire County Council election and it is hoped that in the future every District Council will have a seat on the Board. The Board's role is to oversee and help to integrate health and social care services across the County. Some joint commissioning work is going on but it is in the early stages. The Board does not have a separate budget in its own right but the individual partner organisations have their own mainstream budgets. The priorities of the Health and Wellbeing Strategy should be driving the spending plans of partner organisations. The Board is a statutory body but does not have any specific powers. In 2015 there will be a significant change in funding for health and social care. Funding will be transferred from the Department of Health to the County Council. This will divert funding away from the Bassetlaw Clinical Commissioning Group. The spending priorities have to be decided.

Members raised the following questions:

How do decisions made in relation to the Substance Misuse Strategy fit into the structure?

Dr S Kell advised that:

- The Health and Wellbeing Board is the overall body which agrees the priorities
- Substance misuse is an agreed priority of the Health and Wellbeing Board that has been transferred down to the Implementation Group to carry out the work
- He feels that the governance arrangements can be strengthened
- He feels there needs to be a better way for implementation to come back up the structure to enable Board to see the actions and outcomes

Which group will take the final decision on substance misuse?

Dr S Kell advised that the Health and Wellbeing Board has agreed the priority but does not agree the action, this will be the Nottinghamshire County Council (NCC) Public Health Sub-Committee.

C George explained that the Substance Misuse Strategy details the actions which need to happen. Services will go through the procurement process and providers will submit bids. Stringent procurements processes are followed. Where services are a public health function and the budget is the County Council's the decision will be made by the Public Health Sub-Committee.

G Blenkinsop advised that Barbara Brady had confirmed that the NCC Public Health Sub-Group will make the final decision on the substance misuse model and the preferred provider(s) of the contract.

C George advised that there is a consultation process to allow residents to input and submit comments on the substance misuses proposals. She confirmed that real consultation is valued.

Does Bassetlaw have Psychiatric Nurses who treat substance misuse patients?

C George advised that:

- Part of the Strategy is to have a clear pathway to psychiatric treatments
- IAPT (Improving Access to Psychological Therapies) services are in place
- Dual diagnosis looks at psychiatric needs and substance misuse
- They are aware that more needs to be done to improve access to services

When services go out for tender are the needs of a rural area like Bassetlaw taken into account?

Dr S Kell advised that it is difficult to answer. Good commissioning gains evidence from current services and looks at how they can be improved.

C George advised that Nottinghamshire County Council undertook a review of services and the outcomes have been considered, working with providers. Evidence is looked at and any gaps in services are identified.

Where does the Health and Wellbeing Board sit with other organisations and what are its responsibilities?

Dr S Kell advised that the Board is a statutory body but has no formal powers to force organisations to act. Creating the Board is a responsibility of Nottinghamshire County Council but the Board makes its own decisions. The six Clinical Commissioning Groups that are members of the Board are separate entities. The Board is about working together but there is a long way to go to strengthen joint working and delivery. He added that he is confident that the Board is now working towards this.

Who writes the Health and Wellbeing Strategy and what influence does the Board have?

C George advised in relation to the Substance Misuse Strategy that NCC Public Health liaise with health leads and the Substance Misuse Board. A report will be presented to the Health and Wellbeing Board identifying the key issues based on need. Workshop sessions are then held with the Board and outcomes are fed into the Strategy. The detail is contained within the Strategy.

Dr S Kell advised that the detail of how a strategy is to delivered i.e. what is going to be done, how it is going to be done, and by when is not there at the moment – but is being worked on.

(Councillor G Wynne left the meeting)

How are different needs and different ways of implementation addressed?

C George advised that the Joint Strategic Needs Assessment shows where the need is and where services should be targeted.

J Pidgeon informed Members that he feels the key issue is the County Council and the CCG agreeing and understanding the key priorities and what can be done.

Within the Strategy are there specific targets for Bassetlaw?

C George explained that the outcomes are measured by the Local Outcomes Framework and she is not aware of any specific locality targets.

How can Bassetlaw District Council be involved? The Council want to be an active partner, how can we relate to the structure?

C George advised that the Council have always had a strong Local Strategic Partnership (LSP). Health is a priority for Bassetlaw and joint working will still be taking place locally.

In your experience of the LSP and the Council is there anything you would want done differently? Are there any barriers?

C George informed members that she has always had a close working relationship with Bassetlaw District Council. In terms of the Partnership for Health, senior officer attendance would be welcomed.

What is the end result for the people of Bassetlaw? A lot of people will be struggling to understand the complexity, can things be done simpler?

