

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

Health and Wellbeing Board 10 November 2022

Present:

Statutory Members Chair: Councillor Webb (Chair) Robyn Dewis (Director of Public Health), James Moore (Derby Healthwatch),

Elected members: Councillors Martin and Lonsdale

Appointees of other organisations: Amjad Ashraf (Community Action Derby), Lucy Cocker (Derbyshire Community Healthcare Services), Gino Distefano (Derby Hospitals NHS Foundation Trust), Ian Fullagar, (Head of Strategic Housing, City Development and Growth DCC), James Joyce, Head of Housing Options and Homelessness Michael Kay (Head of Environment Protection, Housing Standards, Licensing and Emergency Planning DCC), Bridget Stacey (Derby & Derbyshire ICB), Clive Stanbrook (Derbyshire Fire and Rescue Service)

Non board members in attendance: Stuart Batchelor, Active Partners Trust, Duncan Cowie, Head of Parks and Active Living, Marie Cowie, Senior Public Health Manager, Tamsin Hooton, Programme Director, Provider Collaborative, Siobhan Horsley, Consultant in Public Health, Kirsty McMillan, Director Integration and Direct Services Adults, Alison Wynn, Assistant Director Public Health

23/22 Appointment of Chair

Councillor Roy Webb was elected as the Chair of the HWB for the remaining meetings of the municipal year 2022/2023.

24/22 Apologies for Absence

Apologies were received from: Councillors Poulter, Lind, Whitby and Williams, Chris Clayton (Chief Executive Officer Derby & Derbyshire ICB), Buk Dhadda, (Non Executive Director Derby & Derbyshire ICB), Fran Fuller (University of Derby), Claire Mehrbani (Director of Housing Services, Derby Homes Ltd), Stephen Posey, (Chief Executive University Hospitals of Derby and Burton NHS Foundation Trust), Perveez Sadiq (Director Adult Social Care DCC), Steve Studham (Chair Derby Healthwatch), Andy Smith (Strategic Director of People Services DCC).

25/22 Late Items

There were none.

26/22 Declarations of Interest

There were none.

27/22 Minutes of the meeting held on 8 September 2022

The minutes of the meeting on 8 September 2022 were proposed, seconded and agreed.

Item 19/22 - The Assistant Director of Public Health confirmed that the updated Terms of Reference for the HWB had been approved by Council and the constitution of the Council has been updated in alignment.

All the references to the CCG in the Minutes should be amended to ICB.

28/22 Better Care Fund (BCF) Update

The Board received a report and presentation from the Strategic Director of People Services.

The Director of Integration and Direct Services presented the report for approval. The HWB is the governing body for the BCF, which is a joint fund between NHS and Local Authorities to drive forward on a number of integration priorities. The HWB has previously received and approved all the previous submissions as well as various monitoring reports. The latest planning round had concluded and the proposal for DCC has been submitted. It was very similar in part to the proposal for Derbyshire as there was one integrated system. In particular the narrative plan was very similar as the care system which was Derby and Derbyshire wide could not be separated. The document had been submitted in accordance with the timeline as yet there has been no formal confirmation that the plan was assured but confirmation was expected in the near future.

The officer highlighted the national conditions that must be satisfied so that BCF plans are assured, areas must set out how health and social care will work together using BCF funding to improve outcomes for overall policy objectives. The national conditions for the BCF in 2022 to 2023 are:

- That BCF plans are agreed jointly by local health and social care commissioners supported and signed off by HWB
- That the NHS contribution to adult social care at HWB level be maintained in line with the uplift to NHS minimum contribution
- That there is an investment in NHS commissioned out-of-hospital services
- That there is a commitment to implementing the BCF policy objectives

The officer highlighted that Appendix 1 was a summary of what had been submitted. A Narrative Plan, Appendix 2, had also been submitted with some key lines of enquiry about what needed to be covered. The Board were asked to note that it was a combination of the planning submission which has the finance and performance set out as well as the Narrative Plan which described how work would be done in terms of integration of health and care across Derby and Derbyshire, the two should be read together to understand how the BCF supports all of that. The Narrative Plan sets out that in our system the BCF was not seen to be separate and disparate from existing arrangements but was supporting them.

