

MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held on 22 September 2016 at County Hall, Matlock

PRESENT

Councillor D Allen (in the Chair)

| | |
|---------------------------|--|
| T Allen | DCHS |
| B Anderson | Public Health England |
| H Bowen | Chesterfield Borough Council |
| G Boyle | Derby Teaching Hospitals Foundation Trust |
| Councillor H Coyle | South Derbyshire District Council |
| Councillor J Coyle | Derbyshire County Council |
| H Dhindsa | Police and Crime Commissioner for Derbyshire |
| Dr A Dow | Tameside and Glossop CCG |
| E Fox | Peak District National Park Authority |
| Councillor C Hart | Derbyshire County Council |
| C Haward | Derbyshire Constabulary |
| D Johal | Derbyshire Fire and Rescue |
| Councillor P Jones | Derbyshire County Council |
| Dr A Mott | Southern Derbyshire CCG |
| Councillor B Murrery-Carr | Bolsover District Council |
| C Newman | Hardwick CCG |
| K Ritchie | Healthwatch Derbyshire |
| P Singh | DCHS |
| B Smith | North Derbyshire CCG |
| I Stephenson | Derbyshire County Council |
| G Thompson | Southern Derbyshire CCG |
| Councillor J Twigg | Peak District National Park Authority |
| J Vollar | Derbyshire County Council |
| D Wallace | Derbyshire County Council |
| Councillor A Western | Derbyshire County Council |
| J Willis | NDVA |
| P Wood | 3D Voluntary Sector |

Also in Attendance – I Fleming (Derbyshire County Council, North Derbyshire, Erewash and Hardwick CCGs), J Harper (Derbyshire County Council), R Lowe (Derbyshire County Council), and R Keeton (Derbyshire County Council)

Apologies for absence were submitted on behalf of S Allinson, T Campbell, R Gregory, R Henderson, J Hollister, I Majid, R Marwaha, J Parfremment, H Philips, and G Tomlinson

53/16 **WELCOME** The Chair welcomed D Wallace, Director of Public Health, to the meeting. Also welcomed were Councillor J Twigg and E Fox from Peak District National Park Authority

54/16 **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 14 July 2016 be confirmed as a correct record.

55/16 **DERBYSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN** G Thompson provided the Board with an update on the progress of the Derbyshire Sustainability and Transformation Plan (STP).

Following the publication of NHS England's Five Year Forward View, NHS England had asked the local authority to develop a plan to demonstrate how the local NHS would address the increasing care quality, health and wellbeing and finance and efficiency gaps over the next five years. The work to date had predominantly been a large scale analysis of available data and information to help understand where the emerging gaps in health and social care services existed and where partners could work more collaboratively. The first submission to NHS England had been on 30 June 2016.

Through analysis, it had been possible to characterise the gaps across the system, propose five system priorities and a number of interventions which it was felt were required to deliver service transformation and sustainability at the scale required. The system gaps were care quality, health inequality and finance and efficiency, and the priorities had been identified as place-based care, prevention, urgent care, system efficiency and system management.

System wide work to develop the Derbyshire STP continued to progress. Following the submission to NHS England, the analysis had been reviewed, including meetings with the NHSE Chief Executive and members of the Derbyshire Team. Feedback from NHSE had been positive, and work was currently being focussed in a number of areas. Collaborative work with partners would continue, and the next iteration of the STP would be submitted to NHS England on 21 October 2016. The Board would need to review the full STP at its next meeting on 10 November.

It was felt that there was an opportunity to engage more in terms of implementing the STP, particularly with the public and a commitment was sought from all Health and Wellbeing Board partners to have an active role in any engagement activity.

RESOLVED to (1) note the progress to date and approve the next steps in the system wide planning; and

(2) continue to support the principles of the STP and the collaborative approach to joint working.

56/16 **21c JOINED UP CARE** The consultation period ended on 5 October, and there had been a good response from the public, with a wide range of views. The results from the consultation would be analysed and a report would be presented to the CCG Governing Bodies to make a decision.

57/16 **DERBY AND BURTON HOSPITALS COLLABORATION** The Board received a presentation from G Boyle (Derby Teaching Hospitals) and H Scott-South (Burton Hospitals) on the potential opportunity for collaboration between Burton and Derby Hospitals. Derby and Burton Hospitals were only 11 miles apart, and Derby Teaching Hospitals already provided a range of specialist services to the Burton population. Both Trusts also had broader clinical partnerships with other hospitals and community providers for specialist care.

