

## Health & Wellbeing Board Summary 2 September 2015

### Vanguard Sites Briefing

Dr Jeremy Griffiths, Dr Guy Mansford & Dr Mark Jefford gave an overview of the plans for the Vanguard Sites in Rushcliffe, Mid-Nottinghamshire and South Nottinghamshire.

The [Mid Notts Better Together and Rushcliffe vanguards](#) will support the delivery of the NHS Five Year Forward view and will improve services & integrate general practice, community & hospital services, other health services & social care.

The [South Nottinghamshire vanguard](#) was announced in July & will focus on urgent & emergency care improving the coordination of services & reducing the pressure on A&E departments.

The idea behind the vanguards is for the sites to lead on introducing new ways of working which can be adapted & adopted across other areas of the country.

The Board welcomed the proposals & the shared approach to problems and commented that better self-care was needed to underpin this work. The Board felt that there was a need for consistent messages for the public about self-care.

Additional link: [Nottingham Evening Post](#)

### [Healthwatch Nottinghamshire Annual Report](#)

Joe Pidgeon & Claire Grainger presented the [second annual report from Healthwatch Nottinghamshire](#). Healthwatch's main purpose is to engage with the people using the health & social care services locally. In Nottinghamshire there were lots of ways of doing that from coffee & chat sessions to focus groups with specific groups of people.

During the year Healthwatch Nottinghamshire has collected 543 detailed comments about local health & social care services – the majority about hospital services. Access to services, across all services, was raised as a problem for a lot of people.

The comments & concerns had been passed on to service providers & commissioners. A number had also been escalated to Healthwatch England including problems with non-regulated services used by people with personal budgets which was raised for discussion with the Director General of Social Care.

Comments from local people were also reviewed against feedback from national surveys.

The Board recognised the valuable work which Healthwatch Nottinghamshire has done & supported the desire to keep & develop the organisation into the future.

### [Health inequalities](#)

John Tomlinson & Helen Scott gave the Board an [overview of health inequalities](#) in Nottinghamshire. They explained that life expectancy & healthy life expectancy were used to measure health inequalities. Life expectancy is an estimate of how long a person is expected to live. Healthy life expectancy is an

At this meeting:

[Vanguard sites briefing](#) – transforming health services in Nottinghamshire

[Healthwatch Nottinghamshire](#) – second annual report published

[Health Inequalities in Nottinghamshire](#) - a local picture & action to address

[Peer challenge](#) – progress & recommendations for principles, priorities & governance

estimate of how many years a person might live in good or very good health. Life expectancy can be linked to deprivation but there is no single cause of health inequalities.

In Nottinghamshire life expectancy is increasing & the difference between men & women is decreasing. Healthy life expectancy in Nottinghamshire is not statistically different from the England average for men & women.

In Nottinghamshire there are a number of projects which are helping to reduce health inequalities like the tobacco declaration, Be Clear on Cancer campaigns & the Nottinghamshire Child Poverty Strategy.

The Board welcomed the report & presentation. They raised concerns about public choice (for example what if someone wants to smoke?) with action to address health inequality & possible confusion between services (GP's don't provide obesity services but can sign post people to them). The impact of early diagnosis of musculoskeletal conditions, the benefit of green open spaces & the role of the new school health hub were also raised.

It was agreed that a workshop would be held early in 2016 to focus on health inequalities in more detail.

### **Peer challenge progress**

Cathy Quinn presented the Board with an [update on progress](#) in implementing the recommendations from the peer challenge & making recommendations for further work.

The Board agreed [new working principles](#) to maximise its unique position as a partnership as well as improving communications to strengthen the Boards vision.

It agreed a focus on annual strategic priorities on areas where the Board can have the biggest impact – the areas suggested were breast feeding, improving children & young people's mental health, smoking, healthier environments, crisis support for people with mental health problems & integrating housing in assessing services to support vulnerable people. The other priorities in the Strategy would continue & the Board oversee them. The work on healthier environments would be started at a workshop on 1 October 2015.

The Board asked that the proposed governance structure be reviewed. There was support for a place based approach based on planning units but it was felt that the structure proposed did not reflect accountability arrangements for CCG Boards.

### **Chair's report**

The Chair highlighted the [Nottinghamshire Hoarding Framework](#) which had been developed by Nottinghamshire Fire & Rescue Service (NFRS). Richard Cropley from NFRS explained that the Framework has been developed in response to the increasing number of cases of hoarding in Nottinghamshire. It includes guidelines to involve different agencies in supporting people who hoard.

The Chair confirmed that following a meeting between members of the Board & Nottinghamshire Healthcare Trust concerns had been raised regarding a proposed change in services.

It was also confirmed that the November Board meeting would be a closed workshop with invited partners to look at creating a sustainable health & social care workforce in Nottinghamshire.