ITEM 04

Time Commenced: 12:30pm
Time Finished: 14:30pm

Health and Wellbeing Board
29 July 2021

Present:

Statutory Members: Chair: Councillor Chris Poulter (Leader of the Council) Steve Studham, (Chair, Derby Healthwatch), Robyn Dewis (Director of Public Health), Perveez Sadiq (Director of Adults and Health Peoples Services), Merryl Watkins (Derbyshire CCGs)

Non-Statutory Members:

Elected members: Councillors Lind, Lonsdale, Martin and Webb

Appointees of other organisations: Chris Clayton (DDCCG), Gino Distefano (Derby Hospitals NHS Foundation Trust), Angelique Foster Derbyshire (Police and Crime Commissioner), Jayne Needham (Derbyshire Community Healthcare Services), Vikki Taylor (Joined up Care Derbyshire)

Non board members in attendance: James Duffield (Community Development Officer)

01/21 Apologies for Absence

Apologies were received from: Councillor Williams (Cabinet Member Children, Young People and Skills, DCC), Stephen Bateman (DHU Healthcare), Gavin Boyle (Derby Hospitals NHS Foundation Trust), David Cox (Derbyshire Constabulary) Ifti Majid (Chief Executive Derbyshire Healthcare Foundation Trust), Andy Smith (Strategic Director of Peoples Services), Clive Stanbrook (Derbyshire Fire and Rescue Service), Alison Wynn (Assistant Director of Public Health)

02/21 Late Items

There were none.

03/21 Declarations of Interest

The Board noted that Councillor Webb declared that he was a member of the Joined Up Care Derbyshire Board, this was not a pecuniary interest.

04/21 Minutes of the meeting held on 18 March 2021

Item 25/20 COVID Engagement Board, the CEX Derbyshire CCGs confirmed that liaison had taken place with the Director Communications and Engagement CCGs regarding contacting

the DofPH to progress the communication of information to the Health and Wellbeing Board, to help enforce the message for hard to reach groups.

Item 28/20 Drink Free Days Derby – Update on status and questions for discussion on future direction, the Assistant Director of Public Health would pick up the action to draft a letter to be sent to either the Chairman or Chief Executive of Drinkaware, whichever was appropriate, regarding Drinkaware's lack of funding and resources for 2021.

The minutes of the meeting held on 18 March 2021 were agreed as a correct record.

05/21 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 next steps to enable a different way of working were explained to the Board. A recent White Paper on Health Care Reform described the core purpose of an Integrated Care System (ICS) which was to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and effectiveness of our services
- Support broader social and economic development.

The CEX explained what was new in the Health and Care Bill since the last meeting. The Bill sets out three important statutory bodies or groupings.

- The HWB, which had not changed much.

- The Integrated Care Board or Body (ICB) which will be a new NHS organisation which brings the collective effort of NHS together. The NHS was currently built up of a family of lots of different organisations and the ICB will help bring those together.

- The Integrated Care Partnership which will be a partnership between the NHS and the local authority, particulary those LAs responsible for Social Care and Public Health, usually the upper tier LAs. Together the NHS and LA will create the ICP partnership, and that is the Integrated Care System.

The CEX explained the new developments to the Board. The purpose of the ICP and the link between LA and NHS around social care and public health will have a purpose set out in statute to create an integrated care strategy and to implement a joint local Health and Wellbeing strategy. This fits in well with HWB objectives

It is important that ICP creates the strategy in an open transparent way, advertises the strategy, sends out copies to relevant organisations and takes views of the constituents of

those areas and local organisation including the HWB. The NHS element will be to create a five year plan to be reviewed annually setting out how it will respond to the ICS strategy and HWB strategy, and re-affirms the work of the HWB in some of the service reconfiguration work previously brought.

