

Time Commenced: 13:00pm  
Time Finished: 15.10pm

## **Health and Wellbeing Board 18 January 2024**

Present:

Statutory Members Chair: Councillor Martin (Chair), Robyn Dewis, Director of Public Health, Margaret Gildea (DDICB),

Elected members: Councillors Ashby, Care, Lonsdale 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), Stuart Batchelor (Active Partner Trust), Paul Brookhouse (Derby Poverty Commission), Lucy Cocker (Derbyshire Community Healthcare Services), Helen Dillistone (DDICB), Gino Distefano (Director of Strategy Derby Hospitals), James Duffield (Derby Poverty Action), Kim Harper (Community Action Derby), James Joyce (Head of Housing and Homelessness), Sonia Gale (Derbyshire Healthcare United), Arun Chidambaram, (Medical Director Derbyshire Healthcare NHS Trust), Perveez Sadiq (Director Adult Social Care Services), Clive Stanbrook, (Derbyshire Fire & Rescue Service).

Non board members in attendance: Marie Cowie (Public Health), Kerry Hodges (Principal Public Health Manager), Siobhan Horsley (Derby Health Inequalities Partnership), Rami Khatib (NHS Midlands East), Rose Lynch (NHS Midlands East), Kirsty McMillan (Director of NHS Integration & Prevention), Clive Newman (NHS Dentistry), Edward Sinclair (NHS England), Karl Suschitzky (Public Health), Alison Wynn (Assistant Director of Public Health).

### **25/23      Apologies for Absence**

Apologies were received from Emma Aldred (Derbyshire Constabulary), Michelle Arrowsmith (Executive Director of Strategy & Planning DDICB), Sue Cowlshaw (Derby Healthwatch), Ian Fullagar, (rep for Health, Housing & Homelessness Board), Zahara Leggatt (People & Culture Director Derbyshire Healthcare United), Stephen Posey (CEX Derby Hospitals NHS Foundation Trust), Mark Powell, (CEO Derbyshire Healthcare NHS Trust), Andy Smith, Director of Peoples Services, Richard Wright (Chair of ICB).

### **26/23      Late Items**

There were none.

### **27/23      Declarations of Interest**

There were none.

## 28/23 Minutes of the meeting held on 9 November 2023

The minutes of the meeting on 9 November 2023 were noted and agreed.

## 29/23 Derby Health Inequalities Partnership (DHIP) 2023 Impact Report

The Board received a report from the Co-Chairs of Derby Health Inequalities Partnership. The DHIP Impact Report highlighted and celebrated the achievements of the DHIP, and the work of community organisations and connectors to improve health and wellbeing and tackle inequalities using small grants. The DHIP along with the HWB and Place Partnership have a shared place based ambition to improve health and reduce health inequalities for the people of Derby.

The Impact Report was the first report of the DHIP. The report highlighted the DHIPs aims, values and activities and how grant funding helped Community Connectors (people who are volunteers, care about their community and live there), and groups in the communities to support health and wellbeing activities and events in targeted communities. A second round of small grant funding for 20 Community Connectors and groups had been rolled out to support delivery of health and wellbeing activities over the next 3 to 6 months.

The work of the DHIP needed significant time and resources, that was an ongoing challenge. The ambition was to grow the DHIP by building on approaches developed over the last two years, to tackle wider inequalities and to work with more communities experiencing inequalities across the city; this work was a priority going forward and could not be done alone. The DHIP would consider approaches and resources with communities and key partners. DHIPs future priorities are detailed in the Impact Report, and are subject to funding being available.

The Board queried if the use of different settings or venues for events had been considered. The co-chair of DHIP explained the organisation was not connected to particular settings and used many different types of venues, they had a range of initiatives in place, even funding a football team to encourage health checks in communities. The Board asked if work was done by DHIP to address health inequalities like improving oral hygiene. The co-chair explained that DHIP received a number of applications from community organisations; one had recently asked to make a change to their application to support children's health inequalities work including oral health. The Board felt the organisation model was clear and effective and asked if the initiative could be extended to other areas in Derby. The co-chair highlighted the limited capacity of DHIP, and explained that local engagement would be needed to take the initiative out into other areas.

