DERBYSHIRE COUNTY COUNCIL

DERBYSHIRE ADULT CARE BOARD

11TH JANUARY 2013
2:00PM TO 4:00PM
COMMITTEE ROOM 1, COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AG

A G E N D A

1.	Welcome & Introduction from Cllr Charles Jones	Cllr Jones
2.	Noted Apologies	
3.	Draft Minutes from the meeting 15th November 2012 (attached)	
4.	Matters Arising 063/12 - Lead Commissioning for Carers & People with Learning Disabilities 064/12 - HealthWatch 068/12 - Accommodation, Care and Support Strategy	
5.	Improvement and Scrutiny Inquiry Report: Medication Management - (Derbyshire Care Homes) (attached)	G Spencer
6.	Prevention Strategy Re-fresh • Progress report on befriending service (attached)	A Milroy/ J Brown
7.	Winterbourne (attached)	J Matthews
8.	CCG Development / Authorisation	A Layzell
9.	Terms of Reference: • *Adult Care ToR and HWB ToR including structure chart to be issued as additional document with agenda* (attached)	B Robertson
10.	Integrated Care: SPA and Virtual Wards (IT interfaces / information sharing protocol)	J Stothard
11.	Winter Pressures - Update	All
12.	Health & Wellbeing Board Issues for meeting on 24th January 2013	All
13.	Any other business	

The next meeting of the Adult Care Board will take place on 7th March 2013 at 2:00pm in Committee Room 1, County Hall, Matlock.

Julie Hardy
PA to Bill Robertson, Strategic Director - Adult Care Department
Tel: 01629 532008
E-mail: Julie.hardy@derbyshire.gov.uk

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

MINUTES OF A MEETING HELD ON THURSDAY 15TH NOVEMBER 2012 AT 2:00PM DERBYSHIRE COUNTY COUNCIL, COMMITTEE ROOM 1, MATLOCK HQ

PRESENT:

Bill Robertson	Derbyshire County Council – Strategic Director Adult Care **Chairman**
Bryan Bennett	Derbyshire Fire Service
Russ Foster	Derbyshire Police
Andy Layzell	Southern Derbyshire Clinical Commissioning Group
Cllr John Lemmon	South Derbyshire District Council
Cllr Lilian Robinson	North East Derbyshire District Council
James Matthews	Derbyshire County Council – Adult Care
Mary McElvaney	Derbyshire County Council – Adult Care
Andrew Milroy	Derbyshire County Council – Adult Care
Clive Newman	Hardwick Clinical Commissioning Group
Jo Smith	South Derbyshire CVS: representing voluntary & community sector
Jennifer Stothard	North Derbyshire Clinical Commissioning Group
Julie Wilkinson	Erewash Clinical Commissioning Group
Jacqui Willis	NDVA: representing voluntary & community sector

IN ATTENDANCE:

Julie Hardy	Derbyshire County Council – Adult Care (Minutes)
David Arkle	Amber Valley Borough Council
David Gardner	Hardwick Clinical Commissioning Group
James Gough	Derbyshire County Council – Adult Care
Colin Selbie	Derbyshire County Council – Adult Care
Katey Twyford	Derbyshire County Council – Adult Care
Julie Vollor	Derbyshire County Council – Adult Care

APOLOGIES:

Cllr Dave Allen	Derbyshire County Council – Elected Member
Avi Bhatia	Erewash Clinical Commissioning Group
David Collins	North Derbyshire Clinical Commissioning Group
Cllr Stuart Ellis	Derbyshire County Council Support Cabinet Member (Adult Care)
Lynn Harris	Derbyshire County Council – Safeguarding Board
Cllr Barbara Harrison	Erewash Borough Council
Cllr Charles Jones	Derbyshire County Council Cabinet Member (Adult Care) Chairman
Bruce Laurence	NHS Derbyshire County / Derbyshire County Council
Steven Lloyd	Hardwick Health Clinical Commissioning Group

Rakesh Marwaha	Erewash Clinical Commissioning Group
Andrew Mott	Southern Derbyshire Clinical Commissioning Group
Jackie Pendleton	North Derbyshire Clinical Commissioning Group
Steve Pintus	NHS Derbyshire County / Derbyshire County Council
Alison Pritchard	NHS Derbyshire County / Derbyshire County Council
Helen Robinson	Derbyshire Carers
Clare Watson	Tameside & Glossop PCT (CCG)
Tammi Wright	Derbyshire LINk

Minute no	Item	Action
	WELCOME FROM BILL ROBERTSON AND APOLOGIES NOTED	
ACB 061/12	**MINUTES FROM THE MEETING ON 13TH SEPTEMBER 2012 & MATTERS ARISING** The minutes from 13th September 2012 were noted and agreed. • Healthier Homes: D Arkle presented the Board with a progress update on achieving Healthier Homes in Derbyshire. J Matthews thanked DA for the work undertaken in this respect.	
062/12	**WINTERBOURNE** • A report on the Winterbourne Review was circulated for information, to inform Board members about the implications from Winterbourne. • D Gardner provided an update: o Leadership: Derby City and Derbyshire County PCTs undertook previous reviews of work. 23 people with a LD placed in independent hospitals. o Jackie Lawley is on the National Group looking at the service specification nationally. o Housing resources/social care support/hospital care: Look into how we bring this all together and break down the boundaries to provide localised support. o Will need to go out to procurement for replacement services. o Looking at reasons why people are being admitted into hospitals. o Discussion around pressure of carers for people with complex disabilities/challenging behaviour. o Knowing the population and knowing where they are – ensure coherent handle of cases between organisations: ▪ Safeguarding perspective ▪ Quality checks on placements ▪ Social care perspective • A Layzell asked how the reporting into CCG's will work. D Gardner confirmed that it will be linked into Quality Lead's at each CCG. • Whistleblowing: J Matthews confirmed that we are working with CQC to route whistleblowing via a single system opposed to separate notifications to LA's / Health. • B Robertson thanked everyone for the work undertaken on behalf of the Board.	

063/12 **LEAD COMMISSIONING FOR CARERS & PEOPLE WITH LEARNING DISABILITIES**

- JV presented the Board with an update on the activities undertaken to develop lead commissioning options for Learning Disabilities and to seek agreement for the proposed actions and timeline. Agreed.
- Agreed for option appraisals to be brought back to a future Adult Care Board for agreement.
- Night Sitting Service: J Vollor confirmed this service is being looked at geographically. **JV**

For more information please contact Julie Vollor on 01629 532048 or at julie.vollor@derbyshire.gov.uk

064/12 **HEALTHWATCH**

- C Selbie presented the Board with an update on HealthWatch. The engagement plan is now completed and will be shared on the website.
- Tender process for an Implementer Organisation undertaken – 'Exact' was successful in this tender process.
- Recruitment process now being undertaken for members to sit on the HealthWatch Board. Members were asked to express an interest on being on the Board – closing date is 3rd December 2012.
- Derbyshire LINk has been formally written to regarding the end of contract date being 31st March 2013 and work relating to the transition to HealthWatch.
- Indicative Government funding should be known during December 2012.

For more information please contact Colin Selbie on 01629 532131 or at colin.selbie@derbyshire.gov.uk.

065/12 **INTEGRATED CARE**

- J Stothard provided the Board with an update following a productive joint meeting – a further meeting is to be arranged.
- A number of Single Points of Access have now been rolled out.
- DCHS are the provider for all SPA's within Derbyshire, apart from Derby City.
- Adult Care SMT agreed to increase the social worker capacity within Call Derbyshire, empowered/authorised to put additional care in place over the 24/48/72 hour periods to prevent admissions.
- BR to write to all Chief Operating Officers to confirm actions. **BR**

066/12 **CCG DEVELOPMENT / AUTHORISATION**

- C Newman presented the Board with an update on the CCG authorisation process – see **attached** presentation slides.

