

Time Commenced: 13:00pm  
Time Finished: 15.00pm

## **Health and Wellbeing Board 7 September 2023**

Present:

Statutory Members Chair: Councillor Martin (Chair), Sue Cowlishaw (Derby Healthwatch), Richard Wright (Chair of ICB), Robyn Dewis, Director of Public Health

Elected members: Councillors Ashby & Care

Appointees of other organisations: Amjad Ashraf (Community Action Derby), Denise Baker (PV and Dean College of Health Psychology and Social Care University of Derby) Stephen Bateman (CEO Derbyshire Healthcare United), Paul Brookhouse (Derby Poverty Commission), Lucy Cocker (Derbyshire Community Healthcare Services), Helen Dillistone (Rep for Chris Clayton CEX DDICB), NHS Foundation Trust), James Duffield (Derby Poverty Action), James Joyce (Head of Housing and Homelessness & rep for Clare Mehrbani), Pervez Sadiq (Director Adult Social Care Services), Clive Stanbrook (Derbyshire Fire & Rescue Service)

Non board members in attendance: Denise Crouch (Derby Community Trust), Sharon Dale (Derby Community Trust), Rob Smithers (Livewell Treatment Manager)

### **10/23 Apologies for Absence**

Apologies were received from Cllr Emily Lonsdale, Emma Aldred (Derbyshire Constabulary), Chris Clayton (CEO Derby & Derbyshire ICB), Gino Distefano (Director of Strategy Derby Hospitals), Ian Fullagar, (Head of Strategic Housing, City Development and Growth DCC, rep for Health, Housing & Homelessness Board), Margaret Gildea (ICB) Clare Mehrbani (Director of Housing Services, Derby Homes Ltd), Rachel North (Director of Communities & Place), Mark Powell, (CEO Derbyshire Healthcare NHS Trust), Andy Smith (Strategic Director of Peoples Services), Alison Wynn (Assistant Director of Public Health)

### **11/23 Late Items**

There were none.

### **12/23 Declarations of Interest**

There were none.

### **13/23 Minutes of the meeting held on 27 July 2023**

The minutes of the meeting on 27 July 2023 were noted and agreed.

## 15/22 Supporting Behaviour and Lifestyle Change

### 15/22a Derby County Community Trust's Health Provision

The Board received a report from the Director of Public Health, Derby. The report informed the HWB of the health programmes delivered through Derby County Community Trust's (DCCT) Health Department.

The officer reported that DCCTs health programme aimed to work collaboratively across the city to improve the health and wellbeing of residents in the city by reducing health inequalities, promoting healthy lifestyles with focus on early intervention, prevention and health promotion.

It was explained that DCCT was funded through external partners including Public Health (city and county), Macmillan, English Football League (EFL), amongst many others. They offer free 6 to 12 month lifestyle services for people (and families) aged 3 to 90 plus. Their three key priorities were:

- Supporting children and families
- Enabling active living
- Eating healthier

The DCCTs health team had 24 specialist workers who offer targeted intervention services for children and adults. Examples of programmes were given and include:

- Children and young people
  - Weight management
  - Emotional and mental wellbeing for CYP
  - Dental Hygiene
  - Early Years
- Adults
  - Cancer pre-hab, rehab and palliative care
  - Long term health conditions
  - Menopause
  - Pain Management

The Health programme links to 4 outcomes in the HWB outcome indicators

- Increase the number of children and adults who are a healthy weight
- Reduce harmful alcohol consumption
- Improve participation in physical activity
- Improve mental health and emotional wellbeing

People can self refer to the programmes (except for substance misusing), or they can be referred through a range of partner organisations working with DCCT, such as DCCs Livewell Service, School Nursing Teams, Schools, University Hospitals of Derby and Burton (UHDB).

There are social elements to the programmes like themed lunches, day trips away, intergenerational activities and Green gym. Currently DCCT delivers 45 community bases

session each week across the city.

The key focus for DCCT for next 12 months was to develop a chronic disease plan, widen the green offer programme and to continue diversifying their approach.

The Chair stated that it was good to hear about the work being done which meant health improvement for all in preventative areas. The Board commented on the report and presentations. They were concerned about childrens dental treatments.

The officer highlighted that the service was working with schools and had teaching programmes for school assemblies about childrens dental hygiene. Information packs on oral health are provided to parents. A recent donation of a large quantity of toothbrushes will be given out to children. The service was also working with the Schools Nursing Team. A councillor gave an example of a pilot programme in Manchester schools where a significant reduction in dental health issues had been noted. The officers would investigate this programme.

