

# ITEM 4

Time commenced: 1.04pm

Time finished: 2.55pm

## **Health and Wellbeing Board 23 November 2017**

### **Present**

**Chair:** Councillor Repton

**Elected members:** Councillors Care, Hudson and Webb

**Appointed officers of Derby City Council:** Andy Smith and Cate Edwynn, Perveez Sadiq

### **Appointed representatives of Southern Derbyshire Clinical Commissioning**

**Group:** Dr Richard Crowson,

**Appointees of other organisations:** Steve Studham (Healthwatch Derby City), Kath Cawdell (Community Action Derby),

**Substitutes:** Steve Ratcliffe (Derbyshire Fire and Rescue Service) for Terry McDermott,

**Non board members in attendance:** Alison Wynn (DCC), Caroline Maley (Derbyshire Healthcare NHS Foundation Trust), Jilla Burgess Allen (Derby City Council), Nicola MacPhail (Derbyshire Clinical Commissioning Groups), Trevor Illsley (Derby Teaching Hospitals NHS Trust), Claire Moss (Derby City Council), Dr Chris Clayton (Clinical Commissioning Groups), Alison Wynn (Derby City Council), Jenny Goodwin (Derbyshire – Joined Up Care), Caroline Maley (Derbyshire Healthcare), Robyn Dewis (Derby City Council), Christine Cassell (Derby Safeguarding Children Board), Martin Brown (Derby City Council).

## **19/17 Apologies**

Apologies for absence were received from Councillor Banwait. Apologies were also received from: Councillor Bolton, Ifti Majid (Derbyshire Healthcare Foundation Trust), Tracy Allen (Derbyshire Community Healthcare Services), Terry McDermott (Derbyshire Fire and Rescue Service), Paula Holt (University of Derby).

## **20/17 Late items to be introduced by the Chair**

There were no late items.

## **21/17 Declarations of Interest**

There were no declarations of interest.

## 22/17 Minutes of the meeting held on 14 September 2017

The minutes were agreed as a correct record.

## 23/17 Joined Up Care Derbyshire Sustainability and Transformation Partnerships – Update

The Board received a report presented on behalf of the Sustainability and Transformation Partnership by the External Communications Manager of the Southern Derbyshire Clinical Commissioning Group which gave the Board an overview of what had been discussed and agreed at the Sustainability and Transformation Partnership (STP) Board's meeting in October 2017.

The STP meeting covered the key priorities for the system including winter planning and the financial challenge for Derbyshire these included:

- Highlights from the Senior Responsible officers report
- System Financial Performance
- Contracting – Diabetes, Discharge to Access and learning and development transformation
- Winter Update – set of actions for all organisations to deliver in preparation for winter
- Forensic and Rehabilitation Business Case
- Derbyshire System Wide Performance Report
- Communications and Engagement

The Board were also updated on outcomes of meetings which took place in September 2017 which were the Clinical Professional Reference Group (CPRG) and the Provider Alliance Group (PAG).

The Chair invited Peter Robinson from SOS NHS to present their views on the Sustainability and Transformation Partnership's plans, the SOS NHS petition had been presented to the full Council meeting on Wednesday 22 November 2017 as 4179 signatures triggered the necessity for a debate at full Council. Peter Robinson stated that SOS NHS were concerned about poor public consultation and the overall impact on the NHS with the proposed reduction of 535 hospital beds.

The Chair presented the amendment he had moved, was seconded and had been approved at the Council meeting on Wednesday 22 November 2017 read:

"Council acknowledges the concerns of the 4,179 Derby residents who have signed a petition opposing potential budgetary cuts and bed losses across Derby and Derbyshire arising from the Derbyshire NHS Sustainability and Transformation Plan.

Council firmly commits to fighting any reduction in hospital-based facilities where it is not safe or appropriate and until properly funded community-based facilities are demonstrably able to provide a better service. Council considers that changes should only be made where alternative provision has already been identified and made ready. This will enable the Sustainability and Transformation Plan to achieve its objective to achieve joined up care across Derbyshire.