Both Trusts faced similar challenges, and it was hoped that by working together, both would be in a better position to meet the challenges. The main aims were to improve the health of the population both Trusts served, and to reduce costs. The guiding principles were that Burton would remain a vibrant District General Hospital, and that Derby would have access to a larger population across which to plan its services. Patients wanted to access good quality care as close to home as possible, and clinicians could see the opportunities of working more closely together, building on their strengths. The partnership was not about closing down services, but about improving and retaining existing services across two hospitals.

Together, the Trusts were developing a clinical vision to provide outstanding care for all, share resources and learning, and develop clinical models that made the best use of skills and estate to make them future proof. There would be a common approach to sharing services through optimising support functions and reducing overheads to help invest in 'front line' services. The Trusts were exploring what form of partnership would be the most appropriate to deliver the improvements.

In terms of benefits from developing a partnership, it was the intention to improve quality and clinical outcomes, to deliver specialist services locally, to create a sustainable workforce, to optimise the estate and to release financial efficiencies. With regard to next steps, some of the work was already being undertaken. Lots of discussions had been taking place, and a Strategic Outline Case was being presented to both Trust Boards in October. If this was agreed by both, more detailed plans would be developed over the coming months. A further update would be presented to a future meeting.

58/16 **CHAMPIONING HOUSING AND HEALTH** The item was introduced by D Wallace, and the Board received a presentation from Gill

Leng on the relationship between housing and health, and the work that needed to be undertaken around this.

The covering report stated that there was an increasing range of evidence which linked the importance of good standard and appropriate housing with positive health and wellbeing. A range of national housing, health and local government organisations had signed a national memorandum of understanding (MOU) which recognised that the right home environment was essential to health and wellbeing and contributed to the requirements of the Health and Social Care Act and the Care Act. The MOU recognised that Health and Wellbeing Boards should consider how housing and housing circumstance impacted on health and wellbeing in their JSNA.

Housing providers were a crucial partner for local NHS organisations to help them achieve the ambitions outlined in the NHS Five Year Forward View to bring care close to home. Ensuring that the home environment was safe and healthy would contribute to delaying the need for primary care, reducing the need for social care interventions. Nationally, it was recognised that housing issues and the impact on health and wellbeing should be considered across the life course. However, there was evidence which recognised the importance of local bodies championing older people's housing provision to enable individuals to maintain their independence, but also as a way of stimulating the housing market to allow older people to downsize into more appropriate accommodation and free up larger family homes.

It was suggested that by 2030, there would be a gap of 160,000 retirement homes nationally, and that a more mature retirement housing market needed to develop. New housing stock was required, and this was not happening quickly enough. A report published in August 2016 had suggested that more than 50% of the current adult disabled population was under 65, and there were one million homes nationally that had a need for adaptations but were owner-occupied. Through interviews and surveys, the study had concluded that individuals who considered moving home to address accessibility needs were likely to do so as part of a wider lifestyle change. The survey also found that a number of people had considered a move to social rented housing as a likely future option to meet their accessibility needs, but their aspiration would be to remain in their own home. The report had concluded by recommending that developers, planners and health and social care commissioners should 'ensure that the homes of the future enable people to age in place, or have genuine choice to move to a home that is designed and built to support their ongoing independence, not only for the sake of the household but to minimise public spend on the alternatives'.

The Local Government Association Housing Commission had also considered the role of local authorities in enabling the provision of good quality and appropriate housing to meet the needs of individuals across the life

course. Within the initial recommendations from the Commission, there was a specific recommendation that Health and Wellbeing Boards considered how they could bring together representatives from different sectors to provide a shared understanding of where there were opportunities or gaps in local housing provision that needed to be reflected in local planning policy.

A report by the All Party Parliamentary Group on Housing and Care for Older People suggested that Health and Wellbeing Boards were ideally placed to promote age exclusive housing and technology with enhanced care services. This report also recognised that housing design and housing quality could not be considered in isolation as this alone would not enable people to remain independent. Broader community considerations needed to be taken into account by partners to ensure that older people remained as independent as possible.

Locally, the County Council's Public Health department had recently commissioned an independent local housing and health needs assessment as part of the work of the JSNA Board. This had considered the housing and health relationship using the national homes and health framework, and had made a series of recommendations. It was proposed that the Health and Wellbeing Board supported the implementation of a small number of recommendations and identified key areas of focus.

