

ITEM 4

Time commenced: 1.00pm
Time finished: 2.35pm

Health and Wellbeing Board
30 March 2017

Present

Chair: Councillor Repton

Elected members: Councillors Care, Hudson, Skelton and Webb

Appointed officers of Derby City Council: None.

Appointed representatives of Southern Derbyshire Clinical Commissioning Group: Dr Richard Crowson.

Appointees of other organisations: Steve Studham (Derby Healthwatch), Ifti Majid (Derbyshire Healthcare Foundation Trust), Sarah Edwards (CYPN).

Substitutes: Steve Wood (for Paula Holt, Derby University), Mo Hussain (for Gavin Boyle (Derbyshire Hospitals NHS Foundation Trust), Helen Dillistone (for Gary Thompson, Southern Derbyshire CCG), Kevin Gillott (for Hardyal Dhindsa Derbyshire Police and Crime Commissioner), Jenny Goodwin (Southern Derbyshire Clinical Commissioning Group).

Non board members in attendance: Alyson Wynn (DCC), Robyn Dewis (DCC), Kirsty McMillan (DCC).

46/16 Apologies

Apologies for absence were received from Councillors Banwait and Bolton. Apologies were also received from, Andy Smith, Perveez Sadiq, Iain Peel, Frank McGhee and Cate Edwynn (DCC), Dr Paula Holt (University of Derby), Tracy Allen and William Jones (Derbyshire Community Healthcare Services), Gary Thompson (Southern Derbyshire CCG), Kath Cawdell (Community Action Derby), Hardyal Dhindsa (Derbyshire Police and Crime Commissioner), Gary Thompson (Southern Derbyshire Clinical Commissioning Group) and Gavin Boyle (Derby Hospitals NHS Foundation Trust).

47/16 Late items to be introduced by the Chair

There were no late items.

48/16 Declarations of Interest

There were no declarations.

49/16 Minutes of the meeting held on 19 January 2017

The minutes were agreed as a correct record.

50/16 Jointed Up Care Derbyshire STP Update

The Board considered a report which stated that the Government had reiterated its commitment to the implementation of Sustainability and Transformation Plans (STPs) and further confirmed by the recent announcement by Chancellor Philip Hammond of an additional £325 million during the Spring Budget speech to the most advanced STPs.

As reported at the January Health and Wellbeing Board (HWB), a final version of the Derbyshire STP – [Joined Up Care Derbyshire](#) was submitted in late October 2017. Following the NHS contract negotiations and subsequent agreements, the level of funds anticipated to be released to invest in the new models of delivery proposed in the plan had not been achieved and the plans set out in the STP, whilst still intended to be progressed, would be re-phased.

The System Management Executive Group had been focussed on the detail of the re-phasing of the implementation and this was being progressed.

A key element of the STP was the planned shift to a single NHS commissioning organisation across the Derbyshire footprint. Significant work had been undertaken to progress this.

The establishment of a System Team to support implementation of the STP was now also being progressed. A System Programme Coordinator role had recently been recruited to. A recruitment process was also underway to recruit to a number of other roles to support the work of the STP.

As previously discussed at the HWB, the importance of communication and engagement was recognised. An Engagement Plan was in place and for information could be found in Appendix 2 of the report.

All organisations involved in the STP, remained fully committed to the implementation of Joined Up Care Derbyshire and the benefits that this would deliver to local people and to the health and social care system.

Resolved to note the continued commitment and progress being made towards Joined Up Care Derbyshire.

51/16 Home First Integration with Derbyshire Community Health Service

The Board considered a report which stated that the NHS [Five Year Forward View](#), published in October 2014, considered the progress made in improving health and care services in recent years and the challenges that the system faced leading up to 2020/21.

One of the consequences was that the NHS was required to produce a five year Sustainability and Transformation Plan (STP) which was place-based and should drive a new vision for the future of Health and Care services. Underpinning the STP was an assumption that integrating service delivery around patients should be implemented wherever relevant business plans drive this type of collaboration.

The Council's Cabinet previously received a report in August 2016 reporting that as a first step to embodying this type of transformation and collaboration, the Council's Home First Service was working towards becoming more operationally integrated with Derbyshire Community Healthcare Service, focusing this work around the response to the pressures on Royal Derby Hospital and other acute care providers. It was agreed that this should be explored and consultation should take place with key stakeholders.

The report provided a progress update on this work to the Health and Wellbeing Board given the link to the wider transformation with the health and social care economy locally.