Councillors were concerned that the programmes provided in Derby were known about and were available to all schools. It was explained that although they were a small team (24), for wider community trust delivery they have trained approximately 70 key deliverers about dental hygiene, so they were linked in to most schools across the city. Each school would have different needs, for some just an Assembly would be sufficient, but others would need additional support like workshops. A councillor asked if the service could be linked to staff in Derby's maintained schools to make them aware of programmes on dental hygiene. The DoPH highlighted the Oral Health Promotion Group and its work across the city and suggested that a report on the full detail of their work could be brought to the Board's next meeting.

Another Board member commented that oral health particularly in young people was one of the key clinical areas being considered. In deprived communities in particular the engagement of the core 20 plus group and of ethnic minorities was the biggest barrier. Larger organisations and statutory partners offer a traditional approach so perhaps there was a need for changing this approach slightly. Derby Health Inequalities Partnership (DHIP) offered their support for programmes like weight management or dental health where young people don't engage.

The Chief Executive of DHU Healthcare thanked officers for their report. DHU are a community interest company providing services across the broader midlands area. The company run the NHS 111 Service and Out of Hours Urgent Care services and are currently seeing an increased number of people attending services with dental problems and hygiene issues. The services offered by DCCT could be integrated into a Directory of Services for use by staff, or self care advice could be given to clients face to face.

The CEX also asked how much did it take to provide this service. He extended an offer to meet with the service providers to discuss how DHU Healthcare can support with resources around staffing by providing voluntary support. There are similar services available in other parts of the country that could be learnt from, perhaps the current service offer could be enhanced. The officer explained that all services were externally funded. Derby City Public Health provide funding for children and young people. The offer of a meeting to discuss support in more detail was welcomed. The Chair suggested that a further report on dentistry be brought to the next meeting with a stronger focus on how the different organisations can

help each other.

A Board member asked how the substance misuse service operated. It was explained that it was funded by Public Health and referrals came through Rehabilitation; if in treatment they could be referred on to the 12 month programme. A councillor asked for an explanation of referrals to other programmes on offer. It was explained that self referrals were not available for the substance misuse programme but were suitable for most of the other programmes, except for Long COVID where referrals would come from the hospital/clinic or University of Derby. A Board member asked if there were referrals from consultatants or should the relationship between the organisations be strengthened. It was agreed it should be strengthened.

A Board member asked how the service was providing evidence of the impact of their programmes. It was explained that several programmes had been evaluated already. Data was also collected for every new programme, if a new programme did not provide results then it would be re-worked.

#### **The HWB Board:**

- **Noted the report and recognised the breadth of work delivered by DCCT and for the Board.**
- **Considered DCCT as a key delivery partner who are integral in health and wellbeing plans moving forward.**

#### **15/22b Update on the Livewell Service**

The Board received a report of the Director of Public Health. The report provided the HWB with an update on the Livewell Service including outcomes, current activities, and future plans.

The officer reported that Livewell was Derby City Council's (DCCs) free integrated lifestyle service funding mostly by Public Health. It played a significant role in the HWB outcome indicators of:

- Reducing smoking prevalence
- Improving the number of adults who are a healthy weight
- Improving participation in physical activity
- Improving mental health and wellbeing

The service supports:

- Adult weight management for people aged 18 plus with a BMI greater than 30 or 27.5 for people of Black African, African-Caribbean and Asian ethnicity.
- Stop smoking – tobacco smokers aged 12 plus.
- NHS Health Checks for people aged 40 to 74 without existing CVD diagnosis.
- Specialist Programmes.
- Liveability - Weight management for people with learning disabilities.
- Healthy pregnancy (pre and post) Service.

The service offers:

- Up to 12 months support with an adviser.
- Direct Nicotine Replacement Therapy (NRT) supply with no vouchers.
- Free prescribed physical activity across the city and in DCC leisure centres (gym and swim).
- Weight management education course accredited by RSPH.
- Face to face, digital and telephone support available Monday to Thursday 8am to 8pm and Saturday am.
  - Wellbeing workshops – designed with people accessing the service
  - Sleep well
  - Long term conditions
  - Mindfulness and eating habits
  - Resilience
- Escape – pain courses for people suffering with back, hip and knee pain.
- Cook and Eat workshops.

The Headline outcomes for 2022-23 were indicated:

716 people joined to lose weight 54% achieved at least 5% weight loss

613 people achieved a 4 week smoking quit (62% quit rate)

961 Community NHS Health Checks completed

91% would recommend to a friend or family member.

The Board were informed that the prevalence of smoking for the adult population in Derby has decreased to 13.2% in recent years, the national average was 13%. The service endeavours to work in different ways to help people who would not normally engage with smoking cessation services. An example was working with communities and organisations where the prevalence of smoking was high, like social housing providers and routine or manual workforces. The Board heard that 44% of Livewell's weight management clients and 55% of smoking cessation clients live in the 7 most deprived wards in the city.

