Time Commenced: 13:00pm
Time Finished: 14.45pm

**Health and Wellbeing Board**
**19 January 2023**

Present:

Statutory Members Chair: Councillor Webb (Chair), Sue Cowlishaw (Derby Healthwatch), Buk Dhadda (Vice Chair), Andy Smith Strategic Director of Peoples Services, Alison Wynn, Assistant Director Public Health

Elected members: Councillors Martin

Appointees of other organisations: Amjad Ashraf & Nosheen Ali (Community Action Derby), Paul Brookhouse (Derby Poverty Commission), Chris Clayton (CEO Derby & Derbyshire ICB), Lucy Cocker (Derbyshire Community Healthcare Services), Gino Distefano (University Hospitals Derby & Burton), Ian Fullagar, (Head of Strategic Housing, City Development and Growth DCC), Fran Fuller (Derby University), James Joyce, (Head of Housing Options and Homelessness) Michael Kay (Head of Environment Protection, Housing Standards, Licensing and Emergency Planning DCC), Claire Mehrbani (Director of Housing Services, Derby Homes Ltd), Rachel North (Strategic Director of Communities and Place), Bridget Stacey (Derby & Derbyshire ICB), Clive Stanbrook (Derbyshire Fire and Rescue Service)

Non board members in attendance: Kirsty McMillan, Director Integration and Direct Services Adults, Simon Harvey (GP)

## 36/22 Apologies for Absence

Apologies were received from: Councillors Poulter and Whitby, Steve Bateman (CEX DHU Healthcare), David Cox (Derbyshire Constabulary), Robyn Dewis, (Director of Public Health), Stephen Posey (Chief Executive University Hospitals of Derby and Burton)

## 37/22 Late Items

There were none.

## 38/22 Declarations of Interest

There were none.

## 39/22 Minutes of the meeting held on 10 November 2022

The minutes of the meeting on 10 November 2022 were proposed, seconded and agreed.

## 40A/22 Health Impacts Arising from Poor Housing Conditions

The Board received a report and presentation from the Strategic Director of Communities and Place. The presentation was provided by the Head of Strategic Housing and the Head of Environment Protection and Housing Standards. The report and presentation gave an overview of two reports by the Council about the poor conditions existing within the worst of Derby's private sector homes and the impact that poor quality private sector housing has on the health of Derby's residents.

The officer explained the methodology used which included desktop modellng based on the results of the English Housing Survey and physical surveys of privately rented homes across central wards of Derby. The results of the desktop modelling were updated to reflect the findings of the physical survey.

Private Renting in Derby - A chart showed the areas of Derby within each deprivation group. The highest percentage (46.5%) of Derby's private rented sector homes are in wards with more deprivation, Normanton, Arboretum, Abbey and Mackworth.

Condition of Private Rented Homes in Derby – In England the proportion of private sector rented homes which would fail the decent homes standard was 24.8%, in Derby the percentage was 30.9%. The local physical survey showed the proportion of housing which failed the standard were in the central wards of Derby, at least 8,500 privately rented homes failed the Decent Homes Standard.

Housing Health and Safety Rating System (HHSRS) Category 1 Hazards (Hazards which pose a serious risk to the health and wellbeing of occupants) in Derby 23.7% of private rented sector (PRS) homes in Derby have an HHSRS Category 1 hazard compared to 14.4% of PRS homes in England. Category 1 hazards include falls on stairs, excess cold, damp and mould and fire and electrics.

Housing and Health Impact Assessment – it was highlighted that it was not just private rented accommodation affected but also privately owned houses that were of a low standard. The Board heard that life expectancy had stalled and was now decreasing. In Derby life expectancy was falling more significantly that the national average In Derby the life expectancy for men was 77.7 years and for women it was 81.5 years. There was also a inequality gap in life expectancy for those born in the most and least deprived areas of Derby of 10.9 years for women and 11.1 years for men.

Cold and Damp Homes – 2,899 PRS homes had a Category 1 hazard for excess cold, there was a strong link to poor health including respirotary diseases caused by damp or mould people living in Derwent ward were 6 – 5 times more likely to be admitted to hospital for COPD. Trips and Falls occur everywhere across the City, 95% of pelvic fractures are caused by falls. The costs to the Local Health Services of poor housing were highlighted.

The officers described the next steps which included strategic leadership that sees the local provision of health, care and housing services as a coherent system which seeks to deliver the best possible outcomes for the community. It was noted that the Council Cabinet had resolved to consult on the introduction of Selective Licensing /or Additional Licensing to help address issues in private accommodation. A government white paper proposing a decent homes standard could be introduced across the private sector. However, the officers suggested there was a need to take action now. Could Board members as a group of leaders start to work together to address issues ?

