Agenda Item 4

DERBYSHIRE HEALTH AND WELLBEING BOARD

23 May 2013

HEALTH AND WELLBEING IN EARLY YEARS

Purpose of the Report

This report is to update members on the delivery to date of the Health and Wellbeing in Early Years part of the Derbyshire Health and Wellbeing Strategy.

Information and Analysis

The report is in two parts. The first is a **performance update** against key indicators and a summary of the some of the work we are doing to improve our performance mapped against the key area actions in the Health and Wellbeing Strategy. The second is a **self-evaluation** of how well children, young people and families are championed through the Health and Wellbeing Board.

1. Performance Update

The performance update focusses on key indicators that demonstrate the overall health and wellbeing of children and young people in Derbyshire. These key indicators are a sub-set of a larger group of indicators that are reported to each Children's Trust Board, who oversee the actions required to improve performance which are described in the Children and Young People's Plan.

The indicators show actual numbers, our performance as a rate or percentage, our performance compared to our statistical neighbours and whether our performance is improving or not.

The commentary identifies those areas of work that we are doing in relation to the health and wellbeing strategy action plan that we consider will improve performance against these indicators and therefore improve the health and wellbeing of children, young people and families in Derbyshire. There are many areas of work where the combined efforts of all the partners on the Board are required to make a difference. Two examples are increasing breastfeeding rates and addressing child poverty. A range of partners have been invited to a workshop on 19th June to think of ways to make a step change in the number of women who both start to breastfeed and manage to sustain feeding for 6 - 8 weeks. We are currently building on our child poverty needs assessment by mapping services in our local communities which help families to mitigate the adverse effects of poverty. We will use this information to develop our child poverty strategy.

2. Self-evaluation

The Department of Health, the Local Government Association, the NHS Confederation and the NHS Institute for Innovation and Improvement have identified the key success factors to ensure that Health and Wellbeing Boards make an effective contribution to improving the health and wellbeing of children and young people. In the East Midlands this has been used to develop a self-evaluation template to help Health and Wellbeing Boards monitor their progress.
This has been used to both monitor our local progress and identify areas for further work.

Recommendations

Performance Update

It is recommended that the Board:

- Comment on the content of the report
- Commit to undertaking actions on behalf of their organisations which can help to improve the health and wellbeing of children young people and families
- Agree that this format be used for reporting on other priorities within the health and wellbeing strategy

Self-evaluation

It is recommended that the Board:

- Comment on the content of the self-evaluation
- Agree to this being shared with colleagues across the East Midlands to enable us to benchmark our performance against others.

Ian Thomas
Strategic Director, CAYA
Derbyshire County Council

DERBYSHIRE HEALTH AND WELLBEING BOARD

23 May 2013

HEALTH AND WELLBEING STRATEGY AND PERFORMANCE UPDATE

Purpose of the Report

This report highlights performance against key indicators and describes some of the actions being taken to improve performance. This report is extrapolated from the regular Children's Trust Board performance report which includes a wider range of indicators.

Progress so far

Performing well

School readiness - children in Derbyshire are more likely to be school - ready compared to the England average.

Teenage conceptions - The rate in Derbyshire is reducing and is below the England average.

Child Obesity - Obesity levels in children have decreased. At both aged 4-5 and aged 10-11 we perform above the national average.

Some action may be required

Children in poverty - Derbyshire has significantly lower numbers of children living in poverty than the England average however, the number of children in poverty has increased in the county since 2010.

Number of under 18 year olds admitted to hospital for alcohol problems is reducing but is still above comparator and national averages.

Action required

Breast feeding initiation - the rate of children being breast fed (70.3%) has been declining since 2011 and is lower than the England average (73.6%).

Smoking in pregnancy – 15.6% of mothers in Derbyshire smoke during pregnancy which is significantly higher than the England average of 13.2%.

The number of young people achieving 5 or more A*-C grades of GCSE or equivalent including English and Maths is below our comparator groups.

The number of hospital admissions for young people who self - harm is increasing.

The Health and Wellbeing Strategy identifies improving health and wellbeing in early years as one of its key priorities. Actions within the strategy which will improve performance in these areas include:-

Rolling out the Health Visiting Implementation Plan and the Family Nurse Partnership

The HVIP is a national strategy to increase the numbers of health visitors up until March 2015. Derbyshire is an early implementer site which has meant that we have been able to ensure our increased investment in targeting the most vulnerable families using evidence based tools to identify families who need the highest levels of support and intervene as early as possible to improve outcomes. As part of our overall plan we have introduced the Family Nurse Partnership into Amber Valley, Erewash, Swadlincote, Chesterfield and the North East. The programme is now working with 146 teenage parents and will continue to provide intensive support to these families until their child is 2 years old. A key aim of the programme is to improve the outcomes for children, to match that of the general population, and ensure children and families are also linked in effectively to wider children services so there is a continuum of support and care.

Strengthen the Delivery of Evidence Based Healthy Lifestyle Programmes

Work is underway to review the delivery of healthy lifestyle programmes across all age groups with a view to ensuring that the specific needs of children at different stages of life are met in the most appropriate way.

Included in this are programmes particularly aimed at early years, such as the HENRY pre-school lifestyle and parenting programme, this also includes the distribution of the 'My Me Size Plate' - which is part of the 'Change for Life' programme addressing obesity, the plates demonstrate healthy foods and appropriate size portions for children of different ages and are distributed at the 2.5 health check and as part of the Five 60 programme which is a KS2 Lifestyle programme delivered to 98% of all Primary Schools in Derbyshire.