The Board were reassured by the report. A councillor highlighted the danger to health of some ultra processed foods, and asked if a video of the workshop undertaken by Livewell could be made available on the Livewell Website for people to access. The officer confirmed there was a Livewell Channel available to stream live workouts and that Workshops could be recorded and made available to access if the resources were available.

The Board were concerned about vaping and asked what could be done. The DoPH explained it was a complicated issue. Vaping was less harmful than smoking but if a person did not smoke then vaping should not be encouraged as there was uncertainty about the potential risks. There are groups who see switching to vaping being of value to those who are trying to quit smoking but finding it hard. Children vaping was an issue, the challenge being the number of vaping products being marketed to children and young people. Headteachers had concerns about children vaping in schools. Public Health are working with schools looking at their programmes of work and also with Trading Standards considering their enforcement around illegal vapes. There was uncertainty about the contents of illegal vapes. Public Health were working with University of Derby around analysing the content of vapes and what was coming through the vaporiser.

A Committee member asked where Community Health Checks are carried out. The officer explained they mainly take place at two locations, the Council House and Florence Nightingale Hospital, to limit moving of testing equipment between sites. However, at various

times of the year Community Checks were at several different workplaces around the City. Church Halls and Derby Homes Buildings had been used.

One councillor asked if people could access the weight loss management course through self referral more than once. It was confirmed that for weight management loss courses it was only possible to access on one occasion, because only a very small number of people can be supported on the programme. A lot of work was done prior to people beginning the weight management course to ensure it was the right time for them to start.

The Chair suggested there was a case for having a report around food, which was underrepresented on some of the current health strategies, and it was an important and complex issue in terms of the food industry and the individual choices of people.

A Board member stated it was reassuring to see Normanton as a point of focus. A Derby Health Inequalities Partnership (DHIP) consultation around services commissioned by Public Health had shown that this was an area where work needed to be done. He asked if demographics recorded ethnicity data around the community and core 20plus group ? He stated that access was a major issue and not enough work was being done to engage communities in the best way. He asked where do you see gaps in provision and what is your plan to overcome them ?

The officer explained that specific work was targeted. Demographic information was recorded, 73% services accessed last year were of White British origin, the rest was made up of vast array of different ethnicities. The annual report of age, gender ethnicity and breakdown would be shared once completed. There were gaps in knowledge and provision around "smoking cessation". There was a need to engage with Eastern European communities to understand why smoking was not seen as an issue. There were gaps around the diversity of messaging around healthy eating, for example "South Asian Eat Well Plate" The service had worked with people to buy the typical food eaten by them and put it on an Eat Well plate. The work had taken time and resources, but now there are colleagues from other organisations who are willing to work together to provide their support differently. It was hoped that next year the annual report will show a positive improvement.

Some comments from a Board Member highlighted the issues of access to services. Organisations within health and social care, the public sector and anchor organisations should commit to the Livewell initiative, employees in these organisations should also be encouraged to support the programme. There was support for these programmes in other parts of the country where programmes are sited in locations like leisure centres and football stadiums. It was known that people already go to those locations, so services located there can be prescribed for them. It was about putting services in the right locations to enable easy access.

#### **The HWB Board noted the report.**

#### **16/23 Derby Poverty Commission**

The Board received a report and presentation from the Vice Chair of Derby Poverty Commission which gave an update on the progress and achievements of the Derby Poverty Commission to the HWB.

The officer provided data about the national and local position. The Board learnt that nationally an estimated 14.5 million people are living in poverty. 1 in 7 households had experienced food insecurity during the last 12 months. 7.3 million low-income households reported going without essentials like showers, essential transport journeys and warm homes.

Locally in Derby City there was an increase of 4,789 on the previous year, and a 9% rise since 2015. 38.3% of children were living in Poverty in 2021/2022, this equalled 23,099 children.

Of the 374 local authority (district/unitary) areas in the UK, Derby falls into the top 5% of those LA's with the highest rates of both variants (absolute & relative) of child poverty. In the case of children living in households in absolute poverty it was ranked 10th of 374.

Between 2021 and 2022 children aged 0-15 in relative low-income families:

- in Derby South 47.6% children were living in poverty (this puts Derby South in the top 3% of worst constituencies for child poverty).
- In Derby North 35.4% children were living in poverty

Some of the impacts were highlighted:

People are going without the basics - Derby Food 4 Thought Alliance is providing an average of 2,300 food parcels per month.

Families are increasingly struggling with Adverse Childhood Experiences (ACE's):

- Mental illness was present in 70% of the households
- Domestic violence in 64% of the households
- Neglect in 55% of the households

The officer reported that the Derby Poverty Commission was an independently-led commission launched in April 2021. The Commission's purpose was to:

- Understand the nature of poverty and inequality in the city of 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.

