

ITEM 04

Time Commenced: 1:00pm

Time Finished: 3:05pm

**Health and Wellbeing Board
14 January 2021**

Present:

Statutory Members: Chair:, Steve Studham, (Derby Healthwatch), Robyn Dewis, Director of Public Health, Andy Smith, Strategic Director of Peoples Services, Merryl Watkins (Derbyshire CCGs)

Non-Statutory Members:

Elected members: Councillors Care, Hussain, Lind, Webb,

Appointees of other organisations: Stephen Bateman (DHU Healthcare), Gavin Boyle (Derby Hospitals NHS Foundation Trust), Kath Cawdell (3rd Sector representative Health and Wellbeing Network), Chris Clayton (DDCCG), Hardy Dhindsa (Derbyshire Police and Crime Commissioner), Paula Holt (University of Derby), Ifti Majid (Chief Executive Derbyshire Healthcare Foundation Trust), Vikki Taylor (Joined up Care Derbyshire)

Non board members in attendance: Alison Wynn, Assistant Director of Public Health, Kirsty McMillan (Director, Integration and Direct Services), Gurmail Nizzer (Director of Children's Integrated Commissioning), Rachel North (Strategic Director of Communities and Place), Carl Tring-Willis (Community Development Manager).

11/20 Apologies for Absence

Apologies were received from Councillor Poulter, Leader of the Council, Councillor Williams, Cabinet Member for Children and Young People, Jayne Needham (Derbyshire Community Healthcare Services), Tracey Allen (Derbyshire Community Healthcare Foundation Trust)

12/20 Late Items

There were none.

13/20 Declarations of Interest

There were none.

14/20 Minutes of the meeting held on 12 November 2020

The minutes of the meeting held on 12 November 2020 were agreed as a correct record. The outstanding action that the Mental Health Delivery Board should bring a report to the next Health and Wellbeing Board was noted and the officer confirmed that a report would be provided for the next meeting on 18 March 2021.

15/20 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 was presented by the Director of Public Health.

The Board noted that the Health Protection Board had not met. The update given included the latest data up to 9th January 2021 from the Outbreak Engagement Board.

The Board were informed that the data was published weekly. Currently there are 1,706 cases which included 186 pillar 1 tests that are carried out in hospital. The rate is 663 per 100,000 which was quite a significant increase. Derby City Council was ranked 114th nationally for local authorities, so even though we have had an increase there are still 113 Local Authorities above us with higher rates of infection.

The officer highlighted a chart from start of pandemic. The Board were informed that figures were low in the summer, the peak began at the end of October/November when second national measures were brought. Derby was in the tiering system in December and it could be seen that the measures in place were not enough to keep control of the virus, so the numbers of cases gradually crept up. During Christmas and New Year there was a reduction in the number of people coming forward to be tested and there was a social mixing of families. The first week after Christmas saw a really large doubling of numbers number of cases.

It was difficult to see what the trend was and there was a need to see next week's data across all age groups. Good news was that there was not a doubling of cases again in this week's data.

There had been a hint of a slight tail off on the over sixties, which was particularly important as this group drives hospital admissions data.

A map of the City was displayed, it was explained that it was not aligned with wards but related to a similar size of population. The greatest concentration of cases this week was seen around Rose Hill and Castleward. Previously largest areas of cases were in Littleover, Heatherton, Normanton and around Sinfen

The Chief Executive of Derby Hospitals NHS Trust highlighted the prevalence in the community in the first wave when there were up to 250 cases in hospital, this increased in early November to 300 but went back down to 200 in December. Over the Christmas period and throughout January there were up to 516 comfortably more than double. This was a big challenge, but reassurance was given that the hospital and the wider community were responding well, and the hospital can discharge patients when they need to maintain flow through the hospital.

The most critical factor was critical care capacity: the hospital accommodated many patients but in terms of numbers they are similar to the levels in the first wave. There are two reasons for this. One was the improved treatment options, such as dexamethasone, that the hospital are able to offer patients, which mean that when patients are admitted to hospital they are less likely to need critical care treatment. There has also been an increase in the amount of treatments that can be used outside of critical care like high flow oxygen and CPAP, a way of giving patients an increased level of oxygen to help them whilst they are in respiratory distress.

