

Time commenced: 1.00pm
Time finished: 2.35pm

**Health and Wellbeing Board
15 September 2016**

Present

Chair: Councillor Repton

Elected members: Councillors Bolton, Care, Hudson, Skelton and Webb

Appointed officers of Derby City Council: Andy Smith and Cate Edwynn.

Appointed representatives of Southern Derbyshire Clinical Commissioning Group: Gary Thompson and Richard Crowson

Appointees of other organisations: Steve Studham (Derby Healthwatch), Ifti Majid (Derbyshire Healthcare Foundation Trust), Kath Cawdell (Community Action Derby), Hardyal Dhindsa (Police and Crime Commissioner), Sarah Edwards (CYPN).

Substitutes: Derek Ward (for Paula Crick Derby University), Alex Johnson (for Terry McDermott Derbyshire Fire and Rescue).

Non board members in attendance: Alyson Wynn (DCC), Mohammed Hussain and Tosca Fairchild (Derby and Burton Hospitals Collaboration), Robyn Dewis (DCC), Louise Walker (NHS England Clinical Network and Senates East Midlands), Frank McGhee (DCC), Rosy Mogridge (PCC Office).

25/16 Apologies

Apologies for absence were received from Councillor Banwait.
Apologies were also received from Terry McDermott (Derbyshire Fire and Rescue Service), Dr Paula Crick (University of Derby), Tracy Allen (Derbyshire Community Healthcare Services), Perveez Sadiq (Derby City Council), Tracy Allen (Derbyshire Community Healthcare Services)

26/16 Late items to be introduced by the Chair

There were no late items.

27/16 Declarations of Interest

There were no declarations.

28/16 Minutes of the meeting held on 21 July 2016

The minutes were agreed as a correct record.

29/16 Joint Health and Wellbeing Board STP Meeting Summary

The Board considered a report which the current process for reviewing and commenting on annual quality audit reports submitted by NHS Foundation Trust's to the Health and Wellbeing Board was not robust or well established.

From April 2013 all NHS Foundation Trusts have been required by the regulator Monitor to send an annual quality account to Health and Wellbeing Boards for their consideration and comment.

The new requirement had a fixed 30 day period for review and comment.

Currently the Health and Wellbeing Board had no process in place to manage this. This year as a consequence of the timing, the Health and Wellbeing Board were unable to provide a formal comment. A response was, however, provided by Public Health.

It was therefore proposed that the following process was established:

- In January/February Foundation Trusts provide the Board with an overview of what they were planning to review within their quality audit.
- The Director of Public Health/ Public Health Clinical Governance Lead prepares a response for consideration and approval of the Board.
- Where timescales mean a consultation response is required between Board meetings, the Director of Public Health/ Public Health Clinical Governance Lead was delegated responsibility of preparing a response on behalf of the Board.
- Published Quality reports are provided to the Board for information.

Resolved

- 1. To agree to receive, review and comment on Foundation Trust Quality Accounts/Reports.**
- 2. To approve the process outlined in 1.4 including delegating responsibility to the Director of Public Health/ Public Health Clinical Governance Lead when timescales necessitate.**

30/16 Special Educational Needs and Disabilities Joint Strategic Needs Assessment

The Board received a presentation and considered a report which stated that the Council had recently produced the latest Special Educational Needs and Disabilities joint strategic needs assessment (JSNA) which was produced in partnership and co-ordinated by the children and young people's commissioning division, performance and intelligence and public health with contributions from the wider partnership network.

The JSNA provided a framework to examine all the factors that impact children and young people with special educational needs and disabilities within Derby City. In order to understand whether we were achieving good outcomes locally, we had benchmarked outcomes in Derby against those in both comparator areas and nationally.

The JSNA presented a range of information on local children and young people with special educational needs and disabilities showing their needs, existing services in place to support their needs, identified gaps or issues for further consideration and concluded with our priorities and recommendations.

The purpose of the JSNA was to identify local needs and views to support local strategy development and service planning in order to enable us to prioritise resources and commission services that would improve outcomes for this cohort for children and young people.

The JSNA aimed to establish a shared, evidence base of the needs and outcomes for children and young people with special educational needs and disabilities, identifying key challenges and opportunities for developing future service provision.

Resolved to note the Special Educational Needs and Disabilities JSNA 2015-16.

31/16 Derby and Derbyshire Diabetes Prevention Strategy

The Board considered a report which stated that diabetes was one of the fastest growing health issues in the UK, with around 3.9 million people living with diabetes in the UK. About 90% of people with diabetes have Type 2, which was largely preventable. Type 2 diabetes was serious and could lead to devastating complications such as heart disease, stroke, kidney disease, blindness or amputation. The cost to the NHS was estimated to be around £10 billion per annum.