The Board broke into small groups to discuss how the Health and Wellbeing Board could effectively champion the importance of planning in relation to developing appropriate housing options to meet the needs of an ageing population, and supporting the delivery of joined up care closer to home.

RESOLVED to (1) agree how the Board can raise the importance of older people's housing provision with local planning authorities to inform Local Plans and other planning policies; and

(2) agree that the Strategic Housing Forum acts as a system leader for specific recommendations of the housing and health needs assessment.

59/16 EXPERIENCES OF INDIVIDUALS LIVING WITH SUBSTANCE MISUSE ACCESSING HEALTH AND SOCIAL CARE SERVICES IN DERBYSHIRE

The Board received a summary of Healthwatch Derbyshire's report on 'experiences of individuals living with substance misuse accessing health and social care services in Derbyshire'. Engagement Officers had carried out engagement activity for the report in a variety of locations, and a total of 59 responses had been collected. In addition to those who were living with substance misuse, Healthwatch had also spoken to 15 carers and 15 members of staff. A summary of the key findings from the report were

detailed, along with a series of recommendations. There appeared to be lots of good practice, but also a number of issues to be considered.

Responses to the recommendations had been received from the relevant providers. The work around the recommendations would be monitored and Healthwatch would review it in six months. An update would also be provided to the Board on how the implemented recommendations were impacting on health and social care services.

RESOLVED (1) to note the content of the 'Experiences of individuals living with substance misuse accessing health and social care services in Derbyshire' report;

(2) that members reflect on whether their own organisation has a part to play in addressing the recommendations contained in the report.

60/16 WHAT MAKES FOR A POSITIVE HEALTH OR SOCIAL CARE EXPERIENCE? A summary was provided of Healthwatch Derbyshire's report on 'What makes for a positive health or social care experience?' This had been designed to focus on the large number of positive responses received by Healthwatch, and had been shared with relevant parties to enable them to reflect on what they could learn from this. 620 comments had been received, and the most talked about services had been hospitals and GP practices.

It was suggested that Healthwatch should bring back recommendations from previous reports on an annual basis so that the Health and Wellbeing Board could continue to hold the relevant bodies or organisations to account to ensure that the actions were implemented.

RESOLVED (1) to note the content of the 'What makes for a positive health or social care experience?' report;

(2) that members reflect on their own performance standards and service delivery in respect of what patients and service users have been telling Healthwatch;

(3) to promote the content of the report where appropriate amongst networks; and

(4) that Healthwatch presents an annual report of recommendations from previous reports to enable the Board to hold the relevant bodies/organisations to account to ensure actions are implemented.

61/16 HEALTH AND WELLBEING STRATEGY IMPLEMENTATION UPDATE: KEEP PEOPLE HEALTHY AND INDEPENDENT IN THEIR OWN HOME The Health and Wellbeing Board had previously agreed an operational

implementation plan to deliver the Health and Wellbeing Strategy priorities. An update was provided on the implementation of the 'keep people healthy and independent in their own home' priority and the actions identified within the Strategy. A number of actions under the priority would be delivered as part of the STP, and these were detailed. It was proposed that the STP Chiefs Group would consider how this was best achieved over the next few months as implementation plans were developed.

The actions that were being delivered outside of the STP were to work together to share best practice and unlock key issues so that health and social care integration progressed at pace and scale; and to strengthen links with neighbouring Health and Wellbeing Boards. There was now a more formal shared relationship in place with Derby City Health and Wellbeing Board, and there had been an agreement to commit to holding joint development sessions. Both chairs had met, and it was proposed that joint development sessions would be held twice a year, the first joint development session would take place on 10 November 2016 and would focus on the theme of prevention, and the Chairs of both Boards would continue to meet on a regular basis to progress key issues.

RESOLVED to (1) note the progress to date with implementation of the 'keep people healthy and independent at home' priority of the Health and Wellbeing Strategy;

(2) agree that the actions detailed in the report be delivered through the STP; and

(3) agree the approach to progress joint working with Derby Health and Wellbeing Board and to note the date of the next joint development session.

62/16 KEY FINDINGS FROM THE WESTMINSTER COMMISSION ON AUTISM An overview was provided of the key findings from the Westminster Commission on Autism report 'A Spectrum of Obstacles'. The Commission had engaged a range of organisations, experts by experience and stakeholders. It had gathered evidence through a range of approaches, and a survey had been developed which had received over 900 responses. The review had highlighted a number of key points, and had made a series of recommendations which primarily had a national focus, but once adopted could have local implications.

