

**DERBYSHIRE  
ADULT CARE BOARD**

**THURSDAY 7<sup>TH</sup> MARCH 2013  
2:00PM TO 4:00PM  
COMMITTEE ROOM 1, COUNTY HALL, MATLOCK,  
DERBYSHIRE, DE4 3AG**

**A G E N D A**

Welcome & Introduction from Cllr Charles Jones Cllr Jones

Noted Apologies:

- Bryan Bennett
- Andy Layzell
- Karen MacLeod

“

1. Minutes from the meeting 11<sup>th</sup> January 2013 ([attached](#)) “
2. Carers Lead Commissioning Update ([attached](#)) J Vollar
3. Refresh of Prevention Strategy (*to follow*) A Milroy
4. Francis Report J Stringfellow
5. Winterbourne / Learning Disabilities Lead Commissioning (*to follow*) J Vollar/  
D Gardner
6. HealthWatch Update ([attached](#)) J Matthews
7. Health & Wellbeing Board Issues (for 21<sup>st</sup> March Meeting) All
8. Health and Well Being Board and Health Scrutiny Regulations B Robertson  
<http://healthandcare.dh.gov.uk/hwbs-health-scrutiny-regulations-2013/>
9. The next meeting of the Adult Care Board will take place on Friday 10<sup>th</sup> May 2013 at 2:00pm in Committee Room 1, County Hall, Matlock.
10. Any other business

## ADULT CARE BOARD

### MINUTES OF A MEETING HELD ON FRIDAY 11<sup>TH</sup> JANUARY 2013 AT 2:00PM DERBYSHIRE COUNTY COUNCIL, COMMITTEE ROOM 1, MATLOCK HQ

**PRESENT:**

Cllr Charles Jones	CJ	Derbyshire County Council Cabinet Member (Adult Care) <b>Chairman</b>
Cllr Stuart Ellis	SE	Derbyshire County Council Support Cabinet Member (Adult Care)
Bill Robertson	BR	Derbyshire County Council – Strategic Director Adult Care
Cllr John Lemmon	JL	South Derbyshire District Council
Cllr Lilian Robinson	LR	North East Derbyshire District Council
Karen MacLeod	KMc	Derbyshire Probation
James Matthews	JM	Derbyshire County Council – Adult Care
Andrew Milroy	Ami	Derbyshire County Council – Adult Care
Antony Morkane	AMo	Public Health D C
Andrew Mott	AM	Southern Derbyshire Clinical Commissioning Group
Clive Newman	CN	Hardwick Clinical Commissioning Group
Jackie Pendleton	JP	North Derbyshire Clinical Commissioning Group
Helen Robinson	HR	Derbyshire Carers
Jo Smith	JS	South Derbyshire CVS: representing voluntary & community sector
Barry Thacker	BT	Derbyshire Constabulary
Julie Wilkinson	JuW	Erewash Clinical Commissioning Group
Jacqui Willis	JaW	NDVA: representing voluntary & community sector
Tammi Wright	TW	Derbyshire LINK

**IN ATTENDANCE:**

Falu Bharmal	FB	Erewash Clinical Commissioning Group (representing R Marwaha)
Jem Brown	JB	Derbyshire County Council – Adult Care
James Gough	JG	Derbyshire County Council – Adult Care
Julie Hardy	JH	Derbyshire County Council – Adult Care (Minutes)
Jayne Needham	JN	Public Health D C
Graham Spencer	GS	Derbyshire County Council – Scrutiny
Julie Vollar	JV	Derbyshire County Council – Adult Care

**APOLOGIES:**

Cllr Dave Allen	Derbyshire County Council – Elected Member
Bryan Bennett	Derbyshire Fire Service
Avi Bhatia	Erewash Clinical Commissioning Group
David Collins	North Derbyshire Clinical Commissioning Group
Russ Foster	Derbyshire Police
David Gardner	Hardwick Clinical Commissioning Group

Lynn Harris	Derbyshire County Council – Safeguarding Board
Cllr Barbara Harrison	Erewash Borough Council
Bruce Laurence	NHS Derbyshire County / Derbyshire County Council
Andy Layzell	Southern Derbyshire Clinical Commissioning Group
Steven Lloyd	Hardwick Health Clinical Commissioning Group
Mary McElvaney	Derbyshire County Council – Adult Care
Rakesh Marwaha	Erewash Clinical Commissioning Group
Steve Pintus	NHS Derbyshire County / Derbyshire County Council
Alison Pritchard	NHS Derbyshire County / Derbyshire County Council
Jennifer Stothard	North Derbyshire Clinical Commissioning Group
Clare Watson	Tameside & Glossop PCT (CCG)

Minute no	Item	Action
ACB 001/13	<b>WELCOME FROM CLLR JONES AND APOLOGIES NOTED</b>	JV
	<p><b><u>MINUTES FROM THE MEETING ON 15TH NOVEMBER 2012 &amp; MATTERS ARISING</u></b></p> <p>The minutes from 15<sup>th</sup> November 2012 were noted and agreed.</p> <ul style="list-style-type: none"> <li>063/12: Lead Commissioning for Carers &amp; People with Learning Disabilities: <ul style="list-style-type: none"> <li>➤ Detailed proposals to be brought back to future Board meeting in March 2013.</li> </ul> </li> <li>064/12: HealthWatch: <ul style="list-style-type: none"> <li>➤ It was confirmed that HealthWatch will be operational from 1<sup>st</sup> April 2013.</li> <li>➤ Seven appointments have been made to the Board – 5 posts are currently vacant and will be advertised shortly.</li> <li>➤ The first Board meeting takes place Friday 11<sup>th</sup> January 2013.</li> <li>➤ HealthWatch and LINK are in discussions to ensure coherent transfer arrangements are in place.</li> </ul> </li> <li>068/12: Accommodation, Care &amp; Support Strategy: <ul style="list-style-type: none"> <li>➤ BR outlined progress on delivering the strategy including: <ul style="list-style-type: none"> <li>▪ Oakland starting to operate.</li> <li>▪ Progress on delivering the next Extra Care schemes.</li> <li>▪ Procurement of the remaining programme of Extra Care schemes.</li> </ul> </li> <li>➤ Cllr CJ added that the new Oakland Village is of a superb quality standard that provides 88 apartments and urged people to visit and have a look around should they get the opportunity – the build had exceeded our expectations.</li> </ul> </li> </ul>	
002/13	<p><b><u>IMPROVEMENT &amp; SCRUTINY INQUIRY REPORT: MEDICATION MANAGEMENT</u></b></p> <ul style="list-style-type: none"> <li>GS presented the Board with a report on the Improvement and Scrutiny Inquiry into Medication Management in Derbyshire Care Homes.</li> <li>Cllr LR queried the level of person qualified to administer medication – it was confirmed that there are specific staff who are responsible for administering; there is a system in place where they have to sign to administer, along with following a personalised monitoring process.</li> <li>It was raised that a range of GP's deal with complex issues within nursing homes which doesn't provide any continuity. JP confirmed that patients do have a choice of which GP they wish to register with, but that links are being established between specific care homes and GP practices.</li> </ul>	