067/12 **AUTISM UPDATE**

- J Matthews presented the Board with an update on local progress in the implementation of 'Fulfilling and Rewarding Lives' (March 2010), the strategy for adults with autism in England.
- Agreed for an update progress report to be made to the Board in Summer 2013 following the completion of the Autism self-assessment process. **JM/DJ**

For more information please contact Deborah Jenkinson on 01629 532082 or at deborah.jenkinson@derbyshire.gov.uk

068/12 **ACCOMMODATION, CARE & SUPPORT STRATEGY**

- K Twyford provided the Board with an update on the Accommodation, Care and Support Strategy.
  - Residents to move in December 2012 into Oakland Village.
  - CQC registration January 2013 for Community Care Centre in Oakland Village.
  - 2 further Community Care Centres: Heanor and Darley Dale have planning permission
  - Contractor in place by January 2013
  - Extra Care: Chesterfield, Clay Cross and Alfreton – starting on site
  - Swadlincote open viewing sessions are arranged for 12th & 13th December. Adult Care Board members to be invited. **KT**
- BR suggested a 4 way meeting between commissioning, DCHS, Hospital trusts and Adult Care to look at future joint delivery of services in the new accommodation. **BR**

For more information please contact Katey Twyford on 01629 532449 or at katey.twyford@derbyshire.gov.uk

069/12 **TERMS OF REFERENCE**

- Agreed for Adult Care Board Terms of Reference to be put forward to the Shadow Health and Wellbeing Board for endorsement.
- R Foster requested a copy of the Terms of Reference for the Shadow Health and Wellbeing Board, attendee details, along with the structure of how all the Board meetings fit together. **BR**

070/12 **SHADOW HEALTH AND WELLBEING BOARD AGENDA**

- The following agenda and information items for the Shadow Health and Wellbeing Board to be held on Thursday 29th November 2012 were discussed. Items to be taken forward were:-
  - Winterbourne
  - Adult Care Board Terms of Reference

DATE OF NEXT MEETING

The next meeting of the Adult Care Board will take place on Friday 11th January 2013: 2:00pm – 4:00pm, Committee Room 1 County Hall, Matlock.

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

11 JANUARY 2013

REPORT OF THE CHAIRMAN OF THE IMPROVEMENT AND SCRUTINY COMMITTEE – PEOPLE

MEDICATION MANAGEMENT INQUIRY – SCRUTINY REPORT

1. Purpose of the Report

1.1 To present the report of the Improvement and Scrutiny Inquiry into Medication Management in Derbyshire Care Homes to the Adult Care Board.

2. Background information

2.1 The Improvement and Scrutiny Committee-People approved a review into the management of medication in Derbyshire Care Homes at its meeting on 27 June 2012.

2.2 The Inquiry was concerned with finding out how Health & Social Care organisations in Derbyshire had responded to actions arising from the Department of Health funded national 'Care Homes Use of Medicines Study' (CHUMS) published in 2010.

2.3 An inquiry panel was drawn from the Committee and held a meeting on 17 October with representatives from Adult Care, NHS Derby City and NHS Derbyshire County's Medicines Management team

2.4 The inquiry made six recommendations in total of which five are relevant to Derbyshire County Council's Adult Care service and NHS Derby City and NHS Derbyshire County PCT. These recommendations were accepted by the Committee at its meeting of 7 November. The report has subsequently been reported to the Adult Care Cabinet member Portfolio meeting on 27 November and will also be reported within each of the four Derbyshire based Clinical Commissioning Groups.

3. Information and analysis

3.1 The inquiry was informed that all of the actions identified through the CHUMS report had been actioned by the Medicines Management Team at the PCT. The Inquiry were also informed of some interesting projects such as the One Home, One Practice pilot, and a Community Pharmacy Advisory pilot – both aimed at improving the support to staff in care homes, and ensuring correct prescribing and administering of medication to residents in care homes through consistency in contact with GPs and local Pharmacists.

3.2 The PCT has also developed a good range of guides for different practitioners (GP, Pharmacist, Care Home Manager etc) on their roles and responsibilities in medication management, though it was acknowledged by the panel that it had yet to be approved. Good partnership working within the health service and across health and social care services, with previously named projects looking to bring better integrated working.

3.3 Some small areas were identified where, following discussions, the Inquiry panel felt that improvements could be made – these included:

- Ensuring continued and correct level of support is provided to Staff in a Health or Social Care setting to enable only the trained/named staff members to administer medication;
- CQC, PCT & Adult Care hold quarterly monitoring meetings to look at a range of issues include medication management in care homes. It became apparent during the inquiry discussions that Adult Care's Direct Care element was not involved in those meetings – the panel felt this was an oversight and should be rectified accordingly;
- In respect of the Adult Care services – a requirement to improve training for those who are responsible for administering medication, through both directly provided and externally contracted services. At present the Medication Management Policy suggests 3 yearly refresher training but it is neither mandatory nor enforced by the service – during the panel discussions it was felt that this was a potential safeguarding issue and, therefore, the training should be made mandatory.

3.4 The panel has also recommended that it receives copies of any evaluation reports in to the 'One Home, One Practice' and 'Community Pharmacy LES' from the relevant Clinical Commissioning Group.

4. RECOMMENDATION

4.1 That the Adult Care Board receives the Improvement and Scrutiny Inquiry report and notes its recommendations.

Councillor Gill Farrington
Chairman Improvement and Scrutiny Committee - People

Improvement and Scrutiny Committee – People

Improvement and Scrutiny Inquiry Report:

Medication Management (Derbyshire Care Homes)

October 2012 (Final)

Contents

Introduction

The Improvement and Scrutiny Committee-People (the Committee) approved an inquiry into the management of medicines in Derbyshire care homes at its meeting on 27 June 2012.

The inquiry took its lead from the national Care Homes use of Medicines Study (CHUMS) report published in 2010. The report was part of a patient safety study commissioned by the Department of Health. The aim of that study was to establish the prevalence, types and underlying causes of medication errors, estimating ensuing harm and developing solutions to reduce prevalence of error.

The purpose of this inquiry, therefore, was to look at how the actions arising from the national study have been progressed in Derbyshire. It also sought to determine whether there are wider implications in other aspects of the health and social care services relating to medication management that may require further attention from the Committee.

An inquiry meeting was subsequently arranged for 17 October 2012 at NHS Derby City and NHS Derbyshire County Primary Care Trust's (the PCT) main offices in Chesterfield. The inquiry panel was led by Councillor Garry Purdy, Vice-Chairman of the Committee, and comprised: Councillor Dave Allen, Councillor Sharon Blank, and Councillor Pat Murray. Representatives were invited from the PCT and Derbyshire County Council's Adult Care service, those in attendance were:

- Kate Needham, Head of Medicines Management, North Derbyshire Clinical Commissioning Group and Hardwick Clinical Commissioning Group
- Jill Badger, Care Home Commissioning Manager, Hardwick Commissioning Group, providing services to all 4 Derbyshire CCGs
- Dr Diane Harris, Specialist Antimicrobial Pharmacist (previously Pharmacy Advisor), Southern Derbyshire Clinical Commissioning Group, providing services to all 4 Derbyshire CCGs
- Jane Parke, Development and Compliance Service Manager, Derbyshire County Council Adult Care
- Kath Webb, Primary Care Lead Pharmacist, Southern Derbyshire Clinical Commissioning Group and Erewash Clinical Commissioning Group

It should be noted that this report has not distinguished between care and nursing homes – it uses care homes as a generic term for all types of residential health and social care settings. There is also no distinction made between Community Pharmacists and Pharmacists (unless explicitly identified).

Background

The Care Homes use of Medicines Study (CHUMS) Report 2010

The CHUMS report was a random study of 256 people across 55 residential and nursing homes in the United Kingdom. Errors were found in prescribing, monitoring, dispensing and administering medicines. These were established through observations, interviews and checking records across residential and nursing homes and GP Practices.

A summary of the main findings from the review highlighted that:

- Seven out of ten residents were exposed to at least one medication error during the study.
- More than a third (39%) of patients in nursing/residential homes experienced a prescribing error and a similar number (37%) experienced a dispensing error although no errors caused immediate harm.
- Overall, there was an 8-10% chance of an error happening during each act of prescribing, dispensing or administering a medicine but there was a 15% chance of a monitoring error.
- The most common prescribing errors were incomplete information (38% of errors), an unnecessary drug was prescribed (24%), the dose or strength was wrong (14%) and a necessary drug was omitted (12%).
- Prescribing and monitoring errors were linked to the GP prescribing without having their computerised notes and prescribing software to hand and sometimes on returning to the practice, they did not update notes.
- Pharmacies carry out a substantial amount of work repackaging medicines into monitored dosage systems (MDS) in either blister packaging or cassette form, but inadequate labelling is an issue particularly for the cassette MDS system. (Barber, 2010)

Key messages from the research were:

- The level of medication errors seen in nursing and residential homes is unacceptably high and action must be taken to reduce them.
- A main GP should be allocated for every nursing or residential home and homes should have a link to the GP's practice computer.
- Pharmacists should clinically review all residents to check their medication is appropriate at least every six months and GPs should review how they identify residents to be monitored and ensure monitoring is carried out.
- Communication between all the parties involved (care homes, GPs and pharmacists) needs to improve.
- A pharmacist should have responsibility for the safe running of the whole system, and involve all the interested parties.
- The Monitored Dosage System (MDS) is a technology that gives a strong structure to the work of pharmacists and care home staff, but its effectiveness is unproven. It is costly in terms of pharmacists' and care home staffs' time.