Improving breastfeeding uptake and sustainment rates is a key priority for all partners. Derbyshire Community Health Care Service in partnership with DCC Children Centres has recently achieved the UNICEF 'Baby Friendly' accreditation to improve breastfeeding support, and are now working towards level 3 which is about further improving knowledge and standards.

All of these programmes have contributed to a reduction in obesity prevalence in reception year children by 0.8% in 2011/12 compared to the previous year. In the same period obesity in Derbyshire's Year 6 children fell by 1.1% (as measured by the Derbyshire implementation of the National Child Measurement Programme).

Plans are now being developed to further strengthen family-based approaches to promoting healthy lifestyles in children and young people, as well as focussing on the specific needs of teenagers and vulnerable groups such as children in care. This will include promoting the 'healthy settings' approach in schools.

Expand the Range of Opportunities to Promote Wellbeing

Children Centres provide a range of activities to promote health and wellbeing which impact directly on a number of key performance indicators for example smoking cessation services, breast feeding support, the HENRY programme to promote healthy eating, programmes to support early language development and promote literacy and access to welfare rights and income maximisation services. We intend to extend this provision to a wider range of 'healthy settings'. This will include schools and colleges, youth services, pharmacies and workplaces.

Strengthen the Help and Support Available to Children with Behaviour Problems

We are currently developing a behaviour pathway with colleagues in the City which aims to improve health and wellbeing reflected in behaviour and prioritise engagement with education and other activities. This will result in a reduction in school exclusions, reduction in behaviour issues reports by schools, children and young people reporting improved emotional and psychological wellbeing and parents reporting increased confidence in managing behaviour. A key aspect of this work will be reducing duplication in specialist services and shifting resources to early intervention and prevention.

It is intended that this will result in improvements to services by March 2014, however if more fundamental re-commissioning of some services is required it is anticipated that these services will be in place by March 2015.

Ensure all Services are Appropriate for Children with Disabilities

The implementation of 'Support and Aspiration', a key part of the forthcoming Children and Families Bill, will help us to reshape services specifically for children with special education needs but will also have implications for all disabled children. This is a key work programme for the Children's Trust Board in 2013. Through Aiming High for Disabled Children, Derbyshire has developed a wide range of high quality services for disabled children and their families through a robust approach to integrated commissioning between health and the Local Authority. As a pilot site for the use of personal budgets for both health and social care we have been able to support families to exercise a wider choice of provision to meet their needs. Use of capital grants has also enabled us to work in partnership, particularly with District and Borough Councils, to improve access to a wide range of services to promote health and wellbeing ranging from increased access to leisure facilities to opening up the countryside.

Identify Children Requiring Additional Resource at the Earliest Opportunity

The Children's Trust Board has recently launched its Early Intervention and Prevention Strategy (copy available on request). This sets out the actions required by all agencies promoting support to children, young people and families to identify families who require additional support and promote effective interventions before problems escalate. Crucial to this is the implementation of the Common Assessment Framework to ensure services have a shared view of a family's needs and are working together to support them. The strategy also promotes the effective use of evidence based interventions across all services whether working at the very early stage of the pathway or with families requiring higher level of intervention through for example our Troubled Families Programme or our newly commissioned Multi-Systemic Therapy Service in the south of the county.

Key Performance Indicators

Indicator	Latest actual number	Current Performance	Performance against target	Direction of travel	Comparator average	SN Comparator best
Hospital admissions of children and young people due to self-harm (0-18) per 100,000 pop	222	141.7 per 100K		**Falling**	115.5 per 100K (Nat) 126.2 per 100K (SN)	94.4 per 100K
Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal, Social and Emotional Development and Communication, Language and Literacy	5544	68%	**Above**	**Improving**	64% (Nat) 65.1% (SN)	72%
Breast feeding initiation rates	5516	70.3%	**Below**	**Falling**	74% (Nat) 67.9% (SN)	75.8%
Obese children in reception year (aged 4-5)	587	7.7%	**Above**	**Improving**	9.5% (Nat) 9.2% (SN)	7.7%
Obese children in year 6 (aged 10-11)	1299	18%	**Above**	**Improving**	19,2% (Nat) 19% (SN)	17.4%
Smoking in pregnancy	1,220	15.6%	**Above**	**Improving**	13.2% (Nat) 17% (SN)	14.8%

Children living in poverty (under 16)	23355	17.4%		Improving	21.1% (Nat) 17.8% (SN)	14.6%
Achievement of 5 or more A*-C grades at GCSE or equivalent including English and Maths	4742	57.2%	Below	Falling	59.4% (Nat) 59.8% (SN)	64.2%
Under 18 conception rates (per 1000 girls aged 15-17)	373	25.8 per 1000	Above	Improving	30.7 per 1000 (Nat) 32.3 per 1000 (SN)	25.5 per 1000
Under 18 years alcohol related admissions to hospital (specific) <18 years per 100,000 pop. Pooled over 3 years	104	65.8 per 100K		Improving	55.8 per 100K (Nat) 65.2 per 100K (SN)	42.6 per 100K

Latest value description

1.2.3.4.6.7.8. Average score tests determining school readiness.9. % of mothers initiating breast feeding where status is known. 10. School children in reception year classified as obese. 11. School children in year 6 classified as obese.12. % of mothers smoking in pregnancy where status is known.13.14.15.16.17.18.19.20.21.22

Health and Wellbeing Boards and Children, Young People and Families

The following assessment aims to consider how well children, young people and families (CYPF) issues are championed through the Health and Wellbeing Board (HWBB) and their supporting governance structure. This document aims to secure a baseline of current activity within Derbyshire and the links to the HWBB through the Children's Trust Board (CTB); it aims to identify next steps in order to succeed in achieving the goals listed below.

