

MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held at County Hall, Matlock on 29 June 2017

PRESENT

Councillor C Hart (in the Chair)

Councillor D Allen	Derbyshire County Council
F Bharmal	NHS Erewash CCG
H Bowen	Chesterfield Borough Council
Councillor A Dale	Derbyshire County Council
Dr A Dow	Tameside and Glossop CCG
J Hollister	Derbyshire County Council
A Gascoyne	Derbyshire Constabulary
Councillor K Gillott	Deputy Police and Crime Commissioner
A Johnson	Derbyshire Fire and Rescue
C Maley	Derbyshire Healthcare FT
I Majid	Derbyshire Healthcare FT
Dr A Mott	Southern Derbyshire CCG
J Parfremment	Derbyshire County Council
K Ritchie	Healthwatch Derbyshire
J Simmons	Healthwatch Derbyshire
I Stephenson	Derbyshire County Council
J Swatton	Southern Derbyshire CCG
Councillor J Twigg	Peak District National Park Authority
D Wallace	Derbyshire County Council
Councillor J Wharmby	Derbyshire County Council
J Willis	3D/NDVA
P Wood	3D/South Derbyshire CVS

Also in Attendance – J Bloor (Derbyshire County Council), J Goodwin (Southern Derbyshire CCG), E Langton (Derbyshire County Council), V Snowden and J Wardle (Derbyshire County Council)

Apologies for absence were submitted on behalf of T Allen, S Allinson, S Bateman, G Boyle, S Fowler, A Gregory, R Henderson, S Lloyd, K Macleod, R Marwaha, S Morritt, O Newbold, J Rivers, P Singh and G Thompson

27/17 **MINUTES RESOLVED** that the Minutes of the meeting of the Board held on 16 March 2017 be confirmed as a correct record.

28/17 **MATTER ARISING – LGA Stepping up to Place – Integration Self-Assessment Tool** (Minute No 15/17 (b) refers) The workshop session was scheduled to take place on 19 October 2017 and an invite would be circulated in due course.

29/17 BURTON AND DERBY HOSPITALS COLLABORATION Alison Wynn from Burton Hospital and Mo Hussain from Derby Teaching Hospital gave a presentation on Burton and Derby Hospitals collaboration. The hospitals had a history of successfully working together and discussions had taken place between both trusts to develop this further. The benefits of a closer collaboration or partnership would include continual improvements in care from shared learning and best practice; securing high quality services in Burton for the longer-term; providing Derby's specialist services to a larger population; making better use of community hospitals in Tamworth, Lichfield and Derby; better support Sustainability and Transformation Plans (STPs) for Derbyshire and Staffordshire; and reduce unnecessary duplication to focus on best care and services.

The emerging clinical strategy aimed to ensure the populations had local access to specialist services; provided better quality general hospital services across both sites for patients across Staffordshire and Derbyshire; and reflected the national move towards integrated 'place based' care.

The outline business case had been approved in June 2017 and a full business case would now be developed with input from public, staff and stakeholders by late autumn 2017. Clinical services would be explored in detail in order to ascertain the full benefits of a formal collaboration for patients. Corporate and support functions would be looked at in detail in order to maximise efficiencies and provide a high quality streamlined approach. The proposed model of organisational form was a merger via acquisition.

Both Staffordshire and Derbyshire STPs had linked into work taking place in this collaboration. Both trusts recognised that having an accessible, fully funding acute hospital service was a critical part of the STPs. Clinical teams had identified the potential for real patient benefits in a number of different specialities, including oncology, acute medicine and A&E, breast screening and surgery, radiology, and stroke and neurovascular, orthopaedics, cardiology, and endoscopy. Shared service opportunities, including efficiencies and improvements from bringing together support teams, were also being considered.

Public engagement would be carried out to give people an opportunity to offer their views. Engagement activity would include a monthly Burton/Derby newsletter to be sent to all stakeholders and staff, a joint website had been launched as a focus for key documents and updates, and finally a patient reference group had been established.

Members were invited to ask questions and responses were given.

The Chairman thanked Alison and Mo for their informative presentation.

