

MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held on 10 November 2016 at County Hall, Matlock

PRESENT

Councillor D Allen (in the Chair)

T Allen	DCHS
S Allinson	North Derbyshire CCG
S Bateman	Derbyshire Health United
F Bharmal	Erewash CCG
G Boyle	Derby Teaching Hospitals Foundation Trust
Councillor H Coyle	South Derbyshire District Council
Councillor J A Coyle	Derbyshire County Council
H Dhindsa	Police and Crime Commissioner for Derbyshire
Dr A Dow	Tameside and Glossop CCG
E Fox	Peak District National Park Authority
A Gregory	Hardwick CCG
Councillor C A Hart	Derbyshire County Council
C Haward	Derbyshire Constabulary
J Hollister	Derbyshire County Council
A Johnson	Derbyshire Fire & Rescue
Councillor P Jones	Derbyshire County Council
I Majid	Derbyshire Healthcare Foundation Trust
Dr A Mott	Southern Derbyshire CCG
Councillor B Murray-Carr	Bolsover District Council
J Parfrement	Derbyshire County Council
H Phillips	Chesterfield Royal Hospital
J Simmons	Healthwatch Derbyshire
G Thompson	Southern Derbyshire CCG
J Vollar	Derbyshire County Council
D Wallace	Derbyshire County Council
J Willis	NDVA/3D

Also in Attendance – Councillor S Bambrick (Derbyshire County Council), Councillor R Davison (Derbyshire County Council), I Fleming (Derbyshire County Council/Erewash, North Derbyshire and Hardwick CCGs), S Gamblin (Derbyshire Constabulary), D Gardner (Hardwick CCG), T Illsley (Bayer), A Jesney (Derbyshire County Council), A Johnson (Vodafone), E Langton (Derbyshire County Council), R Mogridge (Office of the Police and Crime Commissioner for Derbyshire), J Wardle (Derbyshire County Council)

Apologies for absence were submitted on B Anderson, A Bhatia, H Bowen, P Coleman, R Gregory, R Henderson, Dr S Lloyd, K Ritchie, J Rivers, P Singh, I Stephenson, Councillor J Twigg, Councillor A Western and P Wood

66/16 **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 22 September 2016 be confirmed as a correct record.

67/16 **SUSTAINABILITY AND TRANSFORMATION PLAN FOR DERBYSHIRE** An update was given on the Sustainability and Transformation Plan for Derbyshire. The submission had been made on time, and initial feedback from NHS England was positive. There were still issues that would need to be dealt with moving forward, but processes were beginning to be agreed, and there were plans for engagement with stakeholders. A number of priorities were being developed, and these were highlighted.

68/16 **REVIEW OF ACUTE HOSPITAL DISCHARGE PROCESS** The Board was presented with the final report of the Improvement and Scrutiny Committee – Health review of the process and patient experience on discharge from Acute Hospital Care. The report gave details of the research, meetings and evidence gathering which had informed the review and helped to develop the outcomes and recommendations.

The recommendations would be referred to the health organisations who had been subject to the review, as well as the County Council's Adult Care Department. As the recommendations were implemented, progress would be monitored by the Improvement and Scrutiny Committee – Health through the action plan which had been developed, and this would be shared with the organisations which had been involved in the review.

RESOLVED to note (1) the report of the Improvement and Scrutiny Committee – Health on its review of the Acute Hospital discharge process and to receive recommendations of the Scrutiny Review; and

(2) that, as agreed recommendations are implemented, progress will be monitored by the Improvement and Scrutiny Committee – Health at strategic intervals through the Action Plan.