The Board considered the presentation and made the following comments. These surveys were important and the results were shocking. There are good private landlords who work with the services provided by DCC from the Decent Safe Homes Team, Healthy Homes Hub and that grants provided by Government had been accessed. Landlords that don't comply are being targeted and offered advice, help and assistance where possible. However, if they are not prepared to engage then the enforcement route should be considered for them.

It was good to see this report at the HWB, it was a wider approach on the determinants of health, taking this forward it would be good to see wider information on how Derby does compare with other cities, was this a general city issue or was this a specific Derby challenge. If managed there would be a saving to the NHS for example in respiratory issues but funding could not be taken out as there would be other health issues.

This was about what was happening in the housing market over last 20 to 30 years. The poor standards in social housing used to be seen until legislation was put in place. There was a complete change in where affordable housing sits, as there was now a restricted supply of houses. The private rented sector has grown due to the unaffordability of buying houses, this has become a national issue.

There has been a lot of discussion recently about the need to get rid of no fault eviction. Landlords currently do not have to provide a reason for eviction of tenants, so families living in poor housing conditions risk losing accommodation if they complain about their rented property, this could lead to losing their tenancy and homelessness. Urban areas have a lot of poor quality landlords who rent out one or two properties without improvements and with no regulatory framework in place to guide them, the condition of properties was poor and the horrific reduction in life expectancy could be seen as a result. The regulatory regime was too weak to tackle problems. In Derby environmental health was a small team in the Council with a lack of funding. The problem was getting worse which was why it was important to work collectively to find solutions.

The information provided gave an insight and the data was hugely sobering and shocking. However, over the next 18, 24 to 36 months the situation could worsen due to the cost of living and energy crisis, lack of regulation and the increasing challenges to council finances. The dip in life expectancy, which was sharper in Derby, was likely to get worse before levelling of and recovering. What strategic recommentations can come to HWB on how to work as a system going forward what are the opportunities, how do we use what works well, there are examples of services across the system such as the using the BCF creatively around the Healthy Housing Hub, a direct link in reduction in falls and hospital admissions can be seen. There may be different ways of using resources more preventatively in the medium to long term.

**The Board resolved:**

1. **to note the findings of this report, together with the presentation delivered at the meeting**

2. **to consider how health, social care and housing may be better aligned and commissioned to deliver improved and preventative and responsive services**

## 40B/22 Single Homeless Adults in Derby: A Health Needs Assessment

The Board received a report and presentation from the Director of Public Health which was presented by a Speciality Registrar in Public Health. The report presented the findings of the health needs assessment of single homeless adults in Derby, with was conducted in 2021 and 2022 to the Health and Wellbeing Board.

The health needs assessment of single homeless adults gave an overview of their health needs and the gaps that exist in terms of health with the general population. The health needs of single homeless adults and the inequalities that exist between them and the general population are extreme, there was a life expectancy gap of 30 years. They often have complex health and social needs which are not served well by mainstream health and care service. When they access health services it is often in emergency situations. There was also a strong association with homelessness in adulthood and early childhood trauma. A lot of homeless people will have been involved with social care and criminal justice agencies in earlier life.

The aims and objectives of the health needs assessment were to identify the health needs of single people aged 16 to 65 who were currently homeless or living in temporary, supported accommodation in Derby, to identify gaps in current service provision and make recommendations for changes to meet their needs, improve health and reduce health inequalities.

The key findings were:

- 825 homeless single adults, approximately 150 on edge of rough sleeping
- Population was younger than the general population and predominantly male
- Health worse than the general population – large health inequalities
- Health was poorest where the acuity of housing need was greatest
- More likely to have multiple and complex health and care needs, multi-morbidity and long-term conditions
- More likely to have concurrent substance or alcohol dependency and mental ill health.
- Many also required support with social care and end of life care.
- Adverse childhood experiences of abuse and neglect were associated with a higher risk of homelessness in adult life.
- Women were more likely to have experienced domestic and sexual violence and to have more complex support needs.
- 43 extremely complex single homeless adults in Derby, 20 of whom are in the most insecure accommodation.
- The homeless population was part of wider inclusion health population, many of whom are at a high risk of homelessness at some point in their life and who have complex needs that require more specialised and personalised approaches to care.
- Need the right approach to care as well as clinical expertise and evidence-based interventions
- Paramedic role is critical in Derby: navigating health services, single point of contact, expertise by experience, trusted personal relationships with people who experienced homelessness
- Routine housing data to characterise health need of those who are homeless and

those at risk of homelessness
- Learning from people who experienced homelessness and support services about challenges and opportunities to improve care and support.

