

ITEM 04

Time Commenced: 13:00pm

Time Finished: 15:00pm

Health and Wellbeing Board 17 March 2022

Present:

Statutory Members: Acting Chair: Councillor Roy Webb (Cabinet Member Adults, Health and Housing) Steve Studham, (Chair, Derby Healthwatch), Robyn Dewis (Director of Public Health),

Non-Statutory Members:

Elected members: Councillors Lonsdale and Webb

Appointees of other organisations: Stephen Bateman (DHU Healthcare), Magnus Harrison, (Interim Chief Executive Derby Hospitals NHS Foundation Trust), Jayne Needham (Derbyshire Community Healthcare Services), Vikki Taylor (Joined up Care Derbyshire)

Non board members in attendance: Martin Brown (Housing Strategy and Initiatives Manager DCC), Becky Harrington (University Hospitals of Derby and Burton NHS Foundation Trust), Alison Wynn (Assistant Director of Public Health)

11/21 Apologies for Absence

Apologies were received from: Councillors Poulter, Lind, Martin and Williams, David Cox (Derbyshire Constabulary), Helen Dillistone (NHS Derby & Derbyshire CCG), Andy Smith (Strategic Director of Peoples Services), Merryl Watkins (Derbyshire CCGs)

12/21 Late Items

There were none.

13/21 Declarations of Interest

There were none.

14/21 Minutes of the meeting held on 29 July 2021

Drinkaware – the officer to check current situation and bring an update to a future HWB meeting.

Item 07/21 Derby Poverty Commission, The Board requested an update report on progress be brought back to a further meeting and asked if any recommendations or findings from the Poverty Commission could be brought to the Board for hearing and actions.

The minutes of the meeting held on 29 July 2021 were agreed as a correct record.

15/21 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 (CEX). The report provided the Board with an update from Joined Up Care Derbyshire (JUCD) to ensure that the Board was informed of, and engaged with the JUCD, ensuring alignment and joint effort as necessary on shared priorities.

The Government are proposing to progress local partnership working arrangements onto a statutory footing. If approved it will result in an integrated care system statutory arrangements across England. The anticipated date for statutory establishment was July 2022, this was a delay of 3 months from the original date of April 2022 which was due to the passage of the legislation through Parliament.

Subject to the passage of legislation, the statutory ICS arrangements will comprise:

- an ICS Partnership (THE ICP), the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS
- an ICS NHS body (THE ICB), bringing the NHS together locally to improve population health and care. The will replace the Derby & Derbyshire Clinical Commissioning Group

There are 4 nationally defined ICS core purposes:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Supporting broader social and economic development

Joined Up Care Derbyshire (JUCD) is the Derby and Derbyshire Health and Social Care partnership for adults and children. JUCD ICS are on track to establish the key components of the ICS by July 2022 including the key requirements set out in the Readiness to Operate Statement (ROS) and the ICS Design Framework. The plan recognises that the ICS will continue to develop post July 2022 to reach full maturity.

JUCD have evolved and matured local partnership working over the last 5 years. This concluded in national legislation to put in place statutory arrangements. There was an engagement period in late 2021 covering what Derby and Derbyshire partners wanted to see from the legislation and feedback has informed the next steps. There was approval in terms of the position in Derby from national and regional bodies, NHS England and NHS Improvement. The focus now was on building a strong system with a collaborative approach.

The ICB Designate Chair, Designate CEO and Non Executive Members have been appointed and a recruitment process was underway for Executive Directors.

The ICP inaugural meeting took place 28 February: LA H&WB Board Chair/Deputy Chair jointly leading with the ICB Chair the development of the ICP and the interface with respective H&WB Boards.

Glossop has been confirmed as part of JUCD ICS following Derbyshire led engagement process. Partners are fully committed to working through this in a positive, collaborative manner and a joint transition working group was working through the detail and overseeing implementation in readiness for a smooth transition by 1 July 2022.

Improvements are being developed such as the rollout of “Team Up” being led by Primary Care Networks (PCNs); this was a multi-organisational approach including health, social care, and voluntary sector to support housebound people in their own homes through coordinated care and support to avoid hospital admissions.

