Time Commenced: 13:00pm
Time Finished: 15:00pm

Health and Wellbeing Board
28 July 2022

Present:

Statutory Members: Acting Chair: Councillor Roy Webb (Cabinet Member Adults, Health and Housing), Andy Smith (Strategic Director of Peoples Services DCC), Alison Wynn (Assistant Director of Public Health), Brigid Stacey Chief Nursing Officer (NHS Integrated Care System)

Non-Statutory Members:

Elected members: Councillors Lind and Whitby

Appointees of other organisations: Paul Brookhouse (Project Manager DF4T Alliance), Ian Fullagar, Head of Strategic Housing, City Development and Growth DCC), Magnus Harrison, (Interim Chief Executive Derby Hospitals NHS Foundation Trust), Michael Kay (Head of Environment Protection, Housing Standards, Licensing and Emergency Planning DCC), Jayne Needham, (Derbyshire Community Healthcare Services), Perveez Sadiq (Director Adult Social Care DCC)

Non board members in attendance: Richard Martin (Assistant Director of Public Health – Substance Misuse), Kirsty McMillan Director (Integration and Direct Services Adults)

01/22 Apologies for Absence

Apologies were received from: Councillors Poulter and Lonsdale, Amjad Ashraf (Community Action Derby), Stephen Bateman, (CEO Derbyshire Healthcare United), Chris Clayton (Chief Executive Officer Derby & Derbyshire CCG), David Cox (Derbyshire Constabulary), Robin Dewis (Director of Public Health), Claire Mehrbani (Director of Housing Services, Derby Homes Ltd), James Moore, (Chief Executive Officer, Derby Healthwatch), Clive Stanbrook (Derbyshire Fire and Rescue Service), Steve Studham (Chair Derby Healthwatch)

02/22 Late Items

There were none.

03/22 Declarations of Interest

There were none.

04/22 Minutes of the meeting held on 12 May 2022

The minutes of the meeting on 12th May 2022 were agreed.

05/22 Joined Up Care Derbyshire Update – development of the

Derbyshire Integrated Care System (ICS)

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.

TheChief Nurse and Deputy Chief Executive of the Integrated Care Board updated Board. As of the 1st July the Integrated Care System (ICS) evolved and became in statute, part of that process saw the dissolution of the Clinical Commissioning Group (CCG) and the establishment of the ICB. The ICB is the statutory part of the Integrated Care System. All of the statutory responsibilities of the CCG have been transferred to ICBs such as "safeguarding" a key responsibility which was being addressed by the ICB. The ICS is made up of ICB and ICP. The ICP has wider partners such as local authorities and some anchor institutions like socio economic organisations, and provider collaboratives which include GP provision and place partneships.

The 4 key roles of wider ICS are around:

- Improving the outcomes in population health
- Tackling inequalities in outcomes, experience and access for citizens
- Enhancing provductivity and value for money
- Assist the NHS to support broader social and economic development, this was where anchor institutions come in

The Board of ICB has 16 members including the Chair, Chief Executive, 2 partner members 1 from the NHS and 1 from Foundation Trust, 1 partner member from primary medical services 2 partner members Local Authorities, 5 non-executive members and an Executive Director of Finance, Executive Medical Director, Executive Director of Nursing, Executive Director of People and Culture. The first board meeting took place on 1st July 2022 all statutory requirements were fulfilled at that point, at the end of July the first public meeting took place and was available to access on the NHS website.

The Strategic Director of Peoples Services explained that the ICP was a broad alliance of organisations across health and care systems looking at the wellbeing of population and had the aim of tackling the wider health inequalities. There have been a few meetings since the establishment of the ICP, so it was still in the early stages.

The officer updated the Board members and explained that the ICP was looking at the relationships between the HWB and ICP. The overarching role and purpose of ICP and HWB are similar. The whole purpose of the HWB was to lead and advise on the work to improve the health of the local population and to reduce inequalities. There was a synergy of work between the ICB and the HWB, but there was still a requirement to have HWB and strategy and a need to lead on development of a joint strategic needs assessment, there needs to be connectivity with the ICP so that there is apprection and added value to the way it works together with partner organisations. Recent development discussions in city have approved a much more pro-active outcome focused approach, the TOR will be updated which will be helpful going forward. In the HWB space there will be a focus on a smaller number of priorities linking to Health and Wellbeing strategy, the ICP will work alongside HWB to see how it can add value, consider on accountabilities and focus on outcomes that are needed to turn the curve on. Working together in the medium to long term to tackle changes. Thinking about relationships between ICP, ICB and HWB so that we can agree on collaborative areas and where roles and responsibilities that sit within broad strategic space.

