

# ITEM 04

Time Commenced: 13:10pm

Time Finished: 15:03pm

**Health and Wellbeing Board  
12 September 2019**

**Present:**

**Chair: Councillor Poulter**

**Elected members: Councillors Care, Hudson, Lind, Webb, Williams**

**Appointed officers of Derby City Council:**

**Appointed representatives of Derbyshire Clinical Commissioning Groups: Steve Studham (Derby Healthwatch), Merryl Watkins (Derbyshire CCGs)**

**Appointees of other organisations: David Cox (Derbyshire Constabulary), Bill Whitehead (University of Derby)**

**Substitutes: Elaine Andrews for Gavin Boyle (Derby Hospitals NHS Trust), Robyn Dewis for Cate Edwyn (Derby City Council)**

**Non board members in attendance: Ian Frankcom (Ipsen), Wayne Harrison (Derby City Council), Gurmail Nizzer (Derby City Council), Fakir Osman (Derby City Council), Claire Mawditt (Derby City Council), Alison Wynn (Derby City Council)**

## **12/19      Apologies for Absence**

Apologies were received from Perveez Sadiq (Derby City Council), Kim Harper (Community Action), Tim Broadley (Derbyshire Community Healthcare Services), Helen Dillistone (Derbyshire CCGs), Andy Smith (Derby City Council), Cate Edwynn (Derby City Council), Gavin Boyle (Derby Hospital NHS Trust), Ifti Majid (Derbyshire Healthcare Foundation Trust), Tracy Allen (Derbyshire Community Healthcare Services), Vikki Taylor (Derbyshire STP), Councillor Eldret.

## **13/19      Late Items**

There were none.

## **14/19      Declarations of Interest**

There were none.

## 15/19 Minutes of the meeting held on 25 July 2019

The minutes of the meeting held on 25 July 2019 were agreed as a correct record.

## 16/19 SEND Inspection

The Board received a report of the Strategic Director for People Services on SEND Inspection.

The report provided the Health and Wellbeing Board (HWB) with an overview of the key findings, what the Council was going to do next and key messages following the recent special educational needs and disability (SEND) inspection.

Members noted that Ofsted and CQC jointly inspected local areas to see how well they fulfilled their responsibilities for children and young people with special educational needs and/or disabilities.

It was reported that the purpose of such inspections were to provide an independent external evaluation of how well a local area carried out its statutory duties in relation to children and young people with special educational needs and/or disabilities in order to support their development.

It was noted that the inspection identified a number of strengths and things the Council could do better in relation to:

- Identification of need.
- Assessment and meeting need.
- Outcomes.

It was reported that there were a number of strengths recognised in the inspection which included:

- Improved outcomes for children in early years and key stage 1 with good joint working between education, health and social care.
- Vulnerable children and young people with SEND such as looked after children and those entering the youth offending service receive good support.
- Children and young people with SEND with identified health needs benefit from specialist health visiting services and the children's community nursing team.
- Young people with SEND are well supported into adult life with the majority of young people with SEND leaving school and college to enter employment or higher education.
- Children and young people with SEND speak positively about their schools and the range of different professionals who help and support them.

Members noted that the following areas for improvement were identified:

- Failure of the local area to take the joined up actions that were required to implement the SEND reforms.
- There is a lack of an overarching strategy for provision and outcomes for those with SEND.
- Number of weaknesses relating to EHCPs – quality, timeliness and outcomes.
- Long-standing and systemic issues with waiting times to access key services.
- Parental engagement and high levels of parental dissatisfaction.

It was reported that recognising the urgent need to own and make improvements, the following initial actions were planned:

- Continue to work on our improvement plans and priorities already agreed.
- Refreshed SEND JSNA to inform an up to date understanding of need.
- Two day full day workshops took place on 29 & 30 August to engage the local area in the development of our Written Statement of Action (WSOA); including schools, frontline practitioners (early help, education, social care and health), parents and CYP.
- Draft WSOA in place by the end of November 2019.
- Communication Plan drafted alongside the WSOA.

Members discussed Educational Health Cate Plans and the transitioning of them, when children became adults.

Members discussed the mapping of services and educating parents so that they knew what was available in the local area.

**Resolved:**

- 1. to note the contents of the report; and**
- 2. to agree that an update be brought to the next meeting of the Health and Wellbeing Board.**

## **17/19      Derby City Tobacco Control Alliance**

The Board received a report of the Director of Public Health on Derby City Tobacco Control Alliance.

The report informed the Board of the plans to establish a Tobacco Control Alliance for the City, the ongoing enforcement work to tackle illicit tobacco and sought approval for the Tobacco Control Alliance to be established as a sub-group of the Board.

It was reported that local data suggested a significantly high smoking prevalence in adults in Derby City (19.2%) compared to nationally (14.4%).

Members noted that local data also indicated high smoking rates amongst certain groups including; pregnant women, people working in routine and manual occupations, individuals with mental health problems, prisoners and individuals from LGBT and BME communities.