- There are examples of innovation and skilful practice in care homes that show a willingness to change in the future. (Barber, 2010)

In response to the CHUMS report the Department of Health issued an alert notice for Primary Care Trusts and Social Care providers. The notice required these bodies to:

- Review safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes;
- Establish a plan for effective joint working in future, including auditing on-going progress. (Department of Health, 2010)

An assurance and action plan template was duly created by the PCT's Medicines Management team, with the majority of actions marked completed by May 2010. A subsequent update to the action plan detailing further progress up to October 2012 was provided to the Committee in advance of its inquiry meeting.

Care Quality Commission – Derbyshire information

The Care Quality Commission (CQC), as regulator of health and social care in England, monitor providers' compliance against regulations through a series of 'Outcomes'. Outcome 9 is concerned with medication management and looks at what people who use services should experience – the aim is highlighted below.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

This is because providers who comply with the regulations will:

- Handle medicines safely, securely and appropriately.
- Ensure that medicines are prescribed and given by people safely.
- Follow published Guidance about how to use medicines safely.

(Care Quality Commission, 2010)

The Committee requested, through the local CQC Compliance Manager, information on the reviews carried out in Derbyshire by the CQC in relation to Outcome 9. The CQC provided a report that gave a quantitative overview of the outcomes of recent assessments and information submitted through its online web forms. There were no major incidences resulting in safeguarding issues for residents of care homes in Derbyshire and no high risk ratings against any providers.

The CQC report did not provide any qualitative information with regards care home providers or the nature of negative issues provided through web forms to the CQC. It was, therefore, not possible for the Committee to look further at assistance provided to these providers by either the Council's Adult Care service or the PCT.

Inquiry findings

The following is a summary of the discussions that took place during the inquiry meeting on 17 October 2012, and of evidence supplied in advance of the meeting.

1. *What are the local arrangements, structures and responsibilities for medication management?*
   a) *How will NHS reforms affect these? i.e. will each Clinical Commissioning Group have responsibility within its locality?*
   - The PCT is currently responsible for the management of medications in both the County and the City through its Medicines Management Team.
   - The responsibility for prescribing medication belongs to GPs and non-medical prescribers and the dispensing of medication is the responsibility of Community Pharmacists and GPs for dispensing practices.
   - The four Derbyshire based Clinical Commissioning Groups will likely take on the responsibility for medicines management in their areas but the overview/monitoring of medicines management will be undertaken by the NHS Commissioning Board's Local Area Team for Derbyshire and Nottinghamshire.
   - Derbyshire County Council has responsibility for the administration of medication to residents in its care. The same responsibilities apply to other providers of residential care and nursing services.

2. *Are there any national standards that have to be reported/monitored (aside from the actions arising from the CHUMS work)?*
   a) *If so, how does Derbyshire fair in comparison to other areas?*
   - In respect of medication management the only monitoring that is undertaken is through the CQC's monitoring of Outcome 9.
   - There is no benchmarking or comparison of medication management services in care homes across NHS bodies so it is not possible to compare the service in Derbyshire to other areas of the country.

3. *What work has the PCT Cluster undertaken (and with whom) to put in place a robust system to ensure good access to treatment and tests for care home residents?*
   - The PCT have been working with Derbyshire Community Health Service NHS Trust (DCHS) to produce a baseline audit during 2012/13 on access to all community services for Derbyshire Care Homes. This has been agreed through a 'Commissioning for Quality and Innovation' (CQUIN) Indicator which provides a financial payment if the work is completed. As part of discussions for 2013/14 CQUIN early discussions are around improving the equity of access across the care homes above the baseline level.
   - The PCT in partnership with the County Council and the CQC meet quarterly to share information and knowledge on care homes. Homes are prioritised for monitoring visits using a red/amber/green (RAG) rating system. The inquiry panel were informed that this only concerns independent sector care homes,

and therefore recommended that the Council's direct service be included in these meetings.

- A review has also been carried out by DCHS on access to dental services for people in care homes across Derbyshire. Whilst not the driver for this inquiry there are issues relating to medication management and oral health. The Dental Access review identified that the most vulnerable people are receiving the least access to care and that, in the short-term, this should be addressed. Further work will be required to develop the service infrastructure in Derbyshire.

4. *Are there clear and robust communications between prescriber, pharmacist, patient & home? How is this monitored?*
   - The PCT provided documents that have been developed to support GPs, Community Pharmacists, and Care Home Staff. Copies of the documents were provided to the working group though have not yet been finalised for distribution.
   - The documents vary slightly in their content due to the target audience, but across the guidance documents the following issues are addressed:
     - Prescribing
     - Monitoring
     - Prescription management
     - Reconciliation (i.e. transfer of patient between services)
     - Homely Remedies (non-prescribed medicines being taken by service user)
     - Dispensing to Care Homes.

5. *Does Derbyshire have a Pharmacist responsible for the safe running of the medicines system within each care home?*
   - The inquiry was advised that the Pharmacist or dispensing GP practice is responsible for the dispensing of medication. The administration of medication is the responsibility of the Care Home or the individual depending on whether they have opted to self-manage.
   - The inquiry was informed of pilot work currently being undertaken by the PCT and Pharmacists through the creation of an 'Advice to Care Homes Locally Enhanced Service' (LES) contract. The LES outlines a specialist service to be provided by a Pharmacist in partnership with care home Staff. The service requires pharmacists, through auditing and training, to provide advice and support to residents and staff in care homes. A copy of the LES was submitted to the inquiry for information.
   - 62% of all care homes in Derbyshire were reported to be covered by the project (including all of Derbyshire County Council's care homes).
   - The Pilot project ends on 31 March 2013, but an evaluation of its effectiveness will begin in January 2013.
   - The inquiry panel requested that a copy of the pilot evaluation be sent through in spring 2013 for information.

6. *Do Care and Nursing homes in Derbyshire have a preferred GP provider with the ability to electronically prescribe from the home?*
   - There is no current standard practice for each care home to have a preferred GP provider. Some care homes have established links with a GP practice but it is not a standard approach as yet.
   - Pilot projects were highlighted by the PCT representatives whereby each Clinical Commissioning Groups (CCG) in Derbyshire will align care homes in its area with a GP practice. The work is being led by the Hardwick CCG on behalf of all four Derbyshire CCGs. The Hardwick pilot has been operational since April 2012 and is currently undergoing a 6 month review. Chesterfield homes were advised of GP alignment from 1st October 2012 and are in the early stages of consultation with residents. Other CCGs are in various stages. The pilot still allows for patient choice so that no-one is forced to register with a different practice.
   - As part of this pilot the care homes will receive a visit by a clinician from the practice at least once every 2 weeks. The visits will include:
     - Care Planning / needs assessment for each patient.
     - Medicine management.
     - Rightcare (future care plan).
   - The clinician will review:
     - New patients' medication.
     - Patients' staff are concerned about.
     - Those discharged from hospital.
     - Those that used the emergency/out of hours services.
     - Patients that family have raised issues about with the practice/home.
     - Any unplanned hospital admissions.
   - The inquiry was advised that at present it is not possible for GP's to undertake electronic prescribing away from their practice. This is an issue that the NHS is looking at nationally. However, GPs will take printed copies of patients' medical records to the home with them.
   - A review of the pilots will provide opportunity for learning for other CCGs – the inquiry requested a copy of the pilot review report when it is published.

7. *Are Pharmacists required to review the rates of dispensing errors and take action to reduce them? If so, how is this monitored/reported?*
   - The inquiry was advised that Pharmacists are required to conduct reviews of dispensing errors and identify learning to reduce the risk of future errors. However, there are issues regarding the reporting of errors as it is a criminal offence to make such errors.
   - The PCT do receive reports of errors directly as anonymised data from the National Patient Safety Agency.
   - It was not apparent as to whether any errors were being reported through safeguarding channels.

8. *Do Pharmacists provide advice to care home staff around medicines e.g. when to give specific medicines around meal times? If not, who performs this role?*
   - The inquiry was advised to refer to the Advice to care homes LES, referred to in question five as this will assist in the provision of training and advice by pharmacists to care home staff.
   - Derbyshire County Council's Adult Care service has a link with a specific Pharmacist who provides advice and guidance both in direct care and commissioning.