The assessment template was developed using the national resources developed by the National Learning Set focusing on Health and Wellbeing Boards and CYPF, chaired by Anthony May. The vision of which is as follows:

Vision: That Health and Wellbeing Boards make an effective contribution to improving health and wellbeing outcomes for children and young people.

Goal	RAG Rating	Comments	Next Steps
A local partnership dedicated to CYPF is established and links to the HWBB.	G	The Derbyshire Children's Trust is an established sub-group of the HWBB with terms of reference which have been signed off by the HWBB. All CCGs are represented on the Children's Trust Board. The Children's Trust Board has a number of joint commissioning groups and locality based Planning and Commissioning Partnerships which are delivering key elements of the Health and Wellbeing Strategy.	Strengthen links with CCGs, including their links with the Locality Planning and Commissioning groups.
Commissioning of NHS services for CYPF sits alongside commissioning of all services for CYP (the concept of holistic commissioning).	A	There is a joint funded lead for commissioning focusing on areas of integrated commissioning where maximum benefit can be achieved; CAMHS, Disability, Children in Care, Teenage Pregnancy, Drug and Alcohol Services and Therapy Services. Joint commissioning priorities were signed off by the HWBB in May 2012.	Refresh joint commissioning priorities ensuring greater engagement with CCGs. Achieve clarity on the integrated commissioning arrangements with Derby City and Tameside and Glossop.

Goal	RAG Rating	Comments	Next Steps
		Sharing and agreeing commissioning intentions are more challenging as there is a lack of co-terminosity between partners.	
The HWBB prioritises interventions for CYP which are proven to work.	**G**	The HWBB delegates commissioning decisions to the Children's Trust Board. The Children's Trust Board has a track record of jointly commissioning improvements in outcomes through the use of evidence. For example The Family Nurse Partnership Early Vulnerability Pathway Multi-Systemic Therapy Early Help Offer Speech and Language Pathway Autism Pathway Work to deliver a multi-agency behaviour pathway has just commenced and will use local and national evidence of best practice including NICE Guidance.	Need to strengthen our assessment of evidenced based practice as part of the JSNA. The Children's Trust Board needs to consistently confirm and challenge commissioning plans to ensure they are based on the best available evidence.
Commissioning of services is informed by the views of CYPF.	**A**	Member of the Youth Council sit on the Children's Trust Board. We routinely engage CYPF in the development of service specifications, procurement processes and on-going contract management. The Uni-Fi programme is testing out new ways of engaging young people. Families are well engaged through our commissioning of	The Children's Trust Board to support consistent engagement of CYPF through the commissioning cycle. The Children's Trust Board to consider how we can engage CYPF in the development of our priorities.

Goal	RAG Rating	Comments	Next Steps
		disability services – although are less engaged in other areas. We are less good at engaging CYPF in discussing about prioritisation and budget constraints.	
The HWBB ensures a focus on early intervention within an overall understanding of a 'lifecourse' approach to provision.	G	The Health and Wellbeing Strategy follows a life course approach. The 'Starting Well' section of strategy focus on early intervention, prevention and promotion of wellbeing. This element of the strategy is led by the Children's Trust Board, which has signed off an Early Intervention Strategy.	Children's Trust Board performance manages the delivery of the Early Intervention Strategy.
The HWBB links effectively with the Children's Trust, DSCB, and CCGs to ensure cohesive governance and leadership across the Children's agenda.	G	The lead member for Children who is also the Chair of the Children's Trust Board sits on the HWBB with the Director of Children Services. The Chair of the LSCB sits on the Children's Trust Board. All CCGs are represented on the LSCB, Children's Trust Board and HWBB. The governance arrangements have been agreed and signed off as part of the relevant Terms of Reference. Reports from the Children's Trust Board are regularly received by the HWBB.	It has been agreed that the LSCB will be asked to present to a forthcoming HWBB.
The HWBB has an agreed process to ensure children's issues receive sufficient focus.	G	The Children's Trust Board reports regularly to the HWBB – examples include:- • HVIP and FNP • Early Language and Literacy • Joint Commissioning Priorities	Present to May 2013 Board meeting – to include this self-assessment.

Goal	RAG Rating	Comments	Next Steps
		The May 2013 HWBB has a specific focus on the 'Starting Well' part of the strategy. A joint performance reporting process has been agreed.	
The HWBB has contributed to defining the early help offer as recommended by Professor Munro.	**A**	This has not been discussed at the HWBB, but this element of work is delegated to the Children's Trust Board. Early Help is part of the Health and Wellbeing Strategy including expanding the range of opportunities to promote wellbeing in early years.	Ensure this, and other implications of the Munro report are covered in the planned presentation of the LSCB to the HWBB.
The HWBB is making appropriate use of local mechanisms to listen to the views of CYPF.	**A**	The HealthWatch Service has been commissioned and explicitly includes the need to consider the views of children, young people and families. The Youth Council has identified health leads. Much of this work is delegated to the Children's Trust Board.	Ensure that the performance management of the HealthWatch contract ensures the effective engagement of Children and Young People. Consider how we can strengthen the links between the health leads on the Youth Council and the HWBB.
The HWB Strategy analyses and prioritises the health needs of CYPF and describes success.	**A**	The Health and Wellbeing Strategy has been informed by the Children's Trust Board priorities and the JSNA and prioritises Children and Young People needs. The children's elements of the JSNA are currently being refreshed. We have an agreed performance management framework. There is a lack of detail regarding success factors.	Use the JSNA refresh to inform the development of the Health and Wellbeing Strategy. Agree SMART targets as part of our performance management framework.

