

Agenda Item 2

MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held at County Hall, Matlock on 5 October 2017

PRESENT

Councillor C Hart (in the Chair)

H Anderson-Spoor	Healthwatch Derbyshire
S Bateman	Derbyshire Health United
G Boyle	Derby Teaching Hospitals Foundation Trust
Councillor A Dale	Derbyshire County Council
H Dhindsa	Derbyshire Police and Crime Commissioner
Dr A Dow	Tameside and Glossop CCG
S Fowler	Peak District National Park Authority
G Harry	Hardwick CCG
J Hollister	Derbyshire County Council
I Majid	Derbyshire Healthcare NHS FT
Dr R Meredith	Derbyshire Community Health Services
S Morritt	Chesterfield Royal Hospital
Dr A Mott	Southern Derbyshire CCG
J Parfremment	Derbyshire County Council
D Pidkrczemny	Healthwatch Derbyshire
H Phillips	Chesterfield Royal Hospital
J Simmons	Healthwatch Derbyshire
J Swatton	South Derbyshire CCG
D Wallace	Derbyshire County Council
Councillor J Wharmby	Derbyshire County Council
J Willis	NDVA
P Woods	South Derbyshire CVS
A Wright	Erewash CCG

Also in Attendance – J Harper (Derbyshire County Council), M Hague (Derbyshire County Council), E Langton (Derbyshire County Council), F McGhee (Southern Derbyshire CCG), A Muirhead (Derby City Council), E Rutter (Derbyshire County Council), J Wardle (Derbyshire County Council).

Apologies for absence were submitted on behalf of T Allen, F Bharmal, Dr C Clayton, K Ritchie, P Singh and T Slater.

The Chairman announced that due to changes within the Clinical Commissioning Groups and the appointment of the joint Accountable Officer Dr Chris Clayton, Andy Gregory (Hardwick CCG), Steve Allinson (North Derbyshire CCG), Gary Thompson (Southern Derbyshire CCG) and Rakesh

Marwaha (Erewash CCG) were no longer Members of the Health and Wellbeing Board and she asked that they be thanked for the contribution they had made.

The Chairman also announced that Tracy Allen was stepping down as the Lead Officer for the Derbyshire Sustainability and Transformation Plan and thanked her for her contribution to this piece of work.

53/17 **MINUTES RESOLVED** that the Minutes of the meeting of the Board held on 30 August 2017 be confirmed as a correct record, subject to the following corrections –

Minute No 42/17 (b) Burton and Derby Hospital Collaboration – Karen Scott-South had not retired as Chief Executive, Burton Hospital and was to remain in post until the merger had taken place; Gavin Boyle and John Rivers had been appointed as prospective Chief Executive and Chair of both organisations respectively, subject to the merger.

Minute No 45/17 Sustainability and Transformation Partnership for Derbyshire – The Memorandum of Understanding for the STP would be submitted to Derbyshire County Council Cabinet at the end of October.

54/17 **MATTERS ARISING (a) Moving Forward Together** (Minute No 44/17) Joy Hollister reported that the Disability Employment Strategy was to be considered by Derbyshire County Council Cabinet at the end of October and a Working Group as part of the Employment and Skills Board would be set up.

(b) Derbyshire Integration and Better Care Fund 2017-19 Plan (Minute No 48/17) Joy Hollister reported that following the approval of the Derbyshire Better Care Fund (BCF) 2017-19 Plan, a request had been made by NHS England's Regional team to four of Derbyshire's CCGs concerning the Delayed Transfers of Care (DToC) targets for 2017-19. The CCGs had been asked to ensure that the proposed targets could be reduced further to be brought in to line NHS England's expectations for Derbyshire. The reason behind this change was due to a calibration exercise of all health and wellbeing board area DToC targets that took place in August. The reduction for Derbyshire was equivalent to nine bed days lost to DToCs per month, and therefore not seen as a huge variation on the previously planned targets; not withstanding that these would be challenging. The targets had been revised accordingly, and the BCF Plan had been amended to reflect this prior to submission on 11 September.

Regional Assurance of Better Care Fund plans had taken place on 25 September and Derbyshire's was 'approved without conditions', however, it had been chosen for cross-regional moderation to ensure consistency across the Midlands and East NHS region in the assessment of plans. Final assurance should be known/confirmed by early October.

It was reported that additional money which the local authority had received to help with non-elective admissions could be lost if targets were not met. NHS England could reclaim money and pass it on to acute hospitals to buy beds. This was not considered to be an effective use of the money and it was felt that it should be better used to keep people at home; meetings were taking place to discuss these issues together with the additional concern of winter pressures.

