

**MINUTES** of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held at County Hall, Matlock on 03 October 2019.

**PRESENT**

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

L Allison	3D (Third Sector Support Derbyshire)
H Bowen	Chesterfield Borough Council
A Dale	Derbyshire County Council
D Gardener	DD CCG
T Hendra	Tameside & Glossop CCG
H Jones	Derbyshire County Council
J Parfremment	Derbyshire County Council
J Simmons	Healthwatch Derbyshire
T Slater	EMAs
B Smith	DD CCG
A Smithson	Chesterfield Royal Hospital
D Wallace	Derbyshire County Council
P Williams	Derbyshire County Council

Also in attendance – A Howlett (Derbyshire County Council), H Johnson (Derbyshire County Council), I Little (Derbyshire County Council), S Mahil (Joined Up Care Derbyshire), C Walker (Derbyshire County Council), and P Williams (Derbyshire County Council).

Apologies for absence were submitted on behalf of Councillor J Wharmby, and C Clayton (DD CCGs), H Dillistone (DD CCGs), M Dooley (Bolsover District Council), G Strachan (DD CCGs), and D Swaine (Bolsover and North East Derbyshire District Council).

**33/19** **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 11 July 2019 be confirmed as a correct record.

**34/19** **JOINED UP CARE DERBYSHIRE STP REFRESH** SM gave a presentation to the Board to discuss Joined Up Care Derbyshire's 5 Year Strategy Delivery Plan for 2019/20 to 2023/24.

Every Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) was required to develop five-year Long Term Plan implementation plans, covering the period to 2023/24 by Autumn 2019. The report was to form the response for implementing the commitments set out in the NHS Long Term Plan with 2019/20 as the transitional year.

The plan would be outcome driven so that the citizens of Derbyshire had the best start in life, stayed well, aged well and died well. The refresh was to be informed and developed through strong engagement with people, patients, staff and wider stakeholders – this would drive the approach.

It was recognised that the 5 year plan was a requirement to demonstrate how the NHS Long Term plan would be implemented. A whole population approach would be taken to ensure that this was done with Local Authority partners. The focus would be on people not patients.

There were many health related problems that were due to increase over time as the average life expectancy increased. Because of this the levels of care and services provided needed to adapt.

There were challenges with being able to understand the financial implications of schemes. As well as getting the continued opportunity to transform and improve care, whilst at the same time making the system more efficient and then securing sufficient capital funds to support system ambitions.

Engagement with the Plan took place between April and September 2019 and ensured that a wide range of stakeholders, including staff, patients, their carer's and members of the public had the opportunity to help shape the plan. All work streams utilised either established engagement mechanisms, open meetings and/or confirm and challenge sessions with their stakeholders to test out thinking and priorities.

The aim was to be an Integrated Care System which was built around care close to home, where hospital beds were only used when someone could not be cared for safely in their own environment.

**RESOLVED** to note the presentation.

**35/19      SUPPORT, SERVICES AND PROVISION FOR CHILDREN AND YOUNG PEOPLE WITH HIGH NEEDS IN DERBYSHIRE**      PW and AH gave a presentation and presented a report to discuss the support, services and provision for children and young people with high needs in Derbyshire.

The Children and Families Act 2014 introduced changes for Local Authorities and their partners with regard to how children and young people with special educational needs and disabilities were assessed and supported. Derbyshire actively responded to the requirements specified in the Act with developments overseen by the Local Area SEND Strategic Board.

In November 2016 Derbyshire had its Joint Local Area SEND Inspection undertaken by Ofsted and CQC (Care Quality Commission). The inspection report had noted many strengths. The document had also highlighted a number

of areas for development which had been captured in the SEND Strategic Plan, with actions taken forward and progress monitored.

In 2017 the DfE allocated funding to Local Authorities to carry out a strategic review of high needs provision. The funding could also be used to help implement the outcomes of the review with Local authorities expected to publish the outcomes of the reviews in the form of strategic plans. The Council had already undertaken elements of development in this area.

This presented an excellent opportunity for the Council to create the capacity to undertake a comprehensive review of High Needs Provision in the local area, building on this work, and to make recommendations to further inform the Local Area Strategic Plan. This was timely, with the review to be undertaken two years on from the Local Area inspection.

Given the scale and scope of the project, it was considered that there were not sufficient resources in-house to deliver this review thoroughly. Through a robust tendering process the ISOS partnership were secured to facilitate the Strategic Review.