The Chair asked if there were any questions about spending on the BCF, there were no questions. He explained that the BCF has helped with collaboration over the years between Social Care and Health.

The Board resolved to approve the proposed spend and performance objectives for the Better Care Fund for 2022/23 in line with the national expectations for the programme set by the Department of Health and Social Care (DHSC)

29A/22 Joined Up Care Derbyshire Update – Provider Collaborative

The Board received a report and presentation from the Chief Executive, Derbyshire Healthcare NHS Foundation Trust which was presented by the Programme Director, Provider Collaborative, JUCD. The report gave an update on the development of the provider collaborative within the JUCD Integrated Care System.

Provider Collaboratives are partnership arrangements involving at least two trusts, working at scale across multiple places, with a shared purpose and effective decision making arrangements. It was expected that all acute and mental health trusts would be in at least one collaborative by April 2021.

The benefits of collaboratives are:

- Delivering benefits of working at scale
- Creating effective shared decision making structures
- Aligning providers within a shared purpose
- Reducing duplication and variation
- Supporting resilience
- Joined up workforce planning
- Addressing health inequalities

Derby and Derbyshire NHS providers have worked in partnership for some time. However, a more formal approach was developed over the past 18 months being part of a move to the new statutory Integrated Care System (ICS).

A Provider Collaborative Leadership Board was formed which initially met in shadow form before the changes to the ICS structure in July 2022.

The Joined Up Care Derbyshire (JUCD) provider collaborative Leadership Board membership consists of local Health Trusts and services including Chesterfield Royal Hospital NHS Foundation Trust, Derbyshire Community Health Services NHS Foundation Trust, Derbyshire Healthcare NHS Foundation Trust, Derbyshire Health United, East Midlands Ambulance Service, University Hospitals of Derby and Burton NHS Foundation Trust.

GP Practices are represented by the Derby and Derbyshire GP Provider Board. Derby City Council and Derbyshire County Council were also invited to attend meetings, but their focus currently was on the JUCD Integrated Place Executive.

There was a rotating Chair for the Board currently it was the Chief Executive of Derbyshire Healthcare Foundation Trust but would pass to the Chief Executive of University Hospitals of

Derby and Burton NHS Foundation Trust by the end of November.

The Provider Collaborative Leadership Board meets quarterly with NHS provider Chairs, it sets the direction for the Provider Collaborative, the first year will be a developmental year moving into a delivery mode.

Further information was provided to the Board in a presentation which explained the development of the JUCD provider collaboration, its purpose, strategic aims, current position and future plans.

A councillor sought clarification on the type of organisation the JUCD Collaborative was. The officer explained that the JUCD was the Integrated Care System (ICS) and included partners such as the Local Authority and Voluntary Sector. The Provider Collaborative was a sub-set of this and would deliver strategy and intent, multiple provider collaboratives could exist, there was no brand name for this collaborative currently.

Resolved to note the update from the JUCD provider collaborative.

29B/22 Joined Up Care Derbyshire Update – Provider Integrated Care Strategy

The Board received a report from the Director of Public Health which gave an update from JUCD Derby and Derbyshire's Integrated Care System. The report was presented by the Assistant Director of Public Health.

The update on progress was provided to formally establish the Integrated Care Partnership (ICP) and the development of an Integrated Care Strategy (ICS).

Integrated Care Systems (ICS) are partnerships of organisations that come together to plan and deliver joined up health and care services. Each ICS comprises of an Integrated Care Partnership and an Integrated Care Board.

Joined Up Care Derbyshire (JUCD) co-ordinates health and social care across Derby and Derbyshire. There are 42 ICS across England and they bring together NHS bodies, local authorities and voluntary sector organisations to deliver better care for the community.