It was reported that local intelligence from Trading Standards had also highlighted niche tobacco use in the form of shisha and the availability of illicit tobacco products as concerns within the city.

It was noted that initial work had started on a draft terms of reference for the alliance and on identifying the most appropriate potential members. It was also noted that it was proposed to undertake a CLear self-assessment in collaboration with Public Health England and that the self-assessment tool would help evaluate and score the city's tobacco control efforts, identifying areas of good practice as well as areas for development and improvement.

It was reported that once the self-assessment had been completed it was proposed that a Tobacco Control Strategy be developed and brought back to the Board for approval.

**Resolved to approve the creation of a Tobacco Control Alliance as a sub-group of the Health and Wellbeing Board.**

## 18/19      Healthwatch Derby – Diabetic Services Report

The Board received a report of the Chair of the Chair of Healthwatch Derby on diabetic services.

The report provided the Health and Wellbeing Board (HWB) with an overview of Healthwatch's recent report on Diabetic Services.

Members noted that the aims of the report on Diabetic Services undertaken by Healthwatch were to understand the following:

- Identify which type of diabetes did people have.
- Where did people live who were using the services.
- How were people being diagnosed.
- Who were people advised by initially after diagnosis.
- Did people questioned feel that they understood their diagnosis.
- If they had been offered a course, was it useful, did it improve the management of their conditions.
- Peoples experiences of current GP services in relation to diabetes.
- Peoples experiences of specialist diabetic services across Derby.

- Peoples views of the locations of appointments.
- What people think works well and can be improved with diabetic services.
- How people would rate diabetic services overall in Derby.

It was reported that there were more than 25,000 patients with diabetes in Southern Derbyshire of which around 15,000 people were diagnosed in Derby.

It was noted that overall, diabetic services in the city were seen in a positive light with people saying the main areas that worked well were:

- The overall service.
- Treatment and care.
- Communication.
- Staff.
- Service and Admin.

It was reported that the main areas people said they wanted to see improvements in were:

- Waiting times and timekeeping.
- Location and facilities.
- Admin.
- Overall services.
- Communication.
- Other services.

Members noted that the main issues and improvements that rose from the report were:

- Waiting times, especially in relations to Royal Derby Hospital's (RDH) foot clinic, antenatal clinic and pump clinic.
- GP's issues: main areas raised were in regard to Type 1 diabetes. People raised issues about - not finding their GP helpful or useful, areas raised about knowledge of: - type 1 diabetes, pumps, the usefulness of the annual reviews.
- That only 1/3 of type 2 diabetics had been offered a course in relation to their diabetes.
- Having appointments at RDH, with the main issue people raised was to do with parking.

Members entered into a wider discussion about the need for services to be spread more widely across the city rather than centralised. Members recognised the usefulness of community facilities, in this respect.

It was noted that practice nurses often know more than GPs about diabetes as they are involved with the condition on a daily basis and that medical practices' are about being part of a team.

Members discussed parking issues at the RDH.

**Resolved to note the content of the report and the key messages within it.**

## 19/19      Derbyshire Sustainability & Transformation Partnership: Update on Progress

The Board received a report of the Derbyshire STP Director on Derbyshire Sustainability & Transformation Partnership: Update on Progress.

It was reported that every Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) had been asked to develop five-year Long Term Plan implementation plans, covering the period to 2023/24, by autumn 2019 and that this must form the system's response for implementing the commitments set out in the NHS Long Term Plan.

Members noted that the Derbyshire system was treating this as a 'refresh' of the previously submitted plans and that this approach was the subject of a prior discussion at the Health and Wellbeing Board on 28 May 2019 and 18 July 2019.

It was reported that since the publication of the Joined Up Care Derbyshire Sustainability and Transformation Plan (STP) in October 2016, progress had been made to drive forward the ambitions set out in response to the case for change that was defined at that time.

It was noted that the STP and ICS were now required to develop 5 year plans in response to the ambitions set out in the NHS Long Term Plan published in January 2019.

It was reported that the Derbyshire system had agreed that the plans would be a refresh of the original STP rather than a completely re-write with a shift in focus to:

- People not patients
- Outcomes to ensure that the people of Derbyshire 'have the best start in life, stay healthy, age well and die well'
- The wider determinants of health such as housing, education and air pollution management
- Stronger focus on addressing inequalities and population health management
- Our transition to becoming an Integrated Care System by April 2021
- The refresh will be informed and developed through strong engagement with people, patients, staff and wider stakeholders – this will drive our approach. In doing so, ALL partners will be involved in developing and subsequently delivering our 5 year plan.

