

MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held on 5 January 2017 at County Hall, Matlock

PRESENT

Councillor D Allen (in the Chair)

T Allen	DCHS NHS Foundation Trust
S Bateman	Derbyshire Health United
F Bharmal	NHS Erewash CCG
R Booth	Derbyshire Constabulary
H Bowen	Chesterfield Borough Council
G Boyle	Derby Teaching Hospitals Foundation Trust
Councillor H Coyle	South Derbyshire District Council
H Dhindsa	Police and Crime Commissioner for Derbyshire
Dr A Dow	NHS Tameside and Glossop CCG
Councillor C A Hart	Derbyshire County Council
J Hollister	Derbyshire County Council
Councillor P Jones	Derbyshire County Council
K Macleod	National Probation Service
I Majid	Derbyshire Healthcare Foundation Trust
C Maley	Derbyshire Healthcare Foundation Trust
S Morritt	Chesterfield Royal NHS Foundation Trust
Dr A Mott	Southern Derbyshire CCG
K Ritchie	Healthwatch Derbyshire
J Simmons	Healthwatch Derbyshire
P Singh	DCHS NHS Foundation Trust
I Stephenson	Derbyshire County Council
G Thompson	Southern Derbyshire CCG
G Tomlinson	Derbyshire Fire and Rescue
D Wallace	Derbyshire County Council
Councillor A Western	Derbyshire County Council
P Wood	South Derbyshire CVS/3D

Also in Attendance – J Bloor (Derbyshire County Council), A Johnson (Derbyshire Fire and Rescue), E Langton (Derbyshire County Council), H Lever (Derbyshire County Council), C Newman (Hardwick CCG), and M Scarborough (Derbyshire County Council)

Apologies for absence were submitted on behalf of S Allinson, B Anderson, P Coleman, Councillor J Coyle, E Fox, R Gregory, Councillor B Murray-Carr, Councillor J Twigg, and J Willis

1/17 **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 10 November 2016 be confirmed as a correct record, subject to Councillor B Murray-Carr being deleted from the list of apologies.

2/17 PUBLIC QUESTION The Chair reported that a public question on the Sustainability and Transformation Plan (STP) had been received and it was agreed that the question, forwarded by Councillor Maurice Neville, Amber Valley Borough Council, be put to the Board.

Councillor Neville read out the following question:-

“The members of the HWB can all access the Derbyshire STP Full Document published on 18th November. This document presents us:

- on page 6 the figure of a £219 million Health Funding funding gap by 2020
- on page 13 a combined gap of £219 million and a further £136 million if Council Social Care is added - this is defined as a total of £329 million when it is in fact £355 million
- on page 35 the health gap is defined as £258 million by 2020
- on page 44 a figure of £287 million health funding gap is shown in the text but the accompanying income and spending graphs are incomprehensible in the light of previous figures quoted

An earlier presentation of the figures last year which I think was accidentally put online has the following:

Health Gap by 2020 - £328 million
Social Care Gap - £177 million

In view of:

a) the strange financial contradictions within the STP documentation which was signed off by the CCGs, Trusts and Councils

b) the risk assessments on page 50 of the STP which are full from top to bottom with red ratings for the impact and likelihood of financial and other failings in the plan

how can the members of the HWB be expected to endorse the STP ?”

Gary Thompson confirmed that the figure of £219m quoted above was incorrect and should read £258m. Through the development of the STP there would be funding changes and some would be shown as the net position. It was recognised that there was a need to ensure that all figures were correct and amended where necessary.

The Derbyshire STP contract had been signed by all parties for 2017. However it was generally agreed that the NHS and Adult Care was totally

underfunded and representations should be made to Government. It was agreed that a letter should be drafted and circulated for approval and signature.

A formal response would be forwarded to Councillor Neville and Board members would be forwarded this together with a copy of the question.

The Chair welcomed public attendance and thanked Councillor Neville and his group for their detailed interest.

RESOLVED that (1) a formal response be forwarded to Councillor Neville;

(2) a letter regarding the underfunding of the NHS and Adult Care services be drafted and agreed by Board members before submission to Government; and

(3) a copy of the question and response be forwarded to Board members.

3/17 SUSTAINABILITY AND TRANSFORMATION PLAN FOR DERBYSHIRE Gary Thompson updated the Board on the STP for Derbyshire. The contract had been completed successfully for this year.

The STP was in a different place than anticipated and movement forward had not been as quick as anticipated. There was shifting investment and resources from institutional to home care and sick people had to be cared for. There had to be safety and stability; and these issues were being addressed.