Derby and Derbyshire ICP currently operates in shadow form. A process was ongoing to establish formal joint arrangements between Derby and Derbyshire ICB, DCC and Derbyshire County Council. Approval has been sought from both Council Cabinets and also will be sought from the ICB Board at their meeting in November. The ICP should be operating as a formally established joint committee from February 2023. It was planned that DCC will host the ICP so it will follow DCC committee procedure rules. The ICP will be chaired by the Chairs of DCC and Derbyshire CC on a rotating basis. The Vice Chair will be the Chair of the ICB.

The ICP has a statutory responsibility to develop an Integrated Care Strategy to address the health, social care and public health needs of the local area, it was hoped to have an initial version of the Strategy by December 2022. This would be a "framework" document that would include high level ambitions, identified care gaps and the work needed to close them. The ICB and local authorities must bear in mind the Integrated Care Strategy in their planning and

decision making and it will be reviewed by the HWB. Also the HWB should review its HWB strategy and consider if it needs updating in response to the Integrated Care Strategy.

Resolved to note the update from JUCD

30/22 Derby Health Inequalities Partnership

The Board received a report from the Director of Public Health to introduce Health and Wellbeing Board Members to the Derby Health Inequalities Partnership (DHIP) its role, purpose and scope. The report was presented by representatives of the Derby Health Inequalities Partnership (DHIP).

The DHIP was started in response to the COVID 19 Pandemic which highlighted the inequalities in the city and demonstrated the good work and potential of communities to respond to the challenge.

The COVID 19 Resilience Forum Health and Welfare Cell identified a gap for the city in community led health planning. Initial DHIP meetings recognised a need for community consultation to understand the most important health issues in the communities. The aim was to capture the human experience behind the inequalities data in Derby.

The DHIP was a co-led and a joint initiative between DCC Public Health and Community Action Derby. They work together with community organisations and leaders to help achieve better outcomes in the city.

An initial consultation to understand local people's experience of health in Derby has been completed. This work provided some insight into people's lived experience and the challenges for the health system.

The DHIP has identified 3 themes of development work:

- Community consultation and engagement to understand what health issues are most important within our communities: the human experience behind the inequalities data
- Health promotion/ education: supporting the development of knowledge, skills and confidence in health issues
- An advisory function to health services and providers to improve the offer for our communities and holding to account for actions following that advice.

The current policy context were explained including: Health and Wellbeing Board and JUCD priorities; Proportionate Universalism - resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need; NHS Core 20+ which asks us to focus on the 20% most deprived population who have the highest health needs, poorest outcomes, and experience disparities in access to health and related services. Seven themes were identified from analysis of the report: health issues, community issues, Health service, service issues, health behaviours, information, need for action.

The learning and reflections from the consultation were highlighted and included the following:

- The importance of building trust and relationships
- An acknowledgement that meaningful co-production and engagement takes time

- The importance of clear communication
- That this was an ongoing learning process

Some of the recommendations from the consultation were also highlighted:

- Bridging the knowledge gap between healthcare professionals and communities, ensuring that information is widely accessible and that individuals can make informed decisions about their health.
- Transitioning away from top-down initiatives which do not consider the opinions and experiences of the communities being engaged with, instead NHS and Local Authority to build in the role of community participation

The next steps were outlined:

- The consultation report has been completed to final draft form. The aim of the report was to understand and begin to articulate the health and wellbeing concerns of communities
- The report findings and recommendations have been shared with and endorsed by the DHIP.
- A task group would be formed to review recommendations and findings, and create a DHIP action plan to address the concerns which link with HWB and ICS priorities
- Consultation and engagement would continue to develop the 2-way dialogue and inform planning and actions

A councillor felt that this was public health with a heart, data can be collated but it was how that data was used that was most important. The video shown today which voiced what people were experiencing in real life was extremely powerful, it was something we all see. Health inequalities were not down to communities but to how they are treated within the health and social care system. It's our job to help improve that. He hoped that Health Inequalities Partnership will continue to move this forward.

