

ITEM 04

Time Commenced: 1:00pm
Time Finished: 3:05pm

**Health and Wellbeing Board
16 January 2020**

Present:

Statutory Members: Chair: Councillor Poulter, Leader of the Council, Steve Studham (Derby Healthwatch), Merryl Watkins (Derbyshire CCGs), Robyn Dewis Acting Director of Public Health

Non Statutory Members:

Elected members: Councillors Care, Froggatt, Hudson, Lind, Webb

Appointees of other organisations: Gavin Boyle (Derby Hospitals NHS Foundation Trust), David Cox (Derbyshire Constabulary), Kath Cawdell (3rd Sector representative Health and Wellbeing Network), Chris Clayton (DDCCG), Ifti Majid (Chief Executive Derbyshire Healthcare Foundation Trust), Perveez Sadiq (Director of Adult Social Care), Vikki Taylor (Joined up Care Derbyshire), Rob Taylor (Prevention Area Manager Derbyshire Fire and Rescue Service), Bill Whitehead (University of Derby)

Non board members in attendance: Martin Brown (Housing Strategy and Initiatives Manager), Rebecca Jones (Public Health Support Officer), Andy Muirhead (Senior Public Health Manager (Epidemiology), Vicki Newland (Drinkaware) Lizzie Worth (Drinkaware), Alison Wynn, Assistant Director of Public Health, Simon Harvey (Public Health Registrar), Wayne Harrison (Consultant in Public Health).

37/19 Apologies for Absence

Apologies were received from Cllr Cooper, Cllr Williams and Cllr Eldret and Andy Smith (Strategic Director for People Services)

38/19 Late Items

There were none.

39/19 Declarations of Interest

There were none.

40/19 Minutes of the meeting held on 14 November 2019

The minutes of the meeting held on 14 November 2019 were agreed as a correct record.

41/19 Drink Free Days Derby Campaign

The Board received a report of the Acting Director of Public Health on the Drink Free Days Derby Campaign. A presentation was given by representatives from Drinkaware.

The Board noted that the Director of Public Health was approached in 2019 by Drinkaware to support the development of a three-year Drink Free Days Derby campaign. The project aims to target people aged between 45-64 years to:

- Raise awareness of alcohol harm
- Introduce the concept of "No alcohol days"
- Drive behaviour change with alternative activities
- Reduce harmful drinking

Drinkaware are an independent UK-wide alcohol education charity funded largely by voluntary and unrestricted donations from UK alcohol producers, retailers and supermarkets. The Vision, Mission and Values of Drinkaware are:

- **Vision** – to reduce alcohol-related harm by helping people make better choices about their drinking
- **Mission**
 - provide impartial, evidence-based information, advice and resources
 - raise awareness of alcohol and its harms, work collaboratively with partners
- **Values** - Driven to make a difference, led by evidence, resourceful, work positively with others

The Board were informed that alcohol is a significant cause of ill-health for people in Derby, particularly for women and midlife working age adults, who are the target audience for the campaign. The ownership of the project, including branding, belongs to Drinkaware but its success would be helped by local partners who work with midlife working age adults. The project will also complement other local services, projects and initiatives which encourage midlife

working age adults to live healthier lives.

A councillor queried why this particular age group was chosen as there were other age groups equally at risk, including the elderly. Drinkaware explained the need to target those at the risk of highest harm; it was noted that the charity was determined to hit a wider audience in Derby and that they would like to work with different voluntary groups and organisations.

It was reported that Derby has an estimated 3,222 dependent or very high risk drinkers, 9,000 people drinking harmfully and an additional 38,500 binge drinkers. Some 77% of the population was of drinking age. Derby has a significantly high mortality rate due to alcohol compared to England and the rest of the East Midlands, particularly in women. The city also has the second highest rate of hospital admissions for alcohol-related conditions for 40-64 years in the region.

The Board noted that a range of different tools and activities will be used to engage people including:

- A Drink Free Days media campaign
- Drinkaware at Work - working with a range of companies to deliver the scheme to their employees
- Drinkaware Crew – reducing harm in the night time economy
- Work with local media to raise awareness of the project
- Alcohol Brief Advice in a non clinical setting - activity with and in supermarkets using a brief advice tool to encourage people to assess their own drinking
- Working with local alcohol retailers to promote 0% alcohol products
- Incorporate Drinkaware tools and resources into Derby County Community Trust initiatives
- Disseminate resources to local GP Surgeries

It was reported that the success of the project was dependent on local partners supporting the project to raise awareness and engagement with local people. With this support, Drinkaware aims to demonstrate an impact on reducing harmful drinking, which could provide a template for use in other areas of the UK.

The Board asked why advice about the number of alcohol free days in a month was not given. It was stated this depends on each individual but ideally it should be two days per week. The Board felt that the change from the unit system was better and that drink free days are easier for people to understand.

