

MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held at County Hall, Matlock on 12 July 2018.

PRESENT

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

B Anderson	Public Health England
K Brown	Derbyshire CCGs
H Bowen	Chesterfield Borough Council
Dr A Dow	Tameside and Glossop CCG
G Harry	Derbyshire Healthcare PCT
J Hollister	Derbyshire County Council
L Dale	Derbyshire County Council
B Milton	Derbyshire CCGs
S Morritt	Chesterfield Royal Hospital
J Simmons	Healthwatch Derbyshire
T Slater	EMAS
D Swaine	Bolsover District Council & NEDDC
Councillor S Swann	Derbyshire County Council
D Wallace	Derbyshire County Council
Councillor J Wharmby	Derbyshire County Council

Also in attendance – G Boyle (UHDB), W Downes (Derbyshire County Council), J Harper (Derbyshire County Council), H Norton (Healthwatch Derbyshire) G Strong (DLNR CRC), I Little (DCC, Public Health) L Race (DCC, Welfare Rights) and C Reilly (DCC, Welfare Rights)

Apologies for absence were submitted on behalf of Councillor A Dale and Dr C Clayton.

13/18 **MINUTES RESOLVED** that the Minutes of the meeting of the Board held on 19 April 2018 be confirmed as a correct record.

14/18 **PATIENTS STORY** This presentation was deferred until the next meeting.

15/18 **UNIVERSAL CREDIT IN DERBYSHIRE** The Board was provided with an overview of the work undertaken in locality boards, and across partner organisations, to support Derbyshire residents to be ready for, and to successfully navigate the roll out of Universal Credit.

Analysis of issues and an overview of ongoing work was provided in the supporting document “Readiness for Universal Credit in Derbyshire” which was appended to the report of the Strategic Director.

Lois Race, and Carmel Reilly, DCC, Welfare Rights attended the meeting and gave a presentation about the work of locality boards on this matter, and the possible impacts on the Health and Wellbeing of residents of the roll out of Universal Credit.

Members were given the opportunity to make comments and observations and ask questions which were duly noted or answered.

RESOLVED (1) to note the work undertaken by the locality boards in bringing together relevant partners to find appropriate local solutions through partnership, and avoid duplication of effort; and

(2) to support the remaining locality boards to engage in the mapping and planning processes.

16/18 BREASTFEEDING CHARTER Members were informed of the launch of the new Derbyshire Breastfeeding Charter.

Breastfeeding was one of the most important things that new mothers could do for the health of their baby. But not everyone felt comfortable or confident to do so. As many as eight out of ten women stopped breastfeeding before they want to. In Derbyshire, 50% of women who stopped breastfeeding before six weeks said that they stopped because of problems with the process of breastfeeding and the production of breastmilk. This was usually avoidable with support.

Providing services that helped families and developed supportive communities would enable Derbyshire to become a breastfeeding friendly county as well as supporting an increase in breastfeeding rates. Derbyshire County Council has launched a new Derbyshire Breastfeeding Charter. The Charter was appended to the Director of Public Health’s report:

The Charter gave information about the range of services on offer to support mothers if they chose to breastfeed their baby as well as some practical steps communities, businesses and organisations can take to make a difference. In addition, the Charter signposted a number of websites offering advice and support around breastfeeding online.

RESOLVED to note the launch of the Derbyshire Breastfeeding Charter

17/18 **PLACE UPDATE** Joy Hollister provided Board members with an update on the Place work stream.

The vision was to provide person-centred care through efficient pathways by working together with communities and those services that impacted on health and wellbeing. People with long-term conditions would be able to manage their condition with support from family, specialist befrienders, social and primary care. Individuals will have a shared care plan that set out how to stay well, but also what happened in a crisis. This would result in a reduced reliance on expensive models of care and would be supported by evidence based therapy and wellness services. Individuals would live in appropriate housing with assistive technology supporting them. Individuals would end their lives in the place of their choice with the people they wished to be with. When individuals needed hospital based care this would be planned and for a short time, with a clear discharge plan from the moment of admission, to ensure that they got back to the place they called home as soon as possible.