The officer reported that it was a really challenging picture and that it was hoped the latest lockdown will start to feed through, but there was a lag in figures. Community infection figures lead the hospital which then catches up a few weeks later as people become poorly and are admitted into hospital. It was a really difficult situation, really challenging but was being managed. There as a small ray of hope with the vaccine, but we still need to continue to follow the guidelines of the national pandemic using the measures, “hands, face and space” to help protect the NHS. These measures were more important than ever as the vaccination programme was being racked up.

A Councillor pointed out that the example of doing well with vaccine programme does not appear in the local press. The councillor was supportive of what we are doing, and explained that the Arena has had some fantastic comments from local people who have attended, but it was not helpful when local media post headlines that the Arena had been out of action for two days. An officer explained that the limiting factor was not staff working at Arena, every available dose was being given out, it was just vaccine supply causing issues which will resolve itself in time.

The Chief Executive of Derby Hospitals NHS Trust explained that this was an unprecedented vaccination programme, Derbyshire was pulling its weight, it had gone from a running start in hospitals and increased in communities through local

GP practices, thousands of vaccinations had been given so far. This was a massive programme and all colleagues support and patience were needed to get through it. The Arena was a special case in point, the city had done something innovative, in bringing together five primary care networks in one place. The Arena will also “go live” as a vaccination centre on hopefully on 25 January. It will take several months before there was sufficient immunity within the population

A councillor queried the delay in 2nd vaccination dose from three to twelve weeks. The CEX advised that they had not been advised of any change in the vaccination programme from the current twelve week recommended timeline, and they would be aware of any changes in the recommendations which come from the Joint Committee of Immunisations and vaccines. These are recommended to the country through Chief Medical Officer, the CEX was not currently not aware that JVICI has changed its view or the Chief medical officer had changed approach.

An officer highlighted the difficulties caused by patients contacting GP surgeries to asking when they would get the vaccines. The GP surgeries try to ring patients as soon as we get the vaccines, so please advise anyone that GPs will be contacting everybody in each vaccine group in priority order. The Councillor understood that there would be a list of priority groups and those with the most need should be treated first but asked if a rundown on times could be given, when it was expected to finish each phase of priority groups to give some idea of when the general population with no priority needs could expect to be vaccinated.

The officer explained that they know the number of patients in each of the four priority groups. It was planned to deliver the vaccine to all the top four cohorts by 15 February 2021. But there will always be an overlap/crossover of these groups. The priority order was:

- Care Home residents and staff,
- over 80's, over 75's,
- over 70 to 74's
- over the age of 16 any patients that are clinically vulnerable, plus health and care workers.

A Councillor asked if patients of the appropriate age group being discharged from hospital are being vaccinated ? The officer confirmed that on the assumption that they are well enough to be vaccinated they will be. The councillor asked if this includes people discharged to Care Homes. The officer confirmed that they would be if it was appropriate, they are also trying to vaccinate people attending outpatient appointments who are over 80, but this does depend on clinical appropriateness

A councilor felt that the 15 February was a good milestone to meet but suggested that the biggest issue is lockdown, how long does this need to be sustained to suppress the potential to spread the virus. The officer highlighted the need to await the government view/decision on the review of national lockdown.

The councillor also asked how they can help with messaging in Derby, vaccine was still here but people start to relax. There was a need to collectively get the message out about being careful to stay with national measures of “hands, face and space” that still need to be coordinated. There was still a need to find a way to get that conversation message to go out.

The Director of Public Health confirmed that vaccination was part of the answer. But one of the first things we need to think about are things that are completely out of our control, such as the weather: as we move towards spring we get an advantage. More individuals will be vaccinated but we don't understand what the effect the vaccination will have in stopping the spread of virus, if we have a vaccination that prevents transmission, the more rapid impact we have on the spread of the virus. Even with a good uptake of vaccination we still get outbreaks of disease. A key way of preventing spread is reducing the number of people we come into contact with, by social distancing, and washing hands. Hopefully as we go through spring to summer many of the other restrictions may be moved away.