The Clinical Commissioning Groups CCGs will cease to exist on the 31st March 2022, their functions will move into the new NHS body. The formation of the ICP will be a good opportunity to move on and improve the collaborative working already established. It re-affirmed the need of the NHS itself to integrate more internally by collaborating around hospital services, mental health and ambulance care and integrating across the NHS Public Health and Social Care. Setting out in statute the NHS and ICP have an interest in the wider determinants of health, they have no direct influence but they do have an interest.

The CEX then explained the relative contribution of the major determinants of health. Looking at these determinants through the lens of creating the ICS it was clear that the NHS and the Local Authority together have 50% of the statutory interest in the determinance of health ie Clinical care 20% and Health Behaviours (such as Smoking/diet and exercise/alcohol use) 30%. Other determinants such as socio-economic factors (40%) and the built environment (10%) were not under the influences of the health and care partnership.

The CEX then explained some thoughts on how the HWB could tackle the 100% of the determinants. Of all the Boards/Groups or statutory influences that oversees the determinants, the only group which has the 100% reach overall is the HWB. If JUCD could contribute to the NHS/Public Health/Social Care element into a HWB conversation a more unified singular coherent way, this might allow the HWB to stretch its wings and contribute more thought into some of the other areas of social economic and built environment determinants. If some actions on health and care are streamlined it would help the HWB to stand back further and take a broader view.

The work of project Derbyshire won't stop, it will always be evolving, changing and developing and will never be in a final state. At the moment a new statutory arrangement was being put in place but the project of improving outcomes for the population will always continue; this was a helpful step as it builds clarity and ownership. However it remains very complex and complicated, improving outcomes and improving life expectancy of population not being easy.

A councillor commented that since LAs have been invited to join the setting up of the Integrated Care Strategy and Partnerships Health have identified the input that LAs can make, particularly to the wider determinants of health. Public Health and Social Care are linked in with the ICS but the wider determinants, alcohol, obesity, healthy living, social and economic factors and in particular housing, are things which the ICS cannot deal with, but they can add value to for example identifying patients where housing in particular was a serious issue whether that be the accommodation or suitability or other factors in the accomodation that put them at risk. The HWB will actually deliver on socio economic questions rather than the health side.

The biggest challenge was the need for a co-ordinated effort to bring all partners together. The HWB could have a big role in pulling this together and help them to see further than health and social care. It would not be easy to reach into socio economic conversations but the HWB could bring some of those areas together and certainly ask the right questions of them.

Another councillor highlighted that some local authorities are in different places in relation to resources and ability to be able to challenge and provide those services; any strategy would be more effect the wider it reaches. An officer commented that all the organisations that we are bringing together in a partnership exist already, but not so much in a cohesive whole as was being attempted to create in Derby. What Derby does need was a relentless focus on what it wanted to do, particularly in regard to health inequalities as it was such a long term goal. It was easy to lose amongst the operational issues and pressures that faced as a health and care community and population. There was a need to have more of a focus and be zealous in terms of pursuing that in order to make a difference.

A Board member asked how much do we demand of organisations. There was a lot of good work done on housing, but GPs, Medics or the Fire Service represent the eyes and ears on the ground. If a patient was seen in difficult circumstances their medical need could be dealt with but not much could be done about their living conditions, such as damp in housing. The Board member felt that the HWB should be expecting the organisations to come up with plans of what they could do if they come across inadequate housing or overcrowding as these sort of issues affect general health as was seen during the Pandemic. Rather than reacting to reports should the Board be pro-active and say to organisations this is what we expect of you. For example in the case of smoking, professionals see people who smoke, they may not be health professionals but they are in contact with service users and could advise. The HWB are a unique group of all integrated care system in one room, it could be a real opportunity to ensure that great work gets done.