The report confirmed that several of the principles that had shaped the initiatives and had been introduced through the current SEND strategy echo those recognised to support effective practices seen by ISOS in other local areas through their national research. However, during the review, some concerns were expressed about the core systems and processes for accessing support.

There were six themes that were identified through the review with recommendations and actions which would be taken forward by the SEND Strategic Board to inform a refreshed SEND Strategy and a revised SEND Strategic Plan.

**RESOLVED** to endorse the outcomes and recommendations of the Special Educational Needs Strategic High Needs Review undertaken between September 2018 and May 2019.

**36/19**      **FUTURE IN MIND**      DG from the Derby and Derbyshire CCGs gave a presentation on the Future in Mind November 2019 Refresh. This was now the 5<sup>th</sup> and final year of the 5 year plan and the refresh was to be posted on the CCG website on 31 October 2019.

So far this year the CCG had targeted early intervention, digital interventions, and provided educational support. This had included Links to NHS Long Term Plan's call for NHS to continue to 'commission, partner with and champion local charities, social enterprises and community interest companies'. As well as a plan to develop models of early intervention on mild

to moderate mental health and emotional wellbeing issues, such as anxiety, behavioural difficulties or friendship issues, along with providing help to staff within a school and college setting.

Plans for the following year included aspirations to move to a 24/7 community focused service in urgent care by 2020/21. Children and young people experiencing a mental health crisis would be able to access the support they needed. Expanding timely, age-appropriate crisis services would improve the experience of children and young people and reduce pressures on accident and emergency (A&E) departments, paediatric wards and ambulance services.

The Eating Disorder services were keen to establish new elements including an intensive home based family offer for particular children, as well as the development of a 24/7 offer- furthermore, further planning should happen with adult commissioners regarding the 18-25 cohort to ensure they can access provision in line with current standards.

Looked after children were another priority as the looked after children's service was currently out to tender.

The aim with the Children and Young People's Mental health and Wellbeing Forum was to develop a CYPMHWF where the views of CYP, from a diverse range of backgrounds, could be strongly heard in commissioning decisions.

**RESOLVED** to note the presentation.

**37/19**      **TOBACCO CONTROL IN DERBYSHIRE**      Tobacco  
remained the single-most harmful legal substance to health. It was the leading cause of preventable deaths in Derbyshire, and was a major cause of ill health. Approximately 1 million cigarettes were smoked each and every day in Derbyshire, and tobacco use was responsible for 6 deaths a day in the County.

Smoking rates had declined in Derbyshire over recent years, and if the current trend continued then prevalence was likely to fall below 10% by 2024.

There was an extensive programme of work in place across the county to reduce the harm caused by tobacco use, but a recent Health Needs Assessment had highlighted opportunities to strengthen efforts to reduce the harms further.

Derbyshire was taking a system-wide approach to tackling smoking in pregnancy across the Local Maternity Services footprint. The recently established Smoking in Pregnancy Implementation Group (SIPIG) would deliver a coordinated approach to reducing smoking in pregnancy across the pregnancy pathway, both ante- and post-natally. As part of this work, Smoking

in Pregnancy champion midwife posts had been created for both University Hospitals of Derby and Burton and Chesterfield Royal Hospital. A partnership team from Derbyshire was successful in applying to the Design in the Public Sector programme in 2018, and this had allowed an innovative approach to be adapted to tackling smoking in pregnancy, and this was informing local action.

There was a need to strengthen local work to further reduce the impact of tobacco use on local communities and organisations. Further success would be through adopting a strategic approach to tobacco control, with a focus on the following key priorities:

- Recognise that the use of tobacco was an addiction, that needed treatment like other addictions
- Reduce uptake amongst young people
- Support smoke-free pregnancies
- Support smokers to quit, with a focus on those population groups with the highest rates
- Ensure staff who had contact with smokers had the skills and knowledge to advise them to stop using tobacco products, using consistent messages
- Increase public awareness of the harms of tobacco-use and support available to quit
- Reduce the impact of illicit and illegal tobacco

The Health and Wellbeing Board were asked to support the establishment of a multi-agency Tobacco Control Strategic Group to lead and co-ordinate tobacco control work across Derbyshire.