Council supports the principle of the petition with regard to avoiding unnecessary cuts to an already underfunded health service and social care sector, and empowers the Cabinet Member for Integrated Health and Care to make strong representations to Government Ministers insisting that the Sustainability and Transformation Plan is not used as a smokescreen to disguise further cuts being imposed on these services. Council also empower the Cabinet Member to lobby for a return to the annual increase in NHS budgets of four per cent, in place prior to 2010, rather than the one per cent increase that has been in place since then."

**Resolved to:**

- a) note the continued commitment and progress being made both nationally and in Derbyshire towards implementation of Sustainability and Transformation Partnerships**
- b) note that Derby City Council received a petition signed by 4,179 Derby residents raising concerns about budget cuts and bed losses arising from the STP, and that this petition had been considered by Council on 22 November 2017 under the Petitions Scheme and a motion had been carried as a result of this.**

**24/17 Collaborative Working Across the City and County  
and  
the Role of Clinical Commissioning Groups**

The Board received a report of the Chief Executive Officer of the four Derbyshire Clinical Commissioning Groups (CCG), which introduced the newly appointed Chief Executive Officer of the four Derbyshire Clinical Commissioning Groups.

The Chief Executive Officer of the (CCG) introduced himself and stated they would like a better understanding of everyone's thoughts on collaborative working across the county and the role the CCGs needed to play in helping to take the commissioning agenda forward, they stated their intention was to understand the consensus view to better inform our collective commissioning for the future.

The report stated that views were sought on the following:

- How better understanding could be sought and the opportunities maximised when collaborating between the CCG and our main stakeholders across Derbyshire.
- What were the challenges to collaborative working?
- What could be done to ensure productive relationships?
- What do was needed to help improve opportunities for collaboration?
- What were the opportunities and risks to the four CCGs working more closely together?
- At what footprint(s) is it most effective to commission different services?

What role do you think commissioners could play in the local health and care system?

Members discussed the issue of the public's access to GP's, increasing life longevity of the population and how this impacted upon increasingly stretched budgets. The Members also discussed the scale at which they can best collaboratively work in all areas across Derbyshire and how this work could be effectively managed in order to make an effective contribution to take the commissioning agenda forward.

**Resolved to actively contribute to collaborative working across Derbyshire and the role the Clinical Commissioning Groups would need to play in helping to take the commissioning agenda forward.**

## 25/17      Derbyshire's Maternity Transformation Plan

A report was presented on behalf of the Senior Responsible Officer for the Maternity Transformation Programme (MTP) by the Commissioning Manager (Children's and Maternity), which outlined the five-year priorities of Derbyshire's Local Maternity System (LMS). The MTP had been collaboratively developed over a number of months and submitted in its final form to NHS England on 31 October 2017. The report Better Births for Derbyshire: A Five Year Transformation Plan for Maternity Care (found at Appendix 2) provided the local response to the recommendations of Better Births and the report of the National Maternity Review. The MTP was structured around eight key priorities for transformation to be taken forward by three Delivery Groups which report to the Maternity Transformation Programme Board, which itself reported to the Provider Alliance Group of the Sustainability and Transformation Plan.

The eight priorities listed in the report were:

- 1) Safety
- 2) Information and Involvement
- 3) Choice
- 4) Continuity
- 5) Place Based Care
- 6) Health and Wellbeing
- 7) Postnatal Care

## 8) Digital Health and Care

The Better Births report made a series of recommendations and provided a Five Year Forward View for maternity care for:

- Personalised care
- Continuity of carer
- Safer care
- Better Postnatal and perinatal mental health care
- Multi-professional working
- Working across boundaries
- A payment system

Health and Wellbeing Board members discussed the report, Councillors were concerned that alcohol and substance misuse were not included in the in the Priorities in list of the eight priorities. The Public Health Registrar informed the Board that there was a specific action plan relating to alcohol and substance misuse.

