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PUBLIC

To: Members of Health and Wellbeing Board

Wednesday, 22 September 2021

Dear Councillor,

Please attend a meeting of the **Health and Wellbeing Board** to be held at **10.00 am** on **Thursday, 30 September 2021** in County Hall, Matlock, DE4 3AG, the agenda for which is set out below.

Yours faithfully,

A handwritten signature in black ink that reads 'Helen E. Barrington'.

Helen Barrington
Director of Legal and Democratic Services

A G E N D A

PART I - NON-EXEMPT ITEMS

1. Agenda
2. Health and Wellbeing Board Agenda (Pages 1 - 2)
3. Apologies for Absence
To receive apologies for absence (if any)
4. Declarations of interest
To receive declarations of interest (if any)

5. Minutes (Pages 3 - 6)

To confirm the non-exempt minutes of the meeting of the Health and Wellbeing Board held on 8 July 2021.

6. Localities Programme (Pages 7 - 10)

7. Homelessness in Derbyshire (Pages 11 - 14)

8. Long Covid

9. Boundary Update Paper / Stakeholder Briefing (Pages 15 - 20)

10. Health & Wellbeing Strategy Update (Pages 21 - 24)

11. Terms of Reference (Pages 25 - 34)

12. Health and Wellbeing Round Up (Pages 35 - 38)

13. Any Other Business

DERBYSHIRE HEALTH AND WELLBEING BOARD

10am-12pm, 30 September 2021

Council Chamber, County Hall, Matlock, DE4 3AG

AGENDA

Time	Time allocated	Items	Presenter
10:00	5 minutes	1. Agenda 2. Apologies for absence 3. Declarations of interest 4. Minutes of the last meeting held on 8 July 2021	Cllr Hart
10:05	20 minutes	5. Localities Programme (Presentation)	Ellie Houlston / Sara Bains
10:25	15 minutes	6. Homelessness in Derbyshire (Report)	Lee Pepper
10:40	15 minutes	7. Long Covid (Presentation)	Dean Wallace
10:55	10 minutes	8. Boundary Update Paper / Stakeholder Briefing (Report)	Chris Clayton
11:05	5 minutes	9. Health & Wellbeing Strategy Update (report)	Dean Wallace
11:10	5 minutes	10. Terms of Reference (Report)	Dean Wallace
11:15	5 minutes	11. Health and Wellbeing Round Up (Report)	Helen Jones
11:20	5 minutes	12. AOB	Cllr Hart

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Agenda Item

MINUTES of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held as a Microsoft Teams Live Event on 08 July 2021.

PRESENT

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

C Clayton	Derby & Derbyshire CCG
M Dooley	Bolsover District Council
C Hart	Derbyshire County Council
H Henderson-Spoors	Healthwatch Derbyshire
L Hickin	Bolsover District Council
N Hoy	Derbyshire County Council
H Jones	Derbyshire County Council
J Patten	North East Derbyshire District Council
T Slater	East Midlands Ambulance Service
D Wallace	Derbyshire County Council

Also in attendance – S Bachelor (Active Derbyshire), and D Peet (Office of the Police and Crime Commissioner).

Apologies for absence were submitted on behalf of I Majid (NHS), C Prowse (Tameside & Glossop CCG), A Smithson (Chesterfield Royal Hospital), and V Taylor (Joined Up Care Derbyshire).

11/21 **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 01 April 2021 be confirmed as a correct record.

12/21 **'UNITING THE MOVEMENT' IN DERBYSHIRE** In January, Sport England launched 'Uniting the Movement'. A 10-year vision to transform lives and communities through sport and physical activity, with a mission to tackle deep-rooted inequalities and unlock the advantage of being active for everyone.

While the pandemic had made it more important than ever to keep being active, it had made it more difficult. In Derbyshire 1 in 4 people were inactive, and with the widening inequality driven by COVID-19, that number was growing. The approach was to get behind Sport England's vision and work out, together, how Derbyshire could play their part and set out a local plan that would create lasting change.

The start of this process had been to consider all the insight and learning from the previous strategy, Towards An Active Derbyshire, together with the

impact of covid. An evidence review had been undertaken and outlined within the report.

Over the Summer period the contributions gained from the engagement sessions would be collated and analysed and form the basis of the strategic direction that would be taken. This would then form the basis of the new Strategy/Plan and prepare the opportunity for 'how' to then deliver the change that was required to embed physical activity in people's lives.

RESOLVED to (1) engage in the 'Joining the Movement' conversation and encourage their organisations and partners to add their voice; and (2) receive a future report on the engagement findings and the draft strategy and how this would be delivered.

13/20 **DERBYSHIRE COUNTY COUNCIL LOCALITIES PROGRAMME UPDATE** The Public Health Locality Programme was made up of eight partnerships across the county that aligned to the district/borough boundaries and contributed to improving health, wellness and reducing health inequalities at a local level. These partnerships were sub-groups of the Health and Wellbeing Board.

The Locality Programme as a whole had recently undergone a review and one of the recommendations was to strengthen the profile and performance management of the programme by establishing regular reporting arrangements to the Health and Wellbeing Board.

The programme facilitated the involvement of local partners through a collaborative approach to identify and address local health issues that impact on public health outcomes related to Housing, Leisure, Health, Children's Services, Physical Activity and Mental Wellbeing. The partnerships worked closely with statutory partners, CVS/Infrastructure organisations, other local VCSE organisations and local communities directly.

It was important to maintain a consistent approach across the county, whilst being mindful of locally identified needs and priorities, varying partnership arrangements and diverse local infrastructure. This was done by maintaining the common principles.

RESOLVED to (1) note the content of the report; (2) agree to receive an initial presentation in September setting out the work of the 8 Health and Wellbeing Partnerships in more detail as a starting point for more regular reporting to the Board; and (3) agree to a discussion about the future potential of the programme as part of the Integrated Care System (ICS) at the September Board.

14/20 **HEALTH AND WELLBEING STRATEGY REFRESH UPDATE**

The Derbyshire 'Our Lives, Our Health' Health and Wellbeing Strategy shaped the work and actions of the Health and Wellbeing Board and wider system actions. The strategy was scheduled to be reviewed in 2023.

