ITEM 04

Time Commenced: 1:00pm
Time Finished: 2:45pm

Health and Wellbeing Board
12 November 2020

Present:

Statutory Members: Chair: Councillor Poulter, Leader of the Council, Steve Studham, (Derby Healthwatch), Robyn Dewis, Director of Public Health, Andy Smith, Strategic Director of Peoples Services

Non-Statutory Members:

Elected members: Councillors Care, Hudson, Hussain, Lind, Webb, and Williams

Appointees of other organisations: Stephen Bateman (DHU Healthcare), Kath Cawdell (3rd Sector representative Health and Wellbeing Network), Chris Clayton (DDCCG), David Cox (Derbyshire Constabulary), Peter Moore University of Derby), Roy Reynolds (Prevention Area Manager Derbyshire Fire and Rescue Service), Vikki Taylor (Joined up Care Derbyshire), Bill Whitehead (University of Derby)

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).

01/20 Apologies for Absence

Apologies were received from Merryl Watkins (Derbyshire CCGs), Gavin Boyle (Derby Hospitals NHS Foundation Trust), Tim Broadley, Tracey Allen, Jayne Needham (Derbyshire Community Healthcare Services), Ifti Majid & Claire Wright (Chief Executive Derbyshire Healthcare Foundation Trust), Perveez Sadiq (Director of Adult Social Care DCC), Helen Dillistone and Beverley Smith (Derbyshire CCGs),

02/20 Late Items

There were none.

03/20 Declarations of Interest

There were none.

04/20 Minutes of the meeting held on 16 January 2020

The minutes of the meeting held on 16 January 2020 were agreed as a correct record.

05/20 Joint Commissioning Governance – Integrated Commissioning Strategy for Children and Young People

The Board received a report of the Director of Integrated Commissioning, Derby City Council and the Assistant Director, Learning Disabilities, Autism, Mental Health and Children & Young People Commissioning Derby & Derbyshire CCG. The report was presented by the Director of Integrated Commissioning Derby City Council.

The Board noted that the Integrated Commissioning Strategy sets out the Commissioning Principles and Priorities for Children and Young People, across Derby City Council and Derby and Derbyshire Commissioning Group (CCG) over the next three years.

The Board were informed that it was planned that the strategy should support the local authority and the CCG to carry out their duties and help them to work jointly in an integrated approach to improve outcomes for children locally. It sets out a sense of direction and helps joint planning, provides consistency, a framework and a way of working which increases the combined LA and CCG expertise and experience as much as possible. It also outlines four priorities, which link back to the SEND Strategy and the Joint Strategic Needs Assessment (JSNA) and have been co-produced with parents.

The feedback from the Local Area SEND Inspection in 2019 asked for a better focus on joint commissioning as a part of the Written Statement of Action to make sure there was a more integrated and united approach. An overarching Commissioning Strategy would create a way of working which would support other commissioning strategies, such as the SEND Joint Commissioning Strategy.

The Board were also informed that the strategy looks at areas like local governance arrangements which include linkages between the Health and Wellbeing Board, Joined up Care Derbyshire (Childrens) Board and Children Families & Learners Board. It was reported that the strategy had been circulated to the above Boards and several other local Boards for feedback and comment

as part of a consultation process. As the strategy was mainly to enhance ways of working between the CCG and the LA, final partnership approval was needed from the Health and Wellbeing Board.

A Councillor suggested, that given the linkage between plans, JSNA and strategy, the Integrated Commissioning Strategy should be reviewed before the end of its three-year duration period. The officer agreed that it would be sensible over the three-year period to review the document in a timely fashion.

The Board resolved to approve the Integrated Commissioning Strategy for Children and Young People in Derby City

06/20 Joined Up Care Derbyshire Update

The Board received a report of the Accountable Officer & Chief Executive, NHS Derby & Derbyshire Clinical Commissioning Group and Executive Lead Joined Up Care Derbyshire. The report provided an update on the plans of Joined Up Care Derbyshire (JUCD) and its transition to operating in shadow form as an Integrated Care System (ICS) from 1st November 2020.

The officer explained that the report and presentation provided an overview of initial thinking on the strategic direction of JUCD, its fit in the wider system, and its relationship with the Health and Wellbeing Board. It was hoped to develop a more coherent relationship between JUCD and HWB.