The Chair highlighted that briefing sessions for all councillors would be provided in the near future. He explained that chairing of the ICB meeting would be shared in turn between the Derby and Derbyshire local authorities and the NHS, the first meeting had been chaired by HWB Derbyshire. It was hoped that the collaborative work between health and local authorities working together would improve outcomes for all the population across Derby and Derbyshire.

The Board resolved to note the update from JUCD

16/21 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).

COVID update

Nationally there has been a change in emphasis from preventing spread to protecting the vulnerable. There has been a removal of legal requirements, but guidance remains, individuals are advised to stay at home and wear face coverings in crowded areas. There was an end to contact tracing and universal testing but testing was available to certain vulnerable individuals or settings.

The officer gave an explanation of the local data which showed that people were probably testing less than previously, there had been a large peak of cases and there was recently an uptick in positive cases, which was reflected nationally. NHS staff absences are increasing. The information on positive testing was fairly well distributed across all age groups over Christmas and the New Year, but at the moment there was an upward trend in all groups. The Office for National Statistics (ONS) latest data shows a decline of the virus presence, 1 in 25 people in England testing positive in week ending 5th March 2022.

The coming months including vaccination plans were highlighted. The end of universal testing meant that there will no longer be detailed local data but hospital admissions would be monitored. THE ONS survey would reduce in size but continue, data will probably be at a regional level. Vaccinations would be rolled out further, a second booster for over 75s, residents of care homes for older people and the immunosuppressed over 12s would be provided and a first dose for healthy 5-11 year olds and first and second booster doses for the unvaccinated are still available. It was thought that there will be an increasing spread of the virus in the short term, and a decrease over the summer with a further increase in the autumn. There was likely to be at least one further variant at some point.

The officer explained that the Derby Health Protection Board started meeting again last week. The terms of reference were under review in light of the Integrated Care System developments and there were plans to meet more frequently. The key priorities for the coming year included; Infection prevention and control arrangements and screening and immunization.

The Chair thanked the officer for the work she and her team had done throughout the Pandemic ensuring that information was circulated to keep everyone up to date with developments.

A councillor was concerned about the roll out of vaccinations and asked what plans were in place for

communicating to parents. Officers explained that communications would go out to parents inviting them to book appointments via the main vaccination centres. Effort was being made to ensure the information was widely published and the booking system was as easy to use as possible.

The Board resolved to note the update report.

17/20 Challenges across housing and homelessness and their impact as wider determinants of health

The Board received a report of the Director of City Development and Growth. The report provided an update on the strategic challenges across housing and homelessness currently faced in the city and was presented by the Housing Strategy and Initiatives Manager.

The officer gave a presentation which highlighted a recent case of a Paediatrics Respiratory Referral to Housing Standards colleagues. The presentation described serious health hazards which were found at a private rented property which posed a risk to a patient's health and also that of parents and sibling. The landlord was instructed to address these issues. Housing Standards colleagues issued the landlord with a detailed schedule of works for completion by the end of April. The work at the family home have not been completed but an improvement has already been seen in the patient's health condition and the improvement of home living conditions in relation to health could be seen clearly.

The clinicians message to colleagues was to encourage more conversations with patients and make use of a simplified referral route into council and community support and services available across the wider determinants of health not just housing. Concerns about financial hardship and people living in cold homes and being unable to heat homes because of rising energy costs were highlighted. The National Child Mortality database identifies poor housing as one of the top risk factors associated with inequalities that result in children's deaths

The officer highlighted that the work Public Health colleagues have carried out on areas of the city with the most cold and damp housing connect with those areas of the city that also have the highest respiratory emergency admissions for childhood asthma.

There was a lot of evidence that unsuitable or unsafe housing or lack of a home all have a significant impact on population health particularly on vulnerable residents. The population health management development work such as the Place Agenda, Joined Up Care, the Adult Social Care White Paper, the Levelling Up Agenda all emphasise the improvement of home living conditions in the context of better interaction between healthcare and housing.