Goal	RAG Rating	Comments	Next Steps
The views of frontline staff and clinicians have been factored into the HWBBs planning.	**A**	The views of staff and clinicians have been fed in via a number of wider stakeholder events. The Health and Wellbeing Strategy was subject to a wide consultation. CCGs are active on both the HWBB and Children's Trust Board.	Further engagement of CCGs and provider clinicians will strengthen our actions to deliver the Health and Wellbeing Strategy.
The HWBB has an agree method of engaging with schools.	**A**	Schools are represented on the Children's Trust Board. The Director of Children's Services sits on the HWBB and regularly attends head teacher meetings and engages with governing bodies.	We will ensure that there are regular items on head teacher meeting agendas that address health and wellbeing.
The HWBB has a clear plan to maximise the use of public assets (children centres, schools, youth services, health centres etc) to improve the health outcomes for CYPF.	**A**	This is a specific action within the Health and Wellbeing Strategy. There is however more work required to systematically map all public assets. The development of Multi-agency teams has created a focus for maximising the use of buildings.	Use the review of Multi-agency teams as an opportunity to achieve better use of public assets.
The HWBB is satisfied that the Common Assessment Framework (CAF) is sufficiently embedded in the local partnership.	**A**	The Children's Trust Board has just completed a redesign of CAF processes that has been signed off by the Board in March 2013.	Children's Trust Board to monitor the use of CAFs through the performance management framework and take action as required.
		Embedding this across the local partnerships is at the first stage with training currently is taking place.	

Goal	RAG Rating	Comments	Next Steps
		Use of CAF is a key performance indicator in the performance management framework.	

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Agenda Item 5

DERBYSHIRE HEALTH AND WELLBEING BOARD

23 May 2013

INFORMATION SHARING

Purpose of the Report

To inform the Board of the Information Sharing Protocol that members of the Derbyshire Chief Executive's Forum (for Health and Social Care) have signed, to enable the legitimate sharing of information to improve services to local people and safeguard children and vulnerable people.

Information and Analysis

Background

The continuing drive for integrated services to provide the best outcomes for the people of Derbyshire requires increased cross-organisational working and the sharing of personal data and sensitive information between organisations contributing to the delivery of health and social care.

The sharing of such information is often complex and requires careful consideration to ensure organisations are acting lawfully and in the best interests of the individual. A workshop was held on 4 July 2012 with representatives from Derbyshire County Council's Adult Care and Children and Younger Adults and the NHS. A summary of the workshop was reported to the Health and Wellbeing Board at its meeting on 27 September 2012.

Information Sharing Protocol

Members of the Derbyshire Partnership Forum (the county-wide Local Strategic Partnership) had previously signed up to an Information Sharing Protocol which was due for review in 2010. Derbyshire Community Health Care Services (DCHS) has used the document (attached at Appendix A) and submitted an updated version to the Derbyshire Health and Social Care Chief Executives' Forum. Members of the Forum have signed up to this agreement as a basis for sharing data (Members of the Forum are listed at Appendix B). The Protocol provides the legal framework, general principles and individual responsibilities when sharing personal and sensitive information. A practical guidance document is also required to set out how this will be taken forward in practice and how the protocol will be implemented across all key organisations. As the workshop was originally led by the Children's and Younger Adults Department (DCC), it may be appropriate for the Strategic Director of CAYA to lead the development of the Practical Guidance document, working with key partners.

The Practical Guidance document will also need to take into account the recommendations from the recent review by Dame Caldicott: 'Information: to

Share or not to Share – The Information Governance Review', which aims to ensure that there is an appropriate balance between the protection of the patient or user's information, and the use and sharing of such information to improve care.

Recommendations

It is recommended that the Board:

- Note and endorse the Information Sharing Protocol that has been signed up to by the Derbyshire Health and Social Care Chief Executives' Forum
- Delegate the production of a Practical Guidance document to the Strategic Director of Children and Younger Adults (DCC).

David Lowe
Deputy Chief Executive
Derbyshire County Council

Appendix B

Derbyshire Chief Executives' Forum (Health and Social Care)

Members

Chesterfield Royal NHS Foundation Trust

Darley Dale Medical Centre

Derby City Council

Derbyshire Community Health Services

Derbyshire County Council

Derbyshire Healthcare NHS Foundation Trust

Derbyshire Health United

Derby Hospitals NHS Foundation Trust

East Midlands Ambulance Service

Erewash CCG

Hardwick CCG

Ivy Grove Surgery (Ripley)

Littlewick Medical Centre

Nottingham and Derbyshire NHSCB Local Area Team

North Derbyshire CCG

Southern Derbyshire CCG

Agenda Item 6

DERBYSHIRE HEALTH AND WELLBEING BOARD

23 May 2013

DEVELOPMENT OF THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Purpose of the Report

To update the Health and Wellbeing Board on the further development of the JSNA.

Information and Analysis

Background

Joint Strategic Needs Assessments (JSNA) are assessments of the current and future health and social care needs of the local community.

Since 2007, local authorities and the Primary Care Trusts have been legally obliged to collaborate in the production of a JSNA for the local area. The Health and Social Care Act 2012 transfers this responsibility to the local Health and Wellbeing Board. The JSNA provides the core evidence in the development of the Health and Wellbeing Strategy. NHS and Local Authority commissioners will be expected to give due regard to the JSNA and the Strategy when developing their commissioning plans.

Derbyshire JSNA

The Derbyshire JSNA has developed over a number of years with the approach endorsed by the Shadow Health and Wellbeing Board at its meeting on 26th January 2012. It has focussed on:

- A joint approach to identifying the Health and Wellbeing needs of local people drawing on input from the local NHS, Public Health and other Departments at the County Council (involving Adult Care, Children and Younger Adults and the Policy Unit).

