

**MINUTES** of a meeting of the **DERBYSHIRE HEALTH AND WELLBEING BOARD** held at County Hall, Matlock on 06 February 2020.

**PRESENT**

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

A Belencsak	NUSE/ 1 Midlands
B Bewne	CRC & NPS
H Bowen	Chesterfield Borough Council
J Careless	Derbyshire County & Derby City Council
K Gillott	Office of the Police & Crime Commissioner
H Jones	Derbyshire County Council
E Langton	Derbyshire County Council
T Lee	Derby & Derbyshire CCG
C Prowse	Tameside & Glossop CCG
J Simmons	Healthwatch Derbyshire
T Slater	EMAs
B Smith	DD CCG
D Wallace	Derbyshire County Council
J Wharmby	Derbyshire County Council
J Willis	3D

Also in attendance – K Iles (Derbyshire County Council), and C Walker (Derbyshire County Council).

Apologies for absence were submitted on behalf of L Alison (3D/ Amber Valley CVS), C Clayton (DD CCGs), A Smithson (Chesterfield Royal Hospital), and V Taylor (Derbyshire STP).

**01/20** **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 03 October 2019 be confirmed as a correct record.

**02/20** **INDEX OF MULTIPLE DEPRIVATION** M Evans gave a presentation to the Board to discuss the index of multiple deprivation. Measures for deprivation had been established in the 1970s and the results were published approximately every 4 years. There were 7 domains of deprivation included in the index.

As a Local Authority, Derbyshire had improved slightly from 100<sup>th</sup> to 103<sup>rd</sup>. 22 areas in Derbyshire were in the most deprived 10% nationally and 64 areas in Derbyshire were in the most deprived 20% nationally. Deprivation had been

increasingly polarised (the gap between the most and least deprived areas had been widening) along with pockets of deprivation continuing to be persistent.

All 7 domains of deprivation were discussed in detail and it had been discussed why each domain had an effect on the deprivation results. It was detailed under each domain where the most affected area was in the County and the difference in figures since 2015.

A wide range of meetings and discussions had been held on how to explore and make effective use of the data, to make a change in Derbyshire. A report containing recommendations was to be presented to CMT with recommendations for the Council.

**RESOLVED** to note the presentation.

**03/20 ACCOMMODATION STRATEGIES FOR ADULT SOCIAL CARE AND HEALTH** The Board had been asked to endorse the Adult Social Care and Health strategies for Specialist Housing, Accommodation and Support and the Older People's Housing, Accommodation and Support. Then to note that these strategies would form part of the evidence base utilised in Derbyshire's Joint Strategic Needs Assessment.

The Board were also asked to note the development of the Working-age Housing, Accommodation, and Support Strategy 2020-2035, which was to be presented to the next meeting of the Health and Wellbeing Board following a period of engagement with district, boroughs and other key health partners.

**RESOLVED** to (1) endorse the Specialist Housing, Accommodation and Support Strategy and Older People's Housing, Accommodation and Support Strategy and note they will form part of the evidence base utilised in Derbyshire's Joint Strategic Needs Assessment; and (2) note the development of the Working-age Housing, Accommodation, and Support Strategy 2020-2035 and the engagement activity with district, boroughs and key other key health partners which would inform the development of the final document.

**04/20 REPORT OF THE NHS ENGLAND / NHS IMPROVEMENT AND DERBYSHIRE COUNTY PUBLIC HEALTH ON NATIONAL CANCER SCREENING PROGRAMMES COMMISSIONED FOR DERBYSHIRE (EXCLUDING GLOSSOP)** A presentation had been given by A Balencsak and J Careless to report the delivery in Derbyshire (excluding Glossop) of the national cancer screening programmes commissioned by NHS England and NHS Improvement Midlands (NHSE&I).

Assurance had been provided that the local screening programmes were delivering positive outcomes for eligible residents, including groups where uptake may have been historically low. As well as raising awareness of the

performance, achievements and challenges associated with the local screening programmes and how Board members could support the work.

**RESOLVED** to (1) consider the arrangements, achievements and challenges relating to the local screening programmes in Derbyshire; and (2) contribute to the successful delivery of the screening programmes by: (a) promoting local and national screening messages to staff and service users, in particular those from under-served communities; and (b) support initiatives to increase uptake and address inequalities in collaboration with the local screening and immunisation teams.

**05/20**      **OFFENDER HEALTH REPORT**      J Simmons presented the report on behalf of Healthwatch Derbyshire with the purpose to share the experiences of offenders using health services in Derbyshire.

Information had been collected using a series of questions which had been developed to provide a framework for discussions. The prompt was based around the themes shared by the Derbyshire Criminal Justice Board, who navigated services, experiences of using primary care and health literacy.

The engagement had been carried out between May and August 2019 and 64 ex-offenders and youth offenders shared their experiences of health services in Derbyshire. Offices of the NPS, CRC and YOS had been visited to be able to talk with people before and after their appointments.

Key findings were outlined in detail in the report, some of the main factors raised had been around the lack of mental health support and what services offenders viewed as a priority. Another large problem that had been raised was the lack of information provided to offenders on their release from prison.

Resolutions to the problems raised had been provided by Healthwatch to assist with stopping reoccurring problems. In response, a sub group had been established, chaired by the Assistant Director of Public Health from DCC, with a membership that included representatives from commissioners and providers across both criminal justice and health ad care.

**RESOLVED** to note the report.

**06/20**      **BETTER CARE FUND PLAN 2019-20**      On 18 July 2019 the Department of Health and Social Care, Ministry of Housing, Communities and Local Government, and NHS England published the Better Care Fund (BCF) 2019-20 Planning Requirements following the publication of the BCF Policy Framework on 10 April 2019.

