

Time Commenced: 1.03pm

Time finished: 3.09pm

**Health and Wellbeing Board  
17 January 2019**

**Present:**

**Chair: Councillor Poulter**

**Elected members: Councillor Hudson**

**Appointed officers of Derby City Council: Cate Edwynn (DCC - Director of Public Health), Carole Mills (DCC – Chief Executive), Pervez Sadiq (DCC – Service Director – Adults and Health)**

**Appointed representatives of Derbyshire Clinical Commissioning Groups:  
Richard Crowson**

**Appointees of other organisations: Gavin Boyle (Derby Hospitals NHS Foundation Trust), Cath Cawdell (Community Action Derby), Jane Chapman (NHS England), Helen Dillistone (Derbyshire CCGs), Ifti Majid (Derbyshire Healthcare Foundation Trust), Steve Studham (Healthwatch Derby), Bill Whitehead (University of Derby)**

**Substitutes: Phil Mitchell (Derbyshire Fire and Rescue Service), Kevin Elliott (office of Police and Crime Commissioner) Any others Alison?**

**Non board members in attendance: Christine Cassell (DSCB), Ann Crawford (Public Health England, East Midlands), Magnus Harrison (UHDB, NHS Foundation Trust), Bola Owolabi (Derbyshire Community Health Services, NHS Foundation Trust), Suki Mahil (Joined up Care Derbyshire), Rachel Quinn (D2N2 LEP), Alison Wynn (DCC, Assistant Director of Public Health)**

## **38/18 Apologies for Absence**

Apologies were received from Jim Allen (Derbyshire Constabulary), Councillor Ashburner, Chris Clayton (Derbyshire CCGs), Christine Durrant (Derby City Council), Councillor Repton, Andy Smith (Derby City Council), Councillor Webb (Cabinet Member for Adults, Health and Housing) and Councillor Williams (Cabinet Member for Children and Young People).

## **39/18 Late Items**

There were no late items received.

## **40/18 Declarations of Interest**

There were none.

#### 41/18 Minutes of the meeting held on 22 November 2018

The minutes of the meeting held on 22 November 2018 were agreed as a correct record.

#### 42/18 Derby Safeguarding Children Board Annual Report 2017-18

The Board received a report of the Strategic Director of People Services on Derby Safeguarding Children Board Annual Report 2017-18.

Members noted that the Children Act 2004 (Section 14a) required Local Safeguarding Children Boards (LSCB) to produce and publish an annual report on the effectiveness of safeguarding in the local area. It was also noted that the annual report was published in relation to the preceding financial year and within local agencies' planning, commissioning and budget cycles.

It was reported that the Derby Safeguarding Children Board (DSCB) Annual Report 2017-2018 provided a rigorous and transparent assessment of the performance and effectiveness of local services and included lessons from reviews published during the year. It was also reported that the paper demonstrated how effectively the DSCB had carried out the functions of an LSCB as set out in Working Together 2015.

Members noted that this was a public report that was formally presented to the Children, Families and Learners Board, the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the Health and Wellbeing Board.

Members considered the DSCB priorities for the coming year that had been identified as a result of reviews, audits, and the LSCB's self-evaluation activity. These were reported as neglect and early help, domestic abuse and vulnerable young people and the safeguarding of children from the new and emerging communities in Derby. It was noted that in addition to the identified safeguarding priorities the Board would also be working on the transition to the new arrangements as required by the Children and Social Work Act 2017.

#### **Resolved:**

- 1. to note the content of the Derby Safeguarding Children Board (DSCB) Annual Report and take action to support the ongoing work of the DSCB and the priorities for the coming year; and**
- 2. to agree that a report be taken back to the Derby Safeguarding Children Board in March 2019 on the actions taken by the Health and Wellbeing Board in support of the priorities as outlined at the meeting.**

## 43/18 University Hospitals of Derby and Burton – update on merger

The Board received a report of the Chief Executive of University Hospitals of Derby and Burton NHS Foundation Trust and a presentation on An update on our journey so far – University Hospitals of Derby and Burton.

It was reported that the Board had previously received updates on the collaboration between Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust. It was also reported that this paper provided an update from the new Trust: University Hospitals of Derby and Burton.

Members noted that on 1 July 2018 the Trust was formed bringing together the expertise of 12,500 staff across five sites and that as a merged Trust, it had 52 operating theatres, 1614 inpatient beds and on average, 1000 patients were seen within the emergency departments every day.