The officer explained that in the next few weeks Public Health will be reporting The Health Impact Assessment of housing conditions in Derby, this was an analysis of housing conditions and hospital data. Also a detailed analysis of private rented housing conditions in the city had raised concerns that conditions in the private rented sector in derby are significantly worse than the English Housing Survey would suggest. Funding had been awarded to carry out a physical survey of more than a 100 private homes in areas of the city with the poorest conditions of housing, that survey was now complete and Public Health colleagues will be reporting on the final analysis soon. There was still work to do to pull together an effective intervention strategy to try and help some of the most vulnerable people living in the poorest housing conditions in Derby.

This report seeks a commitment from the HWB to promote and enable better collaboration and integration across the Health Social Care and Housing sectors, to approve establishment of a health, housing and homeless sub group to provide the strong leadership for this agenda.

The Chair found the presentation and report informative and said it raised many issues that were

known about but now gives the council the ability to look at in detail. He explained that as housing was a part of his portfolio he wanted to see the report as soon as possible. The Chair asked about establishment of a licensing area within the city which was not mentioned in the report. The officer stated there was a need to come up with an intervention strategy and without doubt selective licensing would form a part of that strategy. The Ministry of Housing, Communities and Local Government (MHCLG) had carried out an independent review of selective licensing nationally, and their findings reflect the opinion of housing professionals, that selective licensing was a useful tool providing it is a part of wider package of interventions. The mapping of parts of Derby city shows that the areas with the most deprivation, most child poverty, biggest gaps in life expectancy and the poorest housing all overlap, there was a necessity that the wider inequalities are tackled in these areas and no single intervention will solve all the issues it has to be part of a wider package.

MHCLG work identifies the importance of enforcement, selective licensing has a fee which is tightly controlled as to what it could be used for. Selective licensing on its own will work with more compliant landlords who will be the first to apply and comply with conditions attached and would be keen to raise the standards of their properties, However it would not tackle the problem of rogue landlords whose houses have the worst detrimental effect on the inhabitants.

The chair thanked the officer for the report. The Board are aware of the poor housing conditions and are looking at tools to improve those housing conditions and landlords need to be on board.

The Board resolved to:

- 1. Recognise that the widening health inequalities gap between areas within our city is impacted by the wider determinants of Housing and Homelessness**
- 2. Support tackling such wider determinants of health inequalities through better, stronger integration of health, housing, community and social care agendas across the city.**
- 3. Approve the establishment of a Housing, Homelessness and Health sub-group of the HWB to provide strong strategic leadership in relation to recommendation 2.2 above.**

18/21 Healthwatch Derby Report – Experiences of health and social care services for people who are homeless or living in temporary accommodation - 2021

The Board received a report from the Chair of Healthwatch Derby which provided the Health and Wellbeing Board with an overview of the experiences of health and social care services for people who are homeless or living in temporary accommodation 2021.

In 2019 Healthwatch Derby and Derbyshire conducted a joint project around the experiences of health and social care of people who are homeless or living in temporary accommodation. The Pandemic delayed the report and upon completion there had been many changes in the health and social care area. In the Spring of 2021 the Public Health Team at Derby City Council contacted Healthwatch Derby to discuss homelessness in Derby City. The areas of change that the team were interested in gaining insight to from the public were: GP, Dental, Substance Misuse, Mental Health and Hospital Discharge.

Healthwatch Derby created an on-line survey, which through the Homeless Liaison Forum (HLF) was sent to over 50 organisations. The HLF agreed to help clients complete the survey and paper versions of the survey were also made available. The survey was open from 16th August to 5th September 2021, 51 surveys were completed, 50% were in the 18 to 24 years old category and 75% were male, 75% were in the system in “shared housing accommodation”.

