

MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held on 14 July 2016 at Chesterfield Royal Hospital, Calow, Chesterfield

PRESENT

Councillor D Allen (in the Chair)

S Allinson	Tameside and Glossop CCG
B Anderson	Public Health England
L Andrews	Chesterfield Royal Hospital
S Bateman	Derbyshire Health United
F Bharmal	Erewash CCG
L Challis	Chesterfield Royal Hospital
P Coleman	Derby Teaching Hospitals Foundation Trust
Councillor H Coyle	South Derbyshire District Council
A Gregory	Hardwick CCG
Councillor C Hart	Derbyshire County Council
J Hollister	Derbyshire County Council
Councillor P Jones	Derbyshire County Council
W Jones	DCHS NHS Foundation Trust
I Majid	Derbyshire Healthcare Foundation Trust
Dr A Mott	Southern Derbyshire CCG
Councillor B Murray-Carr	Bolsover District Council
J Parfremment	Derbyshire County Council
K Ritchie	Healthwatch Derbyshire
J Simmons	Healthwatch Derbyshire
B Smith	North Derbyshire CCG
I Stephenson	Derbyshire County Council
G Thompson	Southern Derbyshire CCG
G Tomlinson	Derbyshire Fire and Rescue
Councillor A Western	Derbyshire County Council
M Whittaker	Derbyshire County Council
J Willis	NDVA
C Winfield	Derby Teaching Hospitals Foundation Trust

Also in Attendance – J Barnes, S Devine, E Langton and G Spencer (Derbyshire County Council) and N Lewis-Downing (Serco Welfare Services)

Apologies for absence were submitted on behalf of T Allen, H Bowen, T Campbell, Councillor J Coyle, H Dhindsa, A Dow, Dr B Milton, P Singh and P Woods

41/16 **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 12 May 2016 be confirmed as a correct record.

42/16 SUSTAINABILITY AND TRANSFORMATION PLAN FOR

DERBYSHIRE Gary Thompson gave a presentation on the Sustainability and Transformation Plan (STP) for Derbyshire. The STP identified and considered gaps in relation to health and wellbeing, care quality, and finance and efficiency and how these issues should be addressed. An increasingly ageing population put pressure on services and there was a need to focus on prevention, the right care and quality and efficiency.

Five priorities for re-shaping the current system formed the core of the STP and related to place-based care, prevention and self-management, urgent care, system efficiency, and system management. There would be a single financial plan for the whole of the system.

An outline of the STP had been submitted to NHS England on 30 June 2016 with a view that a final plan would be agreed in October 2016. Engagement with staff, members of the public and stakeholders were to take place between July and October 2016 and implementation arrangements would be considered in October 2016.

The STP was a Derby City and Derbyshire plan and Members expressed concerns on the implications of devolution, including health and social care public service reform, if Chesterfield became a full member of the Sheffield City Region. It was suggested that a response to the Sheffield City Region Combined Authority consultation should be submitted from the Health and Wellbeing Board on the implications it could have on the delivery of the STP. Individual organisations were also urged to provide a response on how services could be affected.

RESOLVED (1) to thank Gary Thompson for his presentation and to note that a copy of the presentation would be circulated to Members; and

(2) that a response to the Sheffield City Region Combined Authority consultation be submitted from the Health and Wellbeing Board on the implications it could have on the delivery of the STP.

43/16 UPDATE ON 21ST CENTURY JOINED UP CARE Andy Gregory reported that 21st Century Joined-up Care fitted into the STP objectives. Public meetings were currently taking place and good responses had been received from public engagement. Consultations were to be completed by 5 October.

RESOLVED to note the update on 21st Century Joined up Care.

44/16 PATIENT AND PUBLIC INVOLVEMENT IN THE STP Karen Ritchie, Healthwatch Derbyshire, presented a report on patient and public participation in the STP. She reported that local patient and public insight and

participation should be fundamental to the further development and implementation of the STP in Derbyshire. Service development, delivery and transformation succeeded when service users, patients and local communities were fully engaged and involved in the change process. Communications and patient and public participation were, therefore, key factors in ensuring the successful delivery of the STP and needed to be strengthened as the STP moved towards the implementation phase.

A number of consultations had already taken place and it was apparent that there was a need to explain why changes to the current system were necessary and the beneficial outcomes.