A councillor stated that these were valid points and there should be a system for GP surgeries to know where to go to get issues sorted for example to find out who to contact about housing issues. There needs to be a concerted effort to provide a central service or number to ring, it might be the case that it exists but the information was not being disseminated. The councillor stated that those contacts and links are in place and should be available to at least the practice manager. The councillor explained that the HWB do not have the statutory powers to demand of services/people to enforce what the Board agreed or recommended was done. Another Board member stated that if the HWB as a group decided to concentrate on smoking as a collective group we could expect each other to put things in place. The Board could come to a collective decision and expect that to happen. The councillor felt that the ICS should be designed for everyone to know or understand what the priorities are and to understand their role in delivering them.

Another councillor stated that on some of those things talked about there was not a demand button. When faced with someone who contacts you with damp or housing issues councillors will do all they can. It's not always that there isn't a will and a push, just that the resources and facilities are not immediately available to resolve the issue.

The officer stated that the HWB could have a role in asking the contributors to the health outcomes across those wider determinants and the health and care determinants what they are doing to help to support and deliver the HWB Strategy; that is in statute and would not be an unreasonable ask. A concerted effort would do quite a lot, but there was a need to find the right balance and the right words.

A councillor described the discussions with the JUCD about lessons learnt from the Pandemic. One of the great successes had been The Hub in Derby, where there was a single point of contact for everybody with a problem. The Board member was not the first GP to point out how GPs can contribute and make a difference to the standards of housing that

their patients are living in. The model developed by the Hub was being looked at by JUCD to see if a similar model could be developed for Health Services across the City and County. A single number where GPs or anybody can go with a problem which would be registered and sent on to the correct service to deal with.

A councillor queried what challenges were there to meet the changeover date of March next year, was there a strategic plan in place to get to that point. The officer confirmed that all neccessary work was being done to make the statutory safe and legal changes on the NHS side to close one organisation and create another to get to the 1st April 2022 changeover date. It would not be a huge leap to create the ICP from the current position. The continuing project of improving outcomes in Derby and Derbyshire would also carry on. It was also confirmed that DCC social care services were equally confident of achieving the changeover date.

The Board resolved to note the update from JUCD

06/21 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 Outbreak Engagement Board Sub Group of this Board meets regularly to review the local situation in relation to COVID there is also a Health Protection Board which has met since 2013 and reports to the Board. The usual Health Protection Board has not met since Summer but, in the meantime the Covid Health Board continues to meet.

The DoPH highlighted the latest COVID cases, Pillar two community based testing results and Pillar one hospital test results. The DoPH explained that there was little data from April last year, with limited testing. The data showed the start of the wave in autumn last year and the impact of lockdown in November and the recurrence of wave with peak in early January. Following on from the relaxation of measures with increase in vaccination uptake there was an increase in the number of cases on the chart. The latest data up to 24th July 2020 shows that Derby had 772 cases in those 7 days which was a rate of 300/100,000. Derby very much followed the national picture both with an increase and then a slight decrease in case numbers in the latest week. The national rate was 377/100,000 Derby was below that but not far off the national rate. There was considerable speculation as to the rise and then decrease in cases. Changes in COVID are influenced by activity. In the past month the Euros took place and there was a lot of social mixing associated with the Euros, a lot of cases occured in and around schools before the end of term. It was Important to note that sometimes transmission could be seen between children in schools but sometimes schools are detectors of what was happening in the community earlier than elsewhere. There had been a drop of testing in the community and there are questions around testing fewer people and finding fewer cases, has this been influenced by a reduction in contacts because of the end of Euros and the fact that schools have now closed for summer holidays. There are still a number of cases in the community and the majority of cases are of the delta variant which was very transmissible. It was anticipated that as people continue to mix following the

relaxation of rules from last week the number of cases would increase, we are also not sure whether a stabilisation of cases will occur over the summer due to seasonality like last August. There were indications that cases would increase in September as schools return and people start to move around more.