Following the announcement in the NHS Forward View that England would become the first country to roll out a National Diabetes Prevention Programme (NDPP), Derby City Council together with Derbyshire County Council and the four Derbyshire CCG's had been chosen as one of 27 first wave sites to participate in the programme which was intended to reduce the incidence of Type 2 diabetes and the associated complications.

Resolved

- 1. To note the report.**
- 2. To receive regular progress reports at future meetings.**

32/16 Derby's Physical Activity and Sport Strategy Development

The Board considered a report which provided an overview of the work to date for the development of a Physical Activity and Sport Strategy for Derby, why this was needed and the perceived impact.

Local partners, including Derby City Council departments and Sport England had come together to develop a brief to procure a consultant to develop the strategy led by a management group.

The purpose of the brief was to develop a different sort of strategy, one that created a culture change in Derby, by developing a whole systems approach to increasing physical activity across all population groups in Derby.

The strategy would provide a coordinated approach for reducing physical inactivity and increasing levels of physical activity in Derby and to secure and align stakeholder commitment that would be critical to change the habits and behaviours of priority thematic and geographical communities and residents.

The planning timetable for the development and implementation of the strategy would be confirmed once partner funding was confirmed from Sport England to contribute to its development. The process to develop the strategy would include:

- A physical activity needs assessment to gather local intelligence regarding the physical activity needs of Derby's population.
- Development of the strategy through a facilitative approach engaging both traditional and non-traditional partners in the process setting a clear and agreed strategic direction for partners across the city.
- Implementation of the strategy achieved through working with the partners and stakeholders engaged to ensure the strategy was embedded and that physical activity was an integral part of the fabric of the city.

Resolved

- 1. To note the progress and development of the Physical Activity and Sport Strategy to date.**
- 2. To receive regular updates as appropriate.**

33/16 Sustainability and Transformation Plan - Update

The Board received a presentation from Mohammed Hussain and Tosca Fairchild (Derby and Burton Hospitals Collaboration) and considered a report which stated that at the end of 2015, the NHS published its [Shared Planning Guidance](#). This included a requirement to produce a Sustainability and Transformation Plan (STP) from October 2016 to March 2021. The purpose of the STP was to show how local

services would evolve and become sustainable over the next five years – ultimately delivering the [Five Year Forward View](#) vision of better health, better patient care and improved NHS efficiency.

The Health and Wellbeing Board (HWB) had provided input into, and received updates on, the development of the STP over recent months. The report provided a further update.

As required, a 30-page Derbyshire ‘checkpoint’ document was submitted to NHS England (NHSE) at the end of June. On the 25 July 2016 STP leaders attended an ‘assurance’ meeting in London. Following this, NHSE had provided written feedback on Derbyshire’s STP.

The feedback had been positive, with NHSE, “...very impressed by the commitment to system-wide working and the energy you are putting into developing ambitious plans to prevent ill health, and improve health outcomes, quality of care and financial sustainability in your local communities”. NHSE had emphasised that the priority was to ensure that our plans were submitted by the October deadline and should include: increased detail and specificity; financial trajectories, expected impact and outcomes; and plans for engagement.

Locally, significant work continued in preparation of the STP to meet the 21 October 2016 submission deadline. This work included:

- Development of business cases for the priority areas of the STP which were ‘place’, prevention and urgent care. These were to set out models of delivery, costs and anticipated impact.
- Development and establishment of arrangements for the management and delivery of the STP including workforce and programme structure.
- Plans for communication and engagement.

The work required to meet the submission deadline was significant but we were on track. Fortnightly ‘checkpoint’ calls were in place with NHSE to monitor progress.

Resolved to note the continued progress in the development of the STP and offer continued support both to the development and implementation of the STP.

34/16 Sexual Violence Needs Assessment Brief

The Board considered a report which stated that the purpose of the report was to inform the Health and Wellbeing Board of the work that been completed so far by the Sexual Violence and Abuse Pathway Strategy Group. The group was established and chaired by the Police and Crime Commissioner for Derbyshire on behalf of Derbyshire and Derby City Councils, Derbyshire Constabulary, Clinical Commissioning Groups, NHSE and Derbyshire HealthCare Foundation NHS Trust to:

- Address the fragmentation of current services and funding
- Define a single partnership strategy for funding and delivery of services for victims of Sexual Violence and Abuse
- Identify gaps and options to address them

- Manage the interfaces and pathways between those services
- Ensure best value and outcomes with the available funding between those partners.