Members noted that the technical guidance had now been issued and clarified the submission requirements with four component parts:

- System Narrative Plan: to describe how systems will deliver the required transformation activities to enable the necessary improvements for patients and communities as set out in the Long Term Plan.
- System Delivery Plan (Strategic Planning Tool): to set the plan for delivery of finance, workforce and activity, providing an aggregate system delivery expectation and setting the basis for the 2020/21 operational plans for providers and CCGs. The system delivery plan will also cover the LTP 'Foundational Commitments'.
- Metrics tool: a small number of metrics have been confirmed in the technical guidance and some are in development. We are anticipating circa 35 metrics in total.
- Detailed workforce submission in addition to the strategic planning tool a further workforce tool requiring more granular Trust level detail will be required. This tool will be released via Health Education England at a future date.

Members discussed the engagement process. It was noted that volunteers were not being directly consulted but that this would be rectified. Members discussed private sector involvement in this process.

The Chair proposed that the Board receive the STP Refresh document a week in advance of the next Health and Wellbeing Board meeting to enable Members to review and comment on it prior to the planned Health and Wellbeing Board receipt and approval of the Refresh at that meeting.

**Resolved to note the update on the Derbyshire STP refresh.**

## 20/19 Health and Wellbeing Strategy Development Update

The Board received a report of the Director of Public Health on health and Wellbeing Strategy Development Update.

It was reported that responsible local authorities and their partner Clinical Commissioning Groups (CCGs) were required to prepare a Joint Health and Wellbeing Strategy and that this function was exercised by the Health and Wellbeing Board (HWB).

Members noted that following on from the update provided at the last HWB, the paper provided a proposed outline for the refreshed Health and Wellbeing Strategy and suggested next steps for consideration.

It was reported that using the output from the development workshop held in May and aiming to align with the refresh of the Sustainability and Transformation Partnership (STP) plan, an outline 'Plan on a Page' had been developed. It was also reported that this gave an overview of the proposed vision and objectives, domains (as per The King's

Fund's 'A Vision for Population Health') across which activity would be required and key enablers.

It was noted that if the outline (attached at Appendix 1) was approved, it was proposed that that further engagement and development work be undertaken to:

- Develop the content in detail.
- Ensure alignment with wider system strategic planning to improve population health and reduce health inequalities.
- Understand health and care needs.
- Identify a small number of key priorities for action.

It was reported that Derby Place Alliance shared the goal of improving the health and wellbeing of the people of Derby and that given this, it was proposed that a workshop be held jointly with members of the HWB and Derby Place Alliance Board along with other stakeholders as appropriate to identify priorities for system actions across the city that would deliver greatest benefit.

It was proposed that a high-level and long-term Health and Wellbeing Strategy be developed under which sat short to medium-term priorities and associated action plans.

**Resolved:**

- 1. to approve the proposed outline plan for the Health and Wellbeing Strategy, with amendments as agreed at the meeting;**
- 2. to agree that we have a high-level long-term Health and Wellbeing Strategy that is underpinned by short to medium-term priorities and action plans that are reviewed on an annual basis; and**
- 3. to agree to a priority and action-setting workshop held in conjunction with Derby Place Alliance and other key stakeholders as appropriate in October/ November.**

## **21/19      Terms of Reference – Annual Review**

The Board received a report of the Director of Public Health on the annual review of the Terms of Reference.

The report highlighted proposed amendments to the currently agreed Terms of Reference for consideration of HWB members.

It was reported that there had been no changes to the statutory requirements of the HWB since the current Terms of Reference were approved, or any significant changes to the local expectations of the HWB and that given this, no substantive changes were proposed to the existing Terms of Reference.



Members noted that a number of minor amendments, however, were proposed and were highlighted in Appendix 1 of the report for consideration and were as follows:

One amendment to the membership - Section 3.2 Non-statutory membership, k) Elected members – a change from five to ‘additional representatives as appointed by the Chair’.

A number of the named individuals fulfilling both the statutory and non-statutory member roles as at September 2018 had changed and were highlighted in 6.1 and 6.2 of Appendix 1.

It was reported that whilst no substantive changes were proposed to the Terms of Reference, not all the established sub-groups of the HWB either met or reported regularly to the HWB and it was therefore proposed that a review of the HWB sub-group and reporting arrangements be undertaken to ensure they remained appropriate to support the HWB in delivering its responsibilities. It was also reported that the Tobacco Alliance would be added as a sub group

**Resolved:**

- 1. to approve the Terms of Reference as detailed in Appendix 1;**
- 2. to approve a review of the HWB sub-group structure and reporting arrangements; and**
- 3. to agree that the Terms of Reference are next reviewed in September 2020 unless there are any changes to the statutory requirements or local expectations of the HWB requiring earlier review.**

## **22/19      Health and Protection Board Update**

The Board received a report of the Director of Public Health on Health Protection Board Update.

The purpose of this report was to provide an overview of the key messages arising from the Derbyshire Health Protection Board that met on Tuesday 2 July 2019.

Members noted that additionally, its purpose was to assure the Health and Wellbeing Board that appropriate mechanisms were in place to scrutinise health protection arrangements for the City.

**Resolved to note the update report.**

## **Private Items**

None were submitted.

MINUTES END