There was work ongoing to formally establish the ICP under joint arrangements between ICB, the city

and county councils in terms of committee structure and process. Currently the work was in a formative state but there would be cabinet report going to both city and county in the autumn to place the ICP in a wider governance structure and process.

There was work ongoing on the TOR which explains why the Board was in place, and also, how to develop ICP Health Inequality Strategy which was required under the Health and Care Act by the end of March 2023, this work was being led by the Executive and was also being developed in ICP space, to ensure the strategy was co-produced with people and communities.

A councillor asked what the overall ICS budget was for this year and the forthcoming year and how it compared to comparator authorities. The officers did not have the figures to hand but would supply this information following the meeting.

Another councillor explained that the ICS was not yet formally established but was in process of being established, only an ICB has been formally established, this was generally a clinical role with NHS and public health and social care. The ICP was made up of a wider group including housing, community and volutory sector and representative from anchor organisations. It was working towards a wider partnership. It was good to know that the local authority was leading with the establishment of a retlations between health and social care. Work was ongoing, members of both City and County councils will receive a more formal briefing later in the year, but our input as a City council has been there at the forefront.

The first councillor reaffirmed that her question was about the Allocated budget to ICS, and she looked forward to receiving those figures.

The Chair thanked officers for their report.

The Board resolved to note the update report.

06/22 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 Assistant Director of Public Health (Assistant DofPH).

The Board heard that that there was a Health Protection Board meeting on 10th June 2022. The officer provided an update of the work of the Board. The officer highlighted that a review of the recovery of the national screening programmes following the COVID disruption, good progress was being made. The imminent publication of a national immunisation strategy was expected and local working groups were already in place. There were specific discussions underway regarding improving the uptake for school aged immunisations and work was underway to asses community infection prevention and control requirements and possible models of delivery. The Air Quality Annual Report would be reviewed at the next meeting of the Board.

The officer explained that meetings of the COVID Outbreak Board had been paused. However, she was able to provide an update on COVID. The Board noted that the information provided was limited both nationally and locally. The latest information from the ONS survey indicated that 1:17 people were currently testing positive for COVID (week ending 13th July). Reinfection is five times more likely with Omicron than it was with Delta. The Health Team are reviewing the lessons learnt from COVID to date and refreshing the outbreak management plan. Future plans would include enhanced communications and a focus on vaccination uptake. Specific work is being undertaken to reassess the response to Care Home and School outbreaks. The Vaccination Programme had been

announced for the autumn and all over 50s, health and care workers and children and young people over the age of 12 with long term health conditions would be offered a booster. The Board noted there was also an extension from the previous plans for the flu programme this year (all over 50s, health and care workers, long term illness and children up to year 9).

A councillor asked about herd immunity specifically with the issues around children's vaccination, previously Derby had been well up in the 90% with regard to the vaccination programme pre-COVID, had this percentage dropped considerably post-COVID and was there a risk ? The officer did not have the figures to hand, but stated that there definitely had been a decline across all children's immunisation programmes. In the past regular updates were brought to the Board as part of this item. A report would be brought to a future meeting to give a view of the current position and any actions proposed.

Another Board member stated that a National Immunisation Strategy would be launched at some point and asked if it would differ from the current strategy, would there be a different approach ? The officer stated there might be some small tweaks and changes but she would check with the Director of Public Health to confirm and let the Board know.

A councillor asked if there would be the same vaccines or new ones. It was confirmed that the Booster Programme would use the existing vaccines. There was ongoing work around the vaccination programme. The interim Chief Executive of UHDB who was a medical lead on the vaccine programme UHDB confirmed that there would be no new vaccines, the same set would be used, work has shown that mixed vaccines get more response and there was more safety and efficacy as a consequence. He thought that the national roll-out was likely to follow the same structure as previously and would be a tiered response with those most at risk being vaccinated initially, but timing would be critical so that the anti-bodies would not dip down as winter arrives. The Trust was currently awaiting national guidance regarding the roll-out.