The officer highlighted the results of the study

- **GPs** – most respondents were registered and 50% used the service within the year, the overall support and service from GPs was felt to be good, however there was a need to improve access and waiting times.
- **Dental** – less than a third said they had used a dentist, overall services were good with improvement needed around changing, cancelling of appointment times.
- **Substance Misuse** – under a third of respondents had used a drug or alcohol service within the past year. The main area where respondents wanted to see improvement was face to face appointments
- **Mental Health** – 22% of 49 respondents said they had used the a mental health service in the last year. Over 50% of respondents said they did not think the service met their needs. Individual comments about what worked well included improvement needed in waiting times and the number of appointments.
- **Hospital Discharge** – a third of respondents were discharged within the last year, three quarters were from Derby Royal Hospital. Most felt that they felt ready to be discharged and it had been clearly explained to them but the majority did not feel that appropriate support was arranged for them before they left hospital.

The officer explained that the report provided the Board of what Healthwatch Derby found out about the experience of Health and Social Care services and would ensure that the Board was aware of response and findings to support their role in improving the health of the local community.

The Chair stated that in the Mental Health Services there was a specialist nurse who provided mental health support for street homeless, he queried whether this had been included in the report. The officer stated he was not aware of the services provided by the specialist nurse, but there was a GP Service on Wilson Street. The Chair stated that if the report does not include street homeless he would like to see the service expanded. The officer confirmed that most respondents had support in their home but one was homeless. The Chair stated there was a vast amount of useful information in the report for GP and Health colleagues and that he would ensure that the report went further and wider.

The Board noted and considered the contents of the report

19/21 Health and Wellbeing Board Development and Delivery from 1st April 2022

The Board received a report of the Director of Public Health and the Strategic Director of Peoples Services. The report updated on the Health and Wellbeing Board on the progress to review its role and function with the developing local health and wellbeing system and proposed a reviewed way of working and membership of the Health and Wellbeing Board from 2022/23.

The Board were informed that development sessions had taken place in July, September and November 2021 where it had been agreed that the HWB: Should continue play a significant leadership role in the city, it must have a clear vision, purpose and set of outcomes and that these are aligned to JUCD and City Partnership Board, a set of population health outcome indicators had been agreed, the work should focus on prevention and wider determinants, it needed to be proactive and drive action against outcomes, and needs to better connect and collaborate with other Boards and groups to

achieve Derby population health outcomes.

The next steps – approach and ways of working would be:

- focused on achieving change in agreed population outcomes through overseeing and driving action
- focused on prevention and the wider determinants of health
- data-led
- active and proactive
- open, honest and constructive
- collaborative and in partnership
- with and for our communities.

Next steps – proposed additional members:

- Deputy Chief Executive (Communities and Place), Derby City Council
- Director of Housing Services, Derby Homes
- Head of Strategic Housing, Derby City Council
- Derby Place Alliance/ Partnership
- Chair and/or Vice Chair, Derby Poverty Commission
- Integrated Care System representation

The next steps for reporting and relationships were also highlighted, it was felt that the Board must effectively link and work with the following:

- ICS – particularly ICP
- Derby Place Alliance/ Partnership
- Derby Partnership Board

The nature of the relationship with these and other key partnerships/ groups should be further considered and developed. The Board should work with existing groups and partnerships to support delivery and establish new groups where appropriate.

Key actions for next meeting:

- To draft revised terms of reference
- To map groups and boards that the HWB should relate to
- To draft sub-group, reporting and governance arrangements

The Chair emphasised that the Board should aim to avoid duplication of work with the ICS, for example discussing the same thing. It should be more effective at dealing with local authority issues but linking closely with health outcomes across the city. The TOR should be ready for the next meeting. Linkages with health had already been established, the LAs and Health have been working better and more effectively during the Pandemic and this needed to continue.

The Board resolved:

- 1. To note the summary of the development work to date.**
- 2. To support the proposed direction of travel and way of working from the 1st April 2022 including development of revised Terms of Reference and sub-group arrangements**

20/21 Promoting prevention and addressing the wider determinants of health from an acute trust

The Board received a report of the Director of Public Health and the Strategic Director of Peoples Services. The report was presented by the Deputy Director of Population Health Improvement University Hospitals of Derby and Burton. The report examined work undertaken during the last 12 months at University Hospitals of Derby and Burton (UHDB) and their impact to promote a prevention approach within treatment pathways and address the wider determinants of health by establishing direct referral routes to relevant local authority services.