The DoPH then highlighted the situation in COVID cases in two different age groups. The two key age groups are seventeen to twenty one years and the other the sixty plus age group. With the younger age group there was a very large increase in cases, which mirrored the number of cases in that age group in January in the last peak, in the over sixties there was a smaller increase, this was influenced by the vaccination coverage, people are less vulnerable to infection. Where people in the older age group have been infected, there was a corresponding increase in hospital activity, but this could sometimes be related to A&E as well as hospital admissions, but it was nothing compared to what had been seen previously.

The DoPH updated the Board on the Vaccination uptake. There were 1.4 million vaccinations delivered across Derby and Derbyshire with over 7,000 delivered between the 23rd and 26th July. There was a very high uptake of first and second doses in the over forties. The focus now was primarily on the under thirties where cases are highest and vaccinations lowest and also those unvaccinated in the older age, and at COVID at risk groups who still need to be encouraged to come forward.

Current guidance has not changed although it was no longer legally enforceable. Government guidance on self isolation will change from Monday 16th August, all people double vaccinated can be released by a negative PCR test from isolation. At the moment unless someone was declared exempt from isolation they must continue to self-isolate if told to do so by Track and Trace Programme.

The key messages are that positive Cases in the city have shown a reduction and that hospitalisations for patients with COVID have notably reduced from previous waves and have stabilised. But there was still a need to be cautious, the measures were lifted on the 19th July and we have not yet seen the impact on cases of this. It was important to follow the COVID guidance and also continue to promote vaccination and to make it as available and accessible as possible.

A Councillor asked if there were any plans to encourage further testing across the City such as setting up further testing centres. DoPH explained that they were continuing to promote testing, but there were no plans for mobile testing at the moment. There had been a mobile a unit put in place at Littleover school a few weeks ago as there was a lot of local transmission in the area. The challenge now was that it was hard to pick out and target a particular group as cases are distributed across all age groups and ethnicities. Most cases are in the younger age groups. There was also some confusion between lateral flow tests and PCR tests and when to use them and DCC have been focusing on communicating this.

The Councillor also asked if there was anymore that the council could do to try and get that message across. It was explained that there were regular meeting of the COVID Outbreak Board, and the Council Communications Team were continually pushing the message out. DCC were doing as much as they could.

Another councillor asked what would be the next steps, recently there had been a lot of discussion around booster vaccinations being delivered at the same time as the flu jab. An Officer explained that Phase 2 of the Vaccination Programme was coming to the end, but

vaccinations would continue to be offered to eligible people who have not yet been vaccinated. There was a need to always encourage and promote younger people to have a vaccination. In terms of Phase 3, the third booster vaccine will start to come through from September onward, plans are currently being finanlised on how to do that. It was clear from JCVI guidance who will receive jabs and there would be a focus on at risk groups particularly. One of the concerns of the health and care system would be the re-emergence of other viruses in the autumn because of the ending of lockdown, flu being one. It was planned to increase the reach of flu jabs so that more people could be vacinnated. And there would be a focus on health and care workers in the roll out. There are two big programmes planned during autumn and winter period for Flu and COVID booster jabs.

A Board Member stated that all practices in Derby are geared up and ready to go, they have dates for flu and booster vaccinations. General Practices are seeing an increase in consultations by phone, a lot of patients have COVID, regarding the Track and Trace system although it was helpful to have an exemption to self isolate in reality it was not helpful, because of the risk for further transmission of the virus.

Another Board Member highlighted that the management of pathways and protocols are still in place and impact heavily on the numbers of patients that can seen, the workload impact was still significant through illness including mental health. The uncertainty of winter infections made it difficult to plan. The focus on engaging our front line teams on strategic wider role of population health was difficult as a lot of our colleagues are still trying to catch up with backlogs. There are still a lot of operational, practical difficulties and workforce resilience to consider.

