

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

**PRESENT**

Councillor D Allen (in the Chair)

T Allen	DCHS NHS Foundation Trust
L Allison	Amber Valley CVS
P Benton	EMAS
F Bharmal	Erewash CCG
H Bowen	Chesterfield Borough Council
P Coleman	Derby Royal Hospital
M Henn	Erewash CCG
J Hollister	Derbyshire County Council
Councillor P Jones	Derbyshire County Council
D Lowe	Derbyshire County Council
Dr A Mott	Southern Derbyshire CCG
C Newman	Hardwick CCG
T Nolan	HealthWatch Derbyshire
J Parfrement	Derbyshire County Council
P Singh	DCHS NHS Foundation Trust
B Smith	North Derbyshire CCG
I Stephenson	Derbyshire County Council
Councillor A Western	Derbyshire County Council
Councillor R J Wheeler	South Derbyshire District Council
M Whittaker	Derbyshire County Council
J Willis	NDVA
C Winfield	Derby Royal Hospital

Also in Attendance – J Barnes (Derbyshire County Council), K Dood (Observer), E Langton (Derbyshire County Council) P Orban (Observer), J Orwin (Derbyshire Office of the Police and Crime Commissioner), G Spencer (Derbyshire County Council), C Watson (Tameside and Glossop CCG)

Apologies for absence were submitted on behalf of A Charles, Councillor J Coyle, A Gregory, R Gregory, Councillor C A Hart, G Knighton, H Phillips, R Marwaha, S Noyes, K Ritchie, J Simmons, Councillor A Syrett and G Thompson

**12/16**      **OFFICERS** The Chair welcomed Jane Parfrement, the new Strategic Director – Children’s Services, to the meeting.

It was reported that this was to be David Lowe’s last meeting as he was retiring. The Board thanked David for his contribution to the work of the Board and wished him well.

**13/16**        **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 7 January 2016 be confirmed as a correct record.

**14/16**        **MINUTES OF ASSOCIATED BOARDS RESOLVED** to note the minutes of the 21<sup>st</sup> Century Plan Delivery Group, Joined Up Care Board, Tameside Care Together and Derbyshire Children's Trust Board.

**15/16**        **SUSTAINABILITY AND TRANSFORMATION PLAN FOR DERBYSHIRE** In December 2015, NHS England had issued planning guidance for the next five years – Delivering the Forward View: NHS Planning Guidance 2016/17 – 2020/21. This proposed the development of two documents – a one year operational plan for 2016/17 which was organisationally focused, and a five year shared Sustainability and Transformation Plan (STP), which was place-based and focused on driving the implementation of the NHS Five Year Forward View.

As an initial first step to support the development of the STP, local areas had been asked to agree a transformation footprint on which work would take place by the end of January 2016. A proposal had been submitted to NHS England that this would cover all of Derbyshire, including Derby City. The final STP would be developed throughout the spring, with a final version being submitted to NHS England in June 2016.

Subsequent guidance had been issued by NHS England in February 2016 on the development of the STP, and this provided further clarity on timescales and approach, including a series of actions to be achieved. Before Easter, there needed to be confirmation of the governance arrangements and processes needed to produce an agreed STP, including the nomination of a named person who would be responsible for overseeing and co-ordinating the STP process. There also needed to be details of how the scale of the local challenge in relation to the three gaps highlighted in the NHS Five Year Forward View would be understood locally, and that the key priorities were identified to address each gap and were agreed by local areas. After Easter, regional workshops would take place to support the development of plans; NHS England would publish a suite of 'how to' materials to support the development of the STP; and liaison would take place between NHS England regional teams and local areas.

Initial discussions had taken place in Derbyshire to support the development of the STP, and further work would take place to ensure the deadlines were met. Further reports would be presented to the Board on the development of the STP. It was noted that there was to be a special meeting of the Core Group on 29 March to discuss the development of the plan and how it fit with the priorities of the Board. It was felt that the wider members of the Board needed to have sight of the proposed structure chart, and the draft

version of this would be circulated. The Board needed to have a clear role in the governance structure, and the Core Group would also consider this at the meeting on 29 March.

