

Meeting	HEALTH AND WELLBEING BOARD
Date	Wednesday, 2 July 2014 (commencing at 2.00 pm)

**Membership**

Persons absent are marked with an 'A'

**COUNTY COUNCILLORS**

Joyce Bosnjak (Chair)  
Kate Foale  
Stan Heptinstall  
Martin Suthers MBE  
Muriel Weisz

**DISTRICT COUNCILLORS**

Jim Aspinall	-	Ashfield District Council
Simon Greaves	-	Bassetlaw District Council
Jacky Williams	-	Broxtowe Borough Council
Vacancy	-	Gedling Borough Council
Debbie Mason	-	Rushcliffe Borough Council
Tony Roberts MBE	-	Newark and Sherwood District Council
Phil Shields	-	Mansfield District Council

**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**

	Dr Jeremy Griffiths	-	Rushcliffe Clinical Commissioning Group
	Dr Steve Kell OBE	-	Bassetlaw Clinical Commissioning Group (Vice-Chairman)
A	Dr Judy Jones	-	Mansfield and Ashfield Clinical Commissioning Group
	Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group

- A Dr Guy Mansford - Nottingham West Clinical Commissioning Group
- Dr Paul Oliver - Nottingham North & East Clinical Commissioning Group

#### **LOCAL HEALTHWATCH**

- Joe Pidgeon - Healthwatch Nottinghamshire

#### **NHS ENGLAND**

- A Helen Pledger - Nottinghamshire/Derbyshire Area Team, NHS England

#### **NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER**

- A Paddy Tipping - Police and Crime Commissioner

#### **SUBSTITUTE MEMBERS IN ATTENDANCE**

- Councillor Griff Wynne - Bassetlaw District Council  
Councillor Henry Wheeler - Gedling Borough Council  
Tracy Madge - NHS England  
Jon Wilson - Adult Social Care and Health Department

#### **OFFICERS IN ATTENDANCE**

- Kate Allen - Public Health  
David Banks - Rushcliffe Borough Council  
Peter Barker - Democratic Services  
Paul Davies - Democratic Services  
Lucy Dadge - Mansfield and Ashfield CCG  
Jonathan Gribbin - Public Health  
Nicola Lane - Public Health  
Cathy Quinn - Public Health  
Helen Ross - Public Health

#### **APPOINTMENT OF CHAIR**

##### **RESOLVED 2014/026**

That the appointment of Councillor Joyce Bosnjak as Chair of the Health and Wellbeing Board by the County Council on 15 May 2014 for the ensuing year be noted.

#### **APPOINTMENT OF VICE CHAIR**

##### **RESOLVED 2014/027**

That Dr Steve Kell OBE be appointed Vice Chair of the Health and Wellbeing Board.

The Board extended congratulations to Dr Kell for the recent award of his OBE.

## **MINUTES**

The minutes of the last meeting held on 7 May 2014 having been previously circulated were confirmed and signed by the Chair.

## **MATTER ARISING**

Joe Pidgeon queried the absence of a reference in the minutes to Healthcare for Carers being included in the primary care strategy. Tracy Madge confirmed a relevant target had been included in the strategy.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Simon Greaves, David Pearson and Helen Pledger.

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

None.

## **MEMBERSHIP OF THE HEALTH AND WELLBEING BOARD**

### **RESOLVED 2014/028**

That the membership of the Board for 2014/15 as shown above be noted.

## **CLINICAL COMMISSIONING GROUP FIVE YEAR PLANS 2014-19**

Dr Mark Jefford gave a presentation, first giving an overview of all of the CCG plans followed by a presentation regarding the Mid Nottinghamshire plan. The Board had considered initial proposals in March. He apologised for the late distribution of the plans, but the submission date to the NHS had been 20 June, and some plans had yet to go to the relevant CCG's governing body.

Asked about the estate strategy Dr Jefford confirmed that although the strategy was only in its early stages, consideration of joint/shared facilities would be a fundamental part of the strategy. In response to a question as to why 60% of GPs who train in Nottinghamshire leave the county, Dr Jefford replied that there was still work to be done to identify the reasons. Dr Jefford confirmed that Healthchecks featured strongly in CCGs' preventative work, for example, on the NHS Prism project.