RESOLVED to note the update.

55/17 PATIENT STORY A summary of the Patient Story had been circulated. This highlighted their experiences of mental health services since 1975, their experiences in prison and after their release and concerns if they hit crisis point again. Key issues raised included inappropriate referrals, having to repeat information over and over to different professionals, lack of communication and transparency with regards to referrals and a barrier to getting support, lack of awareness and understanding of mental health issues in prisons, a suggestion that a support plan should be in place for individuals leaving prison known to have a mental health condition, and the concern that there was no Personality Disorder Pathway in Derbyshire.

Ifthi Majid commented that he would raise this patient story with the Derbyshire Healthcare NHS Foundation Trust Board. It was noted that mental health services had difficult financial challenges which affected choices. Social workers were now present in prisons, which was having an impact in supporting people but was challenging with the backlog of cases.

It was noted that World Mental Health Day taking place on 10 October, so this was a timely Patient Story.

The Chairman thanked Healthwatch Derbyshire for the report and invited other partners to share patient stories at future meetings of the Board.

RESOLVED to note the Patient Story and consider any learning which can be ascertained from the patient's experience of accessing health and social care services.

56/17 PUBLIC QUESTION The Chair reported that a public question on the Sustainability and Transformation Plan (STP) had been received and it was agreed that the question, forwarded by Councillor Maurice Neville, Amber Valley Borough Council, be put to the Board.

Councillor Neville read out the following question:-

"North Derbyshire CCG (NDCCG) received a detailed paper called 'the financial strategy of the Derbyshire STP' on 24 August 2017 - it declared

that the Derbyshire Health and Care system 'should move to an accountable care system approach, with the transformation driven through a strategic commissioner and provider alliance' It is clear in this paper that the dire financial crisis of the Derbyshire system is to be addressed by an Accountable Care System (ACS), as the only 'solution' on offer and that this process is already underway. It is also clear that this ACS would include Derby City and Derbyshire County Council Social Care. Chesterfield Hospital Trust is of course already a full member of the South Yorkshire and Bassetlaw ACS.

No report on these development was presented to the Southern Derbyshire CCG in August or September. The Health and Wellbeing Board (HWBB) agenda for the meeting of 5th October has no item concerning the developing Derbyshire ACS, which is not even mentioned in the STP update item.

The public are excluded from all the new STP Board and other key meetings of the NHS and council officers where ACS and other STP matters are discussed and this HWBB meeting has no information for any HWBB member or the public about the ACS plans.

In the last HWBB meeting a 'shadow STP' from the voluntary sector was presented. One of its main statements was that the STP process must: Ensure that Derbyshire and Derby's communities are not 'added in' at a later stage and 'consulted' about 'done deals'

The deals are rapidly being done. Are members of the HWBB aware of the ACS plans and do they object to the complete absence of public information or consultation about matters only available to those who have managed to find the NDCCG paper of 24th August 2017, which describes a deepening financial crisis glossed over in the agenda of this meeting ?”

Ifti Majid responded on behalf of the STP. Historically the CCGs had developed their own strategies but they now needed to work in collaboration. The draft STP set out the challenges of people living longer and financial implications and considered a move towards the ACS to deliver this process. He commented that the STP Board included key senior leaders from both social care and health authorities and was also working closely with Healthwatch and other voluntary groups.

Councillor Hart noted that a report outlining the Memorandum of Understanding (MoU) for the STP would be presented to Derbyshire County Council Cabinet on 26 October; similar reports outlining the MoU had already been tabled at some CCG Governing Bodies and also NHS Provider Boards.

It was acknowledged that there needed to be better communication and engagement with members of the public.

RESOLVED that a formal response to the question be sent to Councillor Neville from both Cllr Hart from a DCC perspective and from the STP team.

57/17 DERBYSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE An update on the work of the Sustainability and Transformation Partnership for Derbyshire was given by Ifti Majid, Derbyshire Healthcare NHS FT.

The STP Board had met in September to discuss key topics. The Memorandum of Understanding and the Governance structure had been agreed; the Board had agreed to the Lay Chair of the Partnership Engagement Forum sitting on the STP Board; a number of interim arrangements were currently supporting the STP core team functions as well as an external consultancy, which would finish at the end of September. The Board had discussed the need for the core team to take the STP forward including a finance role and a full time programme development director; there was agreement from the Board to support the resourcing of the STP core team. The Board had agreed to NHSE Specialised Commissioning East Midlands Hub becoming part of the STP Board to ensure that Derbyshire service development/transformation proposals were properly informed and integrated with specialised commissioning plans and priorities.