An officer confirmed that this will be a longer haul than we think; even if you have both doses, no vaccine is completely effective, you could still be spreading the disease. PPE and social distancing may be with us for some time. It will take a number of months before prevalence is at a sufficiently low level before getting back to normal.

A councilor highlighted that this has implications for how the HWB coordinate that message, should this be an action for this meeting ? How do we get the message right and simple enough for us to repeat it to help to maintain the safety and protection of others.

The Chief Executive of the Derbyshire Healthcare Trust reminded colleagues of the further delay on mental health and wellbeing of the population. Worrying statistics show that mental health was deteriorating, and people are likely to develop more serious mental health problems. The pandemic is likely to affect people's mental health and wellbeing for some time in the future.

A voluntary sector member of the board also drew attention to the fact that there has been a drop in physical, as well as mental health in vulnerable groups, and there was a need to put into place recovery plans.

A councillor asked where Derby was in relation to Care Home residents and staff having the virus. The Director of Public Health confirmed that Derby was

reflecting the picture across the East Midlands as the rates in cases in Community setting increase an increase was also seen in Care Homes. As people move in and out of Care Homes there was an increased risk of taking the virus with them. There was regular testing of staff and residents who are also working with PPE.

The Chief Executive of Derbyshire CCG explained that the same or similar conversations were taking place in a variety of different forums across Derby, such as the City Engagement Board, HWB, Emergency function of LRF, and asked if it would be possible to streamline or coalesce some of the views and outputs.

The Board resolved to note the report.

16/20 Draft Derby Recovery Plan, Community Recovery and Better Together

The Board received a report of the Strategic Director of Communities and Place. The report provided an update report and presentation on several areas connected with the city's recovery from COVID 19. The presentation was given by the Strategic Director of Communities and Place.

The Board were informed that Derby needed to start thinking about the Recovery Plan, what happens after COVID, what is the recovery priority for Derby as a partnership. The Partnership Board working with other organisations have agreed a principle recovery plan.

The officer explained that there were three main strands to the Recovery Plan:

- Economic Recovery - looking at unemployment, skills, business growth issues and other critical issues
- Organisational Recovery – organisations need to recover and rethink how they operate as organisations in a different world
- Community Recovery – the health and wellbeing of our population coming out of COVID.

The Board were informed of two Projects / Initiatives coming from the Community Recovery Strand. One was how we work in localities, learning lessons through pandemic so far and making sure they are cemented for the future. The other initiative was a programme around wellbeing called "Brilliant Derby".

The officer gave a presentation on "Better Together" which was Derby's approach to locality working to attempt to really learn the key lessons about how we should work as a system around supporting community and neighbourhoods at a local level. COVID was an incredible challenge on the global level with issues around the economy and our society. However, Derby has learnt

something important over the last ten months namely the power of community, the power of people at the local level getting together to resolve problems to sort things out for themselves with the help with their neighbours, friends and family.

“Working Together” Derby has learnt that we need to work together as a system the current system of public services was a mess of organisation, of different priorities, different boundaries and different interests which makes things complicated. During this emergency we managed to work together, cross boundaries, reduce silos and work collectively because of community priority. The Better Together Programme/ initiative is about how we take those two learnings and turn them into permanent changes about how we operate in localities and neighbourhoods in Derby.

The officer highlighted that the challenge of community recovery will be immense, from a society point of view we have never been in situation like this before. It is one of facing the combination of different impacts in our lives, like the level of unemployment, of business failure, concerns about the end of furlough, the increase in debt and financial exclusion. It was recognition on top of the existing economy of the differential around those on zero-hour contracts with little security in employment. National statistics show that a large part of the population was a step away from homelessness. The sense of fragility of our labour market prior to COVID and the impact of COVID on top of that was quite a concern. Also to note were the pressures around increase in domestic violence, family breakdown, and impacts of those on physical and mental health.