**RESOLVED** to note (1) the timescales and approach for the development of the Sustainability and Transformation Plan as outlined in the NHS Planning Guidance;

(2) the latest correspondence from NHS England regarding the development of the Sustainability and Transformation Plan; and

(3) that further reports updating the Board on the development of the STP will be tabled at future Health and Wellbeing Board meetings,

**16/16      UPDATE ON 21C JOINED UP CARE** The Board received a presentation from Clive Newman (Hardwick CCG) and Beverley Smith (North Derbyshire CCG) giving an update on the 21C #Joined Up Care programme. There had been a need to change the existing structures in place due to the changing needs of the population, system capabilities, financial pressures and local care needs.

The aims of the programme were detailed, and these were to keep people safe and healthy, at home and independent. There were three system workstreams – integrated care; ‘right care, right place, right person’; and specific components of care – and there were a number of issues to overcome to make these work.

Information was given around community hubs. North Derbyshire had been divided into eight geographical communities, and the community hubs would provide and support joined up community based care services, developed with local people to meet their needs. People would be supported at home to be independent wherever possible, and there would be improved access to care and improved service effectiveness and efficiency. The services that had been the initial focus for developing community hubs were older persons mental health, community beds, urgent access to care, learning disability and other services, and the proposed services changes for each of these were highlighted.

The impact of the changes on other services had been considered, and system partners were considering the business case which set out the proposals and the impact of these. NHS England would evaluate the process and business case in April 2016, and if assured, pre-consultation would begin in April with partners, and full public consultation would begin in May for 12 weeks.

**17/16      DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST – TRANSFORMATION PROGRAMME 16-17**

The Board was informed of the transformational programme of projects currently being explored. The programme of projects for 2016-17 was broadly divided into three groups – campus transformations, neighbourhood transformations and central services transformations. The Trust had been tasked to deliver efficiencies, and to do this projects were being developed which looked at the main areas to understand the requirements of the services within each area. The aim was to have all services delivered where necessary following a care pathway model suited to the individual needs of service receivers.

Overall, the Campus sections could be divided into three main project areas – Hartington, Kingsway and Radbourne. Although it was the intention to keep similar structures for all areas, it was acknowledged that the needs of each area were different and allowances would be made to accommodate this. There were eight different neighbourhoods across the county, which ensured that there were specific teams allocated to each neighbourhood. The teams would work in similar ways, taking into account the differences in each area. Investigations were being made into delivering the services in more efficient ways. The Central Services service areas overlapped both Campus and Neighbourhoods, and were delivered across the county. Similar investigations were being made to those in the neighbourhoods. Overarching all of the specific areas were a number of workstreams with address schemes.

**RESOLVED** to note the report.

**18/16      GREATER MANCHESTER HEALTH AND SOCIAL CARE DEVOLUTION STRATEGIC PLAN**

An overview was provided of the Greater Manchester Strategic Plan. A devolution deal for Greater Manchester (GM) had been agreed in 2014, and in Spring 2015, it had been announced that GM would receive specific devolved powers in relation to health and social care in a £6bn package.

The ten local authorities, twelve CCGs and fifteen NHS provider organisations in Greater Manchester had developed a Strategic Plan outlining how health and social care devolution would work to improve the health outcomes of GM residents. The Plan was being consulted on between January – March 2016, and feedback would inform the final plan to be published in April 2016. The Greater Manchester wide Strategic Plan contained a number of key principles and policy approaches as to how health and social care devolution would be delivered. These were detailed, along with the key themes within the Plan and the specific GM wide plan which would be developed.

The Strategic Plan was of interest to partners and communities in Derbyshire as significant numbers living in the north-west of the county used

urgent, acute and specialist health services in GM. Any service change and reconfiguration as a result of devolution could have implications for the way in which Derbyshire residents accessed services.