- The Board were asked to receive the report and note its recommendations – Noted.

For more information please contact Graham Spencer on 01629 538263 or at [graham.spencer@derbyshire.gov.uk](mailto:graham.spencer@derbyshire.gov.uk)

003/13

#### **PREVENTION STRATEGY**

- JB presented the Board with a progress report on the development and implementation of the Derbyshire Trusted Befriending Network.
- The Board were asked to note the progress achieved to date – Noted.
- A more detailed update will be presented at the Board meeting in March.
- Positive progress has been made in the Befriending Network – the Council has been successful in procuring support from South Derbyshire CVS (SDCVS).
- A project team, Steering Group and Stakeholder Group have now been established by SDCVS
- The network seeks to tackle loneliness and isolation, which is becoming an increasing problem amongst older people, it provides one to one relationship support for volunteers to develop and maintain a befriender relationship.
- A mapping and gap analysis has been carried out. (Executive summaries were available as hand-outs). Full details can be viewed at: [http://www.derbyshire.gov.uk/social\\_health/adult\\_care\\_and\\_wellbeing/getting\\_out\\_and\\_involved/befriending/default.asp](http://www.derbyshire.gov.uk/social_health/adult_care_and_wellbeing/getting_out_and_involved/befriending/default.asp)
- Quality Assurance Standards are in place.
- Networks of Befriending Champions are being developed.
- A small grants scheme for Befriending Providers will be available – the first round taking place in February 2013 with around £8000 available for investment.
- Launched the Small Grants Scheme: Friends & Good Neighbours which is in place to encourage the delivery of befriending type activities, seeking innovative opportunities. The first round is underway, closing beginning of March 2013.
- 29<sup>th</sup> January 2013: Celebratory Event organised highlighting good work.
- Agreed to schedule update on Prevention Strategy Refresh for the next Board meeting in March.

For more information please contact Jem Brown on 01629 532068 or at [jem.brown@derbyshire.gov.uk](mailto:jem.brown@derbyshire.gov.uk)

JB

004/13

#### **WINTERBOURNE**

- JG presented the Board with updated information in relation to recent reports into Winterbourne View Hospital, detailing the overall findings, conclusions and recommendations.
- It was recommended that a Project Group is urgently formed with representation from the local NHS, Adult Care and CAYA – Agreed.
- Agreed to base the approach on an assumption of pooling budgets.
- Accommodation Steering Group to link in with Project Group for Winterbourne.

005/13

**CCG DEVELOPMENT / AUTHORISATION**

JP provided the Board with a CCG update.

- Each of the 4 (5 if including Tameside & Glossop) CCG's have been through the authorisation process.
- Panel Review Days have all taken place.
- Final sign-off mid-February/March 2013 – will then be officially authorised.
- Staff transfer over April 2013.
- The Board noted the successful achievements made and gave congratulations to all.

006/13

**TERMS OF REFERENCE**

- Adult Care Board Draft Outline Role and Function and the Shadow Health & Wellbeing Board Terms of reference were signed off at the last Health & Wellbeing Board.
- Health & Wellbeing Board background and terms of reference diagram circulated for information.
- Agreed to convene a co-ordination meeting before the next Board meeting in March.

BR

007/13

**INTEGRATED CARE**

JP presented the Board with an update on integrated care.

- Mapping process will finish March/April 2013.
- Communication exercises with the general public during the Summer to explain the next stage of the journey.

008/13

**WINTER PRESSURES**

- Derbyshire and Nottinghamshire have an additional £10 million funding awarded – Derbyshire have been successful in being awarded £5 million. Look at reducing pressures on acute hospitals.

009/13

**SHADOW HEALTH AND WELLBEING BOARD AGENDA**

- The following agenda and information items for the Shadow Health and Wellbeing Board to be held on Thursday 24<sup>th</sup> January 2013 were discussed. Items to be taken forward were:-
  - HealthWatch
  - Winterbourne
  - Update on Nutrition

**DATE OF NEXT MEETING**

The next meeting of the Adult Care Board will take place on Thursday 7<sup>th</sup> March 2013: 2:00pm – 4:00pm, Committee Room 1 County Hall, Matlock.

**DERBYSHIRE COUNTY COUNCIL**  
**REPORT FOR ADULT CARE BOARD**  
**7<sup>th</sup> March 2013**

**Progress report on the development of**  
**Lead Commissioning for Carers**

**Purpose of the Report**

To provide the Board with a further update on the activities undertaken to develop lead commissioning for carers.

**Background**

The Board approved the report 'Adult Care and Joint Commissioning Priorities 2012 – 13', on 15<sup>th</sup> March 2012, which included the priority '*Adult Care is proposing to be the Lead Commissioner for Carers*'.

In November 2012 an update Report was presented to the Board setting out the next steps and proposed timeline. The Board noted the content of the Report and agreed the proposed actions and timeline.

The next steps were as follows:-

- Complete an option appraisal and explore the benefits and risks of proposed commissioning options; this will enable partner organisations to be clear about the nature and level of the commissioning partnership they are prepared to undertake.
- Representatives from the Council and NHS SDCCG to develop a detailed project plan for agreement on the preferred option; including consultation and reporting on the preferred model through existing governance structures.
- To proceed to implementation of an agreed way forward for April/ May 2013.

