

MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held at County Hall, Matlock on 31 January 2019.

PRESENT

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

L Allison	3D/Amber Valley CVS
J Buxton	Derbyshire Local Pharmaceutical Committee
C Clayton	Derbyshire CCG
Councillor A Dale	Derbyshire County Council
H Dillstone	Derbyshire CCG
Dr T Hendra	Tameside & Glossop CCG
J Parfremment	Derbyshire County Council
J Simonds	Healthwatch Derbyshire
T Slater	EMAs
A Smith	Derbyshire Local Pharmaceutical Committee
V Taylor	Derbyshire STP
D Wallace	Derbyshire County Council
Councillor J Wharmby	Derbyshire County Council

Also in attendance – R Lowe (Derbyshire County Council), J Harper (Derbyshire County Council), J Careless (Derbyshire County Council) and Councillor D Allen (Derbyshire County Council)

Apologies for absence were submitted on behalf of H Dhindsa, Dr A Dow, I Majid, B Milton, and C Winfield.

01/19 **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 04 October 2018 be confirmed as a correct record.

02/19 **PROPOSAL TO DEVELOP A HEALTH AND WELLBEING BOARD AIR QUALITY STRATEGY** The Health and Wellbeing Board agreed to “work to lower levels of air pollution” as a key priority within the Health and Wellbeing Board Strategy 2018 onwards. The development of an Air Quality Strategy would support action and governance of the Boards priority.

Even modest decreases in air pollution could lead to population impacts including increases in life expectancy and reduce morbidity. Similarly interventions to address air quality would likely deliver wider public health benefits, including increases in physical activity and support reductions in health inequalities.

The cumulative effect of a range of interventions to improve air quality

had been shown to have the greatest potential to reduce impacts on health. An effective strategy therefore required a multi-organisational approach involving a range of partners and disciplines such as spatial and transport planners, environmental and public health, local political and community leaders and the public. The partners of the Health and Wellbeing Board were therefore well positioned under a shared vision to work collaboratively to improve public health through the reduction of local air pollution.

RESOLVED (1) to approve the development of an Air Quality Strategy through the Air Quality Working Group; (2) to approve the development of Strategic objectives and action under the five outline core themes; (3) to agree that progress subsequently be monitored and reported through the Health Protection Board; and (4) to agree to receive the final draft Strategy for comment and sign off by December 2019.

03/19 DERBYSHIRE AUTISM SELF-ASSESSMENT FRAMEWORK

Directors of Adult Social Services were notified of the fifth Autism Self Assessment on 19 September 2018 for completion and submission to the Department of Health and Social Care by 10 December 2018.

The Autism SAF had been completed by commissioners in Adult Care with input from Hardwick Clinical Commissioning Group and was validated by the Autism Partnership Board on 6th November 2018 and the Senior Management Team on the 20th November 2018.

The 2018 SAF was comprised of 129 questions across 7 sections: planning, training, diagnosis, care and support, accommodation, employment and the criminal justice system, with additional sections to highlight local good practice.

There were 33 questions which were red, amber and green (RAG) rated indicating green in areas where the requirements were being met, amber where the requirements were progressing and red where the requirements were not met and highlighted the future priorities for Derbyshire. A summary of the findings and improvements required from the SAF was provided in Appendix 1 along with a comparison table from previous year's self-assessments in Appendix 2. There were 3 new RAG rated questions for 2018 where comparisons could not be made and of these all 3 were rated Amber.

Appendix 1 indicated some good progress but also highlighted areas that needed to be developed; 13 ratings were green, 16 were amber, 1 rating was amber/green.

The 16 Amber rated questions could be divided into areas where there had been some general progress but were still not rated as green (13 questions)

and areas that had seen progress slow or even stall since 2016 (3 questions). All these amber categories would be converted into appropriate actions and included in the Derbyshire SAF Action Plan over the next 12 months.