The BCF planning requirements for 2019-20 had been designed to provide a level of continuity from 2017-19. This was partly due to a national

review of the BCF taking place, and therefore any substantial changes to the overall policy and subsequent planning requirements would not be started until this had been completed.

The Derbyshire 2019-20 BCF Plan was, in effect, a continuation of the 2017-19 plan. The main changes to the plan from 2017-19 related to an alignment of the services being funded by NHS Derby and Derbyshire CCG following the merger of four former CCGs. The overarching vision and aims of the plan remained the same as they did in 2015-16.

The Plan had been developed in conjunction with key partners through the Joint BCF Programme Board and its Monitoring and Finance Group. The final plan had been approved by the Joint BCF Programme Board, a delegated sub-group of the Derbyshire Health and Wellbeing Board (HWB), at its meeting on 20 September 2019.

**RESOLVED** to (1) note the summary of the 2019-20 Better Care Fund Planning Requirements; and (2) note the 2019-20 Better Care Fund Plan for Derbyshire.

**07/20 DERBYSHIRE OPTIONS FOR INTEGRATED CARE PARTNERSHIPS IMPLEMENTATION** As part of the journey towards becoming an Integrated Care System (ICS) by April 2021, all STPs across the country were required to develop more integrated care to be delivered through Integrated Care Partnerships (ICPs).

Integrated Care Partnerships (ICPs) required health and care providers to move increasingly to integrate provision and delivery in order to deliver the outcomes for the population of Derbyshire at both footprint and Place/Primary Care Network levels.

From a list of nine options, the Implementation Group considered an initial option appraisal and concentrated further discussion on two possible options. Following agreement of the case for change, the two possible options had been further considered by a sub-group of the wider workshop attendees. The discussion focused on the identification of the potential benefits/opportunities of both to confirm the preferred option for 4 ICPs which had been recommended to the JUCD Board for approval and approved at its meeting on 19 December 2019.

**RESOLVED** to note (1) the process followed by the Joined Up Care Derbyshire Board to appraise options for the implementation for Integrated Care Partnerships in Derbyshire; and (2) the decision of the Joined Up Care Derbyshire Board to move to establish four ICPs for the county, to run in shadow form from 1 April 2020.

**08/20**      **ISSUES RELATING TO FEMALES IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM**

In October 2019 Derbyshire's Police and Crime Commissioner Hardyal Dhindsa funded a 'Females in contact with the Criminal Justice System' event to assess what needed to be done in Derbyshire to move towards a 'whole system approach for female offenders in line with the national Female Offender Strategy.

The Strategy aimed to ensure:

- Fewer women were coming into the criminal justice system as a result of less offending, appropriate community-based support, earlier intervention, more liaison and diversion and more support for women in the community.
- Better conditions for those in custody by improving rehabilitation, improving family ties, reducing rates of self-harm and better supporting transition back into the community.
- Local partners felt empowered to design approaches tailored for the specific needs of women resettling into Derbyshire.

A multi - agency 'Women and Girls in the CJS Strategic Group' were taking forward the recommendations from the day. However, there were a number of issues to raise with the Health and Wellbeing Board as the Strategic Group was not empowered to resolve these.

**RESOLVED** to (1) receive the report presented by the Police and Crime Commissioner on behalf of Derbyshire Criminal Justice Board; and (2) comment on the issues raised by the report.

**09/20**      **HWB 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.

**10/20**      **HEALTH AND WELLBEING BOARD AIR QUALITY STRATEGY**

The Health and Wellbeing Board agreed to develop a Health and Wellbeing Board Air Quality Strategy in January 2019, to support the Health and Wellbeing Board Strategies, priority around Air Quality improvement.

The Strategy had been developed following a review of the evidence, and consultation with the Board and stakeholders of the Air Quality working group. The Strategy aimed to set out the overarching principles and priorities of the Board to achieve reduction in the health impact of poor air quality for the people

of Derbyshire County. The strategy utilised the Outcomes Based Accountability Approach.

The Strategy would be supported by an annual action plan, developed and monitored by the Air Quality Working Group. Partners of the Health and Wellbeing Board would be responsible for providing a Strategic and Operational lead within their respective organisations to be drive forward actions.

**RESOLVED** to (1) approve the Health Board Air Quality Strategy; (2) provide a Strategic lead (Heath and Wellbeing Board member) and Operational lead (Air Quality Working Group member) for each respective organisation to drive forward actions identified within the Strategy and associated action plan; and (3) agree a minimum of annual reporting to the Health and Wellbeing Board of progress against performance measures in the annual action plan and progress against population outcomes.

**11/20 DERBYSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP: PLAN UPDATE** Every Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) had been asked to develop five-year Long Term Plan implementation plans, covering the period to 2023/24, by autumn 2019. This was to form the system's response for implementing the commitments set out in the NHS Long Term Plan and the journey alongside system partners to become ICS by April 2021.

Key considerations in refreshing the plan meant that the plan was outcome driven. The Derbyshire ambition to deliver the Quadruple aim - Improving experience of care (quality & satisfaction), Improving the health of the population, Improving staff experience and resilience, Reducing the per capita cost of healthcare - remained at the forefront. Lessons had been learnt from the 2016 STP Plan.

**RESOLVED** to (1) review and provide ongoing support of the content and progress being made with the plan; and (2) note that the plan was submitted to regulators within the national deadline of 15 November, with a final window of amendments available with a final submission of 27 December 2019.