Councillor Western stated that there were two underlying issues – underfunding by Government and the fragmentation of the health and social care systems which were not designed to work as one body. We had collectively been working through these issues but this message needed to be taken to Government. Further progress required more funding and more flexibility.

Progress in engagement with the public was required, they needed to be informed and aware as the published STP had created many anxieties. There needed to be informed discussion with members about the most appropriate ways and the content of engagement. It was suggested and agreed that Mr Thompson would share the engagement plan for comments and a small group, including the voluntary sector, be convened to discuss the shape of engagement.

RESOLVED (1) to note the report;

(2) the engagement plan be shared for comments; and

(3) a small group be convened before the next HWB to discuss the shape of engagement.

4/17 NHS GP FORWARD VIEW AND THE ROLE OF THE HEALTH AND WELLBEING BOARD Correspondence had been received from the Parliamentary Under Secretary of State for Health and Care requesting that the Derbyshire Health and Wellbeing Board considered the implications of the GP Forward View, published by NHS England, and how the Board could collectively support the implementation of the proposals. The correspondence had noted the relationship that primary care had with the delivery of local health and wellbeing strategies.

The GP Forward View had been published in April 2016 and recognised that general practice was at the heart of primary care services. The GP Forward View contained 80 specific, practical and funded steps around five key themes – investment, workforce development, streamlining the workload, improving infrastructure, and supporting practices to redesign their services to patients. A summary of the nationally identified priorities was outlined.

GP's were under pressure on a day to day basis and were often unaware of what was happening in their neighbouring practices. It was difficult to convey the scale of the problem. It was noted that some of the CCG's in the County were 30 GP's less than the England average.

RESOLVED to (1) review the GP Forward View document and consider what more Boards could do to build effective relationships between primary care and wider local services;

(2) consider how, through the Health and Wellbeing Strategy, the Board can encourage action to develop and strengthen relationships with general practice services in local areas, in order to generate benefits for the whole system and better outcomes for patients; and

(3) that a response be made to the Department of Health detailing the GP crisis in Derbyshire.

5/17 ONE PUBLIC ESTATE The Board received a presentation from Matthew Scarborough on the One Public Estate (OPE). This was an initiative funded by the Cabinet Office and Government Property Unit, and delivered in partnership with the Local Government Association. OPE supported the public sector to use its combined assets to deliver integrated services resulting in people focussed services and innovative working practices for staff. The OPE initiative for this part of the country was the North Midlands

area, which was across Derbyshire, Derby City, Nottinghamshire and Nottingham City, and Derbyshire County Council was the accountable body.

There were four main objectives – to create economic growth, deliver more integrated and customer focused services, generate capital receipts, and reduce running costs. The operating model for the North Midlands OPE was highlighted, along with the vision. Details were also given of thematic projects and specific projects that were to be undertaken, and the main drivers for these. Monies for feasibility and engaging projects in the North Midlands would be available in the next bidding round in April 2017. Opportunities for developing integrated service centres were constant being evaluated.

6/17 DIRECTOR OF PUBLIC HEALTH'S ANNUAL REPORT 2016: DERBYSHIRE – A HEALTHY PLACE The Health and Social Care Act 2012 had created a duty for the Director of Public Health to write an annual report on the health of the local population. This annual report considered the impact of place on the health of local communities, and each chapter had considered different aspects of place and how this impacted on health. A series of case studies and examples of good practice had been included, highlighting some of the work that was currently taking place to improve health and wellbeing outcomes.

The report had made a number of recommendations and had also provided a summary of progress against the 2015 report. The report was available online, and partners were asked to distribute links within their organisations and to other relevant stakeholders. Public Health staff were also currently presenting a summary of the report to key groups, partner organisations and communities across the county.

RESOLVED to (1) note the production of the Director of Public Health's Annual Report 2016 and to note the recommendations contained within it; and

(2) agree to share the report with colleagues within organisations and other key stakeholders.

7/17 INCREASING PHYSICAL ACTIVITY IN DERBYSHIRE The Board received a presentation from Dean Wallace, Director of Public Health and Hayley Lever, Director of Derbyshire Sport, on 'Towards an Active Derbyshire 2016-21'. The aim of this was to have 50,000 more active lives by 2021.

There was a cost implication of physical inactivity, and it was noted that a short amount of extra activity would create great savings. Young people's inactivity was a national problem, but this also translated locally. Women's participation was a concern in Derbyshire as, despite there being an upward trend in activity, it was not rising as quickly as it was nationally, and disabled

people were still 23% less likely to take part in sport and 28% less likely to meet CMO physical activity recommendations.