9. *Is it possible to state where all care home staff that handle medicines have appropriate knowledge of medicines?*
   - The inquiry panel was advised that Derbyshire County Council's Adult Care service provides training for Managers, Deputies, and Relief staff on the administration of medicines (which is assessed). Care staff that are not required to administer medication are provided with awareness training. The training is also open to Independent sector care providers – but assessment will cost them £175.
   - The County Council liaise with Pharmacists on the administration of new medication prior to updating/delivering any training.
   - The panel was also advised that Derbyshire County Council have an informal arrangement to provide refresher training relating to medication on a three yearly basis. The inquiry panel acknowledged that a formal three-year training requirement would be desirable.

10. *Are care homes monitoring the extent of omissions in medicines administration and taking action to reduce this? If so, how is this done?*
    - The inquiry was informed that Unit Managers in Derbyshire County Council's Adult Care service check Medication Administration Record (MAR) sheets during and at the end of each month. Where a signature is missing a Medication Error Report should be sent to the Health and Safety and Contracts and Compliance for monitoring and to determine what action should be taken with persistent offenders.
    - Adult Care Service Managers also provide quality visits which include medication checks with a full audit on one visit in 12. Contracts Managers undertake a more in depth check on independent homes.
    - The advice to care homes LES requires a Pharmacist to undertake three visits each year to its nominated care homes. These visits will include reviewing of medication management procedures, including action to be taken following omissions, and direct observation of medication administration and recording. Any incidences of missed medicines should be reported to Derbyshire County Council as a safeguarding issue.

11. *Is there an agreed process for identifying and undertaking drug monitoring of residents with a GP practice?*
    - The pilot work being undertaken by CCGs in areas such as Hardwick and Chesterfield will assist in this process.

- The inquiry was also informed of a protocol that has been created for 'Practice Pharmacist Led Medication Reviews in Care Homes' an example of one used by the Erewash CCG was submitted for the panel's information.

12. *Does each care home resident have a clinical review by a pharmacist every 6 months to assess the appropriateness of their medicines?*
    - The NHS Quality and Outcomes Framework (QOF) requires GPs to undertake annual medication reviews of patients on one or more medicines, and 6 monthly reviews for those on four or more.
    - The inquiry was advised that the one home, one practice pilots (see also question six) should help to ensure that regular reviews are undertaken of people's medication.
    - The majority of practices include pharmacists or medicines management technicians to help practices review care home patients and provide medication advice.

Though not a specific remit of the inquiry, the panel sought to be reassured that medication is not being used in a manner to control the behaviour of residents in care homes without their knowledge. The panel were informed that there are specific guidelines around the prescribing and administering of anti-psychotic drugs and these are audited through mechanisms previously discussed in the meeting. Any instance of a resident being administered with the incorrect medication should be reported and monitored through the existing safeguarding channels.

Following the inquiry session the panel sought to determine if there was a requirement for any further work in this specific area and decided that, at present, there was none. However, the issue of medication management in the community, particularly individuals in their own home was raised as a possible topic for future consideration.

Conclusion and recommendations

The original scoping report for this piece of work proposed four key questions to be considered by the inquiry panel:

1. What work has been undertaken by the Primary Care Trust and its partners, since the 2010 study, in implementing the Department of Health's recommendations?
2. Is there any work that has not been undertaken and that is not planned to be undertaken?
3. What have been the results of the work undertaken?
4. Has this work identified any further issues, if so what were they and what work is being undertaken?

The inquiry meeting and evidence supplied in advance, has helped to answer these questions. It has also highlighted that NHS Derby City and NHS Derbyshire County Primary Care Trust have been proactive in responding to the issues arising from the 2010 CHUMs report. It was encouraging to see that work continues to improve the support available to GPs, Pharmacists, and care providers in the management of medication.

The 'one home, one practice' project that is being piloted in Hardwick and Chesterfield by the Clinical Commissioning Groups, and promoted to other Clinical Commissioning Groups in Derbyshire through Hardwick Clinical Commissioning Group, was welcomed by the inquiry panel. So too the 'Advice to care homes LES' where it would be good to see the percentage of care homes covered rise above the current 62%.

The inquiry panel acknowledged that the CHUMS Report came out in early 2010, and since then there have been wide-ranging changes to the NHS and Social Care landscapes. Projects that have been highlighted through the inquiry suggest that these changes have not had an adverse effect to date on medication management in Derbyshire. However, it has not been made clear during the inquiry as to how sustainable these projects will be and what the cost of implementing them has been against the savings they could achieve – though it is recognised that the CHUMS Report and the work arising from it was not about cost savings.

The inquiry panel felt that there were no further areas to explore that would add value to the work already being undertaken with regards to medication management in care homes. However, the panel have made some recommendations:

Recommendation	To be actioned by	Timescale
1) That the Committee receive a copy of the 'One home, One Practice' project evaluation report.	NHS Derby City and NHS Derbyshire County PCT	April-May 2013
2) That the Committee receive a copy of the 'Advice to care homes local enhanced service' project evaluation report (due Spring 2013).	NHS Derby City and NHS Derbyshire County PCT	April-May 2013

Recommendation	To be actioned by	Timescale
3) That the PCT and the Council's Adult Care service continue to provide support to ensure that only trained staff administer medication in a care home environment.	NHS Derby City and NHS Derbyshire County PCT; Derbyshire County Council Adult Care	Ongoing
4) That the direct care services provided by Adult Care are considered in quarterly monitoring meetings with the CQC and the PCT	NHS Derby City and NHS Derbyshire County PCT; Derbyshire County Council Adult Care	November 2012
5) That Derbyshire County Council's Adult Care service makes three year refresher training a requirement of their Medication Management Polices	Derbyshire County Council Adult Care	November 2012
6) That consideration is given to an inquiry into medication management in the community.	Improvement and Scrutiny Committee-People	November 2012

Bibliography

Barber, N., 2010. *PS025: Medication errors in care homes,* Birmingham: Patient Safety Research Portfolio.

Care Quality Commission, 2010. *Provider compliance assessment tool.* [Online] Available at: http://www.cqc.org.uk/sites/default/files/media/documents/PCA_OUTCOME_9_new.doc [Accessed 19 October 2012].

Department of Health, 2010. *NHS Central Alerting System.* [Online] Available at: https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=101328 [Accessed 19 October 2012].

Evidence list

1. CQC Derbyshire Outcome 9 Report (Document)
2. PCT CHUMS Assurance and Action Plan (Document)
3. DCHS Care Home CQUIN Scheme 2012 (Document)
4. DCHS Oral Healthcare Discussion Paper (Document)
5. Draft Best Practice Guidance – Care Home Staff (Document)
6. Draft Best Practice Guidance – Community Pharmacists (Document)
7. Draft Best Practice Guidance – GP Practices (Document)
8. Advice to Care Homes LES (Document)
9. Community Pharmacy Care Home LES Guidance (Document)
10. Summary of Care Homes covered by LES (Document)
11. Care Home Pilot in Chesterfield (Message)
12. Chesterfield Care Home Pilot Summary (Spreadsheet)
13. Practice Pharmacist Led Reviews – Standard Operating Procedures (Document)
14. Care Home Audit Template (Document)

Produced by:
Improvement and Scrutiny Committee – People

Contact:
Improvement and Scrutiny
Derbyshire County Council
County Hall
Matlock
Derbyshire
DE4 3AG

Email: scrutiny@derbyshire.gov.uk
Tel: 01629 538 263

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

11th January 2013

Derbyshire Trusted Befriending Network (DTBN)

Purpose of the Report

To report progress on the development and implementation of the Derbyshire Trusted Befriending Network.

Information and Analysis

On 21st June 2011, Cabinet approved the proposal to develop a Derbyshire Trusted Befriending Network (DTBN), to strengthen equitable access to quality approved, befriending support across Derbyshire for all adults.

A tightly managed procurement exercise was undertaken to achieve selection of a strategic partner as quickly as possible to work with the Council to develop the network. South Derbyshire CVS were awarded a 2 year contract commencing 1st January 2012, to develop the Network in partnership with Adult Care (Prevention Team). The procurement exercise for the strategic partner emphasised the requirement to demonstrate the ability to achieve significant practical development of the DTBN by the end of Year 1 of the contract.