A councillor suggested that there were a number of organisations and council services that could be involved with this initiative, for example the Police Licensing Team, Pubwatch, Micro Breweries and Neighbourhood Boards as well as Community Safety. Members of the Board from Derby Hospitals NHS

Foundation and the University of Derby offered their help and contact details within their organisations for the initiative. Derbyshire Healthcare Foundation Trust felt that the Drinkaware publicity could be used by the Substance Misuse Service in their organisation and offered to discuss with Drinkaware representatives outside of the meeting.

The Board resolved to endorse and support for the Drink Free Days Derby Campaign by partner organisations who work with midlife working age adults.

42/19 Derbyshire Private Sector Housing – Derby Stock Condition Report 2019

The Board received a report of the Acting Director of Public Health. The purpose of the report was to inform the Health and Wellbeing Board of the findings of the Derby City Private sector housing stock condition report 2019.

The Board noted that the report refreshes the findings of a housing stock condition survey which took place in 2007; since then there have been considerable changes in the use and condition of private sector housing. It was reported that Local Authorities are legally required to keep housing conditions under review, including the condition of the private sector housing stock in their area, and to develop appropriate, evidence-based strategies to improve condition.

The board were informed that a Decent Home standard was a home that was free from any hazard that poses serious threat to health and safety. It would be in a reasonable state of repair with fairly modern facilities and would be heated properly. An estimated 1 in 5 (18,700) houses do not meet the decent homes standard in Derby. A councillor asked if there are proportionally more hazards in Derby homes and the officer confirmed that there are a similar proportion of private sector homes in Derby not meeting the Decent Homes Standard but that there is some difference in the types of hazards present. The councillor requested that an update report come to the Health and Wellbeing Board next year.

Derby City Council Public Health and Strategic Housing Services have developed a comprehensive desktop model to assess the condition of private sector housing across the Derby and Derbyshire area.

Key findings from the Derby City private sector housing report include:

- There are a total of 110,261 households in Derby (February 2019)
- 57% of homes are owner occupied, 22% private rented and 21% social rented;
- As you move from the inner city to the outskirts the type, tenure and age

of a property changes, so the approach to addressing housing improvements also needs to change

- The total cost to bring every private sector home in Derby up to the decent homes standard would be in the region of £50 million;
- Approximately 3,300 homes have a Housing Health and Safety Rating System (HHSRS) category 1 hazard for cold and damp; Cold and Damp in homes cause an increasing risk of respiratory diseases, heart attack and stroke.
- More than 10,000 properties are estimated to have a HHSRS category 1 hazard for falls in the home older people most vulnerable to home accidents. Public Health England estimates that unaddressed falls hazards in the home cost the NHS £435 million each year.
- In the private rented sector, proportionally more homes do not meet the decent homes standard for heating, modern facilities, repair and HHSRS category 1 hazards.

A Councillor stated that effective enforcement with good prosecution results has meant that private landlords are receiving the message about maintaining the condition of their properties. Households living in these categories are being identified and issues are being addressed. However, another councillor highlighted that there are still families who won't complain to their landlords for fear of eviction. The officer confirmed that this was still an ongoing problem but funding to tackle these issues has been improved in recent years. Funding has recently been approved for taller buildings in the City and an educational programme for managing agents has been put in place.

A Councillor questioned whether there was a clear referral system in place. The officer confirmed there was one system in place and also alternatives in place e.g. strong links with the Home First Team and with the Fire Authorities and Care Co-ordinators. The Team also has an NHS email address for online referrals from Health. Councillors asked that the referral information be circulated to the Board.

The Board resolved:

- 1. To note the key findings and recommendations of the housing stock condition and health survey for Derby**
- 2. To incorporate the findings and priorities for action into the refreshed Health and Wellbeing Strategy.**
- 3. To request an update report to return to the Health and Wellbeing Board next year.**
- 4. That Information about referral contacts be circulated to the Board**

43/19 Derbyshire Sustainability & Transformation Partnership: Plan Update

The Board received a report of the Derbyshire Sustainability & Transformation Partnership Director. The report provided the Board with a final version of the Joined Up Care Derbyshire Five Year Strategy Delivery Plan: 2019/20 to 2023/24

The Board noted that every Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) have been asked to develop five-year Long Term Implementation plans covering the period 2023-24 by autumn 2019. The process in Derbyshire has been a refresh rather than a rewrite to reflect the continued support for overarching models of care and headline business cases as submitted in the original STP in 2016.

The Health and Wellbeing Board has been updated on the plan refresh at previous meetings in 2019. This report provides the Board with a final version of the report as it was submitted to NHS England/Improvement on 27 December 2019 after a period of final amendment.

