

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

Health and Wellbeing Board 09 November 2023

Present:

Statutory Members Chair: Councillor Martin (Chair), Robyn Dewis, Director of Public Health, Andy Smith, Director of Peoples Services, Richard Wright (Chair of ICB),

Elected members: Councillors Ashby and Care

Appointees of other organisations: (Amjad Ashraf (Community Action Derby), Denise Baker (PV and Dean College of Health Psychology and Social Care University of Derby) Paul Brookhouse (Derby Poverty Commission), Chris Clayton (CEO Derby & Derbyshire ICB), Lucy Cocker (Derbyshire Community Healthcare Services), Gino Distefano (Director of Strategy Derby Hospitals), James Duffield (Derby Poverty Action), Maherul Hassan (Derbyshire Healthcare United), Vikki Taylor, Derbyshire Healthcare NHS Trust, Jenny Watson, (Housing Management Trainer DCC)

Non board members in attendance: Heather Greenan (Director of Corporate Management DCC), Kirsty McMillan (Director of NHS Integration & Prevention), Lewis Talbot (NHS DDICB), Alison Wynn (Assistant Director of Public Health).

18/23 Apologies for Absence

Apologies were received from Cllr Lonsdale, Emma Aldred (Derbyshire Constabulary), Stephen Bateman (CEO Derbyshire Healthcare United), Sue Cowlshaw (Derby Healthwatch), Angelique Foster (Derbyshire Police & Crime Commissioner), Margaret Gildea (ICB), Dean Howells (Chief Nurse Officer DDICB), James Joyce (Head of Housing and Homelessness & rep for Clare Mehrbani), Clare Mehrbani (Director of Housing Services, Derby Homes Ltd), Rachel North (Director of Communities & Place), Stephen Posey (CEX Derby Hospitals NHS Foundation Trust), Mark Powell, (CEO Derbyshire Healthcare NHS Trust), Perveez Sadiq (Director Adult Social Care Services), Doug Walkman (Head of Regulatory Services).

19/23 Late Items

There were none.

20/23 Declarations of Interest

There were none.

21/23 Minutes of the meeting held on 27 July 2023

The minutes of the meeting on 27 July 2023 were noted and agreed.

22/22a Partnership Winter Pressures

The Board received a report from the Director of Public Health, Derby. The report was presented by the Director of Corporate Management and provided the HWB with an overview of current and emerging issues across the Derby health and wellbeing system. It also set out the activity in the city to to mitigate pressures and risks identified.

The officer explained that significant challenges had been faced during winter over many years. The pressures are becoming more acute and challenging and have been made worse by issues like the COVID-19 pandemic, and the cost of living crisis. Some of the key issues currently being faced in Derby city were:

Risk of flooding – the River Derwent reached it highest recorded level on 21st October. Surface water from heavy rainfall and river flood meant there was significant travel disruption and some homes and businesses were flooded.

Health and Social Care – the NHS and social care services faced significant pressures during winter. Derby & Derbyshire ICB published an operational plan for the system earlier this year. Adult social care contributes to the plan. Some of the expectations of social care during winter included:

- Increased support for weekend and out of hours social care hospital discharges.
- Support for residential and nursing providers for patients with complex needs.
- Ensuring that the Carelink general and rapid response falls service was responsive to avoid hospital admission and ambulance journeys.

Flu and COVID-19 – the prevalence of seasonal respiratory viruses like flu and COVID 19 increase in the autumn and winter. A new variant of COVID was circulating recently, but vaccination was likely to provide continued protection especially for vulnerable people.

Poverty and the cost of living – In Derby city there are significant populations with existing health conditions who will be more at risk during winter particularly those with heart and respiratory conditions. Their physical and mental health risks are worsened due to the increasing challenges and living costs. A Cost of Living Coordination Group was established and a range of interventions like the Community Hub, Food 4 Thought, The Holiday Activity Fund and Household Support Fund are in place to support communities across the city.

Housing and Homelessness – there was a range of support available all year for the homeless or those about to become homeless. There services include the Council's Housing Options service, the city's street outreach teams and the Safe Space initiative amongst many others. Rough sleeping numbers are increasing. Between June and September 2023 the average number on any night was 10. Sleeping rough also increases the risk of cold-related illness and death. A Severe Weather Emergency Protocol (SWEP) was in place in the City.

Emerging Threats – more issues emerged as threats at a winter pressures partnership workshop in October.