The paper would summarise both the Derby City & Derbyshire County Sexual Health Needs Assessment 2013 and the Domestic Abuse (DA) and Sexual Violence (SV) in Derby and Derbyshire: health needs assessment 2014 in regards to the current understanding surrounding sexual violence.

Recommendations from the group would be made with a view to a further paper being submitted to the Health and Wellbeing Board on funding and pathway options.

Both argued that the failure to address the victim's immediate and on-going needs could have long term consequences on wellbeing and health, as well as a possible negative impact on the CJS (from lack of support leading to CJS disengagement).

Possible risk factors for SV include: poverty, history of child sexual abuse, being young, married or cohabitating, involvement in sex work, learning or physical disabilities, mental illness or social environments that have a general tolerance of SV.

The 2013 needs assessment estimated that each adult rape can cost over £76,000 when dealing with all of the impacts to the victim, early treatment costs and CJS costs. The provision of Sexual Assault Referral Centres - SARCs was highlighted as a way to reduce costs but the assessment did not specify as to how much could potentially be saved.

Age was a key risk for sexual violence. Derby City had a younger than average population with a high proportion of 20 to 29 year olds, suggesting a higher risk of SV in Derby City than the rest of the county. Males and Females aged 20 to 29 made up 15.39% of Derby City's population in comparison to 10.65% of Derbyshire County's population. Derby City had a population of around 250,000 compared to 750,000 in Derbyshire County, which was said to have a higher proportion of 40 to 79 year olds.

When looking at crimes per 1000 of the population (using Force figures 2014-15), it was clear that those aged between 10 and 19 were at a higher risk than those ages 20 to 29 or those aged 30 to 39.

The following key objectives were provided from the Government in regards to dealing with sexual violence: Maximising prevention, Increasing support and health service access and Improving the CJS response.

Derby City was shown to be worse than the English average for female recorded rape whilst the districts in Derbyshire County were all either in line with the average or below.

It was important to consider BME groups and potentially tailoring services to their individual needs to ensure maximum engagement with 19.7% of people in Derby City identifying as belonging to a BME group.

The issues surrounding those in rural areas was also highlighted, with significant health challenges and the feelings of social and geographical isolation, as well as poorer access to services.

It was accepted that the increase in crime figures in recent years could be due in part to increased prevalence, better access and trust in police as well as crime recording changes.

The adult psychiatric morbidity survey highlighted that 16% of those surveyed had screened positive for Post-Traumatic Stress Disorder (PTSD) following an experience of extensive DA and SV.

Resolved

- 1. To conduct further work on the following groups that were previously excluded from the 2014 needs assessment: under 16's, migrant groups with no recourse to public funding, victims of historic abuse, victims of stalking or on the long term health needs of those victims that differ from domestic abuse victims.**
- 2. To increase work in rural areas to address the inequity in accessing services and positive outcomes for those more vulnerable groups.**
- 3. To have specialist BME services in place to allow victims to disclose sexual violence in an environment where they feel the most comfortable and to make sure that these services were no longer intermittent.**
- 4. To investigate if support services could potentially engage with victims earlier, possibly before the police in order to prevent any barriers to victims seeking support that the police may create.**
- 5. To address the awareness of the importance of DA and SV as a cause of ill health, alongside a direct pathway for referrals into health services.**
- 6. To look at areas outside of Derbyshire to investigate approaches to population wide prevention work such as with large employers and schools.**
- 7. To look at a regional approach for SARC provision.**

35/16 Derbyshire and Derby Mental Health Crisis Concordat Progress

The Board considered a report which stated that a multiagency mental health concordat group had coordinated a concordat action plan.

The group had been successful in bringing closer working and co-operation between health services Social Care and Police.

The numbers of people detained in police custody with mental health problems had reduced and no one had been admitted to police custody under a section 136 police holding power.

There remained significant challenges in providing effective urgent care and these had been incorporated into the STP for Derbyshire and Derby.

Members of the Board requested feedback on the use of out of area beds for people with mental health issues.

Resolved

- 1. To note the success of interagency working. The designated Lead from Derbyshire Police had been particularly helpful in making progress.**
- 2. To continue with the concordat group whilst also supporting the work of the MH urgent care work stream.**
- 3. For agencies to continue to ensure that they had a lead officer designated for the concordat to enable progress made to be embedded and to make progress against the significant issue still remaining.**
- 4. To note areas requiring focus for improvement in the year ahead.**
- 5. To recommend that the concordat group continue to operate whilst the precise arrangements for multiagency working on mental health was confirmed through the emerging STP governance process.**
- 6. To recommend that signatory agencies continue to provide a designated lead for the concordat group to enable effective progress to be maintained.**
- 7. To receive feedback at a future meeting on the use of out of area beds for people with mental health issues.**

MINUTES END