30/17 SUSTAINABILITY AND TRANSFORMATION PLAN FOR DERBYSHIRE

An update on progress of the Sustainability and Transformation Plan for Derbyshire was given by Joy Hollister, Strategic Director for Adult Care. Health and social care partners were re-examining the financial aspects in the Plan to ensure that the proposals were deliverable. The Board was concerned that engagement (not consultation at this stage) with the public would be undertaken to ensure that the right care was provided in the right place. A series of engagement events would take place over the summer. There was a proposal for a joint committee of the four Clinical Commissioning Groups (CCGs) to join their businesses under one accountable officer. Senior Responsible Officers had now been appointed to key work streams and a Memorandum of Understanding for each partner was currently being developed and finalised. In addition a tighter governance structure was being considered with the creation of a STP Board.

A more detailed report on the financial position on the Plan would be given at the next meeting.

Minutes of the STP Board meeting would be shared at future Health and Wellbeing Board meetings.

RESOLVED to note the update.

31/17 LOCAL COMMUNITIES JOINED UP CARE DERBYSHIRE – A SHADOW STP

Voluntary sector carer representatives in Derbyshire and Derby City had developed a shadow document which complemented the development of the Derbyshire Sustainability and Transformation Plan (STP). The shadow STP outlined a range of issues and suggested that there needed to be a change in approach and culture on three levels - how individuals were supported across health and social care; how local communities were proactively engaged in shaping change in their area; and how a change in approach altered organisational culture, skills and systems needed to make that change last forever.

Vita Snowden attended the meeting and spoke to the Board about her role as a carer and the importance of personalisation in social care to enable people to choose the right option for them.

The shadow document provided a constructive challenge to the health and social care system within Derbyshire and proposed a number of actions which could be incorporated into the Derbyshire Sustainability and Transformation Plan, which would ensure that the role of the voluntary sector was reflected within the emerging partnership approach.

Members welcomed the document and considered it to be essential to the STP and a timely reminder that social care was a core factor and that

closer integrated working was needed with the NHS to ensure that people were in control of their own decisions.

RESOLVED to note the contents of the report and consideration given to how this approach can support the development and implementation of the Derbyshire Sustainability and Transformation Plan.

32/17 FALLS PATHWAY Falls and fall-related injuries were a common and serious problem for older people and were estimated to cost the NHS more than £2.3 billion per year. People aged 65 and older had the highest risk of falling. From 1 July there would be a new contractual requirement on GP practices to routinely identify and moderate severe frailty in patients aged 65 years and over, and for those identified as severe that they ask patients about falls and offer appropriate interventions.

The Director of Public Health presented a proposed pathway for the prevention and management of falls involving older people across Derbyshire. The pathway encouraged a collaborative and whole system approach to prevention and management of falls amongst older people, promoted healthy ageing and helping people take care of themselves to reduce their risk of falls, reflected the multi-factorial causes of falls and the association between falls and frailty, facilitated the identification of those at higher risk and that they were offered appropriate evidence based interventions, was compliant with National Institute for Health and Care Excellence (NICE) guidance and supported the objectives of the Public Health England Falls and Fractures Consensus Statement.

The pathway would be supported by guidance that would provide more detailed information on the risk factors for falls and local services and training would be provided to health, social care and other professionals who were in regular contact with older people. A working group was developing an action plan to take forward the recommendations in the Falls in Older People Needs Assessment. The impact on existing services would be monitored by the Joint Strategic Needs Assessment working group and partners would seek to work collaboratively to make the most efficient use of existing resources.

RESOLVED to agree the Falls Pathway and support its adoption.

33/17 PHYSICAL ACTIVITY – TOWARDS AN ACTIVE DERBYSHIRE UPDATE The Health and Wellbeing Board held on 5 January 2017 had received a presentation outlining 'Towards an Active Derbyshire, the Physical Activity and Sport Strategy for Derbyshire'. The Director of Public Health gave an update on progress made in advancing the physical activity agenda across Derbyshire and Derby City.

A workshop had been held with partners to further develop the idea, principles and actions that might flow out of a Memorandum of Understanding (MOU) to support the delivery of 'Towards an Active Derbyshire'. A 'Commitment to Change' agreement had subsequently been drafted and shared with the Derbyshire Chief Executives Group in March, which had received broad support. To try and maximise the potential of having such a Derbyshire wide commitment Derbyshire Sport would be commissioning a piece of work for an independent representative to interview organisational leaders across Derbyshire to explore the potential of having such a MOU in place and how positive change could be achieved within Derbyshire.