- Homecare and access to homecare – the market was affected by recruitment and retention of staff.
- Debt and length of time for debt advice.
- Warm Hubs – look at availability for areas that most need this provision.
- Increased demand for temporary accommodation – this risk was increasing and there was limited capability available to mitigate.
- Identifying and reaching out to the most vulnerable individuals and communities

A councillor was concerned about preventing falls and also if advice on the benefits of Vitamin D available was circulating as there was a lack of recognition of the benefits of taking Vitamin D. The officer explained that the Warm Welcome Hubs would circulate leaflets on Vitamin D benefits if available. The Director of Public Health explained there was a health strategy in place and children and pregnant women in a low income bracket were eligible for free Vitamin D supplements. Health visitors promote this as well as vouchers for free milk and vegetables. It was recognised that there was not enough sunshine between September and March to provide sufficient Vitamin D and supplements were important.

The councillor asked if there was a debt advice strategy in place for next winter, the officer explained that work on providing debt advice was ongoing, but there was a lack of qualified debt advisers. It was suggested using a network of local churches who were offering debt advice. However, it was clarified that organisations giving debt advice must be registered and there was legislation surrounding debt advice. Community Action Derby provide Food and Debt Advice and Guidance and information was available on cost of living on their website. There were advisers in community centres and posters with contact information had been circulated, but the message was not always getting through to people, because of language or hearing difficulties.

A Board member highlighted the work of Derbyshire Community Health Services on child poverty and mental health. Unfortunately the work on mental health could end in March 2024 unless more funding was made available.

The officer was thanked for a comprehensive report. It was heartening and reassuring that risks are recognised and were being addressed.

The HWB Board:

- **Noted the report.**
- **Identified and considered further winter risks and challenges and further action that could be undertaken to reduce and mitigate those risks.**

22/22b NHS Operational Plan – October 2023 – March 2024

The Board received a report of the Chief Executive NHS Derby & Derbyshire Integrated Care Board (DDICB)/Joined Up Care Derbyshire (JUCD). The report provided the HWB with a briefing on the status of the NHS' operational plan over the next six months (October 23 – March 24).

In May 2023 Derby and Derbyshire ICB submitted the health system's operational plan for the financial year 2023/24. The plan set out it's aims for the year ahead, mainly to improve access to care across the acute planned, cancer, emergency care, mental health, autism and

learning disability portfolio.

In late July 2023, NHS England published its approach to winter and asked that systems review their operational plans looking at actual year to date delivery and any new risks emerging. All health systems were asked to make sure that the 10 high impact areas to reduce hospital A&E demand and to improve acute flow would be in place over the winter period.

A task and finish group was set up with the input of NHS Delivery Board Leadership and Provider organisations. Its aim was to:

- Review performance in relation to the operational targets for planned care, cancer and urgent and emergency care
- Establish a forecast delivery position for the targets for October 23 to March 24.
- Summarise the key actions necessary to meet the forecasts.

A presentation was provided by officers to show how performance went in the first six months and the focus for the next six months.

- A&E 4 hours, both Acute Trust are delivering their plan
- Long Acute stay, fewer beds occupied by people staying longer
- Ambulance Turnaround, 1,980 fewer hours lost to handover delays
- GP Appointments, overall output has been 2.1% higher than planned
- Urgent community response, over 80% of referrals for older people in crisis were responded to within 2 hours.
- Faster cancer diagnosis, 7% more people were treated in the process of ruling out or diagnosing cancer.

However, waiting lists were not on track.

- Referral to Treatment (RTT) waiting list (overall size) at the end of August 2023 the RTT waiting list was 12% larger than originally expected and 10% larger than it was in August 2022.
- RTT long waits (65+weeks) The number of people waiting longer than 6 weeks was 15% lower at the end of August 23 compared to August 22. However, there are 1,263 patients waiting longer than 65 weeks than was expected.
- The number of patients waiting longer than 62 days for their cancer treatment has deteriorated during the last two months and is not on track, behind by about 50 patients.
- 999 response (category 2 incident) the average response time from 999 call to the arrival of an ambulance at the scene. The performance for EMAS entire operation is currently higher than the 30 minute (mean) target level, the local position was reasonable with performance operating within plan.

A councillor suggested there should be less jargon and initials used in report. She suggested the plan was dependent on achieving improvement in areas and managing demand. Some areas depended on recruitment of more staff, community care was one example. Also what

were virtual wards and who would administer virtual wards.

The officer apologised for the jargon and use of initials in the report and explained that virtual wards were a means of looking after patients outside of the hospital bed, they would be booked in and monitored in their own homes. There were different types of virtual wards but the main one was specialist care.

The risks in the plan, such as recruitment were acknowledged. However, there was a need to set assumptions, and recognise there would be variables. Assumptions were made around the levels of Covid, Flu, also industrial action. The plan was predicated on there being no further industrial action. Trends are looked at year on year and assumptions made as to what will happen. Advice and guidance and feedback from the Board was welcomed. Work was ongoing to improve the mechanism to connect GP and specialist care, to seek advice, and create a dialogue between them. The aim of the plan was to support and manage demand. Work was being undertaken on the primary and secondary care interface to enable GPs and consultants to work together to reduce bureaucracy.

