ITEM 04

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

Health and Wellbeing Board
12 May 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 Lind, Martin, Webb and Williams

Appointees of other organisations: Amjad Ashraf (Community Action Derby), Chris Clayton (Chief Executive Officer Derby & Derbyshire CCG), Claire Mehrbani (Director of Housing Services, Derby Homes Ltd), Perveez Sadiq (Director Adult Social Care DCC), Clive Stanbrook (Derbyshire Fire and Rescue Service),

Non board members in attendance: Marie Cowie (Senior Public Health Manager), Alison Wynn (Assistant Director of Public Health)

23/21 Apologies for Absence

Apologies were received from: Councillors Poulter and Lonsdale, Stephen Bateman (DHU Healthcare, Paul Brookhouse (Project Manager DF4T Alliance), Tony Campbell (Derbyshire Healthcare United), David Cox (Derbyshire Constabulary), Ian Fullagar, Head of Strategic Housing, City Development and Growth DCC), Magnus Harrison, (Interim Chief Executive Derby Hospitals NHS Foundation Trust), Rachel North (Strategic Director of Communities and Place DCC), Paul Simpson (Chief Executive DCC), Andy Smith (Strategic Director of Peoples Services DCC), Merryl Watkins (Derbyshire CCGs)

22/21 Late Items

The Chair agreed to move Joined Up Care Derbyshire Update to be the first item discussed at the meeting.

The Chair highlighted that the Mental Health Awareness Week for 2022 was taking place this week (9th to 15th May) and that information about the week was available on the Derby City Council Website.

The Chair announced that the result of the Inspection of Derby Local authority Children's Services (ILACS) 21st to 25th March 2022 was overall "Outstanding" The HWB agreed the CYP Teams involved should be thanked as they had worked hard to achieve this result.

24/21 Declarations of Interest

There were none.

25/21 Minutes of the meeting held on 17 March 2022

The minutes of the meeting on 17th March 2022 were agreed.

26/21 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).

The DopH explained that the Derby Outbreak Engagement Board meets routinely, to discuss and respond to emerging issues. Additional meetings are called as necessary to respond to urgent issues. The Engagement Board oversees the preparation and publication of the Local Outbreak Management Plan (LOMP) which is due to be updated to take into account the Living with COVID 19 guidance.

The Board routinely reviews and discusses the following standing items:

- Protection – providing an overview of the latest COVID data reporting, update on recent COVID cases and rates across the city and any local outbreaks, also providing updates on local community testing.
- Treatment – providing an update on the local Health and Care System – including situational update and any existing or emerging pressures.
- Prevention – providing an update on progress and plans of the local vaccination programme.

The standard Health Protection Board meets regularly and includes consideration of COVID as appropriate.

The DoPH highlighted that the current infection rate was reducing but there was still a significant amount of infection (3% of the population). People are still encouraged to have the vaccines and if showing symptoms of COVID they should remain at home to reduce spread.

A councillor was concerned that the COVID programme of vaccinations for vulnerable housebound people had been completed, it was confirmed that it had. Another councillor asked if there was an update on Hepatitis B. The DoPH explained that there was no detail on numbers currently, the outbreak in under 5's was concerning but the UK Health Agency are tracking infections. The importance of handwashing properly both for adults and children to limit the spread of the virus was re-iterated. There was also an association with sickness and diarroea and any children showing symptoms should be kept at home as any measures taken to reduce spread of the virus would help. The councillor understood that recent focus had been on COVID and not other viruses and asked if there was any further message to re-iterate regarding hygiene and staying at home. The DoPH explained there was a combination of diseases to think about, currently chicken pox had been causing issues. The counillor offered help, perhaps the Board could consider at a future meeting.

