

ITEM 04

Time Commenced: 1:00pm

Time Finished: 3:00pm

**Health and Wellbeing Board
18 March 2021**

Present:

Statutory Members: Chair: Councillor Chris Poulter (Leader of the Council) James Moore, (CEX, Derby Healthwatch), Robyn Dewis, Director of Public Health, Andy Smith, Strategic Director of Peoples Services

Non-Statutory Members:

Elected members: Councillors Care, Hussain, Webb, Williams

Appointees of other organisations: Stephen Bateman (DHU Healthcare), Gavin Boyle (Derby Hospitals NHS Foundation Trust), Kath Cawdell (3rd Sector representative Health and Wellbeing Network), Chris Clayton (DDCCG), David Cox (Derbyshire Constabulary) Hardy Dhindsa (Derbyshire Police and Crime Commissioner), Jayne Needham (Derbyshire Community Healthcare Services), Perveez Sadiq (Director Adult Social Care Services), Vikki Taylor (Joined up Care Derbyshire)

Non board members in attendance: Alison Wynn, Assistant Director of Public Health, Gareth Harry (Derbyshire Healthcare NHS Foundation Trust), Adam Jones (Drinkaware), Victoria Newland (Drinkaware)

21/20 Apologies for Absence

Apologies were received from Merryl Watkins (Derbyshire CCGs), Cllr Lind, Ifti Majid (Chief Executive Derbyshire Healthcare Foundation Trust), Rachel North, (Strategic Director Communities and Place), Steve Studham (Chair Derby Healthwatch)

22/20 Late Items

There were none.

23/20 Declarations of Interest

There were none.

24/20 Minutes of the meeting held on 14 January 2021

The minutes of the meeting held on 14 January 2021 were agreed as a correct record.

25/20 COVID Outbreak Engagement Board and Health Protection Update Report

The Board received a report of the Director of Public Health, Derby City Council. The report provided an update and overview of key discussions and messages from the COVID Outbreak Engagement Board and Derbyshire Health Protection Board and was presented by the Director of Public Health (DofPH).

The Board noted that there was no update from the Health Protection Board for this meeting but a general update would be provided for the next meeting.

The DofPH shared a presentation which included the weekly surveillance report which summarised data up to the 13th May 2021. It was highlighted that there was a significant drop in the number of Covid cases in the City; currently there are 164 cases. Another slide showed the number of cases by area in the City, the highest number of cases being 17. There had been a significant decrease in numbers of cases from January. There were incidences related to workplaces, mainly in the health and social care sector where people are unable to work from home. The Board were informed that the Local Outbreak Management Plan was being refreshed being first published in June 2020. The Plan would include a Derby specific update. A draft for consultation would be circulated shortly. The Board were informed that this was not a static document, there being a need to amend and develop the Plan over time to enable response as the rules and regulations around the Pandemic are updated or changed.

The officer highlighted the areas under review:

- Summary of Governance – how we work together with the Derbyshire Joint Health Protection Board.
- Data and Survey Summary – examples from weekly surveillance. This was background work looking at different areas of the city and populations to enable targeted communications, which could be related to age or activities as well as minorities and areas.
- Outbreak Protection and Response – Environmental Health have been working closely with local businesses helping with COVID secure restrictions.
- Testing and Contact Tracing – there are 4 symptomatic testing sites and 1 asymptomatic testing site in the City. There was now more contact by the local team who can now pick up all cases when given a diagnosis, have a local conversation with people to identify all contacts and ensure

that they are informed about support and services available for them to access.

- Communications and Community Engagement – significant development has taken place and the Communications Team have a large plan of work across the City. There was also close work with Community Action to reduce the prevalence of the virus by linking with groups of people.
- NHS Vaccination Programme – Public Health are involved in looking at inequalities around the delivery of the programme
- The Future – how we respond to the different picture of Pandemic, looking at cluster and outbreaks rather than sustained Covid transmission.

A councillor asked whether the data for take up of vaccinations by ethnic minorities in Derby differed from the national information. The DofPH explained that the data received gives a breakdown by numbers of ethnic groups, the numbers can be seen but not the denomination to work out percentages. However, it was not expected that Derby would deviate from the national picture. The CEX of Derbyshire CCGs explained that there was a programme of work in place to improve the position on vaccination uptake and suggested that data on the inequality side could be sent to Board members with the minutes of the meeting. The Chair felt that this would be useful and explained that the Council was also doing as much as possible to reach vulnerable groups to promote vaccination uptake.