69/16 **VOLUNTARY AND COMMUNITY SECTOR TASK AND FINISH GROUP UPDATE** The Board was informed of the latest work in relation to the VCS Investment Review. To date, the project had progressed in two phases and the first phase had focused on mapping current investment in the VCS for health and social care across HWB partners. The results of the mapping exercise had initially been presented to the Board in 2014, but the document had subsequently been updated to reflect current spend for ongoing analysis. A set of joint outcomes and principles for VCS investment had been developed and agreed by the Board. The second phase of the project had focused on aligning budgets between the County Council Adult Care VCS budget and the CCG VCS budget for adults. The joint outcomes and principles had been supplemented by additional criteria and evaluation questions developed by the Task and Finish Group, and it was the intention

that these, alongside the outcomes and principles, would help inform any future commissioning.

Between March-May 2016, reports had been presented at the County Council's Cabinet and at meetings of CCG Governing Bodies to outline each organisation's proposed investment for priority areas, based on statutory duties and discretionary spend. The reports had agreed that consultation would be undertaken in relation to the proposals outlined, and alongside this, an equality analysis had been developed to inform the decision making process. Wherever possible, members of the Task and Finish Group had sought to progress the work at similar timescales in order to meet the various decision-making processes of the funding bodies. This had not always been possible, and it was recognised that this had resulted in a complex situation for some voluntary sector organisations who received funding from more than one organisation, and was something which all organisations would seek to improve upon in the future.

Following a consultation exercise on the future of VCS funding, recommendations had been made to the County Council's Cabinet that funding to a small number of grant funded organisations supported by Adult Care would cease, with the rest of the services subject to the consultation having their funding secured for a further 18 months. In terms of CCG discretionary spend, consultation and an application process against defined healthcare priorities had taken place, and this had resulted in a mix of organisations who had previously received funding alongside some new organisations securing funding for the next 18 months. Timescales had been realigned, enabling a joint process going forward and the development of 'Place' through STP. A number of thematic reviews had also been coordinated by the relevant commissioning groups to consider the most appropriate approach to funding, and a summary of the latest position was provided.

The Task and Finish Group had now completed the tasks delegated to it by the HWB. Whilst the ambition to develop a single commissioning process for the award of grant funding had been achieved through the thematic work, this had not been fully realised for all VCS commissioning, but the partners involved wanted to achieve this in the future and would continue to seek to align approaches wherever possible. It had been proposed that the Group would now only meet if and when required to finalise any outstanding tasks, with the role of the Group formally ending in April 2017. However, members of the Group had recognised that, as funding would have to be reviewed again within the next 18 months, there would be value for the group to remain in existence and meet on a bi-monthly basis. Due to the evolution of the Group's role and function, it was recommended to agree to the revised remit for the Group and that it continued to meet and provide updates to the Board.

RESOLVED to (1) note the initial work of the VCS investment review Task and Finish Group is complete; and

(2) agree that the membership and role of the VCS Investment review group be reviewed to allow it to continue to meet as a forum where links between voluntary and statutory agencies are developed to ensure that the voluntary sector is appropriately placed to meet future commissioning requirements.

70/16 FUTURE IN MIND: IMPROVING CHILDREN'S EMOTIONAL WELLBEING ACROSS DERBYSHIRE Future in Mind (FIM) was a CCG funding allocation aimed at improving the emotional health and wellbeing of children and young people. The four Derbyshire CCGs, Derby City Council and Derbyshire County Council had collaborated to produce a joint Plan. There had been a significant shift in funding towards community based prevention and quick response, and this had enabled improved partnership working with a range of children's services within communities. The Plan had been refreshed in line with the national guidance and sent to the NHS England regional team. Feedback had been received recently, and this had been reviewed before the Plan publication on 31 October 2016.

A summary was provided of the Future in Mind Plan achievements between October 2015 – October 2016. It was noted that young people continued to inform the commissioners about their priority needs, which informed co-developed future plans and improvements in service delivery. The programme had been successful in engaging secondary schools and young people in service planning, but the need to focus more on primary schools was recognised. A wide range of stakeholders had contributed to the refresh of the plan, and their views had been reflected in the priorities that had been identified for 2016/17. A summary of the key priorities and challenges for 2016-2018 was given, and there were three development plan highlights – crisis care and intensive interventions, groups with extra vulnerability, and workforce development. It was agreed to provide an update on the work at the meeting in March, and the Board would be taken through some children's journeys.