Members also noted that the Trusts merger principles were to:

- Sustain clinical services at Queen’s Hospital Burton
- Develop tertiary (specialist) services at Royal Derby Hospital
- Make the best use of community hospitals in Lichfield, Tamworth and Derby

It was reported that by working with clinical teams, the Trust had identified the following six priority areas where bringing people, skills and best practice together would benefit patients:

- Cariology
- Trauma and Orthopaedic
- Stroke
- Renal
- Urology (Cancer)
- Radiology

It was also reported that the Trust had identified a further six clinical deep dive areas and lead clinicians were working together to explore opportunities for integration in Ophthalmology, Dermatology, Gynaecology, Vascular Surgery, Critical Care and Head and Neck.

**Resolved to note the continued commitment and progress being made towards integrating services to benefit patients.**

## 44/18 Planning Services Together so People can be Healthy, Live Well and Stay Well

The Board received a report of the Derbyshire STP Director and the Executive Director, Corporate Strategy and Delivery, Derbyshire CCGs and a presentation on Planning Services Together so People can be Healthy, Live Well and Stay Well.

Through the presentation, Members considered the CCG commissioning intentions, Quality Innovation Productivity Prevention (QIPP), an update on planning guidance for 2019/20 and a place based model of care.

Members agreed that an update report should be brought back to a future meeting of the Health and Wellbeing Board and should include information on the interface between the Derbyshire Sustainability and Transformation Plan (STP), Clinical Commissioning Group, Derby City Council and Public Health.

**Resolved:**

- 1. to note the approach to planning for 2019/20 of JUCD and Derbyshire CCGs;**
- 2. to request that the Health and Wellbeing Board receives a future update on the planning, financial challenge and delivery for 2019/20; and**
- 3. to request that an update report be brought back to a future meeting of the Health and Wellbeing Board and that this should include information on the interface between the Derbyshire Sustainability and Transformation Plan (STP), Clinical Commissioning Group, Derby City Council and Public Health.**

## 45/18      Joined Up Care Derbyshire Update – Frailty Model

The Board received a report and a presentation on Joined Up Care Derbyshire Update – Frailty Model.

The report and the presentation outlined the Derbyshire Community Frailty Model including an overview of the Joined Up Care Derbyshire Frailty Summit held last year and subsequent work to progress the model.

Through the presentation, Members considered the goals of the Derbyshire Frailty Summit, the vision, goals and critical actions of the Derbyshire Community Frailty Model and the milestones achieved.

It was reported that the Derbyshire Community Frailty Delivery Group was in place and comprised of the following four sub groups, based on primary drivers:

- Healthy Ageing
- Identification
- Assessment
- Care Planning

**Resolved:**

- 1. to note the progress made on frailty in Derbyshire; and**
- 2. to support the Derbyshire Frailty Model and a collaborative approach to deliver better outcomes for the local population.**

**46/18 Introduction to the Role of Local Enterprise Partnerships (LEPs), local economics and links to wellbeing**

The Board received a report of the Director of Public Health and a presentation on Introduction to the Role of Local Enterprise Partnerships (LEPs), local economics and links to wellbeing.

The report provided an overview of the role of D2N2 Local Enterprise Partnership (LEP) as the principle economic development body for Derby, Derbyshire, Nottingham and Nottinghamshire.

The report also provided a summary of the economic landscape, opportunities and challenges across D2N2 area, including health and wellbeing-related elements.

Through the presentation, Members considered the importance of creating private sector jobs, the productivity and incomes gap and the links between skill and healthy life expectancy

Members discussed opportunities for future joint working and a mechanism for future relationships between the LEP and Health and Wellbeing Boards in D2N2.

Members supported the invitation for the Board to have representation on the relevant structures of the LEP.

**Resolved:**

- 1. to note the economic data shared in the presentation by D2N2; and**
- 2. to support the invitation for Health and Wellbeing Board Members to have representation on the relevant structures of the Local Enterprise Partnerships**

**47/18 Health, Work and Inclusive Growth**

The Board received a report of the Director of Public Health and a presentation on Health, Work and Inclusive Growth.

The report outlined the main components of the health, work, and economic wellbeing system and their interrelationship and set out important data and intelligence that

described the challenges for improvement of these within Derby City and the wider East Midlands.

