

**MINUTES** of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held on 30 September 2021 at County Hall, Matlock, DE4 3AG.

**PRESENT**

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

|            |                                            |
|------------|--------------------------------------------|
| H Bowen    | Chesterfield Borough Council               |
| T Campbell | Derbyshire Health United HealthCare        |
| C Clayton  | Derby & Derbyshire CCG                     |
| I Fleming  | Derbyshire County Council                  |
| N Hoy      | Derbyshire County Council                  |
| H Jones    | Derbyshire County Council                  |
| J Patten   | North East Derbyshire District Council     |
| S Scott    | Erewash CVS                                |
| A Smithson | Chesterfield Royal Hospital                |
| D Wallace  | Derbyshire County Council                  |
| C Wright   | Derbyshire Healthcare NHS Foundation Trust |

Also in attendance – E Houlston (Derbyshire County Council), and L Pepper (North East Derbyshire District Council).

Apologies for absence were submitted on behalf of S Bateman (Derbyshire Health United HealthCare), A Foster (Police and Crime Commissioner), C Prowse (NHS Tameside And Glossop CCG), J Simmons (Healthwatch Derbyshire), and T Slater (East Midlands Ambulance Service).

**19/21** **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 08 July 2021 be confirmed as a correct record.

**20/21** **LOCALITIES PROGRAMME** The Public Health Locality Programme was made up of 8 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 took 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 impacted on public health outcomes related to Housing, Leisure, Health, Children's Services, Physical Activity, Mental Wellbeing and more. The partnerships worked 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.

The activities of the partnerships varied considerably depending on local need. The presentation had been shared to the Health and Wellbeing Board to give examples of good practice from around the county, and hear from partners involved in delivery at a local level.

**RESOLVED** to (1) follow the presentation, discuss the future potential of the programme as part of the Integrated Care System (ICS); and (2) agree to a regular reporting arrangement for the Localities Programme into the Health and Wellbeing Board.

**21/20**      **HOMELESSNESS IN DERBYSHIRE**      The Covid-19 pandemic had given partners in Derbyshire the biggest test, and the efforts put into protecting the most vulnerable in our communities had been a good example of partnership working.

The paper sought to highlight to all Health and Wellbeing Board members the very difficult challenges that laid ahead, and the need for continued partnership working and accepting that homelessness was 'everyone's business' as had been done throughout the pandemic.

Since the first lockdown in March 2020 partners across Derbyshire had 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 could 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.

**RESOLVED** to (1) recognise that continued rough sleeping and an increase in homelessness in general would affect services cutting across the health spectrum in the next few years; (2) agree as a partnership to work collectively on the coming challenges in the same way as we met the challenge of the pandemic; and (3) agree to work with Derbyshire Homelessness 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.

**22/20**      **LONG COVID**      A presentation had been shared to give details on Long Covid. The slides showed a summary of latest available

evidence. The studies were using data from different populations. Although, it had been noted that real world evidence may reflect different causes of the disease with different groups presenting with different symptoms.

The presentation outlined the symptoms of Long Covid, the time period individuals were impacted by Long Covid as well as the demographic of those impacted. People aged under 70 were more commonly and more adversely affected. The Office for National Statistics (ONS) suggested that prevalence of self-reported long COVID was greatest in people aged 35- 69 years.

There was no clinical definition on a clear treatment pathway due to the evolving evidence base. Support included:

- Treatment of symptoms
- Rehab support
- Mental health support
- Self-management

It had been clear that bespoke community based support was critical to people living well with long COVID and there were now issues such as the impact on workforce productivity, as well as the gap in healthy life expectancy being considered to consider wider Public Health impact.

## **23/20      BOUNDARY UPDATE PAPER / STAKEHOLDER BRIEFING**

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

It was crucial that partners worked together on this transition and so there would be a joint transition group involving key leads from across the two systems that coordinated and oversaw the key areas of work.

**24/20      HEALTH & WELLBEING STRATEGY UPDATE**      The refresh of the Health and Wellbeing Strategy (HWBS) was 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.

In addition, the strategy was also being updated to reflect the emerging Integrated Care System structures and priorities. It had been clear that the HWBS continued to focus on priorities related to primary prevention and the wider determinants of health, whilst the Integrated Care System would focus on secondary and tertiary prevention.

In addition to incorporating evidence demonstrating the impact of the pandemic locally, the wider evidence base would 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 were encouraged to share any key documentation which could be incorporated. A survey would also be circulated after the Board meeting to capture feedback and comments from partners.

The Health and Wellbeing Strategy 2018 outlined five priority areas on which the Health and Wellbeing Board had focused activity, and it had been proposed that these remained. Views would 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 would continue to highlight particular areas and population subgroups that had been identified as opportunities for focused work to improve the health and wellbeing of the population of Derbyshire against the priority areas.

Throughout the autumn, the strategy would 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 would be presented to the January meeting.

**RESOLVED** to note the progress on the refresh of the Health and Wellbeing Strategy for Derbyshire

**25/20**      **TERMS OF REFERENCE**      The terms of reference for the Health and Wellbeing Board had been updated to reflect recent changes in job titles and Cabinet member titles at the County Council.

The governance chart had been reviewed and updated to align with the latest Joined Up Care Derbyshire arrangements and position the Joint Strategic Needs Assessment as a shared evidence base that informed work across the range of groups and organisations represented in the governance chart.

The terms of reference would need to be regularly reviewed as the development of the Integrated Care Partnership took place over the next six

months. It was therefore proposed that the terms of reference were reviewed again in Spring 2022 to reflect these emerging arrangements.

A report would be presented to Full Council to ask them to note the new terms of reference and ensure the council constitution was updated accordingly.

**RESOLVED** to (1) approve the revised terms of reference; (2) provide any further feedback by 14 October 2021; and (3) agree a final version was presented to Full Council in due course.

**26/20**      **HEALTH AND WELLBEING 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.