

MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held on 12 May 2016 at Erewash CCG, Toll Bar House, Ilkeston

PRESENT

Councillor D Allen (in the Chair)

S Allinson	Tameside and Glossop CCG
B Anderson	Public Health England
T Campbell	Chesterfield Royal Hospital
P Coleman	Derby Royal Hospital
Councillor J Coyle	Derbyshire County Council
A Gregory	Hardwick CCG
J Hollister	Derbyshire County Council
D Johal	Derbyshire Fire and Rescue Service
Councillor P Jones	Derbyshire County Council
I Majid	Derbyshire Healthcare Foundation Trust
R Marwaha	Erewash CCG
Dr A Mott	Southern Derbyshire CCG
H Phillips	Chesterfield Royal Hospital
K Ritchie	Healthwatch Derbyshire
D Weinrabe	Healthwatch Derbyshire
C Sands	DCHS NHS Foundation Trust
B Smith	North Derbyshire CCG
I Stephenson	Derbyshire County Council
G Thompson	SDCCG
Councillor A Western	Derbyshire County Council
M Whittaker	Derbyshire County Council
J Willis	NDVA
P Wood	SDCVS

Also in Attendance – J Barnes (Derbyshire County Council), T Illsley (Observer (Bayer)) and E Langton (Derbyshire County Council).

Apologies for absence were submitted on behalf of T Allen, Huw Bowen, Dr A Dow, Councillor C A Hart, J Parfremment, P Singh, Councillor B Wheeler and the Police and Crime Commissioner.

Prior to the meeting a self-harm media presentation by Derbyshire Youth Council entitled 'Make a Change' was watched by the Board.

28/16 **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 10 March 2016 be confirmed as a correct record.

29/16 **MINUTES OF ASSOCIATED BOARDS RESOLVED** to note the minutes of the 21st Century Plan Delivery Group, Joined Up Care Board, Tameside Care Together, Adult Care Board and Derbyshire Children's Trust Board.

30/16 **TAMESIDE CARE TOGETHER UPDATE** Mr S Allinson, Tameside and Glossop CCG delivered the Tameside and Glossop Care Together Update to the Board.

The strategic aims for Care Together were to drive up healthy life expectancy to GM average by 2020, achieve England average in next five years and deliver clinically and financially sustainable economy by 2020/21.

The governance and accountability structure was detailed, headed by the Health and Wellbeing Board(s) in Tameside and Derbyshire. In Tameside local authority area, recent progress in commissioning included aligning the governance structure to facilitate single commissioning, a single commissioning management structure and co-location of all teams. Tameside partners had approved a single commissioning strategy and an integrated commissioning fund of £435m. The first meeting of the single commissioning Board had taken place, and there was significant progress in the development of primary care. Provider progress included the successful transfer of community services, and the outcomes for 2016/17 had been agreed. The Integrated Care Organisation (ICO) project management team was in place along with the shadow structure. The new name for the provider organisation was currently being discussed.

Between April and June 2016 there would be work on engaging with local people on proposed models of care, finance and activity modelling, the implementation plan, a single public sector estates plan, a single commissioning structure and finalising the organisational development programme. Development between April and September 2016 would include the "Quick win" operational schemes, integration of Community Services, mobilisation of "Healthy Lives", agreeing the capital business case for locality community hubs, economy IM & T delivery plan and implementing ICOFT governance arrangements. It was noted that Tameside would have to 'bid' for its funding from the Greater Manchester footprint.

From a Derbyshire perspective the discussions were progressing well and citizens should not see any changes in their provision from Tameside and Glossop CCG.

RESOLVED to note the presentation and report.

31/16 **SUSTAINABILITY AND TRANSFORMATION PLAN FOR DERBYSHIRE** The NHS was required to produce a five year Sustainability

and Transformation Plan (STP), and the full draft plan needed to be submitted to NHS England by the end of June 2016. A report had previously been presented detailing the timescales for agreeing the governance, development and submission of the STP on the agreed Derbyshire and Derby City transformation footprint.