A councillor was concerned that people had difficulty accessing the vaccination programme for five to eleven year olds and asked if there was any update available. The DoPH asked that any specific concerns around booking be sent to her and she would take them forward. The councillor explained the concerns were mainly around sharing of information and the need to increase awareness of where and how to book, also the accessibility for children with special needs. Another councillor was concerned about finding the booking programme online, it was not clear about where to go for a booster vaccination, was there a need for more information, previously it had been possible to access booster vaccinations at Midland House. The DoPH explained that information had been published about the fourth booster and there had been good results. She highlighted that booster doses can be booked online, by calling 119, or visiting a walk-in clinic. Another officer confirmed there was still walk in capacity available at Midland House, the NHS wanted everyone eligible to have a booster, if you

have information that challenges this please contact us. The officer also explained that more staff are needed to support vaccinations for children. Another councillor asked if it was still possible for unvaccinated people to access the COVID vaccintions and booster programmes. The DoPH confirmed all COVID vaccinations and boosters were still available. Details of where to access COVID vaccinations would be provided to the Board. The councillor was concerned that access may be less obvious and that there still needs to be more done to assist with the promotion. The officer detailed the latest vaccination figures for the Derbyshire population which showed that 83% of the eligible population had received a booster vaccination. It was important to understand that with this level of vaccination success in the general population there needed to be a different delivery approach to tackle those people still without booster vaccinations, a more bespoke programme was needed perhaps one using more mobile facilities.

The Board resolved to note the update report.

27/21 Director of Public Health Annual Report 2021

The Board received a report of the Director of Public Health, Derby City Council The report provided an overview of the Director of Public Health's Annual Report (DPHAR) which was due to be published. A presentation was given by the Director of Public Health (DofPH).

The DoPH explained the report was due to be published shortly, the presentation was a summary of some of the key points but not all of the main findings in the report, work was ongoing to finalise the report for publication within the next few weeks. The report discussed the direct and indirect impacts of the pandemic on health and inequalities. It encompassed positive cases, mortality and vaccination uptake across the community and also the wider impacts on health and wellbeing throughout the life course. The report highlighted pre-existing inequalities in Derby and their influence on the contrasting experiences of COVID 19 between communities in the city. It emphasised the value of collaborative action by highlighting the campaigns, programmes and services delivered by the council and its partners during the Pandemic. The DoPH briefly detailed some of the key points from the report which included the following:

Derby Health and Inequalities Profile – Before the pandemic there was already a challenging situation in the city. The population of Derby is younger, more diverse and more deprived than the England average. Just under 260,000 people live in Derby City and around a quarter of people are from an ethnic minority group. Derby is in one of the 20% most deprived areas in the country and has been for many years. The life expectancy (how long an average person would expect to live) in Derby for both men and women was lower than the England average. Life expectancy differed across the city and was dependent on the areas of the city where they lived. The health of people in Derby was generally worse than the England average.

Life Expectancy - in general across England life expectancy had been increasing but from 2011 nationally there has been a stalling/slowing down in improvements, there were concerns that the country may be moving towards a dip in life expectancy. Derby has a 10 years difference in life expectancy between the most deprived and least deprived areas, with a small city that's a few miles difference between where people live. Derby has some affluent populations there are large industries and skilled workers but it also has many significant areas of deprivation. Recently the inequalities gap in life expectancy at birth for males has reduced, but this was due a fall in life expectancy of men living in some of Derby's more affluent neighbourhoods and not to an improvement in the most deprived populations.

Healthy life expectancy (HLE) – the average number of years a person would expect to live in good health. People are generally living longer, but healthy life expectancy is decreasing, there are more people living for longer in poor health. In Derby, HLE is falling at a greater rate than England as a whole. HLE for males is 60.2 years (three years below England average) and 58.4 years (5.5 years below England average) for females in the city. For some women in the city this can mean living

almost 25 years in poor health. Derby has the widest inequality in healthy life expectancy for both males and females in the East Midlands region (around 19 years). Derby is in the top 10 local authorities in England for the widest inequality in healthy life expectancy.

COVID 19 – Impacts and Inequalities - Infection rates varied by age groups between the two waves that included mass testing (Wave 2: 1st September 2020 to 22nd May 2021; Wave 3: 23rd May 2021 to 24th August 2021). During Wave 2, infections were distributed across the age groups from working age population groups as well as those aged 80 and over. Wave 3 showed a concentration in the younger aged population, between those aged 10-19 and under 40, accounting for every 2 out of 3 infections in the City. The highest infection rate was in the age group 20-29 for both Waves. Infection rates have affected our communities unequally. From 1st September 2020, infection rates were higher among those from Black, Asian and Minority Ethnic backgrounds. The highest rates were seen among those from any other mixed/multiple ethnic background.