The Board considered the presentation in relation to housing. It was stated that Housing Authorities and local providers should ensure they support peoples needs including those relating to Health and Social Care. It was not just those homeless people seen on the street affected but also people with complex needs.

A member of the board suggested recommending that this goes to the Housing Sub Group and that group comes back to the Board with some recommendations as to how the Board can take this further. It was highlighted that work with landlords, health colleagues also with Mental Health Support services has been ongoing since this report was put together. A “Just Giving” service was created so instead of giving to people on the streets people can donate using a QR code.

Comments from the Board were made about the fear people had of speaking up about poor conditions in their rented property in case of eviction. There are people living in the same house through generations, there are issues of literacy. Tenants have rights but they also are in fear of losing homes through no fault evictions. The issue of chronic respiratory disease was discussed. The Board understood the point about tenants rights but felt whilst Section 21 and no fault evictions are in place, tenants have the rights but also they fear losing home if they upset their landlords.

To pull together the discussion, two specific recommendations were suggested for the Board to consider.

Strategic Support and prioritisation was asked for regarding attendance at the sub group of HWB in relation to Housing Health and Homelessness, the multi agency board was set up to discuss these issues but they were struggling in terms of attendance from all sectors, there was strong attendance from social care, public health and housing but the group struggled to get sufficient attendance at a strategic level so any strategic support and priority to attend would be welcomed. Also a sense check was asked for to see if the right people had been invited. It was difficult for housing to navigate across health services and know they were in the right place talking to right people at the right level.

The second recommendation concerned whether that sub group of HWB (housing health and homelessness group) might also get more power in terms of being able to report jointly into the ICP. This might strengthen attendance and also help embed the Health housing and homeless discussion. It was suggested that the Health, Housing and Homelessness Group could be the pivotal group to look at NICE guidance and create an Action Plan for all partners to collectively and collaboratively own.

The Chair clarified whetherit was being asked for the ICP to join with HWB Housing sub group to make a targeted group across both organisations. Officers said they were looking for guidance in terms of which was the best route. It was recognised in order to get an equal playing field around recognising the value of health, housing and homeless in one multi agency forum they need to report to HWB but a more direct route into health and social care was also needed.

This committee could not resolve this issue, but suggested it could be looked at in the ICS executive forum. It was suggested that the ownership of this agenda should not be moved from the HWB. The ICP has a different role between NHS, Public Health and Social Care. However, there was a need to empower this sub group and to have an approach that takes it forward. It was suggested and agreed that it could be discussed at an ICS Executive Forum.

A Board member was interested in the statistics showing the contrast between life expectancy of the housed and homeless and asked how was the figure were arrived at, and if it included people who had been homeless for five years or just one year. The officer explained the figures were taken from mortality data, at the point when somebody dies who was homeless. The link between housing tenure and life expectancy was highlighted. There was a progression of steps, sofa surfing, bed and breakfast, other types of accommodation which would progressively become worse. The lack of secure housing was not good for health and life expectancy was likely to become worse.

The Board discussed the ways of looking at housing problems which was often unhelpful, for rough sleepers being homeless was the last part of a problem. There would be other problems experienced throughout their lives eventually leading to homelessness. There was a need to think about the problems people have, think about the person and the outcomes holistically and reflect around the issues and problems before people become labelled homeless. A councillor talked about having been tasked with targeting five of the most difficult cases for homelessness, a review had been undertaken and, it did reflect specifically the issues raised about problems prior to being street homeless, it was a downward spiral, people do not meet criteria for single services but if problems were looked at collectively they could be offered assistance.

The recommendation to give the issues discussed to the Housing Sub Group to look at and provide recommendations for the HWB to take forward, and for the ICS Executive to support getting better membership at that sub-group was agreed.

**Resolved to**

1. **adopt the findings of this health needs assessment report into Derby City's Joint Strategic Needs Assessment.**

2. **That the HWB and partner organisations commit to intersectoral and partnership action to address the needs of single homeless adults in Derby, and to reduce the inequality in access, experience and outcomes for health and social care that exist between this population and the general population of the City.**

3. **To ask the HWB Housing Sub Group to consider the issues discussed and provide the HWB with recommendations to take forward and that the Integrated Care System Executive promote and prioritise better membership of the Housing sub group.**

## Items for Information

## 41/22 Health and Wellbeing Boards Guidance

The Board received a report from the Director of Public Health which gave an overview of the

guidance published by the Department of Health and Social Care (DHSC). The report was presented by the Assistant Director of Public Health.

The officer highlighted the points to note from the report. The published guidance was non-statutory and set out the roles and duties of HWBs and clarified their purpose within the new health and care system particularly the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs). The Board noted that HWBs continue to have a statutory role promoting joint working across health and care organisations and setting strategic direction to improve the health and wellbeing of local people.