This Report is to inform the Board of progress made over the last 3 months.

## **Information and Analysis**

The general principles which have now been agreed are:-

That Derbyshire County Council would act as the Lead Commissioners.

That the preferred option for joint working was Lead Commissioning and Pooled Budgets. The benefits of this approach include-

- Efficiencies of a pooled budget
- Long term sustainability
- Clearly defined purpose and more strategic approach
- Greater flexibility and leverage leading to improved services
- Better value for money

There is general consensus that this would be the most workable and practical solution for all parties and offers the most efficient service for carers. It was also felt that the current arrangement was not the 'best fit' with the current direction of travel for the two organisations.

- There is a need to move to a more formalised joint working agreement, based on current good working relationships. This would be a clear and transparent Joint Memorandum of Understanding to spell out the detail of the agreement created in partnership and signed by both organisations.
- That the budget will be ring fenced for carers and jointly managed and monitored.
- That the arrangement will be in the best interest of the carers of Derbyshire.
- That arrangements are robust and as far as possible future proofed to mitigate risk of any possible organisational restructure or change in either organisation.
- That the Carers Joint Commissioning Group would act as the steering group for this work.
- That a workshop event for carers and other stakeholders would also take place in order to report on the process and provide information to interested parties. Information on this would also be made available at other carers' groups and the Stakeholder Engagement Board.

### **Progress to date**

- Work is progressing on the formulation of the joint memorandum of understanding, due for completion by April, 2013.
- A meeting has taken place with the Head of Finance in Adult Care re pooled budgets and a Pool Budget Manager has been identified.
- Shadow arrangements for the pooled budget are being progressed with a view to having full arrangements in place by April 2014.
- A presentation was made at the Joint Carers Commissioning Group meeting on 18<sup>th</sup> February and there was agreement on the direction of travel.
- A checklist of actions to implement the new arrangements has been drawn up and agreed by both organisations.
- Terms of reference for the Joint Carers Commissioning Group and representation on that group are currently being reviewed and an agreement has been reached by both parties that the Group will be re-badged as the Joint Carers Commissioning Board.

Tameside and Glossop CCG have expressed an interest in being part of the proposed new arrangements regarding commissioning arrangements for carer's services in the Glossop area.

A further Report will be submitted to the Adult Care Board.

### **RECOMMENDATIONS**

- The Adult Care Board is asked to note the contents of this report and the progress which has been made to date.
- A further Report will be presented to the next Adult Care Board on 10<sup>th</sup> May 2013.



**DERBYSHIRE COUNTY COUNCIL**

**ADULT CARE BOARD**

**7th March 2013**

**Adult Care Prevention Strategy 2011 – 2014**  
**Implementation Up-date**

**Purpose of the Report**

To inform the Adult Care Board of the findings of the recent Prevention Strategy stakeholder meeting and set out recommendations for the development of the Adult Care prevention agenda up to and beyond April 2014.

**Information and Analysis**

A prevention (services and support) stakeholders meeting was held in November 2012. The aim of the meeting was to:

- up-date stakeholders on what had been achieved since the launch of the Prevention Strategy against its specified action programme
- establish greater shared purpose for the further work that remains to be done to implement the strategy up to 2014
- contribute to the strategic planning for the prevention agenda beyond April 2014.

90+ attendees from statutory, independent and voluntary/community sector organisations from across Derbyshire, involved in prevention work for adults attended (see appendix 1 for list of attendees).

Delegates were asked to consider key influences on the prevention agenda since the launch of the Prevention Strategy in January 2011, impacting now and over the next few years. The principal influences highlighted (in no particular order) were:

- Economic stagnation, in the midst of the Government's fiscal consolidation drive, affecting public and voluntary/community sector finances
- Welfare Reform Act (2012) legislation and its impact on poverty issues
- Structural changes to primary health care provision, with the abolition of Primary Care Trusts and the establishment of Clinical Commissioning Groups, a Health and Wellbeing Board for

Derbyshire, and the Public Health function moving to the County Council

- Elected Police and Crime Commissioner for Derbyshire who will have considerable influence over Derbyshire's policing priorities and be pivotal to how funding is spent, including on community safety and reducing crime.
- Derbyshire Health and Wellbeing Strategy 2012-2015 (October 2012) which sets out the vision of the Derbyshire health and social care sectors to improve health and wellbeing, reduce health inequalities, strengthen investment in prevention, and deliver high quality care.
- Introduction of self-directed support/personalised social care model across Derbyshire (from April 2011), includes changed FACS criteria thresholds and increased emphasis on the importance of prevention and early intervention.
- Publication of the Draft Care and Support Bill 'Caring for our future' (July 2012), a very important Bill for local government, as it is likely to become the main plank of social care legislation for many years to come. For the first time it will establish a general duty (Part 1, s.1) for local authorities to promote the well-being of adults and a specific duty (Part 1, s.7) of preventing needs for care and support. In terms of the latter, this duty will require a local authority to provide or arrange for the provision of services, facilities or resources, or to take other steps, which it considers will:
  - a) "contribute towards preventing or delaying the development of needs for care and support by adults in its area, or
  - b) reduce the needs for care and support of adults in its area who have such needs."

A broad range of issues were expressed as a result of these changes, but there were also acknowledged opportunities as well as challenges for the prevention agenda.

Following a presentation on the successful implementation to date of the Prevention Strategy action programme (see appendix 2), delegates were asked to identify:

1. What remains to be done?
2. What are the priorities?
3. Opportunities to strengthen partnerships locally and at a county level?
4. What should happen after 2014?

Responses to these questions were collated and are summarised below.