The STP was to be built around an understanding of the needs of the local population and local health systems in relation to the finance and efficiency gap, the health and wellbeing gap, and the quality and care gap. In addition, local challenges where patients and populations needed to see most improvement had to be detailed, and this would help identify the key priorities to be tackled over the next five years in order to achieve the sustainable transformation of the health and social care system. It was clear that the Health and Wellbeing Board needed to have a significant role in both the development, delivery and oversight of the STP, as this would enable the Board to fulfil its duties to encourage integration, promote the health and wellbeing of the local population and support the delivery of its key objectives outlined in the Health and Wellbeing Strategy.

Derby City Council Health and Wellbeing Board had approved a report in March 2016 which had agreed a number of responsibilities for the Board in relation to the STP. It was proposed that the Derbyshire Board also agreed to fulfil the same role, in relation to supporting the development of, and helping shape, the STP; playing a key role in the implementation and delivery of the STP within Derbyshire; providing oversight and playing a role as 'critical friend' in both the development and delivery of the STP; and providing an understanding of the wider determinants of health and wellbeing and providing links to key stakeholders.

It was noted that the next submission would be in June 2016 and sign off by NHS England would be in October/November 2016. Joint Development sessions for the Derbyshire and Derby Health and Wellbeing Board were being considered, and a date for this session would be confirmed for the week commencing 21 June 2016.

RESOLVED to (1) note the Board's significant role in the development and delivery of the Derbyshire Sustainability and Transformation Plan; and

(2) agree that the Board fulfils the responsibilities outlined in relation to the development and implementation of the Sustainability and Transformation Plan.

32/16 HEALTH AND WELLBEING BOARD STRATEGY IMPLEMENTATION It had previously been agreed that project plans would be developed for all actions detailed within the Health and Wellbeing Strategy.

An overview was provided of the project plans and the actions under each priority.

The Health and Wellbeing Strategy project plans had been developed in a similar timeframe as the STP, and this had led to a discussion as to how they linked together. As the Board had a statutory duty to promote integration, it was proposed that all the actions detailed within the Strategy needed to remain, but it was recognised that some of the actions would be delivered through the implementation of the STP. To facilitate this, some of the language used in the Strategy had been updated to reflect the fact that work would be coordinated through the STP. A copy of the refreshed Strategy had been circulated to Board members.

Performance reporting on the Strategy actions would be tabled at every Board meeting from July onwards. This would increase the visibility of performance so that all partners were held to account for implementation and delivery of agreed actions.

RESOLVED to (1) note the project plans and performance monitoring arrangements which have been developed to support the implementation of the Health and Wellbeing Strategy; and

(2) agree that performance reporting on the Health and Wellbeing Strategy actions will be a standing item on the Health and Wellbeing Board agenda.

33/16 HEALTH AND WELLBEING BOARD COMMUNICATIONS AND ENGAGEMENT STRATEGY The Communications and Engagement Strategy had been developed and finalised following the approval of the Health and Wellbeing Strategy so that both the vision and four priorities outlined in the main strategy could provide the basis of a narrative to be used for both communications and engagement activity. 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 or groups. It was proposed that the action plan be refreshed annually.

RESOLVED to approve the Health and Wellbeing Board Communications and Engagement Strategy.

34/16 PROMOTING INDEPENDENCE IN THE HEALTH AND SOCIAL CARE SECTOR Professor John Bolton had produced a research paper for the Institute of Public Care at Oxford Brookes University which considered the transformational changes required within adult social care to ensure the sector remained sustainable. The Board was provided with an overview of the key

findings from the report in relation to the challenges of an integrated health and social care system, the importance of effective demand management across the system and consideration of the 'promoting independence' model. The report had identified a number of areas where further potential savings could be achieved to address ongoing financial pressures, including staffing (including assessment and care management costs), bringing down costs and prices, use of personal budgets, and integration between health and social care. There was the potential to ensure that a fully integrated system generated efficiencies for the whole system, as well as providing better outcomes for individuals. To effectively manage demand, the report suggested that the focus of savings in social care needed to switch from ones largely focussed on transactional costs to one where a new approach to social care could be implemented through transformational change.