HWBs retain their separate statutory duty to develop a pharmaceutical needs assessment (PNA) for their area. They remain a formal statutory committee of the local authority and continue to provide a forum where political, clinical, professional and community leaders from across the health and care system come together to improve the health and wellbeing of the local population and reduce health inequalities. The core statutory membership of HWBs was unchanged other than having a representative from ICBs rather than CCGs. HWBs are expected to continue to lead action at place level to improve peoples lives and they are still responsible for promoting increased integration and partnership between the NHS, public health and local government.

HWB and ICPs should work collaboratively in the preparation of a system-wide integrated care strategy that will tackle challenges best dealt with at a system level. The Derby Health and Wellbeing Strategy will be reviewed in light of the developing Integrated Care Strategy. The first meeting of the ICP Board will be in February 2023.

**Resolved to note this report and the updated guidance on Health and Wellbeing Boards published by the Department of Health and Social Care**

## 42/22 Joined Up Care Derbyshire Update – Integrated Care Partnership and Integrated Care Strategy

The Board received a report from the Director of Public Health which gave an update from JUCD Derby and Derbyshire's Integrated Care System. An update was provided on the progress to establish formally the Integrated Care Partnership and on its development of an Integrated Care Strategy. The report was presented by the Assistant Director of Public Health.

The Board heard that approval had been received from Derby City Council, Derbyshire County Council (DCC) and Derby and Derbyshire ICB to formally establish the ICP as a joint committee. DCC would host the ICP on behalf of the three constituent bodies and the ICP will follow DCC committee procedure rules. The first meeting of the ICP as a formally constituted joint committee will be in February 2023.

The officer explained that there are four strategic aims for the ICS which were:

- Prioritise prevention and early intervention to avoid ill health and improve outcomes
- Reduce inequalities in outcomes, experience and access
- Develop care that was strengths based and personalised
- Improve connectivity and alignment across Derby and Derbyshire, to ensure people experience joined up care, and to create a sustainable health and care system

The report also detailed the key focus on the ICP in relation to working with the HWB. It was intended that a first draft of the Integrated Care Strategy would be considered by the ICP Board in February 2023 and a final version of would be produced for the approval of the ICP Board in April 2023.

**The Board resolved to note the update from Joined Up Care Derbyshire (JUCD)**

## 43/22 Better Care Fund 2022/23 – amendment relating to the Adult Social Care Discharge Fund

The Board received a report of the Stratgic Director of Peoples Services which gave a summary of the amendment to the proposed plan for the Derby Integration and Better Care Fund (BCF) 2022/23 particularly in relation to the Adult Social Care Discharge Fund. The report was presented by the Director, Integration and Direct Services.

The officer explained that in September 2022 the government announced its "Plan for Patients", which committed £500m for the remainder of the financial year to support discharge from hospital into the community by reducing the number of people delayed in hospital waiting for social care. This was an addendum to the 2022/23 Better Care Fund (BCF) policy framework. Guidance was issued to the health and social care sector on 18th November 2022 and updated on 5th January. The report summarised the addendum and guidance alongside the local plan for its use.

The funding will be distributed to both local authorities and ICBs to pool into the local BCF. The use of both elements must be agreed between local health and social care leaders. The national £500m funding will be distributed with 40% (£200m) distributed as a section 31 grant to local authorities and the remainder (£300m) to ICBs.

The initial completed planning template for Derby was attached in Appendix 1 of the report. The officer explained that the appendix lists the current proposed spending, it was planned to pass funding on to primary sector care agencies. A councillor highlighted that the Voluntary and Community Sector would receive a proportion of the funding to support discharges.

**The Board resolved to note the report and the amendment to the BCF relating to the Adult Social Care Discharge Fund.**

## 44/22 COVID Outbreak Engagement Board and Health Protection Board Update

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

The Board noted that after a period where meetings had been paused the Derby Outbreak Engagement Board met in December 2022. The meeting considered the Updated Local Outbreak Management Plan, COVID vaccination uptake and updates from partner organisations.

The Derby COVID-19 Outbreak Management Plan sets out the approach to prevent, manage and contain outbreaks of COVID 19. The Plan was in need of updating in relation to the current context of COVID and its response. Key changes include “Living with COVID”, testing data, National guidance with relaxation of measures. Re-emergence of other respiratory infections, the end of COVID Outbreak Management Funding and the reduction in UKHSA capacity.The Board noted that planning had not changed significantly.

The OEB approved the updated Local Outbreak Management Plan and its publication.

**The Board resolved to note the report.**

## Private Items

None submitted.

**MINUTES END**