## **1. What remains to be done?**

- More work is needed to ensure the right information is available to the right people at the right time, with a focus on helping people to help themselves, and make good decisions
- Access to health and wellbeing information is needed in a wider choice of settings
- Better utilisation of local, cross organisational mechanisms to improve information dissemination/“getting messages out there” is required; there is still too much ‘silo’ working and opportunities for joint information campaigns are not being exploited
- Web based information needs to be made more accessible
- More user friendly information and communication channels to better meet the communication challenges of specialist groups
- More cross organisation staff to staff information sharing/networking
- Better monitoring of behaviour change from information and advice provision
- More face to face information dissemination/receipt opportunities, wider involvement in the Making Every Contact Count initiative
- More effective use of social networking channels and mobile devices
- Continue to drive down use of jargon
- More information about local preventative opportunities, i.e. within and around market towns
- Continue to align citizen expectations about the support health and social care can and cannot provide
- Continue to develop and embed formal, multi-agency sign-posting mechanisms
- Speed up call response times at Call Derbyshire
- Develop sign-posting as a core part of front-line staff roles
- Improve, better integrate working between health and housing , particularly in support of hospital discharge
- Not clear that commissioning decisions are fully joined up across health and social care sectors; new CCG’s need to invest effort in sharing how the system will work, how commissioning decisions are made, generally of what is happening in their areas and positively linking with the social care prevention agenda.

## **2. What are the priorities?**

- To promote sources of information as opposed to the information itself
- To establish better inter-organisation communication co-ordination/sharing of information
- To develop strong county-wide, cross organisational approaches to the co-ordination of preventative services and support

- To establish the First Contact sign-posting mechanism as the sign-posting mechanism of choice for Derbyshire and grow its take-up
- To improve hospital discharge support/home from hospital services to reduce inappropriate re-admissions
- To invest in more primary falls prevention provision
- To ensure wherever possible and practicable, that prevention provision supports safeguarding/preventing harm
- To increase number of middle aged people doing exercise/choosing healthier lifestyles
- To provide more support for VCI sector and small service providers to pursue development of self-sustaining business models for delivering prevention services
- To focus on helping people to help themselves and take more responsibility for their health and wellbeing needs
- To focus on preventative provision that supports peoples social needs and helps tackle loneliness and depression, including supporting carers, improving the 'connectedness' of people.

### **3. Opportunities to strengthen partnerships locally and at a county level?**

- Improve links between housing, health and social care provision
- Make better use of Health Centres as spaces for opening up prevention and early intervention opportunities
- Engage with the private sector, e.g. Tesco, who run a community engagement programme, and often have space for community groups to meet in supermarkets
- Support neighbourhood networks
- Focus on partnership working that enables shifts in funding from crisis provision to prevention provision
- Disseminate Pocket Guides to Adult Care to Parishes/Parish Clerks
- Encourage GP receptionists to have a more general information giving role
- More join-up with VCI sector/VCI forums around information and advice work
- Involve District/Borough Leisure Services staff in promoting primary prevention, e.g. by becoming Befriending Champions
- Improved sharing, positive reflection on positive practice, good case studies and more co-production
- As far as is possible secure stability of funding for prevention provision ahead of the Care and Support Bill passing into law.

### **What should happen after 2014?**

- Clear and clearly defined priority outcomes for prevention and allocate the available resources accordingly
- Sustained and additional prevention provision paid for by a shift in resources from acute/intensive provision
- More partnership working, including stronger shared purpose and resource sharing
- Health and Wellbeing Board recognising (evidence based) and driving reallocation of resources towards prevention
- Strong links/complementarity between the Prevention Strategy, Health and Wellbeing Strategy and the Housing Related Support Strategy
- Broaden out the Prevention Strategy to include all sector preventative provision/approaches in Derbyshire, recognising what else is out there and who else is funding, commissioning and delivering prevention.
- Focus on prevention provision pulling people to independence/continued independent living and supporting their safety at the same time.

## **Recommendations**

It is clear that stakeholders have considerable commitment to the 'prevention is better than cure' ethos and are very supportive of a prevention approach delaying, diverting and generally reducing the need for more intensive interventions. At the same time, a prevention approach must also be about asset maximisation, about helping people to help themselves, having the support in place that enables people to take more responsibility for their health and wellbeing. It is accepted that the underlying demographics in Derbyshire, as nationally, realising an ageing population will continue to drive demand for health and social care services and without prevention provision in place, demand will outstrip supply and available funding. As such, a preventative approach, a strong and comprehensive package of prevention support that reaches large numbers of people with low to moderate needs and evidentially improves health and wellbeing, is key to avoiding bankruptcy of Derbyshire's social care system.

The analysis of the discussions points to a need to increase focus on the following work areas:

- Information and communication
- Access to existing services, improving sign-posting to make better use of current provision
- Improved partnership, joint working and networking
- Capacity building prevention support to better meet social needs

Strategic planning for the prevention agenda up to and beyond April 2014 needs to pursue actions to take forward the following aspirations:

- Adult Care Board to consider driving a county-wide cultural and resource shift away from crisis management to prevention and a continued emphasis on the significant resource shift from acute/intensive provision to prevention and early intervention.
- Enhanced partnership working and greater integration of opportunities for information, advice and communication
- Further developing the evidence base to better explain the impact and outcomes of prevention and early interventions
- Establishing First Contact as the agency to agency referral tool of choice for prevention work for Derbyshire
- Confirming the contributions and commitments to the Adult Care Prevention Strategy from the wide range of partners that are involved in prevention work
- Defining a new set of core, optimal, and desirable outcomes for prevention services in Derbyshire by April 2014 up to 2017, consistent with the new general and specific duties for prevention set out in the Care and Support Bill currently before Parliament.

### **Financial Considerations:**

Expenditure on services falling within the Adult Care Prevention Strategy currently involves expenditure in the region of £28m.

### **Legal Considerations**

The Care and Support Bill currently before Parliament will if enacted place new duties for the provision of services and other actions to prevent the need for the provision of care and support for those people who may otherwise be in need of social care assistance.

### **Other Considerations**

None at this stage

### **OFFICER RECOMMENDATION**

That the Adult Care Board notes the findings of the recent Prevention Strategy stakeholder meeting and agrees the recommendations as the basis for the development of the Adult Care prevention strategy and prevention work up to and beyond April 2014.