The significant progress made with the development of the DTBN is in line with the timescales and outputs specified in the contract with South Derbyshire CVS. The key achievements to date are as follows:

Output	Timescale	Progress to Date
Have systems in place to effectively administer the Derbyshire Trusted Befriending Network.	31st March 2012	• Secondment of project staff completed including Network Coordinator, Administrator and Quality and Training Lead. • Derbyshire Trusted Befriending Network Steering Group established with representation from DCC Adult Care, South Derbyshire CVS, Volunteer Centres Derbyshire, 3D Network and Derbyshire Older People's Advisory Group. Chair elected and Terms of Reference agreed. Meetings held on a bi-monthly basis. • Derbyshire Trusted Befriending Network Stakeholder Group established with

Output	Timescale	Progress to Date
		representation from befriending providers from across the county. These encompass a diverse range of services ranging from small volunteer run telephone befriending services to countywide befriending services. The group have received e-mail updates from the commencement of the DTBN initiative and meetings are being held on a regular basis.
Complete a comprehensive needs and gap analysis to inform the development of befriending services in Derbyshire and produce a written report.	30th April 2012	• Needs and gap analysis completed utilising a range of techniques, including a mapping questionnaire circulated to befriending providers from across Derbyshire, one to one interviews with befriending providers, a survey circulated widely via DCC and voluntary sector networks (to gain knowledge of people's experiences of receiving or referring into befriending services), targeted surveys to fill gaps in information identified in the DTBN Equalities Impact Assessment, workshops at the voluntary sector health and social care forums (both north and south forums) and at the VCS mental health forum, focus groups held with BME community groups to identify barriers to access befriending services, and finally, structured telephone interviews carried out with a small sample of befriending service users and volunteer befrienders. • Needs and Gap Analysis Report produced and signed off by the Derbyshire Trusted Befriending Network Steering Group.
Identify and develop the most appropriate befriending service models for particular communities of interest and geographies across the county.	31st May 2012	• Information to inform identification and development of most appropriate befriending services was collected as part of the needs and gap analysis. Commissioning priorities and recommendations to guide the future development of befriending provision included in the Needs and Gap Analysis Report.
Agree system to monitor and evaluate befriending services for both qualitative and quantitative outputs and outcomes.	30th June 2012	• Information around Derbyshire befriending services' existing monitoring and evaluation processes collated as part of the Needs and Gap Analysis. • Outcome measures developed to measure the outcomes achieved by befriending services for clients and volunteer befrienders, which will be included in service specifications for future befriending services commissioned by DCC Adult Care. • Required information and systems to monitor

Output	Timescale	Progress to Date
		outputs and quality of service provision developed and incorporated into monitoring requirements in service specifications for future befriending services commissioned by DCC Adult Care. • System to evaluate impact of Derbyshire Trusted Befriending Network to be developed and agreed early 2013.
Develop approved quality standards for befriending service providers to gain accreditation onto the Derbyshire Trusted Befriending Network.	30th June 2012	• Approved 3 levels of quality standards for befriending service providers to gain accreditation onto the Derbyshire Trusted Befriending Network have been developed and implemented. These have been tailored to suit and encourage a variety of organisations ranging from larger providers to very small community and faith based groups.
Have a mechanism in place to support befriending service providers in Derbyshire to achieve and maintain agreed quality standards. Deliver a range of complementary developmental support.	30th November 2012 and on-going	• Members of the Derbyshire Trusted Befriending Network offered the opportunity to gain the Mentoring and Befriending Foundation Approved Provider Standard (quality assurance level 3) at a subsidised rate. To date, 10 befriending providers have taken up this offer and have attended a briefing session delivered by the Mentoring and Befriending Foundation. • Support and specific training has been provided, as required, to support organisations to achieve quality standards (quality assurance standards 1 and 2). • Regular e-mail updates and meetings are held to encourage members of the Network to share best practice. • Joint working is planned with the BME Forums to improve befriending providers' engagement with hard to reach groups.
Develop Befriending Champions.	31st August 2012	• The role profile of the Befriending Champion has been agreed. Their purpose will be to reach out to, engage with and support individuals from their local communities, through direct engagement and via befrienders, to enable easy access to wellbeing/social activities.
Have mechanisms in place to support the recruitment, development and delivery of Befriending Champions.	31st August 2012 and on-going	• A bespoke training package for Befriending Champions has been rolled out to the Volunteer Centres across Derbyshire to support recruitment and training at a district level. • The first training session has been held in South Derbyshire, where it was positively received, and further training sessions are now

Output	Timescale	Progress to Date
		being held across the county. • A "Be a Befriending Champion" leaflet has been produced and circulated across the county.
Successfully accredit 10 befriending services onto the Derbyshire Trusted Befriending Network.	31st December 2012	• To date, 18 befriending services have been successfully accredited as members onto the Derbyshire Trusted Befriending Network.
Successfully enrol 15 Befriending Champions.	31st December 2012	• To date, 20 Befriending Champions have been enrolled onto the programme.
Achieve a good level of awareness amongst Derbyshire befriending service providers and adults of what the Network delivers for them.	31st December 2013	• A comprehensive communication strategy has been developed by DCC Public Relations Team, in partnership with DCC Adult Care and South Derbyshire CVS. • The Derbyshire Trusted Befriending Network has been featured in a range of publications (DCC publications and local newspapers), has been promoted to all DCC Adult Care fieldwork staff in the Practice Bulletin and the Network Coordinator has been interviewed on Radio Derby. • Providers of befriending services have been engaged in the development of the Network through involvement in consultation, regular e-mail updates and Stakeholder meetings. There has been positive feedback about the development of the Network from Befriending Providers. • A celebration event is planned for 29th January 2013, which will celebrate the achievements to date of the Network, as well as raise awareness of befriending service and the Network with key stakeholders.

In addition to the achievements outlined the project was commissioned to channel Adult Care investment to strengthen access to befriending. The comprehensive needs and gap analysis of befriending services in Derbyshire completed in the early summer last year has been used to inform and shape investment in further development of befriending support across the county. This additional investment includes:

- Tender for general, all adults befriending support, encompassing a range of models of befriending, in Bolsover and South Derbyshire where there is currently no provision.

- Expansion of existing befriending support in the High Peak and Derbyshire Dales districts to fill geographical gaps in all-adults provision in High Peak - South and Derbyshire Dales – North.

- Subject to Cabinet Member approval complete investment for small and local community initiatives across the county, funded via a small grants scheme, entitled “Friends and Good Neighbours Grants”. For example, local volunteer good neighbour schemes to address specific areas of isolation or other small scale community initiatives e.g. community tea parties. It is hoped that this will encourage and facilitate the contribution of a wider range of existing community groups and organisations including those that are not part of the traditional network of social care.

- Subject to Cabinet Member approval complete investment that extends the befriending capacity of members of the DTBN via a grant scheme entitled “Derbyshire Trusted Befriending Network Capacity Grant”. This might support training for volunteer befrienders to better meet specific needs (e.g. for people with dementia and learning disabilities); improve engagement with under-represented groups; or support innovative approaches to recruit additional volunteer befrienders; or further develop the contribution of a wider range of community organisations to provide befriending support as an extension to their established community role.

Financial Considerations:

None

Legal Considerations

None

Other Considerations

None

OFFICER RECOMMENDATION

That the Adult Care Board notes the progress achieved with the development and implementation of the Derbyshire Trusted Befriending Network.

Jem Brown
Group Manager Prevention

Andrew Milroy
Assistant Director Adult Care

Agenda Item: 7

DERBYSHIRE COUNTY COUNCIL

ADULT CARE BOARD

11 JANUARY 2013

UPDATED REPORT ON RECENT DETAIL AROUND WINTERBOURNE REVIEWS

1. Purpose of this report

The purpose of this report is to provide SMT and the Adult Care Board with updated information in relation to recent reports into Winterbourne View Hospital.

This is a follow up document from the previous Report into Winterbourne View which was presented to the Adult Care Board on the 15th November 2012. This paper highlights the key recommendations from the recently published Department of Health Review, Transforming Care; *"A National Response to Winterbourne View Hospital", Dec,* 2012.

In addition attached is a report from Hardwick CCG outlining progress against key milestones identified by the Department of Health.

2. Context

The attached report from Hardwick CCG indicates that there are 23 local people with learning disabilities placed in independent hospitals. In addition there are 134 people in out of county care homes placements funded by Adult Care and of these 79 are placed in immediately adjacent areas or close to Derbyshire. The remaining 55 live further afield.

