

**Agenda Item 2**

**MINUTES** of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held at County Hall, Matlock on 7 December 2017.

**PRESENT**

Councillor C Hart (Derbyshire County Council)  
(in the Chair)

Councillor D Allen	Derbyshire County Council
H Bowen	Chesterfield Borough Council
G Boyle	Derby Teaching Hospitals Foundation Trust
T Broadley	Derbyshire Community Health Services
Councillor A Dale	Derbyshire County Council
L Dale	Derbyshire County Council
H Dillistone	NHS Derbyshire CCGs
Dr A Dow	Tameside and Glossop CCG
J Hollister	Derbyshire County Council
L Outhwaite	Chesterfield Royal Hospital
J Simmons	Healthwatch Derbyshire
T Slater	EMAS
N Smith	Derbyshire Community Health Services
D Wallace	Derbyshire County Council
Councillor J Wharmby	Derbyshire County Council
S Wilks	Peak District National Park Authority
J Willis	3D/NDVA
P Wood	3D/South Derbyshire CVS

Apologies for absence were submitted on behalf of T Allen, Dr C Clayton, C Dunkley, I Majid, C Maley, S Morritt, S Mortimer, Dr A Mott, J Richie and P Singh.

**65/17      DECLARATIONS OF INTEREST** Received from Vice-Chairman regarding item 6, Joint Housing Strategy for Derbyshire.

**66/17      MINUTES RESOLVED** that the Minutes of the meeting of the Board held on 5 October 2017 be confirmed as a correct record.

**67/17      MINUTES – MATTERS ARISING (a) Shire Hill Hospital Consultation (Minute No 62/17)** The decision by the Tameside Single Commissioning Board was due in January 2018, not December 2017.

**68/17      VOLUNTARY COMMUNITY SERVICES PREVENTION MODEL**  
A presentation on the proposed new self-care infrastructure model for Derbyshire, known as 3D Derbyshire, was given. There was a perception that

Voluntary Community Services (VCS) sat outside the integration of health and social care. However, without effective VCS infrastructure there would be no self-care market place to divert people to and reduce the demand on adult social care and primary care services.

The Glossop Service Model transformed the current infrastructure offer to provide a more cost effective and consistent self-care solution for health and social care to provide a single infrastructure model made up of 3 strands - Social Prescribing Plus, Super Volunteer Offer, and ABCD Community Development. Whilst being unique, the 3 strands were interdependent. Services were being developed in partnership with GPs, Adult Social Care (ASC), CCG, LAC, Public Health, Acute Health Services and local communities enabling people with social, emotional or practical needs to be referred to a range of voluntary services and community self-help groups. Examples were help to live at home, leisure activities, health and wellbeing, getting out and about, financial and legal, and crisis.

Target outcomes had resulted in a reduction in demand on ASC services and a reduction in the number of inappropriate referrals, 30% reduction in repeat GP visits where the cause was socially based, a reduction in the number of bed days for acute health services, and an increase in the number of people self-managing a long term/limiting health condition.

3D Derbyshire was starting to explore a consistent delivery model across Derbyshire and was keen to present the VCS model to system leaders and join up commissioning discussions across ASC, Public Health, Chief Executives, CCG, NHS and District Councils. Derbyshire County Council Adult Care was planning to fund a post in relation to VCS transformation and had initiated baseline evaluation work on the social prescribing model.

**RESOLVED** to thank Jacqui Willis and Pam Wood for the informative presentation.

**69/17      DERBYSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE AND KEY MESSAGES DOCUMENT** A summary of the latest key issues around the Sustainability and Transformation Plan (STP) for Derbyshire were provided. The STP Board had met in October and had covered key priorities for the system, including winter planning and the financial challenge for Derbyshire. The Interim Senior Responsible Officer (SRO) gave a verbal update:

Key priorities included winter planning and the considerable financial challenge for Derbyshire, with the estimated financial gap of more than £240m in the health system and £136m at local authority level over the next three years remains a challenge. The system-wide financial position had not improved and this year there is a financial gap of around £70m in the NHS.

The focus on new ways of managing and sharing financial risk across the health and care system was also discussed and the Board were asked to agree a year-end financial position for 2017/2018 as quickly as possible, plan collectively, incentivising transformation, maximising financial flexibility and developing a system plan.

Initial contracting conversations are starting to take place and a number of key areas had been identified where organisations could work together to improve clinical outcomes and potentially support the financial challenge. Provider organisations would come together to provide a single response to the contracting intentions set out by the Clinical Commissioning Groups, demonstrating the need to tackle contracting differently.

Derbyshire wide A&E Delivery Board had a clear set of actions for all organisations to deliver in preparation for winter. The planned actions would ensure each part of a patient's pathway was working seamlessly, therefore freeing up needed beds. More health and social care support workers were in place, with Derbyshire County Council social workers and community care workers located in Derby Teaching Hospitals NHS Foundation Trust (DTHFT) to support getting patients assessed and back home.

