

## Membership

### Councillors

Keith Girling (Chairman)  
Richard Butler  
Kevin Greaves  
Vaughan Hopewell  
David Martin  
Michael Payne  
Mike Pringle  
Francis Purdue-Horan  
Kevin Rostance  
Steve Vickers  
Muriel Weisz

### Officers

David Ebbage	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

### Also in attendance

Brenda Cook	Centre of Health Scrutiny
Barbara Brady	Public Health, Nottinghamshire County Council

### **CHAIRMAN AND VICE-CHAIRMAN**

The appointment by the County Council on 25 May of Councillor Keith Girling as Chairman and Councillor Martin Wright as Vice Chairman was noted

### **MEMBERSHIP OF THE COMMITTEE**

The membership of the committee was noted as:

Chairman – Councillor Keith Girling	Councillor Michael Payne
Vice-Chairman – Councillor Martin Wright	Councillor Liz Plant
Councillor Richard Butler	Councillor Kevin Rostance
Councillor Dr John Doddy	Councillor Steve Vickers
Councillor Kevin Greaves	Councillor Muriel Weisz
Councillor David Martin	

## **MINUTES**

The minutes of the last meeting held on 27 March 2017, having been circulated to all Members, were taken as read and were signed by the Chair.

## **APOLOGIES**

No apologies.

Councillor Hopewell replaced Councillor Wright for this meeting only

Councillor Purdue-Horan replaced Cllr Doddy for this meeting only

Councillor Pringle replaced Councillor Plant for this meeting only

## **DECLARATIONS OF INTEREST**

None.

## **INTRODUCTION TO HEALTH SCRUTINY**

Brenda Cook from the Centre of Health Scrutiny gave a short presentation to Members on their roles within Health Scrutiny and the powers in which the Committee has.

During the presentation, the following points were highlighted:

- She outlined the main functions within Health Scrutiny such as; can help to shape, influence, support and challenge emerging and changing structures. The Committee is a statutory consultee on substantial variations of services, must involve users of services, but has no powers to inspect; it may trigger others' inspections e.g. Healthwatch and the Care Quality Commission.
- Regulations give powers for Health Scrutiny to review and scrutinise matters relating to planning, provision and operation of the health service in the area. Make reports and recommendations to certain NHS bodies and expect a response within 28 days. Require employees including non-executive directors of certain NHS bodies to attend before them to answer questions.
- Refer proposals for substantial reconfiguration of services to Secretary of State, after local mediation, if the local authority considers the consultation has been inadequate, the NHS body has given inadequate reasons and the proposal would not be in the interests of the health service in its area.

During discussions the following points were raised:

- That there is no legal definition of a substantial variation. There continues to be debate over the term, but the change must cause a substantial impact. The committee can make the referral to Secretary of State when it does not believe that the substantial variation is in the interests of the local health service.
- The Chairman outlined to the Committee that there is no statutory requirement for district councillors to form part of the committee and a letter has been sent to district councillors explaining that District co-optees no

longer comprise part of the membership. The Chair indicated that he would invite District Councillors to attend when there were items on the agenda where the Committee would substantially benefit from receiving their views.

The Chairman thanked Brenda for her attendance and the very informative presentation she gave to the Committee.

## **INTRODUCTION TO HEALTH INEQUALITIES**

Barbara Brady from Public Health, gave a short presentation to Members on the latest measures to address health inequalities.

She highlighted the following points:

- Health Inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off, experiencing poorer health and shorter lives.
- Health Service Act 2006 introduced for the first time legal duties to reduce health inequalities, with specific duties on CCGs and NHS England.
- This council currently receives a Public Health ring fenced grant which is to support the authority in carrying out its public health duties. The grant has some nationally set conditions which includes reducing health inequalities across the life course, including within hard to reach groups.
- Health and Social Care Act 2012 established Health & Wellbeing Boards as statutory committees of all upper tier local authorities to act as a forum for key leaders from the local health and care system to improve the health and wellbeing of the people in their area; reduce health inequalities and promote the integration of services.

The Chairman thanked Barbara for her presentation and attendance at the meeting.

## **WORK PROGRAMME**

The work programme was discussed and it was agreed to keep the IVF item in the July committee and also for Bassetlaw Hospital services to provide an update in the July meeting as well as the October meeting.

The meeting closed at 12.50pm

## **CHAIRMAN**