

MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held on 16 March 2017 at County Hall, Matlock

PRESENT

Councillor D Allen (in the Chair)

T Allen	DCHS NHS Foundation Trust
S Allinson	North Derbyshire CCG
F Bharmal	NHS Erewash CCG
Councillor H Coyle	South Derbyshire District Council
Councillor J Coyle	Derbyshire County Council
S Fowler	Peak District National Park Authority
A Gregory	Hardwick CCG
Councillor C A Hart	Derbyshire County Council
J Hollister	Derbyshire County Council
A Johnson	Derbyshire Fire and Rescue
Dr A Mott	Southern Derbyshire CCG
Councillor B Murray-Carr	Bolsover District Council
H Phillips	Chesterfield Royal Hospital
I Stephenson	Derbyshire County Council
G Thompson	Southern Derbyshire CCG
Councillor J Twigg	Peak District National Park Authority
D Wallace	Derbyshire County Council
Councillor A Western	Derbyshire County Council
J Willis	3D/NDVA
S Wilson	Derbyshire Constabulary
P Wood	3D/South Derbyshire CVS

Also in Attendance – C Bentley (DCHS NHS Foundation Trust), J Bloor (Derbyshire County Council), K Boulton (Derbyshire County Council), C Cook (Derbyshire Safeguarding Children Board), H Hart (Healthwatch Derbyshire), J Lakin (Derbyshire Safeguarding Children Board), E Langton (Derbyshire County Council), L Mellor (Healthwatch Derbyshire), E Richardson (Tameside and Glossop CCG), M Riley (Chesterfield Royal Hospital), C Wright (Derbyshire Healthcare NHS Foundation Trust)

Apologies for absence were submitted on behalf of B Anderson, S Bateman, H Bowen, H Dhindsa, Dr A Dow, R Henderson, K MacLeod, I Majid, C Maley, K Ritchie, J Rivers, J Simmons and P Singh

14/17 **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 5 January 2017 be confirmed as a correct record.

15/17 **MATTERS ARISING – (a) Sustainability and Transformation Plan for Derbyshire** (Minute No 3/17 refers) It was reported that the Chair of

the Board had written to Jeremy Hunt MP regarding NHS and social care funding, and a copy of the response received had been circulated. It was noted that the Government had introduced further funding, and had agreed that Derbyshire County Council should receive c. £16m. This would be used for further funding towards adult care services.

(b) LGA Stepping up to Place – Integration Self-Assessment Tool

(Minute No 11/17 refers) It was stated that it was still the intention to undertake this exercise, but it would now be completed after the County Council elections had taken place in May, and hopefully in partnership with Derby City Council.

16/17 DERBYSHIRE SAFEGUARDING CHILDREN BOARD ANNUAL REPORT C Cook, Independent Chair of the Derbyshire Safeguarding Children Board (DSCB), and J Lakin, DSCB Board Manager, presented the Derbyshire Safeguarding Children Board annual report for 2015/16.

There had been a steep rise in the number of children subject to a child protection plan, and the Board would be commissioning a piece of work to look at why this was the case. Over the past year, the DSCB had ensured that the multi-agency response was robust to meet the challenge, and that agencies and their staff had worked together to keep children and young people safe.

It was reported that the DSCB would be focussing on the theme of neglect, and would be undertaking mock audits on cases of neglect. A revised action plan around Child Sexual Exploitation was also going to be considered at a future meeting. Training was felt to be very important, and there would be a discussion at the next meeting on potentially charging agencies for non-attendance.

The DSCB had a number of priorities for 2017, including online safety, neglect, early help assessments, and looking to introduce a Public Protection Board.

RESOLVED to note the annual report of the Derbyshire Safeguarding Children Board.

17/17 SUSTAINABILITY AND TRANSFORMATION PLAN FOR DERBYSHIRE G Thompson, Southern Derbyshire CCG, provided an update on the progress of the Sustainability and Transformation Plan (STP) for Derbyshire. There had recently been a national meeting for STP leads, and the main headline from this meeting had been that STPs would be continuing, and that there was a desire to move forward.

It was noted that the revised two year implementation plan was expected on 21 March, and guidance would be provided with this. Locally, some progress had been made, and work was being undertaken on re-profiling the outline business cases. Some appointments had started to be made to the STP team, but clarity was still awaited on some aspects of this approach. In addition, there was still uncertainty as to how much funding Derbyshire would receive, and consideration was being given as to whether the approach outlined in the STP needed to be undertaken in phases. There was a general view that if Derbyshire received new money, it should be used towards the provision of new models of care.

There was some concern over the implications of the 21c Joined Up Care consultation covering the North of the County, particularly around the closure of Bolsover Hospital. Reassurance was given that there was no pre-determined decision around this, and it would be discussed by Governing Bodies in April. The County Council stance was that there would need to be a viable alternative in place before it could agree to support the closure of the hospital.