A councillor suggested that if data was available councillors would be able to target messages to constituents in their wards. **It was agreed that the CEX Derbyshire CCGs would liaise with the Director Communications and Engagement CCGs, to contact the DofPH to progress the communication of information to the Health and Wellbeing Board as statistics can help enforce the message for hard to reach groups.**

Another councillor highlighted the issues of young people resisting vaccination; it was felt targeted messages would help tackle this situation. The Board also felt it was important to tackle groups of people who are not engaging in the vaccination process. The message should be understood by all that Covid 19 has a devastating impact on people affected. **The DofPH indicated that a report regarding vaccine inequality was due to come to a Councillor Briefing Meeting in the future. A councillor asked if this information could be provided by local ward.**

The Board felt it would be useful to monitor the positive results from testing centres. The officer confirmed that of the 700 tests undertaken at the Asymptomatic testing site at the Riverside Centre in Derby there were no positive results. With the Symptomatic Testing sites the positivity rate was 4% of tests. The Riverside Centre site was now at the end of its lease agreement and would be moving to a City Centre site from April to June.

The CEX of Derby Hospitals NHS Trust confirmed that there were less than 50 Covid cases in the Trust currently. The next challenge would be the recovery of services as there are still challenges around clinical pathways and PPE and backlogs for routine surgery. There was a need to be more open with the public about the scale of recovery which would probably take about one to two years. The CEX felt that it would be good to come back to the Health and Wellbeing Board at a future date to share detail about challenges and how they would be managed.

The Board resolved to note the report.

26/20 Joined Up Care Derbyshire Update – development of the Derbyshire Integrated Care System

The Board received a report of the Accountable Officer & Chief Executive, NHS Derby & Derbyshire Clinical Commissioning Group & Executive Lead Joined Up Care Derbyshire. The report provided the Board with an update from Joined Up Care Derbyshire (JUCD)

The officer highlighted the key items he was going to cover in the update which were White Paper developments; the position with developments in JUCD and actions going forward.

The officer explained that strategic partnership was increasingly a priority both internally and externally working with HWBs and other partner organisations to look at the wider determinants of health. There was a need to create leadership across the community to make this work, but this would not happen unless “Places” are supported. The Officer confirmed that at a recent Joint Board Derby City had been affirmed as one of two key “Places”, the other being Derbyshire County. Work had also been undertaken over recent months to get a clear understanding of the assets in the system, one of the biggest assets being the people who work for our organisations.

The Officer explained the White Paper developments since he had last attended this Board. They were the creation of an NHS integrated care system (ICS) body, which formally brought together the NHS organisations and the dissolution of CCGs, and creating a formal partnership between health and social care. These developments link to how the NHS structurally and formally work with local authorities in future. The White Paper sets out the view from the LGA, who overall supported the views of NHS Derbyshire. The LGA response was positive and it agreed that creating health and care partnerships was a wise thing to do.

A joint JUCD meeting recently took place where the Governance was discussed and agreed. A Quality Committee for the whole system would be set up, the view on financial value over the whole system was re-affirmed, and the People and Culture Board which is currently in place would be further developed. The officer

explained how JUCD would work with local authorities and HWB, and link to broader partners in a more informed way. The officer added that councillors from both Derby City Council and Derbyshire County Councils would join the JUCD Board to discuss the “anchor institution approach”. Further discussion would take place to get to a shared vision of partnership.

In the short to medium term the JUCD Board would be looking at how the HWB interacts with “Places”. They would be going forward with the role of the “anchor institution approach” and refocusing work on the wider determinants. Looking further ahead, they would look at strategic commissioning and intent as JUCD, how to use resources and influence outcomes. There was also the need to re-organise health, as set out in the governance requirements. This would be done in a careful and non-disruptive way. The JUCD Board would also be looking at, what would become, the agreed relationship of the JUCD with local authorities and HWB in delivering integrated health and social care, addressing inequalities and contributing to the wider socio-economic strategies.

The officer highlighted that the NHS were just emerging from the latest COVID 19 wave, and were busy on the prevention and protection side with vaccination programmes. They were also still treating COVID cases, infections were still occurring and had to be reduced. The better working relationship between the local authority and health services was highlighted as a positive aspect of the Pandemic and it was hoped to build on this going forward.