Representatives from Derbyshire, including Derby City, had attended a Sport England workshop to register interest in applying to become one of the local delivery pilot areas. It had been clear at the workshop that the thinking and approach in Derbyshire was very well aligned to what Sport England were looking for and an expression of interest form had been submitted to be one of the ten pilot places. If successful it would give pace, investment and a strong collaborative relationship to the delivery of Towards an Active Derbyshire through community capacity building and leadership and strategic cross sector work.

The Public Health Team, Chesterfield Royal Hospital, Adult Care and Community Sports Trust were to trial two different approaches to increasing levels of physical activity in employee's who identify themselves as being 'inactive'. These projects would be used to support the prevention approach within the Derbyshire Sustainability and Transformation Partnership (STP).

A review of Public Health investment into physical activity interventions in Derbyshire had been completed and a number of task and finish groups had been created to look at the review findings and explore in detail how Public Health investment in Derbyshire could be used to maximum effect to increase physical activity at the population level, rather than being focused on individual service offers.

Since launching the strategy 'Towards an Active Derbyshire', the work of Derbyshire Sport had shifted in focus to help and encourage those who were currently inactive to become active. A restructure of the staff team and a rebrand was now needed to reflect this change in focus and what would be a very different way of working going forward. In line with the new strategy, the team were gathering detailed local insight to understand people and communities better – their fears, barriers and motivations to becoming active. Foundations were being put in place to support the whole system in Derbyshire with both traditional and new partners to embrace a customer, rather than provider, led approach - facilitating, empowering and enabling behaviour change amongst key priority groups and those who were inactive. In addition, a number of new funding streams were now available from Sport

England to support this way of working and new and relevant partnerships were being facilitated to ensure Derbyshire benefited from these opportunities.

RESOLVED (1) to note and support the work undertaken within Derbyshire to progress the physical activity agenda;

(2) to agree to receive further updates on progress in relation to physical activity and health; and

(3) to support the approach and sign-up to be involved in the process of establishing a Derbyshire Physical Activity Commitment to Change Memorandum of Understanding.

34/17 21C JOINED UP CARE PROGRAMME The Strategic Director for Adult Care gave an update on the 21C Joined up Care Programme, the aim of which was to provide better care to people closer to home. She reported that feedback from the numerous public consultation events, which had taken place, and the on-line consultation were being considered by North Derbyshire and Hardwick Clinical Commissioning Groups following which a post-consultation business case would be prepared and considered at an Extraordinary Joint Governing Body meeting in July.

RESOLVED to note the update.

35/17 HEALTH AND WELLBEING BOARD PERFORMANCE GROUP UPDATE A Performance Task and Finish (PTF) Group had been established following the Health and Wellbeing Board (HWB) in July 2016. Its aim was to develop an enhanced performance reporting mechanism for consideration at HWB meetings to assure Board members on the current state of the health and social care system in Derbyshire; provide assurance on both the implementation of Health and Wellbeing Strategy priorities (HWBS) and the Derbyshire Sustainability and Transformation Plan (STP), with the potential to develop and review performance reporting as work evolves; and to investigate the background and underlying causes of key performance issues should the need arise and report these back to the HWB.

The HWB dashboard would complement, rather than duplicate, the dashboard being developed as part of the Sustainability and Transformation Plan (STP). Whilst the STP metrics would primarily focus on the current operational performance of local NHS organisations, the HWB dashboard would take a broader approach considering how the wide range of partners represented on the Board contributed to the health and wellbeing of local Derbyshire residents. The HWB dashboard would also take a longer-term view and try to capture change over time across the system, for example the shift in provision of care in line with the Derbyshire Care Wedge and also consider such as quality and assess health outcomes.

The PTF Group had agreed that monitoring mechanisms needed to be developed in a staged or incremental approach. The first and current phase of work had focused on reviewing reporting arrangements to develop a revised indicator list, which better reflected the health and social care system and was focused on an assets based approach. The second phase of work would be to identify the gaps in the existing dashboard and to consult with strategic groups to identify how these could be developed in the future. The group had also recognised the need to develop enhanced qualitative data reporting to the HWB. The proposed third phase of work would be to develop the ability to interrogate and 'drill-down' into the data. Once this detailed picture was available the HWB would be provided with an overview and summary of these indicators, focusing on issues reported by exception or where a more detailed piece of work might need to take place to understand adverse trends.

RESOLVED (1) to note progress of the HWB Performance Group and agree the planned work to develop and enhance performance reporting arrangements; and

(2) to consult with HWB members on the revised indicator list.