The circulated report also gave updates on the Derbyshire System Performance Report, including the development of a System Intelligence Hub; System Financial Performance; the Better Care Fund; Derby Teaching Hospital Foundation Trust and Burton Hospitals NHS Foundation Trust Merger; Senior Responsible Officer update; New Chief Finance Officer for the Clinical Commissioning Groups; engagement; and gave updates from other meetings which had taken place in September.

RESOLVED to note the STP update and the progress to date.

58/17 HEALTH AND WELLBEING BOARD GOVERNANCE REVIEW AND DEVELOPMENT OF HEALTH AND WELLBEING STRATEGY 2017-2021 The current Health and Wellbeing Board governance structure had been in place since the LGA Peer Review in 2014 and comprised of the main Health and Wellbeing Board (HWB), which had representation from the local authority, health commissioners and providers as well as organisations that supported issues relating to the wider determinants of health such as the Police, Fire Service, voluntary sector and district and borough councils; which was supported by the HWB Core Group, and comprised representatives from commissioning organisations to provide a planning, operational support and performance management role.

Since the last governance review a number of significant changes had occurred across the local health and social care economy, notably the development of the Derbyshire Sustainability and Transformation Plan, which provided a countywide approach to service transformation to support integration and the development of the new models of care; the development of a Providers Alliance Group, to enable the integrated delivery of health and care services for the Derbyshire STP footprint and a forum to for interrelated provider issues to be planned agreed and monitored; agreement by North Derbyshire CCG, Southern Derbyshire CCG, Erewash CCG and Hardwick CCG to appoint one Accountable Officer and develop a joint executive team function to enable a more co-ordinated approach to strategic commissioning for health across the STP footprint; and closer aligned working with Derby City in order to ensure the effective implementation of the STP work streams, whilst recognising the specific needs of the populations of the two local authority areas.

As a result of these developments it was proposed that a further governance review be undertaken to ensure that the Board remained fit for purpose and could continue to effectively fulfil its statutory responsibilities. In addition, the current Health and Wellbeing Strategy was due to expire at the end of 2017, so alongside the governance review it would be timely to update and refresh the strategy.

It was, therefore, proposed that a small sub-group of the Health and Wellbeing Board review current governance arrangements and also begin to develop a refreshed Health and Wellbeing Strategy to cover the four year period 2017-2021.

RESOLVED (1) to agree to the establishment of a small sub-group to review the current HWB governance arrangements, as set out in the report of the Strategic Director Adult Care; and

(2) to agree to refresh the Health and Wellbeing Strategy to ensure that it sets the direction of travel for health and social care integration and population health need to 2021.

59/17 DERBY AND DERBYSHIRE CHILDREN AND YOUNG PEOPLE'S FUTURE IN MIND JOINT STRATEGIC NEEDS ASSESSMENT (JSNA), AND THE REFRESH OF THE LOCAL TRANSFORMATION PLAN

Frank McGhee and Andy Muirhead gave an update on the development and next stages of the Future in Mind Health Needs Assessment and the refresh of the Local Transformation Plan.

The vision of the Derby and Derbyshire Local Transformation Plan, 2016 had been that 'children and young people were able to achieve positive emotional health by having access to high quality, local provision, appropriate

to their need, as well as a range of support enabling self-help, recovery and wellbeing.'

To achieve this it had been agreed that a comprehensive Health Needs Assessment (HNA) should be produced as a platform and driver for local service transformation, with a view to making it a part of a cycle of monitoring, evaluation and continuous improvement.

A summary of the HNA process had revealed a number of key challenges, including priority CYP with a diagnosable mental illness including those with conduct disorders, emotional disorders and eating disorders, priority vulnerable CYP including those providing care; re-offenders; those with a learning disability; self-harming; LGBTQ young people; pre-school children; BME groups, priority risk factors for poor mental health, including excess weight; unstable families and domestic violence; smoking during pregnancy; homelessness; child poverty; use of drugs and alcohol; stigma and awareness; bullying (including cyber bullying); access to services, priority protective factors for good mental health, include: being school-ready; good educational attainment; breastfeeding; being physically active and opportunities for positive social activities; parental attachment; positive and consistent school/teacher support; integrated health, care and education system.