The officer explained that the way public services are run in this country are extremely complicated; officers still find it difficult to navigate the system, to understand who does what, so the population find it extremely difficult. We need to find a way to unpick the wiring and restructure so that it makes more sense for people in communities.

The officer explained that the way we work needs to be different. During the pandemic Derby has not been a system that tells people what to do or one of high challenge, and low support and with rules. Derby has also not been working in a permissive way doing things for people and taking power away from them. We have worked in a restorative way with the population and alongside people using their talents, creativity, capacity and resources, it has been working restoratively in an aligned way. This is an important foundation principle of how we want to work in future “The Better Together Project” is based on that.

The officer then explained the case for change. In the pandemic the Community Hubs shared problems, did more locally, had neighbourhood teams. Our response and the system response to the emergency around our population, particularly supporting the supply of food and delivery for the vulnerable, were put in place very quickly. We dealt with this as a shared problem, as a whole system using the strengths and assets that already existed. We did this around

locality-based neighbourhood teams that reflected the differences in communities. We used a structural approach, but it was locally different being based on the communities and organisations and the characteristics in those locations. We broke down silos in services inside the council Adult Social Care, Children, Housing and Customer Support. There was a whole range services all working in different ways than they had before. The important model of local councillors was recognised, they are the eyes and ears of community, using their knowledge was essential to ensuring the right responses in those different localities. Access points in the contact process were simplified by using only one telephone number to triage services. We worked on understanding the outcome, and the problem we were trying to solve before designing a solution or service. We liberated teams and our colleagues to work on the problem and with people in the locality, it was about the empowerment of people.

The Community Hub approach, which started as rapid response to the challenging issue, has been fully embedded and is how recovery needs to happen. People are enabled to do it themselves. This was something that the Local Area Coordinators put forward, it started with volunteers, but became about good neighbours. It was about:

- What can you do on your own
- What can you do with the help of families, friends and then neighbours
- What can you do with the connection to a local voluntary community, then Local Area Coordinator Teams

The aim was to create community solutions working with people, to have less people going into more expensive formal services that are currently in place. The fundamental point of Community Hubs is about what people can do for themselves. This builds community resilience; it was about empowering the citizen and colleagues.

Creating the Environment, the officer explained that this was about Local Authority being stewards/connectors and recognising public service has a current mindset that we are in charge and need to fix everything. However, our job was really to create the environment for others to use. "We should make sure the pitch is safe, well laid out and cut, properly lit to enable play". We must also recognise that the pitch is for residents, people and organisations to use, and for them to be able to navigate the complicated wiring of public services more easily. The Local Authority should be a facilitator, they should connect people across the City and systems. This would be a critical role for the Council.

The officer explained that we need to look at "Our Teams", how we can empower our people to think differently, how we can create an environment which allows them to be more collegiate, more connectable and able to work alongside people. This takes capacity and effort because we have trained people to carry out specific functions such as social workers. It's about changing the mindset of

how they work, not being paternalistic looking forwards, being creative not focusing on services but empowering and working with people to do things. There was also an organisational development strand involved in how we get our teams to have skills to navigate systems, weave resources, build relationships, build and broker partnerships. These are the kinds of skills we need for this way of working

There was a need to simplify public services to ensure we can work better together by sharing resources. There was a need to focus on place and locality. There are different solutions for each neighbourhood; for example solutions for Normanton and Arboretum would be different from those needed in Alvaston or Derwent. There was a need to work with local based communities, working with people to focus on what was in place and to solve any problems. This would probably reduce traditional demand and enable resilient and stronger communities to grow. Locality working gives opportunity to work in neighbourhoods instead of a one size fits all solution.

