

Time commenced: 1.00pm  
Time finished: 2.40pm

**Health and Wellbeing Board  
21 July 2016**

**Present**

**Chair:** Councillor Repton

**Elected members:** Councillors Bolton, Care, Hudson, Skelton and Webb

**Appointed officers of Derby City Council:** Perveez Sadiq and Cate Edwynn.

**Appointed representatives of Southern Derbyshire Clinical Commissioning Group:** Dr Shelia Newport, Gary Thompson

**Appointees of other organisations:** Steve Studham (Derby Healthwatch), Gavin Boyle (Derby Teaching Hospital NHS Foundation Trust), Ifti Majid (Derbyshire Healthcare Foundation Trust), Kath Cawdell (Community Action Derby),

**Substitutes:** Will Jones (for Tracy Allen Derbyshire Community Healthcare Services), Steve Wood (for Paula Crick Derby University) , Davinder Johal (for Terry McDermott Derbyshire Fire and Rescue )

**Non board members in attendance:** G Nizzer (DCC), Alyson Wynn (DCC), Richard Crowson (SDCCG), Agnes Belencsak NHS England, Nikki Henson NHS England, Rachel Tanner (Public Health)

**14/16      Apologies**

Apologies for absence were received from Councillor Banwait .  
Apologies were also received from Terry McDermott (Derbyshire Fire and Rescue Service), Dr Paula Crick (University of Derby), Hardyal Dhindsa (Derbyshire Police and Crime Commissioner), Tracy Allen (Derbyshire Community Healthcare Services), Sarah Edwards (CYPN) , Andy Smith (Derby City Council),

**15/16      Late items to be introduced by the Chair**

There were no late items.

**16/16      Declarations of Interest**

There were no declarations.

**17/16      Minutes of the meeting held on 2 June 2016**

The minutes were agreed as a correct record subject to the inclusion of Kath Cawdell's apologies for absence.

## 18/16 Sustainability and Transformation Plan (STP) - update

The Board considered a report which stated that at the end of 2015, the NHS published its shared planning guidance. This included a requirement to produce a Sustainability and Transformation Plan (STP) to cover the period October 2016 to March 2021. The purpose of the STP was to show how local services would evolve and become sustainable over the next five years – ultimately delivering the five year forward view vision of better health, better patient care and improved NHS efficiency.

Governance arrangements and progress towards the development of the STP had been provided to the Health and Wellbeing Board (HWB) at recent meetings. In addition, a joint development meeting was held with Derbyshire Health and Wellbeing Board to provide an overview of the STP development to-date, opportunity to input into the developing STP and consider the role of the HWB in its on-going development and implementation. The report provided a further update.

As required, a 30-page Derbyshire 'checkpoint' document was submitted to NHS England at the end of June. This document contained the scope of the health and wellbeing, care and quality and finance and efficiency gaps for the health and social care system of Derbyshire. It also outlined the STP governance arrangements and priority initiatives to address the three gaps and achieve a sustainable health and social care system.

The next steps for the development of the STP were:

- STP leaders to attend an 'assurance' meeting in London on the 25<sup>th</sup> July;
- Further develop the STP itself and the key initiatives within it, including the development of detailed business plans;
- Further develop a governance and delivery framework for the implementation and monitoring of the STP;
- Develop and deliver a consultation and communications strategy to support the development and implementation of the STP.

The current deadline for the submission of a final Derbyshire STP was October 2016.

**Resolved to note the progress made to-date in the development of the STP and offer continued support both to the development and implementation of the STP.**

## 19/16 Update on the Joint Strategic Needs Assessment

The Board considered a report which stated that the Health and Wellbeing Board (HWB) had a duty to prepare and publish a Joint Strategic Needs Assessment (JSNA). 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). Historically, JSNAs had tended to be sizable static documents containing large amounts of data. They were resource intensive to produce, were quickly out-of-date and difficult for many to engage with and understand.

The context in which the JSNA and health and care system sits had, and was, changing, particularly with increasing integration and challenging finances. To support planning and decision-making within this changing environment, we needed a different approach to the JSNA and to how we manage and use intelligence more generally.

To make the JSNA more timely and accessible, we had been working locally to establish an online JSNA.

The aim was to continuously update and add to these pages to make them as up-to-date, as comprehensive and as useful and meaningful as possible. There were a number of requirements needed to achieve this:

- Establish ownership and accountability within operational teams to provide direction and meaningful interpretation and narrative.
- Establish effective processes to provide appropriate support of annual strategic priority-setting, planning and decision-making and to develop a work programme. Also, that processes were put in place to support the development of specific needs assessments sitting within the JSNA.
- To develop knowledge and move beyond simply the presentation of data. We needed to adopt a much broader consideration of what constituted 'intelligence' and needed to develop mechanisms to transform data and information into knowledge.