Healthwatch Derbyshire was strongly advocating that the public were seen as a true partner in the STP and that they were given a genuine opportunity to influence the way in which they would be cared for in the future.

RESOLVED (1) to note the report;

(2) to agree a commitment to patient and public participation in the development of the STP; and

(3) to agree a commitment to supporting with the communication of the STP to the people of Derbyshire.

45/16 HEALTH AND WELLBEING BOARD PERFORMANCE DASHBOARD The Health and Wellbeing Board (HWB) had a key role in monitoring the performance of local health and social care as part of its system leadership role. The Health and Wellbeing Board Terms of Reference stated that the Board had a role to ‘develop mechanisms to measure, monitor and report improvements in health and wellbeing outcomes ensuring linkages with performance frameworks for the NHS, public health and local authorities’.

As agreed at the last meeting, a performance report on the progress made during the period May to June 2016 against priorities, actions and outcomes in the Healthy Derbyshire – Health and Wellbeing Strategy 2015 -17 was circulated.

Following a joint HWB development session with colleagues from Derby City it was proposed that the HWB performance dashboard should be further developed to cover a broader range of indicators and capture progress of the STP as well as the HWBs priorities within a single report. To help develop initial proposals the Board was divided into four groups to discuss following two questions ‘What additional local and national indicators need to be captured in the HWB performance dashboard to support the delivery of the STP?’ and ‘What are the key indicators on which to focus our efforts and why are these important?’

Arising from these discussions additional indicators were suggested to cover healthy lifestyles, service needs and gaps, communities, sustainable funding, quality of life and end of life care, GPs, and be based on places. It was suggested that KPIs from all organisations should be brought together, the STP should align with HWB, and information and records should be shared.

To support the development of the performance function of the HWB it was proposed that a small group be formed. It was proposed that the group should be sponsored, though not necessarily chaired, by a Board Member who would be accountable for the group, support its work and present progress reports to the HWB. An initial task for this group would be to take the feedback from the questions raised above, develop a work plan and agree the terms of reference. The group would be accountable to both the Core Group and full Board and would initially be established to performance manage the implementation of the Health and Wellbeing Board Strategy (HWBS) and STP until the end of 2017, when the current HWBS expired and the role of the group would need to be reviewed.

Board Members were asked to nominate themselves or other representatives from their organisation to be a member of or lead the group.

RESOLVED (1) to note the latest HWB performance report attached at Annex 1 to the report;

(2) to note the feedback and comments from the discussion session and agree that the performance dashboard is further developed and an enhanced report is tabled at the next meeting in September 2016; and

(3) to agree to the establishment of a cross system performance group to develop this work and that representatives forward nominations to be a member of the group to E Langton.

46/16 HEALTH AND WELLBEING BOARD STRATEGY IMPLEMENTATION: UPDATE ON CREATING HEALTHY COMMUNITIES

In March 2016 the Health and Wellbeing Board agreed an operational implementation plan to deliver the Health and Wellbeing Strategy (HWBS) priorities with champions for each HWBS priority area providing feedback and updates to the Health and Wellbeing Board meetings on implementation.

The Interim Director of Public Health gave an update on progress on implementation of the 'Create Healthy Communities' priority work-stream. The six key action areas to support delivery of this priority were to understand the infrastructure within our communities to see how public, voluntary and community assets could come together to promote health and wellbeing; work

with District Council and other partners and communities to deliver and develop action on locally agreed Healthy Communities Priorities; work with Elected Members so they understood how they could provide key links between organisations to promote health and wellbeing in their local areas; enable all our workplaces and workforces to be advocates of good health, making sure that every contact counts to offer lifestyle support with individuals and families who used our services; commit to a shared statement on planning and health to maximise the important contribution that planning could make to improving population health and reducing health inequalities; and support and contribute to Health Impact Assessments to ensure that the health benefits of large scale developments in the County could be fully realised.

Work undertaken to date was detailed in the report together with the next steps required.

RESOLVED (1) to note the progress to date with the implementation of the Creating Healthy Communities priority of the HWBS;

(2) to note the next steps for implementation, in particular those relating to the development of a shared assets database and engagement with the Derbyshire Healthy Workplaces programme; and

(3) to receive regular updates on progress with implementation.