Evidence within the report suggested that providing the wrong type of care, or delivering small amounts of care to individuals, could exacerbate the need for further care, creating unnecessary demand on the system. Therefore, the health and social care system needed to ensure that approaches did not make individuals unnecessarily dependent on services. Professor Bolton had suggested that approaches needed to be developed which recognised the value of maintaining an individual's independence by ensuring that they remained actively engaged in community life, accessing locally based support. Bolton had stressed the importance of both social care and NHS partners working together and adopting similar approaches which reduced the need for formal care. The approach could be delivered through the promoting independence model, which brought together three different models of social care and considered the evidence for prevention and the different types of preventative activity that could be effective; that providing a bit of the wrong type of help could in fact increase a person's longer term dependency on care; and that institutional care was not necessarily the best way to help a person find their independence.

A number of local authorities had developed and utilised the promoting independence model, which was driven by six main principles. If the model was fully adopted, it should result in highly personalised approaches for each individual. The report acknowledged that developing this type of approach would be a long-term project, requiring the commitment of a range of partners. Professor Bolton had suggested that partners locally should put in place a range of conditions to achieve better outcomes at lower cost through an integrated approach.

It was agreed that this was hugely important information for developing independence.

RESOLVED to consider the implications and key findings in the report in relation to both the HWB priority 'to keep people healthy and independent in their own home' and the emerging Sustainability and Transformation Plan.

35/16 DERBYSHIRE AND DERBY CITY TRANSFORMING CARE PARTNERSHIP PLAN NHS England, the LGA and the Association of Directors of Adult Social Services (ADASS) had previously published 'Building the Right Support', and this national plan had set a framework to support the reduction of in-patient settings and development of community based services for people with a learning disability and/or autism with challenging behaviours and mental health conditions. In November 2015, NHS England's Chief Nurse had written to a variety of officers identifying areas to form Transforming Care Partnerships. Derbyshire County and Derby City had been identified as an area to work collaboratively and form a single Transforming Care Partnership. The letter had identified key actions and milestones for the partnership to achieve, and this had included the requirement to produce, develop and implement a plan to deliver against the national ambition to transform local services for individuals with learning disabilities. The Derbyshire County and Derby City Transforming Care Partnership Board had been established.

A first draft of the Transforming Care Partnership Plan had been submitted to NHS England in February 2016, and the partnership had addressed the areas identified for further development to meet the required final submission date of 11 April 2016. It was anticipated that NHS England regional team would provide further support in order to achieve a final sign off from the national team by 1 July.

The latest version of the plan was presented. The plan described a number of local ambitions, and it identified a range of work streams which would deliver key pieces of work to support to help achieve the ambitions and ensure delivery of the new model of care by March 2019. It was anticipated that the Transforming Care Plan would form part of the learning disability component of the Sustainability and Transformation Plan to be delivered in October 2016, and it would contribute to the HWB priority of 'keeping people independent and in their own home'.

RESOLVED to (1) approve the Derbyshire and Derby City Transforming Care Partnership Plan;

(2) approve the development of the Transforming Care Board and its role in delivering the implementation of the plan;

(3) note the work to date on developing an implementation plan; and

(4) agree to receive updates on the work as it progresses.

36/16 BETTER CARE FUND OPERATIONAL PLAN Details of the revised planning requirements and an outline of the 2016/17 Better Care Fund (BCF) plan had been presented to the last meeting of the Health and Wellbeing Board. Following this meeting, a first draft of the narrative plan had been submitted to the Regional Assurance Team. A positive feedback letter had been received, with only a few areas for clarification needing to be addressed for the final plan, including the requirement to develop a local Delayed Transfer of Care Plan.