It was suggested that the strategic opportunity to improve things was now, and this would be achieved by prioritising a number of actions – supporting the inactive to become active, ensuring that people were supported and encouraged to engage in sport, helping to keep people engaged in physical activity and sport throughout their lives, and addressing the inequalities in physical activity and sport engagement with a focus on women and girls, people from lower socio-economic groups, and young people aged 5-18.

Board members were asked to commit to change by becoming partners in the Towards an Active Derbyshire and the Young, Active, Healthy Plan, by signing up to a Memorandum of Understanding across the STP area, and by locally working across departments and sectors to consider ways to reduce inactivity and to contribute to 50,000 more Active Lives. The Board considered a range of questions, and the responses were summarised.

The Board was made aware of an event organised by Derbyshire Sports on 18 January 2017 in Chesterfield to promote 'Towards an Active Derbyshire' to which members were invited. It was expected that most Borough and District Council in Derbyshire would be in attendance.

RESOLVED to support Towards an Active Derbyshire 2016-2012.

8/17 SEXUAL VIOLENCE UPDATE The Board was informed of the work that had been completed so far by the Sexual Violence and Abuse Pathway Strategy Group. Two diagrams had been drawn up following discussions with the Strategy Group – one highlighted the victim pathway between all the commissioned sexual violence services, and the other showed the sources and amount of funding currently provided for the services. A further table would map the services, funds and organisations to further illustrate the gaps and resources available to support victims of sexual violence.

The key issues to resolve were the funding for therapeutic counselling and a robust referral route between CCG NHS services and the available provision within the voluntary sector organisations commissioned by partners to secure the whole pathway delivery for the longer term. A working group was currently in the process of producing a paper around this, and the key issues it had identified were detailed. A formal pathway was recommended with a commissioned counselling service, and this would be additional work not within the STP. There were no identified budgets within CCGs other than North Derbyshire currently, and only SAIL had been within the voluntary sector review as SV2 had not been funded by CCGs historically. General

counselling support was currently commissioned by the County Council, the Police and Crime Commissioner and North Derbyshire CCG, with the SARC being funded by the County Council and Derbyshire Constabulary, with NHS England temporarily picking up the Derby City funding which had been withdrawn. The paper would also present the current action plan for the Strategy Group.

RESOLVED to (1) note the work on SARC services for Derbyshire;

(2) note the available funding and service gaps identified;

(3) note the work to be done to enable providers to more effectively deliver the pathway collectively eg effective referral mechanisms and communication between agencies that supports individual case management;

(4) note the further work to be done to inform the needs analysis; and

(5) recommend that investment in counselling for victims of sexual violence be prioritised and to confirm that this should be taken forward.

9/17 EXPERIENCE OF USING HEALTH AND SOCIAL CARE SERVICES BEFORE, DURING AND AFTER MENTAL HEALTH CRISIS A summary was provided of Healthwatch Derbyshire's report on 'Experiences of using Health and Social Care Services before, during and after Mental Health Crisis'. The engagement activity and research had been conducted between May and July 2016 through a series of focus groups, and Healthwatch had used the Mental Health Crisis Concordat in Derbyshire as the framework for engagement activity. The Mental Health Crisis Concordat Delivery Group had been receptive to the work of Healthwatch Derbyshire and had pledged to use the findings in the report to inform the 2017 action plan.

The research had identified several positive themes, but in addition, some negative themes had emerged. Building from the positive and negative feedback, the report had identified a number of recommendations, and these were stated.

Work was now commencing on priorities for May to July and Board Members were asked to consider and forward any engagement ideas.

RESOLVED that the Board (1) notes the report on experiences of mental health crisis;

(2) reflects on their own performance standards and service delivery in respect of what patients and services users have been telling Healthwatch; and

(3) promotes the content of the report where appropriate amongst their networks.

10/17 BETTER CARE FUND 2016/17 QUARTER 2 PERFORMANCE

The performance and work of the Derbyshire Better Care Fund as at the second quarter reporting period of the 2016-17 financial year was reported. The Better Care Support Team had published the Q2 2016-17 National Return template on 21 October 2016 with the expectation that completed templates would be returned by 25 November 2016. The Q2 return was being reported retrospectively to the Health and Wellbeing Board.

A table summarising performance at the Q2 2016-17 reporting period was provided. Based on Q2 performance levels, four of the six metrics were forecast to achieve their targets. Further information on each of the metrics was detailed.

RESOLVED to (1) receive the report and note the responses provided in the National Quarterly Reporting template;

(2) note the work being undertaken across the health and social care system to achieve the high level metric targets; and

(3) continue to receive regular updates on the progress of the Better Care Fund throughout 2016-17.