To support the on-going development of the JSNA/ Intelligence Portal, it was proposed that a JSNA Management Group was established as a sub-group of the HWB and was chaired by the Director of Public Health.

## **Resolved**

- 1. To note the progress and development of the JSNA/ Intelligence portal to-date.**
- 2. To assign ownership of the interpretation and narrative contained in the JSNA to appropriate operational lead officers.**
- 3. To approve the establishment of a JSNA Management Group chaired by the Director of Public Health.**

- 4. To ask Health and Wellbeing Board members to nominate members to join the JSNA Management Group. Nominees should not only be intelligence staff but should also include strategic leads.**

## 20/16 Smile for Life Evaluation

The Board considered a report which stated that in response to local oral health needs, Derby City Council Public Health team commissioned 'Smile 4 Life', a targeted 18 month Oral Health Promotion pilot in March 2013. The programme aimed to increase children's exposure to fluoride by regular tooth brushing in school and twice yearly fluoride varnish applications. Smile 4 Life was delivered in 6 schools in areas of disadvantage and cultural diversity.

Evaluation of the Smile 4 Life pilot had demonstrated the below key outcomes:

- All participating schools received training in delivering a tooth brushing programme and were given additional curriculum resources.
- 98% consent rate was achieved for the programme.
- 455 children received fluoride varnish, 44% received two applications.
- A reduction in decay rates was observed.
- Frequency of tooth brushing improved, with more children brushing at least twice a day.
- Significant increase in oral cleanliness was measured across all settings.
- All children taking part were given additional brushes and toothpaste to take home to reinforce skills/learning.
- Uptake of dental visits increased.
- No significant change in parental behaviour relating to giving sugary snacks and drinks

Challenges to the feasibility of delivering this evidence-based programme within these particular schools included language barriers and transience of population.

Access to dental services increased. However, of those requiring treatment just under half of the children did not have their own dentist. Further work was required to engage general dental practices to expand their care for children under five, and to increase fluoride varnish applications.

Learning from the evaluation of Smile 4 Life had been used in the redesign of the Oral Health Promotion service specification, which included support for supervised brushing programmes, and delivery of fluoride varnish in early years settings where expected impact was significant.

**Resolved to note the findings and recommendations of the Smile 4 Life Evaluation and support the recommendations to:**

- **note the issues raised by the pilot, including the potential impact on health inequalities and school readiness, safeguarding, cultural issues, poor knowledge and behaviours around oral health and access to care.**
- **support an integrated approach with oral health promotion being a key element in existing and future mainstream service provision, using a multi-agency and an evidence-based approach.**
- **work with City dentists to increase attendance for children under 5, and to increase the availability of fluoride varnish within general dental practices.**

## **21/16      Results of Childhood and Adult Immunisation Programmes 2015/16**

The Board considered a report which stated that Derby city 12 month childhood primary immunisation (DTaP/IPV/Hib) remained above the England uptake ending at 94.9% for quarter 4. However, the 95% WHO target was not achieved.

The uptake for childhood immunisations (PCV, MMR and Hib/Men C) at 24 months In Derby city was lower than annual 2014-15 data and national data.

The decrease in coverage of the pre-school booster (DTaP/IPV) in Quarter 4 2015-16 was thought to be a national data quality issue and therefore the coverage estimated for this vaccine should be interpreted with caution. However, Derby City had lower uptake over Q1-3 2015-16.

The adult shingles immunisation programmes uptake rates for Derby City were above the England figures, although slightly below those across Derbyshire and Nottinghamshire combined.

Proposed actions for the 2016/17 programme:

- To increase the uptake of the 24 month childhood immunisations.
- To increase uptake of the Preschool booster (DTaP/IPV) and MMR 2.
- To work jointly with the Local Authority to increase uptake in the schools programmes (HPV, Td/IPV and Men ACWY) being delivered in 2015-16 by City Care.

### **Resolved**

- 1. To receive and note the update on the childhood and adult immunisation programmes of 2015/16.**
- 2. To support the proposed actions to improve the programme in 2016/17.**

## **22/16      Results of Seasonal Influenza Immunisation Programme (2015/16) in Derby City**

The Board considered a report which stated that Derby city influenza vaccination uptake for the over 65's was 72.9%, above the England average for 15/16. However, the 75% target for over 65's was not achieved.

The uptake for pregnant women which had fallen to 39.7% from last year and was 2.6% below the national average.

Derby city achieved uptake above the national level across the healthy children's flu programme. This was particularly pleasing in the 2 year old cohort, where an improvement in uptake of over 1% was observed from 2014-15. The uptake in 4 year olds was consistently lower, however, although above the national.