**AUTHOR**  
Jem Brown Group Manager – Prevention  
Adult Care  
**County Hall**  
**MATLOCK**

**Appendix 1 - List of Delegates to Prevention Strategy summit meeting**

Name	Job Title/Role	Organisation
Adele Jennings	Citizen Leaders CIC SHEB Member	Citizen Leaders CIC
Andrew Milroy	Assistant Director	DCC Adult Care
Angela Parnell	Development Manager	The Enable Group
Angela Smith	Housing and Support Services Manager	Rykneld Homes
Ann + 1		Deaf and Hearing Support
Ann Button		Stakeholder Engagement
Anna Preston	Manager, South Derbyshire and Erewash Domestic Abuse Services	Reach the People Charity
Anthony Payne	Finance Manager	Derbyshire Federation for Mental Health
Barry Parker	Managing Director	Positive Horizons Ltd
Bernadette Ashcroft	Chief Executive Officer	Age UK Tameside
Bob Ledger	Head of Housing and Environmental Services	South Derbyshire District Council
Carole Gregory	Home Support Service Manager	Buxton Volunteer Centre
Caroline Milner	Advocate	Derbyshire Advocacy Service
Carolyn Nice	Group Manager Bolsover	DCC Adult Care
Chris Jones	Service Manager Fieldwork	DCC Adult Care
Cynthia Voysey		Stakeholder Engagement Group
Danni Burnett	Head of Safeguarding	East Midlands Ambulance Service
David Arkle	Housing Manager	Amber Valley Borough Council
David Gardner	Head of Procurement and Contracts	CCG - Hardwick
Deborah Jenkinson	Commissioning Manager (Learning Disability and Autism)	DCC Adult Care
Dena Trossell	Strategic Head of Service	North Derbyshire Women's Aid
Derek Bellingham	Operations Manager	Metropolitan Care and Repair
Diane Bonsor	Housing Needs Manager	Bolsover District Council
Fiona Innes	Sheltered and Supported Housing Manager	Dales Housing Ltd
George Harvey	Elected Family Carer	Derbyshire Learning Disabilities Partnership Board

Helen Barker	Business Manager	DCC Call Derbyshire
Helen Greateorex	Project and Research Manager	DCC Adult Care
Helen Greig	Regional Manager	Action Housing and Support
Jackie Fleeman	Lead Strategic Health Facilitator for Adults with Learning Disabilities	Derbyshire Healthcare NHS Foundation Trust
Jackie Grey		Salcare
Jan Harrison	Area Manager	Riverside
Jane Derbyshire	P3 Service Coordinator	P3
Jane Horton	Housing and Health Strategy Manager	Derbyshire County Primary Care Trust
Jane Parke	Development and Compliance Service Manager	DCC Adult Care
Janet Brown	Care Services Manager	South Yorkshire Housing Association Ltd
Jayne Needham	Senior Public Health Strategy Manager	NHS Derbyshire County
Jean Pass	Committee Chair	Alfreton & Ripley Districts 50+ Forum & DOPAG
Jem Brown	Group Manager - Prevention	DCC Adult Care
Jennifer Stothard		CCG - North Derbyshire
Jenny Timmins		Long Eaton 50+ Forum
Jo Baines		Volunteer Centre Glossop
Jo Prior	Head of Neighbourhoods	Futures Homescape (formerly Amber Valley Housing)
John Dick		DOPAG + Ashbourne 50+ Forum
John Jennings + PA	Citizen Leaders CIC SHEB Member	Citizen Leaders CIC
John Jennings + PA		Citizen Leaders CIC
John O'Brien	Service Manager	Hearing Help
John Paul Robinson		Stakeholder Engagement Project Board
Jonathan Simcock	Development Worker	Derbyshire Dales CVS
Julie McGrogan	Housing Service Manager	Chesterfield Borough Council
Julie Smith	Team Manager	Metropolitan
Julie Walter		United Response
Karen Perkins	Housing Strategy and Enabling Manager	North East Derbyshire District Council
Katy Pugh	Chief Executive	Age UK Derby and Derbyshire
Kirk Monk	Assistant Director (Well-being)	Amber Valley Borough Council
Kirstie Matkin	Access & Inclusion Manager C&CS	DCC Cultural & Community Services
Lesley Montisci	Assistant Director/Nurse Consultant for Registered Care	Enable Care and Home Support
Liam Flynn	Head of Needs Intelligence	DCC Adult Care
Libby Keep	Head of Nursing	Derby Hospitals NHS Foundation Trust
Lisa Dinsdale	General Manager	Derbyshire Community Health Services
Liz Price		P3 Social Inclusion Charity
Lois Race	Service Manager – Income	DCC Adult Care



	Maximisation	
Louise Cope	Development Officer	DCC Adult Care
Lucy Bodoano	Deputy Manager/ Community Connect Team Manager AV	DCC Parkwood and Whitemoor
Lucy Nickson	Chief Executive	Helen's Trust
Maggs Winterbottom	Community Companions Manager	Volunteer Centre Glossop
Marie Billyeald	Service Manager - Prevention	DCC Adult Care
Martyn Shaw	Library Service Development Manager	DCC Cultural & Community Services
Michael Davie	Public Health Manager	NHS Derbyshire County
Michelle Collins	Assistant Community Safety Manager	DCC Community Safety
Mike Smith	Heanor 50+ Chair	DOPAG
Mr Richard Brown	Assistant Director Patient Experience	Derby Hospitals NHS Foundation Trust
Neil Moulden	Chief Executive	Derbyshire Dales CVS
Pam Wood		South Derbyshire CVS
Patricia Ashcroft	Manager	Moore Care(Reg) Ltd
Pete Dempsey	Chief Officer	Derbyshire Advocacy Service
Polly Yates	Readycall Co-ordinator	Derbyshire Dales Volunteer Centre
Rebecca Slack	Housing Strategy & Enabling Manager	North East Derbyshire District Council
Richard Williams	Senior Rehabilitation Worker	Sight Support Derbyshire
Rob Tylour	Assistant Director Head of Trading Standards	DCC Cultural & Community Services
Roger Miller	Group Manager ( Fieldwork) Adult Care	DCC Adult Care
Ruth Bannister	Chair	Hearing Help
Sally Williams	Locality Manager	WRVS, Derbyshire Hub
Sandra Jepson	Care Coordinator	Shires Health Care
Sandra Johnson	Senior Public Health Manager	NHS Derbyshire County
Sharon O'Hara	Service Manager - Information	DCC Adult Care
Sheila Beswick	Service Manager	DCC Direct Care Learning Disability
Shirley Connor	Service Manager	Morning Rise Supported Housing Limited
Steve Bramley	SHEB Member	SHEB
Steve Jenkinson	Service Manager Direct Care	DCC Adult Care - Direct Care
Sue Clarke		Salcare
Sue Knowles	Group Manager	DCC Adult Care
Sue V Mitchell	Senior Practitioner	DCC Adult Care Deaf Services
Susan Falder	Project Coordinator	Metropolitan Care and Repair
Susanna Williams	Service Improvement Manager	DCC CAYA
Sylvia Green	CEO	Rural Action Derbyshire
Zoe Rodger	Adult Safeguarding Lead	East Midlands Ambulance Service

