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DERBYSHIRE County Council

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PUBLIC

To: Members of Health and Wellbeing Board

Wednesday, 3 July 2019

Dear Councillor,

Please attend a meeting of the **Health and Wellbeing Board** to be held at **10.00 am** on **Thursday, 11 July 2019** in , the agenda for which is set out below.

Yours faithfully,

Janie Berry

JANIE BERRY
Director of Legal Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Apologies for Absence

    To receive apologies for absence (if any)

2. Declarations of interest

    To receive declarations of interest (if any)

3. Agenda (Pages 1 - 2)

4. Minutes (Pages 3 - 8)

To confirm the non-exempt minutes of the meeting of the Health and Wellbeing Board held on 04 April 2019.

DERBYSHIRE HEALTH AND WELLBEING BOARD

10am-12pm, 11 July 2019

Committee Room 1, County Hall, Matlock, DE4 3AG

AGENDA

Time	Time allocated	Items	Presenter
10:00	10 minutes	1. Declarations of interest and Apologies for absence 2. Minutes of the last meeting held on 4 April 2019	Cllr Hart
10:10	45 minutes	3. Community Wellness System (presentation and discussion)	Iain Little and Sara Bains
10:55	10 minutes	4. Suicide Prevention and Self Harm Update (report)	Iain Little
11:05	10 minutes	5. Health and Wellbeing Strategy Update (report)	Dean Wallace
11:15	5 minutes	6. Health Protection Board Update (report)	Dean Wallace
11:20	5 minutes	7. Sizing the Prize Update (report)	Dean Wallace
11:25	15 minutes	8. Healthwatch Intelligence Report	John Simmons
11:40	10 minutes	9. Better Care Fund	Dean Wallace
11:50	10 minutes	10. Joined Up Care Derbyshire STP Update (report)	Vikki Taylor
12:00	10 minutes	11. Establishing the Derby County 0 – 19 Strategic Governance Group as a sub group of the Derbyshire Health and Wellbeing Board	Dean Wallace
12:10	5 minutes	12. Expression of Interest to the East Midlands Cancer Alliance Cancer Prevention Innovation Fund for Tobacco Control	Dean Wallace
12:15	5 minutes	13. HWB Round up (report)	Simon Stevens

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PUBLIC

Agenda Item

MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held at County Hall, Matlock on 04 April 2019.

PRESENT

Councillor C Hart (Derbyshire County Council)
(In the Chair)

L Allison	3D (Third Sector Support Derbyshire)
B Anderson	PHE
S Batchelor	Active Derbyshire
F Bharmal	NHS Derby & Derbyshire CCG
Alan Dow	The CCG/SCB
S Morritt	CRH
J Murray	Designated Nurse CCG
J Needham	Derbyshire Community Health Services
Tanya Nolan	Derbyshire County Council
J Parfrement	Derbyshire County Council
J Simonds	Healthwatch Derbyshire
T Slater	EMAs
S Stevens	Derbyshire County Council
D Wallace	Derbyshire County Council

Also in attendance – D Booth (Community Growth CIC), J Cook (Active Derbyshire), A Noble (Derbyshire County Council), N Peace (Community Growth CIC), Councillor S Swann (Derbyshire County Council), and C Walker (Derbyshire County Council).

Apologies for absence were submitted on behalf of Chris Clayton, and Councillors A Dale and J Wharmby.

11/19   MINUTES RESOLVED that the minutes of the meeting of the Board held on 31 January 2019 be confirmed as a correct record.

12/19   CHILD DEATH PARTNERSHIP AND CHILD DEATH OVERVIEW PANEL IN DERBYSHIRE   The Children Act (2004), as amended by the Children and Social Work Act (2017), strengthened an already important relationship by placing new duties on key agencies in a local area. Specifically the Police, Clinical Commissioning Groups (CCG's) and the Local Authority was under a duty to make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area (Working Together 2018).

The arrangements to review child deaths had been amended as part of Working Together (2018) in Chapter 5 – Child Death Reviews. The key features of what a good child death review process should look like were detailed in the Child Death Review Statutory and Operational Guidance (2018).The processes in these two documents combined best practice with statutory requirements that must be followed.

The responsibility for ensuring child death reviews were carried out was held by the Child Death Review Partners, who were defined as the Local Authority for an area and any Clinical Commissioning Groups operating within the local authority area (Working Together 2018). Within the new arrangements the Child Death Review Partners would be the Local Authorities for Derbyshire and Derby City and the Derbyshire CCG's. This information and the local context was covered in more detail in the full local position paper attached to this covering report.

RESOLVED to (1) acknowledge the information and local implications covered within the attached paper; (2) acknowledge the progress to date and also the local challenges in having all required functions in place by the requisite deadline; and (3) agree to form part of the new governance arrangements for the Child Death Review Partners and Child Death Overview Panel, this would be alongside the role of the Childrens Safeguarding Board.

13/19   SECTION 75 HEALTH VISITING AND SCHOOL NURSING   In July 2018 Cabinet approved an enterprising programme of work to develop a partnership approach to delivering key public health services.

The Director for Public Health Dean Wallace and Juanita Murray gave a presentation which gave an update on the development of this more integrated approach to providing services for children, young people and families in Derbyshire.

RESOLVED to (1) note the progress across Public Health, Children's Services and DCHS (NHS) FT in moving to a more integrated service model; and (2) accept the report as an update on the development of the Section 75 Agreement between Derbyshire County Council and Derbyshire Community Health Service (NHS) Foundation Trust.

14/19   HEALTHWATCH – MYSTERY SHOP EXERCISE COMPLETED AT ROYAL HOSPITAL DERBY   In partnership with Derby Hospital, Healthwatch Derbyshire volunteers tested the journey a patient would follow when being invited to the hospital for an outpatient appointment. Volunteers commented upon their experiences, from receiving a patient letter inviting them to a fictitious outpatient appointment at the hospital, to travelling to the hospital for that appointment, and navigating the hospital site in order to find the correct department.

This mystery shop was conducted as a result of public and patient feedback collected by both Healthwatch Derbyshire and Royal Derby Hospital. It was hoped the exercise would also offer feedback into new letters to be introduced by the hospital produced in an 'easy read' format designed to be more easily understood by patients with learning disabilities.

From the findings, Healthwatch Derbyshire identified several recommendations and actions going forward in which the service provided a response.

RESOLVED to note the report.

15/19 **BETTER CARE FUND** The Department of Health and Social Care's Better Care Support Team published the Q3 2018-19 National Return template on 6 December 2018 with the requirement that completed templates would be returned by 25 January 2018, following sign-off from respective local Health and Wellbeing Boards (HWBs). The quarterly reporting dates for 2018-19 did not correlate with the meeting dates for the Derbyshire Health and Wellbeing Board. Therefore, submissions were approved via the Joint BCF Programme Board (a delegated sub-group of the Health and Wellbeing Board) and signed-off for submission by the Health and Wellbeing Board Chair.

The reporting requirements of the Q3 template were unchanged from the previous quarters – with the exception of the removal of any iBCF reporting. It should also be noted that full data was not yet available for the whole reporting period which meant that performance assessments included in this return were subject to change in future reports.

The BCF Q3 2018-19 return could be found at Appendix 1.

RESOLVED to (1) receive the report and note the responses provided in the Quarter 3 Statutory Return; and (2) continue to receive regular updates on the progress of the Integration and Better Care Fund.

16/19 **HEALTH AND WELLBEING STRATEGY CHAMPIONS** The Board approved a new Strategy in October 2018. The strategy had 5 Priorities. Each Priority had an identified Public Health Lead within Derbyshire County Council, an individual (or in case of Priority 1 three people) whose day-to-day role was to lead areas of work that directly related to a Priority Area.

The Board had committed to identifying a Board Member Champion for each of these Priority areas, someone who would:

1. Meet with the Public Health Lead for their Priority once per quarter, for a conversation about current opportunities and challenges encountered across the system.
2. Facilitate discussions with other Board members (as appropriate) for maximising opportunities identified and exploring ways to overcome barriers to progress.
3. Support the Public Health Lead in bringing progress updates, challenges and discussion topics to the HWB Board.

For each Champion this was an opportunity to accelerate the delivery of Our Lives, Our Health and to develop a much more detailed understanding of strategic working across the County in relation to one of the Priority areas in the Strategy.

17/19   HEALTH PROTECTION BOARD UPDATE   Dean Wallace, Director of Public Health had provided HWB members with an overview of the key messages arising from the Derbyshire Health Protection Board, which met on the 29th January 2019. The Board was a formal sub group of the Derbyshire County Health and Wellbeing Board and the Derby City Health and Wellbeing Board.

RESOLVED to note the update report from the Health Protection Board.

18/19   STP UPDATE AND KEY MESSAGES BRIEFING   Every Sustainability and Transformation Partnership (STP) and Integrated Care System was required to develop a five year implementation plan as part of the NHS LTP.   This five year plan must set out the local NHS response for implementing the commitments set out in the NHS LTP, with 2019/20 being the transitional year.

Integrated Care Systems would be central to the delivery of the LTP, Integrated Care Systems would bring together local organisations to redesign care and improve population health and wellbeing. An Integrated Care System would also have streamlined commissioning arrangements to enable a single set of commissioning decisions to be made at the system level. This would also enable commissioners to make shared decisions with providers on how to use available resources, design services and advance service integration.

RESOLVED to note and discuss the contents of the JUCD presentation.

19/19   PHYSICAL ACTIVITY – PROGRESS TOWARDS AN ACTIVE DERBYSHIRE   An update was provided of the work being undertaken to increase levels of physical activity across the population of Derbyshire. To ask partners to consider how they could contribute towards delivering the 'Towards an active Derbyshire Strategy' in their own organisations.

In January 2017 the Board received a report outlining the work that had been undertaken to strategically position physical activity in Derbyshire and it looked forward to how collectively we would move this work on. This report provided an update on that progress, focussing on a number of key areas.

Natalie Peace and Donna Booth from Community Growth CIC alongside James Cook from Active Derbyshire gave a presentation giving an update on work being undertaken to increase levels of physical activity across the population of Derbyshire.

RESOLVED to (1) note the progress on the 'Towards an active Derbyshire' Strategy; and (2) Consider how partners can contribute further to the work identified in the Strategy and increase physical activity levels across Derbyshire.

20/19 **HWB ROUND UP** Simon Stevens had provided HWB members with a written report rounding up key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda.

RESOLVED to note the information contained in this round-up report.

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DERBYSHIRE HEALTH AND WELLBEING BOARD

11 July 2019

Report of the Director of Public Health

Establishing a Community Wellness Approach in Derbyshire

1. Purpose of the Report

To provide an update to the Health and Wellbeing Board on progress made to establish a community wellness approach in Derbyshire, and provide information on next steps in implementation.

2. Supporting Information

Derbyshire's Community Wellness Approach has been established to enable people to live happy and healthy lives, through identifying and supporting the assets that exist within Derbyshire's communities. It is not a service or intervention, and nor is it owned by one organisation. Rather it's a set of principles that can be shared across organisations and local communities that recognises the strengths inherent in communities that can be harnessed to improve health and wellbeing.

The presentation to the Board will include information on the concept behind community wellness, how it differs from traditional approaches, how it can support implementation of the priorities of *Our Lives, Our Health: Derbyshire Health and Wellbeing Strategy 2018-2023*, and how it aligns with other place-based initiatives for improving health and wellbeing.

3. Recommendation

That Health and Wellbeing Board members:
- Note progress to date, and the proposed next steps
- Continue to support the work in developing a community wellness approach

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Dean Wallace
Director of Public Health
Derbyshire County Council

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DERBYSHIRE HEALTH AND WELLBEING BOARD

11 July 2019

Report of the Director of Public Health

Update on Suicide Prevention

1. Purpose of the Report

To provide an update to the Health and Wellbeing Board on progress made to prevent deaths from suicide in Derbyshire.

2. Supporting Information

In England, one person dies every two hours as a result of suicide, and the impact on family, friends and local communities can be devastating. The factors that cause an individual to contemplate suicide are complex, but suicides are not inevitable. No single organisation can address all the factors that may contribute towards a suicide, and for this reason, professionals, service-receivers, community groups, volunteers and individuals need to work together to reduce the risks of suicide.

Deaths from suicide in Derbyshire

In 2017 there were 49 deaths from suicide and injury of undetermined injury in Derbyshire. This is a reduction from 86 observed in 2014. However, provisional data for 2018 suggest an increase in the number of deaths observed.

Deaths from suicide are more common in males, accounting for 4 out of every 5 deaths in Derbyshire. The highest rates are amongst those aged 30 to 39 years. Two-thirds of deaths from suicide occur in the home, with other key locations being outdoors (in parks, woodlands, car parks and commercial buildings), and on roads, waterways and railways. Of those deaths that occur outside of the home, the majority occur within 5 miles of the home address. Amongst men, the most common method of suicide is hanging, and amongst women the most common methods are overdose and hanging.

Derby and Derbyshire Self-harm and Suicide Prevention Partnership Forum

The Derby and Derbyshire Self-harm and Suicide Prevention Partnership Forum (DSSPPF) co-ordinates work across Derby City and Derbyshire County to reduce the number of deaths from suicides in Derbyshire, and the impact on families, friends and communities. The DSSPPF has a broad and inclusive membership which includes representatives from Derbyshire County Council, Derby City Council, British Transport Police, Network Rail, the Samaritans, Derbyshire Police, Derby University, local NHS providers and commissioners, and voluntary sector organisations. An annual stakeholder event is help every year to allow a wider range of people with an interest in suicide prevention to influence the work of the Forum.

