

**Agenda Item 2**

**MINUTES** of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held at County Hall, Matlock on 30 August 2017

**PRESENT**

Councillor C Hart (in the Chair)

Councillor D Allen	Derbyshire County Council
B Anderson	PHE
H Bowen	Chesterfield Borough Council
G Boyle	DTHFT
M Cawley	ND CCG
Dr A Dow	Tameside and Glossop CCG
K Fletcher	3D/South Derbyshire CVS
J Hollister	Derbyshire County Council
C Maley	Derbyshire Healthcare NHS FT
I Majid	Derbyshire Healthcare NHS FT
Dr R Meredith	DCHS
C Newman	NHS Hardwick CCG
L Outhwaite	Chesterfield Royal Hospital
J Parfremment	Derbyshire County Council
K Ritchie	Healthwatch Derbyshire
J Simmons	Healthwatch Derbyshire
P Singh	DCHS
T Slater	EMAS
D Wallace	Derbyshire County Council
Councillor J Wharmby	Derbyshire County Council
J Wright	Chesterfield Royal Hospital

Also in Attendance – J Bloor (Derbyshire County Council), Dr S Hanif (Chesterfield Royal), E Langton (Derbyshire County Council),

Apologies for absence were submitted on behalf of T Allen, Dr A Bhatia, P Coleman, Councillor A Dale, C Dunkey, S Fowler, S Lloyd, R Marwaha, S Morritt, Dr A Mott, H Phillips, Councillor J Twigg and J Willis.

**41/17** **MINUTES RESOLVED** that the Minutes of the meeting of the Board held on 29 June 2017 be confirmed as a correct record.

**42/17** **MATTERS ARISING** **(a) LGA Stepping up to Place – Integration Self-Assessment Tool** (Minute No 28/17 refers) The workshop session was confirmed as 19 October 2017 at County Hall. An agenda would be circulated in due course and Board members were encouraged to attend.

**(b) Burton and Derby Hospital Collaboration** (Minute No 29/17 refers) Karen Scott-South Chief Executive, Burton Hospital had now retired and the Chairman asked that a letter be sent on behalf of the Health and Wellbeing Board thanking her for her hard work and dedication during her long service with the NHS.

Gavin Boyle and John Rivers had been appointed as Chief Executive and Chair of both organisations respectively.

**(c) Sustainability and Transformation Plan for Derbyshire** (Minute No 30/17 refers) J Hollister confirmed that whilst the governance arrangements were being worked through, no STP minutes were available at this meeting. It was also felt that rather than share the minutes of the STP Board at future HWB meetings as previously agreed, that a summary of the Action Notes and key points would be more appropriate and clearer and easier to understand. The first set would be circulated at the October HWB meeting.

**43/17      NORTH DERBYSHIRE CCG** Mike Cawley, Interim Chief Finance Officer, attended the meeting and informed members that following the latest assessment by NHS England, the CCG had been rated inadequate and Legal Directions had been issued on 14 August 2017 with the issue now in the public domain.

The CCG was required to deliver an organisation implementation plan by 14 September 2017 and a financial recovery plan by 2 October 2017. This meant that the decision making rights of the CCG were now limited and any key decisions would be made by NHS England. The CCG was working closely with the Regulator.

An assurance was given that members of the Board would have early sight of the recovery plans prior to them going through the governance processes of the CCG and the final sign off by the NHS England.

**RESOLVED** to note the update

**44/17      MOVING FORWARD TOGETHER** Joy Hollister explained that for some time the HWB had shown a desire to provide a person/patient orientated story. With this in mind the Adult Care department had developed a DVD following the work of the Community Connectors Service, which was a service run within Direct Care at DCC. Members were shown the DVD which highlighted how people with learning/physical disabilities were connected with the community with the aim being that people should have a good life alongside everyone else.

Members found the DVD most interesting and informative and felt that it was a valuable tool in showing what could be achieved. It was noted that it was now on the DCC website with the aim being to make it widely available across

multiple organisations. The link would be circulated to HWB members. The new Disability Employment Strategy would be submitted to Cabinet shortly.

Joy agreed to undertake a learning, health and disabilities audit amongst HWB members to establish how each organisation was doing.

**RESOLVED** to note the presentation

**45/17      SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP FOR DERBYSHIRE** An update on the work of the Sustainability and Transformation Partnership for Derbyshire was given by Ifti Majid, Derbyshire Healthcare NHS FT.

A full meeting of the STP Board had taken place on 20 July 2017, and there had been considerable activity over the summer period. Service redesign had been looked at through each of the Workstreams as well as Governance arrangements and financial and contractual arrangements

In relation to Governance, the Provider Alliance Group (PAG) was due to meet on 7 September 2017 and would involve NHS, LA representatives and GP's who would be looking at the strategic commissioning response and would monitor and manage system performance. Feedback was anticipated at the next HWB meeting on the first meeting of the PAG.

Looking ahead to the next contracting round in the autumn, the issue of affordability contracts was a concept that was being explored. There needed to be a different approach to last year and discussions continued amongst partner organisations as to the best approach

The Memorandum of Understanding for the STP was being agreed by Boards and was scheduled for submission to DCC Cabinet on 9 October.