## **Appendix 2 – Up-date on implementation of Prevention Strategy Programme of Action (as of November 2012)**

### **1. Information and advice:**

- New Adult Care (AC) universal info offer in place – re-designed, re-written leaflets, posters, fact sheets, Your Guide to Services, AC Pocket Guide
- Re-structured and up-dated Adult Care and Wellbeing web content, photos and hyper-links, 40 pages fully reviewed
- 'Weeded' (by 50%) and promoted Dnet [intra-net]
- Derbyshire Directory up-dated, plus some new functionality
- 5 Wellbeing Information Days in libraries
- AC information for GP practices
- 'Trusted' Personal Assistants Register commissioned and underway
- Housing Options Service for Older People is on-going as part of the AC Housing Related Support Programme

### **2. Sign posting:**

- First Contact Scheme - county-wide from May 2011, **30** partners involved, direct sign posting to **10** service areas, **9,097** referrals up to Oct. 2012, self-referral available but not yet via web.
- Trusted Trader Scheme on-going – membership circa **1,300** traders, it is the largest single authority scheme of its type in the country

### **3. Early Interventions:**

- AC countywide review of advocacy provision underway
- Primary foot care project on-going to establish a sustainable, social model of foot care/nail cutting
- Community based exercise project on-going - training Chair Based Exercise and Otago instructors, plus supporting set up of quality assured sessions countywide
- Carers - Emergency Card scheme re-launched and **1,894** cards issued; Carers Breaks Grants now available (£250/carer)

### **4. Low level, practical services and support:**

- New Falls Alert Service Telecare Project from Oct. 2012, being delivered via the Handy Van Network
- Chronic Obstructive Pulmonary Disease Telehealth Pilot Scheme – currently being implemented
- Countywide Handy Van Network on-going – now **12** vans; over 2011/12: **8,131** home visits made and **25,360** tasks completed

### **5. Reducing social isolation and major life change support:**

- Derbyshire Trusted Befriending Network established, mapping and gap analysis exercise completed, capacity building grant scheme for members from December, £100K worth of additional service provision currently being commissioned, Friends and Good Neighbours [small] Grant Scheme worth £50K to be launched later this month, 10 providers signed up to highest Level 3 quality assurance standard.

- Derbyshire 50+ Forum Network – 14 forums, **3000+** members, 6 forums self-managing funding.

## **6. Tackling Low Income**

- Welfare Benefits Information and Advice Team – delivers income maximisation advice to AC and CAYA clients, and the wider public
- New claims and appeals in 2011/12 generated a total of **£9.94M** for Derbyshire residents
- In 2011/12, appeals started in previous years generated an additional **£5.3M**
- All new AC clients now receive an income maximisation check, including those notified as being discharged from hospital

## **7. Mobility and Accessibility**

- DCC support for Gold Card continues, new cards currently being reissued to **172,000** holders
- 5 x 50+ Forums are now self-managing their transport budgets & getting better value for money

## **8. Social Cohesion**

- Volunteer Befriending Champion programme underway as part of the Trusted Befriending Network (24 champions trained)
- Volunteer Passport for adults to work with adults has been developed through joint working with CAYA; **80** Adult Volunteer Passports to be available per annum
- Programme of Intergenerational (Ig) Practice on-going – in 2011/12, **16** Ig projects were completed, including the innovative 'This is Me' project, with young people working with older people with Dementia. A total of 258 older people and 364 young people participated in the projects. 9 projects are underway in 2012/13, with 161 older people and 147 young people participating to date.

## **9. Healthy Living advice and support**

- **17** Health and Wellbeing Zones established
- Work to install 10 iPad based, web enabled, information points underway, to date 2 installed, one in Chesterfield Library, 1 in Staveley Community Care Centre.

**Adult Care Board**  
**7<sup>th</sup> March 2013**

**Winterbourne View: Update**

The Joint Commissioning Board for People with Learning Disabilities has agreed an action plan that covers the local actions required to meet the expectations of the Department of Health.

Additional non-recurrent investment for Derbyshire and Derby City has been obtained from the Strategic Health Authority to support the response. It is intended to fund the following from this investment:

- Clinical Reference Group
- Additional social work time to support reviews of 19 Derbyshire residents who meet the Winterbourne criteria
- Audit of Advocacy Services
- Project Manager time to oversee work.

A working group has been established to ensure that the Winterbourne action plan is delivered, with its first meeting to be held on 25<sup>th</sup> March. Its membership includes representatives from Hardwick CCG, Derbyshire and Derby City Adult Care, Public Health and the GP lead on learning disability.

The action plan includes:

- Reviewing and agreeing personal care plans for all individuals whose care is funded by the NHS
- Commissioning appropriate accommodation and support for all individuals inappropriately placed in hospitals
- Jointly agreeing plans to commission the range of local health, housing and support services to ensure high quality care and support, including for young people in transition
- Establishing local provider framework to ensure delivery of the high quality care and support for people with the most complex individual needs
- Ensuring that the Derbyshire Safeguarding Adults at Risk Board (DSARB)
- Adult Safeguarding Board is aware of and has considered the Winterbourne action plan
- Improving the receiving and monitoring of people in NHS or Independent hospitals, including any use of restraint, medication and any DOLs applications

**Recommendation**

The Adult Care Board notes this report including the actions and investments and receives further updates on progress in the joint delivery of the action plan.

