**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 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.

**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 <u>SECTION 75 HEALTH VISITING AND SCHOOL NURSING</u> 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 <u>HEALTHWATCH – MYSTERY SHOP EXERCISE COMPLETED</u>
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.

## 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:

- 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 29<sup>th</sup> 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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