

ITEM 04

Time Commenced: 13:00pm

Time Finished: 14:43pm

**Health and Wellbeing Board
25 July 2019**

Present:

Chair: Councillor Poulter

Elected members: Councillors Care, Cooper, Hudson, Lind and Webb

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: Kath Cawdell (Community Action Derby), Hardyal Dhindsa (Derbyshire Police and Crime Commissioner), Perveez Sadiq (Derby City Council), Rob Taylor (Derbyshire Fire and Rescue Service)

Substitutes: Suzanne Le Blond for Bill Whitehead (University of Derby) Peter Moore for Gavin Boyle (University Hospitals of Derby and Burton NHS Trust) Sean Thornton for Vikki Taylor (Derbyshire STP)

Non board members in attendance: Claire Moss (Derby City Council), Robin Dewis (Derby City Council), Kim Harper (Community Action), Meng Khaw (Public Health England), Sophie Makki (Public Health England), Alison Clowes (Alzheimers Organisation)

01/19 Apologies for Absence

Apologies were received from Andy Smith (Derby City Council), Cate Edwynn (Derby City Council), Bill Whitehead (University of Derby), David Cox (Derbyshire Constabulary), Gavin Boyle (Derby Hospital NHS Trust), Ifti Majid (Derbyshire Healthcare Foundation Trust) Kath Cawdell (Third Sector Representative: Health and Wellbeing Network), Stephen Bateman (DHU Healthcare) Tracy Allen (Derbyshire Community Healthcare Services), Vikki Taylor Derbyshire STP), Councillors Froggatt and Williams

02/19 Late Items

There were none.

03/19 Declarations of Interest

There were none.

04/19 Minutes of the meeting held on 16 May 2019

The minutes of the meeting held on 16 May 2019 were agreed as a correct record.

05/19 Rules and Procedures of the Health and Wellbeing Board

The Board received a report of the Strategic Director of Corporate Resources which was presented by the Head of Democracy. The report outlined the membership, process and procedures of the Health and Wellbeing Board (HWB) and clarified the procedure rules applicable to the HWB and its members.

The Head of Democracy reported that all Council Committees must follow established committee procedure as set out in the Committee Procedure Rules, attached at Appendix 2 of the report.

It was also reported that there were, however, a number of anomalies between existing council procedures and the Health and Social Care Act 2012 and that to ensure the spirit of the Health and Social Care Act 2012 was implemented, there were a number of Committee Procedure Rules that were waived or amended to reflect the requirements of the HWB. It was noted that these rules related to the use of substitutes, the appointment of the Chair and Vice Chair and the quorum.

It was reported that under the Localism Act 2011, all Councillors and co-opted members of Council committees were required to comply with a Code of Conduct, attached at Appendix 3 of the report. It was also reported that as part of this, Committee Members were required to declare Disposable Pecuniary Interests (DPIs) affecting them and their partners, and the Council was required to publish this information.

It was noted that it was the duty of Members to complete and return a DPI form, attached at Appendix 4 of the report, and a declaration form confirming compliance with the Code of Conduct, attached at Appendix 5.

Resolved:

- 1. to approve the amended Terms of Reference as detailed in Appendix 1, subject to further amendments as outlined at the meeting;**

2. to note the council's established rules relating to committee procedures, detailed in full in Appendix 2;
3. to note the waivers/ amendments to the Committee Procedure Rules incorporated within the ToR detailed in 4.4; and
4. to note paragraphs 4.5 to 4.7, detailing the council's Code of Conduct for members of committees and the requirement for all members of the Health and Wellbeing Board, including council officers and representatives of external organisations, to comply with it and declare any Disclosable Pecuniary Interests (DPIs).

06/19 Health Protection in Derbyshire

The Board received a report of the Director of Public Health. The Consultant of Communicable Disease Control & Honorary Assistant Professor, School of Medicine, Nottingham University, Public Health England East Midlands attended the Board and gave an update presentation on key national and local health protection issues.

Members noted the presentation which covered:

Measles

- Measles is a notifiable disease – Health professionals must inform local health protection teams of suspected cases
- Measles is vaccine preventable
- 2018 marks 50 years since the introduction of the first measles containing vaccine into the UK childhood immunisation programme.
- More than one in three (38%) of the measles cases in England 2014-2016 were hospitalised.
- Measles is the most infectious illness known to man
- Most transmission occurs in the community or household setting
- Schools and nurseries are the main setting for the majority of outbreaks outside the home

Immunisation uptake

- Since the introduction of the measles vaccine in 1968 it is estimated that 20 million cases and 4,500 deaths have been averted in the UK.
- MMR Vaccine was below target for the 2nd visit
- Key messages could be better in Derby. There was a need to ensure getting the message across that measles is a significant illness for children
- People who have been vaccinated would get a milder dose of measles

Members noted that local GPs struggle to get children in for vaccination, but they do try to maximise opportunities when patients are present for other reasons.