The DoPH highlighted that national waiting list figures were at 7.5m and were increasing over time, the trend was upwards. All work had a preventative focus, operations and procedures, but the list had increased so there was a need for a different approach to reduce the number of people on waiting lists. It was a health burden, the waiting list had to be prioritised and health inequalities must be thought about. The longer a patient stayed on a waiting list the more their health would deteriorate.

The Chair stated that waiting lists were an area of public concern, she suggested there did seem to be an improvement in terms of communication with patients on the waiting lists. The Board were concerned about GPs picking up the care of patients on a waiting list. It was good that GP output had improved, but there was a need for action on the numerous pressures on the GP workforce. The officer was also concerned about GP Practices. The issue of supporting primary care was one that he would discuss with the HWB. The long term workforce plan was about recruitment and retention.

The Board noted the improvement to speed and experience of using Accident & Emergency Departments but were concerned that the figures for waiting times now included Urgent Treatment Centres (UTCs). The officer explained that Urgent and Emergency Care was a broad criteria, the figures included all data on urgent emergency care activity on hospital sites. UTCs are a GP led service but form part of the urgent response. Work was ongoing with the public to help them to choose the right service, there were a lot of options ranging from a conversation with the Pharmacist, to Emergency Departments.

The Chair invited the officer to comment on the Cancer Care figures. The officer explained there were many different types of cancer. The report highlights the figures for two pathways, lower gastrointestinal and urological. The delays were linked to the availability of specialists and industrial action. The position was challenging at the beginning of the year but improvements were made, but the position deteriorated, efforts to recover and get back on course were being made.

The HWB Board noted the work that the NHS was doing to deliver operational performance with regard to urgent emergency care and planned cancer care.

22/22c COVID and Flu Autumn/Winter Programme 2023/24

The Board received a report of the Director of Public Health DCC. The report provided the HWB with an overview of the delivery of the COVID and Flu/Autumn/Winter Programme 2023/24 in Derby to support the HWB in delivering its responsibilities in protecting the health of local people.

The Board were informed that respiratory diseases are a major factor in the winter pressures faced by the NHS, and double in number in the winter. The potentially serious impacts of flu ahead of winter had been set out in a recent winter briefing by the UK Health Security Agency. The flu and COVID-19 vaccination programmes help to protect vulnerable people from severe illness and also help with the pressures faced by the NHS and social care during winter. Vulnerable groups are urged to take up the flu vaccine.

There are currently 21 vaccination sites across Derby, 18 community pharmacies, 1 primary care network and 2 hospital hubs. A further 2 community pharmacies will go live by November. All Community Pharmacy, General Practice and Hospital Sites have opted into the flu programme in Derbyshire.

Uptake for the Autumn Winter COVID Programme progress and 2023/24 Flu Vaccination Season were highlighted:

- 232,577 (52.94%) Covid-19 vaccinations undertaken from 11/9 to 06/11
- 278,847 (44.58%) Flu vaccinations from 11/09 to 06/11

The areas of concern and mitigating actions were detailed.

- A new School Aged Immunisation Services provider started in September. They are building relationships with schools and have begun providing flu vaccinations.
- Additional payments were made to providers for the Autumn/Winter COVID programme to support an earlier start to the programme. The payments finished at the end of October which could mean providers are unable to vaccinate due to financial viability. The local JUCD Vaccination Operation Cell (VOC) will review expected provision after October. Any gaps in provision will be reviewed individually.
- As part of the accelerated programme for Covid there was a need to vaccinate all care homes by the 22/10/2023, at first care home completion was slower than other systems in the Midlands however it has now caught up and vaccinations are above the national and regional average percentages.
- Due to several issues some of the new sites have not yet begun vaccinating. The JUCD VOC team are working with these sites to ensure they are operation as soon as possible.

A Board member asked about vaccination take up data for ethnic communities. The officer confirmed that work was ongoing with Community Action and communities to understand the cultural issues surrounding take-up of vaccinations, but there was no data available yet. The Board member asked if information for child flu vaccinations was available? The officer would review and share any information. Another Board member explained there was a huge

variation in vaccination uptake. Within flu vaccinations there were historically good results for vaccinating those with long term and chronic disease but there were issues around vaccinating those who were pregnant. This information could be shared with the HWB, Health Inequalities Group. A councillor asked about the hospital hubs and whether it was possible for people to use them as drop in centres for vaccinations. It was explained that hubs were not the right setting for drop-in clinics. They were being used for hospital staff and some eligible patients.