A councillor agreed that local authorities and health are working better as a result of Covid. However, in the criminal justice system, there was a large area of work that overlapped. The councillor asked if that was something that had been looked at in terms of how the relationship could be enshrined in future; it was becoming more relevant to join up areas, like mental health and general offender health. The officer agreed that the criminal justice side and health should be connected despite lack of an official arrangement around that.

The officer highlighted other relationships/forums that have developed through the Pandemic, like the Local Resilience Forums (LRFs). The Pandemic was a different type of emergency for the LRF to manage. Usually in major incidents or emergencies their work would be short lived, but the LRF response has had to continue during the Pandemic. They needed to understand a broader challenge than normal, so a partnership with the local authority and Health was built up. Another forum was NHS England; one of the statutory changes will bring a much closer statutory relationship around health commissioning of Health and Justice services. JUCD is negotiating with NHS England about how the ICS will play a more local role in Health and Justice now that there was a mechanism to bring that into Derbyshire’s “Conversation” to formally bring the two together. The councillor welcomed the idea that the work of Health and Criminal Justice will be more joined up in future.

Another Councillor asked if the officer thought that the Government was looking at closer collaboration between Health and Social Care or a complete merger of the two, including the budget and commissioning process and staff being based in one building. The officer felt that as of today he did not think an enforced merger would be seen between health and social care. The encouragement of joint working through the statute would be stronger than it had been so far, but it was felt that Health and Social care would not be merged in future; however there were relationships to discuss. The NHS and Social Care had a strong relationship already and there was also the partnership work between NHS and broader local authority and functions. However, the work of Local Authorities are not just limited to adult and childrens social care, they have a broader remit which plays into the wider determinants.

The Director of Adult Services explained that from information seen so far it would seem that there would not be full integration with joined up budgets and a single employing organisation. It was about a permissive relationship, one of sharing information and getting rid of barriers about joint health and care records, to enable professionals to have access to up to date information about the health and care of an individual. It was also about co-location of professionals to enable informal contact between health and social care colleagues working in the same space. Cavell Centres were highlighted as an initiative from the NHS. These are multi agency and disciplinary developments, where there was potential for co-location of multi-disciplinary teams to act as a health and care hub for a locality. This type of model could be replicated across the City.

The Director of Adult Services was concerned about City GP Access on the ICS Board, and asked if would they have the same representation as their County colleagues on the ICS Board. The officer explained that there was ongoing work to bring together GPs from both “Places” (City and County) to work in a more cohesive and collaborative way, create a united voice/view at ICS level and also to enable them to have a voice in their own area or “Place”. This was a live conversation with the ultimate aim of a stronger GP provider voice coming together.

A councillor queried whether any complications would arise in Derby and Burton Hospitals Trust because it had commissioning arrangements that crossed different county boundaries; it was a part of Derby, Derbyshire and also East Staffordshire

The CEX of UDHB explained that there are always boundary issues as UDHB was a complicated organisation that spanned two ICS Boards and was also a part of East Staffordshire place, however, from a financial perspective UDHB was accounted for within the Derbyshire system. UDHB were excited about work in “local places” and with other NHS providers. The relationship could be managed but it would add complications. The councillor understood that these issues are replicated across the County; UDHB can’t be unique just because of boundaries.

The HWB were informed that there are some areas across the county that are applying for changes in their boundaries but Derby and Derbyshire was not one of them. There are challenges but boundaries won't be changed.

The Board resolved to note the update from JUCD

27/20 COVID Pandemic – Impact on Mental Health Services

The Board received a report of the Chief Executive, Derbyshire Healthcare NHS Foundation Trust. The report provided the Board with an overview of the impact on mental health services. The report was presented by the Director of Business Improvement and Transformation.

The officer explained that Wave one of the Pandemic had a significant effect on staff in the Mental Health Trust. Staff were isolating and working from home. Services had to be closed so that staff could be redeployed. There were a large number of empty beds from reduction in accessing services in the first lockdown; eighteen beds were unavailable due to social distancing and dormitories. Mental Health Urgent Care activity saw an increase in admissions from the 18th May 2021. The officer presented graphs which highlighted the general drop in activity in Accident and Emergency Liaison and Crisis Resolution and Home Treatment until June 2021. It was noted that with Inpatient Admissions there was a significant drop from mid March and then recovery towards late May. In Acute Inpatient Bed Occupancy approximately 13% of beds were closed due to the Covid restrictions but occupancy rose again in June. In Acute Inpatient Length of Stay there was a significant decrease in the average length of stay from 40 days to 30 days in June, this has now gone back to 32/33 days and has been sustained.