Dr S Kell explained that in terms of resources Bassetlaw has done well and made progress. The challenge is the Health and Wellbeing Board focusing on what can be achieved together. He informed Members that he feels that priorities need to be focused down (the Nottinghamshire Health and Wellbeing Board Strategy has 16 priorities). He is confident that the Board's new Chairman will develop the Board and make it more effective.

C George advised that she is confident, as a District, Bassetlaw will continue to do amazing work. A lot of work is happening to create real things for real people with local projects and engagement.

The Substance Misuse Strategy is under review. Substance misuse services have been successful locally and we are worried that we may lose services.

C George advised that she is hoping that will be fed into the consultation process.

Have the Parish Council's been consulted and made aware of the consultation?

C George advised that information has been emailed out to various leads and information is on the website.

Members raised concerns that residents are unaware of the consultation.

C George informed Members that she would check who the information has been sent to and feedback to the Committee. She reassured Members that Bassetlaw has been well represented at consultation events.

Why do some services go out for tender and not others?

C George advised that she is unaware how the decision is made. Usually evidence will be looked at to see if a service is fit for purpose and how it could be done more effectively. It can be positive to look at changes and a tendering process. The Director of Public Health will be able to provide the criteria.

How confident are you that the Health and Wellbeing Board will be supportive of the CCG?

Dr S Kell explained that in its current state the Board is still finding its feet. The Board and the CCG have been looking at their own structures. He advised that he is confident that the new Chair

will get the structure right. The challenge will come in 2015/16 with the transfer of funding from the NHS to Nottinghamshire County Council and the role of the Health and Wellbeing Board for integrated health and social care.

Healthwatch Views on the Health and Wellbeing Board:

J Pidgeon advised Members that he has a statutory seat on the Health and Wellbeing Board. The idea is to make sure the patient has a voice and perspective around the table. Healthwatch has received no feedback on the Health and Wellbeing Strategy to date. He gave a positive example from Gedling where there is close alignment of the Health and Wellbeing Strategy, Council and CCG strategies and priorities. The Health and Wellbeing Strategy covers wider determinants of health such as lifetime homes which are the concerns of the district councils. Residents want to see closer alignment to the Strategy by all relevant service providers. The Board has to draw on evidence and understand what is happening in Bassetlaw using the Joint Strategic Needs Assessment data which drives the priorities and actions within the Strategy. The HWB has a statutory role to encourage integration of health and social care services where it makes sense.

Healthwatch has 800 people currently on its mailing list.

If a public health service is decommissioned could patients complain to Healthwatch?

J Pidgeon advised that people can complain. Healthwatch can be involved if the complaints process is not adequate but they cannot have a political position.

Does the Health and Social Care Strategy look at the complete health care system?

Dr S Kell advised that there is a local Integrated Care Group where different providers meet. The Group will be agreeing five key priorities. They are looking at all aspects of health and implications for example nursing homes.

What changes would you like to see?

Dr S Kell advised that he is keen to move the Health and Wellbeing Board forward so that it oversees and governs effectively.

C George advised that the wider health determinants should be fed into the consultation.

The Chairman thanked C George and Dr S Kell for their attendance.

Patient Advocacy in Nottinghamshire

The Chairman advised that Bassetlaw has two patient services, Healthwatch and POhWER. He expressed his disappointment that a representative from POhWER was unable to attend the meeting. The main base for POhWER is Stevenage.

J Pidgeon gave members a brief overview of Healthwatch and POhWER:

- Healthwatch Nottinghamshire does not have the role of providing the advocacy service like POhWER. In some areas of the country Healthwatch does.
- The relationship with POhWER is with complaint management in health and social care.
- He advised that he meets with complaint leads on a regular basis to compare notes and collect data.
- He has met with POhWER but they do not yet have an agreement to share complaint information
- Healthwatch represents the views of local people
- The Patient Advice and Liaison Service (PALS) within hospitals tries to deal with issues before they reach the complaints stage

- POhWER would help negotiate the complaints system on behalf of a patient
- Healthwatch keeps a watch on how complaints systems work
- It is too early to say yet if the system is working well or not

How do you intend to make residents aware of the Healthwatch service?

J Pidgeon advised that they are a small team but are planning to recruit new staff and have a member of staff spending part of their time located in Bassetlaw. Negotiations have started with BCVS to share their location. A member of staff needs to be based in Bassetlaw to communicate with the Bassetlaw networks. Leaflets will be available in GP surgeries and public outlets. He asked if the Council would consider being a contact point. There is also a Healthwatch website, blog and mailing list with a large Bassetlaw membership.