3. Overview of Findings and Recommendations from; Transforming Care; *"A National Response to Winterbourne View Hospital", Dec,* 2012.

It is not possible to consider the whole context of this report within this format due to the complexity and detail; however the overall findings, conclusions and recommendations are detailed below.

- An end to all inappropriate placements by 2014 – so that every person with challenging behaviour gets the right care in the right place.

- Any adult who is in a specialist autism or learning disability hospital setting will have their care reviewed by 1 June 2013.
- Stronger accountability and corporate responsibility for owners and directors of private hospitals and care homes:

    - The Department of Health (DH) will examine how organisations and their Boards of Directors can be held to account for the provision of poor care or harm, and set out proposals in the spring to strengthen the system where there are gaps.
    - Tighter regulation and inspection of providers.
    - The Care Quality Commission (CQC) will tighten inspection and regulation of hospitals and care homes for vulnerable groups, with more unannounced inspection and greater involvement of service users and their families.
    - The CQC will hold organisations to account more vigorously for any failures to provide good quality care in line with the legal requirements.

- To improve quality and safety standards, including more staff training and better leadership in care settings:
    - New guidance will be published on training standards, codes of conduct, better commissioning practices and a code of ethics by various national bodies in 2013.
    - Stronger rules on social services departments' responsibilities for safeguarding are included in the draft Care and Support Bill.
    - The DH will work with professionals, providers, people who use services and families to develop and publish by end 2013 guidance on best practice so that physical restraint is only used as a last resort where someone’s safety is at risk and never to punish or humiliate.

- Better local planning and national support:
    - The NHS and local councils are expected to work more closely on joint plans in future, with pooled budgets to ensure adults with challenging behaviour get the support they need.
    - A new NHS and local government-led joint improvement team, funded by the DH, will help guide local teams, supported by a Concordat pledging commitment from over 50 national partners to raise standards.

- Greater transparency and strong monitoring of progress:
    - The DH will develop a range of measures and key performance indicators to help local councils assess the standard of care in their area.

- The Learning Disability Programme Board, chaired by the Minister for Care and Support, will monitor progress and publish milestones.

4. Required Action

The Review makes it clear that the Government expects urgent progress to be made on improving standards. The following local actions are required;

- Changes in services so that there are better outcomes for people with learning disabilities.
- A locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour by April 2014.
- Local commissioners should have pooled budgets so that health and social care money is in the same place. Areas that do not pool budgets will be asked to explain why not.
- Everyone will have a named care coordinator and will have their care reviewed by June 2013.
- Planning good care starts with children. The Children and Families Bill will bring in a new single way to assess children. These are called Education, Health and Care Plans. This means good planning for children when they grow up.

5. Conclusion

- Whilst there are ample guidelines across health and care, the needs of this highly vulnerable group were not being addressed.
- However it is believed and intended that every action identified within the document, supported by a Concordat drawn up between all partners, will deliver the required real change. This will involve greater regulation, more stringent review processes and better communication lines including the encouragement for whistleblowing.

6. Recommendation

It is recommended that a project group is urgently formed with representation from the local NHS, Adult Care and CAYA to ensure the actions detailed in this and other papers dealing with Winterbourne are addressed.

James Gough
Service Manager
Contracting and Compliance Team

Agenda Item: 7

Hardwick Clinical Commissioning Group

Draft report for CCG

Update on LD commissioning activity and winterbourne compliance progress based on Key points raised in David Nicholson's letter on Winterbourne.

The CCG is asked to note we have completed the Self Assessment Framework, with a positive meeting with NHS Midlands and East. However the formal response has not yet been received from Midlands and East. Once this has been received an action plan for each CCG will be produced.
The CCGs are also asked to note that Hardwick has held the resource (on behalf of the East Midlands) for the Living Local Project which has been delivering on a number of projects to support repatriation and care for people with complex needs in the community.

We have separately produced a paper in October for 4plus 4 on joint commissioning of carers short breaks in the county council localities.
We are also providing support to North Derbyshire CCG Commissioning team in reviewing specialized LD services within DCHS.
A clinical reference group for learning disabilities has started meeting and is currently reviewing dementia care pathways. Hardwick Lead GP is Dr. Tim Parkin.

Winterbourne View Actions Update
This update needs to be read in context of the Winterbourne report that went to Hardwick Board and was circulated to all CCGs in July 2012, the Local Authority paper on Winterbourne presented at Adult Care Board and the Options Appraisal for Joint Commissioning. (November 2012)

David Nicholson has written to SHAs on 28th Nov to prepare the ground for the Winterbourne View update report.
His letter is in italics.

I'm letting you know that LD commissioners in PCT's and LA's (in handing over LD commissioning responsibilities to the CCGs) need to be prepared to make plans to:

1. *Develop by 1 April 2013 and maintain local registers of all people placed in NHS-funded care, setting out clearly which CCG and Local Authority is responsible for them*.
   Response

We have a record of all (23) people placed in independent hospitals
We have initiated the regional protocol by which we inform other CCGs of placements and they inform us
We have started to make up the register of people for whom we are not the responsible CCG but who are in Independent hospitals in Derbyshire. We have discussed this with the providers and they have started sending us their lists of residents.
This is also being developed for CHC cases in residential and nursing homes.

2. *review by 31 May 2013 the care of all people in learning disability or autism inpatient beds and, based on that review, develop a comprehensive personal care plan for each individual, based on their and their families' needs and agreed outcomes*

   Response

   We have reviewed all patients in Hospital beds we have plans to move those that could be moved based on comprehensive care plan. However the individual's needs are complex and we have to tender for specific packages. Two such cases are going to tender in January and this will be the start of an ongoing process. We have 23 patients in total in hospital placements with a learning disability. The number is set to decline and we are retaining a LD nurse in the quip program in 2013 on to continue to review all patients and formulate individual care plans and we have worked with local authority to agree a process of going forward with complex cases.

3. *as a result of that review, bring back into community-based settings as soon as possible, and no later than 31 May 2014, everyone inappropriately placed in hospital;*

   Response

   We have no one inappropriately placed in hospital in that all those placed have high needs, detained under the MH act etc. But we can bring some people with extended length of story home if we commission complex packages. This approach has started and will be complete by May 2014. It will require continued commitment to CCGs to fund the LD nurse in the IPP project and this has been raised formally within the contract round.

4. *commission independent advocacy support as needed by people in hospital settings and their families to support them in moving on;*

   Response

   As part of the regional procurement exercise independent advocacy will be re-assured but we have already ensured there is advocacy in place for the independent hospitals we commission from and the details will be publically available on their websites in January. We have found that the individual case workers we have dedicated to this task work effectively to move people on and this is being done in a collaborative fashion with carers and with the person themselves. The LD nurses we employ for the task are there to advocate moving people on.

5. *have in place, as part of their formal annual plans for 2014/15, an evidence-based strategic plan to commission the range of local health and care support services required to meet the needs of children and adults with challenging behavior in their locality; and;*

   Response

   We have commissioned the National Development Team (NDTI) for Inclusion to advise on pathway changes to ensure no one goes to a hospital when it can be avoided and none stays there for care only for treatment. They have engagement meeting with professionals on 6 December with carers in January and have already met with Local authority and CCG commissioners. We have raised the process in the Adult Care Board in the county. Hardwick will be attending the transitions board in the county to ensure we support the transition from Children's to adult services seamlessly and can plan alternatives at an early stage in pathways. CHC are already now reviewing younger people so there is seamless transition to adult services. We have taken to adult care Board a paper on options for lead commissioning. This is being worked on in more detail but the aim is to consider integrated pathway that can meet the needs more seamlessly and ensure there is a clear approach and leadership of complex commissioning where CHC and Community care responsibilities and Hospital budgets overlap.

6. *ensure that health and social care commissioners commission against clearly defined standards of quality, safety and openness in contracts with all providers to drive up quality.*

   Response

   This is an explicit part of the work we have contracted NDTI to take forward as part of the procurement exercise. We already have CQUIN in place and contract meetings. Jim Connell Hardwick Chief Nursing Officer will be part of the project board regionally and involved in contract review of existing providers regarding quality. In addition we have commissioned the health facilitators team to develop a cohort of people with a learning disability to act as quality checkers in homes and we will be aligning this initiative with health watch when in place. The regional procurement board has representation on the national team who are producing a revised service specification for LD and we thus can be assured that our contracts will reflect the emerging best practice standards.

Responsible COO Andy Gregory
Responsible Lead and report owner David Gardener

Status of report

Version 1 December 1 2012

Draft produced for governance meeting by David Gardner at request of Miles Scott.