The Board were informed that there was a significant increase in mental health care activity from 25th May. There was increased use of section 136 suites, for people detained by the Police under Section 136 of the Mental Health Act. There was also increased use of seclusion on acute wards and Psychiatric Intensive Care Unit (PICU) placements. It was estimated that approximately half of the recent growth was coming from people who were previously unknown to secondary care mental health services; this was a potential impact of a sustained period of lockdown which has an impact on peoples mental health.

The officer then explained that during to July to October 2020, restoration and recovery took place from Wave 1. All of the closed mental health services were re-opened, staff were deployed back to their home services. By the start of October all of the mental health services were fully open but were still using non face to face contacts. The main form of contact was by phone and only 15% of

activity was face to face.

During Waves 2 and 3 of the Pandemic the response was different to Wave 1. Services were reduced so that staff could be re-deployed where needed and service closures of the scale in Wave 1 were avoided. All staff had personalised risk assessments in place, which meant staff could stay safely in patient facing roles, and also received twice weekly lateral flow tests.

The officer informed the Board that Crisis and Home Treatment referrals increased during April and May, rising to a peak by the end of July; they have now reduced to pre-Covid levels. The growth in children and young peoples access to services was kept; the national target is 35%, in December 2020 Derbyshire had 36.9% CYP access. Specialist CAMHS services have restored all functions, delivering a blended approach of online and face to face appointments. However, there has been an increase in the severity and urgency of presentations.

The officer highlighted the situation with Inappropriate Out of Area Acute and PICU placements. There was a rise in the general Out of Area placements for May to June that went down during July and August, but, they have now begun to rise again. If there had been no Covid restrictions on wards then people would not have been sent out of the Derby area for general acute placements.

The officer then explained the plans for the next three to six months for mental health services. The services and staff had been under a period of intense pressure, they now needed to enter a period of rest, recovery and reflection. It was planned to go back to business as usual after the summer period. Staff would be encouraged to take accrued leave. Work would be undertaken looking at the benefits of changes to the way of working; staff time would be prioritized on key tasks such as updating changes in patients records. Services will have built up backlogs which would lead to increased waiting times for patients. However, improving waiting times and clearing the backlog would not start straight after the Pandemic.

The Chair thanked the officer for the detailed analysis provided. It was noted that a joint Health and Wellbeing Board was due to take place tomorrow to look at priorities, and it was likely that mental health issues would come through strongly at that meeting.

A councillor asked if funding for mental health impact from Covid 19 had been identified by the government and what were the challenges. The officer stated that in October an additional £500million had been invested by the government but a Use Agreement was still to be approved; they were still waiting to see what the additional funding could be used for. Some of the funding would be prioritising Childrens Services, there was an increase in demand for Early Disorder services, also in CAMHS services but they were still awaiting

announcements for the rest of the funding. The councillor felt there was a need to assess the demand from custody to Courts. The officer confirmed that there was a need to understand whether the focus of the funding would be on Covid recovery or something else such as Mental Health Services.

The Board noted the overview provided.

28/20 Drink Free Days Derby – Update on status and questions for discussion on future direction

The Board received a report from the Consultant in Public Health which was presented by the Director of Business Development & Partnerships and the Head of Public Affairs, Drinkaware. The report provided the Board with an update on Drink Free Days Derby and invited consideration and discussion on future direction for the project.

The Board were informed that in 2019 Drinkaware approached Derby City Council Public Health Team to explore a project to test and evaluate the impact Drinkaware and other local partners could have on harmful drinking in a specific geographic area. The project evolved into “Drink Free Days Derby”. It was planned to launch the project in March 2020 at the Derby 10K, however the launch did not take place because of the Pandemic. The officer explained that due to the changing situation in relation to COVID 19, and the pressures on local health systems and local government services, community organisations and individuals, Drinkaware paused the project in March 2020.