Dr Chris Kenny stated that there is presently much work being undertaken on the subject of Healthchecks and that reports will be brought to future meetings of the Board.

Dr Paul Oliver gave a presentation on the South Notts Plan. It was noted that a whole system change was required and that it was important for this to be undertaken collectively. There was discussion about the shift of funding from secondary to primary care which was necessary.

Dr Steve Kell gave a presentation on the Bassetlaw plan, the risks to delivery of the plan, and how they could be mitigated.

Comments on the plans included:

- The impenetrability of some of the plans; the degree to which secondary care understood the direction of travel, and the recruitment and retention of GPs. Tracy Gaskill referred to work by NHS England in this regard. There was a need to look beyond medical models of care. There was unprecedented GP involvement in commissioning. It was observed that Nottingham University Hospitals were supportive of developments, but these would have to be phased over a period of time.
- There should be more cross references between the plans and the Health and Wellbeing Strategy. This would help promote an understanding of the Board's role.
  - The plans had to comply with an NHS template, but it was accepted that the links might be shown more clearly.
- The Secretary of State saw CCGs as accountable organisations to be paid on the quality of services they deliver, which was a change from existing systems. This required examination of the interfaces between primary and secondary care, and between health and social care, and new contracting mechanisms.
- Co-commissioning was essential, given that commissioning responsibilities were split between organisations. With correct alignment of commissioning plans, and delivery of the Better Care Fund plans, the CCG plans would be achievable.

The Chair thanked those involved in the hard work that had gone into the production of all of the plans and emphasised the need to measure the success of the plans.

#### **RESOLVED: 2014/026**

That the updated CCG Five Year Plans be noted.

#### **BETTER CARE FUND – REVISED PROCESS**

Lucy Dadge introduced the report and updated the Board on developments about the Better Care Fund since the previous report in April. While there had been no significant assurance issues with the plans for Nottinghamshire, there had been concerns nationally about insufficient financial assurances and lack of alignment with acute hospitals' plans. This had led the Department of Health to seek further information, and the submission of new BCF assurance templates

Since the report had been written, the Department of Health had asked 14 boards, including Nottinghamshire, to fast track their submissions. Plans now needed to be

resubmitted by 9 July, although changes could be made up to 1 August. She explained that the intention behind the fast tracking was to provide exemplars for other boards and give them confidence when developing their own plans.

During discussion, reference was made to the need for the Board to develop a communications strategy to inform the public of the changes arising from the Better Care Fund. Ms Dudge was asked about how the budget for social care would be protected and confirmed that this was addressed in the revised submission. However, it was not possible in this plan to take account of future challenges.

It was pointed out that work streams under the BCF plans had already started.

**RESOLVED: 2014/027**

- (1) That the requirement to resubmit the Nottinghamshire BCF plan according to the revised process and timelines be noted.
- (2) That authority to approve the BCF assurance plan be delegated to the Chief Executive of Nottinghamshire County Council (as chair of the Nottinghamshire BCF Working Group) in consultation with the co-chair of the BCF Working Group, and the Chair and Vice-Chair of the Health and Wellbeing Board.

**LOCAL NATURE PARTNERSHIP**

Councillor Suthers gave a presentation on the work of the Lowland Derbyshire and Nottinghamshire Local Nature Partnership. The partnership aimed to influence the work of the Local Enterprise Partnership (LEP) to ensure that the positive effects of the natural environment were fully appreciated. Funds had been raised to employ an officer for three days per week, based in the LEP offices.

Councillor Suthers was asked how the Board could engage more productively with the Partnership and replied that at this stage what was required was a two way communication process to raise awareness of the work undertaken by the various organisations. The Partnership was looking at the strategies of the boards in the Partnership area to see how the Partnership could best engage with them. A discussion followed about the various projects that were already under way, including those concerning allotments, and the beneficial effects of these projects on health and wellbeing. Councillor Suthers stated that there was no central register where people could find information on all of the various projects that are being undertaken.

