

ITEM 4

Time commenced: 1.00pm

Time finished: 3.00pm

Health and Wellbeing Board 19 January 2017

Present

Chair: Councillor Repton

Elected members: Councillors Care, Hudson, Skelton and Webb

Appointed officers of Derby City Council: Andy Smith and Perveez Sadiq.

**Appointed representatives of Southern Derbyshire Clinical
Commissioning Group:** Dr Richard Crowson.

Appointees of other organisations: Steve Studham (Derby Healthwatch), Ifti Majid (Derbyshire Healthcare Foundation Trust), Kath Cawdell (Community Action Derby), Hardyal Dhindsa (Police and Crime Commissioner).

Substitutes: Steve Wood (for Paula Crick, Derby University), Alex Johnson (for Terry McDermott, Derbyshire Fire and Rescue), Cathy Winfield (for Gavin Boyle, Derbyshire Hospitals NHS Foundation Trust), William Jones (for Tracy Allen, Derbyshire Community Healthcare Services), Helen Dillistone (for Gary Thompson, Southern Derbyshire CCG).

Non board members in attendance: Alyson Wynn (DCC), Robyn Dewis (DCC), Frank McGhee (DCC), Mark Sobey (Derby Safeguarding Children Board), Dr Paul Wood (Chair of Southern Derbyshire Clinical Commissioning Group).

36/16 Apologies

Apologies for absence were received from Councillors Banwait and Bolton. Apologies were also received from Terry McDermott (Derbyshire Fire and Rescue Service), Dr Paula Crick (University of Derby), Tracy Allen (Derbyshire Community Healthcare Services), Gary Thompson (Southern Derbyshire CCG), Sarah Edwards (CYPN), and Cate Edwynn (DCC).

37/16 Late items to be introduced by the Chair

There were no late items.

38/16 Declarations of Interest

There were no declarations.

39/16 Minutes of the meeting held on 15 September 2016

The minutes were agreed as a correct record.

40/16 Jointed Up Care Derbyshire STP Update

The Board considered a report which stated that since June 2016, significant detailed work had been undertaken, including, development of outline business cases; financial and workforce planning; development of provider and commissioner collaborations; and development of governance arrangements.

A final version of the Derbyshire STP – [Joined Up Care Derbyshire](#) was submitted in late October 2016 including: updated plan, financials along and outline business cases.

A review of the submission had been undertaken and feedback provided. The Derbyshire STP was considered '*...a credible base for operational planning*' and leadership and governance was considered to be strong. Some nervousness was expressed, however, as to the pace of expected changes in demand and further work was suggested in relation to some of the financial assumptions made. The plan, overall, was felt to represent a good starting position.

As required, contractual negotiations had taken place and all contracts between Clinical Commissioning Groups and NHS providers had now been agreed and signed meeting the requirements of NHS England.

The funds we had hoped to release to invest in the new models of delivery proposed in the plan were now, however, unfortunately committed. The plans set out in the STP would be progressed, but their delivery would have to be re-phased accordingly. This was the immediate priority for Chiefs to agree in the next few weeks.

Unfortunately, due to a number of organisational responsibilities, Ifti Majid was no longer able to fulfil the role of MD as planned. Given the importance of this role and associated supporting structure in delivering the STP, consideration was being given to the best way forward. This would be completed this month with a view to establish the System Team as soon as possible.

A communication and engagement plan was in the final stages of development with Healthwatch Derby and Derbyshire and experts from other key partners supporting its development. The plan set out a framework for communicating and engaging key stakeholders, most notably the public and our workforce.

All the Chiefs and organisations they represent, remained fully committed to the direction of travel set out in Joined Up Care Derbyshire. Although we had

hoped to be further forward, we were focused and confident that following further consideration we would have a credible and achievable plan that would deliver better health and wellbeing and better care for the people that need it in the most appropriate setting.

Members of the Board requested that the Chair write to the Government on behalf of the Health and Wellbeing Board to request that there be no slow down on the communication dialogue and that the social care element be properly funded.

Members of the Board also requested that the local consultation be published as soon as possible.