### **Resolved to:**

- a) note the contents of the Maternity Transformation Plan, in particular current and future models of maternity care on page 12 and the five-year priorities described from page 39 (also “plan on page”, page 11)**
- b) To acknowledge Priority 6 – Health & Wellbeing (page 58) of the report - the aim of this Delivery Area was to promote the health and wellbeing of women and their families and to reduce health inequalities, with a particular focus on the following areas:**
  - i) Vulnerabilities – to ensure that support is available for women with social risk factors when they need it.**
  - ii) Breastfeeding – to help women establish and sustain breastfeeding for as long as they wish to.**
  - iii) Smoking – to reduce the number of women who smoke during their pregnancy and into the postnatal period.**
  - iv) Obesity – to help women to achieve and maintain a healthy diet and levels of physical activity during pregnancy.**

## 26/17 Derby Safeguarding Children Board Annual Report 2016 - 2017

The Chair of the Derby Safeguarding Children Board presented a report which updated the Members on the Derby Safeguarding Children Board Annual Report 2016-17.

The report stated the Children Act 2004 (Section 14a) required Local Safeguarding Children Boards (LSCBs) to produce and publish an annual report on the effectiveness of safeguarding in the local area. The annual report was published in relation to the preceding financial year and within local agencies' planning, commissioning and budget cycles.

The Derby Safeguarding Children Board's (DSCB's) Annual Report 2016 - 2017 provided a rigorous and transparent assessment of the performance and effectiveness of local services and included lessons from reviews published during the year. The report demonstrated how effectively the DSCB had carried out the functions of an LSCB as set out in Working Together 2015.

The Board heard that this report was formally presented to the Children, Families and Learners Board, the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board.

The report provided the Members with an outline of the main activity and achievements of the DSCB during 2016-17 and included an assessment of the effectiveness of the safeguarding activity in Derby and provided the general public, practitioners and main stakeholders with an overview of how well the children in Derby were protected.

Furthermore the report identified priorities for action 2017-18 which will improve outcomes for children, young people and their families.

These priorities were:

- Neglect
- Early Help
- Domestic Abuse
- Vulnerable Young People
- Safeguarding children from new/emerging communities in Derby.

A Powerpoint presentation accompanied the report with nine slides with the following titles:

- Effectiveness of safeguarding arrangements
- Effectiveness of Derby Safeguarding Children Board
- Updated Priority Areas
- Domestic Violence and Abuse
- Vulnerable Young People
- New and Emerging Communities
- Key Learning Informing Commissioning
- Key Themes to Improve Practice
- What Should the Health and Wellbeing Board Do?

The full presentation can be found at:

<https://cmis.derby.gov.uk/cm5/MeetingsCalendar/tabid/73/ctl/ViewMeetingPublic/mid/410/Meeting/8664/Committee/1931/Default.aspx>

**Resolved to:**

**a) note the content of the Derby Safeguarding Children Board's Annual Report and take action to support the on going work of the Derby Safeguarding Children Board and the priorities for the coming year. The priority areas identified as a result of reviews, audits and the LSCB's self evaluation activity, together with the comments from OFSTED. To focus on neglect and early help, domestic abuse and vulnerable young people and have added a priority on the safeguarding of children from the new and emerging communities in Derby.**

**b) to report back to the DSCB in March 2018 the actions taken by the Health and Wellbeing Board in support of the above priorities.**

## 27/17 Update on Derby City's 'Healthy Housing Hub'

The Board received a report presented by the Housing Strategy and Initiatives Manager on behalf of the Strategic Director of Communities which updated the Members on Derby City's "Healthy Housing Hub". The Health and Wellbeing Board had requested the update following the paper which had been submitted in July 2017 – "Update on Housing and Health".

The report stated Derby's Healthy Housing Hub provided help to some of the city's most vulnerable residents living in unsafe and unhealthy conditions: being identified as being in priority health need by health and care worker direct referral.