Members were provided with examples of patient experiences and how both proactive and reactive care mechanisms would work.

To summarise, Phase 1 would take place over the next eighteen months and would focus on the top 15% of patients identified through a standardised risk stratification. Phase 2 would take place over Year's 2 and 3 and would develop the wider building blocks of place. Phase 3 would be in the longer term with Place and prevention being embedded as one approach

RESOLVED to note the Place work stream update.

18/18 **CAMHS UPDATE AND DEMENTIA REPORT –HEALTHWATCH DERBYSHIRE** John Simmons and Hannah Norton, Healthwatch Derbyshire, attended the meeting and provided members with an update on two reports recently published by Healthwatch Derbyshire (HWD). The first report centred around the experiences of using Child and Adolescent Mental Health Services (CAMHS) services whilst the second was around the care and support for people living with, or affected by dementia.

HWD had originally carried out engagement work in 2015 to collect experiences of CAMHS services in Derbyshire. As many of the findings and recommendations in the 2015 report were taken forward by the Futures in Mind Programme it was requested by the Health and Wellbeing Board to repeat a similar engagement to see if changes had had a positive impact. HWD spoke to people who had started to use CAMHS within the last 12 months to make sure experiences were current. Overall, it seemed experiences had improved from 2015 to 2017. Participants gave positive feedback around the flexibility offered to plan sessions at a convenient time and location. A number of

participants explained that the best thing about CAMHS was feeling that help was at hand and that they were now able to talk about how they were feeling.

A number of themes were detailed in the report, though the overwhelming theme raised was that many parents and carers felt they had little or no support to help them best look after their child, whilst some appreciated the informal support offered by CAMHS workers.

HWD had carried out a piece of engagement work to further explore comments received and to enable them to have a greater understanding of the care and support of people living with dementia, and the experiences of their carers and family members. The remit had been fairly wide and questions were based around the Well Pathway for Dementia. Over 100 people had been spoken to.

Again a number of themes were highlighted for members.

- Participants had highlighted the importance of early education to enable people to become more aware of dementia and understand that it was not a natural part of ageing and that it could happen to anyone
- Most participants felt they received too much information following the diagnosis and felt it would be more beneficial to allow time for the diagnosis to 'sink in' and then learn about information and support available.
- The Derbyshire Dementia Support Service was spoken negatively of in terms of :-
 - (1) Poor facilitation of groups with inappropriate activities
 - (2) Lack of trained staff (limited knowledge around dementia)
 - (3) Lack of one-to-one support
- Not all comments were negative, and participants spoke positively of the support from Derbyshire County Council homecare staff but highlighted the importance of continuity, routine and training for homecare staff
- Some carers felt unsupported in their role in terms of:
 - (1) Not knowing where to go for support (had to become very proactive)
 - (2) Services to support carers were described as 'disjointed'
 - (3) Caring role having an impact on them being able to look after their own health
- Some participants who were self-funding explained their struggles of getting the advice on relevant care and support and felt they were left to "fend for themselves".

Members were given the opportunity to make comments and observations and ask questions, which were duly noted or answered.

As an outcome of these discussions Board members agreed that the HWB should write to MP's and NHS England regarding the continuing difficulties in accessing Tier 4 beds.

RESOLVED (1) to note the report themes, and to actively use the report when possible within their own organisations either for wider learning, or in line with an organisational response given to the report where applicable; and

(2) that the HWB write to MP's and NHS England regarding the continuing difficulties in accessing Tier 4 beds.

19/18 HEALTH OF OFFENDERS RESIDING IN THE COMMUNITY

Grace Strong, Probation Service and Iain Little, DCC, Public Health, attended the meeting to provide members with a summary of the health needs and experiences of offenders in the community, and to ask the Board to support implementation of the recommendations of a Health Needs Assessment to improve the health outcomes for this population group.