18/17 JOINED UP CARE DERBYSHIRE (NHS SUSTAINABILITY AND TRANSFORMATION PLAN) – COMMUNICATIONS AND ENGAGEMENT

The Board was informed of the planned communications and engagement work set out for Joined Up Care Derbyshire. Derbyshire's STP plan, Joined Up Care Derbyshire, had been published in November 2016 and set out the local plan to accelerate the implementation of the Five Year Forward View. Joined Up Care Derbyshire had five top priorities that partners had signed up to, and these were highlighted.

Following the publication of Joined Up Care Derbyshire, contract negotiations had taken place and all contracts between CCGs and NHS providers had been agreed and signed, meeting the requirements of NHS England. However, funds hoped to be released to invest in the new models of delivery proposed in Joined Up Care Derbyshire were now committed elsewhere. Work had taken place to set out how the priorities would have to be re-phased, and consideration would be given on what could be achieved this year and next.

Following the publication of the plans, all business cases and a summary of Joined Up Care Derbyshire had been published. Representatives from partner organisations had met with local groups across the county to answer questions and involve the public and their staff in discussions on the priorities. Work had been taking place with Healthwatch Derbyshire and Derby and representatives from the voluntary sector to agree an engagement approach for Joined Up Care Derbyshire. A plan had now been agreed, and the full engagement plan was presented. Public engagement would involve

ten events across Derbyshire, and giving local people an opportunity to become Community Listeners in their area.

It was reported that a public question had been received from Councillor Maurice Neville, Amber Valley Borough Council. Councillor Neville read out the following question:-

‘After several months of promising an engagement strategy since last October, in response to urgent queries from Healthwatch, the HWB and others, today’s meeting is finally being asked to consider a public engagement plan due to commence five months later in May, which is summarised as follows:

Ten public meetings around the county and giving local people the opportunity to become ‘Community Listeners’ to encourage others to get involved in shaping the future of health and social care.

The Healthwatch CEO has said: *‘Healthwatch Derbyshire is strongly advocating that the public are seen as a true partner in the STP and are given a genuine opportunity to influence the way in which they will be cared for in the future. Now the STP has been published, we need to have an open and transparent public debate about the reasons behind the Joined Up Care plan and the potential scenarios for change’.*

Given the months of delay and the fact that the STP is already being implemented, do Healthwatch and the voluntary sector representatives on the H&WBB agree that the proposals presented today are an adequate answer to the need for open and transparent public debate in which the public are seen as true partners who can influence the way in which they are cared for?’

In response, it was stated that the engagement plan set out the first steps to discuss and begin conversations with people across Derbyshire on the priorities set out in Joined Up Care Derbyshire. Southern Derbyshire CCG was working with Healthwatch and the voluntary sector on the plans to start the conversations with people, and would continue to work together over the next few years as Joined Up Care Derbyshire developed and moved on.

The ten events and work to start encouraging people to become Community Listeners was the beginning of the five-year exercise and was not exhaustive. Southern Derbyshire CCG would welcome any further suggestions on how it could ensure it did all it could to engage with people to help shape the future of health and social care.

In addition to these, more formal, arrangements to engage and discuss the STP, there were also the wide variety of usual routes to talk/feedback to GPs surgeries, NHS organisations and local authorities, as part of standard

open Government working practices. These included Patient Participation Groups (PPGs), governing body meetings, full council meetings, etc. These standard ways of 'engaging', under the usual protocols, were a useful supplementary route, and Southern Derbyshire CCG was pleased to report that while arrangements for specific STP events were being finalised, it had been talking to people via these channels, and also attending public meetings which it had been invited to.

Representatives from Healthwatch and the voluntary sector stated that there had been improvements with engagement, but there was still further work to do. The next step was getting the organisations that the voluntary sector represented involved, and there needed to be a focus on how this would be achieved. It was agreed that there would be a regular update on progress in relation to STP communications and engagement as a standing item on the Health and Wellbeing Board agenda.

RESOLVED to (1) note the approach and timeline set out for the communications and engagement work; and

(2) agree to share the report with colleagues within organisations and other key stakeholders.

19/17 CO-ORDINATED HEALTH PROMOTION COMMUNICATIONS CAMPAIGN Chesterfield Royal Hospital (CRH) was planning on rolling out a series of simple key messages related to five lifestyle behaviours/factors that had a significant impact on health. Rather than just CRH taking this approach, it was proposed that all organisations represented on the Board signed up and promoted the same messages on an organised rolling programme. Although telling people how to behave was not, by itself, an effective way to promote behaviour change, messages delivered consistently could make a positive difference to population health over time. This could be further supported by organisations signing up to ensure healthy food and drink was promoted across all settings.

