

Time Commenced: 13:00pm
Time Finished: 14.30pm

Health and Wellbeing Board 16 March 2023

Present:

Statutory Members Chair: Councillor Webb (Chair), Sue Cowlshaw (Derby Healthwatch), Robyn Dewis, Director of Public Health, Chris Clayton (CEO Derby & Derbyshire ICB),

Elected members: Councillors Martin

Appointees of other organisations: Amjad Ashraf (Derby Health Inequalities Partnership), Steve Bateman (CEX DHU Healthcare), Paul Brookhouse (Derby Poverty Commission), Lucy Cocker (Derbyshire Community Healthcare Services), Ian Fullagar, (Head of Strategic Housing, City Development and Growth DCC), James Joyce, (Head of Housing Options and Homelessness)

Non board members in attendance: Celia Edwards-Grant (Public Health Support Co-ordinator DCC), Zara Jones, (Executive Director Strategy & Planning DDICB), Angela Odell (Public Health Manager DCC), Katie Ross (Senior Commissioning Officer Adults Social Care), Robert Smithers (Livewell, DCC), Karielle Webster (Speciality Registrar in Public Health), Michael Rose (Lead Commissioner LD/MH/Autism DCC), Victoria Whittaker-Stokes (DDICB), Alison Wynn, (Assistant Director Public Health)

45/22 Apologies for Absence

Apologies were received from: Councillors Poulter, Whitby and Lonsdale, David Cox (Derbyshire Constabulary), Fran Fuller (Derby University), Michael Kay (Head of Environment Protection, Housing Standards, Licensing and Emergency Planning DCC), John MacDonald (Vice Chair), Jane Needham (Derbyshire Community Healthcare Services), Rachel North (Strategic Director of Communities and Place), Andy Smith Strategic Director of Peoples Services, Clive Stanbrook (Derbyshire Fire and Rescue Service)

46/22 Late Items

There were none.

47/22 Declarations of Interest

There were none.

48/22 Minutes of the meeting held on 19 January 2023

The minutes of the meeting on 19 January 2023 were agreed.

49/22 Joined Up Care Derbyshire Update – Report of the ICB 5 Year Plan

The Board received a report and presentation from the Chief Executive of Derby & Derbyshire ICB. The report and presentation gave an overview of the Joint Forward Plan – 5 Year Plan and of the proposed process to develop the Plan. It was also to ask for the HWBs engagement in the development of the Plan.

The Plan will set out how the ICB intend to meet the physical and mental needs of the local population of Derby and Derbyshire through the provision of NHS Services. This includes setting out how universal NHS commitments will be met and address the four core purposes of the ICS:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

The timeline for publishing and sharing the first joint plan with NHS England, ICPs and HWBs is 30th June 2023. The relevant HWBs must be involved in preparing or revising the JFP. A draft JFP must be shared with each relevant HWB and consultation must take place with HWBs on whether the JFP takes account of their joint health and wellbeing strategy (JLHWS).

The approach to engagement was detailed:

- ICP partner engagement in framework and content
- Formal discussion and review at both Derby & Derbyshire HWBs between March and June
- Engagement through ICP sub-committees particularly Population Health, Public Partnerships, People & Culture and Finance
- Consideration of public consultation requirements and engagement activities with approach developed accordingly
- Impact Assessments undertaken for relevant content, underpinned by appropriate risk management/documented risks and mitigations
- Development of a “what the JFP means for me” guide alongside the publication to ensure well considered alignment and meaning to a range of stakeholders and organisations.

The JFP Framework was outlined, it was developed as an NHS/ICB Plan, it would be a five year plan with more detail in the first two years. The main focus would be on the local priorities, blended with JFP guidance requirements (duties). A very draft version would be prepared in March, with a more refined version for April/June.

The local priorities are based on:

- Access, prevention and productivity to support managing urgent and emergency care risks
- Productivity challenge opportunities
- How the the ICB can support delivery of the ICP Integrated Care Strategy priorities.
- Addressing health inequalities in year one

- A population health approach, targeted improvement plan for groups in the local population.

Key areas which need direction and development include:

- The local priority areas for population health, linked to the ICP strategy but specific to NHS contribution
- A prioritisation process
- Strategic milestones for each of the 5 years
- Direction on what Population Health Strategy Committee (PHSC) would like to see between now and June and the role in will play in finalising the JFP

The Chair raised the issue of poor housing and the impact on general population health. Partnership in dealing with issues was the best way forward and highlighted that community and voluntary involvement was an important role. The Head of Strategic Housing, City Development and Growth (DCC) offered assistance to the Health Authority.

The HWB Board resolved:

- 1. to note the contents of this report**
- 2. to give their support for the effective development and delivery of Derby and Derbyshire ICBs Joint Forward Plan noting that the plan was not static but a rolling plan**

50/22 Derbyshire Joint Health and Social Care All Age Autism Strategy 2023-28

The Board received a report and presentation from the Director of Integration and Direct Services. The report was to ask for HWB and member organisations endorsement and support for the new Joint Derby and Derbyshire Integrated Care All Age Autism Strategy. It was a statutory requirement for DCC to have an Autism Strategy in place.