The Board was also informed of an Ofsted Special Educational Needs and Disabilities (SEND) Local Area Joint inspection that was due to take place next week across the County and five CCGs. This would be looking at the approach to identification and the journey for children. A self-evaluation had been provided, and a one page summary of this would be circulated to those who were due to be involved in the inspection. It was agreed that the Healthwatch report on CAMHS and the KPIs for Future in Mind be reviewed at the March meeting of the Board.

RESOLVED to (1) note the progress to date with implementation of the Future in Mind plan; and

(2) continue to prioritise children and young people's emotional health and wellbeing via support for the Future in Mind Plan.

71/16 MENTAL HEALTH CRISIS CARE CONCORDAT UPDATE The Mental Health Crisis Care Concordat had been launched by the Department of Health, Deputy Prime Minister's Office and the Home Office in 2014. A mental health summit had previously been held jointly between the Office of the Police and Crime Commissioner for Derbyshire and Hardwick CCG and a local concordat declaration had been signed. A concordat group had been formed, and the concordat plan was updated annually and was available on the national crisis care concordat website.

Derbyshire Constabulary had recently produced a yearly report on progress against implementation, and a summary was provided of the headline areas. A number of ongoing challenges had been identified and included acute bed provision, the issue of legal highs, prisoners with mental health issues, staffing issues, conveyance to hospital, 12-hour breaches in the emergency department, primary care support, and community resilience.

The Concordat Group had developed a number of key themes, and in the work of the concordat signatories in 2016-2018, these were developing alternative safe places for young people and adults, reducing out-of-area use of acute and PICU beds, reducing 12 hour breaches in the emergency department and in police custody, improving EMAS conveyancing, developing the multiagency hub further, developing the forensic community service, and developing primary care access to support and prevention, including a review of helpline services.

RESOLVED to (1) endorse the continuation of the concordat group's work whilst the precise arrangements for multiagency working on mental health is confirmed through the emerging STP governance process;

(2) agree that concordat signatory agencies continue to provide a designated lead for the concordat group to enable effective progress to be maintained;

(3) note that the review of people's experiences of urgent care following the concordat key objectives by Healthwatch will inform the concordat group's work plan for 2017/18; and

(4) agree the key themes for the concordat group and the work of the concordat signatories for 2016-2018 and to receive a progress report on these areas of work in six months' time.

72/16 SEXUAL VIOLENCE NEEDS ASSESSMENT The Board was informed of the work that had been completed so far by the Sexual Violence and Abuse Pathway Strategy Group. A summary was also provided of both the Derby City and Derbyshire County Sexual Health Needs Assessment 2013 and the Domestic Abuse and Sexual Violence Health Needs Assessment 2014 in relation to the current understanding around sexual violence.

The possible risk factors for sexual violence were stated. The 2013 needs assessment had estimated that each adult rape could cost over £76,000, and the provision of Sexual Abuse Referral Centres had been highlighted as a way to reduce public sector costs. Age was a key risk for sexual violence, and when looking at crimes per 1000 of the population, it was clear that those aged between 10-19 were at a higher risk than those aged 20-29 or 30-39.

A number of key objectives had been detailed by the Government in relation to dealing with sexual violence – maximising prevention, increasing support and health service access, and improving the CJS response. Derby City had been shown to be worse than the English average for numbers of female recorded rape, whilst the districts in Derbyshire County had all been either in line with the average or below. It was important to consider BME groups and potentially tailoring services to individual needs to ensure maximum engagement, and the issues surrounding those in rural areas had also been highlighted. There was an issue that some data sources did not include certain age groups, and research tended to focus on heterosexual women as victims, so there was a potential value in increasing research into smaller population groups.