Resolved

- 1. To note the ongoing engagement and development that was taking place around a shared response from the Council and DCHS to the pressures faced in acute hospital care. This had been focused around the development of a model known as "discharge to assess".**
- 2. To note the challenges that the delivery of the Derby City and Derbyshire Sustainability and Transformation Plan (STP) had encountered, and that this had impacted on NHS organisations' ability to respond to transformational change.**
- 3. To note the revised timelines for the work associated around developing a business case for an integrated delivery model for intermediate care services.**

52/16 JSNA Management Group Update

The Board considered a report which stated that the Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 establishing that local authorities and clinical commissioning groups (CCGs) had equal and joint duties to prepare Joint Strategic Needs Assessments (JSNAs) through the Health and Wellbeing Board. JSNAs were assessments of the current and future health and social care needs of the local population.

The JSNA informed and underpinned key plans including the Health and Wellbeing Strategy and Sustainability and Transformation Plan (STP).

In July 2016, the HWB approved the establishment of a JSNA Management Group as a sub-group of the HWB. The purpose of this group was to support the on-going

development of the JSNA/ Intelligence Portal. The paper provided a brief update on the progress of the group.

As agreed, the JSNA Management Group was now in place and had met twice. Discussions have focussed around:

- Scope of the JSNA.
- Geography that intelligence/ analysis was presented at e.g. city, 'place' (as defined within Joined Up Care Derbyshire), county-wide.
- JSNA development workshops.
- Current gaps in intelligence including migration and new populations and housing standards.

Given that we now had a STP – Joined Up Care Derbyshire – which was a Derbyshire-wide footprint and that a number of HWB partners were also Derbyshire-wide, it was felt that we should start to consider the JSNA on a Derbyshire-wide footprint.

It was agreed that there was certainly scope for increased cross-Derbyshire working for a wide range of intelligence and needs assessment and indeed, such work was already in place e.g. Future in Mind work. Some issues, however, would be very specific to smaller areas or particular groups.

In relation to the JSNA workshops, the original plan was to run a number of city based, age-specific workshops, for example, children and young people, working-age adults and older adults. The JSNA Management Group, however, felt that this could risk missing inter-relationships and shared learning and approaches.

The group agreed that a full day JSNA event should be held to:

- Provide an overview and sense-check key health and social care issues identified within the JSNA.
- Identify gaps in local intelligence.
- Identify key priorities for action.

In addition, it was also agreed the event would benefit from being Derbyshire-wide. Derbyshire HWB had a JSNA steering group. Initial discussions had been had with the co-ordinator of the group to agree a shared event in late spring.

The JSNA Management Group would continue to meet to progress the ongoing development of the JSNA.

Resolved to fully support a full-day JSNA Development event in late Spring.

53/16 Sport England – Local Delivery Pilot Derbyshire Funding Bid

The Board considered a report which stated that the cost of physical inactivity across Derby and Derbyshire was estimated at £15,000,000 per year. These were system-wide costs related to (amongst other things); healthcare, social care and loss of productivity through sickness absence attributable to physical inactivity.

Active lives lead to many benefits to health, wellbeing, community and personal development, community safety and economic prosperity. There was a role for all service providers and policy makers to consider how their work could help to encourage active lives amongst people of all ages.

Across Derby and Derbyshire as individual authorities and sometimes in collaboration we had attempted to develop strategies and take action to increase participation in physical activity. Although in some instances we had achieved small gains, we had never seen the step change required that impacted at a population level resulting in significant health and economic benefits for our residents.

The “Towards an Active Derbyshire” strategy was now “live” and represented a real opportunity for all partners to come together to work as one. Towards an Active Derbyshire was a Countywide strategy which sought to achieve the vision of more people in Derbyshire engaged in physical activity and sport, with the ambition of engaging an additional 50,000 people in active lives by 2021. The strategy was seeking a cultural transformation to ‘turn the tide’ of inactivity by providing choice, motivation and support in a co-ordinated way to change the behaviour of inactive groups by engaging them in physical activity and sport. In the current financial climate this would help us achieve economies of scale across the county, give us a greater chance of drawing external investment into Derby and Derbyshire and improving health and wellbeing outcomes across our population, supporting the local NHS and the Sustainability and Transformation Plan (STP).

Derby City Council through Public Health, the NHS, Derbyshire Sport and other cross sector partners were developing stronger relationships, we felt through an active and robust partnership we could begin to take meaningful steps to support the ambition of 50,000 more people living active lives by 2021. We wanted to emphasise that this was not just about Local Authorities or the NHS but all organisations from all sectors had a role to play in promoting physical activity across the population.

Sport England announced a £130 million fund available for up to ten places Nationwide to support Local Delivery Pilots. They were looking for bids from collaborations who worked collectively to make up the ‘system’ and aspired to improve local communities. These collaborations would be clear on the role sport and physical activity could play towards broader social outcomes such as personal and community development.

Sport England were looking to work with the whole of the sport infrastructure in an area, not just that provided by the public or third sector. In particular groups of organisations or consortia with an appetite for change and a thirst to get more people taking part, and groups who could help achieve this.