Autism was defined as a range of conditions that are characterised by difficulties in social interaction and communication and by restrictive or repetitive patterns of thought and behaviour. Autism is a spectrum condition (ASC), while all autistic people share certain difficulties, their condition will affect them different ways.

In the UK more than 1 in 100 people live with an ASC, around 8700 people in Derby and Derbyshire are autistic. In Derby City by 2030 1566 people will have a diagnosis of autism. It must be recognised that every autistic person is different.

Some of the achievements from the 2017-20 Strategy were highlighted:

- Commissioning of a new Autism Information and Advice Service (Camm)
- Autism Task and Finish Group to map out existing autism training provision in Derby and Derbyshire
- Increased provision of accommodation, care and support for autistic people
- Commissioned Services to increase independence Living Well with Autism
- A growth in membership of the Experts by Experience (EBE) group
- Local evidence that businesses are working towards being more Autism inclusive

- A Specialist Autism Team (SAT) created in the NHS.

The new Strategy 2023-28 was co-produced by Autistic individuals. Three system wide workshops took place and there were monthly task and finish workshops for each of the five priorities of the strategy. Autistic people were listened to through their health and social care assessments. The monthly Autism Partnership Board gave updates to the HWB, their membership consists of EBE.

The five key aims of the new Strategy are:

- Earlier diagnosis
- Increased Preventative Services
- A Stronger professional peer support offer
- Increasing meaningful employment opportunities
- Delivering training beyond awareness raising

The Board discussed the new strategy. The comments from the Board were positive, it was noted that Council Cabinet had approved a second phase of a capital project to bring about “Living my Best Life” for supporting young people in schools and specialist accommodation.

The early diagnosis of ASC has been a challenge for many years, the earlier a diagnosis is done the better the outcomes.

Officers explained that the new Strategy would be cost-effective at the moment less than 10% of autistic people are in work, most are accessing benefits. Autistic people are more likely to attempt suicide, become homeless, and they are eight times more likely to be in the criminal justice system.

Partnership organisations offered their support to assist people with autism to access services. It was asked how the services were currently promoted. The officer advised that promotion took place by usual channels such as websites, GPs, Children and Young People Local Offer, SEND colleagues. The main challenge was reaching people who were currently undiagnosed. The service will accept people who are undiagnosed.

The service was aware of the need to contact hard to reach groups and felt that communication was the key, raising awareness of Autism and encouraging people to be more inclusive was important. Any ideas to help reach the wider population were welcomed. A Board member suggested that DCC Communications Team should be approached, and the best media to use would be radio or television as they undertake specific programmes around autism. There are Autism Days/Weeks which can be used to promote local services. It was easier to reach ethnic minorities using local radio stations.

A Board member asked if the new Strategy was in an accessible format. The officer confirmed that work had been undertaken to ensure that it was accessible.

The Board resolved that:

- 1. The HWB and its member organisations join the City Council in endorsing and confirming their support for the new Strategy.**
- 2. The Board receive updates on progress to deliver the strategy.**

51/22 Derby Tobacco Control Health Needs Assessment

The Board received a report and presentation from the Director of Public Health which gave an opportunity for the Board to discuss the findings and recommendations of a recent tobacco control health needs assessment. The report sought approval from the HWB for proposed further action to reduce the impact of tobacco use in the City.

Tobacco use was a significant public health challenge. Smoking was the leading cause of preventable illness and premature death in England. It was also a significant driver of health inequalities, it accounts for half the differences in life expectancy between the richest and poorest in society.

The Tobacco Control Health Needs Assessment identified the health needs and impacts of tobacco use in Derby and assessed current tobacco control activities. It made recommendations to improve health and reduce health inequalities.

Key findings: national insights:

- Smoking prevalence was higher in men compared to women
- Smoking rates are higher in the 25-34 age group and lower for those aged 65 and over

Key at risk and priority groups are:

- People who are pregnant
- People with long term mental health conditions
- Routine and manual workers
- Children and young people
- People living in social housing
- People living in the most deprived areas
- Certain minority ethnic groups
- LGBTQI+ groups

Key findings: local outcomes

- 13.2% of adults in Derby smoke, the national average is 13%.
- There was a strong association between smoking and socio-economic disadvantage
- At 11.9% smoking rates in pregnancy are significantly higher than the national average of 9.1%
- In Derby smoking was estimated to cost society £108 million per year, £89m in lost productivity, £17.4m in NHS and social care costs, £19m in fire related costs. 300,000 cigarettes are smoked in Derby every day generating 16 tonnes of waste annually of which 7 tonnes was street litter.

Nationally there was a vision to create a smokefree society by 2030 (a national smoking prevalence of 5% or less). In Derby the Health Needs Assessment identified that to be effective there must be partnership working to apply a broad range of evidence based interventions and initiatives such as prevention, promoting quitting, treating dependence creating smokefree environments, and tackling illegal tobacco. An extensive program of local work was ongoing including: Livewell Stop Smoking Services, Smokefree policies and legislation. However, there was still a need to strengthen local action to reduce further the impact and harm of tobacco.