Another Board member asked if there was evidence available to indicate how long the vaccine protects people. The officer confirmed there was, depending on the type of vaccine, there are studies looking at how quickly the anti-bodies drop off.

The Board resolved to note the update report

07/22 "Turning the Curve" Population Outcomes

The Board received a report of the Director of Public Health, Derby City Council. The report provided the Board with an overview of the current status of population health outcomes and indicators.

As part of development work last year, the Health and Wellbeing Board (HWB) agreed to focus on improving the following population health outcomes:

- Life expectancy
- Healthy life expectancy
- Inequalities in life expectancy and healthy life expectancy.

Life expectancy and healthy life expectancy are driven by interaction between multiple factors.
The biggest causes of death in our population are cancer, respiratory illness and circulatory diseases. These are also the biggest contributors to the gap in life expectancy and they contribute significantly to early deaths under the age of 75.

The HWB agreed to focus on key drivers, achieving change across seven 'markers' on the way to improving these high-level outcomes:

- 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
- Improve housing quality (placeholder)
- Improve mental and emotional wellbeing (placeholder).

The officer explained that there was a need to understand the current position and highlighted the issues that needed to be considered.

Life Expectancy - Nationally and regionally starting to see life expectancy track downwards. Life expectancy in Derby for both males and females has continued to decline in recent years. A male born today can expect to live for 77.7 years and a female born today can expect to live for 81.5 years.

Inequalities, or the differences in life expectancy for males and females - The inequality gap between those born in the most deprived areas of the city and those born in least deprived areas is 11 years for females and 10 years for males.

Life expectancy and Healthy life expectancy - In Derby, a male born today can expect to live for 57.7 years in good health and a female can expect to live 61.6 years in good health. This figure is lower than that of the England average for both males and females. In the most deprived areas people can be living with multiple long term poor health conditions from 40's to mid 40's so would live for quite a long time in poor health.

Under 75 mortality rate from all causes (persons, 3-year range) - There has been an increase in under 75 mortality rate higher and moving up more quickly than the region or national averages. The local authorities similar to Derby are all significantly worse than the national average.

Under 75 mortality rate from respiratory disease - Respiratory disease is one of the top causes of death in England in under 75s and smoking is the major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases. Amongst our nearest neighbouring authorities Derby has the 5th lowest rate of death from respiratory disease.

Under 75 mortality rate from CVD - Cardiovascular disease (CVD) is one of the major causes of death in under 75s in England. Derby has seen consistently higher rates of CVD than both England and the East Midlands. Previosly rates in Derby had been declining, but this trend reversed in recent years with the gap between Derby and both the England and East Midlands rates widening.

Under 75 mortality rate from cancer - Cancer is the highest cause of death in England in under 75s. Derby has seen consistently higher rates of respiratory disease than both England and the East Midlands . Rates in Derby had been declining in line with England and the East Midlands but in recent years, the rate of under 75 mortality from cancer has been increasing.

Premature mortality in adults with Severe Mental Illness (SMI) - People with a long-standing mental health problem are twice as likely to smoke. Compared with the general patient population, patients with SMI are at substantially higher risk of obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD) and cardiovascular disease. The rates seen in Derby are considerably higher than those for England and the East Midlands.

Breakdown of the life expectancy gap between the most and least deprived quintiles of Derby by cause of death, 2020 to 2021 (Provisional) – Gaps in life expectancy are being driven by COVID, heart disease, stroke, cancer, respiratory diseases.

The officer described the conditions that the HWB were planning to focus on to make a positive

impact.

Smoking prevalence - over last few years there has been a reduction in smoking, two to three years ago figures were at 19% they are down now to 16.7%. Of adults working in routine or manaually jobs just over 35% are smokers, of those people with severe mental illness just under 40% are smokers. Just under 20% of women smoke in early pregnancy. The data gives an overview of the level of smoking within the city and also how it varies in the city in different groups of people.

Obesity - childhood obesity leads to an increased risk of numerous health problems including hypertension and diabetes and also increases the risk of becoming obese as an adult. Derby has a significantly greater proportion of children in year 6 who are overweight or obese. The gap between levels over overweight or obese children in England and Derby is continuing to widen. For adult obesity in Derby the figures are increasing to around 65% of population who are either obese or overweight.

Reduce harmful alcohol consumption - Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year olds in the UK, and the fifth biggest risk factor across all ages. Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers, high blood pressure, cirrhosis of the liver, and depression.

