

Time Commenced: 13:00pm
Time Finished: 14.30pm

Health and Wellbeing Board 14 March 2024

Present:

Statutory Members Chair: Robyn Dewis, Director of Public Health, Margaret Gildea (DDICB) (Vice Chair), Sue Cowlshaw (Derby Healthwatch),

Elected members: Councillors Ashby, Care and Whitby,

Appointees of other organisations: Amjad Ashraf (Community Action Derby), Denise Baker (PV and Dean College of Health Psychology and Social Care University of Derby, Lucy Cocker (Derbyshire Community Healthcare Services), Gino Distefano (Director of Strategy Derby Hospitals), James Joyce (Head of Housing and Homelessness), Clive Newman (DDICB), Harriet Nicol (DCC Housing for I Fullagar), Chris Weiner (DDICB for C Clayton)

Non board members in attendance: Marie Cowie (Public Health), Kirsty McMillan (Director of NHS Integration & Prevention), Andy White (DCC Public Health), Alison Wynn (Assistant Director of Public Health).

36/23 Apologies for Absence

Apologies were received from Councillor Martin (Chair), Cllr Lonsdale, Emma Aldred (Derbyshire Constabulary), Michelle Arrowsmith (Executive Director of Strategy & Planning DDICB), Paul Brookhouse (Derby Poverty Commission), Chris Clayton (CEX NHS DDICB), Ian Fullagar, (rep for Health, Housing & Homelessness Board), Stephen Posey (CEX Derby Hospitals NHS Foundation Trust), Mark Powell, (CEO Derbyshire Healthcare NHS Trust), Perveez Sadiq (Service Director Adult Social Care), Andy Smith (Director of Peoples Services), Clive Stanbrook, (Derbyshire Fire & Rescue Service).

37/23 Late Items

There were none.

38/23 Declarations of Interest

There were none.

39/23 Minutes of the meeting held on 18th January 2024

The minutes of the meeting on 18th January 2024 were noted and agreed.

40/23 Integration between Derby City Council and Derbyshire

Community Health Services for the delivery of reablement, short term care and urgent support

The Board received a report from the Strategic Director of Peoples Services which was presented by the Director of NHS Integration and Prevention. As some of the services in scope were funded by the Better Care Fund (BCF), of which the Board was a key stakeholder, details of the integration plans were given in the report.

The officer explained that in December 2023 Derby City Council (DCC) Cabinet and Derbyshire Community Health Services' (DCHS) Board had agreed that both organisations could enter a formal partnership to deliver a range of reablement and urgent support services. Section 75 of the National Health Service Act 2006 enabled Councils and NHS bodies to work in partnership by creating a "Section 75 Partnership Agreement. As part of the Integrated Care System (ICS) within Derby City Place the DCC and DCHS already work closely together. The new S75 partnership agreement would strengthen this arrangement.

The **aims and objective of the Integration** were highlighted:

- To help both organisations manage the rise in demand for health and care due to demographic changes in the population. The partnership aimed to support more people with their health and care needs at home, so they could live independently after a medical episode or hospital admission.
- To reduce workforce gaps and increase the existing skill mix in both organisations to develop a single workforce with improved recruitment and retention.
- Creating a consistent care offer with an increased workforce giving more capacity to respond to the urgent demand from people being experienced currently, and included support to be discharged from hospital.
- To reduce the different contact points for individuals, families and professionals.

The Services in Scope and the alignment to the Better Care Fund – it was explained that there are several existing services being brought together under a single line management structure in 2024/25. The services would be listed as part of the new Community First S75 Partnership Agreement. The combined workforce included a wide range of roles including nurses, social workers and therapists.

Performance Metrics – the new Community First Partnership (CFP) would agree outcome and performance measures which would be aligned to relevant metrics in the BCF. The main measure which would be directly linked to the BCF was "The proportion of people discharged who are still at home after 91 days since discharge from hospital into reablement or rehabilitation services". The other BCF metrics were "system" ones where the CFP was a contributor and not the sole owner, but the CFP would have an important role of influence over how well they were delivered.