A Sutton (Bassetlaw Board Member, Nottinghamshire Healthwatch,) advised that he:

- Has lived in Bassetlaw for 35 years.
- He was originally a Governor for the local Hospital Trust and has latterly been involved with the Sheffield Hallam University Health and Wellbeing Faculty dealing with student training.
- He is the lay Chair for the Deanery in Sheffield.
- He is on the CCG and is a Healthwatch Board member and Healthwatch Champion for Bassetlaw.
- He is the Chair of a renal charity and a trustee of the Hope Community Service.

He advised that there will be an article on Healthwatch in a Bassetlaw newspaper; the electronic version can be circulated to Members.

Hazel Brand added that in her role as Bassetlaw Rural Ambassador she would like to meet with A Sutton to discuss how to get information on Healthwatch out into the rural communities.

What is the structure? Will new posts be voluntary or paid posts?

- Currently the team is made up of a Chief Executive and four full time paid staff TUPED(Transfer of Undertakings) from LINKs (Local Involvement Networks) on a permanent contract.
- They are hoping to create a part time communications post and possibly a post to look at evidence and interpret data
- The team is based in Hucknall, Nottinghamshire
- Volunteers and outreach advisors are now being actively sought. It is hoped to have volunteers in each district
- There are a lot of active citizens in Bassetlaw and the plan is to engage with these residents to become Health Champions
- Skilled volunteers can go into healthcare provider settings e.g. Care Homes.
- Funding for Healthwatch is guaranteed for two years from Central Government via Nottinghamshire County Council

What can Councillors do?

J Pidgeon advised that Councillors can make direct contact with Healthwatch if they have any concerns.

What types of things should we be referring to Healthwatch?

- Failing complaint systems within health services or social care.
- Failure in quality within a service area.

- Anyone providing a service to the public, such as CCG, and not carrying out their duties in way that residents would like.
- Failure of communication in integrated care.

If there is a known issue such as mental health and recommendations are made, how can we establish the recommendations have been put in place?

J Pidgeon advised that it would become a Healthwatch issue if recommendations were not implemented.

How can Members become involved?

J Pidgeon advised that it would be good if a Member became a Healthwatch Champion. A Bassetlaw officer with a health interest to communicate and liaise with would be beneficial. A job description detailing what the role involves can be circulated.

The Chairman thanked J Pidgeon and A Sutton for their attendance and contribution.

Members discussed contributions made by witnesses, summarised the key findings and made recommendations.

RESOLVED that:

1. A feedback report containing any relevant action points following on from the meeting be circulated to Members to the Sub-Committee.
2. A structural chart of the Health and Wellbeing Board, and associated Nottinghamshire County Council Health structures be circulated to Members.
3. The Chair of Health and Public Services Sub-Committee invite the Chair of the Nottinghamshire Health and Wellbeing Board, Councillor Joyce Bosnjak, to attend a future meeting of the Sub-Committee to update the Members on the progress of the Board and its operating arrangements.
4. That the Chair of Partnership for Health be invited to consult the Sub-Committee on the draft Health Locality Plan, which sets out how the Health and Wellbeing Strategy will be delivered in Bassetlaw.
5. The links with the Health and Wellbeing Board and commissioning structures need to be strengthened. The Board should task the supporting commissioning structures and receive feedback on their achievements/outcomes.
6. The Chair of Health and Public Services Sub-Committee write to the Director of Public Health, Nottinghamshire, to find out what criteria are used to determine the tendering process for commissioning services.
7. Bassetlaw District Council's representatives on Nottinghamshire County Council health related committees provide feedback to Members via the Members Information Bulletin on a regular basis.
8. Information in relation to who the Substance Misuse Consultation was sent out to be circulated to Members.
9. Healthwatch write to the Bassetlaw District Council Interim Chief Executive, with the Sub-Committee's full support, to ask if the Council could become a "Have Your Say" contact point.
10. Information regarding Healthwatch be circulated to Members and passed on to the Communications Team for distribution.

(b) Health and Public Services Sub-Committee Programme 2013/14

Members were presented with an overview of the Committee's meeting programme for 2013/14. Members were provided with the proposed scope for Patient Transport for review at the December meeting.

The Chair wished to record his thanks to members of the Scrutiny Team for their support and expertise on behalf of the Committee.

RESOLVED that:

1. Members note the 2013/14 Work Programme
2. Members note that the Work programme could be subject to change throughout the year.
3. Any comments in relation to the Patient Transport Service Scope be passed onto G Blenkinsop.
4. Thanks be recorded to the Policy and Scrutiny Team for their support and expertise.

SECTION B – ITEMS FOR DISCUSSION IN PRIVATE

Key Decisions

None.

Other Decisions

None.

19. ANY OTHER BUSINESS WHICH THE CHAIRMAN CONSIDERS TO BE URGENT

As there was no other urgent business to consider the Chairman closed the meeting.

(Meeting closed at 8.40 pm.)