The Board were informed that JUCD is transitioning to work in an Integrated Care System from 1st November. In an integrated system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards and improving the health of the local population

To support this transition the JUCD is taking stock and considering the following three questions

- Who / what is the JUCD system and what is its priorities?
- If this is who we are and we have these priorities, how are we going to operate as a system?
- If this is how we are going to operate, what actions do we need to take

Following the united efforts in response to the COVID-19 pandemic and understanding the wider partnerships it was agreed that JUCD was the “Health & Social Care partnership Derby and Derbyshire for adults and children” which includes public health services, and social care and not just traditional NHS Services.

The strategic outcome priority for JUCD was to make improvements to the Derby

& Derbyshire populations' Life Expectancy (LE) and Healthy Life Expectancy (HLE) levels for Derby and Derbyshire in comparison to other parts of the country and reduce the Health Inequalities that are driving these differences. Derby and Derbyshire's LE and HLE are lower than the rest of the country. The top three reasons are Cardiovascular Disease, Cancer and Respiratory Disease, plus Musculoskeletal Disease (Back Pain) and Mental Health. There was a need to understand the impact of COVID-19 on the above key drivers & the understanding of new ones.

The Board were informed of the relative contribution of major determinants to health, for example, Health Behaviours 30%, Socio Economic Factors 40% Clinical Care 20%, Built Environment 10%. It was explained that 80% of those outcomes are determined outside of clinical care element, which contributes about 20%.

The Board were also informed about interconnectivity, JUCD operates in partnership for example with the HWB and the Derby Partnership Board. There was a need to think about all the partnerships and influences. Derbyshire's Key Influencing Groups on health inequalities are Derby & Derbyshire Socioeconomic Partnerships and Derby & Derbyshire Health & Wellbeing Partnerships. JUCD needs to lead, act and influence to different degrees in all of the aforementioned partnerships.

In relation to ambition to increase healthy life expectation locally, JUCD need to continue to maintain and improve; there will be a need to work in a joined-up way. Pre COVID that was the challenge. This now needs to be reviewed in the light of COVID. For example, the waiting times for people needing surgery. Figures had been reduced pre-COVID but after COVID several thousand people are now waiting for surgery. JUCD must review their position outcomes. A Councillor agreed that we don't know the full legacy of COVID, but it will be serious, and there would be a need to find a way of recouping that ground.

Another Councillor raised concerns about average life expectancy. Nationally this has fallen, while the life expectancy at birth between richer and poorer areas has increased. What progress was being made to reduce the gap in life expectancy between richer and poorer parts of Derby? A response was requested for the following two questions: What may have caused a slight decrease in average life expectancy nationally? Why was it that inequalities in health are not moving despite our efforts?

The officer suggesting looking again at the chart about the relative contribution of major determinants to health, 20% for clinical care, and 80% for all the different wider determinants. It was possible to feel deflated about lack of progress being made, but it was the wider determinants, the Health & Wellbeing Prevention Areas, that need to be looked at. More health care has been undertaken every year than has been done previously, more patients are being seen outside of this

COVID episode, so it's not about just doing more care. The areas that need focus on are the wider determinants (HWB Prevention areas).

The DoPH agreed there have been good improvements in life expectancy over the last 20 to 30 years, mostly due to improvements in cancer and cardiovascular disease treatments. But any further improvements to treatments made would bring only small gains. The focus now needs to be on issues like excess alcohol intake or obesity which influence the incidences of conditions such as liver disease and diabetes. There was need for more preventative and earlier action to be taken regarding lifestyle to reduce the prevalence of these conditions.

A Councillor suggested the need to review the discussion above and asked for any thoughts on an appropriate time and mechanism for reviewing.

The officer confirmed that work was still ongoing but possibly something could be brought back to the Board in the next calendar year. The Derby and Derbyshire HWB Boards are working together. In the next couple of months there will be another session, which will work out the agreed combined objectives of both Boards, together and separately. This would create the opportunity to have a conversation on what the HWBs are going to focus on, what JUCD was going to focus on and what can be asked of our partners in the socio-economic area. A Councillor suggested that more could also be known about the legacy of COVID at that point in time.

Another Councillor recognised that if all organisations are working together more can be achieved, but intelligence and communications are vital. The role of people as patients was queried and how they fit in; patients/people are being provided with and done to, but they are also a part of the answer. The officer suggested that work to improve the health and wellbeing of people could start with the employees in the JUCD system; between the NHS and LA a lot of people are employed, and they connect with a lot of people.