At its meeting in April, the BCF Programme Board had approved the final draft plans for all elements of the BCF in 2016/17, and this had confirmed a pooled budget of £64.991m, revised schemes to support the delivery of the BCF in 2016/17, funding contributions and areas of spend, targets for national metrics, a review of the 2015/16 performance, and the revised governance and risk sharing arrangements. A detailed breakdown of the expenditure plans had been provided.

The Delayed Transfer of Care Plan was also presented, and provided information on an analysis of performance in 2015/16, a summary of capacity and workforce work to date and known issues, target setting approach for a system-wide target in 2016/17, and action plans for both the BCF Finance and Performance Sub-Group and the North and South System resilience groups.

Thanks were expressed to officers and the Joint Commissioning Team for their work on the Derbyshire Better Care Fund 2016/17 Plan.

RESOLVED to (1) receive and approve the BCF Narrative Plan, Planning Template and Delayed Transfers of Care Local Plan; and

(2) receive regular progress reports on the implementation and performance monitoring of the BCF during 2016/17.

37/16 IMPLEMENTING A STRATEGIC APPROACH TO PREVENTION A new focus on prevention was an important system-wide priority, and prevention efforts were required to increase healthy life expectancy. The Public Health Team in Derbyshire had drafted an approach to prevention that reflected a wider whole-system view to achieve a systematic, scaled-up and consistent approach to prevention in order to increase healthy life expectancy, reduce health inequalities, and ensure sustainability of the health, social care and economic system. The strategic approach to prevention across Derbyshire required systematic implementation through effective partnership working between organisations, healthy public policies, supportive environments for health and wellbeing, reorienting services, strengthening communities, and strengthening individuals.

It was proposed that the Health and Wellbeing Board maintained oversight of progress on the further development and implementation of the strategic approach to prevention, incorporating Public Health England's Call to Action top ten requirements. The Director of Public Health would provide leadership for the further development and implementation of the system wide approach to prevention, and progress would be reported to the Board.

RESOLVED to (1) receive and note the progress in developing a draft strategic approach to prevention across Derbyshire;

(2) support the further development and implementation of a strategic approach to prevention across the whole system in Derbyshire; and

(3) support the proposed system to ensure oversight and accountability for implementation, led by the Director of Public Health.

38/16 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, infection prevention and control, environmental health, local authority health protection, inequalities, incidents and outbreaks, and strategic issues.

RESOLVED to note the update from the Health Protection Board.

39/16 VOLUNTARY AND COMMUNITY SECTOR TASK AND FINISH GROUP UPDATE The County Council and each CCG in Derbyshire had funding agreements with the VCS for a wide range of preventative and infrastructure services. A project had previously been commenced, and this was considering the ongoing financial pressures of both NHS and local government organisations, with particular emphasis on the reduction in grant funding for adult care services. A task and finish group, chaired by North Derbyshire CCG, had been established to deliver the project.

To date the project had progressed in two phases, with the first phase of the project focussed on mapping current investment in the VCS for health and social care across partners. The second phase of the project had focussed on aligning budgets between the DCC Adult Care VCS budget and the CCG VCS budget for adults. The joint outcomes and principles agreed by the Health and Wellbeing Board had been supplemented by additional criteria and evaluation questions developed by the task and finish group, and it was intended that these, alongside an agreed set of outcomes and principles, would help inform any future commissioning.

Following consideration of the evidence gathered to date and the latest financial analysis, a series of reports had been developed for the County Council's Cabinet and CCG Governing Bodies, outlining each organisation's

investment for priority areas. Three Cabinet reports had been approved in relation to Luncheon Clubs, Extension of Grant Funding – Adult Care Statutory Priorities, and grant funding in 2016/17 – Adult Care non statutory service priorities. CCG Governing Bodies had also received an update report relating to consultation, engagement and proposed re-commissioning of both statutory and discretionary services.