47/16 JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL REVIEW

Shirley Devine, DCC Public Health, presented a paper which informed the Board of the work completed, or nearing completion, in the Joint Strategic Needs Assessment Work Programme in 2015/16, which would be included in the JSNA section of the Derbyshire Observatory. The reports had provided insight and identified additional in-depth work required to be added to the 2016/17 work programme.

An annual 'State of Derbyshire' report provided a baseline view of the position of Derbyshire County in regard to the Public Health Outcome Framework, the CCGs Outcomes Framework, and Adult Social Care Outcomes Framework. There was currently no official national outcomes framework for children and young people. However, the PH and NHS Outcome Frameworks included a number of indicators associated to children and young people, and indicators from the national Children and Young People's Health Benchmarking Tool were used to inform the 'State of Derbyshire' report. The report highlighted where performance was significantly different to England and significant variation within the County was also highlighted where data was available. In addition, 'comparison on a page' quilts had also been developed for the Public Health Outcomes Framework, the NHS Outcomes Framework and the baseline outcomes

framework for children and young people. These provided intelligence to compare across localities and CCGs in Derbyshire. It was not possible to produce these for the Adult Care Outcomes Framework, as data was only available at a Derbyshire level.

Details of the JSNA Work Programme for 2016/17 onwards were detailed in the report and included existing priorities from the 2015/16 Work Programme and the following five new priorities - Falls: The impact of designing a 'whole system' evidence-based approach to falls; Building Resilience and Self-Management; Offender Health; Special Educational Needs and Disabilities; and Futures in Mind: Self Harm. The next steps for the JSNA would be to scope the five prioritised topics using the 'Principles for Inclusion' to ensure leadership and capacity for a 'whole system approach'.

RESOLVED (1) to note the progress on delivery of the 2015/16 Work Programme;

(2) to support the priorities identified by the JSNA for the 2016/17 Work Programme and note the next steps in taking this forwards; and

(3) to receive a further progress report later in 2016.

48/16 BETTER CARE FUND 2015/16: QUARTER 4 PERFORMANCE RETURN A copy of the completed performance return of the Derbyshire Better Care Fund as at the fourth quarter reporting period of the 2015/16 financial year was attached to the report. The return was divided into nine separate components including a new section entitled 'Year End Feedback', which had replaced the 'Understanding Support Needs' section from previous returns.

A table summarising the performance of the quarter 4 2015/16 reporting period was also provided and included previous quarters for comparison. The table highlighted that four out of the six metrics had achieved their year-end target. The Metrics where the targets had been achieved included Non-Elective Admissions to Hospital; Delayed Transfers of Care; Patient Experience - GP Patient Survey; and Rate of Dementia Diagnosis. The target for Permanent Admissions to Residential or Nursing Homes had not been achieved nor had the target for the Proportion of Older People Who Were Still at Home 91 Days after Discharge into a Reablement Service. Details of the individual Metric performances were provided in the report.

Thanks were expressed to officers and the Joint Commissioning Team for the work they had undertaken.

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

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

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

49/16 BETTER CARE FUND 2015/16: SECTION 75 POOLED BUDGET AGREEMENT A Section 75 (s75) Partnership Framework Agreement had been developed in 2014/15 in order to begin delivery of the Derbyshire Better Care Fund (BCF) Programme and came into force on 1 April 2015. The s75 also provided the legal underpinning for the Pooled Budget, which began in 2015/16.

The Derbyshire BCF Plan had been revised for 2016/17 to better reflect the wider aims and objectives of the health and social care system in Derbyshire and to take account of the amended financial allocations required of CCG partners to be included within the pooled budget. The existing s75 agreement had, therefore, been revised to take account of these changes with the written agreement of all partners.

The main elements of the s75 agreement which had been amended related to the following Schedules –

Schedule 1 – Scheme Specifications

This Schedule is in two parts. Part 1 was a summary of the initial schemes and had been updated to reflect the schemes and associated lines of expenditure for 2016/17. Part 2 concerned the Agreed Scheme Specifications and each partner had provided a pro forma providing details behind each expenditure line to support the programme management of the BCF.

Schedule 3 – Risk Share and Overspends

This Schedule provided details of the financial framework under which the pooled budget operates. There were two annexes to this Schedule which outlined the contributions to the pooled budget and the payment arrangements which had been revised for 2016/17 to reflect changes to the overall pooled budget and subsequent contributions from partners.