There were approximately twice as many offenders supervised in the community than in prison, and these were individuals who were serving solely community sentences, those on suspended sentences and those who have been released on licence. There was a complex relationship between health and social influences on offending and re-offending behaviour. Offenders were known to disproportionately experience poorer mental and physical health and commonly engage in unhealthy and high-risk behaviours. There were no health services commissioned specifically for offenders residing in the community, with individuals expected to access general community health services.

The Reducing Offending, Re-offending and Health Board requested that a Health Needs Assessment be completed to review the health needs and experiences of offenders residing in Derbyshire, to inform the future commissioning and provision of local services and to improve the health and wellbeing of this population group. The HNA was undertaken by Public Health at Derbyshire County Council, and the scope included adult and youth offenders, and covered the geographic areas of Derbyshire County and Derby City. Information was collected through interviews held with offenders, and surveys completed by offenders, health professionals and staff working in adult probation services and youth offending teams. Details were given in the report circulated by the Director of Public Health

Housing and financial issues, along with lifestyle choices and difficulties in accessing non-urgent healthcare services were determined to be key factors in determining the health outcomes of offenders residing in the community.

Less than 10% of respondents were not registered with a GP, and 40% were not registered with a dentist. However, difficulty accessing health services was a recurring theme through the engagement, and this was felt to be due to inflexibilities in making or attending appointments, long waiting lists for specialist services, and primary care services being the gatekeepers for onward referral to other specialist services. Combined, these resulted in an over-reliance on urgent health services by offenders residing in the community.

Examples of good practice were highlighted, particularly among probation workers and health professionals who had gone “above and beyond” in securing support for offenders, however this seemed to relate to individual professionals rather than being applied systematically across services.

A number of recommendations were made as part of the HNA, relating to:

- Establishing a strategic direction for improving the health of offenders residing in the community
- Undertaking further engagement and consultation to explore specific issues in more detail
- Reviewing pathways into specialist services
- Support access to primary care services, in particular general practice and dental services
- Reviewing the pathway on release from prison to improve the links between prison health services and community services
- Reviewing the provision of information to health and probation staff to support access to services, and work with offenders to improve health literacy levels
- Improve access to healthy lifestyle services

Members were given the opportunity to make comments and observations and ask questions which were duly noted or answered. Specific reference was made regarding the housing element and the need to provide a clear pathway for offenders accessing housing on release from prison.

RESOLVED (1) to note the poor health outcomes experienced by offenders residing in the community, and ensure that the needs of this population group are considered in the local assessment, planning and delivery of services;

(2) to note the role taken by the Reducing Offending, Re-offending and Health Board to improve the health of offenders residing in the community;

(3) to support the adoption of the recommendations of the HNA; and

(4) that a multi agency task and finish group be established involving all partners to carry forward the priority actions identified.

20/18 HEALTH AND WELLBEING STRATEGY – 2018 ONWARDS The Director of Public Health provided an outline of proposed Health and Wellbeing Strategy priorities from 2018 onwards, and sought feedback from Board members on the proposed priorities.

Appendix 1 to the report presented an outline of the proposed Health and Wellbeing Strategy for Derbyshire for 2018 onwards. The strategy identified four priority areas:

1. Enable people in Derbyshire to live healthy lives
2. Work to lower levels of air pollution
3. Build mental health and wellbeing across the life course
4. Support our vulnerable populations to live in well-planned and healthy Homes

For each proposed priority the outline described (1) why this was a priority for Derbyshire, (2) what it was hoped to achieve by including this as a priority in the HWB Strategy, and 3) provided some examples of how these ambitions will be achieved for Derbyshire.

Once the priorities were agreed in principle, specific objectives would be developed under each priority and key indicators that could be used to measure progress towards those objectives would be identified.