- Using locally applied data and analysis to identify the key Health and Wellbeing priorities now and for the immediate future.

- Producing needs information and analysis at a County and lower geographical levels to support more local priority identification.

- Generating needs information and analysis for specific communities of interest, to support commissioning priorities.

- Developing and supporting the Derbyshire Observatory that provides a wide range of data that is accessible to all interested parties through the County Council website.

The Steering Group that has responsibility for delivering the JSNA has appraised the current approach and has developed proposals to develop the JSNA. These proposals reflect the recent Department of Health guidance, feedback from County Council Strategic Directors, responding to the new NHS structures and the resources available to undertake the required work.

In particular there is recognition that the current approach needs to be refined to ensure that:

  - An up to date summary JSNA is available which outlines the overall health and social care needs in Derbyshire and is considered by the Health and Wellbeing Board.
  - There is a focus on communities of interest and geographical communities including the Clinical Commissioning Groups
  - Any reports include good quality analysis that can provide a sound foundation for prioritisation and decision making
  - The JSNA includes local performance on the national outcome indicators
  - Reports are focussed on priority topics supported by the Health and Wellbeing Board
  - Timely information and analysis is available based on effective horizon scanning
  - There is engagement from the new Clinical Commissioning Groups and from local District/Borough Councils
  - Revised terms of reference for the JSNA Steering Group are prepared to reflect Public Health's transfer to the County Council and the role of the new Clinical Commissioning Groups

- To ensure the most effective development of the JSNA it is important that there is renewed engagement with stakeholders from the statutory and non-statutory sector. Therefore, we propose to hold a stakeholder workshop in the summer to review the JSNA's progress and to obtain views about whether our proposed direction fits with stakeholders' expectations

Recommendations:

It is recommended that the Board:

1. Approve the further development of the JSNA as outlined in the report and that a stakeholder workshop will be held to establish the best way forward.

2. Receive a further report following the workshop which will provide more details of the proposed JSNA development.

Bill Robertson
Strategic Director, Adult Care
Derbyshire County Council

Agenda Item 8

DERBYSHIRE HEALTH AND WELLBEING BOARD

23 May 2013

MEASLES BRIEFING FOR DERBYSHIRE AND NOTTINGHAMSHIRE

Purpose of the report

To update the four Health and Wellbeing Boards across Nottinghamshire and Derbyshire about the local response to the rising numbers of measles cases and outbreaks in different parts of the country

Information and Analysis

Introduction

On 25 April 2013, Public Health England Centre launched a national campaign to raise MMR vaccination coverage in response to rising numbers of measles cases and the outbreaks in Swansea, the North East and North West of England. The campaign is being delivered through a multi-agency rapid task and finish group led by the NHS England Area Team's Screening and Immunisation team.

Aims of the Campaign

The overall aim of the national campaign is to reduce the transmission and spread of measles. Evidence from the past four years highlights that the greatest number of new cases are occurring in children aged between 10 and 16 years – the group who were affected by the decline in vaccine uptake caused by the media scare of the late 1990s. To achieve the above aim the campaign will include: -

1. Active identification of children at risk
2. Offering MMR vaccine to children at risk
3. Improving and sustaining the current MMR programme

A key success criteria for the campaign locally will be the achievement of the following target: -

95% of children aged between 10 and 16 having received at least one dose of MMR by Sept 2013

The Local Picture

Measles activity in Nottinghamshire and Derbyshire remains low, and although we do not yet meet the above target MMR vaccination coverage amongst those aged 10 – 16 is good compared to other areas, with all areas seeing above 90% of the target group covered by at least 1 dose of MMR.

Table 1: MMR Vaccine coverage amongst 10 – 16 year olds by LA (Data from Immform Aug 2012)

Local Authority	Unvaccinated	At least 1 dose of MMR	Fully vaccinated	Distance to target
Derby City	7.8% (1832)	92.2% (21522)	82.9% (19362)	2.8% (664)
Derbyshire County (*based on 69 out of 94 practices)	5.2% (1963)	94.8% (36779)	85% (32978)	0.2% (26)
Nottingham City (*based on 58 out of 64 practices)	10.5% (2243)	91.2% (19483)	79.1% (16888)	5.5% (791)
Nottinghamshire County (*based on 85 out of 95 practices)	5.2% (2180)	94.8% (40626)	88% (37678)	0.2% (40)

Table 2 shows local performance data for Quarter 3 2012/13 (Oct – Dec 2012) for the routine MMR vaccination programme. The routine programme aims for all children to have received 2 doses of MMR by age 5, with dose 1 being offered at 12 months of age and dose 2 at 3 years 4 months.

Table 2: MMR vaccine coverage at age 2 and age 5 by LA. (COVER data Q3 2012/13)

Local Authority	1st dose by age 2	1st dose by age 5	2nd dose by age 5
Derby City	95.0%	97.1%	91.3%
Derbyshire County	93.8%	97.4%	92.0%
Nottingham City	90.0%	91.8%	82.5%
Nottinghamshire County	93.3%	96.0%	90.6%

The Local Response

A 'Rapid Measles Task and Finish Group' has been established led by the NHS England Area Team and met on 29th April to agree and coordinate the local response to this national campaign (meeting notes including attendance list available at Appendix 1). It has been agreed that this group will meet monthly through to August 2013, with a further appraisal of the local situation being made at that point.

It is clear from the current local picture of low measles activity and good MMR uptake that the response for Nottinghamshire and Derbyshire should be managed within standard vaccination pathways, with enhanced targeting of

unvaccinated children in the target age range. It is also clear from the national picture that preparations should be made for the escalation of this response should the national outbreak spread to our area.