A Councillor highlighted that the messaging was cautiously positive in some ways, the Vaccinnation Programme was an incredible achievement, however on the ground there are still a lot of COVID cases still. In the messaging there was a role for reminding people that they can still get COVID even if they've been vaccinated, and that it was not just mild symptoms. The DoPH explained that this is an interpretation of mild, it can mean you won't get admitted to hospital but the symptoms won't feel mild. Looking at evidence from local data, one of the questions asked by Track and Trace officers was whether people with COVID have been vacinnated. If possible they would like to combine with the NHS database and see whether cases have been vaccinated or not. From the 16th August it will be important to understand which contacts are vaccinated. Two vaccine doses dramactically reduces the risk of being admitted to hospital or of dying but you are still at risk of catching COVID and passing it on which was the key risk around contacts. If the data can be collated and published we can see the impact it was having on serious cases and hospital admissions. The vaccine works because it protects us and reduces the risk of encountering COVID in the community, but the vaccine needs the wave to come down to have its full effect. If we were at a fully vacinnated position last summer when the case rates were really low then we would have been in a better starting point. The challenge now was one of re-starting the economy compared to managing the Pandemic. Locally messaging about Derby's figures continues and approximately one third of Derby's cases have been double vacinnated.

A Councillor asked about the effects of mass gatherings and the start of the football season together with the opening of nightclubs, are football clubs and nightclubs being worked with to ensure that they are making the best use of double vaccinations to keep the clients within their premises and stadiums safe from the spread of COVID. This will be an issue which will run from now until next May. The DoPH explained that from the football perspective regular meetings with environmental health team took place they have had a great deal of input and

good conversations about how that risk could be managed, Bringing people together was a risk not only in the stadium but also on the way in, how people travel to the stadium and how they gather outside, which is much more difficult to control. With regard to Nightclubs, all businesses that are open have to conduct health and safety risk assessments for their environment. The team will continue to visit and advise premises where there are incidences of outbreaks. The challenge would be that people are allowed to mix and mingle and protections are no longer in place, businesess can legitimately open and have crowds within them in close proximity and it was challenging to manage that risk.

Another councillor asked what plans were in place from people suffering from Long COVID and how big a problem might there be in the City. The DoPH confirmed that data was still emerging not only the number of cases but how long that Long COVID may last. There was a mechanism to refer into long COVID Clinics, however, there are a lot of patients who don't present to GP. In terms of the messaging its important to highlight to young people the risk of catching Long COVID if they are not vaccinated rather than the risk of dying. The waiting lists will get longer as more patients are referred to Long COVID clinics. It was important to remember that COVID is not flu, these long term complications do not occur with flu.

The Board resolved to note the report.

07/21 Derby Poverty Commission

The Board received a report of the Strategic Director Communities and Place. The report gave an update on progress on the Derby Poverty Commission and was presented by the Community Development Officer.

The officer explained that the Derby Poverty Commision was a newly established Commission within the City. Previously there had been some anti-poverty measures within the City between 2010 and 2015 which were a unified approach to anti-poverty. However, in March 2020 when the Pandemic hit there was a spotlight again on child poverty. The key party leaders and Cabinet were approached in November 2020 to discuss restarting work around the Child Poverty Agenda. The work of the Community Hub and Better Together Campaign had inspired the start up of a Child Poverty work, after discussion it was agreed to look at a more holistic Poverty Commission looking at the whole family approach. A Steering Group was formed and in April 2021 a full membership was invited to a first workshop.

The Derby Poverty Commission was an independent Commission and works in the partnership space. The Dean of Derby is Chair of the Comission, he has worked on an anti-poverty commission before. The Vice Chair of the Poverty Commission leads the Derby Food 4 Thought Alliance. Members and Advisers on the Commision have been picked using the Josepth Rowntree Foundation Poverty Indicators: Income, Work, Low Pay, Education, Health, Housing, Services and Social Cohesion. It was a Member and Advisor Structure of twenty-one Members and nine Advisors. Members are those who are experienced in a poverty indicator and who work day to day in one of those seven areas, they reflect the needs and concerns of the indicator not just the organisation they represent. Advisors have a knowledge, skill or access to a resource. Representatives from all key parties in the city have been asked to join as Advisors to preserve independence.