In addition to the four priorities outlined in Appendix 1, we the Board was asked to consider the potential inclusion of fifth priority: (5). Strengthen opportunities for good quality employment and lifelong learning

A good job was really important for the health and wellbeing of working age people. A strong local economy was needed to drive sustainable economic growth for all people across Derbyshire. This included creating more jobs and better jobs, tackling debt and addressing health related worklessness. The Health and Wellbeing Board could play an important role in ensuring that existing employment opportunities, and those newly created, were the kinds of good quality jobs that contributed positively to health. Further, there were opportunities to influence education, training and lifelong learning opportunities to ensure that the local population was being supported to develop the skills that would attract quality jobs to Derbyshire in the future.

Following a discussion amongst Board Members, it was agreed that the fifth priority should be included in the new HWB Strategy

RESOLVED (1) to agree to the further development of the four

Health and Wellbeing Strategy priorities outlined in Appendix 1 to the report; and

(2) agree to include a fifth priority relating to “Strengthening opportunities for good quality employment and lifelong learning” for inclusion in the new HWB Strategy.

21/18 BETTER CARE CLOSER TO HOME Kate Brown on behalf of Derbyshire Clinical Commissioning provided an update on implementation of the transformation change programme ‘Better Care Closer to Home’.

Following a prolonged planning and consultation period the two Clinical Commissioning Groups (CCGs) responsible for commissioning health care for The population of north Derbyshire accepted a set of proposed changes to the configuration of services in July 2017.

The report updated the Board on progress to date in relation to Community Rehabilitation and Older Peoples Mental Health,

Community Rehabilitation services provided care for people just out of acute hospital care or to prevent admission. The aim of the proposals was to ensure care was in the most appropriate setting. The following had been achieved:

- More beds in care settings with in-reach rehabilitation and health support. The plan is to move from 25 to 44 beds and with a distribution of beds better linked to population. So far an additional 12 beds had been commissioned, all in DCC homes and feedback was positive. Joint planning had been undertaken regarding the location of the remaining beds and also the actions needed to improve the effectiveness and consistent ways of working through all of the beds.
- In line with the expansion of the community bed provision two wards had closed; at Bolsover and Newholme (Bakewell) Hospitals with the transition of all clinical staff into other wards or new roles.
- There had been some expansion of the integrated community teams to support people who are able to be discharged home straight from hospital: further increases were planned when the remaining bed reductions occur.
- No significant changes were scheduled for the next 6 months

In relation to Older Peoples Mental Health, these service changes affected older people with dementia who were receiving care in a community hospital or day hospital in the absence of alternative services able to meet their needs. The following changes had been undertaken:

- Two Dementia Rapid Response Teams had been put in place servicing the whole of north Derbyshire (one based High Peak and Dales and one for Chesterfield and NE Derbyshire). The teams were not fully established but had already had very positive feedback from patients, carers and the professionals they worked closely with, including care homes.
- There was a small cohort of patients who had been receiving respite care on one of the wards (which was not in line with usual NHS funded provision). This was raised during consultation and alternative provision had been put in place for all of the patients following joint work between commissioners, DCC and the ward.
- Two wards (one Newholme, one Cavendish, Buxton) had closed reducing the number of beds to the planned level and there were no further bed reductions scheduled under implementation of this programme.
- Since the consultation there had been an expansion of the outreach day services with sessions now run in 12 locations. Plans for changes in the service model had been agreed and implementation begun.

The approved business case resulted in the ultimate closure of both Bolsover and Newholme hospitals. As stated above the wards on these sites were now closed. At Bolsover there were a small number of services delivered on the site but where there were no model changes under the consultation. They were being relocated locally with the planned closure of the site during the summer.

There were significant activity levels on Newholme site and so replacement locations for the services (not covered by the consultation) would take more significant planning and potential capital development. Services were planned to remain on the site until an alternative provision was in place.

In summary the programme began rapidly, driven in large part by the operational pressures that had built up during the period of consultation. This was challenging but soon stabilised into a co-ordinated implementation which had seen the majority of the service changes now in place to be further built upon and consolidated.

RESOLVED to note the update report.