The Board thanked DHIP for all the work undertaken and for the report received today which gave a strategic overview, was informative and contained a lot of personal experiences. It was a model for how to engage with people in the community. The Board looked forward to receiving further updates from DHIP.

### **The HWB Board:**

- 1. Noted the report and acknowledged the diverse community assets and resources, along with the strong community connections, developed and**

supported by DHIP during 2023.

## 2. Resolved to continue to support the DHIP's growth and development into 2024

### 30/23 NHS Dentistry: Oral Health and access to NHS Dentistry

The Board received a report of the Head of Primary Care, NHS Derby & Derbyshire Integrated Care Board (DDICB)/Joined Up Care Derbyshire (JUCCD). The report provided the HWB with an update on Derby City Population, current oral health, NHS dentistry access provision and commissioning and procurement plans/mitigation

**Derby City Population current oral health.** A recent survey of 5 year olds showed that Derby was among the highest in the ICB for the number of dental caries in children, and for the most severe degree of disease. Derby City also had the highest levels of acute dental problems in children which needed urgent treatment.

**Prevention by water fluoridation** – Water fluoridation was an effective and safe measure to reduce the amount and severity of dental caries and reduce dental health inequalities. There was no evidence that fluoridation of water would damage teeth, the level of fluoridation would be one part per million.

The Secretary of State centralised water fluoridation through the Health and Care Bill in January 2020. Local authority responsibilities for water fluoridation were removed and funding responsibilities moved to central government. The first public consultation on fluoridation was expected in 2024 in North East England. The HWB was asked to support the fluoridation of water in Derby and Derbyshire ICB area.

**NHS Dentistry Challenges** – the most critical issue was accessing NHS dental services. Other challenges were workforce recruitment and retention of dentists and clinical dental teams. The profession was discontented with the current contract. NHS Dental Practices are independent contractors who adjust their work balance to remain viable, more are moving towards private practice. Private practices are not within the scope of the ICB so information on activity uptake cannot be provided. Many NHS independent contracted dental practices operate a mixed private/NHS model of care.

**NHS Dental Access – Overall** – Increasing levels of dental activity had been delivered since the Covid 19 pandemic due to restoration and recovery of NHS dental services. However, there remained a backlog of NHS dental care from that period when dental services did not operate at full capacity. Across the Midlands it was estimated that around 650,000 appointments were lost in primary care dentistry since the start of the pandemic.

**NHS Dental Access for Children and Young People (CYP)** – In the pandemic NHS dental access for CYP was badly affected, as practices focused on urgent dental care and parents were hesitant to take children to medical and dental appointments. A survey of parents of reception children starting school in September 2022 found that 31% of children did not have a dentist.

**Recovery Initiatives** – Access initiatives continuing into 2023/24 from 2022/23 are:

- Intermediate Minor Oral Surgery (IMOS) Waiting List

- Community Dental Services Support Practices
- Vulnerable People and Severe Multiple Disadvantage (SMD) groups

The Commissioning objectives, priorities and investment plan for 2023/24 were shared with the 5 East Midlands ICBs and governance approval was granted in August 2023. Since the approval, unforeseen circumstances made the financial position very challenging for the NHS, which affected DDICB continuing with the approved plans. However, the DDICB had committed to support improved access to NHS dental services by continuing with the 2023/24 investment schemes that had already started.

**National Dental Contract Reform** – the reform changes announced in July 2022 have given an initial start towards a change in emphasis of financial rewards and re-orientation of clinical activity to patients who need it most and increasing access to NHS dental care. The reform changes had made an impact but more work was needed, including more change to increase the dental workforce and access to NHS dentistry.

In October 2023 NHS England published a framework for flexible commissioning in primary care dentistry. The DDICB are reviewing the framework and working with Dental Public Health Consultants and the East Midlands Primary Care Team to commission additional NHS dental access. A strategic review of dental access was ongoing for 2023/24, and a new mapping tool was available to help identify specific issues in local areas to enable a targeted approach. The review recommendations would inform the general dental services programme and commissioning needs for the DDICB. Procurement for public sector services was due to change in 2024. The Provider Selection Regime (PSE) regulations will be in place in January 2024.