At the April Board meeting it had been agreed that a light touch review of the strategy took place to reflect the following:

- a) The impact of COVID-19 on the health and wellbeing of the population, both directly and indirectly;
- b) The launch of the Derbyshire Integrated Care System;
- c) Changes to the Public Health landscape;
- d) The opportunity to work with Derby City Council to align or join up the approach to health and wellbeing;
- e) Opportunities to incorporate emerging themes in the Health White Paper and other strategic documents;
- f) An outcomes-based accountability approach would continue to underpin the Health and Wellbeing Strategy.

A high-level timeline had been proposed within the report.

RESOLVED to (1) note the update on the Derbyshire Health and Wellbeing Strategy and proposals to revise and refresh the document to outline the impact of and recovery from COVID-19 and other system changes over the past 12 months; and (2) agree the indicative timeline in relation to refreshing the Health and Wellbeing Strategy.

15/20 **SECTION 75 UPDATE REPORT** The Health and Wellbeing Board were provided with an update in relation to the Strategic Governance's Boards oversight of the Section 75 Partnership Agreement since the Covid-19 pandemic. An overview of services delivered had been outlined as part of the Section 75 including the 0-19 Public Health Nursing Service as well as the Early Help delivery in Children's Centre's. As well as an overview in relation to the changes to vision and hearing screening, and the impact the COVID-19 pandemic had on the ability to promote these changes. The report sought the support of the Health and Wellbeing Board in relation to communicating the changes for school entry vision and hearing screening across the county.

RESOLVED to note the update in relation to the Strategic Governance's Boards oversight of the Section 75 Partnership Agreement since the start of the Covid-19 pandemic, including the overview of services delivered as part of the Section 75 including the 0-19 Public Health Nursing Service and the Early Help delivery in Children's Centre's; (2) note the changes to vision and hearing screening, and the impact the COVID-19 pandemic has had on the ability to promote these changes; and (3) support the communication of the changes to vision and hearing screening for school age children across the county.

16/20 **IMPACT OF COVID-19** A detailed explanation of the impact of Covid-19 had been given at the last meeting. There was ongoing work being completed and a further report would be brought to the next meeting of the Board in September.

The update would focus on the move into Autumn and Winter and what impact that would have on the public and broadly. It would be discussed how Derby and Derbyshire would react to minimise the impact. As well as try to mitigate the future and the impacts of long Covid.

17/20 **VACCINE HESITANCY REPORT: ATTITUDES TOWARDS THE COVID-19 VACCINE** Whilst the majority of the public had embraced the vaccine, others had been hesitant to get vaccinated. Healthwatch Derbyshire had carried out a piece of work to gain an understanding of why some people were not taking up the offer of the Covid-19 vaccine or were not wanting to do so. The report summarised the findings from an online survey which ran from 18 March 2021 to 25 April 2021. A total of 517 responses were received.

RESOLVED to note the report.

18/20 **HWB ROUND UP** HJ had provided HWB members with a written report containing a round-up of key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda.

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



FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

30 September 2021

Report of The Director of Public Health

Derbyshire County Councils Locality Programme update

1. Purpose

1.1 To raise the profile of the Derbyshire County Council Public Health Locality Programme, describe the Health and Wellbeing Partnerships it supports across the county and highlight the opportunities to build on this place based, community led, population health approach.

2. Information and Analysis

2.1 The Public Health Locality Programme is made up of 8 partnerships across the county that align to the district/borough boundaries and contribute to improving health, wellness and reducing health inequalities at a local level. These partnerships are sub-groups of the Health and Wellbeing Board.

2.2 The Locality Programme as a whole has recently undergone a review and one of the recommendations was to strengthen the profile and performance management of the programme by establishing regular reporting arrangements to the Health and Wellbeing board.

2.3 The programme takes a Thriving Communities approach by facilitating the involvement of local partners and people through a collaborative approach to identify and address local health issues that impact on public health outcomes related to Housing, Leisure, Health, Children's Services, Physical Activity, Mental Wellbeing and more. The partnerships work closely with statutory

partners, CVS/Infrastructure organisations, other local VCSE organisations and local communities directly supporting and complementing the wider work of DCC in the local area.

2.4 It is important to maintain a consistent approach across the county, whilst being mindful of locally identified needs and priorities, varying partnership arrangements and diverse local infrastructure. This is done by maintaining our common principles:

- A) Strong and well-developed Partnership Working at place level
- B) Promoting and supporting Community Led Action
- C) Working together on priorities through sub-group work
- D) Resourcing and financing locally agreed pieces of work
- E) Monitoring and evaluating outcomes.

2.5 The activities of the partnerships vary considerably depending on local need. We are bringing this presentation to the Health and Wellbeing Board giving examples of good practice from around the county, and hearing from partners involved in delivery at a local level.

The presentation outlines:

- 1) The importance of place-based partnership
- 2) The benefits of working in a community led way
- 3) The health and wellbeing benefits for individuals

3. Links to the Health and Wellbeing Strategy

3.1 The Public Health Locality Programme is an approach that involves working locally with partners, communities and people focusing on health and wellbeing. Its priorities are determined by the local Joint Strategic Needs Assessment alongside needs identified by communities themselves. and It therefore plays a key role in the delivery of the Health and Wellbeing Strategy. The 8 Health and Wellbeing Partnerships are sub- groups to the Health and Wellbeing Board and bring together information and understanding of local data with insight from local communities. They span all the communities of Derbyshire.

3.2 The Partnerships also provide the prevention, wider determinants and community resilience element to the Integrated Care System (ICS) Place Alliances, standing alongside them, and in one case (Derbyshire Dales) being fully integrated with them. This will become an increasingly important partnership locally as the ICS develops, given the relative influence of

prevention and wider determinants of health on long term outcomes compared to healthcare.

3.3 The activities of the partnerships vary considerably depending on local need. We are bringing this presentation to the Health and Wellbeing Board giving examples of good practice from around the county, and hearing from partners involved in delivery at a local level.

3.4 Following this presentation we would welcome the opportunity to discuss the content of this programme with the board, its future potential to support delivery of health outcomes at local level, and its role within the Integrated Care System at Place level.