Targeting unvaccinated children aged 10 – 16 years

Work has already been done within Nottinghamshire and Derbyshire to identify unvaccinated children in this age cohort. Universal awareness raising amongst parents has been initiated through local print and news media, and letters to parents being issued through schools, whilst GPs across the area have begun a more targeted approach by contacting the parents of children whose medical records indicate no or partial vaccination.

Further efforts to target this age group are also underway through routine school nurse contacts and the delivery of HPV and school leaving booster vaccination programmes.

Due to concerns that the overall good uptake of MMR vaccine across Nottinghamshire and Derbyshire may be masking particular areas of concern a piece of work to map MMR uptake by school populations has been begun by the local Child Health Records Departments. This should identify any schools with below average uptake which can then be targeted for further work.

Despite this work being designed to target those aged between 10 and 16, opportunities are being taken to reinforce the message to parents of children of all ages that 2 doses of MMR are required to ensure children are fully protected against measles. The communications strategy will ensure that uptake of MMR is also promoted amongst unvaccinated and partially vaccinated children outside the 10 – 16 year old target cohort, and will help to sustain the improvements seen in the routine MMR programme.

Local Authority Public Health teams are also looking at how messages can be delivered to local communities who are less likely to access messages being delivered through core media and service routes, and are working to ensure that appropriate pathways are in place to follow up children who are not accessing routine vaccinations through their GP practice.

Preparing the local outbreak response

The implementation of the above approach to ensure a high level of protection against measles in our local population is the best preparation that can be made to limit the impact of a local measles outbreak. Exceeding the 95% target for coverage by at least 1 dose of MMR will significantly reduce the impact of an outbreak through the effects of herd immunity and will provide some protection to those vulnerable children in the population who remain unvaccinated. However we also need to be prepared to deliver an effective outbreak response should the need arise.

To ensure that we are fully prepared to escalate the local response as and when needed the NHS England Screening and Immunisation Team are

undertaking a review of the outbreak response plan and are working with local providers as appropriate. School Nursing teams across the area have been alerted to the current outbreak risk and will provide the capacity to escalate the local response and provide vaccination clinics in schools should the need arise.

We have been assured that there is plenty of MMR vaccine available nationally and that delivery of any additional doses required to meet local needs in an outbreak can be made in a timely fashion through the NHS supply chain. This is also the case for supplies of Immunoglobulin, which can be used prophylactically for any individual contacts of a measles case who for whom vaccination may be contraindicated.

Recommendations

Health and Wellbeing Boards are asked to note the local response to this national campaign, and to support the work of the 'Measles Rapid Task and Finish Group'.

Ben Anderson
Consultant in Public Health
The Measles Rapid Task and Finish Group
Derby City Council

Appendix 1 – Notes of the Rapid Measles MMR Campaign Task and Finish Group, 29/04/2013

NHS England Area Team Derbyshire & Nottinghamshire Area Team

Rapid Measles MMR campaign Task and Finish group

Monday 29th April 2013

1. Apologies: Andy Layzell (COO, Southern Derbyshire), Dr Elaine Michel (DPH, Derbyshire County), John Grenville (Derbyshire LMC), Dr Greg Place (Nottinghamshire LMC), Neil Jones (Derbyshire Health United), Chris Wildsmith (Derbyshire Healthcare Foundation Trust)

2. Attendees:

Chair –
Linda Syson-Nibbs – NHS England NHS England Derbys/Notts Area Team Screening & Imms Lead
Caroline Jordan - NHS England NHS England Derbys/Notts Area Team Screening & Imms Manager
Hayley Darn – Derbyshire Healthcare NHS Foundation Trust
Dr Bruce Laurence – Derbyshire County Council
Claire Scothern – Derbyshire Community Healthcare Services
Sandy Young – Nottingham CityCare CHRD
Vanessa MacGregor – CCDC Public Health England Centre
Chris Locke – CEO Nottinghamshire LMC
Yvonne Rodney – HV Imms Lead Nottingham CityCare
Alison Wilson – Locality Manager Nottingham CityCare
Sheila Munks – Locality Manager Nottingham CityCare
Jacquie Williams – Head of Public Health NHS England Derbyshire / Nottinghamshire Area Team
Deborah Hooton – Childrens and Families Commissioning lead NHS Nottingham City CCG
Kay Wyatt – Head of EPRR NHS England Derbys/Notts Area Team
Dr Kaysia Heafield – Derbyshire LMC
Jane Careless – Screening & Imms Coordinator NHS England Derbys/Notts Area Team
Iolanda Shaker – Screening & Imms Coordinator NHS England Derbys/Notts Area Team
Dean Wallace – Derby City Council SpR PH
Ben Anderson – Derby City Council CPH
Suzanne Meredith – Derby City Council SpR PH
Jonathon Gribbin – CPH Nottinghamshire County Council
Julie Painter – Derbyshire Child Health Records Department
Kerrie Woods – Primary Care Commissioning NHS England Derbys/Notts Area Team
Sophia Makki – CCDC Public Health England Centre

Natalie Saville – Communications Public Health England Centre
Caroline Badder – NHS Nottingham City CCG
Ros Woods Screening & Imms Coordinator NHS England Derbys/Notts Area Team

3. Purpose of the group

Linda Syson-Nibbs welcomed the group and set out the purpose of the meeting.
The objectives of the meeting were to agree and prepare a local MMR catch-up plan concordant with national tripartite guidance
25.4.13 CMO letter 'Rising levels of measles'
29.4.13 Ann Sutton Director of Commissioning NHS England MMR catch up letter
29.4.13 Measles, Mumps and Rubella catch-up Service – specification for Measles, Mumps and Rubella (MMR) temporary programme

24.4.13 PHE Health Protection Briefing Note (2013/022)

The aim of the national plan is to identify children and young people who have never been vaccinated (priority group) or who have only one recorded dose, and for them to have had two doses by September 2013to ensure herd immunity by the start of the school year
The aim for Area teams is for 95% of children in the priority group to be vaccinated by August 31st 2013.