Phase 1 was launched in Autumn 2022, with 7 individuals from across the city who had a range of experiences; the asylum process, care leavers, disability, living in a high deprivation area, social housing tenants, personal carers, mental health sufferers, and those impacted by bereavement. The Derby Poverty Truth Commission held a launch event in May, where the 7 individuals shared their personal stories to an audience of leaders across the city, with an invitation to those in attendance to join the Commission going forwards.

The issues raised were:

- Poor response from Housing Providers in resolving disrepair claims causing knock-on issues
- Difficulties with using on-line services

- Being made homeless through poor management of housing succession
- Inensitive/unhelpful responses from organisations that should have helped
- Asylum seeker's 10 year wait for resolution of her case.
- Being made to feel like a number not a person.
- Bereavement and the impacts the system causes or exacerbates to those who remain.

The Board felt the presentation was succinct and gave an update on the overall picture. They understood that Child Poverty was a real concern that needed to be addressed.

Children in poverty are often seen in homelessness service. People are placed in Bed & Breakfast arrangements where there was no access to cooking facilities, people should have access to cooking facilities. There was a gap between local housing allowance and local rental cost. There was a huge impact by the cost of living which stopped people from affording a property, top up rent was available but this was not a long term solution as it was too expensive. How can the accommodation need be provided for in Derby.

A councillor suggested using Churches, Faith Groups and community buildings. Councillors could contact Localities Teams to see if cooking facilities were available in their area. It was understood that the cost of electricity would be an issue. The Vice Chair of Derby Poverty Commission and the Head of Housing and Homelessness agreed to meet to discuss possible options and then meet with the Head of Community Safety and Localities.

A councillor asked that poverty was a national issue were there any links or learning that could be obtained from other cities and towns. The contacts already in place were described for the Boards information. They included the Poverty Truth Network, the Joseph Rowntree Foundation, Greater Manchester Poverty Action. The Child Poverty Action Group had visited Derby, where a cost of the school day session had been run with partners to share learning. Community and Faith Groups could be involved, but they would need training, a Councillor suggested that she and other councillors could support, but they would need training. The DoPH suggested this idea could be considered. It was asked if a "Buddy/ Champions" Scheme could be established for people to contact, it was important to listen to people.

A Board member suggested that local public sector organisations with restaurants could be asked to recycle food into their local communities. Approaching "FareShare" Charity was suggested using the OLIO app for sharing, giving away, or getting, items in communities for free to reduce household and food waste.

The Board were thanked for all their comments. There was a poverty crisis at the moment and there should be further discussion on this issue. Social economic factors are a key determinant on ill health.

### **The Board:**

- 1. Noted the report and the highlighted focus areas of the Derby Poverty Commission's work.**
- 2. Considered the opportunities for the HWB to engage with and support the Derby Poverty Commission and vice versa.**
- 3. Understood the work of the Poverty Truth Commission and considered**

**opportunities for engagement with it.**

- 4. Considered the research into the impact of children relying on food-parcels long-term and its effect on their nutritional intake and development.**
- 5. Considered the wider impacts of deprivation and poverty on the wellbeing and mental health of those facing the challenges long-term.**

## Items for Information

### 17/23 Joint Local Health and Wellbeing Strategy Update

The Board received a report of the Director of Public Health which provided an update of plans and progress to update the Joint Local Health and Wellbeing Strategy (JLHWS).

The officer reported that the HWB, Place Partnership and Derby Health Inequalities Partnership (DHIP) have a shared place-based ambition to improve population health and reduce health inequalities for the people of Derby. This provided an opportunity to develop a shared strategy to meet the ambition.

An initial discovery workshop was held on 25 July 2023 with community representatives from DHIP. The workshop explored the understanding of the HWB and its purpose and to created an opportunity to work collaboratively with members of HWB and Place Partnership.

It was recommended that a joint workshop be held in partnership with the HWB and Place Partnership to explore next steps. The workshop should take place before the end of October 2023. The Board heard that it was key that HWB members were engaged in the process and that invitations to the HWB Board members for the October Workshop would be sent out in the near future.

## The HWB Board

- 1. Noted and supported the progress made to refresh the JLHWS in collaboration with Derby Health Inequalities Partnership (DHIP) and the Derby Place Partnership, as agreed in March 2023.**
- 2. Noted the outputs and learning from the initial discovery workshop held in July 2023, with members of DHIP.**
- 3. Noted that further workshops are planned between September 2023 and March 2024, and HWB members should actively participate in a joint planning workshop, in partnership with other stakeholders, by the end of October 2023.**

## Private Items

None were submitted.

**MINUTES END**