

Meeting **HEALTH AND WELLBEING BOARD**

Date **Wednesday, 2 September 2015 (commencing at 2.00 pm)**

Membership

Persons absent are marked with an 'A'

COUNTY COUNCILLORS

Joyce Bosnjak (Chair)
Mrs Kay Cutts MBE
Martin Suthers OBE
Muriel Weisz
Jacky Williams

DISTRICT COUNCILLORS

A	Jim Aspinall	-	Ashfield District Council
	Susan Shaw	-	Bassetlaw District Council
A	Natalie Harvey	-	Broxtowe Borough Council
	Henry Wheeler	-	Gedling Borough Council
	Debbie Mason	-	Rushcliffe Borough Council
	Tony Roberts MBE	-	Newark and Sherwood District Council
A	Andrew Tristram	-	Mansfield District Council

OFFICERS

A	David Pearson	-	Corporate Director, Adult Social Care, Health and Public Protection
	Derek Higton		Acting 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)
	Dr Mark Jefford	-	Newark & Sherwood Clinical Commissioning Group
	Dr Guy Mansford	-	Nottingham West Clinical Commissioning Group
	Dr Paul Oliver	-	Nottingham North & East Clinical Commissioning Group
A	Dr Judy Underwood	-	Mansfield and Ashfield Clinical Commissioning Group

LOCAL HEALTHWATCH

Joe Pidgeon - Healthwatch Nottinghamshire

NHS ENGLAND

Vacancy - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

Chris Cutland - Deputy Police and Crime Commissioner

ALSO IN ATTENDANCE

Councillor Jim Anderson, Bassetlaw District Council

Claire Grainger, Healthwatch Nottinghamshire

Richard Copley, Nottinghamshire Fire and Rescue Service

Joanne Wooley-Ward, Nottinghamshire Fire and Rescue Service

OFFICERS IN ATTENDANCE

Caroline Baria - Adult Social Care, Health and Public Protection

Paul Davies - Democratic Services

Nicola Lane - Public Health

Cathy Quinn - Public Health

Helen Scott - Public Health

John Tomlinson - Public Health

MEMBERSHIP

Councillor Natalie Harvey had been appointed to the Board by Broxtowe Borough Council.

MINUTES

The minutes of the last meeting held on 3 June 2015 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Jim Aspinall, Councillor Andrew Tristram, Dr Judy Underwood and David Pearson.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

VANGUARD SITES BRIEFING

Jeremy Griffiths, Guy Mansford and Mark Jefford gave presentations on the successful bids to become Vanguard sites in Rushcliffe, South Nottinghamshire and Mid Nottinghamshire.

The programme of Vanguard sites had been launched by NHS England to lead on the development of new models of care, in support of the NHS England Five Year Forward View. Dr Griffiths explained that in Rushcliffe, Principia would be a Multi-Specialty Community Provider (MCP) operating a new model of integrated care, focused on early intervention, living well at home and avoiding unnecessary use of the hospital. Dr Mansford indicated that the South Nottinghamshire Vanguard comprised partners across health and social care who would coordinate their work to achieve ambitious improvements in urgent and emergency care. Dr Jefford explained that the Mid Nottinghamshire Better Together Programme would create a shift from a predominately reactive hospital-based system of urgent care, to one of home-based proactive care.

Good practice from the Vanguard sites in Nottinghamshire and elsewhere would be shared across the country. Each Vanguard site was sponsored by a senior manager at NHS England.

Comments and responses made during discussion included:

- The move to capitated budgets would help the integration of social care and health. Amanda Sullivan of Mansfield and Ashfield and Newark and Sherwood CCGs was leading a national project on capitated budgets.
- There remained the tension that increased activity in primary care would reduce activity and income for hospitals. – The Vanguard sites were examples of commissioners and providers joining together to improve care. It was recognised that there would be a move towards new commissioning models such as alliance commissioning.
- How could local authorities support the success of the Vanguard sites? – Local authorities could continue to encourage integrated working, and assist with timely discharges from hospital, which would take pressure off emergency departments.
- Self-care was central to the new approach. How would this message be conveyed to the public? - Use must be made of smart phone and other technology. In Mid Nottinghamshire, PRISM Plus, developed by Self Help Nottingham, was making some progress.
- Governance for the Vanguard sites could be seen as more layers of bureaucracy. – It was important to design governance structures which would achieve the outcomes being sought.

RESOLVED: 2015/031

That the presentations about the three Vanguard sites be received, and an update report be presented in due course.