**RESOLVED** to note the update

**46/17      BETTER CARE CLOSER TO HOME** C Newman, NHS Hardwick CCG attended the meeting and informed members that at an Extraordinary Joint Governing Body meeting of the North Derbyshire and Hardwick Clinical Commissioning Groups, held on 24 July 2017, that the decision was taken to close Newholme and Bolsover Hospitals. It was accepted that considerable public concern still existed following the public consultation process.

The governance of this process would be approached by the development of an Implementation team made up of multi-agency representatives, NHS providers, CCG's along with public representation and would be linked in to the North Derbyshire Local Place Group who would have a say on the day to day implementation of the process.

The Implementation Board would be a Chief Executive level board and would sit alongside the HWB to provide oversight. Work would also continue with Improvement and Scrutiny Committee and a Lay Reference Group comprising members of the public would act as a critical friend. All the above would be the subject of approval at the first Implementation Board meeting on 11 September.

It was noted that one of the major implications since the proposals went public in June 2016, was that understandably, staff on the ground were considering their futures in advance of confirmation of the final decision. This had led to a difficulty in the recruitment of staff. It became apparent that the numbers of patients on the wards at Newholme had reduced significantly and it was believed that there were suitable clinical alternatives hence the decision to close. The decision regarding Bolsover would be considered by the Implementation Group.

Members were given the opportunity to make comment or ask questions which were duly noted or answered. There was a consensus amongst those present of the scale of the challenges faced against the backdrop of a very difficult financial position and a realisation that public confidence needed to be restored.

It was agreed that an update on the implementation process would be provided at every other meeting of the HWB, starting December 2017.

**RESOLVED** to note the update.

**47/17      DERBYSHIRE PUBLIC HEALTH POSITION STATEMENT ON UNCONVENTIONAL OIL AND GAS AND HIGH VOLUME HYDRAULIC FRACTURING** Health and Wellbeing Board partners were informed of the Director of Public Health position in relation to the process of Unconventional Oil and Gas and High Volume Hydraulic Fracturing (commonly referred to as fracking).

D Wallace, Director of Public Health, explained that the preference from a Public Health perspective would be to move swiftly to a sustainable energy system based on renewable sources. As Hydraulic Fracturing (HF) maintains a carbon based system of energy production it does not align with Public Health priorities. This was a Derbyshire Public Health position and is not in any way linked to the Planning Authority which must assess each individual proposal on its own merits. Should permission be granted for HF within Derbyshire, then the Public Health division would strongly recommend that a pro-active approach to community engagement was undertaken by the operator including working together with the local community and key stakeholders to develop acceptable mitigation measures where necessary.

The Public Health Division conducted regular literature searches and evidence review updates on publications related to the process of Unconventional Oil and Gas and High Volume Fracturing and impact on population health outcomes.

**RESOLVED** to note the Derbyshire Public Health position statement on Unconventional Oil and Gas and High Volume Fracturing.

**48/17      DERBYSHIRE INTEGRATION AND BETTER CARE FUND 2017-19 PLAN** Graham Spencer, Adult Care, provided a presentation to inform members of the Policy and Planning requirements for the Integration and Better Care Fund 2017-19; and the 2017-19 Narrative and Expenditure Plans for the Derbyshire Better Care Fund.

On 4 July 2017, the Department for Communities and Local Government and the Department of Health jointly published the Integration and Better Care Fund Guidance 2017-19 (BCF). The document provided detailed information on the expectations of the BCF previously outlined in a Policy Framework document, published in March. A summary of the key planning requirements and changes from previous years were provided in the report that accompanied the presentation.

The Derbyshire 2017-19 BCF Plan had been re-aligned to match the expectations of the Sustainability and Transformation Plan for Derbyshire. The overarching vision and aims of the plan remained the same as they did in 2015-16.

There was a continued focus on community services being funded through the plan to reflect the proactive and reactive elements of the STP Place workstream. This included services such as Community Nursing, Therapy, Matrons, Evening Nursing, Clinical Navigation, Intermediate Care Teams (North), Social Care support packages, Reablement, Hospital Social Work Teams etc.

Some preventative services had also been included to promote self-management and to reduce the demand on secondary health and care services. These include: Carers services, Community Equipment service, Disabled Facilities Grants, Local Area Coordinators, Wheelchairs service etc.

The full Narrative and Expenditure Plans for 2017-19 were attached as appendices to this report as were the Derbyshire 2017-19 Integration and Better Care Fund Narrative Plan and the Integration and Better Care Fund Expenditure and Metric Planning Template.

**RESOLVED** (1) to receive the report;

(2) to note the Policy and Planning requirements for the Integration and Better Care Fund 2017-19; and

(3) to formally approve the BCF Narrative and Expenditure Plans for 2017-19

**49/17      DERBYSHIRE AND DERBY CITY HEALTH AND SOCIAL CARE TALENT ACADEMY** Debbie Garbutt provided the meeting with a presentation on the Talent Academy which aimed to cover the needs and requirements across Health & Social Care in relation to attraction and recruitment; traineeships and apprenticeships; and retention and progression.