The DSSPPF oversees implementation of the Suicide Prevention Strategic Framework, which outlines the priorities for reducing deaths from suicide in Derbyshire:

- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health and emotional wellbeing in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring
- Build the resilience of local communities to prevent and respond to suicides
- Develop approaches to prevent and reduce self-harm

Every year, the Forum identifies a small number of key areas of work to progress. For 2019/20, the following have been identified as priority areas for action:

- Further developing support for those bereaved or affected by suicide. Those bereaved by suicide have an increased risk of suicide themselves, and a pathway will be developed that will allow immediate and longer-term support to those bereaved by suicide
- Establishing a real-time surveillance mechanism. Currently, monitoring of suicide deaths by DSSPPF relies on data that is not available in a timely manner, and only reports deaths from suicide. The Forum would like to establish a real-time surveillance process that will allow the Forum to review information from a range of organisations, to identify incidents of concern (such as a cluster with links within a community, a frequently used location, or a high-profile case) in a timely manner, and to be able to co-ordinate responses across organisations
- Developing a consistent approach to safety planning. Different organisations currently use a variety of safety planning processes to support people identified as being at risk from suicide. Consistency in use across organisations, placing the individual at the heart of safety planning, and promoting online safety plans for those not known to services will increase the effectiveness of their use
- Develop a programme of suicide prevention work for those known to criminal justice. Individuals known to criminal justice settings, both in the community and in prison, are at higher risk of suicide. Work under this action will include exploring options for staff training, promotion of suicide safe messages, reduction in access to means, and supporting implementing learning from reviews of incidents

Key areas of achievement
The following is a summary of key results achieved by the Forum over the last 12 months:

- A refresh of the Suicide Prevention Strategic Framework for Derby and Derbyshire, which now includes a focus on prevention of self-harm to reflect the links between self-harm and suicide
- Developing and distributing resources that promote suicide safe messages to members of the public and professionals. One resource was co-produced by Forum members and a local resident bereaved by suicide
- Delivery of suicide awareness, managing suicidal conversations, and suicide awareness in primary care training courses. The latter was shortlisted for an HSJ Award in Primary Care innovation. There are also an increasing number of organisations investing in mental health and/or suicide prevention training for their staff
- Collaboration with Derby County, Chesterfield, Sheffield FC, Belper Town, and Alfreton Town to promote suicide safe messages on match days for World Suicide Prevention Day. Support material was handed out to approximately 11,000 fans across 5 matches
- Partnership working with Network Rail and British Transport Police to reduce the risk of suicides on the railways within Derbyshire, including national recognition for the response to a number of incidents on the railway in an area of North Derbyshire
- Developing closer working relationships between DSSPPF and the Child Death Overview Panel and Derbyshire Safeguarding Childrens Board, including joint-working in the review of suicides among young people, and sharing the learning from the review
- Increasing the numbers of local staff and volunteers who are part of the Derbyshire Mental Health Network which allows suicide prevention messages, details of training opportunities, resources, and events to be promoted in local networks and communities
- On behalf of Joined Up Care Derbyshire, secured £201,000 funding from NHS England to establish a pathway of support for those bereaved by suicide, to reduce the number of men who die from suicide, and to expand suicide prevention training. The funding will allow a bereavement liaison worker to provide immediate contact with those bereaved by suicide, together with expanding the longer-term support available through local peer-support groups and online support. Focussing on promotion of suicide safe message through sporting and leisure settings, and workplaces will target middle-aged men who may not be willing to access services for support. Finally, the funding will support further development of the suicide prevention training to general practices, and expansion of this training into other health settings.

Opportunities for members of Health and Wellbeing Board

I invite members of the Health and Wellbeing Board to consider the role their organisation can play in the suicide prevention agenda. The following are questions members may wish to consider:

- Does my organisation provide suicide awareness training for frontline staff who have contact with vulnerable individuals who may display emotional distress?
- Are there opportunities for my organisation to promote suicide safe messages on World Suicide Prevention Day (10th September each year)?
- Does my organisation link in to the Derby and Derbyshire Suicide Prevention Forum, and if not is there an opportunity to become involved in the work of the Forum?
- Does my organisation collect information relating to suicide incidents, and could this be shared as part of the development of a local real time surveillance system?
- Are staff members of the Derbyshire Mental Health Network to promote positive mental health and suicide prevention messages to colleagues and customers?

3. Recommendation

That Health and Wellbeing Board members:

- Note the work and achievements of the Derby and Derbyshire Self-harm and Suicide Prevention Partnership Forum
- Note the recognition of the work of the Forum at a national level, including success of the Forum in securing investment from NHS England, which will enable existing work to be expanded at pace and scale
- Recognise the role of the Forum in leading co-ordinated efforts to reduce the numbers of deaths from suicide within Derbyshire
- Consider the role that their organisation can have in suicide prevention

Dean Wallace
Director of Public Health
Derbyshire County Council

DERBYSHIRE HEALTH AND WELLBEING BOARD

11 July 2019

Report of the Director of Public Health

PROGRESS ON THE HEALTH AND WELLBEING STRATEGY

1. Purpose of the Report

To provide an update to the Health and Wellbeing Board on progress made on the Health and Wellbeing Strategy

2. Supporting Information

Background

On 31st January 2019 in order to support the ambition and delivery of the Derbyshire health and wellbeing strategy 'Our Lives, Our Health, the Derbyshire Health and Wellbeing Board (HWB) agreed the role of the HWB strategy champion.

The five priority areas of the Our Lives, Our Health strategy are:

1. Enable people in Derbyshire to live healthy lives
2. Work to lower levels of air pollution
3. Build mental health and wellbeing across the life course
4. Support our vulnerable populations to live in well-planned and healthy homes
5. Strengthen opportunities for quality employment and lifelong learning

This update focuses on air quality, housing and health and the role of the HWB strategy champions.

Air Quality Strategy and related work to date

The Derby and Derbyshire Air Quality Working Group has begun work on developing an air quality strategy across Derbyshire, with the aim of pulling together work currently happening across the county and to set out short and longer term priorities and potential actions in relation to improving air quality across the county.

Work the air quality group has delivered or supported includes:

- The group has a multi-agency action plan based on NICE guidance which focuses around six key themes;

  - Strategic vision and cross organisational working;
  - Improve access and promote usage of sustainable travel;
  - Increase awareness of air quality issues amongst the population and strategic leaders;

- o Reduce exposure and harm for those with existing health conditions and vulnerable groups;
  - o Planning and Development Control
  - o Monitoring.

- Specific actions from partners have included;
  - o The production of air quality heat maps
  - o Initiatives to raise the profile of air quality including participation in Clean Air Day, Low Emission events, attendance at Sustainable Travel and Planning Groups
  - o Annual report to Health Protection Board of trends and issues related to Air quality locally
  - o Evidence review
  - o Development of supplementary planning guidance for local planners
  - o Links to wider strategic plans including Derbyshire Cycle Plan and Climate Change Manifesto, as well as supporting the development of a Derbyshire County Low Emission Strategy
  - o Collaborative working around Derby City Clean Air Zone and assessment work on the A38 in South Normanton
  - o Links with Healthy Homes teams to examine evidence on reducing solid fuel usage across the County

Solid Fuel Burning

Smoke Control Areas were introduced to reduce the effects of smoke from domestic fireplaces. Anybody who burns solid fuel in a house in our Smoke Control Areas must either use authorised fuels or burn on an authorised appliance. Smoke Control areas in Derbyshire:

- **South Derbyshire**; Parts of Swadlincote, Midway, Newhall and Castle Gresley, as well as Stenson Fields. https://www.south-derbys.gov.uk/our-services/environment/pollution/smoke-control-areas
- **Derbyshire Dales**; None
- **Erewash;** Covering Ilkeston area https://www.erewash.gov.uk/index.php/smoke-control-areas.html
- **High Peak**; covering parts of the High Peak https://www.highpeak.gov.uk/article/355/Smoke-control-areas
- **North East Derbyshire;** parts of the North East Derbyshire area http://www.ne-derbyshire.gov.uk/index.php/31-resident/environment/117-resident-pollution#smoke
- **Chesterfield;** All of the Chesterfield area
- **Amber Valley;** parts of Ripley, Heanor, Shipley, Alfreton, Belper, Riddings, Swanwick, Sommercotes, Shipley https://www.ambervalley.gov.uk/environment/pollution/smoke-control-areas/
- Further information about smoke control areas can be found at https://www.environmental-protection.org.uk/wp-content/uploads/2016/03/Domestic-Smoke1.pdf

Housing and Health

Work is currently underway to reformat the health and housing systems group which sits under the Derbyshire HWB and covers both the County and City Council footprint. The refreshed group will include enhanced representation from system partners and review its priority work areas in relation to the HWB strategy and the role of the group within the Joined Up Care Derbyshire prevention work.

Key successes of the group to date include:

- joining-up conversations across the local system
- securing investment to support work to reduce homelessness
- leading the design and implementation of a locally delivered Housing Stock Conditions Survey
- exploring potential links with one of the big 6 Energy Companies

Role of the HWB Champion

The HWB Board Champions role is to advocate within their own organisation, across partner organisations and at the system-level for the HWB strategy generally and to "champion" their identified priority area specifically. For each Champion this is an opportunity to accelerate the delivery of Our Lives, Our Health and to develop a much more detailed understanding of strategic working across the County in relation to one of the Priority areas in the Strategy.

The role is to support the relevant Public Health Lead for their priority area and help take the work forward at a strategic and operational level by helping remove barriers and challenging the status quo, as a minimum the HWB champion is asked to:

- Meet with the Public Health Lead for their Priority once per quarter, for a conversation about current opportunities and challenges encountered across the system.

- Facilitate discussions with other Board members (as appropriate) for maximising opportunities identified and exploring ways to overcome barriers to progress.

- Support the Public Health Lead in bringing progress updates, challenges and discussion topics to the HWB Board.

Role of the Public Health Lead

The Public Health Lead is already responsible for leading work on behalf of the Public Health Department within that priority area. The opportunity of working with the Board champion affords greater potential of cross-system engagement and action across the public health/prevention agenda.

The Public Health Lead is asked to:

- Identify key areas within their portfolio where the HWB Champion can; add value, actively take forward any required action at the Board level, work to remove any organisation and/or system barriers having a detrimental impact on progressing desired outcomes.

- Keep the HWB champion up to date with developments in relation to the relevant priority area agenda.

- Work with the HWB champion to provide updates on progress to the HWB.

Public Health Leads and HWB Champions so far:

1. Enable people in Derbyshire to live healthy lives
Public Health Leads – Jackie Wagstaffe, Mary Hague, Rosalie Weetman
HWB Champion - Chesterfield Royal Hospital NHS Foundation Trust volunteered to identify a champion aligned to this priority area, although a rep is still to be identified. Given the scale of this priority area it may need more than one HWB champion.

2. Work to lower levels of air pollution
Public Health Lead – Jane Careless
HWB Champion – Vikki Taylor (Director, Derbyshire STP)

3. Build mental health and wellbeing across the life course
Public Health Lead – James Creaghan
HWB Champion – NHS Derby and Derbyshire CCG have volunteered to champion this priority but a rep has yet to be identified.

4. Support our vulnerable populations to live in well-planned and healthy homes
Public Health Lead – Vicky Smyth
HWB Champion - John Simmonds (Chair, Healthwatch Derbyshire)

5. Strengthen opportunities for quality employment and lifelong learning
Public Health Lead – Vicky Smyth
HWB Champion - Lynn Allison (Chief Executive, Amber Valley CVS)

3. Recommendations

That Health and Wellbeing Board members:

- Note progress to date contained within this paper, including the work on developing an integrated community wellness approach and suicide prevention work in Derbyshire, both presented to the Board as separate items earlier in the agenda.
- Support the role of the HWB priority Champions and Public Health Leads.
- For the CCG and Chesterfield Royal Hospital to identify a named lead linked to the relevant priority areas.

DERBYSHIRE HEALTH AND WELLBEING BOARD

11 July 2019

Report of the Director of Public Health

HEALTH PROTECTION BOARD UPDATE

1. Purpose of the Report

To provide an overview of the key messages arising from the Derbyshire Health Protection Board, which met on the 2nd April 2019. The Board is a formal sub group of the Derbyshire County Health and Wellbeing Board and the Derby City Health and Wellbeing Board.

2. Performance Update

2.1 <u>Emergency Preparedness, Resilience and Response (EPRR)</u>

(a) The board was provided with an update from the Derbyshire health protection response group
- Agreed to continue to meet quarterly
- Flu commissioning response has been completed and signed off by CCG.
- Consideration of the development of a flow chart to provide clarity around the response process.

2.2 <u>Screening and Immunisation Programmes</u>

The board received update and assurance report from the Screening and Immunisation team, which included:

- The Screening and Immunisation Team (SIT) continues to work with stakeholders to develop initiatives to increase uptake as part of the North Midlands MMR Elimination Action Plan.
- The Seasonal Flu Planning Group meet on the 28th March 2019 to evaluate the year's flu season and start planning for 2019/20. Uptake was comparable to last season 2017/18.
- Shingles Working Group – The group is exploring local call/recall and data recording processes, and key contacts within primary care to support in increasing uptake in eligible patients.
- Screening Programmes Performance – Cervical Cancer Screening Programme – The laboratory turnaround time (TAT) of samples has now returned to within the 14 day performance standard with 1.41% of samples of samples breaching the 21 day TAT standard.

(b) <u>Bowel Screening Program Detailed Report</u>

- The North Derbyshire Bowel Screening Centre, South Derbyshire Bowel Screening Centre, and Eastern Bowel Hub, are all high performing services that regularly meet the programme standards, and have good systems in place to monitor if improvement is required.

- During 2017/18 the Hub sent invitations to 101,963 eligible individuals across Derbyshire, with an uptake of 60.21%. This exceeds the national minimum target of 52% and delivers the achievable target set at 60% nationally.
- Colonoscopy uptake is at 76.34% for North Derbyshire and 79.28% for South Derbyshire, lower than the 81% standard, however similar to the Midlands & East regional average of 78.25%.
- Evidence has shown that the addition of GP endorsement to screening invitation letters resulted in a slight increase of uptake along with the reminder letter. Consent from GPs to add their endorsement to letters has to be gained locally.
- The local authority health protection team are currently mapping stakeholders across the community who work with the key groups identified within the Bowel Health Equity Audit.

2.3   <u>Infection Prevention and Control (IP&C)</u>

Tameside and Glossop integrated care presented an overview of the integrated IP&C services which operate across acute and community settings.

2.4   <u>Environmental Health</u>

(a) An update was provided from the Air Quality Working group.
(b) There is consideration in regards to a future event to support planning officers and environmental health officers to utilise planning systems to reduce the impact of air pollution.