Requires updating with CHC team actions, Nursing and Residential care home actions and ratification at JCB before being released.

NB A more detailed response to SAF and to the winterbourne actions now published will be presented to the County Adult care board and Health and Well Being Board In January and will also be circulated top CCG for their quality assurance process.

David Gardner

18 December 2012

Adult Care Board

15th November 2012

Draft Outline Role and Function

Reporting:

The Adult Care Board is a non-executive body that reports to the Shadow Health and Wellbeing Board. Any executive decisions will be made by the constituent agencies usual decision making processes.

The Adult Care Board is not a public meeting.

Role and Function:
The Adult Care Board will:

- participate in the development and implementation of the Joint Health and Wellbeing Strategy.

- ensure the effective development and delivery of agreed joint commissioning plans focussing on the themes of
    - prevention (non care based)
    - accommodation and support, including: housing related support, telecare, telehealth, extracare developments and adaptations
    - joint commissioning of health and social care services including prevention and integrated care and support
    - adult safeguarding
- agree to the formation of any task and finish groups required to deliver tasks allocated to, or agreed by, the Adult Care Board.
- to provide guidance and support to and receive reports from
    - Prevention – Strategic Partnership Group for Prevention
    - Supported Accommodation – Commissioning Group for Accommodation and Support Services
    - Safeguarding – Derbyshire Safeguarding Adults at Risk Partnership Board
    - Joint Commissioning Co-ordination Group
    - and as and when required from any sub group
- support the development of the Joint Strategic Needs Assessment and participate in delivering the actions to respond to its priorities.

- ensure that the joint commissioning processes and activities delegated by the Shadow Health and Wellbeing Board to the Adult Care Board are delivered effectively and efficiently.
- support the development of joint commissioning to achieve more efficient and effective outcomes through alignment, integration and transfer of resources as appropriate
- ensure that the activities undertaken on behalf of the Adult Care Board are based on co-production with local people or their representatives. This work will include close involvement with the LINk (and Healthwatch when it is established) together with other established stakeholder groups.
- Support the delivery of the key joint health and social care outcomes identified in national strategies, outcome frameworks and priorities.
- monitor the impact of the performance of constituent statutory organisations' budgets on local services.
- oversee any local adult health and social care pooled budgets agreed by the Shadow Health and Wellbeing Board.
- support the development of a skilled and sustainable workforce to commission and deliver adult health and social care.
- report to the Health and Wellbeing Board as required, including on matters delegated to the Adult Care Board.

Frequency of meetings:

The Adult Care Board will meet bi-monthly.

Proposed membership:

Jones	Cllr Charles	DCC – Cabinet Member Adult Care (Chair)
Allen	Cllr Dave	DCC Shadow Cabinet Member Adult Care
Bennett	Bryan	Derbyshire Fire & Rescue Service
Ellis	Stuart	DCC – Cabinet Support Member Adult Care
Foster	Russ	Derbyshire Police
Harris	Lynn	Safeguarding Board
Harrison	Cllr Barbara	Erewash District/Borough Council Representative
Laurence	Bruce	Acting Joint Director of Public Health or representative

Lemmon	John	South Derbyshire District/Borough Council representative
Matthews	James	DCC - Adult Care
McElvaney	Mary	DCC - Adult Care
Milroy	Andrew	DCC - Adult Care
Robertson	Bill	DCC - Adult Care
Robinson	Helen	Derbyshire Carers
Robinson	Cllr Lilian	NED District/Borough Council representative
Smith	Jo	South Derbyshire CVS – Voluntary Sector representative
Tomlinson	Gavin	Derbyshire Fire & Rescue Service
Watson	Clare	Tameside & Glossop PCT (CCG)
Willis	Jacqui	NDVA / Chief Executive – Voluntary Sector representative
Wright	Tammi	Derbyshire LINk
Rep to be notified		Probation Service
2 representatives from each of:		North Derbyshire CCG Southern Derbyshire CCG Erewash CCG Hardwick CCG

V5 14/11/2012

Report Author – David Lowe Agenda Item No. 9

SHADOW HEALTH AND WELLBEING BOARD

7 July 2011

HEALTH AND WELLBEING BOARD - BACKGROUND AND TERMS OF REFERENCE

Purpose of the Report

To consider the background to the establishment of Health and Wellbeing Boards and to endorse the Terms of Reference for the shadow Board.

Information and Analysis

The Health and Social Care Bill requires the County Council to establish a statutory Health and Wellbeing Board from April 2013. The Bill states that the Board is to be treated "as if it were a committee appointed by that authority under section 102 of the Local Government Act 1972". Membership of the Board is statutory for some, including a representative from each Clinical Commissioning Group in the area. Boards will be subject to local authority overview and scrutiny arrangements.

The Council has accepted an invitation from the Government to be an "early implementer" for Health and Wellbeing Boards. This requires the establishment of a shadow Board which will act as an advisory Board to the County Council, NHS Derbyshire and the NHS Commissioning Board. Membership of the shadow Board follows the statutory model.

Following the "pause" in the progression of the Health and Social Care Bill through Parliament, the Government has indicated that the role of Health and Wellbeing Boards will be strengthened with a new duty to involve users and the public. The Chief Executive of the NHS, Sir David Nicholson, has stressed the importance of pressing ahead with the establishment of Boards. David Behan, Director General at the Department of Health, has also written to make it clear that Health and Wellbeing Boards are "at the heart of the Government's plans as the engines for integrating services and improving local people's health".

The core purpose of the Health and Wellbeing Board is to join-up commissioning across the NHS, social care, public health and other services to improve health and wellbeing outcomes and better quality of care within available resources.

The main functions are to:

- Develop a Joint Health and Wellbeing Strategy based on a Joint Strategic Needs Assessment
- Support joint commissioning of NHS, social care and public health services
- Ensure close working relationships between Public Health England, NHS, local government, Director of Public Health and Clinical Commissioning Groups.
- Provide a strategic framework for the detailed commissioning plans for the NHS, social care, public health and other services to best meet health and wellbeing needs.
- Ensure that services and commissioners are maximising their effectiveness on health improvement and reducing inequalities.

The shadow Board will operate within the framework of the Derbyshire Partnership Forum, as shown in Appendix A. It will drive the health and wellbeing theme within the Sustainable Community Strategy. The Adult Care Board and the Children's Trust Board will report to the shadow Health and Wellbeing Board and be tasked appropriately.

Initial consultation with stakeholders at a Derbyshire Partnership Forum priority setting and governance workshop took place at the end of April 2011 with many organisations expressing their desire to engage with the Board. Supporting structures will need to be developed to ensure engagement and influence from a wider range of organisations, including all district and borough councils, providers (including hospitals), the voluntary and community sector and other stakeholders and specifically, patients and the wider public.

The aim is to ensure that the Board can work with users, patients, providers, commissioners, professional advisors etc in an effective way so that decisions are well-informed and services are successfully designed.