22/18 DERBY & BURTON HOSPITAL MERGER – EXCEPTIONAL CARE TOGETHER Gavin Boyle, UHDB, attended the meeting and gave the Board an update on the merger.

In terms of the journey towards the merger the Full Business Case had been approved in March 2018 and the Competition & Markets Authority had strongly endorsed the merger plans during the same month

The NHS Improvement Risk Rating was issued on 7 June 2018 with the Board of Directors approval given on 12 June 2018.

The Council of Governors' vote to approve the application to merge took place on 12/14 June 2018 with the Joint merger application submitted to NHSI on 15 June 2018. The grant was issued on 26 June 2018 with the Merger going live on 1 July 2018.

The merger was seen as being the best way to retain a vibrant district general hospital at Burton. The clinical model at BHFT was not sustainable without the merger.

The combined catchment population would enable the development of specialised services for the benefit of local people.

UHDB would work with the Staffordshire and Derbyshire STPs to help deliver more care closer to home and make best use of the existing community hospitals in Lichfield, Tamworth and Derby.

The merger would be underpinned by a clinically-led strategy maximising benefits for patients and would deliver better care at less cost.

The Compelling benefits for patients across the combined catchment areas had been the driving force behind the merger. A selection of specialties where it was thought there was a bit more urgency to bring people, skills and best practice together: Cardiology; Orthopaedics; Stroke services and Renal.

To compliment the patient benefits, we are bringing support teams together. Our aims are to streamline our services, reduce obvious duplication and create a world-class suite of support services for our clinical teams.

The merger would save £23m by 2022/23.

RESOLVED to note the update on the recent merger.

23/18 DERBYSHIRE BETTER CARE FUND 2017-18 QUARTER 4 STATUTORY RETURN The Board was presented with an update on progress of the Derbyshire Integration and Better Care Fund (BCF) 2017-19 through reporting of the required statutory quarter four return for 2017-18.

As with previous quarterly reporting arrangements the Q4 return was being reported retrospectively to the Board due to the submission deadline falling prior to a scheduled Health and Wellbeing Board meeting. The draft return was reviewed by the BCF Programme Board at its meeting on 16 April and submitted ahead of the national deadline following agreement from the

Chair of the Health and Wellbeing Board. A full copy of the return was provided at Appendix 1 to the report

Performance against the national metrics during 2017-18 had been mixed and a summary was provided for members, though worthy of note was the fact that the number of bed days lost to delayed transfers of care had reduced markedly from 22,414 in 2016-17 to 15,610 in 2017-18. This was the lowest reported number of delays since the BCF began. The saving of 6,804 bed days is a remarkable achievement for the local system despite increased demands on health and social care services, particularly during a challenging Winter period.

As part of its 2018-19 work programme the BCF Monitoring and Finance Group was reviewing the services funded through the BCF to ascertain their contribution to the vision of the programme, which was wider than just the metrics (i.e. contribution to the BCF vision).

RESOLVED (1) to receive the report and note the responses provided in the Quarter 4 Statutory Return;

(2) to note the improved performance of delayed transfers of care across Derbyshire; and

(3) to continue to receive regular updates on the progress of the Integration and Better Care Fund throughout 2018-19.

24/18 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 24 April 2018 under the heads Emergency Preparedness, Resilience and Response; Screening and Immunisation Programmes, Infection Prevention and Control, Environmental Health, , Inequalities, TB Strategy Update and Links to the Health and Wellbeing Board Strategy.

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

25/18 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.

26/18 STRATEGIC ALLIANCE Councillor Hart informed members of that ongoing discussions, were taking place with a view to forming a Strategic

Alliance between Derbyshire, Nottinghamshire, Lincolnshire & Leicestershire to try and secure better funding settlements for the East Midlands as a region.

27/18 **JOY HOLLISTER** Councillor Hart, on behalf of the Health & Wellbeing Board placed on record her thanks and appreciation for all the hard work and effort that Joy had put into the Board. This was Joy's last meeting and members wished her a long, happy and healthy retirement.

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