Next Steps and what does that look like – keen to say that this is not just about changing job titles, it's about reposition and re-aligning services and resources. Encouraging staff to look at things differently. Key thing is moving towards the locality model, building on work on neighbourhood working for over a decade. Defining who the new teams will be. Need to have recognised teams, Team Chaddesden, Derwent et cone team, that team is multi agency, different areas of expertise creating local solutions to local problems. All underpinned by a strong framework with the Shot Tower as the central hub. As clls and colleagues will see Things will start to look and feel different over the next few months. The emergency response framework co designed with voluntary sector in driving seat really worked. Need to retain those relationships established and keep them alive. We are going to be looking at successful projects sustained from the emergency model such as food for thought. Who devised a robust system for ensuring we had an emergency food systems in the City. It's getting people to work together in this way which gives better results for our residents. Starting to see new initiatives emerging such as Derby City Poverty Commission led by people in the community and also contextualised safeguarding. Locality working gives an opp to attach a number of different priorities and a local team to support.

The Board members and some attendees commented on the presentation.

- This was an exciting and positive presentation; volunteers have got more out of this than they are putting in. Feedback is positive from patients. People who were furloughed have found a purpose to go out.
- This Project is hope, COVID has given us something to unify against. If we are going to recover, we need to find what the single purpose will be going forward. Not some sort of organisational jargon but something that's

important for the people in the community

- Thanks for the motivating and uplifting message about everybody being together in Team Derby, 110% supportive. Council being an enabler was a good metaphor. If we're going to sustain this and to make it work, we need to keep the energy that here and now from people. Vulnerability Fund opened and the application response from that reflected what you are saying there was a great resource, energy and innovation that exist in all communities in Derby and Derbyshire. There is an important issue about funding for voluntary organisations going forward. How do we harness the potential to really get those voluntary groups running, we need to build a strategy into the vision of Team Derby.
- There was a problem with the approach outlined above regarding need for some funding. The whole idea of anchor organisations building the local economy and looking how to commission services differently in the city for example Youth Alliance came from Strong Communities Board. Rather than going out to contract the team of voluntary sector organisations together with the children's team designed a programme to meet need without having to go out and compete for it, this is a need, this is how we can fill it and the local authority has put their trust in them to deliver it.
- This was a positive way of looking at things. This was a time to achieve, and a plea that we should stick with this and believe in this way of doing things, and also try to ensure we have right checks and balances in place not to stunt growth.
- Asset based approach is not a new thing. The officer highlighted some other individual projects during COVID for example Aspire a Wrestling Academy, the Church in Allestree which was the main hub in that neighbourhood. It was important that we don't interfere, this was not the council's strategy it was the communities strategy it's what they want. We have stronger links into communities than we have had before. This is the community growing not us, our role is to sustain and facilitate.
- The point about empowerment is vital, people have been done to for decades.

The Strategic Director of Communities and Place highlighted the Brilliant Derby Project, Community Wellbeing and Resilience Programme, which was launching on 18th January 2021 (Blue Monday). The Programme would evolve and develop over the next few months. It was about developing personal and collective resistance, "the Joe Wickes work out for Mental Health". It was hoped to develop a Team Derby city-wide movement around mental health resilience and positivity. Themes include Positivity, Purpose, Gratitude and Mindfulness amongst others.

The Board resolved to note the recovery plans in place and to give comments on the draft Derby Recovery Plan as part of the wider consultation process.

17/20 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. The report provided the Board with an update from Joined Up Care Derbyshire (JUCD)

The officer explained that he wanted to talk about the Integrated Care Systems (ICS) Developments. Since the last meeting NHS England and Improvements had set out their views on ICS and legislation change. The JUCD now has ICS status through the national position, which was helpful. An update would be given later on where we are in development and the relationship between JUCD and Health and Wellbeing Board.

The officer highlighted the point of JUCD, which was that it is the health and social care system for Derby and Derbyshire. This aim was to make improvements to the Derby and Derbyshire's populations life expectancy (LE) and healthy life expectancy (HLE) in comparison to other parts of the country, and reduce the health inequalities that are driving those differences. Derby and Derbyshire's LE and HLE are lower than the rest of the country

The officer explained that the top reasons for contributors to death, premature death, ill health and disability were highlighted. The drivers for these are known by us and are set out in the presentation. We also need to understand the impact of COVID 19 on them, both in the immediate and long term. The Board were informed that only 20% of overall outcomes were driven by health and social care delivery.