A service evaluation study by the Directorate of Public Health in 2015-16 found that, at one year post intervention, proportionally fewer Hub clients were in need of health and care services. In the case of inpatient emergency care, 20% fewer Hub clients were admitted to hospital when compared to those originally admitted as a result of a fall 12 months earlier. 91% of Hub clients were still in their own homes at 12 months, at less cost. In addition, there was a marked difference in contact with East Midlands Ambulance Service not requiring conveyance to hospital, and in 111 and out-of-hours services in which there was an average 51% and 74% greater use respectively in those control groups which did not receive Healthy Housing services.

The work of the Health Housing Hub helps prevent, delay, or lessen the seriousness of a poor health outcome and the Hub's intervention can help significantly reduce costs to NHS and social care, in addition to its positive impacts on client and carer health and well-being.

At Appendix 4 of the report statistics were presented which informed the Board of the Healthy Housing Hub and Better Care Fund's metrics. The list below showed the Better Care Fund's metrics and included some statistics to show

how the healthy Housing Hub interventions supported their achievements in 2016-17.

- 1) Reducing non-elective (unplanned) admissions to hospital by 3.5%
- 2) Ensure 82.5% of people who receive assistance in their residence after illness or injury remain at home 91 days after this period (known as re-ablement)
- 3) Substantially reduce number of delayed transfers of care (when individual fit to be transferred from hospital setting but arrangements are not in place to allow this to happen)
- 4) Reduce the number of permanent admissions to residential homes or nursing settings
- 5) Increase the rate of dementia diagnosis where appropriate in line with prevalence rates of 69.9%
- 6) Ensure 66% of those who complete the patient experience survey have sufficient support from local services/organisations to manage their long term health condition.

reduction in the number of client of referrals to hospital, prolonged enablement over 91 days and a reduction in the number of admissions to permanent residential homes or nursing settings.

**Resolved to note the report.**

## 28/17      Derbyshire Autism Strategy 2017-2020

The Board received a report on the Joint Derbyshire Autism Strategy as approved by the Derbyshire Transforming Care Partnership Board. The report outlined and updated them on the autism provision within the city as required following the report on Autism Self Assessment Framework (SAF) provided in July 2017 and the partnership work undertaken to complete the Joint Derbyshire Autism Strategy.

The July 2017 report to the Health and Wellbeing Board had reported on progress made in Derby City on autism provision and self assessed against the national Autism SAF. The Autism Strategy and Implementation Plan for Derby had been developed in partnership with Derbyshire Adult Services and Hardwick Clinical Commissioning Group as the lead health commissioner since the introduction of the Autism Act 2009.

Appendix 2 of the report presented the Derbyshire Joint Adult Autism Strategy Refresh 2017-2020, number 7 at page 8 of Appendix 2 listed the implications of refreshed strategy for Derby City Council.

Members discussed access to specialist autism services, the referral and diagnosis process, including Education Health Care Plans, they were informed by the Service Director- Adults and Health that the report and its

appendices were being presented to Derby's Health and Wellbeing board and the Governing Bodies of the Clinical Commissioning Groups,

**Resolved to:**

- a) provide an update on autism provision within the city as required following the report on the Autism SAF provided in July 2017.**
- b) note the partnership work undertaken to complete the Joint Derbyshire Autism Strategy and subsequent action planning.**
- c) to recognise the statutory requirements of the 2009 Autism Act and the importance of Autism in delivering Transforming Care and Sustainability and Transformation Plans**
- d) request updates on progression at future Health and Wellbeing Board meetings.**

## 29/17 Livewell Delivery 2018-2019

A report of the Strategic Director of People Services was presented by the Director of Public Health which was an update of Livewell Delivery 2018/19. The report stated in September 2017 a report had been considered by the Health and Wellbeing Board in private session which related to the future of the Livewell service delivery in 2018/19. The report had been considered in private due to sensitivities relating to staff employed within the Livewell Service. Due to the unprecedented challenging financial position of the Council which necessitated the Council considering the future of all discretionary services, there had been a standing proposal in the medium-term financial plan (MTFP) since 2016/17 to withdraw funding of the Livewell service at the end of March 2018. This was reflected in the current Council budget consultation.