The Board further noted that the report gives assurance on the collaborative approach Derbyshire STP had taken to refresh and implement a shared STP. Key considerations in refreshing the plan are detailed in full at paragraph 4.2 of the report and include the following:

- The plan was outcomes-driven so that the citizens of Derby have the best start in life, stay well, age well and die well;
- The refresh has been informed and developed through strong engagement with people, patients, staff and wider stakeholders and this will continue to drive the approach of the STP

There are 5 strategic priorities identified within the plan:

- Place-based care
- Prevention and self-management
- Population Outcomes
- System efficiency
- System development

The Board resolved to:

- 1. Review and provide ongoing support of the content and progress being made with the plan.**
- 2. To note that the plan was submitted to regulators within the national**

deadline of 15 November with a final window of amendments available and a final submission of 27 December 2019. The Derbyshire Health and Care system awaits regulator feedback prior to determining the implementation approach.

44/19 Derbyshire Options for Integrated Care Partnerships (ICPs)

The Board received a report from the chief Executive Derbyshire Healthcare NHS Foundation Trust and Chair of JUCD Integrated Care Partnership (ICP) Development & Implementation Group. The report provided the Board with an update on the process followed to identify the footprint of the ICPs for Derbyshire and to share the decision made by the December meeting of the Joined Up Care Derbyshire Board. The Board noted that as part of the journey towards becoming an ICP by April 2021, all Sustainability Transformation Partnerships (STPs) across the country are required to develop more integrated care which will be delivered through ICPs.

The Board noted that through the ICPs there would be aligned incentives to improve population health outcomes by encouraging integrated provision and preventative approaches. Resources would have to be flexibly redeployed to meet needs and to encourage a stronger focus on overall wellbeing and health within the allocated resources. ICPs are alliances of providers that work together to deliver care by collaboration rather than competitiveness. Providers would include hospitals, community services, mental health services and GPs. The Board noted the need to have ICPs up and running and to ensure delivery of the right services by April 2020.

The Board were informed that the Chief Executive of the Derbyshire Healthcare NHS Foundation Trust chaired the Integrated Care Partnership Development and Implementation Group to consider options for local ICP configurations across the Derbyshire footprint.

The two possible options were:

Option 1 - 3 Geographical ICPs

- **North** – Chesterfield, North East Derbyshire and Bolsover, Derbyshire Dales and High Peak
- **South** – South Derbyshire, Amber Valley and Erewash
- **City** - Derby City

Option 2 - 4 Geographical ICPs

- Chesterfield, North East Derbyshire and Bolsover

- Derby City
- South Derbyshire, Amber Valley and Erewash
- Derbyshire Dales and High Peak

It was reported that based on the assessment process the recommendation made was for Option 2, 4 Geographical ICPs. The next steps for implementation will be a series of workshops to develop the approach to enable ICPs to begin operating in shadow form from April 2020. This will include:

- Agreeing names for each ICP
- Confirming the scope and developing an operating model
- Continuing engagement with stakeholders – Primary Care Networks, Place Alliances and District Councils

A councillor asked about membership of the ICPs. The Chief Executive of Derbyshire Healthcare Foundation Trust confirmed that this would be a part of the next phase of development; and that there was a need to bring in a democratic mandate. The speed of development was noted by the councillor and a request was made to bring back regular update reports to the Health and Wellbeing Board.

Another member of the Board raised the issue of IT, and asked how the different organisations would be able to work together; would a system need to be put in place to allow interaction. It was confirmed that moving forward consideration would be given to ensuring that the right enablers, such as data and IT are in place to support the developments.. The Board were also concerned that communications with the voluntary sector would be embedded within the new arrangements. There was also a need to work with the independent sector and not just NHS staff. The Board felt that this could be an opportunity to upskill staff.

The Board resolved:

- 1. To note the process followed by the Joined Up Care Derbyshire Board to appraise options for the implementation for Integrated Care Partnerships in Derbyshire.**
- 2. To note the decision of the Joined Up Care Derbyshire Board to move to establish four ICPs for the county, to run in shadow form from 1 April 2020.**
- 3. That regular update reports be brought to the Health and Wellbeing Board**

45/19 Derbyshire Fire and Rescue Service – Our Plan
Making Derbyshire Safer Together

The Board received a report of the Area Manager, Derbyshire Fire and Rescue Service. The report was presented by the Area Manager; the aim of the report was to raise awareness of Derbyshire Fire and Rescue Consultation "Our Plan Making Derbyshire Safer Together".

The Board noted that the consultation document sets out the Year One Action Plan and Medium Term Financial Strategy 2020-23. The consultation runs until the 7th February 2020.

The Board further noted that all fire services are required to produce an Integrated Risk Management Plan (IRMP) that identifies and assesses all foreseeable fire and rescue related risks to communities and the arrangements that have been put in place to prevent or respond to them.