It was felt that this approach could become one more element of a cohesive health and wellbeing system within Derbyshire, and could be supported by the various health improvement services offered across the county as well as a tool for self-help. CRH was currently advancing the approach, and it was suggested that relevant communication leads from each organisation could determine the best way to progress.

RESOLVED to agree to adopt a joint approach to a health promotion communications campaign.

20/17 SPECIAL EDUCATIONAL NEEDS AND/OR DISABILITIES (SEND) DERBYSHIRE LOCAL AREA OFSTED/CQC INSPECTION

OUTCOME Ofsted and the Care Quality Commission (CQC) had undertaken a whole area special educational needs and disabilities (SEND) Inspection in Derbyshire between 14-18 November 2016. The inspection had focussed on the effectiveness of the area in implementing the disability and special educational needs reforms set out in the Children and Families Act (2014). .

The inspection team had spoken with children and young people, parents and carers, representatives of the local authority and CCGs. Inspectors had visited a range of providers and had spoken to a variety of people about how they were implementing special educational needs reforms. Inspectors had also considered a wide range of performance information and evidence relating to the local offer and commissioning.

The inspection had identified a number of strengths, as well as areas for development, and these were detailed in the outcomes letter which had been published on 12 January 2017. The SEND Strategic Board would be responsible for the oversight of addressing the points raised during the inspection, and would be developing an action plan to ensure that identified areas for development were considered.

RESOLVED to (1) note the outcomes of the Ofsted SEND Inspection for Derbyshire; and

(2) consider if there are any areas of development which the Health and Wellbeing Board can support.

21/17 HEALTH AND WELLBEING STRATEGY IMPLEMENTATION: UPDATE ON CREATING HEALTHY COMMUNITIES The Health and Wellbeing Board had previously agreed an operational implementation plan to deliver the Health and Wellbeing Strategy priorities. An update on implementation of the seven key action areas to support delivery of the priorities had been reported in July 2016, and the Board was presented with a further update on progress in relation to the Creating Healthy Communities priority.

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

(2) discuss the next steps for implementation, in particular those relating to engagement with the Derbyshire Healthy Workplaces programme and working with the relevant authorities to further develop the planning and health agenda; and

(3) receive regular updates on progress with implementation.

22/17 UPDATE ON HOUSING AND HEALTH In September 2016, the Board had agreed to support actions related to strengthening the housing and health agenda for Derbyshire, where the outcomes of the Housing and Health Joint Needs Assessment (HHJNA) had been shared. In addition, the first Derbyshire Housing Providers Forum had been held, and this had considered the proposed changes to the Local Housing Allowance, the recommendations from the HHJNA and explored how a shared partnership approach to housing and health could be developed.

Work had also taken place to secure strategic support and representation from a range of organisations to establish a Derbyshire Housing and Health system group, and an update had been provided on housing and health and secured support for the establishment of a Derbyshire Housing and Health system group from the Derbyshire Chief Executive's group.

In terms of next steps, it was necessary to formally establish and develop the Derbyshire Housing and Health system group, confirm accountability and reporting to Derby City Health and Wellbeing Board for work which was developed in conjunction with housing representatives from Derby City, and explore opportunities to gain additional investment and review existing investment for housing related projects through the Derbyshire Housing and Health system group.

RESOLVED to (1) note, support and endorse the work on housing and health and the establishment of the Derbyshire Housing and Health system group; and

(2) agree to be the accountable body for the Derbyshire Housing and Health system group and to receive updates from the group by exception and as and when required.

23/17 UPDATE ON ACTIONS FROM THE HEALTHWATCH REPORT ON LEARNING DISABILITIES Between May – July 2015, Healthwatch Derbyshire had focused engagement activity on people with learning disabilities, and in particular their experience of accessing health services. The report had included a number of positive and negative themes, and recommendations had been drawn up in response to these topics.

The report had recommended that health services should review their ability to identify patients with a learning disability and make reasonable adjustments to their needs. Providers and commissioners had been invited to respond to the recommendations made in the report, and had subsequently been asked about any progress made on the responses given. A summary of the responses was provided.

RESOLVED to (1) note the content of the report; and

(2) consider opportunities for organisations to improve the process of delivering actions against responses made to Healthwatch reports, and providing comprehensive updates which can then be passed back to participants.

24/17 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, inequalities, and incidents and outbreaks. With regard to screening and immunisation, the Health Protection Board had been informed that a paper had been presented at the regional Directors of Public Health meeting regarding the risks and barriers associated with seeking full assurance of immunisation and screening programmes, and there had been agreement to escalate the matter.

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

25/17 BETTER CARE FUND 2016/17 QUARTER 3 PERFORMANCE RETURN The performance and work of the Derbyshire Better Care Fund as at the second quarter reporting period of the 2016-17 financial year was reported. The Better Care Support Team had published the Q3 2016-17 National Return template on 30 January 2017 with the expectation that completed templates would be returned by 3 March 2017. The Q3 return was being reported retrospectively to the Health and Wellbeing Board.