Key areas of focus for the LTP were to develop further the support offer to parents, develop further a whole-school approach to prevention and early intervention, transform the care of CYP with complex and comorbid needs, develop the workforce (number and skill), build community capacity (VCS offer), develop new and alternative models of care, and work towards a place-based approach to treatment and care.

It was suggested that support in schools should be a priority and the overlap of children and adult services for 17 – 18 year olds. Discussion took place regarding tier 4-beds and it was noted that there was no provision of these in Derbyshire.

RESOLVED (1) to note the development, key issues and next stages of the Health Need Assessment;

(2) to agree to the priorities listed in the report as the strategic shift within the refreshed Local Transformation Plan; and

(3) to agree to receive the final Health Need Assessment and Local Transformation Plan in December 2017 and that the Chairman agree the refreshed Local Transformation Plan on behalf of the Board.

60/17 DERBYSHIRE SEXUAL HEALTH STRATEGY 2017-2020 A workshop across commissioning organisations of sexual health provision, associated commissioning and provider organisations had been convened in March 2017 to discuss the development of a new Derbyshire Sexual Health Strategy. The vision was that “all people in Derbyshire, irrespective of factors such as where they live, their age, gender, ethnicity and sexual orientation have good sexual health, and access to good quality, welcoming services without fear of stigma or prejudice.” The aim of the Derbyshire Sexual Health Strategy was to enable the Derbyshire sexual health system to work together to support people to look after their own sexual wellbeing and to provide accessible and welcoming services which were focussed on prevention, early diagnosis and treatment, supporting vulnerable groups and tackling stigma. The Strategic Objectives of the Strategy were to focus on developing a coordinated, effective and resilient Derbyshire sexual health system responsive to need, continued focus on prevention, early diagnosis and treatment and supporting vulnerable groups, empowerment of Derbyshire residents to manage their own sexual wellbeing and have the confidence to access the range of services should they need them, and reduction of the fear of stigma around sexual health and access to services.

The Derbyshire Sexual Health Strategy echoed some of the underlying themes across the Health and Wellbeing Strategy to create healthy environments and supporting the emotional health and wellbeing of children and young people. It would also provide an opportunity to make a strong contribution to prevention, place and system efficiency.

RESOLVED (1) to note the Derbyshire Sexual Health Strategy and give agreement and approval; and

(2) to agree to receive further updates on progress of the Strategy.

61/17 GREATER MANCHESTER PRIMARY CARE REFORM UPDATE
Dr Alan Dow gave the Board an update on the Greater Manchester Primary Care Reform Programme.

A report had been circulated which set out the terms and conditions on which funding the Greater Manchester transportation fund had been awarded to Tameside and Glossop CCG. The aim of the additional investment was to take forward a number of elements of the Primary Care Strategy, specifically strengthening resilience within general practices and improving access, quality and outcomes for patients, including provision of 7 day access, training care navigators and medical assistants, the development of a GM Resilience Programme, the provision of a Clinical Pharmacy Programme and the provision of online consultation software.

To support the delivery of the Programme, the GM Chief Officer had agreed to allocate £3.588m of Transformation Funding to the Locality.

RESOLVED (1) to note the submission and contents of the Investment Agreement made to the GMHSCP, including the requirements; and

(2) to receive future progress updates as appropriate.

62/17 SHIRE HILL HOSPITAL CONSULTATION Dr Alan Dow gave an update on the Shire Hill Hospital consultation in respect of intermediate care beds over two sites – Shire Hill Hospital, and the Stamford Unit adjacent to the Tameside Hospital site.

Three options were being consulted on –

- Option 1 – maintain current arrangements
- Option 2 – All bed-based intermediate care in a single location at the Stamford Unit (the preferred option)
- Option 3 – Develop a scheme of bed-based intermediate care within local private care homes

The aim was for intermediate care beds to be delivered in a community setting or in a patient's home to avoid hospital admission where possible and for elderly and frail patients to be discharged from hospital when medically fit into a 'step down' facility that provides appropriate rehabilitation support.

Consultations were continuing until 15 November 2017 and a decision was anticipated by the Tameside Single Commissioning Board in December.

RESOLVED to note the update.

63/17 HEALTH PROTECTION BOARD UPDATE The Director of Public Health had circulated a report detailing issues which had been considered at the Derbyshire Health Protection Board on 24 July 2017 under the heads screening and immunisation, infection, prevention and control, environmental health, inequalities, incidents and outbreaks and strategic matters.

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

64/17 HEALTH AND WELLBEING 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.