The Board were informed about **public/stakeholder engagement**. Both DCC and Derbyshire Community Health Services undertook a period of consultation about the integration proposals during September 2023 to November 2023. This included an on-line and paper survey and discussions at several groups. The aim was to gauge whether citizens

who should benefit from the integration supported it. Respondents mostly strongly agreed or agreed with the proposals. Dedicated discussions with the wider ICS also took place. The discussions were ongoing for 9 months and included all major partners within the Derby City Team Up collaboration.

The Board thanked the officer for the report they asked about assessing the service, and about plans to collect data from service users and staff. The officer explained there was a Performance Schedule which collected a wide range of measures to get feedback from staff and patients. The full set of assessments could be circulated for the Board's assurance, and quantitative data could be commented on when an update report came to the Board in the next few months. The Board also hoped that the single point of access would be a positive experience for users. It was explained several single points of access already existed in services, and no new points would be created, the focus would remain on the existing triage points which would be the main access routes into the newly integrated service.

The HWB Board:

- 1. Noted the plans being made to further integrate services between Derby City Council and the Derbyshire Community Health Services, and how they related to income received from the Better Care Fund for Derby City.**
- 2. To agree to receive an update paper during 2024/25 on how well the partnership was delivering its stated aims and objectives and also to consider any learning that can be used towards other integration opportunities.**

41/23 Derby/Derbyshire Childhood Obesity Plan - Update

The Board received a report of the Director of Public Health. The report provided the HWB with an update on the progress of the Derby and Derbyshire Childhood Obesity Plan with particular focus on the two overarching objectives.

1. Develop clearer pathways and signposting to enable children who are already overweight or obese to access joined-up and long-term support.
2. Derby and Derbyshire develop preventative approaches for current and future generations and a whole systems approach to obesity which coordinates existing efforts, reveals gaps in provision and supports the efficient use of limited resources.

The Board were updated on the implementation of a whole system approach to tackling childhood obesity, following steps detailed in the Public Health England (PHE) publication "Whole systems approach to obesity", and how this worked by contributing to existing activity being delivered by the strategy Multi-Agency Children's Healthy Weight steering group.

The importance of adopting the local authority Healthy Weight Declaration to help support the whole systems approach was also highlighted to the HWB.

The HWB were informed that significant progress had been made towards the two objectives:

Objective 1

- Access to weight management services for children has been expanded

- Improved pathways between school nursing, weight management, primary care and secondary care.
- Safeguarding policy Launched Spring 2022 to help practitioners to identify and respond to situations where a child or young persons obesity could be related to neglect.

Objective 2

- A Children's healthy weight steering group has been put in place in Derby
- The role of schools has been developed in Derby
- The role and capacity of community assets like Family Hubs has been developed in Derby
- An infant feeding strategy has been developed in Derby & Derbyshire
- The uptakes of the Health Start scheme in Derby has been increased.

The Whole Systems approach to tackling childhood obesity was a new way of working for some local authorities. Complicated issues like obesity need action and buy-in from system leaders. The local authority Healthy Weight Declaration was a strategic and system-wide commitment across all council departments to reduce unhealthy weight in local communities, protect the health and wellbeing of staff and citizens and make an economic impact on health and social care and the local economy.

A Board member felt there was a need to take the "next step" to inspire young people to live healthier lives. Childhood obesity was an important topic and there was scope for more joined-up working. One area that stood out was active travel and going-to-school travel with walking buses and cycling trains and not just the School Safe Haven Zones that have been installed.

A Board member stated that the child obesity figures for the city were very concerning as more than 40% of year six children in Derby were overweight or obese, and there are more children being seen now with type 2 diabetes. The Board had been informed that figures for year six children in Derby were "significantly" worse than the national average. In a normal Year Six class in Derby of 30 pupils, eight children would be living with obesity. The officer was asked if work could be done in schools and with parents to address the issue, for example, with improving school dinners and not using multi-processed foods. The officer explained there was a national obesity trailblazing project for Early Years that he had been involved in, which had been trialled in some LAs. There was accredited evidence that it had worked but funding was needed to take it forward in the City. A county-wide school meal provider also had bronze level accreditation for meeting national food standards and the firm was delivering meals at nine Derby schools and had plans for expanding their service to more schools in the city.