Resolved

- 1. To note the current status of Joined Up Care Derbyshire (STP).**
- 2. To request the Chair to write to the Government to ensure that the communication dialogue not be slowed down and that the social care element be properly funded.**
- 3. To request that the local consultation be published as soon as possible.**

41/16 Mental Health in Derbyshire

The Board considered a report and received a presentation on mental health in Derbyshire.

The National Picture - In February 2016, NHS England published the [Five Year Forward View for Mental Health](#) (5YFV) which made the case for transforming mental health care in England. Its ambition was to deliver rapid improvements in outcomes by 2020/21 through 'ensuring that 1 million more people with mental health problems were accessing high quality care' including the investment of an additional £1 billion in 2020/21. It set out three priority actions for the NHS to achieve by 2020/21:

1. A 7 day NHS – right care, right time, right quality;
2. An integrated mental and physical health approach;
3. Promoting good mental health and preventing poor mental health— helping people lead better lives as equal citizens.

The case for the 5YFV for Mental Health (MH), *"...is about moving beyond the moral imperative and the clear clinical and individual benefits, and recognising this as a financial necessity to manage the challenges of the years ahead"* (p.2). To support this transformation, [Implementing the Five Year Forward View for Mental Health](#), published in July 2016, detailed how the recommendations made would be delivered. It set out a number of national objectives in relation to:

- Children and young people's mental health;
- Perinatal mental health;
- Adult mental health: common mental health problems;
- Adult mental health: community, acute and crisis care;
- Adult mental health: secure care pathway;
- Health and justice;
- Suicide prevention.

In addition were objectives in 'Sustaining Transformation' and included a focus on new models of care, workforce and infrastructure.

Sustainability and transformation plans (STPs) were to provide the local vehicle for strategic planning, implementation at scale and collaboration between partners. Implementing the commitments of the 5YFV for MH would improve access and outcomes, deliver seven-day services, reduce inequality and realise efficiencies across the local health and care economy and wider society. Mental health should be an intrinsic element of every STP – threaded throughout and not an afterthought.

The Local Picture - Locally, the transformation of mental health care in Derby and Derbyshire was aligned to our STP – Joined Up Derbyshire. We face significant challenges in relation to mental health and wellbeing and the health and wellbeing, care and quality and finance and efficiency gaps outlined in our STP. For example, people with a severe mental illness (SMI) had, on average, a life expectancy gap of 20 years compared with the general population, we had an over reliance on bed-based care and comparatively high length of stay, too many out-of-area placements, rising demand, waiting lists for care co-ordination, insufficient 'step-up/ step-down' services in the community and insufficient crisis intervention services.

A range of service change initiatives were incorporated within the STP to meet physical and mental health needs as part of the health and social care offer including: primary care support team, enhanced dementia and delirium pathway, enhanced integrated/ neighbourhood teams, home treatment and rehabilitation/ enablement, mental health urgent care, learning disabilities and children and CAMHS. These initiatives aimed to reduce the need for inpatient and out-of-area placements with care that was focused on and wrapped around individuals and would include increased 'place' based delivery.

An investment of £4.2m for 2018/19 had been set within our STP specifically to:

- Enhance community teams;
- Provide primary care support – direct to GP practices in 'place';
- Develop urgent care services – linking to community, A&E, places of safety/ a safe place.

Unfortunately, due to challenging contracting negotiations we were not where we wanted to be at this point and this investment was not currently secured and was therefore a high risk. Children's investment would be primarily via Future in Mind.

Despite these challenges, we remained committed to improving the mental health and wellbeing of local people by both promoting good mental health and preventing poor mental health whilst also transforming mental health care in Derby and Derbyshire. We needed to continue to work together as a system and at pace to achieve the change and transformation needed.

Resolved

- 1. To note the progress made locally in planning and implementing the Five Year Forward View for Mental Health.**
- 2. To support a system-wide approach to improving the mental health and wellbeing of our local population and transforming mental health care.**
- 3. To provide ongoing support and constructive challenge to ensure that the transformation was at the scale and pace required.**

42/16 Future in Mind Refresh

The Board considered a report which stated that Future in Mind (FIM) was a 5 year plan to improve the emotional health and well-being of Children and Young people. It was a joint plan developed by Derby City and Derbyshire County Councils and the four Derbyshire Clinical Commissioning Groups. The plan was approved in October 2015. Each year the plan was refreshed and the report was a summary.