A successful schools based programme was delivered for the first time by CityCare across Derby city. A slightly lower uptake (50.4%) was observed for the Year 1 cohort compared with the national average, but this was still above the national minimum standard of 40%.

Proposed actions for 2016/17 included:

- To increase influenza uptake rates amongst patients aged under 65 in clinical risk groups to meet 55% national target.
- To consider maternity trust based delivery of influenza vaccination programme for pregnant women in order to increase influenza uptake rate to achieve national 55% standard for 2016/17.
- To increase influenza uptake rates amongst eligible children aged 4-year-old to meet the minimum 40% national target.

### **Resolved**

- 1. To receive and note the update on the seasonal influenza immunisation programme of 2015/16.**
- 2. To support the proposed actions to improve the programme in 2016/17.**

## **23/16      Little Voices – Healthwatch Derby Consultation Report Focussing on Pregnancy, Maternity and Services for Children aged 0 – 11 Years**

The Board considered a report which stated that Healthwatch Derby completed its third comprehensive consultation in 2016. The consultation was named 'Little Voices' and focuses on pregnancy, maternity, services for children aged 0 to 11 years.



Consultation Methods included:

- Survey for Pregnancy/Maternity Services
- Survey for Children's Services
- Enter and View into Children's Hospital
- Enter and View into Derby Birth Centre
- 11 different service observations into pregnancy, maternity, children's services
- Detailed Case Study
- Patient Forum – Focus Group at Revive, Chaddesden
- Patient Forum – Workshop (with Inpatient Food Taster) at Sunnyhill Community Centre.

1114 items of individual patient feedback received, and a detailed case study.

Positives observed from this consultation were:

- Overall positives had been reported for all the services we had observed during our Day Observations.
- Evidence of good practice and many instances of excellent patient care shared.
- Services had been described as responsive, caring, and efficient by patients.
- Enter and View had highlighted good facilities and good support provision for patients
- Cleanliness and inpatient food had been highlighted as positives.

Negatives observed from this consultation were:

- Communication had been highlighted as a key negative for some services (pregnancy and maternity). Barriers to services.
- Staff attitude had been highlighted as a negative (pregnancy and maternity).
- Long waiting time for appointments (children's) and lack of explanation. Difficulty in getting GP appointments highlighted.
- Patients had highlighted gaps in services and lack of cohesion between services such as the gap between maternity service and link up with health visitors.
- Inadequate provision of support which hinders access such as sign language interpreters, and translators for non-English speakers.

Discharge issues and delays highlighted.

Consultation Recommendations:

- i. The report had highlighted a need to review communication procedures and processes to enhance patient experience.
- ii. Greater empathy by staff when dealing with patients was required. A review of training around empathy and customer service for staff.
- iii. Long waiting times could have an adverse effect, and many patients had highlighted this in their comments. We would recommend a review of areas with the highest waiting time for booked appointments.

- iv. Access to GPs had been highlighted as a major concern. We would recommend commissioners continue to emphasize the need for easier access for this key service.
- v. A review of the local capacity and provision of GP services.
- vi. Integration of services would help provide a more holistic and more effective treatment pathway. We would recommend continued efforts to link up patient treatment pathways between various sectors.
- vii. More education and awareness to break down barriers and help align services to the needs of emerging communities.
- viii. Access issues such as translation were highlighted by patients. A review of current service provision was recommended.

The full report also contained detailed responses from Service Providers, in Chapter 6, in the section following the recommendations.

**Resolved to note the 'Little Voices' consultation report.**

## 24/16 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 6 June 2016.

A detailed report on the performance of the Antenatal and Newborn Screening programme was provided. The programme had met the minimum or achievable standard in all areas with the exception of Antenatal Infectious Disease Screening. The Board was assured that the anomaly resulted from small numbers and women already known to the Hepatology service.

A report of the Screening and Immunisation Programme included:

- Extensions to the childhood flu programme and pertussis vaccination in pregnancy;
- Launch of the neonatal HepB pathway;
- Positive quality assurance visit for Bowel Screening.

Three cases of MRSA bacteraemia cases had been reported – post infection reviews were carried out on all cases. C. difficile breached by 10 cases - appropriate support had been but in place to ensure compliance.

Public Health England (PHE) was formalising the commissioning of a vaccination outbreak response in primary care.

A Bowel Health Equity Audit was planned to improve the understanding of inequalities in relation to bowel health of different communities.



A resource pack was being developed to communicate guidance and information around migrant health issues.

A summary report was provided by PHE which included an update on a de-brief exercise and lessons learnt following an excess chlorination of water incident.

An overview of mass casualty and flu pandemic exercise planning was provided as part of an update of the work of the Local Health Resilience Partnership (LHRP).

**Resolved to receive and note the Health Protection Board Update report.**

MINUTES END