A councillor raised concerns about the accuracy of BMI measurement and the need to use other measurements; are there any plans to look at making sure there was accurate data, or adding other measurements to ensure that people being labelled as overweight and obese was accurate. Was there a "Henry" version for the city? The officer confirmed that "Henry" was incorporated into a recent course developed for the family programme. Around measurements, the Office for Health Improvement and Disparities were aware that the measurement programme was not taking account of other measures. New methods were coming out all the time, a new scheme had been piloted in some local authorities and the officer would circulate information to the Board about the scheme.

The Board were encouraged by the enthusiasm of the officer and the engagement with stakeholders. The Board had given three or four powerful indications of support for the work on childhood obesity. Start Well from the ICB, active travelling and walking to school, cycle trains, and engagement with communities Black, Asian or European, links between Derby and Derbyshire and the whole question of school meals.

The Chair thanked the officer, and said the Board were encouraged by the enthusiasm of the officer and the engagement with stakeholders. The officer was asked to clarify what he was looking for from the Board. He informed them it would be good to be able to provide an annual update to the Board and receive their scrutiny which would help to keep improving the Action Plan and make the approach more agile and active. The Board were happy to receive an annual update on the Derby/Derbyshire Childhood Obesity Plan. The Board also agreed to champion the approach of independent representatives of the organisations on the HWB and provide a link with the officer to their organisations and others, and to be Ambassadors for the Childhood Obesity Plan.

The HWB Board

- 1. Supported and committed to tackling the wider determinants of childhood obesity.**
- 2. The Health and Wellbeing Board members championed the whole systems approach to wider stakeholders and supported the local authority Healthy Weight Declaration**
- 3. Agreed to receive an Annual Update report on Derby/Derbyshire Childhood Obesity Plan.**

42/23 Healthwatch Derby City GP Access Survey Report

The Board received a report of the Chair of Healthwatch Derby. The report provided the Health and Wellbeing Board with an overview of the experiences of local people trying to access GP services within the city.

The NHS published its “Delivery Plan” to recover access to primary care in May 2023. The plan focused on access and making it easier for the public to contact practices when they are open and to get a quick response. Healthwatch England’s report in November 2023 noted the difficulty in accessing GP appointments was one of the most common issues.

The local Healthwatch Derby continue to receive a number of enquiries from people having difficulty in accessing GP services. The Healthwatch Derby City GP Access Report gave a snapshot of Derby City residents experiences of accessing local GP Services.

Healthwatch Derby sought assurance that the NHS Recovery Plan would be fully implemented, and made four recommendations in its report. The DDICB response to the recommendations of the Healthwatch national report and the further four local recommendations were detailed by the Chair of Healthwatch. It was noted that the DDICB wished to work with Healthwatch to discuss these findings and the DDICB plans and to continue to keep Heathwatch Derby, the HWB and Oversight Committees informed of work in this area. The recommendations from the local Healthwatch report and the responses from the DDICB are highlighted below:

Take wholehearted action to implement the NHS primary care recovery plan – The DDICB was fully committed to implementing the plan in full and set out its plan at the public Board meeting in November 2023.

A complete overhaul of telephone appointment systems at GP practices – all Derby practices will move to digital phone systems by the end of 2024. The DDICB has worked with GP practices to overhaul and upgrade GP telephone systems across Derby and Derbyshire in line with the national plan and to the deadline of March 2024.

Fully communicate how improvements are going to be made to both professionals and the general public – A communications plan was run over the winter period to inform people of improvements in general practice. The focus was to explain how staff other than Doctors can provide support and care often on the same day. A bank of communications materials for Derby and Derbyshire was developed by the ICB in partnership with local GP practices for all GP practices to use.

Patients are given more options and times to make appointments and Patients are given more choice of appointment times – DDICB has commissioned practices to provide additional appointments between 6.30am and 8pm Monday to Friday and 9am to 5pm on Saturday. Over the last 5 years practices were funded to employ a wider range of staff including clinical pharmacists and social prescribers. In Derby 198 staff have been employed. These extra people enable practices to offer more and different kinds of appointments: face to face, telephone and online.