The Board discussed the request to think about asking central government to consider Derby and Derbyshire as an area for fluoridation of the water to reduce the risk of dental caries in the population. The Board expressed concern about over-medication for the general population and giving them something they had not requested. They were also concerned about the cost given the economic situation. Board members were surprised that Derby & Derbyshire did not already have fluoridated water. It was highlighted that Bolsover water was fluoridated but the population had the highest levels of tooth decay, the NHS officers offered to supply data to the Board on the levels of decay before and after fluoridation. Although the benefits of fluoride outweighed the disadvantages, it was suggested that tooth decay would not decrease by this means alone. Education of parents, carers and children was needed about the causes of dental decay, oral hygiene would need to be improved, and less consumption of fizzy drinks should be supported.

The Board asked if there had ever been a National Programme, and heard there had not and that the water in Derby had not been fluoridated in the past. The NHS explained the options currently available to dentists which were the application of fluoride jelly to teeth and prescription of Fluoride tablets for children at risk. The Board felt that fluoridation of water would be of help to children, and asked what information was available from the consultation, was there a positive feeling for fluoridation in Derby. They were informed that a consultation had not yet taken place. However, liaison with Heathwatch had been done and they had been asked to speak to patients about oral health issues. The ICB alongside Heathwatch would support a campaign for consultation on fluoridation as it was an important part of the prevention agenda; dental extraction for children was a significant activity in hospitals, and the most common reason for child anaesthetisation was for tooth removal.

The NHS officers were asked to provide data on ethnicity and on the number of children with learning difficulties who had tooth decay.

The Board thought there was no guarantee of the future benefits of water fluoridation and the cost of setting up a new scheme of fluoridation might take 30 years to recover a saving on dental treatment costs. Perhaps money could be better spent on training or providing toothbrushes. It was suggested that water fluoridation should be examined within a broader discussion. It was highlighted that children with poor dental health and decay would be suffering pain leading to issues of poor concentration at school.

The HWB Board supported the idea of a consultation and asked that a further report return to the Board with feedback from the consultation and also provide more detail on any other initiatives of prevention or education happening or being examined which could be done if funding was available.

### **The HWB Board**

- 1. noted the contents of the report**
- 2. agreed to support the campaign for a consultation on fluoridation in Derby & Derbyshire ICB/JUCD**
- 3. Recognised that Derby and Derbyshire ICB/JUCD are diligently navigating a challenging situation , particularly with financial constraints, while ensuring patient access and striving to improve oral health outcomes**

## **31A/23 Derby & Derbyshire Air Quality Strategy**

The Board received a report of the Director of Public Health DCC. The report provided the HWB with an update on the Derby & Derbyshire Air Quality Strategy to give assurance on progress made and the structures in place to deliver the strategy.

The Board noted that poor air quality had a significant impact on health, contributing to heart and lung disease, stroke, cancer and dementia. Air quality was impacted by national and international factors but changes could be made to improve the air in Derby through partnership and individual action from all who live and work in the city.

The Board were informed that people could be exposed to poor air quality inside buildings, including homes. The 2022 Chief Medical Officer report highlighted the impact of solid fuel burning on indoor air quality. The key airborne pollutants which have a bad impact on health are particles respirable particulate PM10 and fine particulate PM2.5 plus nitrogen dioxide. Other pollutants are sulphur dioxide, ammonia and non-methane volatile organic compounds. The most exposure to these was concentrated in areas of deprivation, it contributed to poor health, excess mortality and worsened health inequality.

The Derby and Derbyshire Air Quality Strategy strategy was developed by the Derby and Derbyshire Air Quality Working Group and was first published in 2020. It has been refreshed and included a review measures to monitor progress. There are three themes in the strategy:

- Facilitate travel behaviour change
- Reduce sources of air pollution

- Measure, produce plans and mitigate against health impacts of air pollution.

Central government published a revised Air Quality Strategy for England in 2023 which gave guidance for local authorities to make best use of their existing powers. The key objectives of the national strategy align with the local strategy. Items added to the National strategy included a focus on pollutants of concern, nitrogen dioxide, traffic emissions. The national strategy picked up the domestic burning issue, using cleaner fuels. However, it had a key focus on transport and sustainable transport by boosting active travel and public transport and moving people away from using vehicles to improve air quality.