In addition to the Strategic Plan, each local area had been asked to develop a locality plan which underpinned the GM vision. The plans outlined how single commissioning arrangements would operate, pooled budgets would be developed, how current governance would be integrated and outlined the development of new single service models operating across health and social care. A summary of Tameside's and Stockport's Locality Plans were available to view online.

**RESOLVED** to support the proposals relating to the devolution of health and social care in Greater Manchester, as outlined in the Greater Manchester Strategic Plan.

**19/16      BETTER CARE FUND UPDATE** The Better Care Support Team had published the Q3 2015/16 National Return template in January with an expectation that completed templates would be returned by 26 February. The return had been divided into nine separate components, and a summary was provided of these, along with the responses submitted. As the national reporting timescales did not align with Board meeting dates, permission to send the return had been provided by the Chair of the Board on the understanding that the return would be reported retrospectively at the next meeting.

Performance at the Q3 2015/16 reporting period was detailed. Of the metrics available for reporting, all were showing as on target with improvements over the previous quarter. The Board would be required to provide one further quarterly return on the performance of the BCF for 2015/16 by 27 May 2016. The Board would be kept informed of progress against the BCF in line with the reporting date.

**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.

**20/16      BETTER CARE FUND 2016/17 PLANNING UPDATE** The Board received a presentation from Graham Spencer (Derbyshire County Council Adult Care) on an update on plans to refresh the Better Care Fund plan for 2016/17. In summary, local health and wellbeing board areas were expected

to use the BCF as a driver to work towards integration of health and social care services by 2020. A number of changes had been made to the BCF Policy Framework in 2016/17 which had resulted in amendments to the local plan for Derbyshire. The presentation outlined the changes and subsequent revisions of the local BCF plan. Details were also given of the BCF performance to date, lessons learned during 2015/16 and how this fit in with wider NHS planning requirements for 2016/17.

BCF planning for 2016/17 so far was also highlighted. The BCF Policy Framework 2016/17 had been published in January, and the BCF Planning Guidance and Template had been published at the end of February. The first submission had been due on 2 March, with the second round due on 21 March. Final Plans were to be agreed by 25 April. The new national conditions for 2016/17 included an agreement to invest in NHS commissioned out of hospital services and an agreement on local action plan to reduce Delayed Transfers of Care; and there was the removal of the requirement for a risk pool and pay for performance rules linked to the reduction in the emergency admissions target. The revised schemes for 2016/17 were detailed, and there was a total pooled budget of £64.990m, an increase of £3.5m.

**RESOLVED** to (1) receive and note the presentation on progress in planning the BCF for 2016/17; and

(2) receive the final BCF plan at the next meeting.

**21/16 FUTURE IN MIND: IMPROVING CHILDREN'S EMOTIONAL WELLBEING** Future in Mind was a new 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 produced a joint plan, and development of this had been led by feedback from children, people and their families.

The Plan was underpinned by a whole systems approach, and links between education, health and social care were imperative if the vision was to be achieved. The intention was to improve outcomes by intervening earlier, preventing needs from escalating and reducing demand for high-cost support. The first 12-18 months would be used to pilot different evidence based integrated delivery models to test 'proof on concept', and this would inform learning to roll out future developments.

The additional funding which was available for the Plan was detailed. A full year's funding had been allocated for 2015/16, but as the Plan had only been approved in October, there would be some slippage. Work was taking place in both Units of Planning to ensure that the full funding allocation for 2015/16 could be committed and spent locally to improve children's emotional

wellbeing. Future in Mind was a five year programme, but it was not yet clear how funding for future years would be allocated.