4. Implications

4.1 The Health and Wellbeing Board to receive regular reports on the performance of the Localities Programmes and Partnerships going forward.

5. Recommendation(s)

That the Health and Wellbeing Board:

The Health and Wellbeing Board is asked to:

- a) Following the presentation, discuss the future potential of the programme as part of the Integrated Care System (ICS).
- b) Agree to a regular reporting arrangement for the Localities Programme into the Health and Wellbeing Board.

6. Reasons for Recommendation(s)

6.1 To raise the profile of the Localities programme

Report Author: Sara Bains

Contact details: sara.bains@derbyshire.gov.uk

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DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

30 September 2021

Report of the Director of Public Health

Supporting homeless populations in Derbyshire

1. Purpose

- 1.1 To update the Health and Wellbeing Board on highlighting the cross-system priority in ensuring homelessness is everyone's business.

2. Information and Analysis

- 2.1 The Covid-19 pandemic has given partners in Derbyshire the biggest test of any of our working lives, and the efforts put into protecting the most vulnerable in our communities has been a truly inspiring experience to see.
- 2.2 This paper seeks to highlight to all Health and Wellbeing Board members the very difficult challenges that lay ahead, and the need for continued partnership working and accepting that homelessness is 'everyone's business' as we have done throughout the pandemic.
- 2.3 Since the first lockdown in March 2020 partners across Derbyshire have achieved a great deal together, with housing and health sectors collaborating closely. Projects such as the Mount Cook winter homeless provision set a high bar for what can be achieved by pooling funding and sharing resources. 91 people were housed in the project and everyone benefitted from the many services that came together

over the three months including drug/ alcohol services, NHS GP practices, mental health and dental services, rough sleeper support teams and housing & debt specialists.

2.4 Partners across Derbyshire have jointly funded the Keeping Everyone In Service (KEIS). This specialist team of support workers have been working with some of the most vulnerable individuals across the County for nearly a year now. So far 121 people have benefitted from this service which has primarily supported people to stay in their accommodation rather than falling back on the streets. Combined system-wide efforts have led to a 40% reduction in rough sleeping since the pandemic began.

2.5 The focus now needs to be based around the following questions:

- How do we continue and lock in the strong collaborative partnership work we have been engaged in?
- And how can we elevate this even further in coming months and years to benefit us all?

2.6 The Derbyshire Homelessness Officers Group (DHOG) have started the development of a County-wide Homelessness Strategy. DHOG want this strategy to be ambitious in scope and scale and would welcome support and involvement from Health and Wellbeing Board partners to make sure that this happens. The Derbyshire Health and Housing Systems Group are working on a number of priorities, including the homelessness agenda, and members of DHOG are very appreciative of the support provided.

2.7 Recently, The Kerslake Commission on Homelessness & Rough Sleeping released an interim report on the impact made by the 'Everyone In' Initiative. The report fully acknowledges the effectiveness of collective efforts over the course of the pandemic. Furthermore, it confirms that by treating rough sleeping and homelessness as a public health issue, innovations were made in the treatment of clients.

'The 'preservation of life' principle prompted an increase in innovation and creativity in approach, which was solution focused and facilitated the delivery of person-centred support. Examples were given of key services being delivered on-site or easily reached, swift and accessible assessment processes, and easier and more flexible access to drug treatment prescriptions.' (McCulloch, L, When we work together-learning the lessons, July 2021).

- 2.8 The Kerslake Report encapsulates perfectly what DHOG representatives want to see as a new normal. Homelessness officers, alongside partners, have seen what working together has achieved and there is strong evidence to show that our actions have saved lives and prevented hospital and intensive care admissions. What is now important is an ongoing commitment to keep getting things done together similar to experiences of the last 18 months.
- 2.9 The County-wide strategy, with full engagement from the health sector is a great vehicle to carry forward the gains made over the course of the last 18 months. The primary goal of the strategy is to ensure that there is effective, flexible and innovative support to those with severe complex need and high levels of deprivation. It is well documented that those suffering severe multiple deprivation access and engage with reactive services at the point of crisis.
- 2.10 The recent Changing Futures bid argued for the need to invest in a multi-disciplinary team consisting of substance misuse, adult social care, mental health, GP and clinical psychologist practitioners that would allow for the sort of rapid on the spot decision-making and interventions that we witnessed to some degree during the Mount Cook project. This sort of innovation needs to be at the core of the strategy, as well as the will from multiple sectors to collaborate on funding and fundraising initiatives. Likewise, there needs to be access to accommodation where people can get the right treatment for their complex needs. To this end we are looking at what we'd have to do to have a Derbyshire version of the CQC registered Edwin House project in Nottinghamshire, providing care, nursing and recovery oriented treatment and support for people living with chronic physical, emotional or mental health issues. In addition, this type of accommodation offers reablement support and a consultant-led medically assisted inpatient detox unit.
- 2.11 Homelessness is now increasing in new forms due to the economic downturn caused by the pandemic. Over 14,000 households in Derbyshire have been furloughed and this support ends in October 2021. In addition, significant numbers are still claiming Universal Credit, with the £20 top up also ending at the same time. Courts have been holding extended sessions to deal with the number of possession cases since the end of May 2021. All Derbyshire councils are reporting large increases in the numbers of possession cases from the private rented sector (Assured shorthold tenancies) being received, with some authorities reporting increases of 50% and more in July 2021 compared to June 2021.

3. Background Papers

- The Kerslake Commission Homelessness & Rough sleeping Interim Report: When We Work Together – learning the lessons
<https://www.commissiononroughsleeping.org/>
- Edwin House Nottingham information
<https://www.edwinhouse.org/>

4. Recommendation(s)

The Health and Wellbeing Board is asked to:

- i. Recognise that continued rough sleeping and an increase in homelessness in general will affect services cutting across the health spectrum in the next few years.
- ii. Agrees as a partnership to work collectively on the coming challenges in the same way as we met the challenge of the pandemic.
- iii. Agree to work with Derbyshire Homeless Officers Group collaboratively to develop the county wide strategy in order to develop and commission new services to help those with severe and complex needs.