A Councillor was concerned to get communications out to people who are a bit scared of accessing health services now. It was recognised that COVID and lockdown has had a dramatic effect on people's health and Mental Health, and they have a fear of going to GPs or don't want to bother them. Is there some way of improving the messaging to encourage people to think about their own health and addressing any issues they have? The officer confirmed that a joined-up communications approach and engagement approach was vital. During wave one the NHS had done a lot of communications work to bring back people who had stopped coming to surgeries for non-COVID related issues.

The Board resolved to note the strategic direction of JUCD and next steps in its development as an Integrated Care System.

07/20 Health Protection Board Update

The Board received a report of the Director of Public Health (DoPH). The report provided the Board with an update and overview of the key messages from the Derbyshire Health Protection Board and the COVID Health Protection Board

The DoPH provided an update from the Health Protection Board on 6th October. The focus of the Board was on how screening and immunization services had functioned during the first wave and how services continued to manage during the summer. All the screening programmes had continued, none were stopped over the first wave, but some aspects of those programmes were paused as providers were unable to carry them out during that period. Over the summer all programmes were in a recovery state. Some of them were particularly challenged, for example breast screening as much of the service was delivered through mobile breast screening units and it was difficult to ensure social distancing and the numbers of people passing thorough the service was reduced.

It was reported that Cervical screening continued all the way through the first wave and into the summer albeit with reluctance of people to attend practices and take part in the screening surgeries. All the programmes are now in recovery, but the second wave will have a significant impact on their performance. The Health Protection Board will be monitoring them and there are also Programme Boards for all the screening programmes in place to keep an eye on how performance progresses.

The DoPH highlighted some good news about school aged and childhood immunisations. Derby Community Health Services deliver these school aged services, and innovative practices were used to deliver vaccinations, including using a drive through service when the schools were closed. They are now picking up the flu vaccination programmes with great success. From a childhood immunisation perspective there had been small fall in access, but parents had been continuing to bring their children to vaccination surgeries. The services are all now in a catch-up situation.

A Councillor asked if the child immunization was linking in well with Children in Care (CIC). The DoPH explained that currently the information provided was looking at programmes on an overall level and there was no information relating specifically to CIC. The DoPH would look further into the information.

The DoPH gave the Board an update on the COVID 19 situation in Derby, stating that there had been an acceleration in cases since the beginning of September which had coincided with an increase in people moving around, returning to school and universities also going back to work. Derby moved into Tier 2 measures on 31st October and then into the national lockdown measures on 5th November. The Board were further informed that the areas of the country who had moved into tiers 2 and 3 before Derby seemed to have shown an early

slowing of their cases. Recent data indicates that there was a similar slight slow-down in cases in Derby.

The first wave of COVID had a significant effect on local NHS services. The country was now moving into the second wave and hospital admissions are significantly impacting on other NHS services. From a local perspective an Internal Outbreak Response Team have been focusing on schools and business giving them up to date advice and guidance. A data analysis had been undertaken. It was also planned to establish a local contract tracing service. There was a widespread communications campaign with work focused on groups within the City.

A Councillor extended thanks for the introduction of walk-in testing station in Derby and asked if it was a standalone central or national joint initiative and how was it integrated. The DoPH explained that the local authority worked with the Department of Health and Social Care and Deloitte who deliver the testing, with the aim of increasing access to testing; access was via a central portal which was available to the whole country. There were 3 local walk-in testing sites in the City, plus the Toyota drive in site, tests could also be accessed via post.

Another Councillor asked whether there was a move towards mass testing to identify asymptomatic people. The DoPH explained that data on new tests, and evaluation of the effectiveness of tests was published yesterday. At the moment work was ongoing to understand the effect of false/positive testing and now that the information was available we will be able to look further into that.

A Councillor drew attention to the issue of rapid tests across the country and asked that given Derby's current situation, was the rapid test resource something that we should be looking at across Derby, particularly in view of guidance that students are being given about going home for Christmas. Could rapid testing take place to establish positivity and then a full laboratory test take place after. The DoPH confirmed that the evaluation had been published yesterday and they had only just received the data and were currently working to understand the data around the reliability of false positive/negative test results. The DoPH stressed the importance of not being distracted by tests and forgetting the key measures to manage the virus. Individuals who have symptoms need to ask for a test, they and their household must stay at home until the result of test. If the test result was positive, then they must isolate. A meeting had been arranged with the University to understand and discuss the implications for students. It was important to ensure that students were not tested too late and left alone if they need to isolate.

A Councillor then asked where the decision would be taken as to whether Derby would join the pilot scheme with test kits. The DoPH explained that Liverpool put themselves forward for the pilot scheme. All other LAs were asked if they were interested in piloting the tests. It was planned to discuss this at the COVID

Outbreak Engagement Board next week.