HEALTHWATCH NOTTINGHAMSHIRE ANNUAL REPORT

Joe Pidgeon and Claire Grainger gave a presentation on Healthwatch Nottinghamshire's activities and achievements, as summarised in its second annual report. During the discussion which followed, Joe Pidgeon observed that all Board members had a stake in Healthwatch's success. He acknowledged that Healthwatch could improve the communication of summary information with partners. It was pointed out that information collated by Healthwatch England was also useful. Healthwatch was funded until 2016, and it was hoped that funding would be continued, in order that Healthwatch could continue its statutory role.

RESOLVED: 2015/032

That the report and the progress made by Healthwatch Nottinghamshire be noted.

HEALTH INEQUALITIES

John Tomlinson and Helen Scott gave a presentation on health inequalities in Nottinghamshire. The 2008 report "Fair Society, Healthy Lives" by Professor Sir Michael Marmot had identified six policy objectives to reduce health inequalities. The Health and Wellbeing Board was well placed to promote a partnership approach to reducing health inequalities. They referred to the different measures of Life Expectancy and Healthy Life Expectancy, and to the actions which could be taken locally to reduce health inequalities. Points made during discussion included:

- How would organisations deal with individuals who, for example, chose not to stop smoking?
- The table of actions in the report should recognise that some services were provided outside primary care, but primary care would signpost people to them.
- Earlier diagnosis of musculoskeletal conditions could be promoted.
- School health hubs could help tackle educational achievement and health inequalities.
- The work of the Local Nature Partnership Board regarding the health benefits of green spaces was relevant to the Marmot objectives.

RESOLVED: 2015/032

- 1) That support for programmes and initiatives which are already addressing the main contributors to inequalities in life expectancy and in healthy life expectancy be continued, with it being recognised that it is especially important to sustain these in times of austerity.
- 2) That there be a commitment to driving up the quality of primary care through co-commissioning and for each Board member representing a CCG to endorse the development of a CCG strategy for improving the quality of primary care with Key Performance Indicators to demonstrate progress.

- 3) That there be work in partnership to address hotspots where contributing factors to health inequalities intersect, geographically or within population cohorts.
- 4) That consideration of impact on health equality be embedded within service commissioning, transformation and redesign, using the local Health Inequalities framework.
- 5) That a Health and Wellbeing Board workshop be held to agree priorities for improving Health Inequalities and develop multiagency action plans to address the leading causes of Health Inequalities, as an integral part of the Nottinghamshire Health and Wellbeing Strategy.

IMPLEMENTATION OF THE HEALTH AND WELLBEING BOARD PEER CHALLENGE FINDINGS

Cathy Quinn introduced the report on implementing the recommendations from the Health and Wellbeing Board peer challenge in February 2015. The findings had been discussed by Board members and partner organisations at a workshop in April, and by the Health and Wellbeing Implementation Group. In consequence, the report proposed new working principles for the Board, a review of the communication strategy, more focused strategic priorities, and a new high level governance structure.

In reply to comments, it was explained that the structures in the report showed links rather than accountabilities, and that detailed arrangements for the provider forums were subject to discussion with providers. Board members were encouraged to raise any other comments with Cathy Quinn.

RESOLVED: 2015/033

- 1) That approval be given to new working principles for the Health and Wellbeing Board to clearly describe its role and support the Board in communicating its vision to public and partners.
- 2) That the need to review the Health and Wellbeing Board's communication strategy to communicate a clear message on how the Board's vision will be delivered be supported.
- 3) That approval be given to revised strategic priorities for 2015/16, which will focus the Board's effort on targeted areas to maximise the Board's potential in delivering the Health and Wellbeing Strategy.
- 4) That approval be given to the establishment of a provider engagement forum and to support ongoing work to define locality health and wellbeing supporting structures, and that further consideration be given to the high level governance structure for the Board.
- 5) That the ongoing actions described in the supporting action plan be supported.

CHAIR'S REPORT

The Chair drew Board members' attention to key points in the report, including the multi-agency Hoarding Framework. Richard Cropley gave more detail about the Framework, and encouraged its adoption by partner organisations.

The Chair referred to a meeting on 24 July 2015 with Nottinghamshire Healthcare Trust to explore concerns about the Trust's proposals for community mental health rehabilitation.

RESOLVED: 2015/034

That the Chair's report be noted.

WORK PROGRAMME

RESOLVED: 2015/035

That the work programme be noted.

The meeting closed at 4.30 pm.

CHAIR