The 2014 health needs assessment had compiled a number of important health needs for the people of Derby and Derbyshire, and these were highlighted. According to SV2 figures, the number of new service users year on year was increasing. Details were provided of the police recorded figures for Derbyshire for 2015/16 and for the year to date. A number of recommendations had been put forward, and it was agreed that the Director of Public Health would discuss these with the Police and Crime Commissioner as there were some concerns from a County perspective.

RESOLVED to (1) support and consider further work on the following groups that were previously excluded from the 2014 needs assessment: under 16s, migrant groups with no recourse to public funding, victims of historic abuse, victims of stalking or on the long term health needs of those victims that differ from domestic abuse victims;

(2) increase work in rural areas to address the inequity in accessing services and positive outcomes for those more vulnerable groups;

(3) agree to have specialist BME services in place to allow victims to disclose sexual violence in an environment where they feel the most comfortable and to make sure that these services are no longer intermittent;

(4) investigate where support services could potentially engage with victims earlier, possibly before the police in order to prevent any barriers to victims seeking support that the police may create;

(5) address the awareness of the importance of domestic abuse and sexual violence as a cause of ill health, alongside a direct pathway for referrals into health services;

(6) look at areas outside of Derbyshire to investigate approaches to population wide prevention work such as with large employers and schools; and

(7) look at a regional approach for SARC provision.

73/16 HEALTH PROTECTION BOARD UPDATE An overview was provided of the key issues which had been discussed at the last meeting of the Derbyshire Health Protection Board. These included screening and immunisation, infection prevention and control, environmental health, inequalities, incidents and outbreaks, and strategic issues.

RESOLVED to note the update report from the Health Protection Board.

74/16 HEALTH AND WELLBEING BOARD ROUND UP REPORT A round up of key progress in relation to health and wellbeing issues and projects was given.

The Care Quality Commission had published its annual state of care report. Specific analysis of the key findings relating to adult social care had been summarised, and there was an interactive map which showed the ratings of all services which had been inspected by the CQC. The King's Fund had published 'A digital NHS? An introduction to the digital agenda and plans for implementation', and this sought to make sense of the national policy agenda regarding how the NHS used digital technology.

Health Education England (HEE) had received funding from the Department of Health to support NHS England in meeting national targets to expand the workforce providing children and young people's mental health services. HEE had published information for service providers within and

outside the NHS who wished to express their interest in accessing a fully-funded scheme to employ and train new staff.

The Nuffield Trust and Kings Fund had published a joint report which considered the impact of changes in local authority spending on social care for older people, and the key themes from the report were highlighted. The House of Commons Health Select Committee had considered Public Health post 2013, and this report warned of risks of widening health inequalities and false economy due to cuts in both local government and public health budgets. The report called for greater action to tackle a range of public health issues.

The Local Government Association had published Health in All Policies: a manual for local government, and this brought together the arguments for a Health in All Policies approach with suggestions for development at local level. The report made specific recommendations about the role of health and wellbeing boards. NHS Digital had published the results of the latest Adult Psychiatric Morbidity Survey, and the key findings were presented. The Nuffield Trust had published Harnessing social action to support older people, and this gave the findings of an evaluation of seven social action projects designed to use volunteers to offer support to older people, improve their wellbeing and increase their capacity to live independently. The projects had been funded from the Reducing Winter Pressures Fund.

Healthwatch England had published its annual report for 2015-16 Every Voice Matters: putting people at the heart of care. In 2015/16, the 152 local Healthwatch across England had engaged over 380,000 people to find out their views about health and social care, and had helped to signpost a further 220,000 people to the right place for their needs. The Office of National Statistics had published the latest results from its annual wellbeing survey, and the headline results for 2015/16 for Derbyshire were noted. Derbyshire Dales had been ranked as the fourth highest local authority area for life satisfaction. NHS England and NHS Improvement had published operational and contracting planning guidance covering a two year period to 2019. This provided local NHS organisations with an update on the national priorities for 2017/18 and 2018/19, as well as updating on longer term financial challenges for local systems.

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.

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