5. Reasons for Recommendation(s)

- 5.1 Acknowledge the ongoing issue of homelessness and rough sleeping within the county.
- 5.2 Recognise the importance of ongoing partnership and collaborative working in tackling complex issues related to homelessness and rough sleeping and build on the lessons learnt from the past 18 months
- 5.3 Recognise the importance of DHOG in driving forward this work, especially in relation to the county-wide strategy development.

Report Author: Lee Pepper, Housing Options Manager, North East Derbyshire District Council **Contact details:** 07891 125224
lee.pepper@ne-derbyshire.gov.uk

DERBYSHIRE COUNTY COUNCIL
HEALTH AND WELLBEING BOARD
30th September 2021

Report Title	Derbyshire ICS Boundary Update
Author(s)	Helen Dillistone, Executive Director of Corporate Strategy and Delivery, DDCCG
Sponsor (Director)	Chris Clayton, Executive Lead, JUCD
Presented by	Chris Clayton, Executive Lead, JUCD

Paper for:	Decision		Discussion	X	Information	X
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Report Summary

Inform Health and Wellbeing Board of the decision taken to amend the ICS boundary so that Glossop will move from the Greater Manchester ICS into the Derbyshire ICS.

Refer to Appendix 1 for full report.

**Derbyshire ICS Boundary
Update to the Derbyshire Health and Wellbeing Board
30 September 2021****1. National Context**

Earlier this year, the Department of Health and Social Care (DHSC) asked NHS England to set out options for boundary alignment in Integrated Care Systems (ICS) in specific geographies where upper-tier local authorities currently have to work across more than one ICS footprint and to assess the impact of changes to deliver alignment in each case. Over the last 6 months NHS England has worked with stakeholders to develop advice and analysis for each of the affected areas to inform the Secretary of State for Health and Social Care's decision.

This work has now concluded, with advice provided to the Secretary of State for Health and Social Care. A final decision has been taken for the six areas in scope, one of which was Glossop, Derbyshire.

2. Coterminosity

This work has been underpinned by the principle that coterminous boundaries deliver clear benefits in integration between local authorities and NHS organisations. As approaches to integrated care develop it is crucial that systems support closer working both across NHS organisations and between the NHS and local government.

It is envisaged that local authorities, subject to the passage of the Health and Care Bill through parliament, will have a statutory seat on NHS Integrated Care Boards (ICB) and will play a key role in establishing and leading Integrated Care Partnerships (ICP). As such it is important that once established in legislation, ICBs and ICPs have the best opportunities to build strong relationships between NHS and local authority stakeholders.

3. ICS Boundary Review Process

Since the initial request, NHS England asked NHS Derby and Derbyshire CCG to engage with local stakeholders to seek views on the proposal to move Glossop from the Greater Manchester ICS into the Derbyshire ICS boundary. Glossop is geographically already part of Derbyshire, with local authority service provided by Derbyshire County Council and High Peak Borough Council but has been part of the Manchester NHS system via Tameside and Glossop CCG.

The CCG submitted its engagement report to NHSE in June 2021. DHSC has also engaged at ministerial level with parliamentarians as well as national organisations such as NHS Providers and the Local Government Association to ensure their views were reflected in the final advice to the Secretary of State and they had an opportunity to feed into the development of this work.

4. Final Decision Process

The Secretary of State for Health and Social Care's decision process has involved careful consideration of a wide range of issues, perspectives and interests and a careful weighing up of risks and benefits, outlined in the analysis provided by NHS England for each area. These have been considered on a case-by-case basis for each area. Where NHS England has made a recommendation based on broad (not universal) local consensus, including a recommendation to retain the status quo, the Secretary of State has listened and has accepted these recommendations.

Where there was not a broad local consensus within this review, no recommendations were made by NHS England and a balanced judgement was taken by the Secretary of State, weighing up the risks and benefits of a change in boundaries and having regard to his legal duties including his public sector equalities duty.

5. Glossop

The decision has been taken to amend the ICS boundary so that Glossop will move from the Greater Manchester ICS into the Derbyshire ICS.

The Secretary of State has outlined that there was no local consensus in this area and while the historic partnership and strong relationships developed in Tameside and Glossop were noted, the decision was taken based on a consideration that the benefits of coterminous boundaries outweighed the challenges. The benefits of the decision are that alignment enables more opportunities for joined-up working with the local authority and the creation of joined-up plans for prevention and population health to improve provision for local people as well as greater alignment between community, mental health and ambulance service provision which provide a county-wide service.

It is important to stress that this decision will not impact any individual patient's right to choose or use services outside of their ICS, nor do ICS changes mean any local services to patients and residents will change. It will also be important that all parties work together in the region to implement this change in a way that retains the learning and relationships developed as part of Greater Manchester ICS and incorporates all mitigations required to ensure a smooth transition.

NHS England has made an employment commitment for colleagues impacted by the legislative changes.

The HR framework developed by NHS England will also provide guidance on the process to follow for CCGs affected by boundary changes to ensure the appropriate transfer of people in line with this employment commitment. This guidance is designed for leaders and HR colleagues and is due to be published in due course.

6. Next Steps

It is crucial that partners work together on this transition and so there will be a joint transition group involving key leads from across the two systems that coordinate and oversee the following key areas of work.

Appendix 1

- Development of a communications and engagement plan with key stakeholders and with the local patients and public.
- HR implications and potential CCG staff transferring into the Derbyshire system.
- Contracting and commissioning implications to include broader geography and population.
- Incorporation of Glossop into Place/PCN planning/Primary Care development.
- Financial impacts of the above.
- Incorporation of this proposal into the overall Derbyshire ICS Transition planning.

ICS Boundary - Glossop

National context

Earlier this year, the Department of Health and Social Care (DHSC) asked NHS England to set out options for boundary alignment in Integrated Care Systems (ICS) in specific geographies where upper-tier local authorities currently have to work across more than one ICS footprint and to assess the impact of changes to deliver alignment in each case. Over the last 6 months NHS England has worked with stakeholders to develop advice and analysis for each of the affected areas to inform the Secretary of State for Health and Social Care's decision.

This work has now concluded, with advice provided to the Secretary of State for Health and Social care. A final decision has been taken for the six areas in scope, one of which was Glossop, Derbyshire.