Members noted that Health Screening and immunisation teams are able to check patient

immunisation evidence which can be fed back to GPs to assist them.

Tuberculosis (TB)

- England has 2nd highest TB rate in Western Europe
- Number of cases in the UK had reduced in recent years, but the rate of decrease is starting to reduce
- People are now screened prior to entering the UK where TB is prevalent in their country
- In 2017 the number of notifications of TB decreased or remained stable in all PHECs apart from the East Midlands (EM), which had a 2.9% increase. In 2018 the figures for the EM improved.
- The time between symptom onset and starting treatment was 2 – 4 months
- TB was linked with deprivation
- Social risk factors include Drug Misuse, Alcohol, Homelessness; these groups of people are increasing across England and Wales
- Under-served groups are most at risk of TB – overall the proportion of people with TB who had a social risk factor has increased from 9.5% to 19.1%
- The current TB strategy finishes in 2020
- 15 Year TB vision planned taking us to 2035
- 5 year national TB Action Plan – multi – stakeholder
 - Delivered through TB Control Boards
 - Refocus the TB work of the current strategy to deliver any outstanding "areas for action"
 - Take into account new ideas, technology and research evidence
 - Ultimately sustain the downward trend in TB incidence working towards elimination by 2035
 - Plan to engage closely with TBCBs and frontline staff through stakeholder review, meetings, sharing papers for comments.

Members asked whether immunisation would have any effect. The officer confirmed that the BCG vaccination was not as effective at preventing TB but it does prevent the most severe forms in younger children.

Listeria

- Widespread in the environment
- Hardy organism that can withstand freezing, drying, heat and relatively high levels of acid, salinity and alcohol
- There is a need to put in place food preparation standards to ensure it does not get into the food chain.
- Can be a serious infection for some people. It is most likely to affect pregnant women and their babies, adults aged 65 or over and people with weakened immune systems

Resolved:

- 1. to note the update provided by Public Health England for East Midlands and**
- 2. supported activity as appropriate, to protect the health of the local population.**

07/19 Health Protection Team Annual Review

The Board received a report of the Strategic Director of Public Health which was presented by the Consultant in Public Health Medicine. The report provided an overview of the key work areas of Derby City and Derbyshire County Council Health Protection Team and key strategic priorities for 2019.

Members noted that Health protection sought to prevent or reduce the harm caused by communicable disease, and minimise health impact from environmental hazards.

The Officer reported that the team provides scrutiny and challenge, acts as an advisor to local partners, reviews local health protection needs and acts as an advocate to ensure equity in the reduction of risks to health of the local population, as part of the statutory duty of the Director of Public Health. The Health Protection Team operate under a service level agreement from Derbyshire County Council

Members considered the strategic achievements of the team:

- Systematic review and assurance of all aspect of Health Protection via the Health Protection Board, and quarterly reporting to the Health & Wellbeing Board
- Active participation in regional and national groups to shape policy and share best practice, including Section 7a Board, Regional Air Quality Network, National Pandemic Flu Group, Air Quality evidence review stakeholder group, Health Care Acquired Infection network.

The officer reported on the workstreams that the team has been involved with:

- Infection Prevention and Control (IPC)
- Emergency planning resilience and response
- Communicable disease
- Environmental Health
- Screening and immunisation

Members asked how "hard to reach communities" are contacted and what happens to people who are not registered for GP Services. The officer confirmed that the Community Engagement Team have been building contacts in this area. It was noted that an MMR vaccination reminder in the form of a birthday card is sent out to children of four years age.

Members considered links to the voluntary sector and how to ensure messages are reaching them. The officer confirmed that there were good links with McMillan and Cancer Research in relation to screening. The representative from Community Action

offered to provide contact links with community groups.

Members queried if there was a way of working through schools to signpost access to GP services. The officer confirmed there is a team within Derby City Council who provide this service, however it was the education on how to use GP and other services available which was missing.

Members noted that the team develops a comprehensive work plan each year in conjunction with the Department of Health and key partner agencies. The strategic priorities are agreed based on Public Health indicators, and strategic priorities such as STP, HWB and National Strategy. The priorities for 2019/20 were outlined and include:

- Ensure effective and equitable community infection control provision within the community
- Lead Sustainability and Transformation Plans to reduce the impact of infection prevention and control incidents on health and social care system
- Support the testing of pandemic flu plans and facilitate the implementation of recommendations

Resolved:

1. to note the contents of this report

**08/19 Derbyshire Sustainability & Transformation Partnership:
Engaging in the Refresh**

The Board received a report of the Derbyshire Sustainability & Transformation Partnership (STP) Director which was presented by the Assistant Director Communications and Engagement, STP. The report provided the HWB with an update on the engagement taking place to support the review.