2.5   <u>Inequalities</u>

(a) <u>Screening inequalities</u>

The STP cancer screening work stream are currently developing a multi stakeholder action plan looking at improving cancer screening uptake and reducing inequalities.

(b) <u>Vulnerable TB pathway</u>

Work is continuing to ensure appropriate care pathways for TB patients who are hospitalised and assessed as being homeless or at risk of becoming homeless.

(c) <u>National TB Strategy Update</u>

- The strategy is coming to an end next year.
- The new strategy will have a renewed focus in particular areas including underserved populations.
- A network and education event will take place early autumn.

(d) <u>Hepatitis C</u>

- Continuing with the delivery network groups and meeting
- Substance misuse commissioners are currently reviewing a pilot with pharmacies around Hepatitis C testing

2.6   Emerging and Recent incidents

- The board discussed recent incidents and outbreaks taking into account any lessons learnt. The group agreed to look at communication with new community groups around vaccination and the process for rapid communication with GP practices.

3.   Recommendation

The Health and Wellbeing Board are asked to note this update report from the Health Protection Board**.**

Dean Wallace
Director of Public Health
Derbyshire County Council

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DERBYSHIRE HEALTH AND WELLBEING BOARD

11 July 2019

Report of the Director of Public Health

Sizing the Prize

1. Purpose of the Report

- This report provides the Health and Wellbeing Board (HWB) with a brief overview of 'Sizing the Prize'.

- 'Sizing the Prize' is an integration support offer from the Local Government Association (LGA).

2. Supporting Information

'Sizing the Prize' is one of the two newest integration support offers from the Local Government Association (LGA).

Across the country, local place-based leaders are working to take forward more integrated health and care services for their local populations.

In November 2018, the LGA with sector partners the Association of Directors of Adult Social Services (ADASS), the Association of Directors of Public Health (ADsPH), NHS Confederation (NHSC), NHS Clinical Commissioners (NHSCC) and NHS Providers (NHSP) published 'Shifting the Centre of Gravity: making place-based, person-centred health and care a reality'. This was an update to the June 2016 policy framework 'Stepping up to the place: The key to successful health and care integration'.

This shared vision is based on four key statements:

- Individuals using health and care services experience positive outcomes.
- Individuals, populations and communities maximise their health and wellbeing.
- Frontline staff use their experience and expertise to shape seamless care.
- Leaders work effectively across health and care, and drive transformation.

Deriving directly from the 2016 policy framework, and in response to requests from Health and Wellbeing Board (HWB) leaders, the LGA, working in partnership with ADASS, NHSCC and NHSC produced a self-assessment toolkit and facilitated workshop 'Stepping up to the Place', launched in July 2016.

The LGA facilitated a 'Stepping up to the Place' workshop with Derby and Derbyshire HWBs in October 2017.

Through these workshops, national HWB summits and national HWB leadership development events, local leaders identified where further support would be particularly beneficial to making progress locally.

The broad conclusion was that having diagnosed where their place was on their integration journey, local leaders wanted access to expert support focused on building their practical capability to get the job done together, to deliver real improvement for local people. They also commonly felt that delivering real improvements together was the best way to further build trust across local leaders and organisations.

One of the most common themes identified was the need to better galvanise local leadership across a place by identifying and quantifying the place-based benefits of integration to local people. This is in terms of service quality and release of trapped resources across local government, the NHS and wider sectors. Leaders often reported challenges in identifying the main local opportunities to improve health outcomes, service quality and release resources across the allocations of resources in available in a particular local place.

In response to this need, the LGA, working with Local Partnerships has developed 'Sizing the Prize': a facilitated process to support quantifying the benefits of placed based integration.

Using the same well established and evaluated process methodology from 'Stepping up to the Place', Sizing the Prize focuses on delivering the outcomes below:

- Determining the greatest opportunities from the present use of local allocations for integration to impact on health and wellbeing outcomes, service quality and shift of trapped resources.

- Understanding opportunities to shift resources across place to better support modern integrated place-based health and care service models.

- Understand opportunities for more efficient use of resources across place.

- Supporting local leaders to be galvanised around a shared agenda.

- Support the local finance community to develop and play its full role in service transformation through the integration journey.

Sizing the Prize is lead jointly by an LGA Associate facilitator and a member of Local Partnerships bringing knowledge of integration and leadership as well as expertise in data analysis to the process.

'Sizing the Prize' in Derbyshire

Derbyshire County and Derby City jointly engaged in integration support work in 2017, including an Integration Tool Workshop facilitated by the LGA in October 2017. Since then there have been a number of changes locally, and local leaders in the Health and Care system across and Derby City and Derbyshire now agree that the time is right to engage in further integration support in the form of 'Sizing the Prize'.

This work is currently in the planning stage and it is expected that interviews, data collection and analysis will be completed over the early summer.

3. **Recommendation**

Members of the Health and Wellbeing Board are asked to note:

- To note that Derby and Derbyshire is taking up the LGA integration support offer 'Sizing the Prize'.

- To receive future reports to update the HWB on the progress of the 'Sizing the Prize' initiative.

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Dean Wallace
Director of Public Health
Derbyshire County Council

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healthwatch
Derbyshire

Intelligence report
May 2019

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All our reports can be found on our website:
http://www.healthwatchderbyshire.co.uk/category/our-work/

Contents:

V1 Intelligence Report 30042019 HM

➢ **Useful tools and resources – Page 14:**
- STOP! I have a Learning Disability
- Top Tips for Carers
- Good Practice Guide to Consultation.

Our most recent work:

NHS Long Term Plan (LTP):

The NHS has written a LTP so it can be fit for the future and it is based on the experiences of patients and staff. For more information on the NHS LTP please visit: https://www.england.nhs.uk/long-term-plan/

Healthwatch England (HWE) were commissioned by NHS England (NHSE) to support public engagement around the plan across the 42 Sustainable Transformation Partnership (STP) areas. Derbyshire's STP is called Joined Up Care Derbyshire (JUCD), which brings together health and social care organisation across the county. For more information please visit: https://www.joinedupcarederbyshire.co.uk/

The engagement phase took place between March and April 2019 and we were tasked to complete 250 surveys and facilitate two focus groups around how people think the NHS should change, including how people think support for long term conditions could be improved.

Next steps: We will shortly receive the findings from HWE and we will generate a report which will be shared with our local STP and published on our website once complete.

Carer's Engagement:

During January to March 2019, we engaged with carers around their experiences of health and social care services.

Derbyshire County Council (DCC) undertake a regular Survey of Adult Carers (SACE) which had left DCC with gaps in their knowledge and understanding around the quality of life for carers. Their survey indicated a decline in satisfaction, and nationally the survey suggested there had been little movement in terms of improving outcomes for carers.

As a result, HWD was asked to talk with carers both in, and not in receipt of services to explore their views and experiences around the themes known to DCC. It was hoped the information would help DCC to understand the challenges faced by carers and how they could best respond to them as an authority.

We are currently in the process of analysing the findings from the engagement which will

2

V1 Intelligence Report 30042019 HM

be collated into a report and the experiences of carers will be used within the refresh of the Derbyshire Carers Strategy which is due to happen later in 2019.

Next steps: The full report will be available on our website once complete and responses have been received.

Creative engagement with Children and Young People (CAYP):

In June 2018, HWD met with commissioners for children's services, who explained they would be keen to find out what helps CAYP to make healthy lifestyle choices. Their information suggested that in Derbyshire being a healthy weight, exercise levels, tooth decay, teenage pregnancy, smoking, drugs and alcohol are real issues and challenges within the county.

We spoke to approximately 900 CAYP and their parent/carers about the barriers to making healthy lifestyle choices, and we asked how they felt this could be improved. We ran interactive sessions and encouraged CAYP to share their thoughts through writing, drawing and art.

The report was delivered to the Children's STP Board on Friday 12th April and the Board were asked to make ten pledges in response to the report.

Next steps: The full report will be available on our website once the pledges have been received.

Rural engagement:

Over the summer of 2018, we paid specific attention to rural communities across Derbyshire to explore how living in a rural area could impact on the health and social care services that people use.

Summary of findings:

- Long waits for a range of mental health support services and mental health professionals in the community
- Many people experienced loneliness which was sometimes, linked to a lack of transport and rural isolation
- People explained the importance of being involved in their relative's end of life care
- People found it difficult to know what services were available in the local area
- There were many examples of repeat visits to a GP, and/or repeat attendances at A&E when people did not feel their condition had been treated/resolved adequately
- There appeared to be a number of inappropriate attendances at A&E

- People expressed concerns that patients would not manage safely back at home once discharged, explaining that sometimes discharge feels premature without sufficient support in place
- One difference between areas seemed to be the variability around access, promotion and engagement in falls prevention services for people at risk of, or with a history of falling.

Once we began to analyse the data, it appeared the findings would be particularly useful to the eight Joined up Care Derbyshire (JUCD) place alliances across Derbyshire. 'Place' is about empowering people to live a healthy life for as long as possible through joining up health, care and community support for citizens and individual communities.

For more information around JUCD Place, please visit:
https://www.joinedupcarederbyshire.co.uk/our-places

With this is mind, we are looking to receive a coordinated response through the JUCD Place Board.

Next steps: The full report will be available on our website once responses have been received

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Responses received to reports:

Cataract Services:

The summary of findings from this report were featured in the December edition of the intelligence report and it is now available on our website:
https://healthwatchderbyshire.co.uk/2019/03/examining-patient-experiences-of-cataract-service-and-treatment-in-derbyshire/

The service provider received a draft copy of the report to check for factual inaccuracies and to provide a response to the recommendations. To gain a quality response which addresses the recommendations outlined in the report, we will continue to work with the provider.

Summary of response provided by Derbyshire's Clinical Commissioning Group (CCG):

- They will continue to engage with both providers, and primary care colleagues regarding all restricted clinical policies, including that of cataract surgery and to address concerns that some patients are being misinformed that there is a blanket ban on second eye criteria
- The NHS needs to manage demand effectively to ensure the best possible outcomes for patients and the most efficient use of resources
- The NHSE High Impact Interventions work is aimed at identifying good, evidence based practice and collating it into simple service specifications. The approaches

4

and interventions NHSE are developing and testing

with clinicians will ensure patients see the right person in the right place, first time and will help the Derbyshire CCG's and JUCD to deliver their plans to manage the rise in referrals

- NHSE are also developing tools and guidance that will support GPs and other health professionals in managing their patients, so they see the right person in the right place, first time.

Next steps: Continue to work with the provider to gain a quality response and update the report accordingly.

Royal Derby Hospital (RDH) and Chesterfield Royal Hospital (CRH) Mystery Shops:

In partnership with the RDH and CRH, HWD volunteers tested the journey patients would follow when visiting the hospitals for an outpatient appointment. Volunteers commented on their experiences from receiving a patient letter inviting them to a fictitious outpatient appointments at the hospitals, to travelling to the hospitals for that appointment, and navigating the hospital sites in order to find the correct departments.

RDH Mystery Shop:

Summary of findings:

1. Appointment letters were seen to be in an 'easy read' format which could be more easily understood by patients with a learning disability. However, in some cases the volunteers felt that the grammar and meaning along with the use of some symbols within the letters was confusing
2. Volunteers found the use of the internet prior to their appointment very helpful
3. Navigating the one-way system was consider by some to by an improvement, whilst others felt the faded road markings were confusing
4. There were insufficient parking spaces, car parking charges were not clear and the availability of a weekly or monthly pass were not widely advertised
5. Some volunteers found it difficult to cross the roads within the ground of the hospital
6. Volunteers found the hospital navigators to be "very helpful".

Summary of response provided by RDH:

- All typographical and grammatical errors have been addressed, the Trust is also producing letters in large font as well as in Braille, MP3 Audio and email when requested
- There are a number of schemes being looked at by the Trust to ease parking congestion and the road markings have now been repainted
- The hospital has agreed to look at a solution to identify where the disabled parking spaces are located when these are situated within existing car parks
- Parking tariffs will be advertised at all parking payment machines including the advertising of car parking discounts such as weekly passes
- A new zebra crossing is in place for the pedestrian entrance by the King's Treatment Centre to improve safety.

5

V1 Intelligence Report 30042019 HM

To view the report and the full RDH response please visit:
https://healthwatchderbyshire.co.uk/2019/02/royal-derby-hospital-mystery-shop/

Next steps: We will request an update on the response in August 2019.

CRH Mystery Shop:

Summary of findings:

1. Generally, appointment letters were easy to understand and to the point
2. Most volunteers used the internet prior to their 'appointment' to look for information about directions to the hospital, public transport and a site map which they found to be useful, it was suggested for this information to be included within all outpatient appointment letters
3. Volunteers liked the illuminated sign displaying vacant spaces and the car park location map at the entrance to the hospital. However, volunteers commented on the lack of drop-off points for patients with mobility difficulties
5. The car park payment machines were easy to use and tariffs including multi-visit discounts were clearly displayed
6. Reception staff and volunteers were found to be helpful and friendly and the availability of the self-service machines allowed for swifter booking in times
7. Some volunteers felt there was a lack of resting areas to clinics and signage was positioned at a high level and therefore may not be visible to people using wheelchairs
8. Waiting areas that were well-lit, spacious with comfortable well-placed seating was welcomed
9. The LGBT rainbow was advertised on one wall and a staff member was seen wearing a rainbow lanyard which was seen as welcoming and inclusive.

Summary of response provided by CRH:

- The hospital is in a process of reviewing their appointment letters and the possible inclusion of additional information will be considered
- They will undertake a review of the drop-off areas across the site as a part of the site strategy
- The hospital is in the process of developing patient rest stops which will provide a place to rest and find information. The buggy service moving forward will ask anyone at the rest stop if they would like a lift
- The Trust acknowledges that the signage across the hospital requires development and the overall strategy for way finding is being reviewed as a part of the out-patient improvement plan
- Currently the hospital is in a process of reviewing all of the outpatient reception areas
- The LGBT rainbow has been discussed within the Trust and is accepted as a great way to communicate that a person has enhanced understanding/training regarding diversity issues. There is a plan to use this as a wider marker for those who have gone through specific training.