Coterminosity

This work has been underpinned by the principle that coterminous boundaries deliver clear benefits in integration between local authorities and NHS organisations. As approaches to integrated care develop it is crucial that systems support closer working both across NHS organisations and between the NHS and local government.

It is envisaged that local authorities, subject to the passage of the Health and Care Bill through parliament, will have a statutory seat on NHS Integrated Care Boards (ICB) and will play a key role in establishing and leading Integrated Care Partnerships (ICP). As such it is important that once established in legislation, ICBs and ICPs have the best opportunities to build strong relationships between NHS and local authority stakeholders.

ICS boundary review process

Since the initial request, NHS England asked NHS Derby and Derbyshire CCG to engage with local stakeholders to seek views on the proposal to move Glossop from the Greater Manchester ICS into the Derbyshire ICS boundary. Glossop is geographically already part of Derbyshire, with local authority service provided by Derbyshire County Council and High Peak Borough Council but has been part of the Manchester NHS system via Tameside and Glossop CCG.

The CCG submitted its engagement report to NHSE in June 2021. DHSC has also engaged at ministerial level with parliamentarians as well as national organisations such as NHS Providers and the Local Government Association to ensure their views were reflected in the final advice to the Secretary of State and they had an opportunity to feed into the development of this work.

Final Decision Process

The Secretary of State for Health and Social Care's decision process has involved careful consideration of a wide range of issues, perspectives and interests and a careful weighing up of risks and benefits, outlined in the analysis provided by NHS England for each area. These have been considered on a case-by-case basis for each area. Where NHS England has made a recommendation based on broad (not universal) local consensus, including a recommendation to retain the status quo, the Secretary of State has listened and has accepted these recommendations. Where there was not a broad local consensus within this review, no recommendations were made by NHS England and a balanced judgement was taken by the Secretary of State, weighing up the risks and benefits of a change in boundaries and having regard to his legal duties including his public sector equalities duty.

Glossop

The decision has been taken to amend the ICS boundary so that Glossop will move from the Greater Manchester ICS into the Derbyshire ICS.

The Secretary of State has outlined that there was no local consensus in this area and while the historic partnership and strong relationships developed in Tameside and Glossop were noted, the decision was taken based on a consideration that the benefits of coterminous boundaries outweighed the challenges. The benefits of the decision are that alignment enables more opportunities for joined-up working with the local authority and the creation of joined-up plans for prevention and population health to improve provision for local people as well as greater alignment between community, mental health and ambulance service provision which provide a county-wide service.

It is important to stress that this decision will not impact any individual patient's right to choose or use services outside of their ICS, nor do ICS changes mean any local services to patients and residents will change. It will also be important that all parties work together in the region to implement this change in a way that retains the learning and relationships developed as part of Greater Manchester ICS and incorporates all mitigations required to ensure a smooth transition.

NHS England has made an employment commitment for colleagues impacted by the legislative changes. The HR framework developed by NHS England will also provide guidance on the process to follow for CCGs affected by boundary changes to ensure the appropriate transfer of people in line with this employment commitment. This guidance is designed for leaders and HR colleagues and is due to be published in due course.

Comment

Dr Chris Clayton, Executive Lead for Joined Up Care Derbyshire, said:

"We welcome that the Secretary of State has taken a decision on this matter. One of the key lessons of the Covid-19 pandemic is the need to join up care across the NHS, local government, voluntary and community organisations right across the country. The Secretary of State's decision brings much needed certainty and clarity for systems, allowing them to get on with delivering for patients, their families and the public.

"I would like to reassure the public and our colleagues that work in health and care services in Glossop that this will not affect their use and access to key services, such as those in our specialist hospitals, but will allow us over time to develop more integrated care services between the NHS, Local Authority and other partners."

Joined Up Care
Derbyshire





FOR PUBLICATION

**DERBYSHIRE COUNTY COUNCIL
HEALTH AND WELLBEING BOARD**

30 September 2021

Report of the Director of Public Health

Update on the refresh of the Health and Wellbeing Strategy

1. Purpose

- 1.1 To update the Health and Wellbeing Board on the development of the refreshed Health and Wellbeing Board strategy and next steps.

2. Information and Analysis

Strategic approach

- 2.1 The refresh of the Health and Wellbeing Strategy (HWBS) is now underway with work in the background to review and link in the evidence which was shared at the 1 April Health and Wellbeing Board on the impact of Covid-19 locally and nationally.
- 2.2 In addition, the strategy is also being updated to reflect the emerging Integrated Care System structures and priorities. It is clear that the HWBS continue to focus on priorities related to primary prevention and the wider determinants of health, whilst the Integrated Care System will focus on secondary and tertiary prevention.
- 2.3 The [King's Fund report](#) have highlighted the unique power of place and the value of:
- collaborating at different levels in the system;

- building up from places and neighbourhoods;
- providing leadership across the system;
- focusing on functions that are best performed at scale.

Next steps

- 2.4 Building on this evidence base, meetings and ongoing collaboration is taking place across the Derby City and Derbyshire Health and Wellbeing Board footprints to align priority areas, where it makes sense to do so to ensure an aligned delivery approach.
- 2.5 An approach is in development whereby there will be a small number of high-level shared outcomes which are shared across both Boards. These will be supplemented by place-based delivery plans at either a city/ county or locality level. These shared outcomes will then be supported by place specific priorities and activity reflecting the demography and health and wellbeing needs of each area.
- 2.6 Ongoing engagement with district and boroughs via locality health partnerships and Place Alliances will further develop the link across to district, boroughs and city at a neighbourhood level. This element will be especially important in the county where the more complex geography results in this being a critical element to understanding differing level of health need and varying population health outcome priorities.
- 2.7 In addition to the refresh of the Health and Wellbeing Strategy a short ICS system wide shared document between HWBs that summarises this approach.