The shared vision for FIM was that, by 2020:

'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 the vision the plan takes a whole system approach by:

- investing in additional staff and training in mental health services, schools and the voluntary sector
- extending the use of evidence based approaches
- investing in "rapid response" services
- increasing therapeutic support for children in care.

The plan had been refreshed in October 2016.

Future in Mind was now a work-stream of the Children and Maternity STP Delivery Group and was driven by the FIM Core Commissioners Group.

Achievements so far for Southern Derbyshire included:

- New eating disorder provision up and running.
- New Children in Care Service.
- CAMHS RISE Service.
- Evidenced based training programme for CAMHS and School Staff.
- A Derby City and Derbyshire wide Anti-Stigma Campaign (commencing in April 2017) including training for staff and volunteers on how to challenge prejudice and discrimination.
- Training for staff and volunteers on what to do if they suspect a child or young person in their service has mental health issues – commencing in April 2017.
- A schools Toolkit to promote good mental health and to support staff in spotting early signs.
- VCS increased capacity.

Priorities for the year included:

A new intensive home support service for children and young people and their carers to reduce the number of Tier 4 hospital admissions where appropriate. The service would offer advice, information and therapy for Children and Young People at home and support for parents and carers including respite care and training to help them better manage care at home.

A new workforce development strategy and Action Plan for Derby City and the Council – bringing together our efforts to improve workforce capacity, capabilities, and understanding. The strategy would include the faith, voluntary and community sector who also provided valuable services for Children and Young People.

A new parenting programme for parents and carers of children with autism and ADHD. The programme would have three elements: direct advice and support; a train the trainer element to increase the number of staff and volunteers who could advise parents, and a pilot project to train staff in a new approach to dealing with aggressive Children and Young People called Non Violent Resistance (NVR).

A specialist Joint Strategic Needs Assessment specifically examining the needs of Children and Young People in Derby and Derbyshire and mapping those needs against available services to better inform decision making and

the allocation of resources. The JSNA would consider the needs of particularly vulnerable communities such as Children in Care, BME Communities and children living in poverty.

Development of a place based approach to services working with schools, primary care and faith, voluntary and community services.

Resolved to receive and note the recent refresh of the 2016 Future in Mind Plan.

43/16 Derby Safeguarding Children Board – Annual Report 2015-16

The Board considered a report which stated that The Children Act 2004 (Section 14a) required Local Safeguarding Children Boards (LCSBs) to produce and publish an annual report on the effectiveness of safeguarding in the local area. The annual report was published in relation to the preceding financial year and within local agencies' planning, commissioning and budget cycles.

The Derby Safeguarding Children Board Annual Report 2015-2016 provided a rigorous and transparent assessment of the performance and effectiveness of local services and included lessons from reviews published during the year. The report demonstrated how effectively the Derby Safeguarding Children Board had carried out the functions of an LSCB as set out in Working Together 2015.

This was a public report which was formally presented to the City Leadership Board and to the Children, Families and Learners Board, the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board.

Resolved

- 1. To note the content of the Derby Safeguarding Children Board (DCSB) Annual Report and take action to support the ongoing work of the Derby Safeguarding Children Board and the priorities for the coming year that were to focus on early help for families, domestic violence, child sexual exploitation and neglect.**
- 2. To report back to the DSCB in March 2017 on the actions taken by the Health and Wellbeing Board in support of the above priorities.**

44/16 Sexual Violence and Abuse Pathway Strategy Update

The Board considered a report which stated that the purpose of this update was to inform the Health and Wellbeing Board of the work that had been completed so far by the Sexual Violence and Abuse Pathway Strategy Group.

The group was established and chaired by the Police and Crime Commissioner for Derbyshire on behalf of Derbyshire and Derby City Councils, Derbyshire Constabulary, Clinical Commissioning Groups, NHSE and Derbyshire Healthcare Foundation NHS Trust to:

- Address the fragmentation of current services and funding
- Define a single partnership strategy for funding and delivery of services for victims of Sexual Violence and Abuse
- Identify gaps and options to address them
- Manage the interfaces and pathways between those services
- Ensure best value and outcomes with the available funding between those partners.

The paper showed two diagrams that had been drawn up following discussions within the Strategy Group. One would highlight the victim pathway between all those commissioned SV services, whilst the other highlighted the sources (and amount) of funding currently provided for these services.