Physical Activity - In 2020/21, self-reported data (Active Lives Survey) shows that 27.6% (just over a quarter) of adults in Derby do not undertake recommended weekly amounts of physical activity.

Reduce the number of children living in low-income households – Derby has just under a quarter of children living in relative low income, about 20% living in absolute low income families. This figure varies across the city.

Housing Quality –From private sector homes 21.4% of the sector do not meet the decent homes standards, just over 14% have a category 1 hazard (an immediate risk to any individual living there). The figure of 14% was an average and could rise in different areas of the city. It was planned to bring more information to the Board at a future meeting.

Emotional Wellbeing – Depression and prevalence, both nationally and locally there are increases in the frequency of depression with occurrences growing in Derby compared to national figures.

The officer explained that it was proposed that the Boardto focus on one or two of these conditions at upcoming meetings, to analyse and understand what was being done in the city in terms of tackling some of the issues.

A councillor stated that there was lots of detail and information that would suggest that there are activities that people could take up to actively reduce health inequalities, such as giving up smoking and drinking alcohol in excess, but obesity continued to be a challenge. Initiatives have been put in place to meet some of those challenges such as the universal Livewell services, but if the curve keeps rising then there has to be other ways of dealing with them. Housing issues are being examined in the private rented sector and private housing. Social housing does not feature on this, Derby City Council Arms Length Management Organisation (ALMO) met the standard in about 2004-05, there was approximately 20 years of decent housing in the council housing sector and refurbishment work would be ongoing to keep them up to date.

Another councillor emphasised this was a depressing report, almost every single metric was poor, and Derby was behind on the national average. He asked what could be done locally as a HWB to change the number of children in low income households. The officer stated that national policy was implicated in almost all the metrics. One of the reasons to focus on these as HWB and JUCD was a recognition of the actions we can do locally and collectively and also where we can come together to lobby. Breaking down the issues to see what can be done, and where the activity was being led, plus

ensuring we are undertaking a system approach. DCC can have an impact on some of these issues but not all.

A councillor asked if there was any local modelling that could indicate what impact the cost of living crisis would have on Derby's citizens on health life expectancy and inequalities, if there was not could some modelling be undertaken to ensure there was a plan to address the different scenarios. There was a need to think about what can be done now in preparation for the crisis.

The officer confirmed that a small amount of work had been done, and there was currently discussion around the need to do a significant piece of work to understand the issues in more detail. Another Board member explained there was both short term and long term work needed. In the short term to ensure people survive the winter, there was a need for approximately a quarter of million to provide community meals, debt advice, and other support. There was a need to be in survival mode, especially in relation to the increase in utility bills in October and every 3 months thereafter. There were people living in social housing who have pre-paid meters where they pay more. He highlighted that all these points are health related, but there was a need to consider people's happiness, if people are happier they are in a better place mentally to address problems. Regarding obesity, he asked if Derby has a higher proportion of takeaways than any other City, Alvaston has 18 in the space of a quarter of a mile. Quite often more and more takeaways are opening in the City. Sometimes there was a need to look at what can be done to disencourage people from providing poor choices for others. In relation to private housing, there was a need as a city to look at bringing in a kite mark around our private housing, to raise standards we need to establish expections and encourage people to meet them.

A councillor responded to the points raised about housing, he explained DCC are working with the private rented sector and are looking at a licensing process which should come before Council before the end of the year to improve the quality of housing in the private rented sector. He felt that the Board member had made some really good points and these are being looked at. Takeaways and planning permissions are problematic, but nationally the planning inspectorate only look at the item needing permission not the number of premises within the area. The saturation point could be looked at so that when there are considered to be too many takeaways in one area it could be said no more after that, this would then become a planning condition.

Cllr Lind thanked the Board member for the comprehensive response and asked considering the need for potentially a quarter million pounds in funding what extra funding has been allocated in Derby to address the cost of living crisis and what was the projected funding moving forward.

The Chair explained that an answer could not be confirmed directly but would be provided to the councillor. He highlighted that activities are in place, Boards have been set up, for example "Food for Thought" and there are also Health Improvement Boards set up and activities from these, all of which come at a cost. There was some investment but actual figures could not be provided at this meeting and will have to come back to you. The councillor asked if the information she wanted could be brought to the next board, it was agreed it could be added to the Agenda.