4. Scene setting

Vanessa McGregor reported that measles levels are currently remain low in Nottinghamshire and Derbyshire. Nationally there have been large outbreaks in the North West & North East, comparable to the Swansea outbreak which continues. Vaccination uptake locally is generally good, however lower levels of uptake are seen within the 10-16yr age group, following historically from the low uptakes experienced during the MMR scare. There are also specific groups within the local community who historically have lower immunisation uptake including orthodox Jews and traveller communities.
National MMR catch up programme released 26th April 2013 outlining the national programme to ensure 95% immunisation of one dose for all those 10-16 years.

5. Area Team perspective

Derbyshire County (93 Practices) uptake 10-16 years

- 85% immunised with 2 MMR
- 10% immunised with 1 MMR (3800)
- 5% no MMR vaccination recorded (1960).

Derby City (32 practices) uptake 10-16 years

- 83% immunised with 2 MMR
- 9% immunised with 1 MMR (2100)
- 8% no MMR vaccination recorded (1830)

Jane Careless reported that the majority of practices have begun calling individuals for vaccination from 5-16 years. Local work has been undertaken with practices where uptake is below 90% for childhood MMR vaccination to ensure a look back of all children under 5 years is undertaken. Practices report variable response to catch up clinics, with significant level of calls from those outside of the current national programme.

Nottinghamshire County (96 practices) uptake age 10-16 years cohort 49394

- 86.8% 2 MMR (42889)
- 8.05% 1 MMR (3976)
- 5.1% no MMR (2529);

Lists have been established by practice, providing names and NHS numbers from Child Health Records Departments.

Nottingham City (62 practices) 62 practices age *7-16 years* cohort 28,333 children;

- 78.5% (22248) 2 MMR
- No precise figure available for 1 MMR
- 9.82% (2783) no MMR

Lists are being established by practice, providing names and NHS numbers from Child Health Records Department. It was noted that the age cohort required is now age 10 -16 years and therefore a new search would be run. NB. there were 177 children where the CCG was unknown – children not registered with a GP, many of whom without an NHS number; some will have moved out of area or emigrated but CHRD team have not been notified and some are travellers; Iolanda Shaker reported that the proactive practices with the highest uptake have begun calling unimmunised for vaccination. Sense that the best performing practices are those which are being the most proactive and have begun vaccination already. Chris Locke highlighted there was still some confusion among practices, and many were awaiting clearer guidance.
National Ready Reckoner appears to show lower numbers of at risk than the local knowledge, suggesting the need to remain conscious of vaccine supply and work volume although present figures local would suggest that the task is

manageable through primary care. From the local uptake data to date there appear to be no major variations between practices.
ACTION; Iolanda Shaker and Jane Careless to produce table of immunisation uptake for the target group and 5-10yr age group, including numbers unimmunised and numbers required to reach 95% target for one dose.

Current data suggests that whilst the numbers of fully immunised are large, the number required to reach 95% for one dose is significantly lower.
Local authorities are keen to help in promotional work across the local areas. Bruce Laurence identified role of LA may be to work with community leaders to promote vaccination.
Vanessa reported the various outbreaks have tended to stem from the traveller communities.

6. Community children's services perspective Inc. HV & SN
Nottingham City
Deborah Hooton (Nottingham City CCG) expressed that there is good infrastructure within the city and were able to work to both promote and support GP practices. Linda Syson-Nibbs and Caroline Jordan outlined a planned meeting with CPH in Nottingham City Council who is the school nursing lead Lynn McNiven in the coming week. Nottingham CityCare discussed immunisation capacity within the team that is able to provide outreach vaccination to those under 5 years if practices require support in line with the agreed HV/primary care protocol that was launched last year. A HV Traveller Team also exists within the provider with the confidence of the traveller community and able to offer outreach. Sheila Munks (Nottingham CityCare) for school nursing teams expressed an ability to provide support to GP practices where required, including outreach in schools should this be required.

Derby City
Derbyshire Health Care Foundation Trust have a small resource of immunisers within the city who are able to provide outreach vaccination if required. Some training may be required within the wider school nursing team. However they would be able to offer vaccination within schools if required.

The view of the group was that since this measles action plan was a *preventative rather than an actual outbreak response plan,* school nursing services would not be required to undertake any large scale immunisation work. However they were asked to continue to provide outreach immunisations for especially hard to reach children and young people and take a very proactive approach to promote MMR vaccination. This would be reviewed if circumstances changed.
Action: Nottingham City and County CHRD to continue work to obtain uptake data by school. Julie Painter (Derbys County CHRD) to collect

uptake data for Derby City by school and to examine data for Erewash area.

Derbyshire County
Claire Scothern (Derbyshire Community Health Services) reported wide immunisation competence and skill within the team in the north of the county and a small immunisation team in the South. The organisation currently has a well established outbreak plan.
Ben Anderson brought the Health Direct 2 You pilot project to the groups attention, which is currently working with GP practices through DHcFT to promote vaccination as outreach.