COVID-19 Mortality in Derby - 400 mortalities occurred in Derby with COVID-19 as a confirmed cause of death between March and December 2020. (Latest data is 954). 59% of confirmed COVID-19 deaths occurred in people aged 80+. COVID-19 was the main reason for a rise in the overall number of deaths registered in England and Wales in 2020. In Derby, approximately 390 excess deaths were registered. (Latest data is 599)

A councillor asked where and how widely would the report be circulated, he felt it should come to this Board and also be sent to the Poverty Commission plus several Housing Groups. The DoPH confirmed that the report would be circulated as far and widely as possible, the ICS would be a key place. The councillor queried if it would be circulated to Cancer charities in relation to Cancer Services that have not been accessed or available during the pandemic, also would it go to schools and children and young people so that they can react to some of the issues. The board would need to know before the report was published as there will be a lot of questions on it.

Another councillor queried why the presentation had not been circulated before the meeting, she felt this was unhelpful as there was a lot of information to absorb. The DoPH agreed to circulate the presentation and explained that the final report was still in the process of amendment and approval.

A councillor stated that this was a very compelling and concerning report and highlighted several points around the education disparities, inequalities and deficits, calls had been made for adequate catch up funding for the government for over a year and also calls to have specific Mental Health support put into schools, but adequate funding had never arrived. She asked if now was the time to renew calls to government for more support for children in schools especially those identified as being particularly affected. The councillor also commented on the impact of lockdowns on many teachers who struggled with what they were being asked to undertake, the mental health impact on some teachers was overwhelming. The report also showed how damaging the impact of lockdown was on young people, she asked what can be done now to seriously address the impact and what efforts are being made to address the disproportionate negative effect on Black, Asian and Minority Ethnic (BAME) groups in the city, who have suffered more and are not yet on a pathway to recovery as quickly as other groups.

The DoPH acknowledged that the pandemic had significantly affected many people including teachers and many other front line staff, only over the next year will the full impact be understood as people become tired and worn out as a result of the pandemic. There was also the impact of Long COVID to consider which was still not fully understood and new cases were occurring still. Regarding the specific impact on the BAME populations, work was ongoing with the ICS on their Health and Equality Strategy which was key from the Health services perspective and thinking about access, experience and outcomes.

Another Board member responded in relation to inequalities question, firstly he commended the DoPH and team, they took pro-active steps to engage with community and DCC to co-design an effective

communications strategy during the pandemic. Secondly from the Disparities Report seeing how and where the inequalities that have been prevalent can be addressed. He stated there was an historic lack of trust between BAME and local services such as NHS and it was important to have community buy in for the future. A Derby Health Inequalities Partnership has been formed, it was a joint initative with BAME community organisations and Public Health. 26 members of community organisations were gathered together to explain the work that was needed and the aim of setting up an Inequalities partnership. It was highlighted that Public Health and other agencies have data but don't talk to BAME Communities to learn their experiences of services. Respected leaders and organisations were asked to go out to communities with a consulation between December 2021 to April 2022 and now a report was being put together. There was a lot of frustration and anger from BAME people, for example on waiting lists where they wait 11% longer, there was a need to empower communities and let them lead, but a lack of trust will take time to disappear. Derby Health and Inequality Partnership should be able to hold the NHS and other providers to account.

The Board member then asked a question around childhood obesity, historically in more deprived communities this has been a rising concern, COVID has increased that concern, are Public Health working on this, are any resources being put into the strategy to enhance the work to address childhood obestity which leads to wider health deterioration including mental health. DoPH stated the strategy was paused in 2020 and work was restarted last year. There was a key priority from last year around treatment services which was the initial identified area of gap which was children that were significantly obese that school nurses were struggling to find the support for them in the system. There was now more work focused on prevention and thinking about health in broader terms and moving away from weight as part of appearance but as a risk for mental health and physical health issues.