The officer explained that the role of the JUCD was one of influence, both in the social care system and also in other spheres. There was a need to influence the socio-economic partnerships as a lot of need was around health and wealth, health and education, health and business, health and well being partnerships. The JUCD also needs to get into the preventative agenda, to work with those different groups and partnerships. The JUCD want to lead, act and influence in a cohesive way. Over previous years the NHS was a modular service, built up through a lot of groups, and has not acted strategically. In the future it was planned to have JUCD representatives attending HWB meetings.

At the end of November NHS England published a paper on creating the Integrated Care System; it talked about Health and Social Care System and built

on local conversations about JUCD. The Board were informed of the possible legislation changes from 1st April 2022, and that the JUCD will be in a transition period between now and then.

The officer highlighted the main aims of the paper which are improving population health and healthcare, tackling unequal outcomes and access, enhancing productivity and value for money. They set out the NHS role to support broader social and economic development. The paper takes the JUCD from an NHS social care system into a role in the other 80% of major health determinants.

There are three important themes which are: taking decisions closer to the communities that they affect: collaboration between partners in a place: collaboration between the providers of care, with a drive to integrating care and collaborating care with our providers like mental health trusts.

The officer explained that commissioning of services in the NHS will also change if the NHS England view becomes law. What will happen locally is that NHS Derby and Derbyshire CCG will move into a statutory being called the ICS; Derby and Derbyshire CCGs will cease to exist. This was not news to the JUCD in terms of health and social care or commissioning, we are already discussing how we bring commissioning together with local authorities and linking that with NHS England. However, the speed of the change was a surprise. The CCG will cease to exist, so we now need to think about how the statutory duties of the CCG will fit in. We are clear on ICS boundary and in the importance of upper tier local authority areas and areas of the Local Resilience Forum.

It was really important to work through the governance with help of Derby City Council colleagues. We have put a view into NHS England which explained that we were ready for that change and the direction of travel was what we wanted for a long time. JUCD has responded to consultation exercise stating they felt this was the right thing to do. In parallel to the national engagement we were on track as JUCD to apply for ICS status which has now been approved. The Regional Director of NHS England highlighted a few things that we needed to develop, homing in on our common objectives and shared outcomes, also around the fact that there was still some financial challenge going on both in the NHS and the local authority. There was a need to continue thinking about the work on strategic commissioning between NHS and LA.

We are building JUCD to think about the strategic outcomes we want achieve, building around our strategic partnerships, and building around strategic use of assets our people our money our places. Also thinking about the information, intelligence, and transformation needed to make this work and make a difference on those outcomes and the leadership and governance needed.

JUCD wants to work in partnership with the HWB in a coherent and cohesive

way; it wants to work in partnership on socio economic matters. We are starting that conversation with the Board and with local authority leaders about how we do that in a useful and meaningful way. As a JUCD, with the scale of employment that we can offer a lot in the wider determinant space of 80%. We are calling this the “anchor approach”. We think that if we work together in partnership with the HWB and with socio-economic partners, we would have a lot to offer in employment opportunities, staff wellbeing, sustainability and environment, social value in procurement, we also have a lot to offer in community resilience.