To view the report and the full CRH response please visit:
https://healthwatchderbyshire.co.uk/2019/05/mystery-shop-exercise-completed-at-chesterfield-royal-hospital/

Next steps: We will request an update on the response in October 2019.

Orthotics at RDH:

The Intelligence, Insight and Action (IIA) sub group of HWD, who regularly appraise all the comments and experiences received by the organisation, recommended this engagement priority to further explore comments received by HWD and provide the Trust with more independent patient feedback around the orthotics service to be incorporated into their service improvement plan.

Between November 2018 and January 2019 we visited a number of orthotics clinics at London Road Community Hospital (LRCH) and spoke to a total of 60 patients about their experiences of the service.

Summary of findings:

1. Both children, young people (CAYP) and adults explained they would appreciate an acknowledgment of their referral
2. Experiences varied with regards to the orthoses being 'right the first time', parent/carers highlighted the importance for this to be the case especially for CAYP as this can cause the original measurements to be no longer correct
3. Most CAYP who required repairs and/or replacements felt they had to wait 'too long' compared to adults who were usually happy with the length of time it took to receive their orthoses
4. Many CAYP and adults were unsure as to how many orthoses they were entitled to
5. The majority of the CAYP and adults explained their orthoses had made a positive difference to their lives
6. All CAYP, their parent/carers and adults explained how friendly and helpful they found all the staff within the orthotics department at LRCH
7. Some adults had difficulties contacting the department to chase appointments and some were concerned around leaving answerphone messages due to uncertainty of when they may hear back.

Summary of response provided by LRCH:

- There is an aim to send appointment letters to patients within seven days of a referral which acts as an acknowledgement. However, if this aim is unable to be met an acknowledgement letter will be sent to new patients
- The department have recently started a process of quality assurance registration which will help to ensure orthoses are manufactured to a standard agreed quality. However, many orthoses are bespoke and therefore minor adjustments are inevitable
- An information poster will be placed in the clinic area to detail entitlements

- Information sheets are available, however Orthotists have not been printing them due to a lack of printers, they will look to source further printers to ensure information is available
- Promotion of the orthoses and their benefits are discussed by the Orthotists during appointments. Further information will be added to the information's sheets to promote the positive effects
- Receptionist inform patients of delays by writing on the white board or informing patients verbally
- Text reminders are automatically sent to patients, a poster has been placed in the reception area advising of this and how patients can opt out
- The message on the orthotics answer phone has been updated to include advice that the call will be returned within 24 hours so people are aware of when they can expect to hear back.

To view the full report and the provider response please visit:
https://healthwatchderbyshire.co.uk/2019/04/orthotics-report/

Next steps: We will request an update of the response provided in October 2019.

Experiences of discharge at the RDH and Queen's Hospital Burton (QHB):

During February 2019, HWD and Staffordshire undertook a total of four engagements at the RDH and QHB discharge lounges.

A total of 23 patients were asked about their experiences of being discharged from hospital.

Summary of findings:

1. Most patients had initial discussions around their discharge on the day of discharge and there were mixed experiences of how involved or listened to people felt
2. Not all patients were asked about facilities and support at home
3. Some patients were not provided with any information about being discharged from hospital, patients explained they would like clear messages and honest timescales
4. Most patients felt they were being discharged at the right time, however some patients did not feel ready to go home due to a lack of confidence around care arrangements, still feeling unwell and three patients were told their hospital beds were needed
5. Delays in the discharge process, were often due to medication, communication errors, discharge letters and transport
6. Most patients were not aware of the Home from Hospital scheme.

Summary of response provided by RDH and QHB:

- An accreditation scheme focused around making every day of each patient's stay in hospital count is being developed to embed the SAFER principles and achieve earlier patient discharges

- To develop a communication strategy to raise
  both staff and patient's awareness of the Help from Hospital scheme
- The discharge lounge aims to maintain the length of time waiting to two hours maximum and delays due to inaccurate prescribing/medication changes will be raised at the chief nurse meetings to ascertain whether any dedicated pharmacy technician support might be provided
- The Integrated Discharge Team are working on a booklet to inform patients and their carers of what to expect on discharge 'keeping you in the loop'.

Next steps: We will request an update of the response provided in September 2019.

Update on actions received to reports:

A summary of findings for both the Improving Access to Psychological Therapies (IAPT) report and Renal EMAS Patient Transport Service (PTS) report, along with the provider and commissioner responses were featured in the December edition of the intelligence report, which stated we would follow up on the actions taken against the recommendations in March/April 2019. The below provides a summary of both updates.

Improving Access to Psychological Therapies (IAPT):

The Mental Health Commissioning Team for Derbyshire CCG provided us with an update in February 2019 to the actions they made in the IAPT report.

Mental Health Together were commissioned by the CCG to collect the views of patients and members of the public about how IAPT Talking Therapies should be delivered in the future, post 2020.

Summary of update regarding the new service specification:

- One new clear brand using an 'umbrella' approach so individual IAPT providers can be identified. A single point of access via a lead provider using one computer system
- A 'hub and spoke' model across all PLACE areas, there is a requirement in the service specification for out-of-hours appointments at all the main hubs
- Inclusion of outcome measures and a proposed payment incentive to ensure the service is easily accessible for people over the age of 65 and to ensure that everyone is able to get treatment promptly
- Explicit requirement in the service specification not to have limited session numbers and to ensure therapy can focus on how people can help themselves in the future to stay well

V1 Intelligence Report 30042019 HM

- An improved protocol about how IAPT works with
secondary mental health services We have escalated concerns about the perceived
gap between IAPT and secondary care services to the mental health STP board
- A requirement in the service specification to work with community groups and
organisations supporting wellbeing
- Emphasis on case by case decision making in the service specification to address
concerns that decisions may be made purely on basis of diagnosis.

To view the full report and most recent update please visit:
https://healthwatchderbyshire.co.uk/2018/10/improving-access-to-psychological-
therapies/

Next steps: We will request a further update in September 2019.

Renal East Midlands Ambulance Service (EMAS) Patient Transport Service (PTS):

We explored the use of patient transport by renal patients, due to their frequent use of
the service. We spoke to a total of 37 people at CRH and 55 people at the RDH.

Summary of update regarding EMAS Patient Transport Service (PTS):

- A text system is now in place to let patients know when transport is on its way.
This is only currently available for core crews and volunteers. A review of current
service users is underway for regular bookings as it is required to seek permission
to enable service users to access this system
- In order for EMAS to monitor the number of people leaving the PTS and to
understand their experiences they conducted a patient survey in September 2018,
introduced an electronic live survey system onto the vehicles which provides
immediate feedback, they are continuing with their quality meetings and have
introduced face to face meetings for patients who have had a reduced level of
patient experience on more than once occasion
- They have also introduced a dedicated Renal Patient Liaison Service which allows
them to capture specific individuals who have poor service levels in real time, to
try to resolve issues in a more timely manner and also this individual monitors daily
journeys and amends journeys ahead of potential issues occurring
- A shortfall of coverage on Saturdays has been identified and rectified with
recruitment to full establishment
- To be able to streamline the process for renal patients to make journeys as time
efficient as possible, EMAS have implemented new changes to key performance
indicators (KPIs) which have enabled the planning team to utilise the vehicles more
effectively.

V1 Intelligence Report 30042019 HM

Next steps: We will continue to monitor comments regarding the EMAS PTS.

Update on a selection of earlier reports:

Dementia services:

An update of actions pledged in response to our report were highlighted in the December edition of the intelligence report. We will request a further update on actions pledged against the recommendation made in response this report in June/July 2019.

In the meantime, we will continue to monitor the implementation of the Derbyshire Dementia Well Pathway as well as hear from people about their experiences of using services to ensure improvements are being made.

To view a copy of our Dementia Report and the update on actions please visit: https://healthwatchderbyshire.co.uk/2018/05/dementia-report/

Child and Adolescents Mental Health Services (CAMHS):

We feel assured from the responses from providers and the Futures in Mind (FIM) Board that action is being taken to address our recommendations.

In November 2018, the FIM Local Transformation Plan Refresh was published, with reference to our CAMHS report, particularly in terms of the overwhelming theme around the lack of parent carer support.

We will continue to monitor the implementation of the plan as well as hear from people about their experiences of using services to ensure improvements are being made.

To view a copy of the FIM LTP Refresh please visit: https://www.derbyshire.gov.uk/site-elements/documents/pdf/social-health/children-and-families/mental-health-and-wellbeing/future-in-mind-local-transformation-plan-november-2018.PDF

To view a copy of our CAMHS report and the update on actions please visit: https://healthwatchderbyshire.co.uk/2018/05/experiences-of-using-camhs-services-in-derbyshire/

Enter and View (E&V) Reports:

HWD maintains a statutory responsibility to undertake E&V visits to a variety of NHS and social care adult services which receive any income from public funding. An E&V visit is not an inspection but is complementary to the regulatory and quality monitoring work undertaken by the Care Quality Commission.

For more information on our E&V programme please visit https://healthwatchderbyshire.co.uk/about/about-enter-and-view/

Autumn Grange Care Home:

The IIA sub group of HWD, recommended this E&V visit to further explore comments received by HWD and to enable our authorised representatives (ARs) to see for themselves how the service is being provided in terms of quality of life and quality of care principles.

Summary of findings:

- The ARs observed staff to be supportive and friendly with the residents, showing a high level of concern and care. The staffing levels seemed to support participation in activities with the residents
- Signage around the home was good, especially in the dementia unit
- The corridors were appropriately decorated with good use of colours in the dementia unit
- Information boards were in place on many corridors throughout the home in which were clear and informative for both residents and their visitors
- A wide range of activities were advertised on dedicated information boards on each floor with the use of pictures and words for the residents
- The outside grounds were attractive and appeared well kept, with plenty of seating available for residents and their visitors.

To view the report and response please visit:
https://healthwatchderbyshire.co.uk/2019/05/autumn-grange-enter-and-view-visit-report/

E&V Bi Annual DCC Summary Report:

During 2018/2019, Healthwatch Derbyshire were re-commissioned by Derbyshire County Council (DCC) to conduct a range of unannounced visits to 13 of their 26 residential services across the county.

The Enter and View reports were commissioned primarily for DCC's own internal quality assurance purposes, and the individual reports are not placed in the public domain unlike other Healthwatch Enter and View reports.

12

Therefore, we have produced a six monthly summary of the reports which we are able to make public.

The latest and final summary report for the commissioning period represent the remaining seven visits undertaken from the end of July until late November 2018 when all the visits had been fully completed.

The summary can be found on our website, please visit:
https://healthwatchderbyshire.co.uk/2019/03/enter-view-bi-annual-dcc-summary-report-march-2019/

Mental Health Together (MHT):

Mental health information and signposting in Erewash:

The summary of findings from this report were featured in the December edition of the intelligence report and it is now available on our website.

The report captured the views of 105 mental health service receiver's and carers in Erewash around their experiences of accessing information on mental health services.

Summary of responses:

- Erewash Health Partnership (EHP) which represents ten GP surgeries across Erewash explained they, "Recognise the importance of signposting patients to mental health services, to provide effective support … We are in the process of developing a range of online support packages for mental health, amongst other issues e.g. bereavement, depression, addiction etc. that service users can access 24/7

- Erewash CCG explained, "There should be a range of methods for people to access IAPT services. Evidence has shown that self-referrals where possible results in greater equality; improved clinical outcomes and faster treatment response. However, it is recognised that some people find it hard to make the first step. Therefore, it is important that providers have simple referral processes for people, as well as easy-to-use professional referral processes so professionals can support people, either online, via telephone or via letter."

- To ensure there is better use of care coordinators with regards to mental wellbeing, Erewash Care Coordinating Team explained, "We will review this … to ensure that all staff are aware of mental health services in the area. To also ensure they have a good knowledge of local services/voluntary groups and if not then how to access them. To discuss with individual GP practices to promote care coordinator service for mental health support."

- In terms of all GP practice employees (including receptionists) are fully aware of mental health information, EHP explained, "All reception staff have undergone CCG provided Navigation and Signposting training."

- People wanted to see further developments to community hubs as 'one-stop-shops' for information and advice around mental health support, the Primary Care

Workstream for JUCD said, "By Spring/Summer
2019 we should have a proper project plan in place with timescales for this work."

To read a full copy of this report, along with the full provider and commissioner responses please visit: https://healthwatchderbyshire.co.uk/2019/02/mental-health-information-and-signposting-in-erewash/

Experts by Experience Training:

Experts by experience, help to gather information from their own communities and networks, about what people think is good and bad about services, and their ideas for improvement. E.g. from groups they attend, friends, their local community etc. They attend meetings that allow them to share their own experiences, and those of others. They help services look for solutions to issues that have been identified.

We have run our second expert by experience training in January 2019 and now have a further ten expert carers and service receivers.

Current and future engagement priorities:

Ex-offender engagement:

Over the coming months, we will be engaging with ex-offenders to explore their use of health services.

We will be asking what experiences people have of using health services and if they have encountered any difficulties with knowing where to go and/or how to access a service.

We will also be finding out what information, help and support they received whilst in prison and what information they received on release.

The information gathered will be shared with those who run, choose and buy health services in Derbyshire to help ensure services provided are easy to use and of good quality.

Domiciliary Care:

Between April and October 2019, Healthwatch volunteers will be gathering people's experiences of home care services (Domiciliary Care Services) in Derbyshire to make sure people are receiving a good quality of care and support.

The information gathered, along with any recommendations will be shared with the relevant service providers, the Care Quality Commission (CQC) and the commissioners in Derbyshire.

Useful tools and resources:

STOP! I have a Learning Disability:

HWD and the Good Health Group (part of Derbyshire County's Learning Disability Partnership Board) have developed a poster entitled – STOP! I have a learning disability.

It can be given to people with learning disabilities to take to appointments and can also be displayed in GPs, dentists and hospitals.

The poster includes prompts for practitioners and patients to agree non-verbal signals if they are in pain, want to ask a question or need further support at the beginning of treatment or a consultation.

To view the poster please visit: https://healthwatchderbyshire.co.uk/2018/01/stop-i-learning-disability/

Top Tips for Learning Disability Carers:

This leaflet is intended to provide information for learning disability carers regarding access to health and social care services for the cared for person and some additional information about carers' rights and support.