Another councillor felt it was one of the best reports received by the Board and accorded with councillors knowledge of wards and what residents are saying to them, but it was concerning that the situation was worsening. The councillor looked forward to hearing what could be done as there was a need for change but communities need to be fully engaged.

Several other Board members echoed these comments, and raised further concerns around the current situation with life expectancy in Derby falling, rising hospital admissions, possible health and safety concerns with people using candles for light and heat in their homes, poor private sector housing conditions in the city and the impact of this on peoples health. A councillor asked if education charities in the city were being used to transmit this information for NHS training purposes, and offered contact details for charities in the city to ensure it was. Several Board members also offered to work together with the DHIP and requested a copy of the report and contact details. A councillor stated that this was an example of co-production with all working together for a common aim, if there was a continuation of this collaborative working then issues could be picked up across the city.

The representatives from the DHIP explained the membership was being looked at with a view to extending it to more providers across the city and they were open now to new members joining.

The Board resolved

- 1. to note the content and recommendations of the community consultation findings and the role of community voice in addressing health inequalities**
- 2. to ratify the role and function of the DHIP in achieving health and wellbeing priorities for the City.**

31/22 Strategic Value of Physical Activity

The Board received a report of the Director of Public Health which gave an update on physical activity in Derby and the progress of Move More Derby. The report was presented by Active Partners Trust and the Head of Parks and Active Living.

Derby has a background of above national average inactivity rates with 1 in 4 adults (16yrs+) being inactive, achieving less than 30 minutes of moderate intensity movement a week. The Board heard that demographic factors influence physical activity behaviour, there are higher rates of inactivity in groups with the most to gain in terms of reducing risk including those with long-term health conditions. As well as females, people in lower socio-economic groups, people with a disability, people from some black and minority ethnic groups and older people are more likely to be less physically active.

Move More Derby (MMD), a physical activity and support strategy 2018-23 was adopted in March 2018. It was developed from a collaboration with the University of Derby, the work sought to develop an approach to reducing physical inactivity. The focus was to move physical activity from a venue based strategy to a community based strategy where activity happens everywhere. Before MMD, Derby only had a Leisure Facilities Strategy, facilities satisfy around 15% of the population although this was significant there was a need to get lots of people becoming active themselves.

An understanding of physical activity behaviour and how to change it was undertaken in three communities (Dewent, Sinfen and Alvaston). There were positive developments in Derby in relation to work around physical activity as a result. The development of Move More Derby as a whole-systems-approach led to the delivery of place-based approaches and locality working like the "Beat the Street" programme, work on Derby Active through Football and Derby PlayZones.

Outside of the strategy actions there has been progress in other areas like increased spaces, connectivity, networks, physical activity advocates and champions coming together to share, learn and collaborate such as the Move More Derby Ambassadors network.

The MMD strategy review was highlighted, the environment and context for MMD has changed since it was adopted giving an opportunity to review the strategy which is at the midway point and also because of COVID-19. The message has not changed but there was a need to focus more on a universal approach fixed deeply with people working in this area day-to-day and across the system. The approach should build on the culture and learning to date and sit within the context of the environment and priorities for Derby. More people need to own the inactivity problem and challenge. The health of communities will be determined by

how effective the whole physical activity system works together to raise the value of physical activity into society consciousness.

DCC and Active Derbyshire together have supported the engagement work of the refresh and a new Active Derbyshire strategy, heading in the same direction to build a movement and working with people and partners at a local and level to align strategic thinking, policy, practice and ensure what was being done worked for all and recognising that what works in one place may not work elsewhere. The key learning for this work and all of the place-based work was that a local approach to improve the conditions for the people of Derby was a priority focus. Physical activity has a place in the conversation both by direct intervention and in support of other agendas.