The officer gave a quick recap on population health and explained the top four causes of death are cancer, respiratory illness and circulatory disease. They are also the biggest contributors to the healthy life expectancy gap for our population. The common risk factors shared by all of those causes of death and ill health are smoking, diet, exercise and alcohol consumption. Derby and Derbyshire HWB and Joined up Care Derbyshire (JUCD) have agreed to concentrate on tackling these risk factors. The work was focused on trying to address some of those risk factors from an acute trust perspective.

By focusing on the “turning the curve” priorities the direct risk factors for the main causes of death, illness and inequalities can be addressed. Turning the curve priorities are:

- Reduce smoking prevalence to below national average
- Increase the proportion of children and adults who are a healthy weight
- Reduce harmful alcohol consumption
- Improve participation in physical activity
- Reduce the number of children living in low-income households
- Increase access to suitable, affordable and safe housing

The officer explained how an acute trust can contribute. As a system the scales can be tipped so that prevention can be brought into treatment pathways as standard practice and help patients to address the wider determinants of health. Derby City Council has funded an hospital based population health improvement role over the last few months. There were two main priorities of the role which were; to bring a focus on prevention into the acute trust, and to focus on the wider determinants of health and supporting people to get help to address them.

The officer provided examples of the outcomes and outputs of this work, which showed what impact can be had on health outcomes when patients are helped to access services that address problems with housing, debt, money and isolation. The referrals have been reviewed to test for appropriateness and to see if patients would be able to access these services if health had not referred them, the answer was always “no they would not have found these services unless they had been referred to them by health”.

There was evidence for prevention being brought into acute treatment pathways, the evidence was from a Tobacco Dependency Treatment Service set up in Ottawa, Canada. The group also set up tobacco dependency treatment for in-patients, the results applied from their hospital based treatment programme to the local hospital UHDB showed what impact bringing in a prevention approach to treatment pathways has on health outcomes, re-admission rates and use of NHS services.

- Re-admissions saved 1 year after discharge: 2176 admissions
- ED attendances saved 30 days after discharge: 837 attendances
- Lives saved 1 year after discharge: 1116

Over the last twelve months the acute based public health funded role has focused on six elements. The officer chose to focus on the two top elements; how prevention can be brought into treatment pathways and how people can be helped to access the support they need to address the wider determinants.

Enablers were highlighted, these are things that need to change in the system to enable this work to take place. Three strands were highlighted to show how prevention can become a part of treatment pathways:

- Setting up direct referral routes from out-patient clinics into Livewell and Live Life Better Derbyshire (LLBD) who provide coaching programmes of support to people to stop smoking, lose weight and move more.
- Screening of in-patients in hospital for smoking and to make tobacco dependency treatment available to them immediately.
- Screening of in-patients and Emergency Department attenders in hospital for harmful levels of drinking and making specialist intervention and support available to them.

The officer explained what had been found when connecting specialists and clinicians into these services. Clinicians were keen to refer to services but they did not know of Livewell and LLBD services existence and that patients can be directly referred into them. As a patient understanding that losing weight was as important as taking your medication was a really powerful message and helped motivate people to take action. It needed to be easy for clinicians to make referrals, but the more people referred into services would mean more issues of capacity for Livewell and LLBD this was a limiting factor.

Prevention had been looked at and there are a number of specialities linked into prevention services. Two events have taken place to raise awareness of prevention services and encourage clinicians to refer in.

The connection of services so they can support people and address the wider determinants of health was done through setting up direct referral routes from health specialties to local authorities and other services who are able to help, this was a much more targeted approach than a generic prevention approach. Some direct referrals set up included respiratory outpatients to the housing and welfare reform service, the diabetes services particularly those working with young adults with complicated lives to Local Area Co-ordinators. In the ED department people who attended ED 50 times plus a year were referred into LAC which hugely reduced the frequency of ED usage.