A councillor highlighted one benefit from the pandemic, which was the co-production and co-design across all areas, it had been learnt through the Pandemic that the lived experience and knowledge base was what should be listened to develop and mould services and so it was good to hear that was happening across the system, this should be acknowledged, worked with and learnt from.

The counciller then asked the following three questions on Mortality Rates, Activity Rates and Childhood Vaccinations

Mortality Rates, was there a deeper analysis done in terms of the reasons for mortality both locally and nationally, can we drill down if there are specific spikes and certain reasons for mortality and see if there any trends that the Board can focus on.

The DoPH explained that from a Mortality perspective a detailed piece of work around deaths was undertaken in 2020, a very small number were COVID alone, COVID may have been the cause but the majority were related to underlying health conditions such as respiratory or cardiac there were some neurological conditions also. The deaths show that being male being a high risk and also being older was a high risk. This reflected the national picture and the general learning was if you have poor health for another reason and you catch an infectious disease you are at a higher risk. Obesity was a part of that too, as it also increased the risk of serious outcomes. There are a group of areas that we know had more severe outcomes that we can start to tackle again, they were a part of the things being tackled prior to the Pandemic. The fantastic impact of vaccinations on death rates has been seen and the real difference it has made, by not eliminating death but really reducing the risks, however, there are deaths still being seen and there was still the possibility of developing Long COVID.

Activity Rates, in terms of the activity rates not just under BAME but also for male and female rates, as it was understood that female rates did really decline during COVID could the Board look at this also.

The DoPH explained that from the Physical Activity perspective, it was a challenge from school aged children onwards. It has been learnt over the years that for adolescent girls this was the point where

activity starts to fall, this was a key age group for intervention and encouragement with appropriate physical activity to engage them that was not necessarily competitive. There are links into “Move More Derby Strategy”, there was a need for reflecton on pandemic learning around what can be done to support particular communities.

Uptake in Childhood Vaccinations not just in COVID but amongst childhood vaccinations, prior to COVID there was not much heard about parents not taking their children for childhood vaccinations due to varying reasons such as links with MMR. Have those childhood vaccinnations decreased, because that would be worrying due to the thrat of an increase in Chicken Pox and Measles, rather than a child just missing a few days from school it could be life threatening.

The DoPH explained that from Vaccination perspective there was a cncern that worries about the COVID vaccination may mean concerns about other vaccinations. Derby did well with vaccinations but there were still areas for improvement both locally and nationally, there was a county wide Vaccination Inequalities Group looking at which groups are not coming forward for vaccination and also different ways of engaging/contacting and understanding their concerns, the aim was that all parents are informed enough to make a choice about vaccinations and they need to have genuine and clear information to do this. The vaccine immunisation rates are monitored though Health protection Board which gives us a clear picture.

Another Board member highlighted that baeratic rescues have increased by a large percentage in the last two years, this links in with the childhood obesity issue highlighted. The Fire Service also attended an increasing number of suicides and house fire deaths. Our at risk demographics are very similar to those covered in the report, currently the service was targeting 14.5 thousand of the most vulnerable and at risk households in Derbyshire. The service was a small part of the system but we do have access to groups of people you are struggling to reach and the service would be happy to assist where possible. The DoPH expressed her thanks for the offer. The Chair also thanked the Board member for the offer and highlighted that the service can access properties, and reach people without any barriers and the offer of assistance was appreciated.

The Board resolved:

1. **To note the content and issues raised by the DPHAR 2021**
2. **To actively support the recommendations of the Annual Report as set out in 4.7**

28/21 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 officer explained that the update report sets out the position as July 2022 approaches for the formal, statutory creation of the Integrated Care System ICS for Derby and Derbyshire. The Board had been sighted on developments through previous updates received during the evolution of the ICS. There were two main parts of Health and Care Bill which would become law by the 1st July 2022, these were the Integrated Care Board (ICB) which was an NHS body that will be created through the Act and the Integrated Care Partnership (ICP) which was the statutory committee which would be created to frame the partnership that forms the Integrated Care System (ICS).