The Board noted the report

08/20 Better Care Fund Update 2019/20

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

The Board noted that the report was due at the September meeting and that the process of BCF joint planning between health and social care was delayed because of COVID, the plans for 2020/21 have yet to be published. The Board were informed that the COVID recovery/NHS Phase 3 could radically re-shape the focus of integration between the NHS and Social Care.

The officer informed the Board that BCF plans will continue during this phase and highlighted the key expectations:

- That BCF plans are agreed jointly,
- That there remains a minimum contribution from Clinical Commissioning Group (CCG) to social care
- That there is an agreement to invest in NHS commissioned out of hospital services
- That jointly managed hospital transfers of care are agreed

The total pooled budget between Local Authority and CCG has a fund of just over £31m. This funding will roll forward into the current financial year, but there was uncertainty about funding for next year.

The officer highlighted the progress made on joint priorities:

- The number of non–elective (emergency) admissions into hospital per 100,000 population, the target was not met. The impact of COVID in March onwards will affect hospital attendances for 2020 onwards

- The rate of permanent admissions to residential care per 100,000 population (65+). On track to meet target. The impact of COVID was a factor in admissions to residential care, there were very few new admissions during March and April, but this was in line with national trends.

- The number of older people (65 and over) who were still at home 3 months after being discharged from hospital into reablement / rehabilitation services. The target was missed narrowly, it was planned to

have a further development around the urgent community response in 2020/21.

- The average number of people delayed in a transfer of care per day (daily delays) from hospital. The target was met last year and continues to be met this year.

The Board were informed that overall delivery of the BCF had improved joint working between health and social care in the local area. There was fantastic work in the Community Hub. Local Area Coordinators were essential in assisting with response during first phase of COVID. The difficulties of COVID has forged greater communication/integration on the ground. It was hoped that the long-term integration of health and social care would continue.

A Councillor asked if the reduction in the numbers of people admitted to Care Homes would risk making care homes unsustainable, and also queried whether we might need to reverse the measure above.
The officer confirmed that between 15% and 20% of available residential care beds are vacant and that some homes even have 50% of their beds unused.
If Care Homes had not had support from the Government, then they would not have been able to keep going. It was explained that Care Homes have been affected by deaths and also by people not wanting to move into care or nursing homes.

Another Councillor also raised concerns about the residential sector due to lower occupation levels during the phases of the pandemic, and requested details of the financial assistance provided by Government to the Care Home Sector and how long the financial assistance would be continued.

The officer outlined the two ways government had provided assistance directly to Care Homes during the pandemic

- Care Homes had been provided with free PPE, not all their needs were met but a good proportion of free PPE had been provided.

- An Infection and prevention and control fund had been created. This was a ring- fenced grant passed through the Local Authority on a per bed basis. Conditions on the grant had been put in place, to manage the risk of infection, community transmissions between staff and residents. All care homes were entitled to the grant and it would continue until the end of March.

The Board thanked the LAC, who had played a very important part of the work being undertaken by the community hub, and requested that their thanks be passed on to the team.

The Board also gave their thanks for everyone's work within the BCF over the past few months which had made a huge impact across the system and supported patients in the acute sector. There was discussion about the possibility of new arrangement being put in place next year. It was hoped that the BCF would not be discarded and would continue to be used across the system of health and social care for next year.

The purpose of the BCF has been to drive forward with integration of health and social care, COVID could be the opportunity that needed to be taken to move forward with total system integration.

The Board noted the report and update for information.

09/20 Derby COVID Outbreak Engagement Board

The Board received a report of the Director of Public Health which was presented by the Assistant Director of Public Health. The report informed the Board about the establishment of the Derby COVID Outbreak Engagement Board, which was a subgroup of the Health and Wellbeing Board. The report was for information.