The Commission can independently decide which topics or themes and chosen outcomes it will focus on. To avoid working in silo, and to maintain a grasp and hold on the city-wide

agenda the Commission reports to the following governance boards of Derby City Council: Stronger Communities Board, Community Recovery Board and the Partnership Board.

The purpose of the Commision was to: understand the nature of poverty and inequality in Derby; scrutinise the scope, range and impact of poverty; communicate to stakeholders about the nature of poverty; examine the causes of poverty; make recommendations and proposals for alleviating poverty. The Poverty Commission aims to hold to account all key players in the City for anything that is recommended by the Commission such as housing standards. The Commission was based in the Community Hub if there are any issues seen in GP Practices that are common themes in poverty across the City, the Poverty Commission could lobby on your behalf.

Objectives for Year 1 are to: develop a common understanding of poverty and the language used to describe poverty in the City as the face of poverty has changed over the last eighteen months; identify quickly and agree key issues in the City to form the year 1 agenda and make immediate inroads on them; to draw together networks, and develop a communication and information sharing flow between them; agree upon and develop a sustainable model for the Commission to be adopted from year 2 onwards.

In Year 1 three workshops of the full membership took place the first half of workshops were used to create a common understanding across all members the second half was used to establish what the key issues are in the City. Four sub-groups were formed which revolved around Person, Home, Digital and Post-Pandemic. They will meet regularly between now and April to look at issues and to see what recommendations can be made. There are issues apparent in all four areas the officer highlighted one major issue of “co-ordination and connection between services”.

For Year 2 it has been agreed to look at the Poverty Truth Model. Poverty Truth Commissions were initially set up about a decade ago by Martin Johnson in Scotland, this was a model of Commission centred around lived experience, which begins with those people who have lived experiences first. Fifteen to twenty people are found who are on the edge of society, they meet and share stories amongst themselves, as they share stories key themes arise. These themes are agreed, then fifteen key city leaders are invited to join them in their space to try and resolve these issues.

The next steps of the Commission were described. All focus groups have had their initial meetings and have actions and agendas for the year. Full membership meetings will still take place. An expanded steering group has been launched to develop the Poverty Truth Commission Model to launch in April 2022. An Annual Report will be produced which will detail any recommendations and progress made.

A Councillor welcomed the establishment of the Poverty Commission which was a good and proactive initiative and it will no doubt start to produce dividends across the City. The Councillor asked the Board if they had considered ways of linking in with the Commission.

A Councillor welcomed the Poverty Commission and stated that there was a need to ensure that the work they are doing was reported back to the HWB on a regular basis, as a lot of the work that they are looking at was related to health inequalities across the City. It was important that the Board know where these inequalities exist and that there was a proactive way to try and deal with inequalities if at all possible as it was not just Local Authorities making changes to help, other public health and health services would be involved in trying to

improve on inequalities and reduce where possible. The Board requested that an update on progress be brought back to a future meeting.

Another Councillor suggested it would be really good to have a lot more information about how to de-stigmatise the classification of poverty, so that more people would come forward for help. It was suggested that this could be a possible work strand for the Adults Scrutiny Board.

A Board Member felt that the Poverty Truth Commission was really important as a wider determinant of health and asked when it finishes being prepared, where it would sit in the architecture of action, where will it go formally and what will be done with it. The officer confirmed that the Poverty Truth Commission was a work in progress still to be launched, typically they try to be transparent within the public space. When the 15 Community Commissioners get together and invite business and civic leaders to join them it will be done in a front of a crowd of people of about one hundred to two hundred people who are aware that these leaders have been tasked with co-joining and creating potential, resolutions, remedies and recommendations. The Community Commissioners and business/civic leaders then get back together in a year and a half to two years time to present to that same crowd what they have achieved.

A Councillor asked if any recommendations or findings from the Poverty Commision can come back to the HWB for hearing and actions.