Councillors noted the ongoing collaboration work between partners and organisations such as Derby Fire and Rescue and the Livewell Programme. A councillor was interested to know how much take up of activities there was by girls. The officer explained the aim was to develop communities to take ownership themselves and develop opportunities that are gender inclusive and for all ages, but there was a focus on under represented groups for example children of 7 to 8 years. Another councillor was concerned about physical activity for young children in schools. The officer explained there were opportunities in the system to influence school communities. Liaison had taken place with the Holiday Activities and Food Programme (HAF) Co-ordinator to fund after-school activities and inform schools about building physical activity.

Resolved

- 1. That members of the Health and Wellbeing Board consider the contents of this report.**
- 2. The Health and Wellbeing Board members engage with the Move More Derby refresh process and explore how physical activity and movement might be used more strategically to help tackle inequalities, particularly health inequalities.**
- 3. That the Health and Wellbeing Board ask for an update report in 5 month's time, setting out progress made and the learning from the work that has taken place.**

32/22 Healthwatch Derby – Chronic Pain Experiences Report 2022

The Board received a report of the Chair of Healthwatch Derby, the purpose of the report was to provide the Health and Wellbeing Board with an overview of Healthwatch Derby – Chronic Pain Experiences Report 2022. The report was presented by the CEO, Healthwatch Derby.

The Board heard that chronic or persistent pain lasts longer than 12 weeks and affects a patient constantly or intermittently despite receiving treatment or medication. The Health Survey for England (NHS Digital 2017) found that 34% of the UK population are affected by chronic pain, 28 million, and accounts for up to 5 million GP appointments per year. It affects peoples quality of life and limits their ability to carry out regular daily activity, leading to an increase in mental health issues and possible job loss. The situation affects more women than men and increases with age.

In 2022 Healthwatch Derby designed a survey to discover what support was available for these patients, how they cope with pain daily and if any improvements can be made. The survey took place between 5th April and 12th July 2022 and there were 309 responses.

The Board heard that the report was well received across the local and national system and will help shape outcomes. Since the report was written a further 6 workshops had taken place. The report seems to have started the conversation on a national scale and the survey could be rolled out nationally to get more data.

The Chair thanked HealthWatch for the well put together report, there are some points that need to be considered around pain management and how we deal with it collectively. The Board were being asked to note the report and he considered that it was a very valuable report.

A Board member queried the the report in terms of the ethnicity of respondents who were predominantly white british, and asked if this was because of access. The officer stated the report was online and Healthwatch had attended a lot areas where people go for pain management, it was just the breakdown of people who attended on the days. This was a general survey and usually more white british come forward. Ethnicity was a point to be noted.

Another member echoed these comments as she found when working in Derby City there were difficulties in engaging the BAME population, this could be partly cultural in terms of how people perceive pain. The report was interesting as it reflected what she recognised in the health service that there was a lot more medicalised treatment rather than psychologist support and self care or self management approach towards supporting those people. It was a good report but she recognised the imbalance between people accessing the service, it would be interesting to have population data on people using the pain management service.

Resolved to note the contents of the report.

Items for Information

33/22 COVID Outbreak Engagement Board and Health Protection Board Update

The Board received a report of the Director of Public Health which provided an update and overview of the key discussions and messages from the COVID Outbreak Engagement Board and Derbyshire Health Protection Board.

The Derby Outbreak Engagement Board has been paused as the country was learning to live with safely with COVID. A meeting has been scheduled to review the Local Outbreak Management Plan and to consider plans for winter.

The Derbyshire Health Protection Board met on 21st October, key points of note for the information of the HWB were:

- Infection Prevention and Control Services in the Community – a local review underway of what the service needs looks like and where the gaps, including challenges around

capacity of services and of recruitment of specialist staff was underway, a report was due at the Health Protection Board in a few months.