The Board were reminded that the NHS was a very broad family and had a lot of agencies and

organisations that work underneath its banner. The new statute aims to help bring those together in a co-ordinated way rather than structural way, by the creation of the ICB which will be called NHS Derby and Derbyshire ICB. This body will have the statutory duties that are currently in the NHS CCG Groups put into the statute of the ICB and amongst other statutory duties, the roles of the ICB will be to deliver it's own statutory duties and also to support integration within the NHS itself as well as the integration with the NHS to other parts of the integrated care system.

In terms of readiness of the ICB it was on track for being statutory ready for July. The ICB already has a shadow board in place and has its executive and and non executive members established and was currently in the process of confirming through a nomination process partner members including the local authority who are statutory partner members.

When the CCG finishes at the end of June there will be a move of the statututory functions, duties and people into the ICB, this was in progress and was on track to be ready for 1st July. The main functions of the ICB as an NHS Body would be the statutory accountabilities including commisioning of health and care services, the functions of CCGs will be subsumed into the ICB. However, the ICB take a different approach, the emphasis around operation of the ICB will be around collaboration, support and facilitation and to bring the NHS family together to support the integration of care needed for the residents served.

The wider partnership is in relation to ICS as a whole, the statutory body that will hold that will be in the form of a committee the ICP this was a equal partnership between the NHS, Local Authorities and other partners such as Voluntary Sector, it's role would be to understand how outcomes are improved for the residents they serve collectively, this was currently being worked through to see how this could be achieved. The ICP has met twice in shadow form, and a further meeting was planned for June, where they will review how wide a remit the ICP wants, and set out how ICP will deliver an Integrated Care Strategy for Derby and Derbyshire.

The reason for discussing the wider remit for the ICP, was because the outcomes people have in terms of their health are not always simply based on medical nursing treatments, they are based on a set of wider determinants such as their housing, the environment, the wealth they experience. To improve overall outcomes these need to be taken into account. The ICP want to understand in partnership with HWB how they can work together to avoid duplication. There are conversations happening to establish the future role of HWB as they continue in statute with no change, and also what role the ICP would want to focus on. There are two options being considered, firstly that the ICP continues to look after NHS, Public Health Health and Social care including adults and children or it takes on a wider remit to cover the full determinants of health which include housing, the environment, regeneration and wealth creation which are a part of the broader socio-economic agenda.

Whichever option was decided upon would have a consequence on the role of the HWB so that conservations are not being duplicated and are acting with full effect. There were parallel conversations ongoing with HWB of both the city and county to talk about the roles that HWB want to play.

A councillor was concerned about duplication and asked how with the other Boards already in place in the City it would be avoided to ensure there would be a real focus on getting outcomes. The officer explained that there are lots of groups looking at differing things the question was how we pull all of those together. In Derby City The Partnership Board has been created to think about broader social economics, how do we avoid duplication between that and the HWB and ICP. There are groups that check oversee and challenge, the ICP and HWB would fit in that space, there are also groups that deliver such as the Partnership Board, it was about having different roles.

Another councillor echoed that there was a danger of having more talk and less action, there are also Scrutiny Boards who cover a huge remit, each body has it's own function but you do need to think about the likely concrete outcomes of each board and review their purpose and their remit and their

reason for existing on that basis. The officer agreed once a definitive view had been formed and was ready to operate between HWB and ICP that clarity of which group does what will be crucial. The OSC funcdtion does not change, but there was a need to understand that role completely.