Another Councillor was pleased that the Poverty Commission was running and looked forward to feedback. The Councillor highlighted that working with people was the key to community engagement rather than working for them. However, it should be noted that people who are in situations of long term poverty do not always have the confidence to easily articulate their own experience, they do need strong voices to stand up for them.

1. **The Board noted the report and potential contribution of the Derby Poverty Commission to the health and wellbeing of local people and reduction in health inequalities and considered the opportunities for the HWB to engage and support the Derby Poverty Commission.**

2. **The Board asked that an update report on progress be brought back to a future meeting and asked if any recommendations or findings from the Poverty Commission could be brought to the Board for hearing and actions.**

08/21 Local Area Co-ordination (LAC) in Derby – Evaluation Report 2018-2021

The Board received a report from the Service Director Adult Social Care Services which provided the Health and Wellbeing Board with an update on Local Area Co-ordination (LAC) in Derby and an overview of its recent evaluation.

The Board were informed that LAC is something that has been adopted in the city for the last five to six years. The programme had started small but with plans to roll out across the City and engage with other public service partners in using it as a methodology for producing public preventative services. The types of people who use the system tend to be

impoverished or have a lack of confidence and are isolated. They don't engage with systems and services available to them. In effect those people who are left marginalised by society. LAC tries to empower these people to be more confident and to be more resilient and enable them learn alongside somebody who knows the system and how it works. LAC tries to support people to find their own solutions in the community and to use their own abilities with some support to help them to have a better life. As a by product LAC prevents pulling those people into the statutory services. The service was aware that there was a lot of excess demand in the statutory services which causes issues of access and puts pressure on the service ability to deal with people, the service ends up dealing with symptoms rather than causes.

The officer explained that LAC has been rolled out across the city now and described some of the distinguising features of LACs. Local area co-ordinators are seen as people who are accessible, flexible and approachable, LACs are not there to provide a service to people but they provide a support mechanism for people who need advice and support. There was no referral system to access services, no eligibility criteria, just the opportunity for a conversation and taking forward the result. The relationship between the LAC and people who need help lasts for as long as it was necessary. The LACs work at two levels, with individuals and with communities in terms of building social capital in communities so that they become more resilient in themselves rather than depending on statutory services. This offer came from "managing demand" of the Adult Social Services in the City. The demand on services could not be responded to in a timely way, gaps started to appear in the terms of the number of people who could be supported with the resources available.

The officer explained that qualitive and quantative analysis was undertaken using theory of change, different methodologies and independent evaluations. The Service understands that the LAC initiative works and was producing some sustainable change and outcomes for people in the City. In the overarching report paragraph 4.4 shows some of the quantifiable benefits experienced though using LAC in terms of social care and health presentations. At time when we are aware that all public systems are under huge pressure to see people and to find solutions to presenting problems this has delivered significant benefits for our communities. The officer highlighted paragraph 4.5 of the report which detailed some of the opportunities that exist now and also some future benefits. The officer recommended LAC to partner organisations and explained that it would be good to see further join up across health and local authorities in terms of social prescribing, joining up wth the community hub, pooling resources in that preventative offer so that organisations work in a similar way and maximise the benefit obtained from this asset based approach for the City moving forward. There was still a lot of join up to do in these areas but prevention will be a big stream in tackling health inequalities and getting to people earlier so we don't wait until a crisis or until people need emergency intervention. If the service can get to people much earlier they have a better chance, and less resources would be spent in correcting their situation or supporting that individual to help themselves.

There was a detailed executive summary circulated, which had examples of people who have been through the LAC journey and who now champion and advocate this approach in the City. It was hoped that all organisations would be evangelists for this approach, the benefits are quantifiable for a small amount of investment relative to the overall scale of the health and social care investment across the City. It was something that we need to build on and grow, particularly as an approach for place based interventions across the City. Place will be a big part of the health and social care landscape moving forward with ICPs in the ICS. This methodology needs to play a "loom large" within some of our delivery vehicles especially in

coping with the scale of demand in the system currently.