- Screening – all local services have recovered their activity levels from restriction during the Pandemic, and the age extension of the bowel cancer pathway was being implemented, Aortic Aneurysm programme has the 4th best performance nationally.
- Immunisation – NHS England are providing more support for the delivery of vaccinations in the pregnancy programme. There's a national MMR catch up programme as there has been a decrease in Children's MMR vaccinations over the last few years. The Flu campaign was underway, there are concerns nationally about the uptake of the nasal flu vaccine for 2 to 3 year olds, this was reflected nationally. Uptake has been reduced this year and there has been an increase in flu cases nationally and of young children being admitted to hospital also. Work was ongoing to reduce inequality in vaccination uptake and consideration of the best communication channels for promotion was being done.
- Responsibility for commissioning the national immunisation and screening programmes was planned to transfer to Derby and Derbyshire ICB from NHS England before March 2024
- A full update on the local status of the national immunisation programme will be scheduled for for consideration at the next HWB.

A Councillor asked about herd immunity of communicable diseases. The DoPH indicated the main area of concern was MMR where there was need for a high level of vaccination to control measles transmission, this was a national issue, locally the 2 doses update by the age of five was 82% which was below the national average of just under 87%. There was a national catch up programme and work being undertaken locally to try and improve uptake.

Another Councillor was concerned how much of an impact was the misinformation going around about vaccination, was that the reason why MMR and other vaccines are dropping off. The Board discussed the question and felt it did have some impact, the nasal spray vaccine for young children was not suitable for muslims due to the porcine element. Also people were struggling to get GP appointments. A councillor felt it might be necessary to have a different strategy for the vaccine programme to improve uptake. An officer felt a lot of the issues came down to peoples perception of vaccinations and to their trust and understanding of what the offer was and the risk of not taking up the vaccinations.

Another officer stated there was a lot of concern about the levels of flu this winter, previously during the Pandemic there were almost no admissions to hospital, this was because of peoples behaviour as they they were taking more precautions such as handwashing. The DoPH highlighted that there was particular concern about 2 to 3 year olds as they had not been exposed to the flu virus before and also had no vaccine protection.

Resolved to note the report.

34/22 Derby and Derbyshire Drug and Alcohol Strategic Partnership

The Board received a report of the Director of Public Health and Strategic Director of People Services. The report was to inform the Board about the government's New Drug Strategy – Harm to Hope, and the requirement to form a local dedicated Drug and Alcohol Strategic Partnership.

The Board were informed of the key national policy and work in the city and wider county to combat the impact of drugs.

The report gave an update on development of Derby and Derbyshire Drug Strategic Partnership, there was new government strategic policy “harm to hope” requirement for local areas to develop these partnerships, clear guidance was given around priorities and associated funding.

The key strategic priorities were:

- breaking drug supply chains
- delivering a world class treatment and recovery system
- achieving a generational shift in demand for drugs

The partnerships were being established between Local Authorities and Police, Probation Services and ICB. The purpose was to have a senior responsible officer, DoPH was taking up this role in the interim, who would be assured of all the activity around drug and alcohol actions across Derby and Derbyshire and to be the link into national government and to bring the partnership together to ensure actions taken and improvements were made. Under the partnership there would be a Derby city and Derby County Group to look at operational detail and the commissioning of services. The partnership had been established as a sub group of both the City and County Councils.

The representatives from Community Action and DF4T Alliance asked to join the Partnership. The DoPH confirmed that she would contact them to discuss options as it may be more appropriate for them to be a part of the City based operational group.

Resolved to note the national drug strategy Harm to Hope and establishment of a county-wide strategic partnership to tackle drug and alcohol related harm.

35/22 Publication of the Pharmaceutical Needs Assessment

The Board received a report of the Director of Public Health which gave an update on progress of the requirement to prepare and publish a revised Pharmaceutical Needs Assessment (PNA) by 1 October 2022.

The HWB were informed that the approved version of the PNA was published by 1 October as per statutory responsibility and can be accessed by the link below:

<https://www.derby.gov.uk/media/derbycitycouncil/contentassets/documents/healthandsocialcare/jsna/publications/pharmaceutical-needs-assessment-2022.pdf>.

Resolved to note the publication of the Derby and Derbyshire Pharmaceutical Needs Assessment 2022-2025 by 1 October 2022.

Private Items

None submitted.

MINUTES END