The development of a care pathway to provide specialist rehabilitation and recovery for forensic patients out of hospital had been considered and agreed at both the Provider Alliance Group (PAG) and Clinical Professional Reference Group (CPRG). The new model would enable patients to be cared for more effectively and closer to home.

A Derbyshire-wide progress dashboard had been developed to bring together data from across the system. The dashboard showed performance across the main indicator's monitored by NHS England (NHSE), ensuring consistency across the system and a link to other report systems.

A standalone website ([www.joinedupcarederbyshire.co.uk](http://www.joinedupcarederbyshire.co.uk)) had been developed which had enabled all organisations to signpost staff, partners and stakeholders to one place for information on plans and priorities for Derbyshire in the future. A new newsletter had also been produced and could be found on the website in the news section.

**RESOLVED** to note the Sustainability and Transformation update and progress report.

**70/17      OUTCOMES OF THE HEALTH AND WELLBEING BOARD GOVERNANCE REVIEW AND HEALTH AND WELLBEING STRATEGY DEVELOPMENT** (Minute No 58/17) The Governance Review had taken place on 3 November and had focussed on the HWB's fit with the STP system-wide

governance structure, the size and composition of the HWB to ensure there was no duplication but continued to represent the wide range of partners which needed to be engaged, whether the HWB Core Group was fit for purpose in light of the changes to clinical commissioning structures and whether due to this a new planning and co-ordination group needed to be established to support the HWB, and the sub-structure to the HWB including task and finish groups were in place to drive forward strategy development and implementation.

Following the LGA self-assessment workshop held in mid-October with Derby City, it had been agreed that both Health and Wellbeing Boards would seek to work collectively on shared issues and priorities. The new Health and Wellbeing Strategy would seek to add value, provide a longer-term strategic vision rather than duplicate other operationally focussed work, outline a series of priorities to 2021, and support the aims and ambitions of other strategic planning documents.

The recent Governance Review sought to reduce the number of individuals who were required to attend HWB meetings, whilst ensuring the Board was representative of health and social care activity in Derbyshire. Draft Terms of Reference and the proposed HWB membership list were attached as appendices to the report and comments were requested from Board Members by 31 January 2018. A final version of the terms of reference would be agreed at the Health and Wellbeing Board on 1 March 2018 for approval at the County Council's Annual General Meeting in April 2018.

In light of the proposed smaller Health and Wellbeing Board composition and structure, the Governance Review had agreed that HWB Core Group should be disbanded as the agenda could be agreed by a smaller group of officers comprising of the Chair, Strategic Director for Adult Care and the Joint Accountable Officers from the CCGs. Performance management and the implementation of the Health and Wellbeing Strategy would be driven forward by the Health and Wellbeing Board rather than by Core Group.

The Health and Wellbeing Board would seek to commission specific pieces of work from existing strategic or working groups to inform and support the development and implementation of Health and Wellbeing Strategy priorities. In addition, strategic working groups would be called to attend specific Board meetings so that the HWB could understand and input to various pieces of work which promoted the prevention and wellbeing agenda.

**RESOLVED** (1) to note the outcomes of the Governance Review; and

(2) to provide any comments or feedback on the draft Terms of Reference so they can be finalised and tabled at the 1 March 2018 meeting.

**71/17      JOINT HOUSING STRATEGY FOR DERBYSHIRE** (Minute No 58/16) In September 2016 a report had been received on the importance of

housing in relation to health and wellbeing following the publication of the Housing and Health Needs Assessment. A Housing and Health Group, co-ordinated by Public Health, had been established to explore some key preventative issues relating to homelessness, the private rented sector and joint funding opportunities across the housing and health sector. In addition, work had also been taken forward by Adult Care in conjunction with district and borough council's to develop an Older People's Housing Strategy and this was currently being finalised following a period of engagement with stakeholders. The Accommodation, Housing and Support Strategy for people with a Learning Disability had also been refreshed to ensure it reflects the latest need.

Buy-in at a strategic level amongst District and Borough Chief Executives had been secured in relation to the development of a Derbyshire-wide Housing Strategy. This strategy would drive forward work to ensure that the County had the right housing mix to support people to remain independent and in their own home, and that housing could effectively support the health and social care needs of the population both now and in the future. This approach would help address national policy approaches and key findings regarding providing appropriate care and support to individuals.