To view the leaflet please visits: https://www.healthwatchderbyshire.co.uk/wp-content/uploads/2015/08/Top-tips-for-LD-Carers.pdf

Good Practice Guide to Consultation and Checklist:

This has been produced to ensure meaningful and lawful public engagement in changes to health and social care services.

To view the guide please visit: https://healthwatchderbyshire.co.uk/stp-derbyshire-joined-care/best-practice-guidance-consultation/

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DERBYSHIRE HEALTH AND WELLBEING BOARD

11 July 2019

Report of Executive Director Adult Social Care and Health

**DERBYSHIRE BETTER CARE FUND 2018-19:
QUARTER 4 STATUTORY RETURN**

1. Purpose of the report

To provide the Derbyshire Health and Wellbeing Board with an update on progress of the Derbyshire Integration and Better Care Fund (BCF) 2017-19 through reporting of the required statutory quarter four (Q4) return for 2018-19.

2. Information and analysis

The Department of Health and Social Care's Better Care Support Team published the Q4 2018-19 National Return template on 8 March 2019 with the requirement that completed templates would be returned by 18 April 2019, following sign-off from respective local Health and Wellbeing Boards (HWBs). Due to the meeting structures of the Health and Wellbeing Board this report is being presented retrospectively. It should be noted that, as with previous quarterly returns, the National return Template was submitted on time following approval by the Chair of the Health and Wellbeing Board.

The reporting requirements of the Q4 template are the similar to those in previous periods with an additional section to reflect on successes and challenges over the course of the financial year. These were required to be reported in-line with the Logic Model for Integrated Care (developed by the Social Care Institute for Excellence, SCIE).

Following feedback from the Health and Wellbeing Board meeting on 4 April, where the Quarter 3 return was reported, more detail has been provided in the Metric and High Impact Change Model sections to provide reasoning as to why further support is not being requested in areas that are not performing as planned.

Performance against the national metrics was presented using the data available at the time the returns were published as year-end data was not fully available. However, the full year end figures are provided below and also in a summary table at Appendix 2:

    1.   Reducing Non-Elective Admissions – performance was below planned levels as at February 2019 with 84,975 admissions recorded against a plan of 81,481. Full year-end results show that there were

a total of 89,542 admissions against a plan of 88,781. Whilst the target was not achieved there was a 1.3% reduction in non-elective admissions compared with 2017-18;

2. Reducing Delayed Transfers of Care (DTOC) – performance as at February 2019 showed a total of 11,882 days delayed have been recorded across the system against a target of 11,998. Full year end results show that there were 13,020 bed days delayed across the system against a plan of 13,079, a reduction of 17% compared to 2017-18 – showing that the target had been achieved;

3. Re-ablement 91 day indicator –performance had improved during the latter half of 2018-19 with 81% of clients still at home 91 days after reablement has ended during February. Full year-end result shows that 78.6% of clients remained at home against a year-end target of 86.1% was not achieved. This was, however, a 1.7% increase on 2017-18 performance;

4. Residential and Nursing Care Admissions – performance as at mid-March 2019 showed there had been 1,084 admissions against a target of 1,118 admissions. Full year data shows there were 1,171 admissions which means the year-end target was not met, though was a reduction on the 1,200 admissions in 2017-18.

Completion of the High Impact Change Model section has been undertaken in collaboration with Derby City Council following outcomes of the April Discharge to Assess Executive Board (a sub-group of the Joined Up Care Derbyshire Place workstream) where reporting against the model was discussed with regards the year-end position. It should be noted that whilst the model is being reported on within the national BCF Programme, the ongoing work to implement this in Derbyshire sits across the wider Joined Up Care Derbyshire workstreams, and has been reflected in the commentary provided in this return.

Finally, a case study on the improvements made to the Disability Design Team's Quick Track Scheme for Level Access Shower adaptations has been included as an integration success story in the narrative section of this return. Previous returns have used DTOC performance as the success story, however, given the work undertaken by the Council's team and District and Borough Council partners to reduce the length of time from application to installation reducing by a third compared to 2017-18 it was felt that this would be a useful area of work to highlight as a success, more so over the past year than the last quarter.

The draft BCF and iBCF Q4 2018-19 return can be found at Appendix 1 with a summary of 2018-19 performance against the metrics compared to previous years at Appendix 2.

3. **Links to the Health and Wellbeing Strategy**

The Derbyshire Better Care Fund 2017-19 supports the delivery of the following priority from the Health and wellbeing Strategy:

- Keep people healthy and independent in their own home

The plan sets out how health and social care services will continue to support the move to more community based services to help support older people to live more independently in their own communities.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Receive the report and note the responses provided in the Quarter 4 Statutory Return;
2. Continue to receive regular updates on the progress of the Integration and Better Care Fund in 2019-20.

Simon Stevens
Acting Executive Director Adult Social Care and Health
Derbyshire County Council

Better Care Fund Template Q4 2018/19

1. Cover

Health and Wellbeing Board:	Derbyshire
Completed by:	Graham Spencer
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Contact number:	01692532072
Who signed off the report on behalf of the Health and Wellbeing Board:	Councillor Carol Hart

2. National Conditions & s75 Pooled Budget

Confirmation of National Conditions		
National Condition	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**
1) Plans to be jointly agreed? (This also includes agreement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the Planning Requirements?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) Managing transfers of care?	Yes	

Confirmation of s75 Pooled Budget			
Statement	**Response**	**If the answer is "No" please provide an explanation as to why the condition was not met within the quarter and how this is being addressed:**	**If the answer to the above is 'No' please indicate when this will happen (DD/MM/YYYY)**
Have the funds been pooled via a s.75 pooled budget?	Yes		

3. Metrics

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
NEA	Reduction in non-elective admissions	Not on track to meet target	Non-Elective activity, as measured through the BCF indicator, continues to be above plan as at month 11. Admissions have consistently been higher than planned levels through the whole of 2018-19 at an average of 3% when compared to 2017-18.	Despite performance being above planned levels there are improvements that have been made during the year, most notably: • development of our integrated community support bed model to support patient flow resulting in additional capacity to prevent non-elective admissions in the first place; • Public Health initiative to prevent/reduce falls; • Out of hours Occupational Therapy service is in place to respond to urgent issues around equipment and moving and handling which has resulted in a reduction in admissions.	None at the present time. The majority of BCF activity is focussed on supporting the Place workstream of the Derbyshire STP, which includes a focus on admission avoidance. There is also an Urgent Care workstream which includes a focus on redesigning the 'front-door' of A&E to include Social Worker and Primary Care streaming.

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	Not on track to meet target	The year-end target is unlikely to be achieved. Quarter 3 saw the largest number of admissions to residential settings.	At current rates, overall admissions are likely to be lower than in 2017-18, but not sufficient to achieve the target.	Derbyshire County Council has engaged Newton Europe to undertake a review of its Adult Care services which will help identify ways in which it can support more people to remain independent than is currently being achieved.

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Not on track to meet target	The year-end target is unlikely to be achieved. Capacity within the service has been a problem along with a refocussing of the in-house Short term Services.	Year-end performance is expected to be higher than in 2017-18, with latest data for Month 11 at 82% - a 6 percentage point increase on the 2017-18 outturn.	Derbyshire County Council has engaged Newton Europe to undertake a review of its Adult Care services which will help identify ways in which it can support more people to remain independent than is currently being achieved.

Metric	Definition	Assessment of progress against the planned target for the quarter	Challenges	Achievements	Support Needs
Delayed Transfers of Care*	Delayed Transfers of Care (delayed days)	On track to meet target	The main challenges with regards reducing delays have been: • Ensuring all Social care attributable DTOCs are signed off by the Local Authority – there are a number of out of area NHS Trusts that we have struggled to engage with during 2018-19 resulting in higher DTOC levels for Social Care than have actually occurred. • Provider capacity - particularly in the East region of Derbyshire to provide home care packages of support. This is anticipated to improve with the transfer of long term in-house services to provide short term high quality support.	DTOC Performance across the system is projected to be the lowest it has been since 2015-16 with less than 13,000 days lost to delayed transfers of care, compared to 15,610 in 2017-18. Factors that have helped contribute to this performance are: • Countywide Safe (Single) Handed Care project integrated into hospital teams to reduce instances of double handed care where appropriate which has freed up provider capacity to reinvest and reduce DTOC • Transfer of Direct Care services from long term to short term care/re-ablement only, thus increasing capacity and patient flow • Increased the number of Community Support Beds countywide and have implemented a consistent approach to their admission and discharge processes to ensure quality and patient flow • Well established integrated hospital discharge hubs operating 7 days per week	None

4. High Impact Change Model

		Maturity assessment					Narrative		
		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg. 1	Early discharge planning	Established	Established	Established	Established		Challenges in this area are ongoing in terms of ensuring that there is consistency in the way in which the multi-disciplinary integrated care teams across the County deliver early discharge planning for both planned and non-planned activity across the County.\n\nThere are also challenges around the agreement of discharge timescales during periods of acute escalation.	Red bag scheme is now fully operational across the County - but too early to identify impact of their use.	None identified. The Urgent Care STP workstream has a task and finish group established to look at effective discharge across the system.
Chg. 2	Systems to monitor patient flow	Plans in place	Plans in place	Established	Established		There have been no challenges since the system was introduced for winter.	Daily reporting has taken place since system was introduced in winter and will assist in planning for Easter 2019.	None.
Chg. 3	Multi-disciplinary/multi-agency discharge	Established	Established	Established	Established		The main challenge at present concerns the ongoing funding of the integrated discharge teams (between acute/community providers and CCG)	Delayed transfers of care continue to remain comparatively low.	None.

		Maturity assessment					Narrative			
		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg. 4	Home first/ discharge to assess	Established	Established	Established	Mature	D2A pathways are well established with D2A accounting for c8% of all acute discharges in Derbyshire. The 'process' has become business as usual. Data monitoring and reporting in place to demonstrate outcomes of D2A and learning groups in place to support continued improvement.	Ensuring consistent appropriate pathway usage in the southern half of the County.	DTOCs continue to remain comparatively low, and actual usage of pathways has improved.	None.
Chg. 5	Seven-day service	Plans in place	Plans in place	Plans in place	Plans in place		Ensuring consistency across partners in their provision of seven-day services to support patient flow and appropriate / timely transfers from hospital.	All relevant Social Care and Community Health services are available Seven Days a week. D2A work has highlighted where additional Primary, Secondary or other care elements are required.	None identified. The A&E Delivery Board is reviewing acute and out of hours service provision to understand where opportunities for future improvements exist.
Chg. 6	Trusted assessors	Plans in place	Established	Established	Established		Trusted Assessment forms are being used across the system to support D2A. Main challenge is determining the quality of outcomes relating to their use.	Countywide multi-agency Occupational Therapy Group project group is continuing its work.	None.

		Maturity assessment					Narrative		
		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19 (Current)	If 'Mature' or 'Exemplary', please provide further rationale to support this assessment	Challenges	Milestones met during the quarter / Observed impact	Support needs
Chg. 7	Focus on choice	Established	Established	Established	Established		Main challenge for this period has been ensuring system partners agree and implement revised 'Transfer of Care Protocol'.	Implementation of a revised system-wide 'Transfer of Care Protocol'	None.
Chg. 8	Enhancing health in care homes	Established	Established	Established	Established		Initial progress in rolling out learning from pilot areas has taken longer than anticipated.	Care Homes work has now been aligned to the Place workstream of the STP to develop a new model of primary and community care support to people in care homes utilising existing care home primary care Local Enhanced Services, the assumption would be that the current funding is ring-fenced and re-invested to ensure maximum impact on reducing utilisation of medicines and acute care.	None.

Hospital Transfer Protocol (or the Red Bag Scheme)
Please report on implementation of a Hospital Transfer Protocol (also known as the 'Red Bag scheme') to enhance communication and information sharing when residents move between care settings and hospital.

		Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19 (Current)	If there are no plans to implement such a scheme, please provide a narrative on alternative mitigations in place to support improved communications in hospital transfer arrangements for social care residents.	Challenges	Achievements / Impact	Support needs
UEC	Red Bag scheme	Established	Established	Established	Established		Ensuring consistent and appropriate use of Red Bags in acute settings continues to be a challenge. Current lack of capacity to ensure effective monitoring of their use - hence remaining at established rather than mature. Ensuring consistent and appropriate use of Red Bags in acute settings continues to be a challenge. Current lack of capacity to ensure effective monitoring of their use.	Care Home providers have welcomed receiving 2 bags per home and supportive of their use.	None.

5. Income and Expenditure

Income

	2018/19		
Disabled Facilities Grant	£ 6,450,727		
Improved Better Care Fund	£ 24,906,166		
CCG Minimum Fund	£ 54,440,511		
Minimum Sub Total		£ 85,797,405	

	Planned		Actual		
CCG Additional Fund	£ 8,260,077		Do you wish to change your additional actual CCG funding?	No	
LA Additional Fund	£ 1,500,060		Do you wish to change your additional actual LA funding?	No	
Additional Sub Total		£ 9,760,137			£ -

	Planned 18/19	Actual 18/19
Total BCF Pooled Fund	£ 95,557,542	£ 85,797,405

Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2018/19	

Expenditure

	2018/19
Plan	£ 95,557,542

Do you wish to change your actual BCF expenditure?	No

Actual	

Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2018/19	

6 Year End Feedback

Part 1: Delivery of the Better Care Fund		
Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.		

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	The BCF Programme has built on and continued to strengthen the existing good working relationships across health and social care as demonstrated by continued commitment from the City and County Councils and Clinical Commissioning Groups to a Joint BCF Programme Board that ensures alignment of BCF plans to the continued development and delivery of the Derbyshire STP.
2. Our BCF schemes were implemented as planned in 2018/19	Strongly Agree	There were no new schemes being implemented during 2018-19 as it was a continuation of the 2017-18 plan. All existing schemes were fully implemented.
3. The delivery of our BCF plan in 2018/19 had a positive impact on the integration of health and social care in our locality	Agree	Delivery of the BCF Plan in 201-19 built on the existing good joint working relationships between health and social care staff at all-levels of delivery.
4. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Non-Elective Admissions	Agree	Whilst the performance has not achieved the planned outturn for 2018-19, performance would likely have been even further off-target without BCF funded initiatives such as Integrated Care teams and Community Support Beds for example.
5. The delivery of our BCF plan in 2018/19 has contributed positively to managing the levels of Delayed Transfers of Care	Strongly Agree	DTOC levels continue to be lower throughout 2018-19 than in previous years. There have been challenges, some of which are still to be addressed, but overall delivery of the BCF Plan has ensured the DTOC rates continue to remain at comparatively low levels.