Derbyshire Health and Wellbeing Strategy refresh

- 2.8 In addition to incorporating evidence demonstrating the impact of the pandemic locally, the wider evidence base will be refreshed and updated to reflect the health and wellbeing status of communities and individuals across Derbyshire mid-way through the five-year strategy period. Partners are encouraged to share any key documentation which can be incorporated. A survey will also be circulated shortly after the Board meeting to capture feedback and comments from partners.
- 2.8 The Health and Wellbeing Strategy 2018 outlined five priority areas on which the Health and Wellbeing Board has focused activity, and it is proposed that these remain. Views will be ascertained on whether COVID response and recovery should be added as a stand alone priority or blended across the five priority areas. The Strategy will continue to highlight particular areas and population subgroups that

have been identified as opportunities for focused work to improve the health and wellbeing of the population of Derbyshire against the priority areas.

- 2.9 Throughout the autumn, the strategy will be finalised to incorporate the current changing policy context in relation to emerging ICS structures and other national developments, such as development of the UK Health Security Agency, the Office for Health Promotion and wider reforms associated with the White Paper. A draft strategy will be presented to the January meeting.

3 Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the progress on the refresh of the Health and Wellbeing Strategy for Derbyshire

4 Reasons for Recommendation(s)

- 4.1 To ensure that the Health and Wellbeing Board is aware of the latest actions in relation to the development of the Health and Wellbeing Strategy.

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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

30 September 2021

Report of the Director of Public Health

Updated Health and Wellbeing Board Terms of Reference

1. Purpose

- 1.1 To confirm approval of the revised terms of reference for the Derbyshire Health and Wellbeing Board.

2. Information and Analysis

- 2.1 The terms of reference for the Health and Wellbeing Board have been updated to reflect recent changes in job titles and Cabinet member titles at the County Council.
- 2.2 The governance chart has been reviewed and updated to align with the latest Joined Up Care Derbyshire arrangements and position the Joint Strategi Needs Assessment as a shared evidence base that informs work across the range of groups and organisations represented in the governance chart.
- 2.3 The terms of reference will need to be regularly reviewed as the development of the Integrated Care Partnership takes place over the next six months. It is therefore proposed that the terms of reference are reviewed again in Spring 2022 to reflect these emerging arrangements.
- 2.4 A report will be presented to Full Council to ask them to note the new terms of reference and ensure the council constitution is updated accordingly.

3 Alternative Options Considered

- 3.1 No alternative options have been considered as this is an update to the terms of reference for the Health and Wellbeing Board

4 Consultation

- 4.1 If any other board members wishes to make changes to the terms of reference please can you provide feedback to ellen.langton@derbyshire.gov.uk by 14 October 2021.

5 Appendices

- 7.1 Appendix 1 – Revised Health and Wellbeing Board Terms of Reference.

6 Recommendation(s)

That the Health and Wellbeing Board:

- a) Approve the revised terms of reference.
- b) Provide any further feedback by 14 October 2021.
- c) Agree a final version is presented to Full Council in due course.

7 Reasons for Recommendation(s)

- 9.1 The revised terms of reference reflect changes to the high level governance structure and member of the Board in recent months. Approving the refreshed terms of reference ensure that the information contained within the document is accurate and enables the Board to continue to function in line with local and national decision-making structures.

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Appendix 1**Derbyshire Health and Wellbeing Board (HWB) - Terms of Reference and core strategic functions of the Derbyshire HWB**

The Health and Wellbeing Board provides strategic leadership and direction for the health and wellbeing agenda in Derbyshire by:

- Determining and outlining priorities for improving the health and wellbeing of the population of Derbyshire, with a particular focus on tackling health inequalities and preventing ill-health through consideration of issues linked to the wider determinants of health.
- Holding organisations and partners to account for delivering against the priorities outlined in the Health and Wellbeing Strategy.
- Working as part of the wider system to address strategic challenges for health and care, with a particular focus where appropriate of working collaboratively with Derby City Health and Wellbeing Board in relation to identified joint priorities.
- Exploring opportunities to improve health and wellbeing in Derbyshire, building on the shared assets and leveraging additional investment where possible from the public, voluntary and private sectors.
- Championing prevention and population health as important strategic issues and influencing organisations and partnerships to reflect this in their work.

The strategic function will be supported by the following actions:

Identifying and developing a shared understanding of the needs and priorities for population health and wellbeing in Derbyshire through the development of a Joint Strategic Needs Assessment (JSNA) and utilising other locally available evidence regarding the health needs of the population. The Board will:

- Ensure the Derbyshire JSNA is reviewed, refreshed and further developed to reflect the latest qualitative and quantitative evidence.
- Ensure the JSNA drives the development of a Health and Wellbeing Strategy (HWBS) which is outcomes focused.
- Prepare, publish and oversee the HWBS to ensure that the needs identified in the JSNA are delivered in a planned, coordinated and measured way.
- Ensure the HWBS priorities shape and influence decision making and commissioning activity and where appropriate the HWB hold organisations or partnership groups to account to ensure the effective delivery of the priorities outlined.

- Ensure that where appropriate system wide delivery plans are in place to support the HWBS strategic priorities and outcomes.
- Challenge performance against the outcomes outlined in the HWBS via the HWB dashboard indicators which make links to performance frameworks for the NHS, public health and local authorities.
- Develop mechanisms to measure, monitor and report improvements in health and wellbeing outcomes for Derbyshire.

Ensure there are effective and appropriate mechanisms to communicate, engage and involve local people and stakeholders in Derbyshire in relation to health and wellbeing. The Board will:

- Champion public engagement involvement and co-production in strategies and documents that impact on population health.
- Ensure that appropriate structures and arrangements are in place to ensure the effective engagement and influence of local people and stakeholders in decision-making.
- Represent Derbyshire in relation to health and wellbeing issues at a regional and national level where appropriate.
- Work closely with the Derbyshire Healthwatch to ensure that appropriate engagement and involvement with patients and service users.

Membership

The HWB will involve NHS Provider organisations and have a CCG vice chair in line with national best practice guidance. The Cabinet member for Health and Communities, Derbyshire County Council will Chair the Board and Vice Chairs are indicated in the membership list below should the Chair be unable to attend a meeting.