Another councillor asked about the option to have Flu and Covid vaccination at the same time. It was explained that several GP practices did not offer this as they would not be financially recompensed. It was explained that the Flu programme was on a five year contract, whereas with the Covid it was a reactive programme and providers have the option to sign up or opt out. A councillor asked about the table of vaccination sites, and raised concern about the quantity of sites available. The officer explained that areas of concern are looked at and if necessary temporary pop-up clinics would be provided. The Board members were asked to encourage people in their wards to come forward for vaccinations. One Board member felt there was issues around trust and confidence in people and that vaccination programmes should be looked at strategically.

The HWB noted the contents of the report

23/23 Better Care Fund Review

The Board received a report and presentation from the Strategic Director of Peoples Services which gave which detailed proposed plans to review the Derby Better Care Fund (BCF). The report was presented by the Director NHS (Integration and Prevention).

The Board were informed that a report had been brought to the HWB as the statutory body responsible for the BCF and the HWB had approved the City's BCF Plan for 2023-25. Since then the NHS England (NHSE) led Assurance process had ended and Derby City's BCF Plan had been approved.

In Derby the fund was £17.4 million per year in 2015 but this had risen to £39.2m because of additional funding streams and priorities being incorporated within the BCF, and inflationary uplifts.

The officer informed the Board about the proposed review. It was explained that the BCF was a nationally authorised pooled budget and partnership agreement between the NHS and local authorities. In 2015 a partnership agreement was made between DCC and the NHS and a pooled budget was created. The arrangement was to ensure local authorities, Health and Wellbeing Boards, and NHS worked together to agree a joint area plan to bring health and care services together and to access BCF income.

The BCF Programme in Derbyshire and Derby City were subject to oversight by the BCF Programme Board, a subgroup of both HWBs. When the Integrated Care System was formed under the Health and Care Act 2022, there was more national and legal emphasis on delivering integrated care to improve support for local people. The HWB still holds the responsibility for the BCF but there are more opportunities now to align the BCF to the objectives of the new Integrated Care Strategy

It was proposed that the HWB agree that the BCF be reviewed. The NHSE BCF support team would be asked for assistance to undertake the review, members of the HWB the Integrated Care Partnership/Integrated Place Executive would be engaged and involved. As the HWB was the statutory body responsible for the BCF any proposed changes to how the pooled budget was spent would need to be considered and approved by the HWB. However, the HWB may think that a review would not be necessary at this time, given the capacity needed from partner organisations and because the current 2023-25 plans had been approved by the recent DHSC BCF Planning round.

The Board welcomed the proposed review. A councillor asked if there were any opportunities to bring in teams from other areas perhaps to integrate the need for more exercise and clear messaging which could encourage people to change their behaviour. The officer confirmed there would be more opportunities with a pooled budget, preventative work would be a part of that, however there are tight returns and restrictions on the funding.

The Chair noted that the funding had been agreed in July and that a review and interim report ahead of final recommendations would be welcomed by the Board.

The Board:

- 1. Approved the review of the local Better Care Fund processes and arrangements to ensure it matched with local health, social care and housing system priorities.**
- 2. Agreed that the review would be overseen by the BCF Programme Board on behalf of the Health and Wellbeing Board, and that any proposals following the review would return for consideration. This would include an interim report ahead of final recommendations.**

Items for Information

24/23 Update from the Derbyshire Health Protection Board

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 Derbyshire Health Protection Board (DHPB). The report was to ensure that the HWB was kept updated on the work of the Derbyshire Health Protection Board and the health protection issues which affected the population of Derby.

The Board were informed that the DHPB met on the 8th September 2023. The key items discussed included:

- A draft Health Protection Strategy for Derby and Derbyshire. It was planned to approve the final strategy on 10th November and to bring to the HWB for discussion and awareness.
- An update on the Infection Prevention and Control (IPC) audit pilot was given.
- The Tuberculosis (TB) services were discussed in particular with challenges to capacity and staffing. A subgroup of the DHPB was to be established to undertake in depth work and report back to the DHPB.

- An update was given on the screening and immunisation service. There are significant system changes and work was progressing to delegate responsibility for commissioning to Integrated Care Boards (ICBs).
- A new school aged immunisation provider was now in place, work was ongoing to ensure increased uptake of immunisations.
- A MMR elimination plan had been established by the ICS Vaccination and Immunisation Board. Progress would be monitored by DHPB.
- The Air Quality Medium Term Annual Report was presented for the DHPB's assurance. It would be reviewed at the November meeting of the DHPB, and will come to a future HWB meeting.

The HWB Board noted the update report.

Private Items

None were submitted.

MINUTES END