36/17 AIR QUALITY WORKING GROUP UPDATE The Air Quality Working Group sought to provide assurance to the Health Protection and Health and Wellbeing Boards of Derbyshire County and Derby City Councils around the strategic priorities to address air quality, including the management, monitoring, planning and response required to address air quality across the geographical area and to protect the public's health.

The Director of Public Health reported on activities the Group had undertaken since it was established in December 2016, including co-ordinating Derbyshire's involvement in the National Clean Air Day which took place on 15 June 2017 and the production of an Annual Air Quality report to summarise progress on Borough and District Air Quality Management.

The Group was currently developing a work plan for 2017/18 consisting of the promotion of the National Clean Air Day to include workplace promotion of active travel and electric vehicles, car free days, training and resources for health professionals, walk to school days, sharing of social media messages; ensuring that pilots of 20mph zones considered impact of air quality; the development of a heat map to support strategic intervention in relation to air quality, highlighting priority areas in relation to poor air quality, current infrastructure including electric charging points and cycle routes, travel trends, and vulnerable sites such as care homes, schools and nurseries; the development of a joint Air Quality Strategy; a Health Impact assessment of the

proposed Derby City clean air zone; and the implementation of supplementary planning guidance to support air quality mitigation and improvement.

RESOLVED (1) to receive an annual update from the Air Quality Working Group; and

(2) to support the work plan of the Air Quality Working Group, including the development of an air quality strategy, implementation of Supplementary Planning Guidance and engagement with the National Clean Air Day.

37/17 HEALTH PROTECTION BOARD UPDATE An overview was provided of the key issues which had been discussed the meeting of the Derbyshire Health Protection Board on 3 May 2107. 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 received a detailed report on the performance of the Diabetic Eye Screening Programme. The Board had also received a verbal update report on the TB strategy and progress on the implementation of latent TB screening.

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

38/17 BETTER CARE FUND 2016-17 QUARTER 4 PERFORMANCE RETURN The performance and work of the Derbyshire Better Care Fund as at the fourth quarter reporting period of the 2016-17 financial year was reported. The Better Care Support Team had published the Q4 2016-17 National Return template on 25 April 2017 with the expectation that completed templates would be returned by 31 May 2017. The Q4 return would be reported retrospectively to both the Adult Care Board and the Health and Wellbeing Board.

A table summarising performance at the Q4 2016-17 reporting period was provided. Based on the Q4 performance levels, three of the six metrics had achieved their targets. More information on each of the metrics was detailed.

RESOLVED (1) to receive the report and note the responses provided in the National Quarterly Reporting template;

(2) to note the work undertaken across the health and social care system to support delivery of the high-level metric targets; and

(3) to continue to receive regular updates on the progress of the Integration and Better Care Fund throughout 2017-18.

39/17 HEALTH AND WELLBEING ROUND UP A round up of key progress in relation to health and wellbeing issues and projects was given.

NHS England (NHSE) had published a two-year review and update on the progress of the implementation of the NHS Five Year Forward View. The new guidance provided information about how local areas should implement the vision outlined in the Forward View through NHS Sustainability and Transformation Plans (STPs).

The Office for National Statistics had published data which examined progress against a set of well-being indicators for young people (aged 16 to 24) in the UK including health, environment, personal finances and crime. Key points were highlighted in the report.

Nesta had published a report which looked at 'Mobilising Communities' - a short, experimental programme aimed at exploring the practical applications of the idea of 'social movements' in health in three communities in England. The objective of the programme was to work with the sites to explore the opportunities to support effective ways of combining people power and community resources, together with publicly funded services, for better health outcomes across local communities.

The Kings Fund had published an article which described population health and asked what improving population health really meant. The article outlined how collaboration with local government was particularly important, given local government's responsibility for public health spending and a wider range of services that influence people's health.

The University of York Centre for Reviews and Dissemination had published a report which assessed the effectiveness of social prescribing programmes relevant to the NHS setting. The report concluded that although social prescribing was being advocated as a method of linking patients in primary care with sources of support within the community to help improve their health and well-being, current evidence failed to provide sufficient detail to judge either success or value for money.

Kent Surrey Sussex Academic Health Science Network had published a report which reviewed the evidence from projects and pilot initiatives which brought together health and housing, with a particular focus on older people.

Age UK had launched 'Staying Sharp' a new online hub on brain ageing, which had been developed in collaboration with the Centre for Cognitive Ageing and Cognitive Epidemiology (CCACE) and revealed what might help people to protect their thinking skills as they get older.