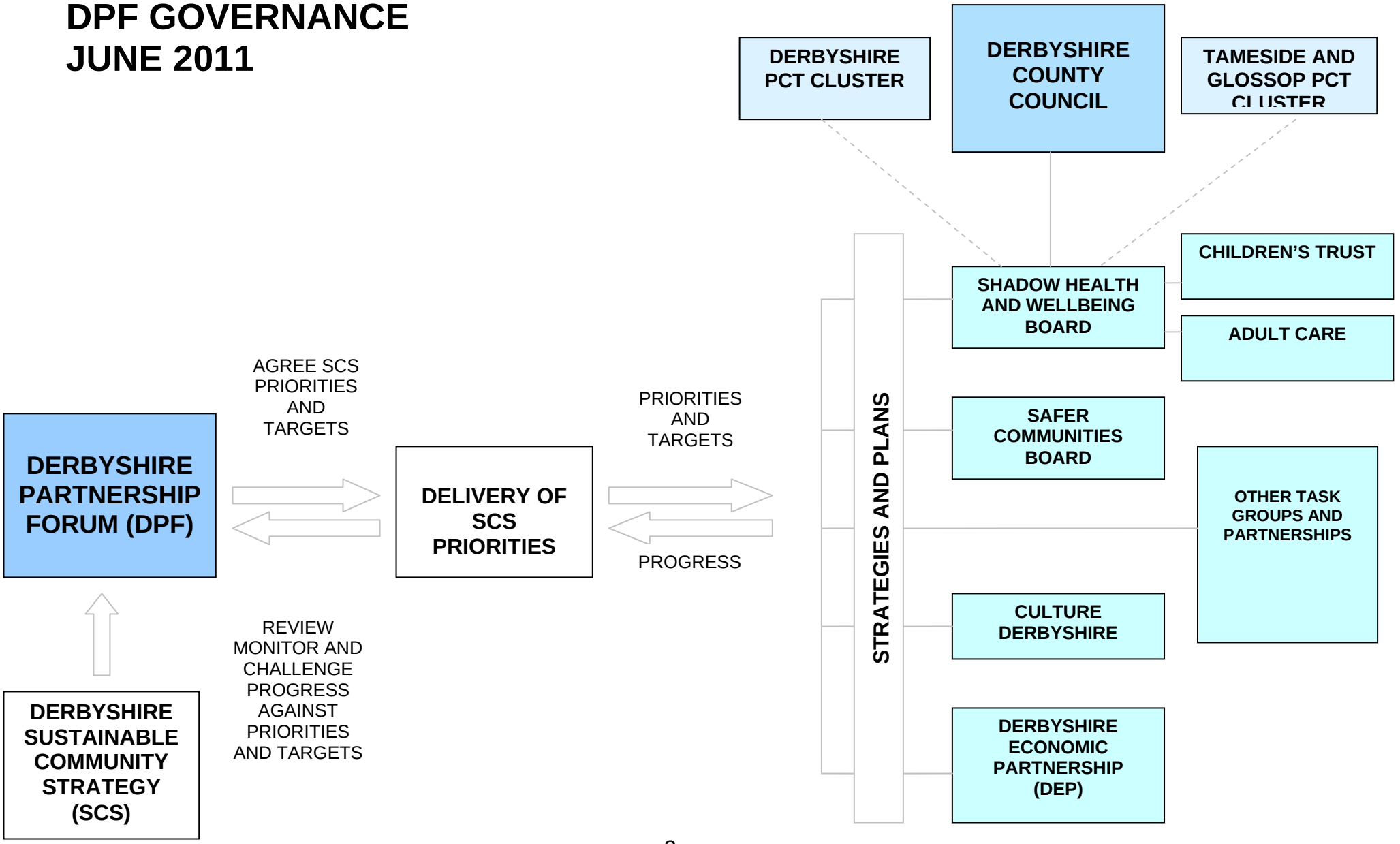
The draft Terms of Reference for the shadow Board are attached at Appendix B for comment and endorsement. The Board is asked to consider substitute arrangements (if any).

RECOMMENDATION

That the proposed Terms of Reference for the shadow Board be endorsed for approval by the County Council's Cabinet.

David Lowe
Strategic Director – Policy and Community Safety

DPF GOVERNANCE JUNE 2011



Appendix B

Derbyshire Shadow Health and Wellbeing Board
Draft Terms of Reference

The shadow Derbyshire Health and Wellbeing Board will lead and advise on work to improve the health and wellbeing of the people of Derbyshire through the development of improved and integrated health and social care services.

Terms of Reference
The Board will:

1. Identify and develop a shared understanding of the needs and priorities of local communities in Derbyshire through the development of the Derbyshire Joint Strategic Needs Assessment (JSNA). Specifically, the Board will ensure that:

    - The Derbyshire JSNA is reviewed, refreshed and further developed taking into account the latest evidence and data so that it is fit for purpose and reflects the views of local people, users and stakeholders.

    - The JSNA drives the development of the Joint Derbyshire Health and Wellbeing Strategy and influences other key plans and strategies across the county.

    - The County Council, NHS Derbyshire and Clinical Commissioning Groups demonstrate how the JSNA has driven commissioning decisions.

2. Prepare and publish a Joint Health and Wellbeing Strategy for Derbyshire to ensure that the needs identified in the JSNA are delivered in a planned, coordinated and measurable way. Specifically, the Board will:

    - Take account of the health needs, inequalities and risk factors identified in the Derbyshire JSNA along with recommendations set out in the Director of Public Health's Annual Report.

    - Develop an agreed set of strategic priorities to focus both collective effort and resources across the county.

    - Ensure that plans are in place to deliver the Board's strategic priorities and outcomes.

    - Challenge the performance of delivery plans taking action as necessary to support underperformance through the agreement of recovery and improvement plans.

- Review the commissioning plans for healthcare, social care and public health to ensure that they have due regard to the Joint Derbyshire Health and Wellbeing Strategy and take appropriate action if they do not.

- Receive reports from other strategic groups and partners in the county responsible for delivery, including specialist commissioning groups.

- Develop mechanisms to measure, monitor and report improvements in health and wellbeing outcomes ensuring linkages with performance frameworks for the NHS, public health and local authorities.

3. Develop effective mechanisms to communicate, engage and involve local people and stakeholders in Derbyshire to ensure that to the work of the Board reflects local needs. Specifically, the Board will:

    - Ensure that appropriate structures and arrangements are in place to ensure the effective engagement and influence of local people and stakeholders.

    - Represent Derbyshire in relation to Health and Wellbeing issues across localities and at a sub regional and national level.

    - Work closely with the Derbyshire LINKs and support transition to the local HealthWatch ensuring that appropriate engagement and involvement with existing patient and service user involvement groups takes place.

4. Oversee the totality of public sector resources in Derbyshire for health and wellbeing and drive a genuine collaborative approach to commissioning. Specifically, the Board will:

    - Oversee and develop a shared understanding of the totality of health and wellbeing commissioning expenditure in Derbyshire.

    - Retain a strategic overview of the work of commissioners in the county.

    - Support joint commissioning of NHS, social care and public health services and identify those service areas in Derbyshire where additional improvements in joint commissioning are required to achieve the Board's priority outcomes.

    - Recommend the development of aligned or pooled budgets and encourage partners to share or integrate services where this would lead to efficiencies and improved service delivery.

- Make recommendations on the allocation of resources and on the priority of key projects to service providers and/or localities to achieve jointly agreed objectives.

- Have an overview of major service reconfigurations in the county by relevant service providers and make recommendations to those providers to enable improved and integrated service delivery.

5. Ensure robust arrangements are in place for the smooth transition to the Statutory Board by April 2013. Specifically, the Board will ensure that its work develops in tandem with other local and national policy developments and relevant legislation building close working relationships between partners.

Membership
The composition of the shadow Derbyshire Health and Wellbeing Board will broadly follow the statutory model. It will comprise:

- Leader of County Council (Chair)
- Cabinet Member for Public Health
- Cabinet Member for Adult Care
- Cabinet Member for Children and Young People
- Director of Public Health
- Strategic Director of Adult Care
- Strategic Director for Children and Younger Adults
- Strategic Director of Policy and Community Safety
- Two elected representatives of the District Councils (supported by one Chief Executive)
- One representative from each of the Clinical Commissioning Groups
- One representative of the local HealthWatch (initially from the Local Involvement Network (LINk)
- NHS Derbyshire County (until the PCT is abolished)
- NHS Tameside and Glossop (until the PCT is abolished)
- NHS Commissioning Board (when required)
- Public Health England (when required)

The Board can co-opt additional members as it considers appropriate.

Meetings of the Board

Frequency
- The Shadow Health and Wellbeing Board will meet initially on a bi-monthly basis.
- Meeting frequency will be reviewed after 12 months.

- The date, time and venue of meetings will be fixed in advance by the Board and an annual schedule of meetings will be agreed.
- Additional meetings may be convened at the request of the Chair.

Voting
- The Shadow Health and Wellbeing Board will operate on a consensus basis.
- In exceptional circumstances, and where decisions cannot be reached by a consensus of opinion, voting will take place and decisions agreed by a simple majority.
- Where there are equal votes the Chair of the meeting will have the casting vote.

Declaration of Interests
- Any personal or prejudicial interests held by members should be declared on any item of business at a meeting.

Quorum
- A quorum of five will apply for meetings of the Shadow Health and Wellbeing Board including at least one elected member from the County Council and one representative of the Clinical Commissioning Groups.

Access to Information/ Freedom of Information
- The Board shall be regarded as a County Council committee for Access to Information Act purposes and meetings will be open to the press/public.
- Freedom of Information Act provisions shall apply to all business.

Papers
- The agenda and supporting papers shall be in a standard format and circulated at least five clear working days in advance of meetings.
- The minutes of decisions taken at meetings will be kept and circulated to partner organisations as soon as possible.
- Minutes will be published on the County Council web site.

Review
The Terms of Reference will be reviewed to support the functioning of the Health and Wellbeing Board from April 2013 onwards.