A range of actions had been taken to date to deliver the priorities set out within the Plan. Before the end of 2015/16, and into 2016/17, there would be some immediate priorities, including to commit further funding from the Future in Mind allocation to extend the menu of services for children and young people, and a workshop had been planned to develop firmer proposals. Work would take place with both CAMHS providers to transform future delivery models, and this would explore how current roles and teams would need to be re-configured to enable CAMHS to work in an integrated way with Multi-Agency Teams, schools and Primary Care. A workshop had been planned for April to consider future delivery models. Proposals would be developed to improve therapeutic support for children and young people who had experienced sexual abuse or child sexual exploitation, and proposals would be developed to extend support/training for parent carers of children and young people with neurodevelopmental disorders.

The Future in Mind Stakeholder Group had recently met for the first time, and this group would help to co-ordinate and deliver action to implement the Plan. The Future in Mind programme would be strategically monitored and reviewed quarterly by the Joint Children and Young People's Commissioning Group.

A query was raised around what would happen if the allocated funding from central government could not be spent by the end of the financial year, and it was stated that there had been no guidance on this. Assurance was made that the intention was for the CCGs to spend the funding allocation, and ways of allocating it would be further discussed with the local authority. An update on the situation would be presented to the next meeting of the Board.

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

(2) note the next steps.

**22/16      DRAFT      HEALTH      AND      WELLBEING      BOARD**  
**COMMUNICATIONS      AND      ENGAGEMENT      STRATEGY** The Local Government Association Peer Review had recognised the need for the Board to develop a communications and engagement strategy. This had been developed and finalised following the approval of the Health and Wellbeing Strategy. The document outlined the key principles for communications and engagement, and provided a base from which to develop further work. Attached to the strategy was an annual action plan which detailed initial work to be undertaken and suggested lead organisations/groups. It was proposed that the action plan was refined during the consultation period and leads

agreed. Subsequent refreshes of the action plan would take place annually with input from all partners. The key tasks identified for the forthcoming year were stated.

The draft strategy would be circulated for consultation amongst Board members, and it was asked that any feedback be sent to Ellen Langton by 1 April 2016. A final version of the strategy would be presented to the next meeting of the Board.

**RESOLVED** to (1) consider the draft Health and Wellbeing Board Communications and Engagement Strategy and to provide any feedback on the document by 1 April 2016; and

(2) note that the final version of the strategy will be presented to the meeting of the Health and Wellbeing Board on 12 May 2016 for implementation.

**23/16      MEMORANDUM OF UNDERSTANDING BETWEEN PARTNERSHIPS RELATING TO SAFEGUARDING AND WELLBEING OF CHILDREN AND ADULTS** A Memorandum of Understanding (MOU) had been developed between the Derbyshire Safer Communities Board, Derbyshire Safeguarding Children Board, Derbyshire Safeguarding Adults Board, Derbyshire Health and Wellbeing Board and the Derbyshire Children and Young People's Trust Board. The MOU built on the established links between the Health and Wellbeing Board and the Safeguarding Children Board, where there were annual reporting arrangements. It was recognised within the Health and Wellbeing Strategy that the Board needed to ensure that work continued to fit to the broader safeguarding agenda for both adults and children to avoid duplication. The MOU was designed to ensure a consistent approach to allow work to be coordinated.

The MOU outlined a series of arrangements which could be initiated to resolve any issues or provide constructive challenge between Boards. The MOU also acknowledged the importance of continued information sharing between the Boards to inform strategy development, the JSNA and business plans. In line with this, the Chairs of each Board would be consulted in relation to planning and priority setting for the following year for all Boards. The role provided by officers who sat on more than one board was also noted, and these were expected to facilitate effective communication and the sharing of information. In addition, all Business Managers or identified lead officers would share minutes and agendas as appropriate.

**RESOLVED** to adopt the memorandum of understanding between partnerships relating to safeguarding and wellbeing of children and adults.



**24/16      PLANNING AND HEALTH STRATEGIC STATEMENT** The Board received an update from Maureen Whittaker giving an update on progress of the Strategic Statement on Planning and Health. The statement described the vision for improving health and reducing health inequalities through joint working on planning and health.