Members noted that every STP and Integrated Care System (ICS) had been asked to develop by Autumn 2019 five-year Long Term Plan implementation plans covering the period 2023/24. This would form the system's response for implementing the commitments set out in the NHS Long Term Plan. The report was presented for assurance and information that the Derbyshire STP was seeking to engage broadly with local stakeholders in the preparation of plans.

It was reported that engagement was planned at multiple level: strategic, pathway, geographic and general. The levels of engagement are at JUCD Board (Strategic), Delivery Board (pathway), Place Alliance Groups (geographical) and are complemented by work being undertaken by Healthwatch Derby and Derbyshire and through engagement with various groups across Derbyshire.

- A JUCD Board Level Event would take place in September
- All 8 Derbyshire Place Alliances have open meetings or events planned during

June and July

- JUCD programme leads are looking at opportunities to hold open meetings in July to ensure engage at the "health condition level".
- Healthwatch Derby and Derbyshire have completed their engagement around the Long Term Plan, consisting of 250 surveys and 2 focus groups for each Healthwatch area
- An interactive workshop was being delivered with the aim of speaking with seldom heard groups
- Engagement with Derbyshire Chief Executives Group to understand how work of JUCD can be aligned with other authorities
- Meetings with both local authorities and carers representatives who are pulling together a "what carers want" summary for inclusion in the STP Refresh
- Briefing materials and other communications are being issued to promote the review more broadly.

Members queried whether the pressure groups that were previously responsible for strong lobbying had been invited to join the engagement bodies being set up currently. Officers confirmed that engagement with a number of stakeholders had taken place; this included NHS SOS. A lay reference group including patients had been set up and met each month; NHS SOS had been invited to join this group. Members noted that NHS SOS have also attended Mental Health Foundation Trust Events, so there was evidence that they are engaging and talking to organisations about their fears and hopes. It was noted that conversations had taken place with organisations across the Board, including representatives of carers of children.

Members requested that a further report on the engagement come to the next meeting of the HWB in September 2019.

Resolved:

- 1. to note the content of this report**
- 2. to receive a further report on the engagement at the next meeting of the Board in September 2019.**

09/19 Tobacco Control Bid

The Board received a report of the Director of Public Health which was presented by the Consultant in Public Health Medicine. The purpose of this report was to seek the support of the HWB for the expression of interest to the East Midlands Cancer Alliance Cancer Prevention Innovation Fund for Tobacco Control to pilot the CURE secondary care treatment programme for tobacco addiction.

The Board noted that the CURE programme had been developed as part of Greater Manchester Health and Social Care Partnership's Making Smoking History Programme.

The term "CURE" had been specifically chose to "medicalise" tobacco addiction and move away from the stigma of a lifestyle choice to disease treatment.

"CURE" stands for; Conversation (have the right conversation every time), Understand (understand the level of addiction), Replace (replace nicotine to prevention withdrawal), Expert and Evidence based (access to expert and evidence based treatments).

CURE aims to implement and embed a systematic process of treating tobacco addiction within secondary care, delivering the following:

- All patients admitted to hospital are asked whether they smoke and the response is recorded on electronic patient notes
- All smokers are offered nicotine replacement therapy immediately, specialist behaviour change support and further support after discharge from hospital
- A culture change within secondary care to embed the treatment of tobacco addiction into all medical team's day to day practice.

Members queried whether hospital staff are the best people to deliver a smoking cessation service. The officer confirmed that the service would be provided by "Livewell" staff.

Members also asked whether it was positive to move from tobacco to vaping given the as yet unknown possible effects of vaping. The officer confirmed that if people were already smoking then vaping would be better for them, but it would be inappropriate for a non-smoker to begin vaping.

Resolved that the HWB support the expression of interest to the East Midlands Cancer Alliance Cancer Prevention Innovation Fund for Tobacco Control to pilot the CURE Secondary Care Treatment Programme.

10/19 Integration and Better Care Fund update July 2019

The Board received a report of the Strategic Director of People Services which provided a progress update on the Integration and Better Care Fund to the year end (March 2019) The report also provided details of the proposals for the BCF for 2019/20 and beyond.

The report was for information.

Resolved to note:

1. the progress that was made against the Derby Integration and Better Care Fund (BCF) during 2018 and:
2. the arrangements in development for 2019/20

11/19 Health and Wellbeing Strategy Refresh

The Board received a report of the Director of Public Health. The report updated the Board on the current Health and Wellbeing Strategy which was due to be refreshed in 2019. A workshop was held at the last HWB. The purpose of this report was to provide the Board with a summary of the workshop feedback and next step.

The report was for information.

Resolved to note the update in relation to the HWB Strategy Development Workshop.

Private Items

None were submitted

MINUTES END