The DDICB thanked the Chair of Healthwatch for summarising their response and for the survey, which they felt was representative of the city population. The DDICB are working to support the NHS primary care access recovery plan and to support local initiatives. They recognised the difficulties for patients and practices such as rising demand and a static workforce. The DDICB asked if the written response was felt to be sufficient, and if they were moving in the right direction. They were concerned that Healthwatch Derby had some assurance about how services were being developed. The Chair of Healthwatch Derby acknowledged there was a role for re-educating patients, and a drive to get them back to local pharmacies, but suggested the response could go further. The ICB response would be taken back to the Healthwatch Board for their thoughts and a reply would be given to the ICB.

The Board welcomed the report, the detail was really helpful, but not positive. The Board felt Public Health messaging was important to deal with the acute demand on services. The national messaging systems about using NHS 111, walk-in centres was reaching the general public. It would be good to have the option to book advance appointments but evidence had shown that these appointments were less likely to be attended.

The voice of local community was important in highlighting issues. If there were creative solutions that could be used locally to make a difference it would be good to hear about them. The creation of Health and Wellbeing Hubs was suggested, consisting of a doctors surgery surrounded by other professionals delivering services like counselling, or healthy eating. The NHS officer confirmed the “Hub” idea was seen as a good standard of working with colleagues across all sectors. The NHS Estates strategy puts the Hub concept at the forefront and a Hub in a Derby ward had been proposed but national funding had been pulled.

It was suggested talking to communities in deprived areas, there was appetite within communities to make a difference and make changes. There would be a need for resources

but communities would be empowered. Combatting issues of trust in the communities was important, people who represent local communities (key connectors) could help. A recent successful Hypertension Drive in communities was highlighted as a good example of work in the community, but it was a random piece of work without connection to local GPs. The Board welcomed the idea of key connectors helping in communities.

The Chair asked if more active dialogue could take place to explore ideas like Wellbeing Hubs, and how could regular discussion take place. It would help people understand that some services cannot be fixed quickly like GP shortages. It was highlighted that through councillors connections conversations had taken place with local community groups and practices in wards around the city.

Healthwatch Board could invite speakers from the DDICB to their meetings, the Board members were diverse and representative of the wider community and it would give them a chance to ask questions and voice feelings. The ICB indicated they could provide a representative at future Healthwatch Board meetings to ensure the dialogue kept going and to answer any issues raised.

The Chair thanked Healthwatch Derby for a very useful report. The HWB were asked to consider and note the content of the report, but it was hoped they would do more, by taking action and using advantages of any opportunity for quick wins and accelerating them.

The HWB considered and noted the contents of the report

43/23 Overview of the Joint Local Government Association of Facilitated Workshop – for information

The Board received a report from the Director of Public Health which provided the Board with an overview and summary of the recent Local Government Association (LGA) facilitated workshop between Derby and Derbyshire Health and Wellbeing Boards and the Integrated Care Partnership.

The output of the workshop was highlighted and the HWB were told about next steps that are currently being prepared and will be distributed to HWB members shortly. In the interim a short overview was provided in the report for information before a more detailed report being produced and shared.

The key areas considered at the workshop included: Good communication; clarity of purpose; realistic focus and priorities; openness and honesty and capacity. A round up of the day was provided by the officer. The real strength of Derby and Derbyshire system was recognised as being the significant commitment of individuals, organisations and the system as a whole. It was recognised that the system and its challenges were complicated and there was no blueprint to work to and help in shaping how to move forward. It was important to develop a narrative as a system of ambitions and priorities to make buy-in easy and to help individuals to see their role and contribution. Giving permission and enabling organisations and individuals to do things differently was key, as was clarity on contribution and accountabilities and how organisations hold each other to account.

The Board were pleased to hear about the workshop. It was suggested that “engaging people” with their own health and also in the community should be embedded in the thinking.

The Board:

- 1. Noted the contents of the report**
- 2. Agreed to receive the formal output of the facilitated joint workshop when available.**

44/23 Health and Wellbeing Board Forward Plan – for information

The Board received a report of the Director of Public Health. The report shared the Forward Plan of the HWB. The Board were informed that the next HWB was scheduled for 9th May 2024. Reports are due Friday 26th April 2024 and will be published on Tuesday 30th April 2024.

The items agreed at previous HWB or otherwise proposed as items for future HWB meetings were highlighted. The Board were invited to put forward relevant and appropriate items for future HWB meetings.

The Board noted the information provided in the report

Private Items

None were submitted.

MINUTES END