The Office for National Statistics had released an assessment of UK progress against a set of headline national well-being indicators, which included health, natural environment, personal finances and crime. Key points were highlighted in the report.

The Health Foundation had published *Quality of Care in the NHS – in the Balance*, which provided a high level view of how the quality of some NHS services had changed over the past few years in England. The four aspects of quality covered were waiting times for hospital treatment; care for patients with diabetes; psychological therapy for common health conditions; and speed and use of the most effective best-practice treatments.

The NHS Confederation Mental Health Network had published *Mental Health and Community Providers: Lessons for Integrated Care*, which looked at how mental health and community provider organisations were exploring the multi-speciality provider model and how it could drive the delivery of integrated mental and physical healthcare.

The Alzheimer's Society had published *Turning up the Volume: Unheard Voices of People with Dementia*, which provided an insight into the gap between the things that people living with dementia need to live well and their day-to-day reality.

The Royal College of Pediatrics and Child Health had published *State of Child Health Short Report Series: Sustainability and Transformation Partnerships*. The RCPCH had undertaken a review of Sustainability and Transformation Plans from a child health perspective.

The Kings Fund in partnership with the Royal College of Psychiatrists had published *Mental Health and New Care Models: Lessons from the Vanguard*s based on recent research which had found that where new models of care had been used to remove the barriers between mental health and other parts of the health system.

The Health Foundation had published *A Sustainable Workforce: the Lifeblood of the NHS and Social Care*, which provided a focus on the NHS and social care finances and called for an independent financial body for the NHS to be established.

The Royal Society of Public Health and the Young Health Movement had published *#StatusOfMind*, which examined the positive and negative effects of social media on young people's health and included a league table of social media platforms according to their impact on young people's mental health.

ADASS' Housing Policy Network had launched a new web resource that explained how commissioners could help patients to live better lives at home by utilising new technology.

Cancer Research UK was offering a free online cancer awareness training Talking about Cancer, which aimed to separate myths from facts and encourage healthy lifestyle changes and spotting cancer early.

The Royal College of Nursing had published The Best Start: the Future of Children's Health: Valuing School Nurses and Health Visitors in England. The report showed that there had been a decline in the number of school nurses and an emerging trend of reductions in the health visiting workforce.

This series of reports evaluated a Department of Health funded pilot which aimed to empower the workforce in care home nursing and to ensure the future sustainability of the workforce in the sector. The pilot created five centres of excellence across England which would share learning and best practice and help to strengthen leadership and care culture in care homes.

The Office of National Statistics had published the latest national statistics on social capital. The most recent data showed a largely positive picture of social capital in the UK over the longer-term with over half of the indicators showing improvement over a period of 3 years.

Social Enterprise UK in partnership with National Voices had published Healthy Commissioning: How the Social Value Act was being used by clinical commissioning groups. Key findings were given.

The King's Fund had published presentations from a recent event Social Prescribing: from Rhetoric to Reality. The event had explored the range of benefits of social prescribing, as well as how best to measure and evaluate the impact and outcomes.

New figures released by the Health Foundation had revealed a 96% drop in the number of nurses from the EU registering to practise in the UK since July last year. The fall in EU registrants suggested that a more sustainable long-term approach to workforce planning was urgently needed and a presentation would be arranged for a future meeting of the Health and /well Being Board.

In accordance with the requirements of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 the HWB was notified of all relevant applications to provide pharmaceutical services, including the relocation of existing pharmacies.

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

40/17 GRENFELL TOWER The Chairman agreed to receive An update on the Grenfell Tower block fire as an urgent item.

Alex Johnson, Derbyshire Fire and Rescue Service, reported on the reaction to the Grenfell Tower block fire. There were 28 buildings in Derbyshire which comprised 6 floors or higher and these would be prioritised for risk assessment. Requests for inspection of health service premises had been received and these had been prioritised by the number of floor levels and the type of cladding on the buildings. The Department of Health had directed that the focus should be given to inpatient buildings.

The cladding on Grenfell Tower had been ACM cladding and no building had been identified to date as using this type of cladding in Derbyshire.

Jane Parfremment, Strategic Director for Childrens Services, commented that full assessments on further education buildings had been requested by the Department of Education by 4 July 2017.

Assessment of all buildings would be time consuming and would provide challenges and demand on the fire service officers.

RESOLVED to note the update.