Statement:	Response:	Comments: Please detail any further supporting information for each response
6. The delivery of our BCF plan in 2018/19 has contributed positively to managing the proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Agree	Whilst the performance has not achieved the planned outturn, performance would have been even more challenging if it had not been for the investment from the BCF. Ensuring people remain at home following reablement remains a priority and part of the long-term approach to the development of Place based community services through the STP. There has been noticeable improvements in reablement during the latter half of 2018-19.
7. The delivery of our BCF plan in 2018/19 has contributed positively to managing the rate of residential and nursing care home admissions for older people (aged 65 and over)	Agree	Whilst the year-end target is unlikely to be achieved - the BCF has helped to maintain admission rates at a steady rate. Work by Newton Europe, for Derbyshire County Council, will help to identify opportunities for improving in this area to support the BCF and wider STP ambitions to support more people to be independent in their own community for as long as possible.

Part 2: Successes and Challenges		
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.		

8. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	5. Integrated workforce: joint approach to training and upskilling of workforce	As part of the Joined Up Careers Derbyshire work a new integrated health and social care apprenticeship pilot with person-centred approaches at its heart was launched in September 2018. This programme is offering individuals a 15-month rotational apprenticeship scheme across health and social care organisations, including primary care and private and voluntary organisations. Apprentices receive on-the-job training and will qualify for a care certificate and Level 2 Apprenticeship in Health and Social Care.

Success 2	8. Pooled or aligned resources	By aligning resources via the BCF into a pooled budget we have been able to demonstrate delivery of our BCF Plan, particularly the reduction on Delayed Transfers of Care.

9. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2018/19.	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)	In Derbyshire, the financial health of the system and the impact this is having upon joint-decision making is currently a challenge. Ongoing demographic pressures coupled with the rurality of the western part of the county, where we have workforce, market stability and inequitable health spend are also presenting the system with challenges.
Challenge 2	3. Integrated electronic records and sharing across the system with service users	Locally, there are multiple variations on recording requirements across the system. The complexities arising from implementation of GDPR standards is also providing a challenge.

7. Narrative

Progress against local plan for integration of health and social care

The Derbyshire BCF 2017-19 Plan set out how the BCF is being used locally to support the wider system-level transformation as outlined in the Derbyshire STP "Joined Up Care Derbyshire".

The following have been identified as success areas during the year:
• Delayed Transfers of Care have continued to reduce in line with national expectations. This has resulted in fewer people spending longer than necessary in a hospital setting, and associated savings to NHS;
• The percentage of people still at home 91 days after a period of reablement has improved during the latter half of 2018-19.

Challenges for 2019-20:
• Non-Elective Admission rates were higher than planned during 2018-19, the BCF continues to contribute to the wider-system in addressing this issue.
• Workforce capacity remains an area of concern both in terms of existing capacity and retention and ability to recruit and retain new staff across health and care system (and across all sectors of provision). Joined Up Careers Derbyshire (joint system wide partnership) is in place and progressing the joint health and social care apprenticeship as part of its work to ease workforce issues.

Integration success story highlight over the past quarter

Derbyshire County Council Disability Design Team: Level Access Showers Case Study

Background:
The provision of accessible bathing facilities is one of the key adaptations provided by the Disability Design Team (DDT) at Derbyshire County Council (DCC) with several hundred being completed every year. These are all as recommended by an occupational therapist with approval and funding via a grant provided by the district or borough council. Historically the required works were designed and procured utilising the standard procedure but the increase in both the demand for this type of work and the money available, prompted a review of the processes to challenge the current timescales.

Current Position:
A reshaped level access shower (LAS) design procedure has now been implemented (available on request) and this has achieved significant improvements in the processing and overall delivery times for these adaptations. The new procedure was devised with a KPI for procurement of these schemes, against which, progress can be benchmarked at defined points throughout the year. There is also robust monitoring of the timescales and technician workloads to identify and, potentially, rectify any possible delays at an early stage. When considering the new procedure each stage in the

Integration success story highlight over the past quarter

existing process, from inception to completion, was scrutinised to ensure maximum benefit was derived from the changes made.

To underpin the new procedure, the introduction of improvements to the quality of referral and service user specific design briefs, received from social services colleagues was required. A detailed referral document was devised for the Occupational Therapists (OTs) to complete (i.e. the Part C Showering Brief). The OTs were also instructed to send, with the initial referrals, details of any specialist equipment required to enable the bathroom schemes to be more robustly designed initially leading to minimal further input from OTs (which would have extended the processing times).

To compliment the improved design briefs, the Disability Design Team (DDT) developed a streamlined LAS survey procedure, to compress technician design time without compromising the quality of designs with DDT technician site survey time being reduced to one visit in the majority of cases. During this initial survey visit the technicians discuss the adaptation options with the service user. A formal approval of the designs and relevant documents is obtained which is needed to proceed with the full design and tendering process, on return to the office.

Alongside the improved design process, a simple tick list specification has also been developed and put in place for technicians to complete during the site surveys. This captures all the details of the work required based on the approved sketch design scheme. This tick list specification has, for brevity, condensed text within each of the clauses but refers back to the parent document. The parent document is a fully detailed, expanded LAS building specification that enables the building contractors, technicians and clerk of works to have a clear understanding of the specification of materials and installation standards required. This full document applies to all schemes, and is only issued once to the approved list of contractors with reissues only required when this document has been revised or updated and not for each tender.

An additional delay was identified due to requests for necessary supporting information (e.g. asbestos survey reports) being made by the technician fairly late in the process. These surveys are essential and do require an in-depth intrusive survey including taking samples of suspect material for laboratory analysis so do take some time. Simply by requesting these earlier in the process, the request is submitted immediately on allocation of the project to the technician, has aided with ensuring all required information is available to allow the tender documentation to be sent out once design is completed.

We have a pool of pre-approved contractors that are willing to carry out this type of work, and a random selection is made to be invited to take part in the tender exercise with the period for return now having been reduced down to 2 weeks. Once the returns have been vetted the recommendation with details are sent to grants, via a secure email transmission to prevent delays, for approval.

In addition technicians have also been involved in joint working with grant colleagues in district and borough council premises. This has had the advantage of actively resolving any project specific queries and to facilitate grant approvals without the need to refer back

Integration success story highlight over the past quarter
The IT systems have also been utilised to help with the procedure including a design technician progress logging system that has been developed to enable any bottle necks to be identified at an early stage and resolve any difficulties. Also full use of the authorities SAP computer system has allowed for the production of standard correspondence and contract documentation. Overall these changes have resulted in the LAS project delivery times falling considerably. This can be quantified utilising the 2017/18 figures as the base, the current figures are showing an improvement of 32% on average. **Conclusion** The changes detailed above have provided a considerable step change improvement in the time taken to provide a level access shower with a reduction of nearly a third. It is also expected that this is likely to continue, although at a slower rate, as the procedures get more embedded and problems are identified early through the new monitoring procedures. It is also notable that from tenders sent to the contractor (for pricing), until formal approval to appoint received, there is a significant difference of the average time taken for different regions. In Amber Valley there are slightly different processes to other areas allowing it to currently average 23 days for theses stages whereas the other regions have an average of 47 days. It may be possible to implement some changes within these stages in the other regions to produce another reduction in timescales and the recommendation should be to further analyse and consider this. It should be noted that the performance figures are based on the overall average time for the period and don't take into account any schemes that may have had a prolonged pre-contract stages not attributable to council processes.

8. Additional improved Better Care Fund Part 1

Section A			
Distribution of 2018/19 Additional iBCF funding by purpose			
At Q1 18/19, it was reported that your additional 2018-19 iBCF funding would be allocated across the three purposes for which it was intended as follows:			
	a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported
(Percentages shown in these cells are automatically populated based on Q1 18/19 return):	47%	21%	32%
A1) Do you wish to revise the percentages provided at Q1 18/19 as shown above? Please select "Yes" or "No" using the drop-down options:	No		

a) Meeting adult social care needs	b) Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready	c) Ensuring that the local social care provider market is supported	If submitting revised figures, percentages must sum to 100% exactly

A2) If you have answered 'Yes' to Question A1, please enter the revised amount for each purpose as a percentage of the additional iBCF funding you have been allocated for the whole of 2018/19. If the expenditure covers more than one purpose, please categorise it according to the primary purpose. You should ensure that the sum of the percentage figures entered totals to 100% exactly. If you have not designated any funding for a particular purpose, please enter 0% and do not leave a blank cell. If you have answered "No" to Question A1, please leave these cells blank.				0%

Successes and challenges associated with additional iBCF funding in 2018/19

	Success 1	Success 2	Success 3
A3) Please use the options provided to identify your 3 key areas of success associated with the additional iBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from "Other", please do not select an option more than once.	Reducing DTOC	Improving the local financial position for ASC	Reducing pressure on the NHS (non-DTOC)
A4) If you have answered Question A3 with 'Other', please specify. Please do not use more than 50 characters.			
A5) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.	Additional Social Worker support for Community Hospitals to help reduce DToC levels.	Maintain services at 2016-17 levels to ensure services are not withdrawn and additional pressure put on local system.	Single Handed Care work in acute environments to improve patient flow, reduce inappropriate care package requirements.

	Challenge 1	Challenge 2	Challenge 3
A6) Please use the options provided to identify your 3 key areas of challenge associated with the additional iBCF funding during 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible. Aside from 'Other', please do not select an option more than once.	Stabilising the local care market	Workforce – recruitment	Workforce – retention
A7) If you have answered Question A6 with 'Other', please specify. Please do not use more than 50 characters.			
A8) You can add some brief commentary on your key successes if you wish. Please do not use more than 200 characters.			

Section B					
At Q1 18/19 it was reported that your additional iBCF funding would be used to support the following initiatives/projects in 2018/19					
	Initiative / Project 1	Initiative / Project 2	Initiative / Project 3	Initiative / Project 4	Initiative / Project 5
Project title (automatically populated based on Q1 18/19 return):	Reduce Budget Savings to Protect Social Care	Supporting the Care Market	Support to Improve System Flow & Support Hospital Discharge	Preventative Services (inc Public Health and Health and Housing)	Enablers (System and Service Redesign to increase capacity)
Project category (automatically populated based on Q1 18/19 return)	12. Protection	16. Stabilising social care provider market - fees uplift	3. DTOC: Reducing delayed transfers of care	11. Prevention	2. Expenditure to improve efficiency in process or delivery
B1) If a project title is shown in either of the two rows above, use the drop-down options provided or type in one of the following options to report on progress to date: Planning stage In progress: no results yet In progress: showing results Completed Project no longer being implemented	In progress: showing results	In progress: showing results	In progress: showing results	In progress: showing results	In progress: showing results
B2) You can add some brief commentary on your projects if you wish. Please do not use more than 200 characters.					

9. Additional improved Better Care Fund: Part 2

Additional improved Better Care Fund Allocation for 2018/19:   £10,340,023

Section C

We want to understand how much additional capacity you have been able to purchase / provide in 2018-19 as a direct result of your additional iBCF funding allocation for 2018-19 and, where the iBCF has not provided any such additionality, to understand why this is the case. Recognising that figures will vary across areas due to wider budget and service planning assumptions, please provide the following:

	a) The number of home care packages provided in 2018/19 as a result of your addition iBCF funding allocation	b) The number of hours of home care provided in 2018/19 as a result of your additional iBCF funding allocation	c) The number of care home placements for the whole of 2018/19 as a result of your additional iBCF funding allocation
C1) Provide figures on the actual number of home care packages, hours of home care and number of care home placements you purchased / provided as a direct result of your additional iBCF funding allocation for 2018-19. The figures you provide should cover the whole of 2018-19. Please use whole numbers with no text, if you have a nil entry please enter 0 in the appropriate box.	3,048	259,070	93
C2) If you have not increased the number of packages or placements, please indicate **the main area** that you have spent the **addition iBCF funding allocation** for 2018/19. Hover over this cell to view the comment box for the list of options if the drop-down menu is not visible.			
C3) If you have answered C2 with 'Other', please specify. Please do not use more than 50 characters.			

Page 69

27

Metric	Reporting Period[1]	Q1	Q2	Q3	Q4	Year End (Projection	Year End Target	Quarterly Performance Trend (Q1 2014-15 onwards)	Performance Against National Average
1. Non-Elective Admissions (NEAs) General and Acute - actual number	2014-15	21,081	20,795	21,723	21,141	**84,739**	92,504		BELOW
	2015-16	22,264	21,816	22,529	22,786	**89,394**	89,952		BELOW
	2016-17	21,888	21,479	22,135	22,441	**87,943**	86,709		BELOW
	2017-18	22,111	22,066	23,346	23,228	**90,752**	87,932		BELOW
	2018-19	21,580	22,029	23,196	22,736	**89,542**	88,781		
2. Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes (Rate per 100,000 population)[2]	2014-15	182.5	183.1	200.1	232.1	**797.8**	688.4		BELOW
	2015-16	193.4	189.1	183.6	178.0	**744.1**	669.2		BELOW
	2016-17	190.6	183.4	152.1	118.6	**644.7**	743.6		BETTER THAN
	2017-18	174.1	185.3	175.3	173.5	**708.2**	683.4		BELOW
	2018-19	182.5	175.9	187.3	159.6	*705.3*	647.1		
3. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services[3]	2014-15	81.6%	86.6%	79.0%	87.1%	**87.1%**	81.7%		BETTER THAN
	2015-16	84.1%	89.4%	82.4%	77.0%	**77.0%**	82.5%		BELOW
	2016-17	88.4%	86.0%	84.8%	83.2%	**83.2%**	85.3%		BETTER THAN
	2017-18	83.4%	79.6%	75.8%	76.9%	**76.9%**	84.9%		BELOW[3]
	2018-19	75.2%	81.1%	82.0%	78.6%	**78.6%**	86.1%		
4. Delayed Transfers of Care (delayed days) from hospital per 100,000 population (aged 18+).[4]	2014-15	859.3	703.8	644.6	605.0	**703.2**	985.9		BETTER THAN
	2015-16	641.6	596.8	655.3	830.2	**681.0**	966.0		BETTER THAN
	2016-17	825.4	854.3	982.9	885.7	**883.3**	710.6		BETTER THAN
	2017-18	703.1	655.9	504.5	588.5	**613.0**	716.7		BETTER THAN
	2018-19	481.6	565.4	467.4	540.2	**513.7**	515.9		

Notes:

1. 2014-15 is BCF Baseline Year and used as comparator.