Consultation was currently taking place in relation to both DCC and CCG proposals. An equality analysis was being developed to inform the decision making process, and District Council Chief Executives had been made aware of the proposals. The task and finish group had recognised that for some aspects of the project, work would need to progress at different timescales in order to meet the various decision-making processes of the funding bodies.

At the end of the consultation period, it was anticipated that Cabinet and the CCG Governing Bodies would receive further reports detailing the outcomes and analysis of the consultation, the completed Equality Analysis, recommendations, and proposals for next steps in the process. It was proposed that a further report would be presented to the HWB providing an overview of the recommendations made. In addition, the task and finish group was finalising the paperwork to support a single commissioning process. The new documentation would ensure a common approach to all commissioning activity.

The task and finish group had completed the original tasks it was assigned. It was proposed that the task and finish group and the Joint Commissioners Group continued to meet until the autumn, when it was anticipated that final reports and recommendations outlining future investment in the VCS would be presented to Cabinet and CCG Governing Bodies. Between autumn and April 2017, it was proposed that the group would meet if and when required to finalise any outstanding tasks, and the role of the group would formally end in April 2017.

It was noted that the voluntary sector continued to aspire to be equal partners but were currently being challenged by the uncertainty surrounding contracts for provision of their services.

RESOLVED to (1) note that reports have been developed for approval by CCG Governing Bodies and DCC Cabinet in relation to voluntary sector involvement outlining proposals, which are currently subject to consultation;

(2) agree that the Health and Wellbeing Board receives a report detailing the outcomes of the consultation in the autumn; and

(3) agree the proposed timeframe to bring to an end the work of the VCS Investment task and finish group.

40/16 HEALTH AND WELLBEING ROUND-UP A round up of key progress in relation to health and wellbeing issues and projects was given.

Public Health England had published the 2016 child health profiles, and these would enable local organisations to work in partnership to plan and commission evidence based services based on local need. The LGA had published a briefing outlining the increasing role of community pharmacy in public health, and this explained councillors' roles and duties. The Department of Health had published the NHS Outcomes Framework 2016-2017, and this set out the framework and indicators that would be used to hold NHS England to account for improvements in health outcomes. The LGA had also published Charting progress on the health devolution journey: early lessons from Greater Manchester.

The Health Foundation had published 'Catalyst or Distraction? The evolution of devolution in the English NHS'. This considered the potential implications for health and care outcomes in England and how policy could best evolve. NHS England had introduced a new CCG Improvement and Assessment Framework, and this provided a greater focus on assisting improvement alongside statutory assessment requirements. The framework aimed to enable local health systems and communities to assess their own progress from ratings published online.

The King's Fund and the Nuffield Trust had produced a set of slides which presented the results of the fourth annual online survey of GPs and practice managers with their views of their CCG and its role in primary care. The King's Fund had also produced a set of slides illustrating the connections between housing, social care, health and wellbeing, and these were designed to show housing associations and other organisations had a role to play with the NHS and care sector in improving and maintaining people's health.

The County Council had published the Derbyshire Joint Strategic Needs Assessment: The State of Health and Social Care in Derbyshire 2015'. This reviewed the position of Derbyshire County in regard to the various Outcomes Frameworks available for health and social care, and compared information and data to the East Midlands and England as a whole.

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.

In line with recommendations from a recent audit, it was best practice to publish an attendance list of Board members on an annual basis. This list had been circulated for information, and analysed attendance between October 2014 and March 2016. This recognised that more than one individual could have held a post over the time period.

The latest Action Log and Forward Plan had been circulated, and if any member wished to add an item to the Forward Plan, they were asked to contact Ellen Langton. Board members were also asked to review the action log to ensure that these were being progressed within appropriate timescales.

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