The funding was targeted towards pilot projects in both urban and rural areas, covering different parts of England. Currently Derby and Derbyshire were working together with a number of partners across the footprint on 'Towards an Active Derbyshire' strategy. We feel we were well placed to apply for this opportunity and had already begun work on an Expression of Interest.

Key partners from across Derby and Derbyshire attended Sport England workshops in February. It was clear at the workshops that our thinking and approach in Derbyshire was very well aligned to what they were looking for. Our strategy, the full engagement and commitment of partners across City, County and Districts, and our well-developed thinking was really strong.

Since then, local partners had been working on the Expression of Interest form. This would be submitted on 31 March. The first draft was currently being refined by a smaller leadership group. This bid would focus on a whole systems approach to physical activity and be working across a number of key 'places' across the Derby and Derbyshire footprint following some more detailed analysis of the available data. We would also be working together with local communities to ensure the approaches we took would meet their needs whilst utilising an evidence based behavioural change approach.

We were taking a shared leadership approach, as we had taken throughout our work on Towards an Active Derbyshire and the development of the thinking that had led to this bid. There was great strength in this collaborative approach. A big strength of ours was the history of working together, which would be further developed through this coming together across the STP area, City, County and Districts, to lead the social movement that we sought around physical activity and a shared leadership group would drive forward the work.

The project was building at a perfect time for Derby as we were currently working with FMG consultancy to produce a City Wide strategy for Physical Activity. The strategy would provide a coordinated approach for reducing physical inactivity and increasing levels of physical activity in Derby and to secure and align stakeholder commitment that would be critical to change the habits and behaviours of priority thematic and geographical communities and residents. This fitted in perfectly with the approach Sport England were keen for local areas to adopt.

It was from the Physical Activity strategy and the Derby a City on the Move project that we as a City were well placed to work together with our wider Derbyshire partners as we had already a well-placed strategic partnership with a history of working well together.

Resolved

- 1. To support the progress which had already been made and continue to support the Derbyshire wide bid for the Sport England Local Delivery Pilot.**
- 2. To support a system-wide approach to improving the physical activity of the populations of Derby and Derbyshire.**

- 3. To provide ongoing support and constructive challenge - should the initial Expression of Interest be accepted by Sport England - the development of a full bid during the Summer of 2017.**

54/16 Healthwatch Update – Use of A & E

The Board considered a report which stated that there was an accepted recognition that there were increasing pressures on all services in the Health and Social care sector. It was obviously important to alleviate these pressures and ensure adequate service provision. To be able to do this in a sustainable and effective manner there was a need to understand the end users (patients) requirements and build services around them.

To achieve this there was a need to understand why people use services, what services they were aware of and why they end up choosing those services when they may have alternatives.

The report followed on from the 2016 'A&E in Focus' report and was a snapshot of what people, who did not arrive by ambulance, nor had any outwardly noticeable wound, told Healthwatch Derby staff and volunteers why they had chosen to come to A&E. 421 people gave their views throughout January and February 2017.

The findings showed that whilst there had been efforts to educate the community to use alternative services there was still a lack of awareness and understanding of what was available across the city.

This lack of knowledge and also where people lived in proximity to the hospital, as well as people knowing if they present at the Emergency department they would be seen adds to the footfall.

The data was showing that more people were saying they could not get an appointment with their GP and this lack of GP access was leading to people presenting at the Emergency department. When compared to the 2015 report access to GP services seem to be worsening with 1 in 4 of those spoken to saying they were unable to get an appointment.

The team observed that it was difficult to engage with people under the age of 50 particularly males who had no interest in being involved.

The recommendations of the follow-up report were to:

1. Improve awareness of services.
2. Provide an intervention to educate the general public about using services appropriately.
3. Improve access to GP services or provides suitable alternatives.
4. Reach out and engage with the community at all levels.
5. Fully integrate services and clearly communicate pathways across the system

Resolved to receive and note the follow up to the 'A&E in Focus' report.

55/16 Health Protection Board Update

The Board considered a report which provided an overview of the key messages arising from the Derbyshire Health Protection Board, which met on the 20 January 2017.

A detailed immunisation report from NHS England highlighted a local decline in uptake of childhood immunisations, particularly for pre-school immunisations monitored at age 5 years. This reflected a national trend.

The uptake of influenza vaccination in 2016/17 increased for those over 65 years, pregnant women and children aged 2-4 years compared to 2015/16. A decline in the school age flu vaccination programme was noted.

A detailed report on Infection Prevention and Control from Southern Derbyshire CCG highlighted increasing rates of Methicillin Sensitive Staphylococcus Aureus (MSSA) infections. Levels of clostridium difficile were within Southern Derbyshire CCG trajectory. The numbers of E.coli bloodstream infections remained high with urinary tract infections being the primary focus.

Resolved to note the update report.

MINUTES END