The Board resolved:

1. **to note the current status of the reported population outcomes and outcome indicators**
2. **to confirm continued agreement to prioritise effort on these outcomes and outcome indicators**
3. **to agree to receive reports on an ongoing basis of activity and progress by outcome area.**

08/22 Drugs Strategy Update

The Board received a report of the Director of Public Health which was presented by the Assistant

Director of Public Health. The purpose of the report was to provide the Health & Wellbeing Board with an overview of the current national context and local drives in relation to substance misuse an overview of local plans to reduce harmful alcohol and drug consumption.

The officer provided a presentation which was split into two parts

Part 1 - Alcohol

- Population outcome indicators for JUCD and HWBBs
- Alcohol harm in Derby City
- Our response – Community alcohol treatment transformation plan & the supplemental substance misuse treatment and recovery plan

Part 2 – Drugs

- From Harm to hope - HM Government 10 year drugs plan to cut crime and save lives
- National context and local drivers
- Our response – the supplemental substance misuse treatment and recovery strategic plan

A councillor felt the report and presentation was extremely informative and it was good to know that there was a Plan. The councillor was unsure of what DCC are doing about people in housing that have alcohol and drugs problems. Residents who complain about drugs or alcohol use in premises often comment that there was no response to it. The Councillor would like to know where this sits in the strategy, because if it was known where these issues are happening the service would be able to help and support. Other issues include “cuckooing” and “county lines”.

The officer explained that the approach was to use intelligence, insight and data to drive a county wide strategy and if the partnership was instigated it was hoped that from that partnership would come an understanding and connection, which was not in place now, between policing, community safety, housing, employability and tratement it was only in those types of areas that we can try to create bespoke interventions and maybe a targeted police approach. It was not possible to use treatment as the way out of these types of anti social behaviour and aspects of criminality. The police have a set of responsibilities which are perhaps narrow and having this partnership approach could show them that multi agency approaches are needed. The officer explained that there are approaches such as “drug market mapping” where an area could be taken and a problem a problem profile could be created and multi disciplinary teams could be put together so there could be enforcement where needed, and also support and treatment where required which could almost stop the problem at it’s root cause rather than working in isolation.

That approach was true for “cuckooing” where dealers take over a local property, normally belonging to a vulnerable person, and use it to operate their criminal activity from, and breaking “county lines” which was definitely enforcement, and then using treatment to pick up the pieces where individuals who are substance misusers and are vulnerable have been “cuckooed” and they can have rapid access to treatment, but also those anti social cases described where nobody knows whose responsibility it is. We need a board of people with insight, astuteness and good judgement to come up with what can be done and what resources can be applied to that.

A Board member felt the Board should note that the complex cocktail of drug and alcohol misuse was giving rise to significant issues across the City, it was worrying that younger children are coming to ASC services with these issues. These young people bring huge issues and problems across Health, Police and Social Care and a whole range of other public services are also affected. We have a health, care and welfare system that has been designed for people to engage. However, some of these indiviuals do not want to engage, they are able to make decisions so it becomes a lifestyle choice as well as learnt and known behaviours. There are no housing or care or health options for these people when they don’t want to engage with what’s on offer. This is a genuine unresolvable issue and we have found there are more of these individuals coming to the services, which gives rise to huge disruption and cost to try and deal with their symptoms, we cannot deal with the causes, as

these people don't want help. It is a real problem which is growing, relative to the population of the city there are small numbers but they consume a disproportionate amount of the systems energy, resources and time and there was a need to be more creative about how this can be dealt with because it is really difficult.

A Councillor felt it was not just people being unwilling to engage around drugs and alcohol, there are a lot of issues where support can be offered but people do not wish to engage so the problem remains. He was unsure that these issues could be resolved.

The officer recognised what was being described, it had been observed in Public Health that by the time someone was in treatment they are displaying symptom of trauma induced behavior. An adverse childhood experience or trauma enforced strategy has been launched which recognised that often incarceration, substance misuse and teenage pregnancy are consequences of being subjected to four or more adverse child experiences. There was a need for a longitudinal approach we need to start now with younger people to mitigate the impact of adverse child experiences. However, there are also things you can do with adults to address or mitigate some of those trauma induced behaviours, but as you get older it bcomes more entrenched and more difficult, a lot of what is seen is a consequence of personality disorder that is driven by severe adverse child experience. It's definitely an issue that is on our radar.