The Board heard that the NHS was a large contributor to emissions they used gas in operations, inhalers for asthma, traffic and transportation, and heating. However, an agreed NHS strategy was in place.

It was suggested that DCC could give advice and guidance about indoor health environment, damp and mould. The challenge about the need to focus on the capacity for communicating messages about indoor areas was highlighted, but the idea could be fed back to the Air Quality Working Group, also any message had to be evidence based. The Board noted the balance of risk and suggested felt there was a need for more evidence before going ahead with messages. The Board were informed that the Air Quality Working Group regulation perspective was currently focused on outdoor activity and there was nothing to compel DCC to do anything in relation to indoor air quality.

#### **The HWB noted:**

- 1. The updated Air Quality Strategy**
- 2. The structures in place to deliver the Strategy**
- 3. For partners to support the delivery of the strategy, including consideration of these priorities within their own organisational strategies**

## **31B/23 Derby & Derbyshire Health Protection Strategy**

The Board received a report and presentation from the Director of Public Health which informed the Board of the development of the Derby and Derbyshire Health Protection Strategy and highlighted progress and provided assurance of the planned work for 2024/25.

The Derby and Derbyshire Health Protection Strategy was recently approved by the Health Protection Board in November 2023. The strategy was developed through a partnership working group and was aligned with national strategies. Work was ongoing on an Action Plan in response to the strategy detailing key actions for 2024/25 and establishing metrics. The Health Protection Board was a subgroup of both Derby and Derbyshire HWBs. The Strategy was also to be discussed at the County Board's meeting in January.

The Vision of the strategy was "working in partnership to protect people in Derby and Derbyshire from infectious diseases and environmental hazards and minimise any impact on health".

The Objective was "through health protection activities improve health and wellbeing and achieve more equitable outcomes so that all people in Derbyshire can: Start Well, Stay well, Age well and die well".

The three main themes of achievement were Prevent, Prepare and Respond. Assurance was provided about the preparedness of the system to respond across a broad range of Health Protection areas: Infection and prevention control, Communicable disease control including TB, Vaccination and Immunisation, Screening, Emergency Preparedness, resilience and response, Environmental Health including air quality and climate change, sexual health.

There were six areas of specific focus:

#### Areas of focus – Enablers

- Ensure there was in place strong communication and coordination between partners across the healthcare system.
- Develop a clear understanding of roles and responsibilities across health protection system partners.

#### Areas of focus – Delivery

- Strengthen community infection prevention across settings and prioritise proactive control of infection.
- Increase vaccination uptake amongst children and adults and reduce vaccine inequalities
- Develop specific consideration and support for risk and vulnerable groups such as migrant groups and care home residents
- Strengthen preparation and response to environmental hazards and emergency events such as pandemics and extreme weather events.

The Health Protection Board would like to bring a report back each year on the strategy.

#### **The Board:**

- 1. Noted the Health Protection Strategy.**
- 2. Agreed to receive progress updates at appropriate intervals but at least annually.**

### **32/23 Tackling the effects of drugs and alcohol; annual update on the work of Derby and Derbyshire Drugs and Alcohol Strategic Partnership (the DASP)**

The Board received a report of the Director of Public Health. The report provided the HWB with an update on the work of the Drug and Alcohol Strategic Partnership (DASP) for Derby & Derbyshire since its establishment in November 2022.

The national context in which DASP was established was summarised together with the national objectives from the Government's 10 year strategy "From Harm to Hope", which requires all areas in England to establish a CDP. The objectives of the partnerships are to:

- Reduce drug (and alcohol) related harm and deaths

- Reduce drug related crime
- Reduce drug use

Additional funding was received by Public Health 2022-23 and 2023-24 in the form of a supplemental Substance Misuse Recovery Grant to increase the capacity and availability of treatment services.

During its first year, the DASP looked at understanding the nature and size of drug and alcohol issues across Derby and Derbyshire through the completion of needs assessments from member agencies, such as Derby and Derbyshire Probation Services and Public Health at both authorities. The outcomes of the assessments were used to identify strategic priorities to address local and national objectives.