2. There is a time-lag in receiving data for this indicator, therefore quarterly outturns are subject to change during the year and so current outturns should be viewed with this in mind.

3. The Annually reported figured for reablement is based on the Q4 outturn, rather than cumulative performance across the year.

4. The source data for population figures changed for 2018-19 from the ONS Population Projection figure, for the specific year. To the ONS Mid-Year 2016 figure

NB Quarterly figures in italics are a projected figure for the quarter.

DERBYSHIRE HEALTH AND WELLBEING BOARD

11 July 2019

Report of Vikki Taylor, Derbyshire STP Director

DERBYSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN REFRESH

1. Purpose of the report

This report provides an update for the Derbyshire County Health & Wellbeing Board on progress with the Derbyshire Sustainability & Transformation Partnership (STP), known as Joined Up Care Derbyshire.

The Board may recall a previous presentation on the Derbyshire health and care system's outline approach to the refresh, and this builds on that information with a particular emphasis on the engagement approach to maximise stakeholder involvement.

2. Information and analysis

All 44 STPs in England are required to review their exiting plans before autumn 2019. The process in Derbyshire will be a refresh rather than a full scale review as we are confident that our overarching models of care and headline business cases as submitted in the original STP in 2016 have stood the test of time. As previously articulated to the Board, the refresh will consist of the following phases:

A. Case for change
- What are the needs of our system and population today; has it changed since 2016 and if we did nothing what would the shape of the system look like by 2024?
- Define the outcomes, linked to our outcome based accountability framework.
- Understand the gaps/constraints in delivering the 'Quadruple Aim' (Care Quality, Population Health, Finance and Efficiency, Engaged Workforce)

B. Model of Care
- Confirm the direction of travel in response to addressing needs identified and requirements as set out in the NHS Long Term Plan
- Test the current Derbyshire model – will it still deliver what we need it to? If not, design our new model

C. Define Priorities

- Identify the priorities to improve the outcomes – working across the system and with the stakeholders
- Further test that our Model of Care will deliver
- Confirm at Strategic level

D. Develop Plans

- Co-produce outcome focused plans (across work streams to manage interdependencies and with stakeholders)

The phases on Case For Change and Model or Care are well underway, and the various work streams are in the process of defining their priorities. It is anticipated that the Joined Up Care Derbyshire Board will review an initial draft of the refreshed plan in August 2019 before it is approved at all relevant Boards and bodies during September.

The Joined Up Care Derbyshire Board has stated a commitment that the refresh is completed with engagement of local stakeholders.

STP Refresh Engagement Update

Work continues to secure engagement in the STP refresh at multiple levels, in line with a phased strategy which sees engagement taking place at JUCD Board, Delivery Board, Place Alliance Group levels, complemented by work being undertaken by Healthwatch Derby and Derbyshire and through engagement with various groups across Derbyshire. In summary:

- A JUCD Board level event for 'strategic level' conversations on the financial challenge, the enablers to success including digital and workforce, and the overall strategic approach.

- All 8 Derbyshire Place Alliances have open meetings or events planned during June and July to which their main stakeholders will be invited to engage at a 'geographic level'. These events are in the process of be publicised widely. This is being seen as the start of continuous engagement for Place Alliances.

- JUCD programme leads are looking at opportunities to hold open meetings in July to ensure that we can 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 and we are in receipt of the output of that report for factoring into our final plan.

- An Interactive Workshop (see below for more information) is being delivered at a range of groups with a particular aim to speak with seldom heard groups.

- Briefing materials and other communications are being issue to promote the review more broadly. There is also a drive via the partner communications and engagement teams to use all existing channels and opportunities to promote the STP refresh to system staff and encourage them to get involved in any of the sessions mentioned above, and feedback in other ways including via staff discussions or online.

- We have met with the both local authorities and carers representatives, who are pulling together a 'what carers want' summary for inclusion in the STP Refresh to ensure carers needs are recognised in this iteration of the plan.

Interactive Workshop

JUCD has developed an interactive workshop to deliver to communities in the City and County, with a specific focus on seldom heard groups. Delivery of the workshop is initially to support the STP Refresh, but the aim is that it will continue in the longer term, to support continuous engagement going forward.

The workshop has 4 main aims:

- To gauge awareness of JUCD, and increase awareness. The hope is that through a sustained commitment to increasing brand awareness of JUCD, through this workshop and other methods, we will start to see awareness increasing, and can report on this.
- To support people to understand the concept of 'Integrated Care' through examples that they can relate to, and that mean something to them. The discussions will include illustrations of how the model of care will work in practice, and the role of technology- but can also be adapted to include discussions on any transformation projects that are being considered.
- To gauge public opinion about the work of JUCD, their concerns, comments, ideas for improvement and common questions, and ensure this is fed into the continued work of JUCD. This will help people to feel they are being listened to, and to build trust and relationships between JUCD and local communities.
- To provide regular updates on the progress being made in JUCD, through periodic re-visits and updates to community groups. This will be further supported through the development of our Citizens Panel, which provides the vehicle for people to sign up to regular updates about our work, and the opportunity to get involved in online surveys, focus groups, etc.,

around areas of interest to them. This panel can be promoted at the end of the workshops.

We plan to develop our approach to deliver the same aims at public events, schools and colleges and with frontline staff.

Staff Engagement

It is crucial that system staff are given the opportunity to understand and engage in the STP refresh during the summer. The JUCD Communications and Engagement Group, attended by representatives from all partner organisations, discussed this at their most recent meeting on 12 June.

Having already agreed that staff are to be invited as key stakeholders to the delivery group and place engagement sessions mentioned above, it was also agreed that trying to utilise existing communications and engagement channels within each organisation was preferable, without creating any additional new channels specifically for JUCD at this stage. Leads discussed some of the existing opportunities available for communicating with and involving system staff, and these will be included within the operational communications delivery plan for the summer and beyond. This will include using core materials through existing engagement sessions, leadership briefings and cascades and the commitment to provide a weekly, simple, bullet-point briefing on progress that can easily be used to give consistent updates in any partner communications channels including newsletters, briefings and blogs.

Citizens Panel

JUCD received £40,000 from NHS England in February 2019 to set up a Citizens Panel. This recruitment for panel has now been launched, and the aim is to have 2,000 members by the end of the year.

The Citizens Panel will have two sections:
1. More than 1,300 people have been randomly recruited as a representative sample of the population of Derbyshire.
2. Self-selectors can also opt to be included on the database, and will be kept separate from the above. This is an important aspect to the panel, as we have lots of people wanting to sign up, which will improve our reach even further.

Both cohorts will receive the same communications and opportunities for involvement, but analysis of any survey results will be separated out for research purposes as the self-selectors introduce bias.
3. Links to the Health and Wellbeing Strategy

This report explains how the Derbyshire health and care system is refreshing plans to deliver improved outcomes for people across Derbyshire.

RECOMMENDATION
The Health and Wellbeing Board is asked to:

1. Receive the report on communications and engagement activity for information and assurance.

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Vikki Taylor
Director
Joined Up Care Derbyshire - Derbyshire STP

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DERBYSHIRE HEALTH AND WELLBEING BOARD

11 July 2019

Report of the Director of Public Health

Establishing the Derbyshire County 0-19 Strategic Governance Group as a sub group of the Derbyshire Health and Wellbeing Board

1. Purpose of the Report

To agree that the 0-19 Strategic Governance Group (SGG) becomes formally recognised as a part of the governance arrangements for the Derbyshire Health and Wellbeing Board (HWB).

To agree a timetable of receiving update reports for the HWB from the SGG.

2. Supporting Information

At the previous HWB meeting on April 4th the Board received a presentation from members of the 0-19 SGG on progress made to date in establishing a *section 75 arrangement between Derbyshire County Council (DCC) and Derbyshire Community Health Services NHS Foundation Trust (DCHS). Essentially a formal partnership between DCC and DCHS is being established that will initially focus on 0-19 Public Health and other targeted preventative services (e.g. Childrens Centres and working together arrangements across Early Help), but with the ambition to look more broadly at the 0-19 agenda once the section 75 agreement and new ways of working have been established.

Currently the SGG is the joint board that provides governance, oversight and strategic direction for Public Health Nursing Services and assures that funding aligned to Childrens Centres meets the conditions set by the Public Health ring-fenced grant. The SGG is primarily made up of representatives from Public Health, Childrens Services and Public Health Nursing Services both at the strategic and operational leadership levels. There is a desire to broaden this membership and particularly to achieve greater engagement from NHS Derby and Derbyshire CCG, a full breakdown of current membership is included within the terms of reference for the group (see appendix 1).

The cross system benefits including protective and preventive impact of Public Health Nursing services is well recognised including within the NHS Long Term Plan, as is the benefit of Sure Start/Childrens Centres as most recently evidenced through the Institute for Fiscal Studies Report: The Health Effects of Sure Start. These services and the broader work of the SGG to cover issues such as Adverse Childhood Experiences (ACEs), educational attainment, social disadvantage and risky behaviours all support the broader work of the HWB and the partner

organisations represented. Therefore it would seem to make sense to ensure that the whole system is aware of this work and able to become involved as appropriate to deliver improved outcomes for our children and young people. The HWB will also be able to assure itself that the SGG is discharging its functions in an appropriate manner and performing to a suitably high standard. It is important that the HWB has oversight and sufficient assurance of the current and future arrangements that are to be established under the section 75 arrangements between DCC and DCHS.

3. Recommendation

That the Health and Wellbeing Board:

- Agrees that the 0-19 Strategic Governance Group becomes a formally recognised sub-group of the Health and Wellbeing Board

- Agrees to receive reports from and challenge the Strategic Governance Group as appropriate

- Agrees that the Chair of the Strategic Governance Group will prepare a Summary Report, at least annually, to provide an overview of progress and will identify any issues or areas of risk that the Health and Wellbeing Board or other committee will need to action/note

Dean Wallace
Director of Public Health
Derbyshire County Council

* Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies (as defined in section 275 of the NHS Act 2006) to exercise certain local authority functions and for local authorities to exercise various NHS functions.

0-19 Partnership Strategic Governance Group
Terms of Reference
June 2019

Introduction	Section 75 of the National Health Service Act 2006 contains powers enabling NHS bodies (as defined in section 275 of the NHS Act 2006) to exercise certain local authority functions and for local authorities to exercise various NHS functions. Derbyshire County Council (DCC) and Derbyshire Community Health Services NHS Foundation Trust (DCHS) have entered into an agreement in exercising these powers in respect of the Public Health Nursing Service for children aged 0-19 years. The Strategic Governance Group is the joint board that provides governance, oversight and strategic direction for these services, as detailed in the Section 75 Partnership Agreement between DCC and DCHS for the provision of public health nursing services for children aged 0 -19 years.
What	The purpose of this Group is to provide governance, oversight and strategic direction and decision making for the effective delivery of Public Health Nursing Services for children aged 0-19, which are mandated Public Health functions for which the Local Authority is accountable. Overall objectives of the Strategic Governance Group The aim of the 0-19 Partnership Strategic Governance Group is to establish the strategic direction of the partnership approach, ensuring the effective delivery of mandated Public Health functions that the Local Authority is accountable for and which are funded through the Public Health ring-fenced grant. Objectives of this group are to: • Maintain the universal nature of Public Health Nursing • Maintain a focus on promotion of wellbeing and early intervention • Focus on child and families • Improve the health and well-being of our children and young people within the earliest days of life and beyond • Reduce health inequalities • Maximise value for investment across early years services • Maintain a population health focus • Support relevant elements of Children's Services within the public health remit and responsibility • Ensure targeted elements of the approach reach those most in need, linked to how we improve identification of need • Take an enterprising approach to the issue

Requirements of the group to deliver the functions of the Section 75 Agreement:

The Strategic Governance Group will deliver their functions as outlined in the Section 75 Agreement. They will:
- Hold DCHS to account for delivering the Council functions for the benefit of service users
- When notified of any potential overspends, agree recommendations for corrective action.
- When notified of any potential underspends, agree actions for dealing with any underspends.
- Allocate the benefit of any underspend at the end of the financial year. This may include the return of the underspend to the Council or the provision of additional services.
- Oversee and manage the risk log and risk management processes for the agreement.
- Make governance decisions for the S75 agreement where they cannot be dealt with locally by the DCHS and DCC project managers.
- Receive a quarterly review of the S75 arrangements within 30 days of the end of each quarter.
- Receive an annual development plan by 31st December of each year (1st annual development plan to be submitted by 31st December 2020) and approve it ahead of commencement on 1st April at the beginning of the following financial year.
- Monitor, scrutinize and verify expenditure of the delivery of the services, through the receipt of Open Book Accounting covering expenditure to date and forecast outturn, on a quarterly basis, or more frequently at the request of the SGG.
- Receive and approve the Exit Management Plan for the agreement. (within 3 months of the commencement date of the agreement)

Who	• Director of Public Health (Chair)	(Dean Wallace)
	• Assistant Director of Health and Wellbeing, DCHS (Vice-Chair)	(Jayne Needham)
	• MTP Lead Commissioning Manager	(Alex Albus)
	• Service Director - Early Help & Safeguarding	(Alison Noble)
	• Children's STP Lead	(Andy Smith)
	• Assistant Director - Public Health	(Anne Hayes)
	• Group Manager Health Improvement	(Darran West)
	• Group Commissioning Manager	(Abid Mumtaz)
	• DCHS General Manager	(Gill Levick)
	• DCHS Strategic Commercial Development Lead	(Heather Longbottom)
	• DCC, Service Director for Commissioning and Transformation	(Dr Isobel Fleming)
	• Strategic Lead for Best Start in Life	(Victoria Clarke)
	• Service Director Schools and Learning	(Kathryn Boulton)
	• Lead for Children's Centres	(Tracey Marsh)

	• CCG representative (TBC)
	
	With input and support from:
	
	    • Commissioning Service Manager (Jamie Dix)
	    • Project Manager (Tanya Nolan)
	    • DCC Accountant (David King)
	    • DCHS Project Accountant (Rachel Wilby)
	
	The Group can co-opt additional members as it considers appropriate in relation to the development of the new approach. Task and Finish Group Lead representatives and specific officers from DCC and DCHS may be asked to attend one or a series of the meetings to provide detailed insight and input into particular topics or issues, such as legal and financial advice.