The councillor felt it was a real challenge for the future.

The Board resolved:

1. **To note the drivers of local planning to reduce harmful alcohol and drug consumption**

2. **To note the pans to reduce harmful alcohol and drug consumption in Derby**

09/22 Better Care Fund Update 2021/22 end of year

The Board received a report of the Strategic Director of Peoples Services which was presented by the Director of Integration and Direct Services. The purpose of the report was to provide the Health and Wellbeing Board with an update on the out-turn position of the Derby Integration and Better Care Fund (BCF) through reporting of the required statutory return for 2021-22.

Last year the Board received and approved a summary of the planned activities of the Integration Better Care Fund 2021/22 in January 2022. Since May all local areas have had to submit a retrospective report to sign off how well the service performed last year. A summary of results can be seen at Appendix 1.

The Board are asked to note the submission which includes a summary of successes and challenges in 2021/22 during the financial year. The successes were highlighted by the officer and included:

- Rolling out of the Electronic Shared Care record to Adult Social Care within the council which enabled patient data to be seen by social care as well as health.

- The Local Area Co-ordinator Role has become more pivotal in driving culture change in the service, looking at what people can do to help themselves and how communities can help.

The officer also provided examples of the challenges faced by the service, such as the capacity in the workforce, this issue was widespread as there are not enough staff available, which prevented health and care staff from managing the escalating demand in the community. This was felt particularly in the period December to January 2012/2022 during the Omicron 19 wave when a significant number of staff were unable to work. Another challenge was in the Home Care Domicilary Market which had not recovered from the end of furlough. Previously in Derby there had been a successful Home Care

Market, but now providers are struggling to recruit and retain staff. When people fall into crisis and arrive in hospital it becomes difficult to return them to their own homes.

The Performance Metrics were explained and the Board heard that they were measured nationally. It was highlighted that the measure for Length of Stay in hospital was not currently on track as there was an increased demand for Acute Care which led to higher than planned occupancy in acute beds. The Board were advised that Appendix 1 also gave finance details.

A councillor queried the response “neither agree or disagree” from the service on the statement “The overall delivery of the BCF has improved joint working between health and social care in our locality as joint funding had never before been at such a high level. The officer explained that the overall delivery of the BCF has improved, however providing funds does not make things happen, it was a comment on funding.

The Board resolved to sign off the report and note the responses provided in the statutory return.

Items for Information

10/22 Pharmaceutical Needs Assessment Update

The Board received a report of the Director of Public Health. The report was to provide the Health and Wellbeing Board with an update on progress of the requirement to prepare and publish a revised Pharmaceutical Needs Assessment (PNA) by October 2022

The report had been brought to the Board so that they were aware that the PNA was progressing as planned. The Board were informed that a draft PNA had been prepared and that public consultation was now underway.

The Board resolved:

1. **to note the progress in preparing a revised PNA and that it was on track to be published by 1 October 2022**
2. **to note that the PNA covering both Derby and Derbyshire Health and Wellbeing Board areas was now out for public consultation**

11/22 Rule and procedures of the Health and Wellbeing Board

The Board received a report of the Strategic Director of Corporate Resources. The report was to provide the Health and Wellbeing Board with clarification on the procedure rules applicable to the HWB and its members. It was an update on the report which was brought to the HWB on 25 July 2022.

The Board heard that under the Localism Act 20011 all councillors and co-opted membe of council committees should comply with the DCC Code of Conduct. Board members are required to declare Disclosable Pecuniary Interests affecting them and their partners. The Council is required to publish this information.

The Board members were asked to complete and return a DPI Form and a declaration confirming compliance with the Code of Conduct.

The Board resolved:

1. **To note the Terms of Reference as detailed in Appendix 1**
2. **To note the Council's established Committee Procedure Rules, detailed in Appendix 2**
3. **To note the waivers/amendments to the Committee Procedure Rules incorporated within the Terms of References of the HWB detailed in paragraph 4.4**
4. **To note paragraphs 4.5 to 4.7 detailing the Council's Code of Conduct for members of committees and the requirement for all members of the Health and Wellbeing Board, including officers and representatives of external organisation to comply with it and declare any Disclosable Pecuniary Interests (DPIs).**

Private Items

None were submitted.

MINUTES END