A further table mapped those services, funds and organisations to further illustrate the gaps and resources available to support victims of SV.

The key issues to resolve were the funding for therapeutic counselling (specialist counselling for abuse both recent and in particular adult disclosure of historic child abuse) and a robust referral route between CCG NHS services and the available provision within the Voluntary Sector organisation commissioned by the partners to secure the whole pathway delivery for the longer term.

There were two further key issues that required urgent consideration;

- Paediatric Sexual Assault Referral Centres (SARC) procurement; The Police and Crime Commissioners in the East Midlands made a decision not to co commission the services with NHSE as a regional contract and recommended further work together in order to establish the best possible framework plan for the SARC and the East Midlands. NHSE had since gone ahead with the procurement with no further discussion as to how this may work where existing contracts were now in place for FME.
- The City Council providing no funding for SV services moving forward. Derby City Council no longer contributed funding to SV services moving forward which could potentially put at risk services for Derby City Residents.

A working group had been producing a paper around the key issues they had identified in this field and these were as follows:

- GPs and primary care psychological therapies' services and Mental Health teams were referring people to SV2 and SAIL as their NHS services were not appropriate for meeting the need.
- There was a need for improved protocols between the Derbyshire Health Care Foundation Trust (DHcFT) services and SV2 and SAIL.
- Counselling provided by SV2 and SAIL did meet good evidence based guidelines and was delivered by qualified staff.
- The counselling element of the pathway needed to be provided by counsellors who were trained, who also had the experience of the forensic requirements involved in disclosure and police investigation.
- The people who accessed therapy from SAIL and SV2 would not have their needs met from the psychological therapies' service (IAPT) as usually they required a larger number of sessions (typically up to 24) and their needs were not those IAPT providers (who were effective with depression and anxiety) were commissioned to respond to.
- Outcomes could be evidenced and there was significant health and social functioning deficits that such services could help people overcome.
- The model of delivery was efficient in providing qualified staffing and was more cost effective than the NHS could provide.
- SAIL was based on volunteers and SV2 based on sessional counsellors. Both approaches had advantages and a combination of these approaches would be helpful in achieving sustainability.
- The absence of such services increased workload throughout NHS systems as there was a shortage of psychological therapies available in the NHS.
- The voluntary sector service was not equitably spread or funded or accessed.
- Demand was increasing particularly with adults disclosing historical abuse.

A formal pathway was recommended with a commissioned counselling service. This was additional work was not within the STP. There were no identified budgets within CCGs other than NDCCG at present. Only SAIL was within the voluntary sector review as SV2 was not funded by the CCGs historically.

General counselling support was currently commissioned by Derbyshire County Council and the Police and Crime Commissioner and North

Derbyshire CCG with the SARC currently funded by Derbyshire County Council and Derbyshire Constabulary with NHSE temporarily picking up the Derby City fund which they had withdrawn.

The paper also presented the current action plan for the Strategy Group, including actions, timescales, key people, progress and outcomes.

Resolved

- 1. To note the work on services for victims of sexual violence and abuse in Derbyshire.**
- 2. To note the available funding and service gaps identified.**
- 3. To note the work to be done to enable providers to more effectively deliver the pathway collectively e.g. effective referral mechanisms and communication between agencies, that support individual case management.**
- 4. To note the further work to be done to inform the needs analysis.**
- 5. To recommend investment in counselling for victims of sexual violence be prioritised and confirm that this should be taken forward.**

45/16 Health Protection Board Update

The Board considered a report which provided an overview of the key messages arising from the Derbyshire Health Protection Board which met on 10 October 2016. This included:

- A detailed cervical screening report from NHS England highlighted local decline in the uptake of cervical screening, mirroring national trends.
- An annual air quality report by the Chief Regulators Group was presented. The paper highlighted risks related to the varied levels of improvement seen in air quality locally, significant health impacts and cost associated with poor air quality and increasing likelihood of exposure due to demands for housing in close proximity to main roads.
- A verbal update on the TB Strategy from the Consultant in Communicable Disease Control. New TB guidance issued by NICE, TB control board events were planned. A new programme manager was now in post and a regional gap analysis against national service specification undertaken.

Resolved to note the report.

MINUTES END