The officer highlighted that the Pandemic meant that Drinkaware had lost a third of its income and needed to refocus and reassess priorities, which included furloughing staff, downsizing offices, restructuring and some redundancies. Drinkaware had come to the Board today to discuss and seek views on three possible options moving forward:

- Option 1 - Indefinite suspension of the project
- Option 2 - Progress as planned with the project
- Option 3 - Look at a deliberate and further suspension of the project whilst stakeholders are dealing with the Pandemic, and formally reassess towards the end of 2021

A councillor suggested discounting option 1 as this was totally unviable. There were four issues in the City, Smoking, Drugs, Obesity and Alcohol. All four issues affected the whole health system. The NHS have been tasked with reducing smoking and alcohol intake. The Health Wellbeing Board need to make sure those services are integrated. The Pandemic created an opportunity to talk with partner organisations to re-inforce the message about how partners, employers and businesses can all contribute to this outcome. It was suggested

that Trade Unions have more contact with employees and can also influence them with information and support to make better choices. The councillor felt it would be best to extend the temporary suspension and use the time to talk to partners to create a better strategy.

The officer again highlighted the reduction in funding and resources for Drinkaware. The Board were informed that funding for Drinkaware was largely from voluntary and unrestricted donations from UK alcohol producers, retailers and supermarkets and was governed by a Memorandum of Understanding (MOU) with the Government. As a national charity, all donations to Drinkaware must be spent on socially useful purposes that are independent from any external influence in their governance and decision-making. Drinkaware have forecast a significant reduction in income. The Board were concerned about the reduction in funding and asked where or who they could make representation of their concerns. The officer suggested that the Board's thoughts be put in writing to either the Chairman or Chief Executive of Drinkaware.

The Board were informed that this is a partnership project. Drinkaware therefore wished to update the Board on its current position, but also seek views of the project partners regarding their own available resource and focus for the coming year being conscious other partners may be in a different position to Drinkaware, keen to proceed and could potentially deliver a greater level of capacity to the project in 2021.

The Board noted

- 1. the update provided in the report.**
- 2. Agreed option three – to extend the temporary suspension of the project for 2021, allowing project partners to focus on the current pandemic led priorities and with a view to formally re-assess at the end of 2021.**
- 3. Agreed that the Assistant Director of Public Health should draft a letter to be sent to either the Chairman or Chief Executive of Drinkaware, whichever was appropriate, regarding Drinkaware's lack of funding and resources for 2021.**

29/20 Healthwatch Derby Insight Report – GPs experiences of public behaviour and vaccination queries at primary care level

The Board received a report of the Chair of Healthwatch Derby which was presented by the Chief Executive of Healthwatch Derby. The report gave an overview of GPs experiences of public behaviour and vaccination enquiries at

primary care level

The officer explained the aims of the report which were to consider; whether local GP Services had noticed any change in people's behaviour towards them and staff; to establish what enquiries GPs were receiving about Covid 19 vaccinations; to find out if there was any learning around themes or demographics that could lead to improvements.

The Board noted that GP practices are experiencing an increase in negative behaviour towards staff and practices. There were a number of enquiries about vaccinations, mainly when, why, where and how they would be vaccinated. There were also requests to be placed in a higher priority group.

The report was for information.

The Board noted the report and the key messages highlighted within it and requested that the Assistant Director of Public Health liaise with DCC Communications Team to ensure key messages regarding COVID vaccinations are re-publicised to the local population.

30/20 Brilliant Derby Update

The Board received a report of the Deputy Chief Executive (Communities and Place). The report was presented by the Assistant Director of Public Health Derby City Council. The report provided an update and overview of the Brilliant Derby Project.

The Board felt that this was a brilliant initiative and that the people who had engaged in the programme had benefitted; they also noted that there were now a variety of similar programmes in place. The Board felt that more people should be encouraged to take part and asked if information/messages about the project could be repeated to encourage more involvement. The Board considered that Derby City Council employees should be encouraged to join the programme,

The report was for information.

The Board noted the update and requested that the Assistant Director of Public Health liaise with the Communications Team to re-publicise the project again in order to encourage further engagement.

31/20 Derbyshire Shared Record and Analytics Platform

The Board received a report of the Chief Information and Transformation Officer Derbyshire Community Health Services. The report was presented by the Assistant Director of Public Health Derby City Council. The report provided an update to the Health and Wellbeing Board on the accelerated procurement

process for a Derbyshire Shared Care Record (DCSR) and Analytics Platform (AP).

The purpose of the report was to ensure that the Health and Wellbeing Board were aware of this significant digital development that would support the delivery of integrated and joined up care for the local population.

The report was for information.

The Board noted the report and the significant digital development progress.

Private Items

None were submitted.

MINUTES END