Following further consideration by the cabinet member and the chief officer group in addition to discussion with health colleagues, the standing proposal within the Council's MTFP to end Livewell provision from 2018/19 was revised. The proposed saving was reduced from £1m to £700k with a plan to co-produce a new model of delivery within the financial envelope of £300k.

Whilst the budget consultation was live, the Council had agreed that it was a priority to continue to deliver behaviour change provision within the city to a level similar to that being currently delivered. The Council had secured (subject to approval) further one-off corporate support of up to a further £700K (in addition to the £300k previously identified) to continue Livewell provision in 2018/19. This will be formalised as an outcome of the public consultation on the budget.

Members welcomed this news and discussed multiagency working to ensure that strategies are agreed to effectively engage everyone to co-produce a sustainable model of delivery for the future, as no budget provision has been set for 2019/20 onwards.

**Resolved to:**

- a) note the revised proposal of the Council to maintain Livewell provision at a similar level in 2018/19 to that currently provided**
- b) support and actively engage as appropriate in the design of a sustainable model of behaviour change delivery for 2019/20 onwards.**

## 30/17      Pharmaceutical Needs Assessment – Progress Update

The Assistant Director of Public Health presented a report which stated the production of a Pharmaceutical Needs Assessment (PNA) became the responsibility of Derby Health and Wellbeing Board from 1 April 2013.

In May, the Board agreed the development of a revised joint PNA covering both Derby and Derbyshire Health and Wellbeing Board (HWB) areas. Since then, work had been on going to develop the PNA, overseen by the PNA Steering Group ensuring that it included the minimum information requirements. A full draft document was now in place.

The report further stated there were 63 pharmacies in the city which delivered a wide range of services. This equated to 25 pharmacies to every 100,000 population. Almost all households within the city were within 1.6km, approximately a 20 minute walk, of a pharmacy.

The draft statement of community pharmacy need for the city was:

“The PNA found that pharmaceutical need in Derby City is adequately met by the current pharmacy providers. Pharmaceutical need will be reviewed in 2018 when the PNA is revisited or in the event of significant changes affecting need”.

In accordance with statutory requirements, the draft document was currently out for public consultation for a period of 60 days. The online consultation pages, including the consultation document and public and stakeholder surveys can be found here: <http://www.derby.gov.uk/council-and-democracy/consultations/your-city-your-say-latest-consultations/Pharmaceutical-needs-assesment/>

The draft PNA would be circulated to neighbouring HWBs for their consideration. The HWB would receive the draft PNA documents of our neighbouring HWBs.

The results of the consultation would be incorporated into the final document which will be presented to the Health and Wellbeing Board at their March 2018 meeting for review and approval to publish.

**Resolved to:**

- a) note the production of the draft Pharmaceutical Needs Assessment and its publication for consultation for a period of at least 60 days**
- b) publicise the consultation as appropriate within their organisations and key stakeholders**
- c) receive and consider draft Pharmaceutical Needs Assessments from neighbouring Health and Wellbeing Boards as part of their consultation process.**

## **31/17 Health Protection Board Update**

The Board received a report of the Director of Public Health presented on their behalf by the Consultant in Public Health Medicine which updated Members on the key messages arising from the Derbyshire Health Protection Board meeting on 18 October 2017.

The report gave the overview that the following had been presented at the meeting:

- Environmental Health presented the Air Quality Trends and Health Medium Term Update Report
- NHS England that the seasonal influenza programme for 2017 to 2018 had commenced
- NHS England that the cervical cancer screening programme in Derby City was of a good standard and there were no major concerns about its performance
- Derby City Public Health Speciality Registrar is developing an infection and control (IPC) policy for the city.

**Resolved to note the report.**

**MINUTES END**