Quoracy	The following members of the Strategic Governance Group are required to attend the meeting (or send a nominated deputy), in order for the meeting to be quorate:
	
	    • Director of Public Health, DCC
	    • Assistant Director of Health and Wellbeing, DCHS
	    • Assistant Director - Public Health, DCC
	    • Strategic Lead for Best Start in Life, DCC
	    • Children's Services General Manager, DCHS
	    • Service Director - Early Help & Safeguarding, DCC
	    • Service Director for Commissioning and Transformation, DCC
	
	Members should also be willing to contribute virtually if they are unable to attend the meeting and agree actions and decisions virtually in order to ensure actions are undertaken in a timely manner. This includes core members being available to resolve and troubleshoot potential issues within their respective organisations for leads from the Working and Task and Finish Groups.
	
	If members are unable to attend a meeting, either in person or virtually, they are expected to nominate a substitute. The substitute should be briefed in advance of the meetings and be able to take appropriate delegated decisions.

When	The Group will meet every 6-8 weeks in the first instance, moving to quarterly meetings from October 2019. The Chair shall have the right to convene, additional meetings as appropriate.
Where	Meetings will take place at either DCC or DCHS premises.
Why	The Strategic Governance Group is the joint board that governs and manages the delivery of the Derbyshire Public Health Nursing Service for children aged 0-19 years. The Strategic Governance Group is required as it is named in the Section 75 Parternship Agreement as the joint board to provide governance, oversight and

	strategic direction for these the provision of public health nursing services for children aged 0 -19 years.
How	The Group have agreed to a set of principles and objectives for integrated working**:** Principles of integrated working • Honest, respectful and open approach • Work together to listen and understand each-others perspectives • Be willing to explore all possibilities and to change your mind • Focus on the outcomes we want to achieve rather than the mechanisms • Leave the professional title at the door • Be creative and innovative when exploring options • Be clear from the outset on any red lines • There are no stupid questions
Sub Committees / Groups	Additional Working and Task and Finish groups will be established to deliver core components of the new approach. The following task and finish groups meet on an ad hoc basis and report in to the Strategic Governance Group: S75 Partnership Agreement Group (Group 5) Service Design Group (Group 6) NCMP transfer group (Group 8) Early Help offer group (Group 9) These groups will expire once the actions assigned to the groups are completed. From October 2019 the Section 75 Operational Group will report in to the Strategic Governance Group. Any remaining task and finish groups will report in to the Strategic Governance Group via the Operational Group. The Activity and Financial Forecasting Group will also be established from October 2019, as a subgroup of the Section 75 Operational Group.
Communication Links	The Strategic Governance Group will ensure effective communication with the Health and Wellbeing Board, the sub-committees and groups of the Strategic Governance Group, and the DCC Cabinet and DCHS Board as required.
Reporting To	The Strategic Governance Group will report to the Health and Wellbeing Board, for information and assurance, and can receive reports and challenge from the Health and Wellbeing Board as appropriate. The Chair of the Strategic Governance Group will prepare a Summary Report, at least annually, to provide an overview of progress and will identify any issues or areas of risk that the Health and Wellbeing Board or other committee will need to action/note.

Key Performance Indicators/Key Deliverables	The Strategic Governance Group will have oversight of all KPIs detailed in the Section 75 Partnership Agreement.
Review Date	6-monthly review. Next review due December 2019.

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DERBYSHIRE HEALTH AND WELLBEING BOARD

11 July 2019

Report of the Director of Public Health

Expression of Interest to the East Midlands Cancer Alliance Cancer Prevention Innovation Fund for Tobacco Control

1. Purpose of the report
The purpose of the report is to seek support 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.

2. Information and analysis

Background
Tobacco is the single greatest cause of preventable death, disability, illness and social inequality. 1 in 2 smokers die prematurely due to their smoking. Tobacco addiction is a disease that often begins in childhood. In Derbyshire 15.1% of adults smoke, this figure increases to 22.5% for those in routine and manual occupations.

The East Midlands Cancer Alliance are inviting expressions of interest from STP Cancer Boards in partnership with Health and Wellbeing Boards that will contribute to the prevention of cancer through tobacco control initiatives.

The proposed expression of interest for funds of up to £80,000 to the Cancer Alliance is to pilot the CURE secondary care treatment programme for tobacco addiction.

The Health and Wellbeing Board agreed to "enable people to live health lives" as a key priority within the Health and Wellbeing Board Strategy 2018 onwards. The proposal to the Cancer Alliance to pilot the CURE programme would support the action of supporting people to live tobacco free.

What is CURE?
The CURE programme has been developed as part of Greater Manchester Health & Social Care Partnership's Making Smoking History programme. The term 'CURE' has been specifically chosen 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 behavior 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

The above is implemented across hospital areas through training of the medical workforce, a standardised assessment and treatment pathway, specialist support, robust handover process after discharge and appropriate IT systems to support.

Discussions are taking place to pilot the 'CURE' approach at Royal Derby Hospital. Learnings from this pilot will be shared across the system to support the delivery of tobacco addiction treatment in secondary care.

3. Recommendation
That the Health and Wellbeing Board 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.

Dean Wallace
Director of Public Health
Derbyshire County Council

DERBYSHIRE HEALTH AND WELLBEING BOARD

11 July 2019

Report of the Acting Strategic Director Adult Care and Public Health Derbyshire County Council

HEALTH AND WELLBEING BOARD ROUND-UP REPORT

1. Purpose of the report

To provide the Board with a round-up of key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda.

2. Round-Up

The real cost of a fair adult social care system
An analysis of official data by the Health Foundation has found that public spending on care for older people and people with a disability is £310 per person in England, £445 in Scotland and £414 in Wales. Economies of scale and the rural nature of Wales and Scotland are factors in this, but do not make a major contribution. Funding per head fell by a tenth in real terms between 2010-11 and 2016-17 in England, and if funding levels had grown with demand, spending would be more than £23bn a year rather than £17bn as at present.

Investing in the NHS Long Term Plan
The Health Foundation has published Investing in the NHS long term plan: job done? This briefing analyses the challenges facing health and social care and looks at the implications of the plan for activity levels and workforce in the NHS in England. It sets out funding scenarios for areas of health spending outside NHS England's budget (including NHS workforce, capital investment, the prevention agenda and adult social care) and examines the potential impact on wider public spending. The findings of the analysis are supported by a survey carried out by NHS Confederation Unfinished business: the need to invest in the whole health and care system. This report sets out views from health service leaders about their experiences of implementing the long-term plan to date.

Health risks associated with tattoos and piercings
The Royal Society for Public Health has published Skins and needles. This report examines the health risks associated with the increasing number of people in the UK having tattoos, piercings and other treatments that compromise the skin barrier. It also highlights the need for additional procedures, such as dermal fillers, to be added into legislation.

Ending the blame game: The case for a new approach to public health and prevention

The Institute for Public Policy Research has published a report outlining the case for a new approach to public health and prevention. Too many people in the UK are suffering from preventable ill-health with progress on prevention stalling in recent years. Over half of the disease burden in England is deemed preventable, with one in five deaths attributed to causes that could have been avoided. The UK has made significant progress on this agenda in the past but appears to have 'hit a wall' with limited progress since 2010. Action on prevention will not only improve health but also lead to increases in economic growth, make the NHS more sustainable and help to deliver social justice. The government's prevention green paper must deliver a paradigm shift in policy from interventions that 'blame and punish' to those that 'empathise and assist'.

Health matters: Prevention - a life course approach

Public Health England has produced a resource for NHS and Public Health professionals which focusses taking a life course approach to the prevention of ill health and explores the evidence base for this approach. The resource signposts to evidence-based interventions and tools, as well as to evaluation and monitoring techniques.

Public health risk awareness self-assessment tool

The Association of Directors of Public Health and the LGA have developed the Public health risk awareness self-assessment tool to support system leaders in local authorities in defining and understanding risk as it relates to public health commissioning, performance, partnership and resource management.

Care deserts: the impact of a dysfunctional market in adult social care provision

A report from Age UK indicates that around 1.4 million people are living in 'care deserts' which means that older people cannot access residential or home care, regardless of whether they can pay for it or not. Local councils have been having their budgets squeezed for years, and they can no longer afford adequate care for their residents. Because of this, private care providers are finding it increasingly difficult to keep trading on the basis of council-funded places alone. But added to this, the number of vacancies for registered social care nurses has tripled between 2012/13 and 2017/18. There are too many care jobs and not enough people to fill them. In real terms, there are 8000 fewer nurses now than in 2012. This lack of nurses means vast sections of the country are suffering from a shortage of care providers, and many older people have to travel a long way to get the care they need. Although there has been a slight national rise in the total number of beds over the past 5 years, some local areas, like Hull, have lost more than a third of their nursing home beds in the past 3 years.

Carer's breaks

The Social Care Institute for Excellence has published Carers' breaks: guidance for commissioners and providers. This guidance is for commissioners, providers and others involved in the planning, shaping and delivery of support for adult carers. It aims to

2

improve outcomes and practice, promote innovation and remove some of the barriers carers face in meeting their needs for a break from caring. It includes case studies.

Designing integrated care systems
NHS England has published Designing integrated care systems (ICSs) in England. This guide is aimed at all the health and care leaders working to offer well-co-ordinated efficient services a reality. It sets out the different levels of management that make up an integrated care system, describing their core functions, the rationale behind them and how they will work together.

Mental Health Watch
The Royal College of Psychiatrists has launched a new website Mental Health Watch. The site is intended to show how well the mental health system in England is performing. It uses 25 key indicators to measure the health of mental health on the following themes: Access, Care, Finance, Leadership, Quality and Workforce. Many of the indicators can be tracked at CCG, STP level or nationally.

Home adaptations: people with disabilities and older people
The Royal College of Occupational Therapists has published Adaptations without delay. This document is intended to address delays in the delivery of all types of home adaptations.

Universal HPV immunisation programme
Public Health England has issued a letter regarding the introduction of a universal HPV immunisation programme to include boys from September 2019. The vaccine will be offered to boys, in addition to girls, as part of the routine school aged schedule.

Autism self-assessment framework
Public Health England has published the results from the 2016 and 2018 Autism self-assessment framework (SAF) exercise. These reports present the findings from the fourth and fifth autism self-assessment exercises carried out by local authorities in 2016 and 2018. It shows the local authorities' progress towards meeting the requirements of the Autism Act.

21st century social care: what's wrong with social care and how we can fix it
This research paper published by Policy Exchange explores the nature and extent of the serious and urgent problems affecting the provision of social care in the UK. It identifies how these problems have evolved from the institutional structures developed for providing health and social care and offers proposals for complex, long-term social care in England.

Social care: free at the point of need – the case for free personal care in England
The Institute for Public Policy and Research has published a paper which sets out new research and policy proposals that aim to address the growing crisis in social care. Its recommendations aim to improve the efficiency of health and social care services in England by joining up health and social care policy and delivering a more preventive model of care. They also aim to advance the physical and mental health of those with social care

3

needs by ensuring that everyone regardless of means, receives adequate and appropriate support.

Integrating health and social care: state or market?
The Institute of Economic Affairs has published a report which argues that the only way to facilitate better outcomes in terms of patient care and efficiency is within a system that allows more competition in health care provision, with different organisations integrating health and social care according to the preferences of their customers and clients.

Working well together: Evidence and Tools to Enable Co-production in Mental Health Commissioning
This NHS England commissioned resource aims to support delivery of the Five Year Forward View for Mental Health and the NHS Long Term Plan. By setting out the evidence, including examples of positive practice, this document aims to improve local strategic decisions about, and the provision of, current and future mental health services for children, young people, adults and older adults.

A scoping study on the link between exposure to or interaction with the natural environment and mental health outcomes.
RAND Europe has been commissioned by The VELUX Group to conduct a study which looks at scientific literature regarding the impact that exposure to nature has on mental health. It finds that while the topic area is expanding, the evidence base is currently in its infancy and therefore weak. However, there is emerging evidence suggestive of a positive association between nature and mental health.

Early access to mental health support
The Children's Commissioner for England report maps spending across England by local authorities and NHS Clinical Commissioning Groups on low level mental health services (ie. those supporting children who do not require specialist care). It shows wide variation between areas and agencies and suggests that there should be more pressure on local authorities and the NHS to work together to ensure that each area has a joined-up plan to support children who do not require specialist care.

Notification of Pharmacy Applications
Under the requirements of the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 the NHS Commissioning Board must notify the HWB of all relevant applications to provide pharmaceutical services, including the relocation of existing pharmacies. Notification of the following applications has been received:

- Application approved: Consolidation onto the site at 24 Market Place, Wirksworth, Matlock, Derbyshire DE4 4ET of B Payne & Son Ltd already at that site and B Payne & Son Ltd at Hannage Pharmacy, Hannage Way, Wirksworth, Matlock, Derbyshire, DE4 4JG.

4

- Application received: Combined change of ownership and no significant change relocation for Rowlands Pharmacy from Midland Street, Long Eaton, NG10 1NY to Midland Street, Long Eaton, NG10 1RY by Boots UK Ltd.

3. BACKGROUND PAPERS
Pharmaceutical notifications are held electronically on file in the Policy and Research Service.

4. RECOMMENDATION

The Health and Wellbeing Board is asked to:
- Note the information contained in this round-up report.

Simon Stevens
Acting Strategic Director of Adult Care and Public Health Derbyshire County Council

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