The full HWB membership will comprise:

- Cabinet Member for Health and Communities (Chair) (Statutory)
- Accountable Officer for Derby and Derbyshire Clinical Commissioning Group (Statutory) (Vice chair)
- CCG Governing Body Chair representative (Statutory)
- Executive Director Adult Social Care and Health, Derbyshire County Council (Statutory)
- Executive Director Children's Services, Derbyshire County Council (Statutory)
- Director of Public Health, Derbyshire County Council (Statutory)
- One representative from Healthwatch Derbyshire (Statutory)
- Cabinet Member for Adult Social Care
- Cabinet Member for Children's Services and Safeguarding
- Chair of 3D to represent the voluntary sector

- One officer rep from Provider Alliance Group to represent officers from Derbyshire NHS Providers
- Chair of Clinical Professional Reference Group to provide clinical view from NHS Providers
- Two District Council elected members on behalf of all district councils in Derbyshire
- A District Council Chief Executive to champion wellbeing on behalf of all district councils in Derbyshire
- A District Council Chief Executive to champion housing on behalf of all district councils in Derbyshire
- Police and Crime Commissioner for Derbyshire
- One senior officer representative from Derbyshire Constabulary
- One senior officer representative from Derbyshire Fire and Rescue Service
- One senior officer from East Midlands Ambulance Service NHS Trust
- Joined Up Care Derbyshire Senior Responsible Officer (if not already represented on the Board)

The Board can co-opt additional members as it considers appropriate in relation to HWBS priorities.

Both NHS England, Public Health England, or the new Public Health national bodies of the UK Health Security Agency, or Office of Health Improvement can attend the Board meetings as required, but in relation to a specific issues or area of interest.

Specific officers may be asked to attend one or a series of HWB meetings to provide detailed insight and input to particular topics or issues, such as one of the HWB priorities.

Governance

Agenda Planning

The Chair and Vice Chairs in conjunction with the Director of Public Health will set the agenda for future Health and Wellbeing Boards. All Board members will be asked to put forward reports for consideration prior to agendas being finalised.

Reporting

Reports tabled to the HWB will need to make a clear recommendation to the Health and Wellbeing Board and also demonstrate how they are delivering against HWBS priorities. Reports for information and noting will be circulated electronically to the Board between meetings to ensure that information is shared in a timely manner.

Delivery of pieces of work

Work will be delivered by established system groups and HWB will direct and commission specific pieces of work via Board members who will need to action, coordinate and feedback to the Board within agreed timescales.

Task and Finish Groups

Task and Finish Groups will be established by exception to take forward key pieces of work for the HWB. They will include representatives from HWB partners and wider stakeholders and be chaired by a HWB member where necessary

Relationship with other Boards

The governance diagram at the end of this document sets out the relationship between the HWB and other key Boards and programmes of work in Derbyshire.

Meetings of the Board

Frequency

The HWB will meet on quarterly basis.

The date, time and venue of meetings will be fixed in advance by the Board and an annual schedule of meetings will be agreed.

Meetings will normally take place at County Hall, Matlock unless the Health and Wellbeing Board is required to visit another venue or participate in a joint session with Derby City Health and Wellbeing Board. A request for hybrid meetings, using a platform such as Microsoft Teams, will be accommodated where possible. However, as the Board is a statutory committee of the council it is normally required to meet in person.

Additional meetings may be convened at the request of the Chair or Vice Chair.

Voting

At this stage of its development the HWB will operate on a consensus basis.

Declaration of Interests

Any interests held by members or co-opted members should be declared on any item of business at meeting in accordance with the Council's Code of Conduct for Members and the Localism Act 2011.

Quorum

A quorum of five will apply for meetings of the HWB including at least one representative from the County Council and one representative of the CCGs.

Access to Information/Freedom of information

The Board shall be regarded as a County Council committee for access to information purposes and meetings will normally be open to the press/public.

Public questions

Public questions must be tabled in advance and in line with the procedures for Full Council and will be considered at the Chair's discretion to ensure they are relevant to the work of the Health and Wellbeing Board. Questions must be asked exactly as submitted, and no supplementary questions are allowed.

Board papers

The agenda and supporting papers shall be circulated at least five clear working days in advance meetings and published on the County Council website.

Minutes will be published on the County Council web site.

Scrutiny

Decisions of the HWB will be subject to scrutiny, but will not be subject to the "call-in powers" of the Improvement and Scrutiny Committee.

Review

These terms of reference will be reviewed annually or earlier if required.