**RESOLVED: 2014/028**

That the presentation be received.

**AIR QUALITY AND HEALTH: DELIVERING LONGER, HEALTHIER LIVES IN NOTTINGHAMSHIRE COUNTY**

Jonathan Gribbin and David Banks gave a presentation about the effects of air quality on health. It was confirmed that it was not just the size of the particles that was significant but also their origin. It was likely that the smallest particles (which were not measured currently) originated from agriculture rather than transport. A representative

of Sustrans who was present in the audience referred to two recent Sustrans publications which might be of particular interest. A link to these would be sent to Board members. Following further discussion, the Chair encouraged members to raise the issue in their own organisations.

**RESOLVED: 2014/029**

- (1) That the public health significance of good air quality be noted.
- (2) That it be noted that the adverse health impact on our residents of long term exposure to air pollution is modifiable.
- (3) That shared oversight be exercised with the Nottingham City Health and Wellbeing Board of the work of the Nottinghamshire Environmental Protection Working Group, in order to raise the profile of the health impacts of air quality, and to secure partner engagement to the review and subsequent implementation of the Nottinghamshire Air Quality Improvement Strategy.
- (4) That the inclusion of a chapter on air quality in the JSNA be endorsed.
- (5) That a draft of the Nottinghamshire Air Quality Improvement Strategy be received at a future meeting for review and comment.

**PROGRESS ON HEALTH AND WELLBEING DELIVERY PLAN**

Cathy Quinn presented the report on the development of the Health and Wellbeing Delivery Plan. Anthony May confirmed that when the information is posted on the website it will be possible to navigate to the required area using a topic search. The Vice Chair and Anthony May emphasised the importance of members, in times of scarce resources, identifying subject areas that would affect all members of the Board and bring those subjects to the Board's attention. The Chair encouraged all members of the Board to study the plan and before the next Board meeting identify topics where they might be willing to become 'Champions'.

**RESOLVED: 2014/030**

- (1) That the Board approves the proposed structure for the Health and Wellbeing Delivery Plan.
- (2) That the Board supports the review and restructuring of supporting structures, to align with and ensure delivery of, the Health and Wellbeing Strategy.
- (3) That the Board receives the final Delivery Plan and associated structures at the September 2014 meeting.

**HEALTH AND WELLBEING IMPLEMENTATION GROUP REPORT**

Anthony May presented the report. Board members confirmed that the format of the report met their expectations. The Chair encouraged the Board to ask questions on aspects of the report.

### **RESOLVED: 2014/031**

- (1) That the Board note the contents of the report.
- (2) That the work programme for the Health and Wellbeing Implementation Group to deliver the Health and Wellbeing Strategy be endorsed.

### **CHAIR'S REPORT**

The Chair encouraged CCG representatives to invite her to attend their clinical executive groups or governing bodies.

In relation to the Peer Challenge, Dr Kenny referred to his positive experience when involved in a pilot peer challenge in the south of England. An expression of interest was submitted by officers on 25 June.

The Chair referred to the recent stakeholder network meeting with the voluntary sector. At the meeting, frustration had been expressed at the difficulty of engaging with GPs as the stakeholders felt they had a lot to offer. It was explained to the Board that each CCG did have a mechanism for engagement with the voluntary sector. The Chair added that the voluntary sector had accepted that it would not be given representation on the Board, but would be involved through the stakeholder network, for example. The Probation Service was to be represented on the Health and Wellbeing Implementation Group.

### **RESOLVED: 2014/032**

That the report be noted.

### **WORK PROGRAMME**

In response to a question, Cathy Quinn confirmed that a Communications Strategy had been approved previously by the Board, and would be updated as part of the delivery plan.

It was also explained that a broad report about Public Health nursing would be presented to Public Health Committee. Any significant changes would be referred to the Board.

### **RESOLVED: 2014/033**

That the Board's work programme be noted.

The meeting closed at 4.40 pm.

### **CHAIR**