There were 3 questions rated as red (Q54, Q77 and Q79) with respect to the uptake of staff autism training when carrying out statutory assessments and to the availability of health post diagnostic support for people with autism without a learning disability. Alongside our Health partners, these 3 would become targeted areas for promotion and service development within the Derbyshire SAF Action Plan.

Data collection would continue to be challenging across a range of sources. Both the quality and quantity of data collected affected the ability to accurately assess progress in certain areas explored within the self-assessment.

RESOLVED (1) to note and endorse the findings of the 2018 Derbyshire Autism Self-Assessment; and (2) to note and agree the development of the SAF Action Plan to further support people with Autism living in Derbyshire.

04/19 HEALTHWATCH DERBYSHIRE REPORTS An update on three reports was recently published by Healthwatch Derbyshire (HWD). These were:

- Enter & View Bi-Annual DCC Summary Report
- Oral Hygiene in Care Homes across Derbyshire
- Non-emergency patient transport from the experience of renal patients

All three reports could be found in full, including recommendations and service provider/commissioner responses, on the Healthwatch website, or telephone 01773 880786 to request a hard copy.

RESOLVED 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.

05/19 ROLE OF THE COMMUNITY PHARMACY AND HEALTHY LIVING PHARMACY Jackie Buxton and Andrea Smith gave a presentation on Community Pharmacy in Derbyshire and Healthy Living Pharmacies.

1.6 million people in England visit a community pharmacy each day, of this 28,500 are Derbyshire residents. These pharmacies were located in the heart of communities such as high streets, GP practices, and shopping centres with more pharmacies in deprived areas. Pharmacies were convenient, with no

appointment required and also had consultation rooms. In Derbyshire there were 220 community pharmacies.

Community pharmacies provided essential services such as dispensing, repeat dispensing, disposing of unwanted medicines, the promotion of healthy lifestyles, signposting to other services and support for self-care.

These pharmacies also provided advanced services such as medicines use reviews (MUR), new medicines service (NMS), flu vaccinations, and the NHS Urgent Medicine Supply Advanced Service (NUMSAS). There was also a lengthy list of local enhanced services that community pharmacies can provide for patients.

The roles of the LPC included representing the views, interests and priorities of Derbyshire contractors and collaboration with national and local partners. Ensuring commissioners are aware of community pharmacy and the services pharmacy could provide. They stood as a statutory body to represent community pharmacy contractors across Derbyshire County and Derby City. As well as delivering credible solutions to actively improve health outcomes of the general population and beyond. They fully integrated pharmacy into NHS and social care and protected pharmacy income so pharmacy teams could deliver sustainable health and wellbeing to their communities.

More than 170 Derbyshire pharmacies were Healthy Living Pharmacies registered with the Royal Society for Public Health. These pharmacies engaged with the local communities, other health professionals, social care and public health professionals.

Healthy living pharmacies planned to support future NHS provision long term by optimising the use of medicines, and supporting people to self-care, to live healthier lives/public health, and to live independently.

RESOLVED to receive the presentation.

06/19 **JOINED UP CARE DERBYSHIRE STP** Vikki Taylor and Helen Dillistone gave a presentation on Joined up Care Derbyshire.

Four Derbyshire Governing Bodies had agreed Commissioning Intentions, with the following underpinning strategic principles:

- Put patients' needs before organisational needs and make sure the system can continue to deliver safe and effective health care, improving patient outcomes and making the best use of the resources available to us;
- Support people to live independently for longer, stay well and recover quickly closer to home;

- Encourage and support patients to be active participants in their own care;
- Commission services in local community settings (Place) – where it is safe, sustainable and achieves improved outcomes and patient experience;
- Provide holistic care co-ordinated around the patient that is delivered by multidisciplinary teams working around groups of GP practices;
- Work with our Partners to implement alternative methods of providing care and support, that deliver the outcomes people need using the best use of our financial resources.

