

Meeting HEALTH AND WELLBEING BOARD

Date Wednesday, 7 December 2016 (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

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
Neill Mison - Newark and Sherwood District Council
Andrew Tristram - Mansfield District Council

OFFICERS

David Pearson - Corporate Director, Adult Social Care, Health and Public Protection
A 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
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
A 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

A Oliver Newbould - North Midlands Area Team, NHS England

NOTTINGHAMSHIRE POLICE AND CRIME COMMISSIONER

A Kevin Dennis

ALSO IN ATTENDANCE

Beverley Smith - Mansfield District Council

OFFICERS IN ATTENDANCE

Paul Davies - Democratic Services
Nicola Lane - Public Health

MINUTES

The minutes of the last meeting held on 9 November 2016 having been previously circulated were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Thilan Bartholomeuz, Kevin Dennis, Dr James Hopkinson, Dr Gavin Lunn, Dr Guy Mansford and Colin Pettigrew.

DECLARATIONS OF INTEREST BY BOARD MEMBERS AND OFFICERS

None.

AGENDA ORDER

The Chair agreed to change the order of items on the agenda, to take account of people's availability.

BETTER CARE FUND PERFORMANCE

David Pearson introduced the report on the performance of the Better Care Fund (BCF) for July to September 2016. Asked whether the BCF underspending could be used for projects such as Changes Places for younger people, he stated that the BCF was intended for core adult social care responsibilities, which would exclude projects like Changing Places. It was commented that it would be helpful for the report to give more detail to help organisations improve BCF performance. David Pearson encouraged Board members to indicate the sort of detail they would find helpful. He also offered to cover indicator BCF5 in more detail in the next quarterly report.

RESOLVED: 2016/070

That the Better Care Fund national quarterly performance report for Quarter 2, 2016/17 be noted.

SUSTAINABILITY AND TRANSFORMATION PLANS UPDATE

Nottingham and Nottinghamshire STP

David Pearson updated the Board on the Nottingham and Nottinghamshire Sustainability and Transformation Plan (STP) which had been published on 24 November. Public engagement would continue until 16 February 2017. In addition, organisations would have to carry out their own statutory consultation. Other developments were that the Rushcliffe Multi-Specialty Community Provider (MCP) was being considered for extension across the whole of south Nottinghamshire; attention to NHS planning guidance about relationships between CCGs and providers; and relations with NHS England and NHS Improvement. He also stated that some elements of the STP required further work before they could be implemented, for example governance and capacity.

Board members had received a number of written questions from the public. The Chair indicated that the questions would be responded to in full before Christmas, with the response copied to Board members.

Board members discussed the Nottinghamshire STP. Comments and questions included:

- A lack of democratic involvement in the STP, particularly in plans to reduce the number of hospital beds. - In response, it was pointed out that Sherwood Forest Hospitals Trust had closed 107 beds, at the same time as reducing A&E waiting times and an expansion of community services. It was recognised that unlike many STPs, the Nottinghamshire plan had a lead from local government.
- The STP enhanced the role of community pharmacies, when funding for them was being cut. – It was explained that the funding decision had been taken nationally, not as part of the STP. It was also pointed out that the STP would give more influence about the location of pharmacies and GP surgeries.
- The STP was seeking to make savings at a time of increased demand. – In response, it was explained that there were occasions when current health and social care services did not meet the people's needs, for example people with complex, long term conditions.
- A lack of confidence that health organisations would cooperate to achieve the Plan's ambitions.
- Had any risk assessment been carried out on the impact of proposals, for example the effect of proposals for knee and hip replacements? - It was indicated that some impact assessments had been carried out. It was likely that the CCGs would have information through the local transformation programmes. The value of assessing

the plan's impact on individual communities and isolated or vulnerable people was also referred to.