The Derbyshire wide Planning and Health Steering Group had been established to provide oversight of collaborative work on planning and health. It had undertaken a range of work, including incorporating the recommendations from the Derbyshire wide Planning and Health Summit into a planning and health delivery plan, developing the joint strategic statement, and facilitating the establishment of new engagement and joint working across the planning system, public health and NHS partners. A Health Impact Assessment of the A61 Avenue development site had been initiated as an exemplar for future HIAs of major developments, and support had been secured for the Strategic Statement and the work of the planning and health group from the Derbyshire Chief Executive's group.

In terms of next steps, there would be sign-up to the shared statement by planning authorities and the Derby and Derbyshire Health and Wellbeing Boards, and the establishment of web-based resources and tools for planners. Work would continue to increase awareness and understanding of the role of place-shaping in the health and wellbeing of individuals and communities, and progress would be monitored on the impact of measures to increase systematic inclusion of health in local planning processes, including building Health Impact Assessments into statutory assessment processes.

**RESOLVED** to (1) note, support and endorse the Strategic Statement and the work of the planning and health group; and

(2) agree to receive updates from the Planning and Health Steering Group by exception as required.

**25/16      AIR QUALITY AND HEALTH IN DERBYSHIRE COUNTY** The Board received a presentation from Matthew Holford (South Derbyshire District Council) and Jane Carless (Derbyshire County Council Public Health) on Air Quality and Health in Derbyshire. There was growing evidence that demonstrated long term exposure to air pollution was harmful at levels well below current air quality targets and was causing a significant morbidity and mortality burden in Derbyshire. The impact of air pollution affected the whole population, but disproportionately affected the young, older people, those with underlying health conditions and the most disadvantaged within communities. Emerging challenges could potentially compromise progress towards air quality improvements across the county.

Details were provided around health problems resulting from exposure to air pollution, and the most significant effect of air pollution on public health was thought to be due to long-term exposure to particulate air pollution. It was noted that predicted mortality fractions equalled or exceeded the East Midlands rate of 5.6% in three of the nine Derbyshire Council areas. The sources of air pollution were highlighted.

Under the Environment Act 1995, local authorities were required to assess air quality within their areas and report annually. When potential breaches of the Air Quality Standards occurred, an Air Quality Management Area (AQMA) was declared and an Air Quality Action Plan (AQAP) developed. There were currently six AQMAs in Derbyshire, with another due to be declared.

There were a number of current challenges to improvements in air quality, including that predicted improvements in emissions from road traffic had not materialised. Defra had carried out air quality modelling of the main UK road network, and this had concluded that all of the UK would comply with the Air Quality Standards for NO<sub>2</sub> by 2020 with the exception of six cities. However, there was concern that the predictions of air quality were overly optimistic. It was noted that empirical field data was progressively reducing to the budgets being tightened, and adverse air quality impacts from new development could be seen as a price to pay for economic growth.

It was considered important that the Board remained informed on air quality compliance and also on whether local air quality trends reflected the reductions predicted. It had been recommended that local government should track exposure to harmful pollutants in major urban areas and should communicate this information to the public. It was proposed that the Health Protection Board received annual progress reports on air quality trends in order to provide a detailed local picture of air quality risk. In order to retain a sufficient profile with local council service planning, it was suggested that air quality be included within the JSNA.

Measures detailed in the Local Transport Plan would not be solely sufficient to solve the air pollution/air quality challenge faced in Derbyshire. It was therefore considered that local policy guidance in the form of a Supplementary Planning Document would enable a consistent and proportionate approach across the County and ensure consideration of the relevant evidence and guidance within planning decisions. The document would support the Council's duty to cooperate on planning and health, as well as delivering some of the Air Quality Plan measures. It would also enable Councils to promote the reduction of air pollutants.