Comments from the Board members and attendees are below

- To note that as a HWB we are required to have a Health and Wellbeing strategy, but ours is currently out of date. Would that be an opportunity to bring together and perhaps articulate some of those joint ambitions, and also the approaches in the items earlier in the meeting.
- This will be a massive undertaking and shift and transition. It was all well and good in terms of strategies and policies and your demands, lots of plans and discussions can be undertaken but how do you square the demands with the funding? Change was fine, but it takes time to understand, have you thought in terms of releasing funding where it will be needed.
- Demand is getting out of control, we don't have the resources to meet that demand so how do we get on top of it. If we do not the situation will get worse and we now have to act in unison. The important thing was what health and social care offer now into wider determinant. We are setting out where we think we can make a difference, we need to mark this out and follow out with action. Previously it has been easy to be disparate, however we are getting to the point now that this is our collective approach and we are going to commit, its about power and scale and about saying what is the commitment. We have been trying to influence this space for a while. JUCD are describing our programme of work in the “anchor” space, we need to discuss what is our programme of work with HWB and what is the reciprocal ask of JUCD and other partners around that. This was a different situation to the one in place before.
- One of the keys was that JUCD are thinking wider than the health and social care partnership, and into the socio-economic. Our next step would be to agree who the anchors are, not just health and social care organization. There are anchors in the community and business sector as well, some the biggest employers who sit in these sectors. This was a different proposition; currently health believe they are the centre of the universe and everyone should come to us. It was about thinking in

pathways other than just clinical pathways, care intervention pathways like relatives supporting individuals in a local community, up to admission into a specialist forensic high secure unit. There was a need to flow funding and money all the way down that pathway. We have moved funding from within the Mental Health sector into local communities to deliver services so we are starting to do this.

- What was being asked for was co-operation and collaboration as a HWB; we have done this before. There would be a need to set up a task and finish group of selected individuals that can input into this and report back to HWB on progress, like where we are going, what we are doing and what value we are adding to our community in taking away health inequalities. One of the important partners who should be on the Task and Finish group would be Community Action Derby, to ensure the voice of the communities that has come out strongly in Covid 19 was there at the start, influencing rather than picking up the pieces after the work has been done.
- There was an ambition to make this work, there also needs to be a partnership and dialogue between criminal justice and health, there was a need to think about that how we add in that.
- It was fantastic to hear the enthusiasm about what we are trying to describe and everyone wanting to be involved; the police and other public sector organisations have to be a part of this.

The Board noted the update from the JUCD and its confirmation as an Integrated Care System.

18/20 Better Care Fund (BCF) Update 2020/21

The Board received a report from the Strategic Director of Peoples Services and was presented by the Director of Integration and Direct Services. The report provided the Board with a progress update for the Better Care Fund (BCF) for Derby 2019/20.

The Board noted that the report had been delayed as the Department for Health and Social Care only published the policy statement on the BCF in early December 2020, as a result of ongoing pressures being managed by the health and care sector due to the Covid 10 pandemic.

The report was to request the support of the Board for the current year's expenditure of the BCF.

The Board agreed with the proposed use of the Better Care Fund for the current financial year 2020/21.

19/20 Adult Social Care Winter Plan

The Board received a report of the Strategic Director of Peoples Services and was presented by the Director of Integration and Direct Services. The report informed the Board about the Adult Social Care Winter Plan which had recently been published, and set out the actions being taken to ensure that care providers and people who use care services are protected and supported over the coming months.

The officer explained that the report is not required to be published. It sets out how Adult Social Care is responding to the winter pressures, COVID pressure are on top of that. The officer highlighted that by the middle of next week it was hoped that all the residents in older adults care homes in Derby would have their COVID vaccination. It was huge logistical effort and a large number of those in homes are being vaccinated over the next four to five days.

The report was for information.

The Board noted the publication of the Adult Social Care Winter Plan 2020/21

20/20 SEND Joint Commissioning Strategy for Children and Young People 2020/2023

The Board received a joint report of the NHS Derby and Derby Clinical Commissioning Group and Derby City Council. The report was presented by the Director of Integrated Commissioning Derby City Council. The report sets out the commissioning priorities for Children and Young People across the Derby Local Area over the next three years as part of the Written Statement of Action (WOSA).

The officer reported the SEND Joint Strategy has been agreed and co-produced and agreed with parents. There are four main priorities set out in the report and we are now working closely with parents, health colleagues and other local areas colleagues in taking forward the SEND Commissioning Strategy.

The report was for information.

The Board noted the Local Area SEND Joint Commissioning Strategy for Children and Young People (2020-2023)

Private Items

None were submitted.

MINUTES END