A wide range of initiatives were developed and introduced by DASP partners to deliver local priorities amongst which are; increased use of Naloxone; Training and Education of prison staff on continuity of care for prison leavers, introduction of an intelligence-led approach to identifying those in need of alcohol treatment, and development of alcohol treatment pilots in primary care.

The result of these changes are now being seen across the system. The improvements across Derby include:

- 20% increase in numbers in alcohol treatment
- 36% increase in numbers accessing inpatient detox
- 1001 new presentations to drug treatment
- 60% increase in young people accessing specialist substance misuse treatment services
- 4% increase in the number of adults in drug and alcohol treatment
- 60% of prison leavers with a continued treatment need picked up in community treatment services within 3 weeks
- 23% decrease in deaths whilst in drugs and alcohol treatment
- 5% decrease in unmet mental health treatments for opiate and alcohol users.

The Board thanked the officer for the report and excellent work. They were shocked about the extent of harm done particularly by alcohol consumption which was a serious problem in the city. However, it was good to see so many organisations coming together, and asked if community groups could be involved. The Board heard about the structure of the DASP, beneath the DASP task based group in the city there were 5 to 6 sub-groups, this architecture was replicated across all the partner organisations, and community groups were well represented in programme delivery.

The officer was thanked for the presentation which highlighted what could be achieved and showed that drugs and alcohol were a key priority in the system. It was highlighted that other bodies were also in place like the Alcohol Care Team where funding was due to end. Prioritising prevention was necessary also ensuring that services are maintained.

#### **The Board resolved:**

- 1. To acknowledge the role of the DASP in setting the strategic direction and joint priorities in relation to tackling the negative impacts of drugs and alcohol in**



## Derby & Derbyshire

2. To support engagement of all Partners (Police, Probation, Local Authorities, NHS and Police and Crime Commissioner) with the DASP, enabling the multiple impacts of drugs and alcohol on local resident and communities to be fully responded to and including within the strategic objectives of the Partnership.
3. To note the strategic priorities of the DASP, and the progress made in delivering against those priorities
4. To receive an update from the DASP at appropriate points, but annually as a minimum.

33/23 Integration between Derby City Council & Derbyshire Community Health Services for the delivery of reablement, short term care and urgent support

The HWB Board agreed to defer this item to the next meeting.

## Items for Information

34/23 East Midlands Regional Public Health Vaping Position Statement

The Board received a report of the Director of Public Health which provided an update on the development of the East Midlands Regional Public Health Vaping Position Statement.

The Board noted that Derby City Council Public Health supported and endorsed the regional position statement as the local public health position on vaping. This statement aimed to provide clarity on the local public health position around vaping to support:

- system partners in development of their own policies and practice
- the provision of clear consistent and unified communications, messaging and information around vaping for the public.

The Regional Vaping Position Statement was endorsed by:

- East Midlands Local authority Public Health Tobacco Control Leads
- The Association of Directors of Public Health East Midlands
- Trading Standards Leads across the East Midlands.

## The HWB Board noted:

1. The East Midlands Vaping Position Statement
2. The endorsement of the this Position Statement by Derby City Council Public Health as the local public health position on vaping.

## 35/23 Health & Wellbeing Board

The Board received a report of the Director of Public Health which shared updates and information with the Health and Wellbeing Board.

A proposal to hold workshops to support the development of the Derby Joint Local Health and Wellbeing Strategy (JLWBS) was reported to the Board in September. These workshops are planned to take place in February/March 2024. Members of the HWB, Place Partnership and Derby Health Inequalities (DHIP) and other key stakeholders will be invited to participate in the workshops.

The focus of the workshops was what was needed in place to implement a Strategy, how organisations need to work and to identify any challenges and barriers that might need addressing.

The next HWB is on 14<sup>th</sup> March 2024. Items provisionally scheduled are:

- Healthy Weight Strategy Update
- Physical Activity Update
- Sexual Health Services
- Healthwatch Derby – GP Access Report

**The HWB Board noted the information provided in the report.**

### Private Items

None were submitted.

**MINUTES END**