RESOLVED to note the findings from the Westminster Commission on Autism report and to consider the local implications and learning from the report.

63/16 BETTER CARE FUND 2016/17: QUARTER 1 PERFORMANCE RETURN An update was provided of the performance and work of the

Derbyshire Better Care Fund as at the first quarter reporting period of the 2016/17 financial year. The Better Care Support Team had published the Q1 2016/17 National Return template on 22 July. An updated template had been issued on 18 August with a new completion date of 9 September. Submission of the template required sign off from Health and Wellbeing Boards, and this was being sought retrospectively. Requirements of the Q1 template mirrored those of previous quarterly returns.

The BCF Programme Board had reviewed a draft response of the template, and had approved its return subject to further clarity of the commentary against the performance metrics. The return had been submitted to the National Better Care Support Team, and further quarterly reports would be provided in line with the national reporting timescales. A table summarising performance at the Q1 2016/17 reporting period had been provided, and based on Q1 performance levels, three of the six metrics were forecast to achieve their targets.

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 throughout 2016/17.

64/16 BETTER CARE FUND 2016/17 ASSURANCE AND PLANNING UPDATE The Board had formally approved the Derbyshire BCF planning template in May 2016, and following a regional and national assurance process, the Derbyshire BCF 2016/17 Plan had been formally classified as 'approved' on 19 July 2016. Following approval, all HWB areas had been asked by NHS England to review and amend, if necessary, a revised final planning template. Key changes to the amended version were updated figures relating to the non-elective admissions and delayed transfer of care data following updated data submissions by CCGs as part of their annual planning returns. There had been no changes made to the planning return for Derbyshire, and it had been submitted in line with the required deadline.

RESOLVED to note (1) the report and the submission of the revised planning template; and

(2) that the Derbyshire BCF has received a formal 'approved' rating.

65/16 HEALTH AND WELLBEING BOARD ROUND UP REPORT A round up of key progress in relation to health and wellbeing issues and projects was given.

A report from the International Longevity Centre had examined a newly developed role in the adult social care sector of Enhanced Care Worker. This role had the potential to provide the skills necessary to meet the challenges posed by increasing care demands, and the report concluded by considering how to implement the role. The Institute for Public Care had published details of a Market Shaping Review. A report had been published which considered Place-based Market Shaping and explored the importance of such an approach to shaping the health and care market and considered the implications for health and social care organisations.

The LGA had published a report 'Transforming Care', which was aimed at staff with lead responsibility for providing services to people with learning or mental health issues. The report acted as a check list to ensure that services were doing everything to ensure safeguarding and promote the wellbeing of people with learning disabilities and/or autism who displayed behaviour that challenged. The Kings Fund had released presentations of a conference which had looked at good practice approaches to meeting care and support needs. The discussions had centred on how the social care sector could respond positively to the range of challenges facing services.

The Care Quality Commission had published a report following a review which had looked into how effectively health services provided early help to children in need, how they identified and protected children at risk of harm and looked after children's health and wellbeing. The report presented findings from 50 local authority area inspections, as well as focus groups, and a series of recommendations had been presented.

The Kings Fund had released a collection of essays that explored hypothetical scenarios and their impact on the future of health and care. There had also been a report from Localis which considered the approach to health devolution and suggested that deals should be directly negotiated with Government and suggested a number of specific items were included. Public Health England had published a single point of access to data and analysis tools, and the resources helped local government and health service professionals make decisions and plans to improve people's health and reduce inequalities in their area.

The Department of Health had published the framework which set out desired outcomes for public health and how they would be measured. The Public Health Outcomes Framework concentrated on increased healthy life expectancy, reduced differences in life expectancy, and healthy life expectancy between communities. The document had set out the technical specifications of the indicators in the revised Public Health Outcomes Framework, and local authorities had to consider the document when carrying out their public health functions. Following consultation on the Framework, it

had been decided that some existing indicators would be revised, replaced or removed, and details of the changes could be found in the government response to the consultation.

Public Health England had published Childhood Obesity: A Plan for Action, and this outlined the government's plan for action to reduce childhood obesity by supporting healthier choices. This included encouraging the industry to cut the amount of sugar in food and drinks and supporting primary school children to eat more healthily and stay active. The Government had also published Soft Drinks Industry Levy: 12 Things You Should Know.

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.

The latest Forward Plan had been circulated, and if any Board member wished to add an item, they were asked to contact Ellen Langton.

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