The Board discussed the findings of the report. One member asked at what point smoking became a health inequality rather than a social practice. In response the DoPH explained the inequality of risk of being a smoker, some people are less susceptible because their personal circumstances are better, they are relatively affluent, mentally well and have a good employment whilst others living in social deprivation are likely to be more susceptible to health issues. The biggest causes of mortality are cancer, and heart disease and the main cause was smoking and this was the most modifiable risk factor.

The challenge was not just Derby's, Derbyshire had the same issues so both City and County should be working together. The ICS had a vested interest in supporting this work. The issue of vaping was raised especially around younger people, around 9% of young people between the age of 11 and 19 are vaping. The products of vaping are affordable and are marketed towards younger people. Vaping was addictive and the full impact on health was not yet known. There were also concerns about the number of pregnant people who smoke. Members of the Board offered their help and support from their organisations.

The Board resolved

- 1. to note the findings and recommendations of the health needs assessment**
- 2. to support a collaborative whole-systems approach to tobacco control, with strategic responsibility overseen by a Derby Tobacco Control Strategic Group**
- 3. Agree an ambition to provide a focus and shared commitment for tobacco control efforts**

51/22 Joint Local Health and Wellbeing Strategy Update

The Board received a report and presentation from the Director of Public Health which gave an overview of plans to update the Joint Health and Wellbeing Strategy (JLHWS)

After the implementation of the Health and Care Act 2022 HWBs are still responsible for the development of Joint Strategic Needs Assessments (JSNAs) and Joint Local Health and Wellbeing Strategies (JLHWS). They must also consider the Integrated Care Strategy when preparing their JLHWS.

The Derby Place Alliance set its vision in September 2022 to deliver local services to try and help people live full and healthy lives.

After the COVID 19 Pandemic, health inequalities in Derby came into focus and gaps were identified in health planning within communities. Derby City Council and Community Action Derby became partners to create the Derby Health Inequalities Partnership (DHIP).

The DHIP community consultation in 2022 identified 4 themes:

- Health behaviours
- Health services
- Wider determinants
- Information

The JLHWS will be reviewed and refreshed through a series of workshops with key partners over the next 6 months. There will be a joint workshop with the Place Partnership and the

HWB on 6th June 2023.

The Board resolved:

- 1. Note and support the intention to refresh the JLHWS following the publication of the Integrated Care Strategy**
- 2. To support the proposal to develop the strategy in collaboration with the Derby Place Partnership, Derby Health Inequalities Partnership and other key partners and stakeholders**
- 3. That HWB members actively participate in the development of the Strategy**

Items for Information

52/22 Healthwatch Derby Health and Social Care Experiences of the LGBTQ+ Community 2022

The Board received a report from the Chair of Healthwatch Derby. The report's purpose was to provide the HWB with an overview of the Healthwatch Derby Health and Social Care Experience of the LGBTQ+ Community 2022

Key themes identified were:

Access to

- GP Surgeries
- Mental Health Services
- Hospital services
- Sexual Health services

Support and lack of communication

- Poor support from GPs when asked for help
- Referral to Gender Identity Clinics (GICs)
- Poor or lack of communication from the GIC whilst waiting for an initial appointment

Lack of understanding

- 32% felt their identity was not respected and understood by healthcare professionals
- 31% stated their identity was brought up when seeking support for an unrelated health issue
- 43% felt their identity was a barrier to accessing a health and social care service
- 36% have experienced a poor or discriminatory healthcare experience based on their identity.

The most suggestions on what could be improved were staff awareness and knowledge of LGBTQ+ issues, staff attitudes and behaviour around making assumptions or allowing their own personal bias to affect a patient's treatment, and access and waiting times for Gender Identity Clinics.

The Chair was concerned at the sobering figures which suggested the need for education for services across Health in the City to improve recognition of LGBT+.

A Board member suggested that part of the challenge was data capture, this should be taken forward through the ICS to better capture and understand data.

The Board looked forward to an update report in 12 -18 months times to see if improvements had been made.

The Board considered and noted the contents of the report.

53/22 Outbreak Engagement Board and Health Protection Board Update

The Board received a report of the Director of Public Health which provided an update and overview of the key discussions and messages from the Outbreak Engagement Board and Derbyshire Health Protection Board

The Health Protection Board met on 10th February 2023, Key points of note for information of the HWB:

- Infection Prevention and Control (IPC) an update on the needs assessment was provided. The Pandemic had illustrated the gaps in care service
- Vaccination – there some discussion on the COVID Programme update. There were plans to end the autumn booster campaign and guidance was awaited on the extent of the planned spring and autumn campaigns for 2023. First and second doses are still available. Re-opening of the programme for the most vulnerable was likely.
- The Health Protection of the ICS draft strategy was reviewed and agreed.
- The Chief Medical Officer's Annual Report on air quality was discussed.

The chair queried the position on all vaccine uptake and whether herd immunity had been achieved. According to the DoPH this was challenging, there had been a dip in vaccine uptake since the Pandemic. The Vaccine Inequalities Group are looking at areas of poor uptake and what can be improved, but will take time to recover and regain confidence of people.

The Board resolved to note the report.

Private Items

None submitted.

MINUTES END