**DERBYSHIRE COUNTY COUNCIL**  
**REPORT FOR ADULT CARE BOARD**

**7<sup>th</sup> March 2013**

**Progress report on the development of Lead Commissioning for people  
with a Learning Disability**

**Purpose of the Report**

To provide the Board with an update on the activities undertaken to develop lead commissioning for people with a learning disability.

**Background**

The Board approved the report 'Adult Care and Joint Commissioning Priorities 2012 – 13', on 15<sup>th</sup> March 2012, which included the priority '*Adult Care is proposing to be the Lead Commissioner for people with a Learning Disability*'.

In November 2012 an update Report was presented to the Board setting out the next steps and proposed timeline. The Board noted the content of the Report and agreed the proposed actions and timeline.

The next steps included:

- Completion of an options appraisal and exploring the benefits and risks of proposed commissioning options; to enable partner organisations to be clear about the nature and level of commissioning partnership they are prepared to undertake
- Representatives from the Council and NHS Hardwick Clinical Commissioning Group (CCG) to develop a detailed project plan for agreement on the preferred option; including consultation and reporting on the preferred model through existing governance structures
- A timeline for implementation of an agreed way forward.

**Information and Analysis**

The general principles which have been agreed are:

- That Derbyshire County Council would act as the Lead Commissioners;
- A staged approach to implementation of Lead Commissioning is the most appropriate approach due to the complexity of the existing Learning Disability arrangements and significant developments during 2013/14,

such as implementing the recommendations of the Winterbourne View report.

- More work is required in completing a detailed options appraisal before any preferred option is taken for final decision.

### **Progress to date**

Activities to date have included Initial mapping of the existing Learning Disability Health commissioning arrangements and activities across four thematic areas:

- Personal Health Budgets: this covers maximising opportunities for self-directed health care and support, needs assessments and market development;
- Access to Primary and Acute Care: focusing on improving quality of care and reducing health inequality which would involve, for example leading on the annual Learning Disability Self-Assessment Framework (SAF) and the resulting Action Plan development and implementation, working with CCG primary care locality managers and Learning Disability Strategic Health Facilitators to maintain access to annual health checks and Health Action Plans;
- Specialist Learning Disability Healthcare Commissioning: commissioning and contracting with NHS specialist providers, the NHS improvement Quality, Innovation, Productivity and Prevention programme (QIPP) in independent hospitals (linked to the Winterbourne View Serious Case Review Actions and DH national policy guidance) and specialist equipment;
- Learning Disability Secure Services: gatekeeping, attendance and input to regional pathway meetings.

### **Future Actions**

The Learning Disability Lead Commissioning options work aims to identify the most suitable option and develop detailed proposals for consideration.

The Learning Disability Joint Commissioning Board are undertaking the option appraisal and will explore the benefits and risks of any proposed commissioning options to enable each partner to identify the nature and level of commissioning partnership they are prepared to embark upon.

Representatives from the Council and NHS Hardwick CCG will develop a detailed project plan to achieve agreement on a preferred option and will consult and report on the preferred model to the Adult Care Board and NHS

CCG Governing Bodies prior to proceeding to full implementation of an agreed way forward for 2013/14.

Terms of Reference for the Learning Disabilities Joint Commissioning Board and representation on the group will be reviewed as it is proposed that the Learning Disability Joint Commissioning Board would act as the steering group for this work.

### **Proposed Timeline**

April/May 2013 – Adult Care Board and NHS Governing Bodies for approval and execution of a draft commissioning partnership framework

July 2013 – commence phased shadow arrangements of any agreement reached

April 2014 – full implementation of agreed commissioning partnership framework

### **RECOMMENDATIONS**

1. The Adult Care Board is asked to note the contents of this report and the progress which has been made to date.
2. A further Report will be presented to the next Adult Care Board on 10<sup>th</sup> May 2013.

## **ADULT CARE BOARD**

**7<sup>th</sup> March 2013**

### **Implementation of Healthwatch Derbyshire**

#### **1. Purpose**

To provide an update on work being undertaken to establish Healthwatch Derbyshire and to outline the current progress.

#### **2. Background**

Following a tender quote process, Adult Care appointed Exact on 1st November 2012, to undertake the Implementation Project to create Healthwatch Derbyshire. The setting up of Healthwatch Derbyshire as a not for profit organisation will allow the Council to sign a contract for the delivery of the Healthwatch service directly with the organisation from 1 April 2013.

#### **3. Healthwatch Derbyshire (HWD) Implementation Plan**

Exact advertised widely for applicants interested in being a member of the HWD Executive Board on 7 November 2013. A selection panel of commissioners from the Council, LINK Steering Group members and community representative reviewed the applications and agreed to offer appointments to 6 applicants. The HWD Executive Board now has 8 members which includes the current Chair and Deputy of the LINK Steering Group who were passported onto the group to allow for continuity from Derbyshire LINK. The LINK Steering Group Chair will continue as Acting Chair for HWD until at least 1 April 2013. Future targeted recruitment will be made to bring the DHW Executive Board up to the proposed 12 members.

Following an analysis of the different types of corporate status the new Healthwatch board have agreed to be set up as a Company limited by Guarantee with Charitable status. This approach will provide a robust flexible corporate model for the establishment of Healthwatch Derbyshire ready for the 1<sup>st</sup> April 2013.