The Board was informed there were four development themes to "Our Plan"

- Align Staffing Levels, Duty Systems and Ways of Work
- Community Safety and Partnership Working
- Collaboration and Shared Services
- Continuous Improvement

The budget for 2019/20 was £40.2m. Through the life of "Our Plan" 2020 – 23 the Service is currently targeting savings in the region of £2.4m.

The vision of Derbyshire Fire and Rescue Service will be "Making Derbyshire Safer Together" and this will be achieved through four key areas of work:

- Collaboration and Partnership Working
- Prevention
- Protection
- Response

The Board resolved to note the consultation and respond as appropriate.

46/19 Vaccination programme effectiveness

The Board received a report of the Acting Director of Public Health. The purpose of this report was to provide the Health and Wellbeing Board (HWB) with an overview of vaccination and the current NHS life course vaccination schedule. It also describes the delivery of the national vaccination programme in Derby. The report provides assurance that the Derby City vaccination programmes are delivering positive outcomes for eligible residents, including groups where uptake has been low in the past. The report also raises awareness of the performance, achievements and challenges associated with the vaccination programmes and how Board members can support the work.

The Board were informed that clean water and vaccination are two of the most important things available to protect health. Since vaccines have been introduced, diseases like smallpox, polio and tetanus that used to kill or disable millions of people have been almost eradicated. But infectious diseases could re-emerge if vaccine coverage rates drop.

The Board noted that measles cases, in both adults and children, have nearly doubled in recent years leading to some life-threatening complications. Being vaccinated benefits the whole community through "herd immunity". Individuals who are unable to have the vaccine can be protected if enough people are inoculated as it can stop the spread of the disease. A councillor asked if we are reaching or if we are below the level of "herd immunity" in Derby. The officer confirmed that for measles, mumps and rubella (MMR) in Derby we are just below but this may be due to issues of data quality. Generally GPs are aware of children who have been vaccinated, however there are instances of people coming from other countries who do not have any proof/records of vaccination.

The Board were informed that vaccination coverage was the best indicator of the level of immunity a population would have against vaccine-preventable communicable diseases. The World Health Organisation (WHO) has advised that the coverage target is 95%. Recently there has been a lot of attention on Measles; the WHO have reported that in the first 6 months of 2019 globally measles cases were almost three times as many as the same period in 2018. There have been cases of measles in Derby which were caused when people travelled to countries where the incidence of measles was high, or when people who have not been vaccinated come to Derby. However there have been no large outbreaks of measles reported in Derby.

The officer confirmed that two doses of the MMR vaccine are needed to give full immunity to measles infection. The first dose at one year of age and a second dose before children go to school (3-5 years). The uptake rate in Derby for the first dose was 94.8% but only 84.6% of children received the second dose of MMR vaccine by their fifth birthday. It was reported by national media that the low uptake was linked to the influence of negative social media messages about vaccine safety. It was also suggested that it could be caused by the logistics of getting the vaccine e.g. forgetting appointments, location of clinics, childcare duties and availability of appointments.

The Board noted that the delivery of screening programmes to residents of Derbyshire was managed by two screening and immunisations teams (SIT). The SIT are responsible for ensuring accurate and timely data was available for monitoring uptake and coverage for immunisation programmes. The Derbyshire Health Protection Board receives quarterly reports which give an overview of current challenges, risks and changes to immunisation programmes. Part of the role of the Director of Public Health (DPH), who is based in local authorities

would be to provide appropriate support and advocacy to improve access and uptake to immunisation programmes both within the Local Authority and with key stakeholders

The Board resolved to:

- 1. Note the arrangements, achievements and challenges relating to the local immunisation programmes in Derby.**
- 2. Contribute to the successful delivery of the immunisation programmes by:**
- 3. Promote local and national immunisation messages to staff and service users, in particular those from under-served communities.**
- 4. Provide an overview of vaccination and the current NHS life course vaccination schedule**
- 5. Support initiatives to increase uptake and address inequalities in collaboration with the local immunisation teams.**

48/19 Integrated Sexual Health Services response to Healthwatch Derby 2018 Report

The Board received a report of the Chair of Healthwatch Derby which provided an update on addressing some of the longer-term issues identified at the meeting in May 2019. This report provides the response by Derbyshire Community Health Services (DCHS) to the report on its provision by Healthwatch and addresses each of the key findings. It also outlines progress against actions that Integrated Sexual Health Service (ISHS) has taken to date to improve and resolve the issues identified.

The report was for information.

The Board resolved to

Note the response to the Healthwatch Derby 2018 report on integrated sexual health services.

Note the actions and progress made to date by the service in addressing identified issues.

Private Items

None were submitted.

MINUTES END