Other details such as the four parts to the Quality Innovation Productivity Prevention (QIPP) were explained in detail along with the joined up care approach to QIPP. Vikki and Helen discussed financial challenges, the update on planning guidance for 19/20 and JUCD approach to 2019/20 and beyond.

Nationally life expectancy was rising by an average of five hours a day. 5.1% of Derbyshire's 1 million population were over the age of 80 and 1.1% of the population were less than a year old. There are a high number of people living with dementia, lung conditions and diabetes. Our Society was changing meaning we need to change.

RESOLVED to receive the presentation.

07/19 HEALTH AND WELLBEING STRATEGY CHAMPIONS The board approved a new Strategy in October 2018. The strategy had 5 Priorities. Each Priority had an identified Public Health Lead within Derbyshire County Council, an individual (or in case of Priority 1 three people) whose day-to-day role was to lead areas of work that directly related to a Priority Area.

The Board had committed to identifying a Board Member Champion for each of these Priority areas, someone who would:

1. Meet with the Public Health Lead for their Priority once per quarter, for a conversation about current opportunities and challenges encountered across the system.
2. Facilitate discussions with other Board members (as appropriate) for maximising opportunities identified and exploring ways to overcome barriers to progress.
3. Support the Public Health Lead in bringing progress updates, challenges and discussion topics to the HWB Board.

For each Champion this was an opportunity to accelerate the delivery of Our Lives, Our Health and to develop a much more detailed understanding of

strategic working across the County in relation to one of the Priority areas in the Strategy.

RESOLVED (1) to consider the roles and responsibilities of Our Lives, Our Health Champions; and (2) to identify 5 Champions who will provide systems level strategic support for the delivery of the Strategy (one for each Priority).

08/19 BETTER CARE FUND The Department of Health and Social Care's Better Care Support Team published the Q2 2018-19 National Return template on 6 September 2018 with the requirement that completed templates be returned by 19 October 2018, following sign-off from respective local Health and Wellbeing Boards (HWBs). The quarterly reporting dates for 2018-19 did not correlate with the meeting dates for the Derbyshire Health and Wellbeing Board. Therefore, submissions were approved via the Joint BCF Programme Board (a delegated sub-group of the Health and Wellbeing Board) and signed-off for submission by the Health and Wellbeing Board Chair.

The reporting requirements of the Q2 template were largely unchanged from previous reporting periods in 2017-18. The main change had been the inclusion of improved Better Care Fund (iBCF) monitoring information into the same template so that there was now only one return to be provided each quarter. It shall be noted that iBCF monitoring returns were issued separately by the Ministry for Housing, Communities and Local Government in 2017-18 and were not required to be reported to the Health and Wellbeing Board. (The iBCF was an additional grant provided directly to Local Authorities with Social Care responsibilities and was announced in the Spring Budget 2017).

It shall be noted that the submission deadlines for the reporting periods in 2018-19, as in 2017-18, was earlier than in previous years. As such, full quarter data would not be available for the reporting period which meant that performance assessments included in the returns were subject to change throughout the year.

RESOLVED (1) to receive the report and note the responses provided in the Quarter 2 Statutory Return; and (2) to continue to receive regular updates on the progress of the Integration and Better Care Fund throughout 2018-19.

09/19 HEALTH PROTECTION BOARD UPDATE Dean Wallace, Director of Public Health had provided HWB members with an overview of the key messages arising from the Derbyshire Health Protection Board, which met on the 23rd October 2018. The Board was a formal sub group of the Derbyshire County Health and Wellbeing Board and the Derby City Health and Wellbeing Board.

Specific reference was made to The Bowel Health Equity Audit, which aimed to determine the equality of access and uptake outcomes from the Derbyshire Bowel Cancer Screening Program, was now being overseen by the Derbyshire Cancer work stream of the Sustainability and Transformation Partnership (STP). A comprehensive work plan was being developed.

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

10/19 HWB ROUND UP Helen Jones had provided HWB members with a written report rounding up key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda.

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

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