A table summarising performance at the Q3 2016-17 reporting period was provided. Based on Q3 performance levels, four of the six metrics were forecast to achieve their targets. Further information on each of the metrics was detailed.

It was reported that this year's BCF guidance was still being awaited, but the Plan needed to be signed off by 31 March. Derbyshire had received £16m as a share of social care funding, but it was not yet known what this could be spent on. However, it would be linked to care for older people. Further information would be available after the publication in the autumn of the Green Paper on the future of social care funding.

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 2017/18.

26/17 HEALTH AND WELLBEING ROUND UP A round up of key progress in relation to health and wellbeing issues and projects was given.

The childhood obesity plan case studies described the progress being made in partnerships between local authorities and business in improving children's nutrition and obesity, and highlighted a range of interventions which had helped reduce childhood obesity. A report from the Institute of Economic Affairs had analysed the cost of obesity to public services, and estimated that the net cost was less than £2.5billion a year. It argued that the economic burden of obesity had been exaggerated, and that the health care costs of an ageing population should be the focus for public service efficiency savings.

Greater Manchester Health and Social Care Partnership had published a new public health plan which targeted all stages of life, put strong focus on prevention and linked better health and wellbeing with work prospects and the economy. A professional resource outlined how providers and commissioners could reduce the average blood pressure of the population through improved prevention, detection and management. The Global Burden of Disease 2015 had highlighted that high blood pressure was the second biggest known global risk factor for disease after poor diet.

Public Health England had published Falls and fracture consensus statement: supporting commissioning for prevention, and this outlined approaches to interventions and activities helping prevent falls and fractures to improve health outcomes for older people. The Royal College of Physicians had published Look out! Bedside vision check for falls prevention, and this aimed to help ward staff assess a patient's eyesight to help prevent them falling or tripping while in hospital. Reform had published Faulty by design: the state of public-service commissioning, and this evaluated the success of current approaches to commissioning across various sectors of public services. The report stated that commissioning bodies were not delivering value for money in 3 key areas.

The Digital by Default Strategy explained how Public Health England would make the best use of digital opportunities to meet the needs of users, protect and promote health and reduce inequalities. The strategy set a common approach for digital work including principles, clear roles and responsibilities, and standards for digital development. Public Health England had published Helping older people maintain a healthy diet: a review of what works, and this review of evidence looked at what worked in supporting older people to maintain a healthy diet and reduce the risk of malnutrition.

The National Audit Office had published a new report regarding the limited progress with integration of health and social care nationally. The report suggested that integration to date had been slower and less successful than envisaged, and had not delivered all of the expected benefits for patients, the NHS or local authorities. The report had concluded that the government's plan for integrated health and social care services by 2020 was at significant risk, and key findings from the report were highlighted.

Locality had launched a new 'how to keep it local' guide for local commissioners and councillors which called for locally-commissioned and delivered public services that provide substantially better outcomes and value than standardised services. The guide showcased the benefits of working with community anchor organisations through a place based approach which promoted social value. The Local Government Association had published Improving outcomes for children and families in the early years: a key role for health visiting services, and this highlighted the importance of health visitors and commissioners to work together to monitor and evaluate the impact of the health visiting service.

The Nuffield Trust had published a briefing on the underlying reasons for recent increases in Delayed Transfers of Care (DTOCs), and this had highlighted that whilst there had been an 84% increase in the number of DTOCs attributable to social care since 2010, the majority remained due to delays within the NHS. The briefing had also highlighted that there were many patients who were ready for discharge but not captured within the DTOC statistics, suggesting that the pressure of beds could be worse than indicated. The Nuffield Trust had suggested that a key driver for change had to be to reduce the bureaucratic processes associated with hospital discharge, and the briefing concluded by suggesting that improvements to data capture and recording revised operational arrangements, an improved interface between the hospital and other local organisations or services and reduced bureaucracy all needed to occur in order to reduce DTOCs.

The Institute for Public Policy Research had published a report that outlined the actions which needed to take place to develop the care market nationally and considered the implications of the Brexit vote for the sector, and the report had suggested three ways to raise standards in social care. The King's Fund had published a report which examined the content of the 44 STPs that had been submitted. This discussed the main challenges that lay ahead in implementing STPs and realising the opportunities they identified, and key recommendations were also outlined. The briefing on Adult Social care funding (England) examined key funding pressures facing adult social care services and evidence of the impacts of those pressures on social care and health services. It explained the additional funding that the Government had made available and discussed stakeholder concerns about a growing social care 'funding gap' and the need to find a long-term funding solution. It

had noted that additional funding was not the only answer and issues such as productivity also needed to be considered.

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.

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