It was stated that modest decreases in air pollution could have a significant improvement on health; and interventions could deliver benefits

across transport, environment and health. However, this required joint strategic working across all organisations.

**RESOLVED** to (1) receive an annual report on the state of air quality in Derbyshire with particular reference to trends in NO2 and PM;

(2) recommend to local planning authorities in Derbyshire that they adopt a joint Supplementary Planning Document;

(3) agree to the inclusion of an 'Air Quality' chapter within the JSNA; and

(4) consider the development of a working group on air quality improvement.

#### **26/16      ACCESS TO HEALTH SERVICES FOR PEOPLE WITH LEARNING DISABILITIES REPORT FROM HEALTHWATCH DERBYSHIRE**

The Board was presented with a summary of the findings and recommendations contained within the Access to Health Services for People with Learning Disabilities Report. The information, views and opinions in the report had been based on responses from 171 people with learning disabilities. A mixture of positive and negative themes had emerged from the findings and a summary of these were given.

The Report had recommended that health services should review their ability to identify patients with a learning disability and make reasonable adjustments to their needs. The responses from service providers and commissioners had been very encouraging, and a summary of the action points was provided. The actions would be reviewed by HealthWatch Derbyshire in August 2016.

**RESOLVED** to note the key findings and recommendations made within the Access to Health Services for People with Learning Disabilities Report.

#### **27/16      HEALTH AND WELLBEING ROUND-UP** A round up of key progress in relation to health and wellbeing issues and projects was given.

The Local Government Association had published Behavioural Insights and Health, and this contained case studies highlighting the variety of ways that people could be supported by councils to make better choices. NHS England had published 'People helping people: year two of the pioneer programme', and this described the journey taken over the last year by areas at the forefront of health and social integration. The report highlighted the progress, challenges and lessons learnt, and included case studies which described the core elements of integrated care models and how these were making a difference for local residents.

The Kings Fund had published the results of the annual NatCen Social Research's British Social Attitudes survey, which had asked the public about its views on the NHS and health and care issues generally. The key findings were presented. The Local Government Association had published 'public health transformation three years on: extending influence to promote health and wellbeing'. This showed how local authorities continued to make progress on improving health and wellbeing and tackling health inequalities.

Public Health England had published a new Dementia Profile, and this enabled comparison between local authorities and CCGs in England. The key statistics for Derbyshire were highlighted. The Carter Review, commissioned by the Department of Health, had been published recently, and contained 15 recommendations to be implemented across local health economies to improve the operational efficiency and quality of non-specialist acute hospitals. A summary of the recommendations was given.

The Five Year Forward View for Mental Health had been published, and detailed a series of recommendations made by the Independent Mental Health Taskforce. The report suggested a wide-ranging package of reform and a three pronged approach to improving care through prevention, the expansion of crisis mental health care to seven days a week, and integrated physical and mental health care. The Government had confirmed that £1bn of the additional funding committed to the NHS in the Comprehensive Spending Review would be dedicated to mental health. The Taskforce had made a series of recommendations for wider government, but it had been suggested that some of the recommendations would be challenging to implement due to cuts within other elements of the health budget. The Kings Fund had also recognised the key role of local oversight in the implementation of the recommendations, to ensure that the additional funding was spent on services designed to support the vision outlined in the report.

The Department for Education had announced that the first ever mental health champion for schools, Natasha Devon, would help to raise awareness and reduce the stigma around young people's mental health. This came as part of a wider Government commitment to improve children and young people's mental health, including the way services worked with schools.

The Health Foundation had recently published a report which outlined ways in which people and communities played a key role in delivering the NHS Five Year Forward View. The report identified five key approaches, and these had strong links to the recommendations made in the Derbyshire Social Capital Report.

The Clinical Network and Senate for the East Midlands area had developed a briefing detailing progress made against their business plan for

2015/16, and providing an overview of the organisation's functions. The key points from the briefing were summarised.

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 one application had been received.

**RESOLVED** to note the information contained in the round-up report.