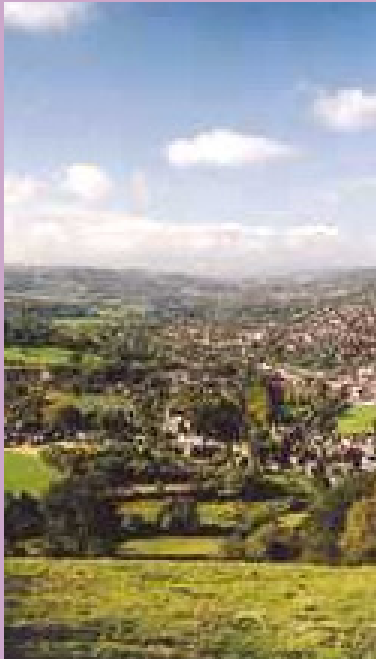
Discussions are underway between Healthwatch Derbyshire representatives and staff from Derbyshire Link to facilitate their transfer from the Link Hosts to Healthwatch Derbyshire. Premises for the new service have been secured in Milford, Amber Valley just off the A6.

#### **4. Independent Complaints and Advocacy Service (ICAS)**

The responsibility for commissioning of the ICAS service for NHS Complaints, transfers from the Department of Health to Local Authorities from the 1st April 2013. This service is available for individuals that wish to have an Advocate support them through their NHS complaint.

Derbyshire County Council has decided to be part of a regional procurement exercise for the provision of this service. The contract has been awarded +to POWHER, a national not for profit organisation that specialises in the provision of advocacy services. The contract is for one year (with possible one year extension) from 1 April 2013. Derbyshire Commissioners including a representative from a local CCG will be part of the regional management group of this contract.





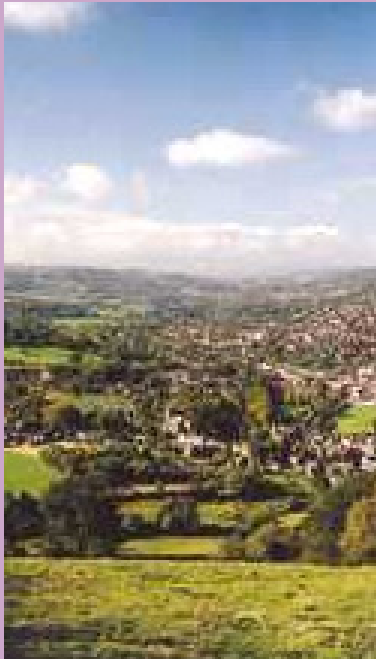
# HEALTHWATCH

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**Outline what Healthwatch will be,  
what it will do and the progress we  
have made in Derbyshire**

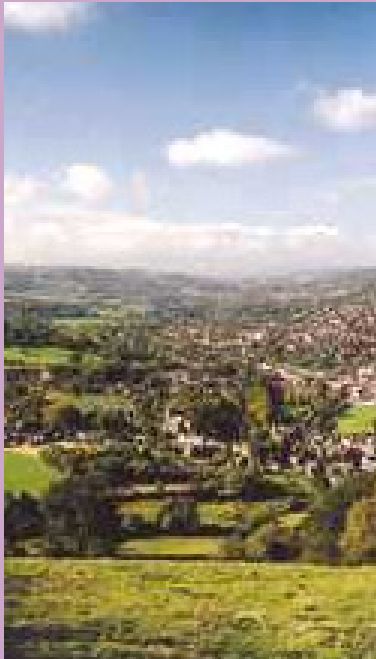
James Matthews, Assistant Director,  
Adult Care

John Simmons, Member of Executive Board,  
Healthwatch Derbyshire



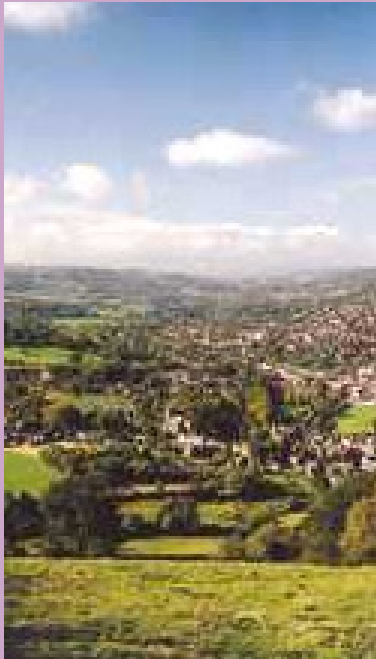
# What is Healthwatch?

- Healthwatch is the new, independent consumer champion for health and social care in England
- Both National and Local:
  - Healthwatch England – linked to Care Quality Commission
  - Local Healthwatch (one in each county or unitary council area)



# What is Healthwatch?

- Set up under the Health and Social Care Act 2012
- Local Healthwatch starts on 1<sup>st</sup> April 2013
- Replaces Local Involvement Networks (LINKs)
- Local Healthwatch organisations will be independent corporate bodies, accountable to local people
- Funded by County Council



# What is Healthwatch?

- Healthwatch aims to give citizens and communities a stronger voice to influence, challenge and improve their health and care services
- Visible presence in local community
- Hub to co-ordinate advice, support, information and public involvement
- Work with existing groups – support not supplant



# An Introduction to Healthwatch Derbyshire

**Presentation to Derbyshire County Council, Derbyshire  
Partnership Forum  
Health Summit**

**John Simmons**

# Who are we?

- Healthwatch Derbyshire is – as our name suggests – Derbyshire's Local Healthwatch!
- We are a company limited by guarantee and we are applying to register as a charity
- Bear with us whilst we get set up, and watch this space for how to contact us – we want to be accessible to everyone in Derbyshire



# What's important to us?

This is our draft Vision:

***“We will be a strong, independent and collective voice that will help shape the best health and care services for all the people in Derbyshire”***



# What's important to us?

- Engaging with, and accountable to, all of Derbyshire's communities
- Giving children, young people and adults a powerful voice
- Helping people in Derbyshire get the best out of their local health and care services
- Working with all our stakeholders



# What will we be doing?

- Obtaining the views of people about local health and social care services
- Make those views known to commissioners and providers of services, and make recommendations for improvement

# What will we be doing?

- Providing information to the public about accessing and choosing health and care services
- Help shape Derbyshire's Health and Well Being Strategy through our seat on the county's Health and Well Being Board

# What will we be doing?

- Provide an Enter and View service through trained volunteers
- Making recommendations to the Care Quality Commission to carry out investigations into areas of concern
- Provide access to an Independent Complaints and Advocacy Service for NHS complaints

Thank you