11/17 LGA STEPPING UP TO PLACE – INTEGRATION SELF-ASSESSMENT TOOL

The LGA, in conjunction with the NHS Confederation, NHS Clinical Commissioners and Association of the Directors of Adult Social Services, had developed a self-assessment tool for Health and Wellbeing Boards. This was designed to support local health and care leaders to critically assess their ambitions, capabilities and capacities to integrate services to improve the health and wellbeing of local citizens and communities. The assessment focussed on the key elements and characteristics needed for successful integration, offering insight into the current state of the Board's development, and next steps by focussing on four key questions in two modules.

A list of the questions and key issues considered throughout the assessment were presented, and the analysis of the information captured as part of the assessment would provide the Board with the opportunity to identify ten key collective actions to allow the local health and care system to progress towards integration. The tool could form part of a normal Board meeting, or could be run as a facilitated workshop by the LGA. It was hoped that any workshop would be run jointly with Derby City.

RESOLVED to agree that a half-day self-assessment workshop, led by representatives from the LGA, be arranged and the key actions from the workshop be reported back to a future meeting of the Health and Wellbeing Board.

12/17 HEALTH AND WELLBEING PERFORMANCE DASHBOARD UPDATE It was reported that the Health and Wellbeing Performance Dashboard was proving to be very useful for measuring, monitoring, reporting and sharing improvements in health and wellbeing in local health and social care. Shirley Devine from Public Health was the current Chair and Board Members were encouraged to send representatives from their organisations.

13/17 HEALTH AND WELLBEING BOARD ROUND UP A round up of key progress in relation to health and wellbeing issues and projects was given.

A report had been published by Parkinson's UK and the Continuing Healthcare Alliance which had concluded that the continuing healthcare system was failing the most vulnerable in society. The key findings from the report were stated, along with the changes that the report called for. The Association of Directors of Adult Social Services had published a survey which had found that councils had projected overspends on adult social care budgets by almost half a billion in the first six months of this financial year. This had been worsened by NHS pressures, with 68% of directors reporting reductions to continuing healthcare funding. A further 51% had experienced increasing demand on social care services because of people with very high needs not admitted to hospital, and 56% had reported that more social care staff were expected to undertake healthcare duties. More than half of local authorities had experienced a home care or care home provider leave the market in the first half of 2016.

The National Audit Office had published a report which looked at the financial sustainability of the NHS. This showed that the financial performance of NHS bodies had worsened considerably in 2015/16, and that the trend was not sustainable. Public Health England had published a report which set out the impact of fire and rescue service interventions in reducing the risk of harm to vulnerable people from winter related illnesses. Public Health England had also published a report following a review which had looked at the impact of alcohol on the public health and the effectiveness of alcohol control policies. NICE had published draft guidance which revealed that accelerating or decelerating too rapidly led to inefficient driving and fuel consumption, with harmful emissions being released into the environment unnecessarily. The guidance had recommended that local councils placed buildings away from busy roads when drafting town/city plans and that cyclists should be screened from motorised traffic by shrubs or plants in situations where they were found to reduce air pollution.

Public Health England had released a report for commissioners of end of life care services to support new ways of commissioning through using public health approaches to build compassionate communities. The report had focussed on the user experience and the main findings were crucial to informing the support required to build community capacity and ensuring that services were better placed to meet the identified gaps. The Centre for Mental Health had published a report outlining how mental health needs assessments could prompt action to improve wellbeing and life chances in local communities. The report had found that JSNAs for mental health and dementia could help to direct investment, to improve services and to help local agencies work together more effectively.

The LGiU had published a briefing on the Cycle BOOM study, which had investigated the barriers and potential for using cycling to enable better health and wellbeing for older people. The design and planning specialist ARUP had published a report which highlighted the significant social, economic, environmental and political benefits of walking. The LGiU had also published a briefing providing an overview of the Government's response to The Commons Education Committee's report on the mental health and wellbeing of children, and this had confirmed the Government's commitment to improving mental health services for children and young people.

The Health Foundation and the Advancing Quality Alliance had considered in a report how health and social care organisations could work together to tackle quality and productivity challenges to build a system that was coordinated around what people needed. The report had introduced methods that could be used to improve whole system flow. Learning from the Realising the Value Programme had been considered in a report by the Health Foundation and put across ten key actions, focussed on both what should be done and how people needed to work differently.

Under the requirements of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 the NHS Commissioning Board had to notify the Health and Wellbeing Board of all relevant applications to provide pharmaceutical services, including the relocation of existing pharmacies. Notification of a number of applications had been received.

The latest Forward Plan had been circulated, and if any Board member wished to add an item, they were asked to contact Ellen Langton.

A more detailed report would be submitted to the next meeting.

RESOLVED to note the information contained in the round up report and to review the Forward Plan.