Organisations currently involved included Derbyshire County Council, Derby City Council, Derbyshire Community Health Service, NHS Foundation Trust, Derby Royal Hospital Chesterfield Royal Hospital, Health Education East Midlands, Skills for Care, Department for Work and Pensions, Private, Voluntary & Independent Sector and Schools and Colleges. The organisations involved were currently evolving and representatives at the meeting requested that EMAS and mental health organisations be included.

The Programme Deliverables were to increase the number of people entering the health and social care workforce; ensure people had the right skills and values; train and develop future and existing workforce; Increase the profile of employment opportunities; enhance engagement and communication; Support traineeships and work experience and build up apprenticeships. Details of how this would be achieved were detailed in the presentation with a number of Task and Finish Groups envisaged to drive forward the work.

**RESOLVED** to note the update report.

**50/17      HEALTHWATCH REPORTS – SUMMARY OF KEY FINDINGS** Karen Ritchie, Chief Executive, Healthwatch Derbyshire a report that outlined the main findings and recommendations from three publications recently produced by Healthwatch Derbyshire and asked the Health and Wellbeing Board to consider and note the contents of the research.

This report provides a valuable local insight of the LGBT + community experience of health services within Derbyshire. The research findings are informed by focus group activity with 25 participants and a further four detailed interviews with individuals who identified themselves as trans-gender. Key findings from the research include:

- A lack of LGBT+ magazines, information leaflets and rainbow signs in general practice
- Distrust over referral processes from general practice to gender identity clinics

- Professionals failing to use chosen name and referring to appropriate gender
  - Frustration at the tendency for professionals to attribute mental health problems to sexuality
  - Issues at London Road Sexual Health Clinic relating to access, long waiting times, delays in being seen, delays in obtaining results and some --
  - LGBT+ patients having to be seen by a doctor.
- Positive feedback regarding the sexual health clinic in Nottingham.

A full copy of the report was appended to the report for information and reference.

Members commented that there was a need for this information to be cascaded down to GP Practices via CCG's. A report back from Healthwatch Derbyshire on progress on how this had progressed in a years time was agreed

The second report focused on Healthwatch Derbyshire advocating the need for meaningful engagement prior to formal consultation to support decision making by health and social care partners in Derbyshire. The report emphasises the importance of putting local people at the heart of the decision making process with decision makers demonstrating how they have used the feedback and intelligence to inform and influence the design and delivery of services.

Healthwatch Derbyshire had therefore developed a best practice guide setting out how to encourage organisations to view the public as a vital resource who can help them solve the significant financial and other resource issues they faced. It suggests practical approaches to improve the quality of engagement in developing ideas and options for service change and helped organisations as well as members of the public to understand current best practice and the legal requirements regarding consultations. In addition a Consultation Good Practice 'Checklist' had been developed to the best practice guidance and this alongside the main report is attached at Appendix 3 and 4 to the report.

The Health and Wellbeing Strategy outlined a number of principles and values which health and social care partners in Derbyshire will demonstrate, this includes ensuring that all services will be person centred and take into account all the circumstances around a person.

The Health and Wellbeing Board wants to develop approaches that enable effective conversations with service users, local communities and individual residents to take place so that there is a clear picture about the health needs of the population and how we can work more effectively to address these needs through the co-production of services. The consultation best practice guidance and checklist will support this approach.

**RESOLVED** (1) to note the findings and recommendations of the report on LGBT+ experience of using health services; and

(2) to note and where appropriate reflect the best practice guidance and checklist regarding consultations and engagement activity within organisationally led or partnership activity.

**51/17      HEALTH AND WELLBEING ROUND UP** Joy Hollister had provided HWB members with a written report rounding up key progress in relation to health and wellbeing issues and projects that had not been covered on the Agenda at the meeting.

Specific reference was made to The National Confidential Inquiry into Suicide and Homicide by People with Mental Health Illness (NCISH) which had published Suicide by children and young people: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. This report examined findings from a range of investigations, such as coroner inquests, into the deaths by suicide of people aged under 25 between January 2014 and December 2015 in England and Wales, extracting information about the stresses they were facing when they died. Concern was expressed about the time lag in getting such suicides to the Coroners courts and suicides that were caused by children and young people self harming. These were areas of specific concern and a more detailed report would be submitted to a future Board meeting.

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

**52/17      CONSULTATION ON INTERMEDIATE CARE SERVICE** The Chairman, agreed to receive an update on the Intermediate Care Service consultation, currently being undertaken by Tameside & Glossop CCG.

Dr A Dow, Tameside and Glossop CCG, informed the meeting that consultation had commenced last week on the future of the Intermediate Care Services.

In summary there were three proposals, which were :- (1) status quo; (2) bring the beds all onto one Hospital site; and (3) to stimulate the private market in Care Homes and Nursing Homes to provide appropriate provision.

The preferred option was option (2) which did not involve any job losses, and more information would be provided at the October HWB Board on the proposals.

**RESOLVED** to note the update.