A councillor agreed with the need to develop the resource and build it up across the City. It was a system with a great potential to build on, it enabled reduction in the number of calls for service from the local GPs and hospital and emergency services.

A Board Member highlighted that in their area of work they had found the LACs provided a really beneficial service, they are a great resource and make a real difference to patients lives. Social prescribers and Care Co-ordinators link to surgeries in Derby and they would benefit with links to LACs also. However, it was worrying that LACs are currently funded by the Local Authority and there could be a loss of future funding if the services were all joined up, could assurance be given that this would not happen.

Another Board member felt it was inspiring to see these outcomes, however, on a practical front as this was not a referral based team or service, how could we signal them to people to use. The officer explained that LACs are assigned to certain geographiesin the City, wherever the patient lives then that LAC will make an initial contact with that them. All LAC contact details are available on the City Council Website.

A councillor felt this was a fantastic initiative but also felt there needed to be lot better understanding of how LACs work with Neighbourhood Managers, Officers and local Councillors. Work needs to be done to understand how everybody could fit better together. There was a lot of crossover in roles and the LAC role needs to be better defined and also how it fits into existing structure. It was suggested that involvement can be accomplished through using the Neighbourhood Board and Officers and involving them in events and ongoing activities throughout the ward which naturally brings them in and enables them to recognise where their help was needed. The theory behind LAC was to work with people not for people, so that the people who are supported end up being resilient and able to look after themselves. It fits in with the neighbourhood agenda but only if the LAC is allowed to deal with those individuals in that way. LAC need to be looked on as a part of the offer but working with the individual not for the invidual. Which was why the engagement period with the individual is not time limited.

1. **The Board noted the contents of the report, particularly in consideration of the recommendations for further opportunities set out in paragraph 4.5 of the report.**

2. **The Board supported the ongoing work to embed and sustain LAC as a key place-based preventative approach in the City.**

09/21 Healthwatch Derby Service Sector Report – Choices and Behaviour – End Report

The Board received a report of the Chair of Healthwatch Derby which was presented by the Chief Executive of Healthwatch Derby. The report gave an overview of the Healthwatch Derby Service Sector Report – Choices and Behaviour – End report

The officer explained that the aim of the report was to help to achieve better understanding of how the COVID 19 pandemic had affected people’s choices and behaviours and whether there were any health or social care services that people would normally access but chose

not to during the COVID 19 period.

The Board noted there is a phase two going on at the moment. Healthwath had modified their approach and with the aid of JUCD had been able to get placards in place at the Arena, they have had a lot more updated information since then. As the groups have become younger they have used facebook and social media more effectively Healthwatch now have roughly 700 comments per month coming through. This information was more relevant and was being given to JUCD. The Board felt it was good to get up to date comments and to be able to react to them.

The report was for information.

The Board considered and noted the report.

10/21 Proposals for the Review of the Health and Wellbeing Board

The Board received a report of the Director of Public Health and the Strategic Director of Peoples Services. The report was presented by the Director of Public Health Derby City Council.

The report detailed a proposal that the Health and Wellbeing Board reviewed its role and function within the developing local health and wellbeing system to ensure that it is maximising its capability to promote integration, improve population health and reduce inequalities in the line with its statutory responsibilities.

The Terms of Reference (TOR) and membership of Board have not been reviewed due to the Pandemic. It was asked if the opportunity could be taken at the next Board to have more of a development session and consider the role of the board within the system changes and also consider the membership of the board to ensure it was correct. The TOR and membership could be addressed in meetings with the Chair and recommendations or a proposal provided for discussion at the next meeting. It was agreed that the conversation be started electronically.

The report was for information.

The Board agreed to use the September Board meeting to hold a review and development workshop.

Private Items

None were submitted.

MINUTES END