Members noted the ways that all parts of the system, and Derby City in particular, might work better together in order to strengthen the approach to improving health and employment for people in the community.

Through the presentation, Members considered the relationship between income and health, employment and deprivation and work and ill health.

Members supported the invitation for the Board to have representation on the LEP Board/subgroup and representation from the LEP/local business on the Health and Wellbeing Board, aligning the economic development agenda with local health and wellbeing priorities.

Members also considered a health in all policies approach and the use of tools such as Health Impact Assessment on future policy and place developments and the business case for investment. The Director of Public Health reported that a report on this matter would be brought to a future meeting of the Board.

**Resolved:**

- 1. to agree to work with the Local Enterprise Partnership (LEP) to develop a new economic framework case for investment in wellbeing including the agreement of specific indicators and targets for health and/or health determinants integrated into the programme monitoring and evaluation arrangements of the Local Growth Fund;**
- 2. Members supported the invitation for the Health and Wellbeing Board to have representation on the LEP Board/subgroup and representation from the LEP/local business on the Health and Wellbeing Board, aligning the economic development agenda with local health and wellbeing priorities; and**
- 3. to note that a report on the adoption of a health in all policies approach and the use of tools such as Health Impact Assessment on future policy and place developments, be brought to a future meeting of the Health and Wellbeing Board.**

**48/18      Process for pharmacy consolidations in the Health and Wellbeing Area**

The Board received a report of the Director of Public Health on Process for pharmacy consolidations in the Health and Wellbeing Area.

It was reported that the NHS (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 required the Health and Wellbeing Board (HWB) to make representations on consolidation applications to NHS England. It was also

reported that a consolidation was where community pharmacies on two or more sites proposed to consolidate to a single site.

Members noted that these representations must indicate whether, if the application were granted, in the opinion of the HWB the proposed removal of premises from the pharmaceutical list would or would not create a gap in pharmaceutical services.

It was also noted that the purpose of the report was to propose and agree a process to:

- enable the HWB to come to a considered opinion; and
- ensure the opinion of the HWB is submitted within the required timeframes.

Members were provided with the following summary of the proposed process:

1. Letter received from NHSE requesting HWB representation on a consolidation application – start of ‘clock ticking’ (45 days).
2. Analysis of key considerations: access and availability; choice; services provided; any future developments in the area; notable risks.
3. Analysis and draft recommendation circulated to all HWB members, elected members of the relevant ward(s), local authority and NHS commissioner of pharmaceutical services.
4. Following review of the feedback received to the analysis and draft recommendation, the Director of Public Health is given delegated authority for making a decision on whether a proposed consolidation is likely to create a gap in pharmaceutical services.
5. The Director of Public Health provides the response, on behalf of the HWB, to NHS England.
6. A report noting the HWBs representation and subsequent decision whether to grant the consolidation request provided to the HWB at the next scheduled meeting.

It was reported that if any consolidation request was considered particularly contentious or any notable risks were identified, a meeting to consider the proposed consolidations, key issues and any comments received on the proposal would be arranged. It was also reported that the meeting would consist of: the HWB Chair, Vice Chair and Director of Public Health and other officers/ members as appropriate. Members noted that this group would agree the response to be made to NHS England.

**Resolved to approve the proposed process for the Health and Wellbeing Board, as outlined at paragraphs 4.7 and 4.8 of the report, to provide an opinion on applications for community pharmacy consolidation/ merger.**

49/18 Healthwatch Derby Dentists report – Smilewatch 2018

The Board received a report of the Chair – Healthwatch Derby on Healthwatch Derby Dentist report – Smilewatch 2018.

The report was for information.

**Resolved to note the content and recommendations of the Smilewatch 2018 report produced by Healthwatch Derby.**

## **58/18 Closing the Gap – update and next steps**

The Board received a report of the Strategic Director of Communities and Place and Deputy Chief Executive and the Director of Public Health on Closing the Gap – update and next steps.

The report was for information.

**Resolved:**

- 1. to support the development of Closing the Gap priorities, including ensuring appropriate Health and Wellbeing Board representation at the January 2019 Closing the Gap Workshop; and**
- 2. to provide commitment to future cross-partnership working on Closing the Gap priorities, including Health and Wellbaing Board representation on strategy and working groups that may be developed.**

MINUTES END