Details of local analysis relating to older people had identified that Derbyshire had more sheltered housing per 1,000 population aged 75 and over than the East Midlands and England, but had less extra care housing and this needed to be addressed strategically moving forward. Current projections suggested that the number of people in Derbyshire with a learning disability aged 65 and over would increase by 1,195 between 2016 and 2030. Deteriorating health and mobility, as with the general population, would lead to growing demand for level access care provision. The needs of older people with a learning disability would, therefore, require further consideration. In relation to mental health and individuals with complex needs there were currently a small cohort of people who were receiving long-term rehabilitation support out of Derbyshire. In line with the direction of travel outlined in the Transforming Care Partnership, the STP mental health work stream was currently scoping out how individuals could be effectively supported within a community setting within Derbyshire. A key element of this approach would be ensuring that the right range of housing, accommodation and support was available through a range of housing models such as lifetime tenancies and supported living. NHS partners and housing organisations needed to work collaboratively to ensure appropriate solutions were in place over the next few years to make this ambition a reality.

In order to address these demographic trends and future demand pressures for health, social care and voluntary sector partners across Derbyshire there needed to be a more collaborative approach to ensuring that people could live in appropriate housing to meet their health and support needs, as part of a broader package of preventative care. Many other local authority

areas had driven forward strategic pieces of work in this field and there were a range of opportunities Derbyshire could pursue by taking a longer-term, more co-ordinated approach. It was also acknowledged that by working in conjunction with the One Public Estate Steering Group for Derbyshire opportunities might arise to support new-build opportunities for a range of housing schemes and allow the public estate to make the best use of available assets.

**RESOLVED** (1) to endorse the development of a Joint Housing Strategy for Derbyshire;

(2) to agree to support and contribute to the work as appropriate through the One Public Estate work or other activity; and

(3) to note that this is a key enabler to allowing people to remain independent and at home whilst managing a range of long-term conditions.

**72/17 DERBY AND BURTON HOSPITALS COLLABORATION** A verbal update was given on the merger by acquisition; this was continuing and would provide added value to the community. The formal process would begin in January 2018, with the final business case deadline being end of February 2018. All being well, everything would be in place for 1 April 2018.

An example of a benefit was provided to the Board: cardiology services were provided by both parties however, under the new system, there would be a one-step process rather than two. On the operational side, the ambulance service would have to be involved to ensure consistent patient service.

**RESOLVED** that the update be noted.

**73/17 NHS TAMESIDE AND GLOSSOP CLINICAL COMMISSIONING GROUP URGENT CARE CONSULTATION** Dr A Dow provided an update on the Tameside and Glossop Urgent Care Consultation. Key to the proposal was the simplification of access to urgent care whilst improving the level of service available. Multiple access points would be replaced by telephone access through a patient's own GP practice to book appointments, as well as a single location for urgent walk-in services, and reduce the need for people to 'self-triage'.

The aim of the consultation, which was to run from 1 November 2017 to 26 January 2018, was to inform the public about the implementation of the Urgent Treatment Centre at Tameside and Glossop Integrated Care NHS Foundation Trust hospital site, the proposed relocation of the current Aston Walk-In Centre service to facilitate this and the locations for evening and weekend appointments. Two options were included in the consultation; all included the Urgent Treatment Centre operating 9.00 am to 9.00 pm, seven

days a week at the hospital in Aston-Under-Lyne and offered a choice on additional evening and weekend appointments. Feedback from the consultation would be collated and analysed and the final proposal would be presented to the Strategic Commissioning Board and the Primary Care Committee on 7 February 2018 for dual approval, with the initial implementation of the final proposal anticipated to take place in July 2018.

**RESOLVED** to note the Public Consultation on Urgent Care being undertaken by Tameside and Glossop Clinical Commissioning Group.

**74/17      DERBYSHIRE'S MATERNITY TRANSFORMATION PLAN** The Derbyshire's Maternity Transformation Plan (MTP) had been developed collaboratively over a number of months and had been submitted to NHS on 31 October 2017. Feedback from national and regional teams was expected in early December. The MTP presented the five-year priorities of Derbyshire's Local Maternity Systems and provided the local response to the recommendations of 'Better Births', the report of the national review.

The MTP was structured around eight key priorities – Safety, Information and Involvement, Choice, Continuity, Place Based Care, Health and Wellbeing, Postnatal Care, and Digital Health and Care. Priority 6 within the Transformation Plan focussed on Health and Wellbeing. The aim of the Health and Wellbeing Delivery group was to promote the health and wellbeing of women and their families and to reduce health inequalities, with a particular focus on the following areas:

- Vulnerabilities – to ensure that support was available for women with social risk factors when they need it.
- Breastfeeding – to help women establish and sustain breastfeeding for as long as they wished to.
- Smoking – to reduce the number of women who smoked during their pregnancy and into the postnatal period.
- Obesity – to help women to achieve and maintain a healthy diet and levels of physical activity during pregnancy.