A councillor understood that the NHS would still have to support major changes to Overview and Scrutiny and that the role of the HWB will be looking at the wider determinants of health particularly housing and the environment in which we live. The movement of looking at wider determinants by HWB leads to the prevention agenda and so would the HWB in your opinion start moving towards further prevention activites to stop more people moving into mainstream health facilities in later life. for example healthy lifestyles and healthier living conditions. The officer supported this view but suggested that the HWB future role could be to take a broader view of Health and Wellbeing than before where there had been focus on some of the service changes, this was an opportunity for the HWB to stand back and look at the full determinants of health. The benefits of ICP if it retains its focus on NHS, Public Health and Social Care would be that it would enable the HWB to focus more on the wider determinants and take assurance on those from the NHS and Health and Social Care Services. The role of Overview and Scrutiny (OSC) has not changed and therefore the statutory requirement to take major service changes to OSC has not changed, these changes would still be discussed in the health and care partnership but from a different perspective to OSC. Prevention needs to be across the Board, when HWB looks at wider determinants of health, all the partners at the meeting would need to have prevention as a part of their work, the ICP would be a part of that partnership and an example of prevention in their work would be reduction of tobacco consumption. They would also want to think about housing in terms of prevention work, damp environments etc. Everyone would have a prevention aspect to their work.

Another councillor asked about ICS funding, how much funding would the ICS have for the forthcoming year and how does that compare regionally and nationally and what percentage of that would be used to support preventative measures. The officer confirmed that the budgets for the financial year have been set, on the NHS side the budgets remain challenging, there was significant demand for services with a finite resource. The budget that the NHS will bring into the broader partnership in general terms has not overly changed. There was a question about ICS in terms of the equal partnership between us and Local authority and others in terms of budget we bring and the budget we want to collectively put behind certain initiatives, the Better Care Fund (BCF) mechanism has not changed and will be the principle vehicle for joint partnership working particularly on prevention measures. The officer highlighted that the NHS was setting out a vision with regards to health and equalities, it was called the “Core20PLUS5 movement” and was the NHS approach to reducing health inequalities, there was a core budget and a full programme and a plan due to be signed off by the ICS later this year. The officer would bring further details to the Board in due course.

The councillor also asked if the Childrens Local Transformation Plan in the ICS would be brought to the HWB, Corporate Parenting Board and the Children and Young People’s Scrutiny Board to ensure that Looked After Children (LAC) are central to the plan. The officer confirmed that they would.

The Chair thanked the officer for the update and the Board looked forward to receiving regular updates over the coming months.

The Board resolved to note the update from JUCD

29/21 Update to Health and Wellbeing Board Terms of Reference

The Board received a report of the Director of Public Health and the Strategic Director of Peoples Services. The purpose of the report was to share for review and approval the updated Terms of Reference (TOR) of the Health and Wellbeing Board (HWB) to reflect changes agreed as part of the recent development sessions. The report highlights proposed amendments to the currently agreed

TOR for the consideration of the HWB members.

The current TOR of the HWB were updated in July 2020. There have been no changes to the statutory requirements of the HWB since the current TOR was approved but there have been significant changes in the national and local health and care landscape with the development of the Integrated Care System. The HWB has undertaken several development sessions to consider its role, purpose and way of working. The changes proposed have been incorporated into the revised TOR. Mapping of local groups who could be involved in the activities that support the agreed outcome areas is still ongoing, once the work has been completed the sub-groups of the HWB will be updated.

The key changes to the TOR are:

Addition of section 2 Vision and Objectives
Addition of section 3, part e, f and g
Amendments to section 4.2 non-statutory membership – to include either 4 reps from the 4 individual NHS provider organisations (as per current membership) or an additional ICS representative representing provider organisations pending NHS preference
Amendments to section 5 Governance and report relationships
Addition of 6.6 Meeting principles and way of working – bringing key themes
Addition of paragraph at the end of 6.7 Agenda and meeting format - the Board holds regular development sessions either as an individual HWB and joint sessions with Derbyshire HWB for development of the Board
References to the Clinical Commissioning Group (CCG) to be replaced with Integrated Care System (ICS) when ICS formalised in July and CCGs dis-established.

The Board resolved:

1. **To recommend to Council the approval of the revised terms of reference for the Health and Wellbeing Board, as detailed at Appendix 1.**

2. **To further review the Terms of Reference in September following work to develop the relationship between the integrated Care Partnership and Derby and Derbyshire Health and Wellbeing Boards.**

Items for Information

None were submitted

Private Items

None were submitted.

MINUTES END