- The public demand for extended GP hours was questioned; trials had shown a high proportion of unused appointments.
- Where was the incentive to cease current services or to join up health and social care? Hospitals were paid for activity and GPs on a block basis. - In response, it was explained that if the health and social care system was being created anew, it would not be on the current basis. However, leaders agreed that the current system could not continue. It would be preferable to incentivise better outcomes for the public.
- Healthwatch was pressing for consultation to be carried out as widely as possible.
- There was evidence that prevention worked, and the STP would be a useful tool in achieving this. There were clinical variations which should be tackled.

South Yorkshire and Bassetlaw STP

Idris Griffiths gave a presentation on the South Yorkshire and Bassetlaw STP, which had been agreed by partner organisations and was now subject to wider engagement. He responded to questions and comments about the plan.

- Could the best practice on social prescribing be shared? - There was a willingness to share best practice.
- Nottinghamshire Healthcare Trust had been positive about the place given to mental health in the plan.
- Would the plan be reflected in contracts for services? - It was explained that it was unlikely that contracts signed before 23 December would fully reflect the STP. However, contracts should contain sufficient flexibility to be varied later.
- Were seven day GP services part of the plan? - In response, it was pointed out that health problems could occur at any time, and that sometimes the GP was the best person to respond. Better access to primary care was part of the STP, but seven day access would not be provided at every practice, and not always by a GP. There was a need also to tackle the public's views of where to go for care.
- How could the plan demonstrate links between resources, prevention and hospital services? - It was anticipated that a focus on outcomes would provide evidence of this.
- What did the plan mean by reshaping services? – It was explained that this might be different for each service. For example, hyperacute stroke services would be provided in fewer locations, but other services might be provided on a more local basis.

RESOLVED: 2016/071

That the updates on the Sustainability and Transformation Plans be noted.

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Barbara Brady introduced the Director of Public Health's Annual Report for 2015/16. The report was a critical assessment of health and wellbeing needs, made links to the 2010 Marmot review of health inequalities, and contained recommendations for councils, CCGs and other partners.

In reply to a question about embedding health and wellbeing, organisations were encouraged to make health and wellbeing a strategic goal, which could then be used as a lever when developing policies. Asked about changes to young people's alcohol consumption, it was pointed out that these could be covered at the Board meeting in February, when substance misuse services were on the agenda. It was also pointed out that Public Health could provide evidence to support the STPs, and that robust evaluation should be built in from the outset.

Asked whether blood sugar tests should be carried out in schools, it was explained that there was no evidence that screening for diabetes in schools would be effective. There were however many other opportunities to improve health and wellbeing in schools.

Barbara Brady indicated that recommendations in the Annual Report would be built into the Board's work programme.

RESOLVED: 2016/072

That the contents of the Director of Public Health's Annual Report be noted.

UPDATE ON THE WORK OF THE NOTTINGHAMSHIRE HOUSING AND HEALTH COMMISSIONING GROUP

Bev Smith introduced the report to update the Board on the work of the Housing and Health Commissioning Group, including the establishment of a Programme Manager post, the Housing and Environment chapter of the STP, and the extension of the Healthy Housing service. She indicated that each district council would receive a report from the Commissioning Group, with specific recommendations.

In reply to questions, Bev Smith stated that there were links with the Fire and Rescue Service's Safe and Well project. She also explained that CCGs were not consistently consulted about planning applications, but she would take the issue forward. Asked how the Healthier Option Takeaway (HOT) campaign would achieve results on a voluntary basis, she referred to the need to work within legislation. However, the food hygiene star rating displayed in takeaways was an example where competition between premises on a voluntary basis had raised standards.

RESOLVED: 2016/073

That the appointment of a Health and Housing Programme Manager and the formulation of the Housing and Environment chapter of the Sustainability and Transformation Plan be endorsed.

CHAIR'S REPORT

The Chair drew attention to forthcoming events on young people's health and social prescribing.

RESOLVED: 2016/074

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

WORK PROGRAMME

Unwarranted clinical variation was suggested as a possible topic for a future meeting.

RESOLVED: 2016/075

That the work programme be noted.

The meeting closed at 4.30 pm.

CHAIR