The vision of Derbyshire's Local Maternity System was that partner organisations within Derbyshire worked together to support women and families to give their children the best possible start in life and begin parenting feeling confident, capable and well supported. This mirrored the vision within the Health and Wellbeing Strategy to reduce health inequalities and improve health and wellbeing across all stages of life by working in partnership with communities.

**RESOLVED** (1) to note the contents of the Derbyshire Maternity Transformation Plan; and

(2) to acknowledge Priority 6 regarding health and wellbeing.

**75/17      DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2017: PROTECTING THE HEALTH OF DERBYSHIRE** A copy of the Director of Public Health's Annual Report for 2017 had been circulated to Members of the Health and Wellbeing Board. It focussed on the partnerships, programmes and local interventions in place to protect the Derbyshire population from threats to their health and wellbeing.

Consideration was given to a wide range of issues impacting on health including the prevention of care-acquired infections, preparing for and responding to health protection incidents, air quality and prevention of accidents and injuries. A summary of the recommendations within the report highlighted ways in which partner organisations could work together to better protect health and wellbeing of the local population. The report also provided a summary of progress against the 2016 report, which had focussed on the impact of different aspects of 'places' on the health of local communities.

**RESOLVED** to note the production of the Director of Public Health Annual Report 2017 and the recommendations contained within it.

**76/17      BETTER CARE FUND 2017-19: PLAN APPROVAL AND SECTION 75 UPDATE** The Derbyshire Better Care Fund (BCF) Plan 2017-19 had received approval from NHS England on 27 October 2017, which had enabled the Council and its Clinical Commissioning Group (CCG) partners to formally establish the pooled fund arrangements for delivering the Plan. This pooled budget was legally underpinned by a Section 75 Partnership Framework Agreement between the Council and the CCGs, which had been in force since 1 April 2015.

As the BCF Plan had been refreshed in 2016-17 and 2017-18 and the Section 75 agreement had been amended to reflect these changes. No changes had been made to the main body of the agreement but changes had been made to the following Schedules –

Schedule 1 – Scheme Specifications: Part 1 – updated to reflect the schemes and associated lines of expenditure agreed for the 2017-19 BCF Plan, along with changes to personnel within the CCGs with responsibility for the BCF. Part 2 - this contained project summary forms for the expenditure lines, providing more detail about what was being funded and its expected contribution to the scheme it is a part of.

Schedule 2 – Governance: Included a revised governance diagram and amendments to wording of the terms of reference of the BCF Programme Board



– specifically the replacement of references to “Unit of Planning” with “Sustainability and Transformation Plan”.

Schedule 3 – Risk Share and Overspends: provided details of the financial framework under which the pooled budget operated. Amendments have been made to section 2.4 and were agreed by both the BCF Programme Board and Finance and Performance Sub-Group in June 2017 and related specifically to the process for utilising any underspends occurring in the pooled budget. The Annexes which covered pooled fund contributions had also been updated for the 2017-19 period.

Schedule 5 – Performance Arrangements: reflected the removal of local performance metrics from the national reporting requirements.

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

(2) to note the confirmation of approval for the Derbyshire Better Care Fund Plan 2017-19; and

(3) to note the changes made to the Section 75 Partnership Framework Agreement to reflect the revised plan for 2017–19.

**77/17      BETTER CARE FUND 2017-18: QUARTER 2 PERFORMANCE UPDATE REPORT** An update on the progress of the Derbyshire Better Care Fund (BCF), including a copy of the submitted national quarter two return was reported.

The Better Care Support Team had published the Q2 2017-18 National Return template on 3 November 2017. The Derbyshire submission had been reviewed by the BCF Programme Board at its meeting on 17 November and submitted following sign-off by the Chairman of the Health and Wellbeing Board. The requirements of the Q2 template had altered from previous years to reflect changes to the national BCF policy and planning changes for 2017-19, notably progress against delivering the High Impact Change model for Transfers of Care as the BCF would be the main source of reporting against this model to NHS England for assurance purposes.

A table summarising performance at the Q2 2017-18 reporting period was also provided. At the current monitoring period three of the four metrics were on target. More information on each of the metrics was detailed.

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

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

(3) to continue to receive regular updates on the progress of the Integration and Better Care Fund throughout 2017-18.

**78/17      HEALTH PROTECTION BOARD** The Director of Public Health had circulated a report detailing issues which had been considered at the Derbyshire Health Protection Board on 18 October 2017 under the heads Screen and Immunisation, Infection Prevention and Control, Environmental Health, Hydraulic Fracturing, Emergency Planning and Response, Inequalities, Incidents and Outbreaks, and Strategic Issues.

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

**79/17      HEALTH AND WELLBEING BOARD ROUND-UP REPORT** Joy Hollister had provided HWB members with a written report rounding up key policy announcements in relation to health and wellbeing issues.

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

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