**RESOLVED** to (1) note the continued impact of tobacco use in Derbyshire; (2) note the current work planned to reduce the impact of tobacco use in Derbyshire, and support implementation of new work; (3) support a collaborative whole-systems approach to tobacco control, with strategic responsibility overseen by a newly-established group; and (4) agree an ambition to provide a focus and shared commitment for tobacco control efforts.

**38/19**      **HEALTH PROTECTION BOARD UPDATE**      DW provided an overview of the key messages that had arisen from the Derbyshire Health Protection Board, which met on the 2<sup>nd</sup> July 2019. The Board was a formal sub group of the Derbyshire County Health and Wellbeing Board and the Derby City Health and Wellbeing Board.

Derbyshire Health Protection Response Group had discussions around Emergency Preparedness, Resilience and Response (EPRR), Screening and Immunisation Programs, and Cervical Screening Program Detailed Report.

The board received an update and assurance report from the Screening and Immunisation team, which included work that the team were completing along with recently completed work and what they planned to do in the near future.

The Screening Quality Assurance Service (SQAS) visit had been undertaken at the University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT) and Primary HPV screening work had continued across Derbyshire and Nottinghamshire. Stakeholders would continue to work collaboratively to address inequalities to ensure that all patients eligible to attend screening were supported to engage with the cervical cancer screening program.

The Health protection board received a summary report of IPC assurance by the CCG including updates on the following:

- MRSA Bacteraemia
- Clostridium difficile
- E.coli blood stream infections
- Meticillin Sensitive Staphylococcus Aureus (MSSA)

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.

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

**39/19**      **HEALTHWATCH**      JS presented the Intelligence Report September 2019 to the Board. Their most recent work included the Ex-offender engagement and a report on Domiciliary Care.

Responses had been received from various reports produced by Healthwatch Derbyshire and updates on actions received to reports were included within the report.

Updates on a selection of earlier reports were posted. These included Dementia Services, the Chesterfield Royal Hospital Mystery Shop and Mental Health Information and Signposting in Erewash.

Healthwatch Derby and Derbyshire were in the process of planning a project to be run as a joint venture, aiming to investigate single homeless people's experiences of health and social care in Derbyshire, including Derby city.

The report also included useful tips and resources signposting to those with learning disabilities, learning disability carers and a good practice guide to consultation and checklist.

**RESOLVED** to note the report.

#### **40/19 UPDATE TO THE PROCESS FOR CHANGES TO THE PHARMACEUTICAL LIST IN THE HEALTH AND WELLBEING AREA**

The NHS (Pharmaceutical Services, Charges and Prescribing Amendment) Regulations 2016 required the Health and Wellbeing Board (HWB) to make representations on applications to NHS England for changes to the pharmaceutical list. The HWB representations were to be submitted to NHS England within 45 days of the date of the letter received. NHS England considered all representations that were received before deciding on whether the application was granted.

Applications to NHS England could include:

- Consolidations; community pharmacies on two or more sites proposed to consolidate to a single site.
- Relocations; proposals to move premises
- Additions; proposals for new pharmaceutical services

In addition to any other matter about which the HWB wishes to make representations, in the case of consolidations and relocations the response must indicate whether in the opinion of the HWB the proposal would or would not create a gap in pharmaceutical services if the application were granted.

As a response to an application within the requirement timescales was unlikely to be achieved within the routine schedule of HWB meetings the following process had been agreed.

1. Notification letter received from NHSE requesting HWB representation (45 days to respond)
2. Population Knowledge and Intelligence Team (KIT) undertake analysis of key considerations
3. Draft recommendation sent to Director of Public Health for review and decision
4. Director of Public Health had delegated responsibility from the HWB to sign off representation
5. Subsequent NHS England decision recorded in the quarterly Pharmaceutical Needs Assessment (PNA) supplementary statement (accessed here: <https://observatory.derbyshire.gov.uk/pna/>) and noted in the HWB round up report

Following review, the following changes were proposed to incorporate a notification to HWB members via email that an application has been received and invite comments on the analysis and recommendation.

If any application was considered particularly contentious or any notable risks were identified, a meeting to consider the key issues and any comments received on the proposal would be arranged. The meeting would consist of: the HWB Chair, Vice Chair and Director of Public Health and other officers/ members as appropriate. This group shall agree the response to be made to NHS England.

**RESOLVED** to approve the proposed update to the process for HWB representations on changes to the pharmaceutical list.

**41/19**      **DHWB ROUND UP**      DW 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.