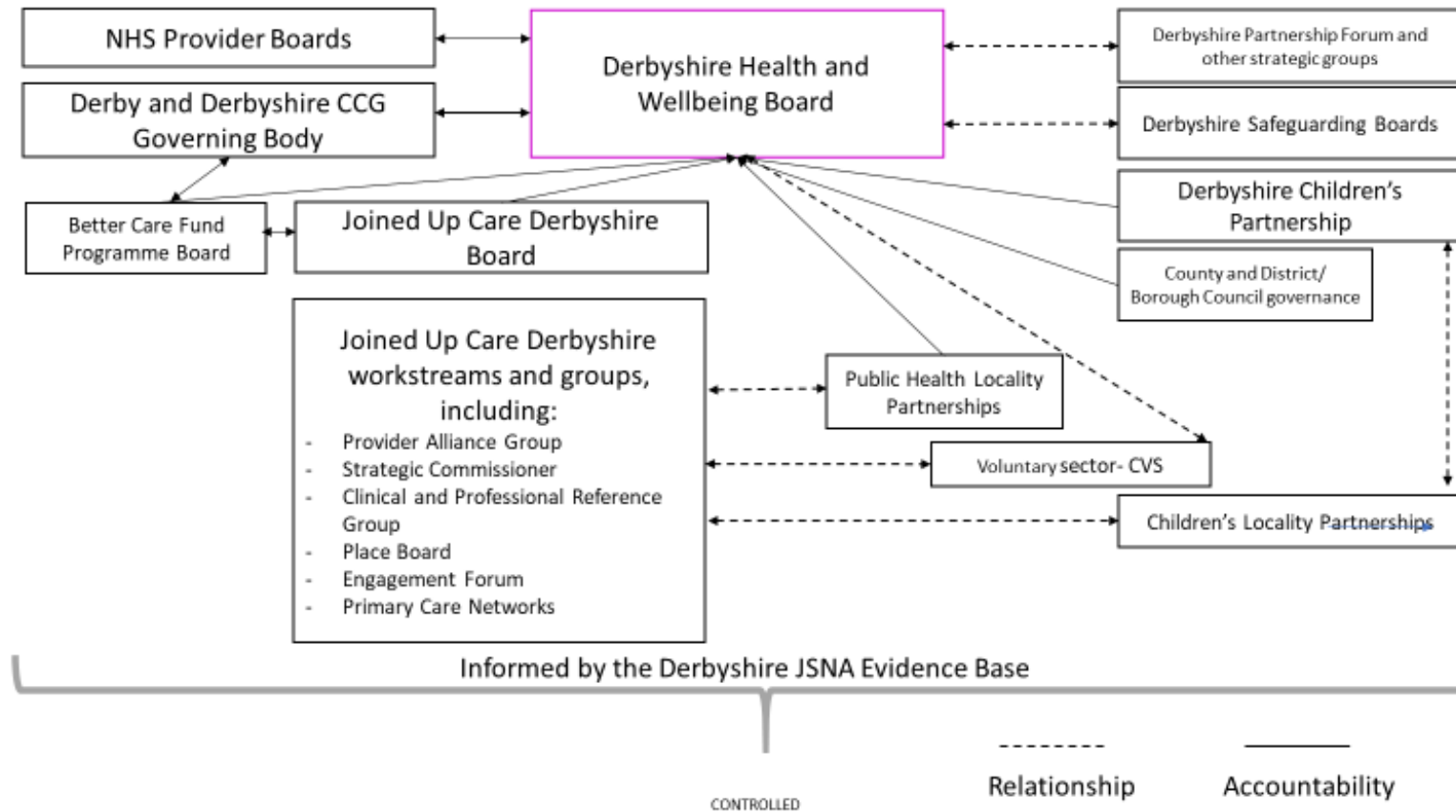
Last Review

September 2021

Next Review

March 2021

Derbyshire Health and Wellbeing Board Governance Structure



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FOR PUBLICATION

DERBYSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD

30 September 2021

**Report of the Executive Director for Adult Social Care and Health
Derbyshire County Council**

HEALTH AND WELLBEING ROUND UP REPORT

1. Purpose

- 1.1 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

2.1 Health and Care Bill

The [Health and Care Bill](#) builds on the proposals for legislative change set out by NHS England in its long-term plan, while aiming to incorporate lessons learnt from the pandemic that will benefit both staff and patients. The Bill will ensure each part of England has an Integrated Care Board and an Integrated Care Partnership responsible for bringing together local NHS and local government, such as social care, mental health services and public health advice, to deliver joined-up care for its local population.

2.2 A perfect storm – health inequalities and the impact of COVID-19

This [LGA briefing](#) examines both the impact of COVID-19 on inequalities and the impact of the wider pandemic restrictions on inequality.

2.3 Cabinet Office Disability Unit

This [National Disability Strategy](#) sets out the government's vision to improve the everyday lives of disabled people, aiming to ensure that disability is not a barrier to people living full, independent lives where they can reach their full

potential. The strategy has been developed with the input of more than 14,000 disabled people, as well as disability organisations, businesses, policy experts and many others.

2.4 The Kerslake Commission on Homelessness and Rough Sleeping

[This report](#) calls on the Government to learn from the success of the Covid-19 response and continue the increased investment in homelessness services to avoid a post-pandemic surge in rough sleeping. In total the report makes 22 recommendations around:

- increased funding for homeless services
- changes to the welfare system
- partnership working across agencies involved in supporting those rough sleeping or at risk of homelessness
- the increased involvement of health services in solutions for people experiencing homelessness
- a tailored approach for women, young people and those with no recourse to public funds.

2.5 ADASS annual budget survey

The eighth annual Association of Directors of Adult Social Care (ADASS) [survey](#) found that responding to the pandemic had exacerbated the difficult situation in social care. Around 250,000 people in England have been left on adult social care waiting lists for up to six months. Almost 75,000 are waiting for an initial assessment of care needs and 159,000 people receiving care are facing significant delays in their annual review.

Social services departments are expected to make savings of £600m – 3.7 per cent of their budget through efficiencies, doing more for less, or developing asset-based approaches in which people are supported by communities despite overall inadequate funding.

Only one in five directors was fully confident of managing the planned savings or meeting statutory duties. The concern was not just supporting older people, directors were equally or more worried about being able to help working-age adults with social care needs.

2.6 Independent Review of Drug Prevention

This [Independent Review](#) of Drug Prevention, Treatment and Recovery Services led by Dame Carol Black was commissioned by the Government. The review found service cuts and demoralised support workers. Extra investment of over £552 million per year over five years is needed to reverse the decline. This should include more support for specialist services for young people, hospital detox treatments and rehabilitation programmes to divert drug users from the court system. This would be a cost-effective investment to prevent having to fund costly social problems. One recommendation of

creating a cross-government unit to address drug misuse has already been agreed.

2.7 Tackling obesity: the role of the NHS

This [Kings Fund briefing](#) points to the 'strong systematic' relationship between obesity and deprivation, with rates higher in women than men and in some ethnic minority groups. Government approaches to tackling obesity have been fragmented, and there is more the NHS can and should be doing to tackle obesity. This includes local insights to target services at communities with the greatest needs, training its workforce to offer advice about diet and nutrition, incentivising referrals to specialist diet programmes and more intensive clinical interventions like weight-loss surgery. All these should take place as part of a whole-system approach, with an important, as yet underdeveloped role for ICSs and place-based partnerships.

3. 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 application has been received:

Change of location: Please note that with effect from 6th September 2021 the pharmacy at Unit L, The Dales, West Hallam, Ilkeston, DE7 6GR run by Knotfree Ltd has relocated to Units N & O, The Dales, West Hallam, Ilkeston, DE7 6JA and is now operated by Daleacre Healthcare Limited.

4. Background papers

Pharmaceutical notifications are held electronically on file in the Public Health Service.

5. Recommendation(s)

That the Health and Wellbeing Board:

- a) Note the information contained in this round-up report

6. Reasons for Recommendation(s)

9.1 To provide the Health and Wellbeing Board with a summary of the latest policy information to enable the development of the work plan for the board.

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