In setting up these referral routes it was found that as with prevention services the clinicians do not know the services existed, but were keen to use them. The Housing and LAC and Welfare Reform Team all offer invaluable services for patients, the teams are keen to take referrals from the hospital as these are the people who will benefit most from the services. The quality of the conversation the clinician has during the consultation is key; clinicians need training to develop these skills; A single point of contact (SPoC) into these services was critical as no clinician can navigate all the LA services.

There are a lot of enablers across the system, the SPoC, already exists in both councils but the sustainability of that role was key to enabling the work to continue, having one route in to multiple services with further unpicking and hand-holding if needed was essential. Clinicians need to have an easy referral access into these services such as an IT solution. The officer has been working on this and an IT system will be launched soon.

The Chair stated that Local Area Co-ordination was a success, but evidence showed clearly that the main issue was capacity. The LA was limited in capacity and partners are needed on board to help us move to and deliver the prevention agenda, dependence on NHS services can be reduced. He

highlighted there were only 10 LAC in the city when he took on the responsibility, there are now 17. They link with clinicians but are only able to deal with a certain number of people per LAC, The Livewell service was at rock bottom but funding has improved, there was still a capacity issue. There are lots of services in health for smoking, obesity, drugs and alcohol, patients in the health system eventually arrive in the community and services are needed there, hopefully the Integrated Care System (ICS) will find a way round it. A SPoC was important, in COVID the hub in Derby was a SPoC where people could refer in to was of real benefit, this needs to be duplicated in terms of health services referring in.

Another Board member thanked the officer, it was a great presentation, there was a need to take the opportunity to showcase some of the work happening in UHDB to the broader partnership but particularly with JUCD as some of the other partners are not aware of work being done.

The Board noted the outcomes of the work.

21/21 Update of the Pharmaceutical Needs Assessment

The Board received a report of the Director of Public Health. The report was presented by the Assistant Director of Public Health. The report updated the Health and Wellbeing Board of the need to prepare and publish a revised Pharmaceutical Needs Assessment (PNA) by 1st October 2022. The report provided the HWB with an overview of the approach to prepare the PNA and timelines for its delivery.

The Board noted that a PNA had to be prepared and published every four years. One had been produced in April 2015 and a second in April 2018. Due to the Pandemic the requirement to publish an updated PNA had been deferred, but an updated PNA was now needed by the 1st October 2022.

It was planned to produce a cross county PNA with Derbyshire County Council. The PNA would include a discrete City component which would meet the minimum needs of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. A Derby and Derbyshire Steering Group would ensure that the PNA met all the minimum requirements for content and consultation. The Board heard there was a minimum 60 day period for consultation responses. Anyone being consulted should be able to access the draft PNA on a website but should also be sent an electronic or hard copy version if they requested one.

It was intended to produce a draft revised Derby/Derbyshire PNA by June and consult formally over the summer. The document would be amended to take account of consultation responses with a final version in place by late August. The HWB would receive an update on progress in July and the final document for approval to publish in September 2022.

The Chair checked that there would be other versions of the draft PNA available to those people without digital access. The officer confirmed that draft PNAs would be available through a number of options.

The Board resolved to:

- 1. Note its responsibility to develop a revised PNA by 1 October 2022.**
- 2. Approve the production of a joint PNA covering both Derby and Derbyshire Health and Wellbeing Board areas.**
- 3. Agreed to receive future updates and the final PNA for approval as set out in 1.9 of the report.**

22/21 Outcome of Ofsted and CQC revisit to assess Derby City's progress against the Local Area Special Education Needs and/or Disabilities (SEND) Written Statement of Action (WSoA)

The Board received a report of the Strategic Director of Peoples Services. The report updated the Board on the outcomes of the reinspection to determine whether the local area had made sufficient progress in implementing the improvements outlined in the WSoA.

On 23 November 21 the final outcome letter was published confirming that the Local Area had made sufficient progress in all five areas of significant weaknesses and there were no new areas of weakness identified.

The report was for information.

The Chair stated that Derby was moving in the right direction regarding SEND Services but it must continue to improve to raise the life chances of Derby's young people with SEND.

The Board noted the outcome and findings of the October 2021 Local Area SEND revisit.

Private Items

None were submitted.

MINUTES END