The Board were informed that under national requirements produced in May, there was a requirement to produce a local Outbreak Plan and to establish an Outbreak Engagement Board. Given the role and responsibilities of the HWB in relation to health protection of the local population it was felt to be appropriate to establish a Board as a sub-group of the HWB. Given the timeframes and expectations and the fact there was no HWB happening in the timescale, under delegated decision-making powers the Outbreak Board was established and has been running since June. The Board were informed that a meeting of the Outbreak Engagement Board would take place next week. The Board noted that the Terms of Reference for the Engagement Board were attached to the report at Appendix 1

The Board discussed the recent findings from recent analysis of numbers. The Chair asked the Director of Health (DoH) to outline some of the findings from the analysis, for example, where hot spots or no hotspots are located in the City. It was noted that there have been some outbreaks in Care Homes and one residential setting. The DoH explained that it was mainly in generalized community transmissions across the city where an increase has been seen in the numbers of infections. In a lot of settings where cases have been found it was the impact of people contracting the virus within the community, and they are being protected in those settings. A report was being prepared using Mosaic data to see if there were groups and sets of people who have been particularly affected. All groups in the city have been impacted by Corona virus on a relatively even measure, but two groups had been most affected these were the 20-30 and 30-40 age groups who are living in settled accommodation, working and with young families. These groups are seeing slightly more cases than other

groups.

The issues of communication with different age groups across the city were then discussed. It was noted that there was message fatigue, but that there was still a need to remind people of the basic message around COVID 19. The Board were informed of the localised district centre communication campaign which was in place, and also the work with Community Action Derby in using their links into voluntary groups and networks in the City to distribute messages.

The Board noted the report and the establishment of the COVID Outbreak Engagement Board

10/20 Derby's Mental Health and Crisis Support Services Report

The Board received a report of the Chair of Healthwatch Derby. The purpose of this report was to provide the Health and Wellbeing Board (HWB) with an overview of Healthwatch's recent report on Derby's Mental Health and Crisis Support Services. The Report was for information.

The Chair of Healthwatch Derby informed the Board that the report was undertaken last year, mid-year so the information was a little bit dated but still relevant. The report looked into the individual services involved within Mental Health Care, from general mental health problems to crisis support. The report shows that many different services can be involved in someone's care, there can be many complexities involved on an individual level and pathways are not always clear and straightforward.

The key messages from the report were that it was important that communication was clear, and Pathways are easy to understand and to follow. Capacity in the service needs improvement to reduce waiting times to assessments, services and follow ups. GPs need more training and support regarding Mental Health and pathways

The main areas that people said worked well were support and staff. The main areas of services where people would like to see improvement were; more services and resources, access to services and waiting times, education and information, assessment, treatment plans and care and above all else communications. This runs in line with what Joined Up Care Derbyshire are trying to do and hopefully over time improvements will be seen.

A councillor highlighted the potential effects of COVID on mental health in terms of lockdown, a fear of virus, the loss of employment which showed the need for good communication.

An officer from Derbyshire CCG informed the Board there had been a couple of reports. Derbyshire has been able to monitor the changes seen in demand for services and higher levels of types of services. There was uncertainty as to the longer-term demand on services or socio-economic demands, there was no good predictive data. Pre-Covid Mental Health was one of the 3 important health and social care areas that need work on, and now needs renewed focus. Mental Health services have been relatively constant in demand and are now increasing.

A councillor informed the Board that there has been a dramatic improvement in services available since the outbreak. There was now a 24-hour helpline available for mental health support which was deemed to be very effective and well used. The helpline linked with A&E, GPs, Crisis Teams and the Samaritans. Healthwatch has done really good work in highlighting some of the issues, COVID has triggered a swifter response to some of the communication issues.

A councillor asked how much demand for mental health services has risen, and if the authority has the capacity to meet this demand. The officer from Derbyshire CCG confirmed that the trends in demand and the types of services requested for care were recognised, but the challenge would be impacts of COVID; the totality of care in the months to come; how much care across the board can be done given the impact on staffing. There was a need for the health and social care system to think about priorities to focus on over the months to come. It was not possible to give assurance that all the demands on mental health service can be met, but assurance can be given on understanding demands are now being seen, and there was a robust system in place working through those demands and prioritising against them. Mental Health will be one of the key areas that JUCD will want to discuss with HWB in terms of this wider health inequality.

The Chair confirmed that Mental Health will stay as one of the priorities that the HWB will want to look at, understand a bit more about the statistics, and how many calls for the service there are in the mental health arena. The Derbyshire CCG officer confirmed that a report from the Mental Health Delivery Board could be brought back to the HWB for the next meeting with a position statement on what has been seen and what are the trends. By that time there would be an indication of the longer-term effects of COVID 19.

The Board thanked the Chair of Healthwatch and team for the report.

The Board noted the report and requested that the Mental Health Delivery Board bring a report to the next Health and Wellbeing Board with a position statement of what they have seen and what the trends are, by that time they should have an indication of the longer term effects of COVID 19.

Private Items

None were submitted.

MINUTES END