Schedule 5 – Performance Arrangements

This Schedule outlined the way in which performance against the national BCF metrics would be recorded and presented. This had been updated for 2016/17 to reflect changes in data sources for a number of the metrics made by NHS England.

RESOLVED to receive the report and note the agreed changes made to the Section 75 Partnership Framework Agreement to reflect the changes made to the Derbyshire BCF Plan 2016/17.

50/16 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, emergency resilience response, inequalities, incidents and outbreaks, and strategic issues. Access to health care for people with autism was to be discussed by the Board at the next meeting.

RESOLVED to note the update from the Health Protection Board.

51/16 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 National Association for Patient Participation had published a resource guide called Building better participation, which was designed to be of use to all GP practice Patient Participation Groups to help them to reflect on what they do, how they work and how they might become more effective.

Public Health England had published a tool which enabled identification, comparison and monitoring of trends that could be used to examine the health and care of older people across local authorities in England. The profile was designed to support those responsible for delivering strategies for prevention and early intervention to improve the health and wellbeing of older adults, as well as those providing evidence and intelligence to support the development of Joint Strategic Needs Assessments for their local area.

The Nuffield Trust had published 'Reshaping the Workforce to Deliver the Care Patients Need', which examined how best NHS staffing could be reorganised to support new ways of delivering care to patients and provided practical guidance on implementation to those wishing to reshape their workforce.

Age UK had released new figures showing that the age of carers had increased over the past seven years with the number of carers aged 80 and over rising from 301,000 to 417,000, an increase of nearly 39%, and that 144,000 carers in this age group were caring for someone in their home for more than 35 hours a week, while a further 156,000 were caring for more than 20 hours a week.

The 'Future of GP Collaborative Working' report from the Royal College of General Practitioners showcased how GPs were designing and leading

innovative schemes to improve the integration of care in the best interests of patients. The report included a case study from Thornbrook Surgery in Chapel-en-le-Frith who had employed a psychotherapist to help patients with mental health issues. Analysis had found that more patients attended this service and that there was reduced stigma as patients could be seen closer to home.

The Local Government Association had published a report entitled 'Just What the Doctor Ordered: Social Prescribing: A Guide for Local Authorities'. The report focused on how social prescribing could be used to help an ageing population and supporting people with long-term conditions, by connecting people with local community services and activities. The Local Government Association had also published 'Best Start in Life: Promoting Good Emotional Wellbeing and Mental Health for Children and Young People', which provided examples of councils that were looking at innovative ways to provide support with a focus on children and families rather than static services.

The National Confidential Inquiry into suicide and homicide by people with mental illness had published a report which considered suicide by children and young people in England. The report had found that there were 145 suicides and probable suicides by children and young people in England between January 2014 and April 2015.

The Care Quality Commission had published a further two prototype reports looking at how the quality of care in a local area can be assessed. The reports, covering Salford and Tameside, aimed to inform the public about the quality of their local services and how well they work together, and for commissioners where they need to improve to serve local public better.

Charitable organisation Marie Curie Cancer Care had published 'Hiding Who I Am: Exposing the Reality of End of Life Care for LGBT People'. The report looked at the barriers that prevent lesbian, gay, bisexual and trans (LGBT) people from accessing end of life care and highlights their real-life experiences.

The National Audit Office had conducted an investigation into unnecessary delays in discharging older people from acute hospitals. It presented a deteriorating situation of rising demand and reduced funding which were putting huge pressure on local health and care systems and described how people's health and independence was compromised by spending time in hospital when this was not needed.

This Public Accounts Committee report warned that stronger measures were needed to safeguard the interests of adults receiving personal budgets for social care. The Committee called on the Department of Health to set out clearly to local authorities and providers 'what high-quality and proportionate

support looked like' and how much it costed, and recommended a range of analytical and other measures to safeguard users' interests and the social care market.

Under the requirements of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 the NHS Commissioning Board must 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 was attached as Annex 1 to the report and if any Board member wished to add an item to the Forward Plan they were asked to contact Ellen Langton.

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

52/16 INTERIM DIRECTOR OF PUBLIC HEALTH It was reported that this was to be Maureen Whittaker's last meeting as Interim Director of Public Health and the Board thanked her for her contribution to the work of the Board whilst undertaking this role.