7. GP payments
Kerrie Woods from the Area Team Primary Care Commissioning team outlined the May 2011 Vaccine Update Special Issue flow chart produced by Department of Health that outlines the algorithm for entitlement to MMR vaccine and GP contract payments. Under 6 years MMR target payment included as part of the DES, 6-16 years covered by the Global Sum. Guidance is expected in the coming days around additional funding payments which is likely to focus on 16 years and over, following discussions between GPC and DH.

Funding mechanisms exist for vaccination campaign under current national systems.

Locally within Nottingham City, LES already exists for vaccination in outbreaks which has transferred to the Area Team. Within Derbyshire County vaccination of MMR over 16 years sits within the 'basket of services' and for Derby City within the QUES. Jacquie Williams outlined the need to map payments to ensure that double payment under national and local guidance does not occur.

8. Group Actions
The decision was taken to adopt a GP model of catch-up for age 10 -16 years with specific support from other agencies as outlined in the action plan below:

<u>Area Team</u>

- **Provide uptake by locality, including number required to reach 95%, and numbers who remain unprotected by 3rd May 2013 (Iolanda Shaker and Jane Careless).**

- **Send out further communication jointly with LMCs which makes reference to payment arrangements, data submission and include key actions from plan locally. Await national primary care payment information (Caroline Jordan and LMC)**

National the requirement for weekly uptake reporting has been outlined. Concern amongst the group was expressed that this may put additional pressure on practices, removing focus from the call and recall tasks.

- **Linda Syson-Nibbs to feedback to national operation support team recommend the opening up of IMMFORM annual data extraction to enable weekly or monthly automated reporting.**

Caroline Jordan outlined that current there are no informatics support within the Area Team.

- **In the absence of IMMFORM data systems, Area Team to request monthly data from practices and to reiterate the need to ensure all data is shared with CHRDs.**

- **To ensure a log of all communications sent out currently and as part of the plan.**

- **To establish monthly meetings of the Task and Finish group chaired by the Area Team.**

- **Linda Syson-Nibbs to write to the lead SILS in neighbouring Area Teams to ensure communication with DPHs covering the Glossop and Bassetlaw communities, cc Kay Wyatt.**

- **To combine some of the national resources from PHE and other organisations to ensure consistent messages to clinicians in one resource.**

- **To develop a briefing paper for LA Health and Wellbeing Boards.**

- **To include information resources and wider contractual information on the LMC websites.**

- **To distribute template letter to school nursing teams from national resource. Area Team to ensure this is amended locally (2.5.13)**

Vanessa McGregor highlighted a template letter from the national resources for distribution to GP Out of Hours services and ensure this is clearly written to ensure clarification of contact and case reporting. Vanessa suggested the letter be amended locally and also sent to GP practices.

<u>Child Health Record Departments</u>

- **Uptake by school across the two city areas**

- **CityCare CHRD to re-run search as national target** age cohort is now age 10 -16 year

Clinical Commissioning Groups

- **To publish any area team communication letter within CCG newsletters.**
- **To send Health and Wellbeing Board briefing to CCG board.**
- **CCGs to brief communications teams within organisation.**

Public Health Local Authorities

- Ben Anderson to establish local MMR operational group focusing Derby City to establish a local stakeholders group to agree local plans to target vulnerable and hard to reach communities such as travellers .
- Jonathan Gribbin would coordinate a similar group for Nottingham City
- Both groups would also oversee communications via school to parents **where uptake is identified as low and highlight the processes for vaccination. Communication with schools would be carefully worded to ensure the messages around risk and actions are clear.**
- **Bruce Laurence Ben Anderson, Jonathan Gribbin would ensure these plans and any follow up actions were communicated to Health and Wellbeing Boards to provide assurance . Ben to draft a briefing to share with other LAs.**
- **LA teams to convene meeting between school nursing leads and possibly MAT teams.**

School nursing

- **To facilitate distribution of school nursing letter. Nottingham City (CityCare) and Derby City (DHcFT) to meet locally with Local Authority Public Health to look at actions and local planning, focusing on the 10-16yr age group.**

Jacqui Williams highlighted page 6 Section 3 of the action plan highlights 14 year olds when receiving DTP should promote MMR at this opportunity (Nottinghamshire County).

- **Ensure usual communication at transition includes information about MMR. School nursing to offer outreach to those who are specifically vulnerable, identified through communication with practices**.

Private schools – Bruce Laurence highlighted need to ensure communication between private schools and school nursing teams.

- **School nursing providers to ensure home education, looked after children, special schools, and private school students are included within any plans, at local planning meeting and to feedback to LSN.**

- **School nursing teams to look at vaccine supply sources in the event of outreach vaccination.**

<u>All provider organisations</u>
Highlighted organisations should ensure that staff are aware of normal organisational occupational health systems to risk asses the need for vaccination.

9. Communications
Melissa Shaw and Jo Baggott are from the Communications Team in the Area Team. Natalie Saville is the Communication lead for Public Health England. It was agreed that all local communications for local authorities should go through DPHs.
The group highlighted the need to communicate messages around risk with the local population to ensure the highest risk groups 10-16 years are clearly identified in communications.

10. Logistics including vaccine supplies, PGDs etc.
Linda Syson-Nibbs reiterated vaccination supply mechanisms. PGDs exist within the provider organisations should these be required for outbreak outreach vaccination.
Group asked to ensure actions completed by the end of the week.

11. Date and time of next meeting
It was agreed that this group would meet monthly up to September 2013 and then review frequency after that dependent on the progress of the campaign. Future dates to be circulated

DERBYSHIRE HEALTH AND WELLBEING BOARD

23 May 2013

FRANCIS INQUIRY AND GOVERNMENT RESPONSE

Purpose of the Report

To inform the Board of the Government's initial response to the Francis Inquiry and determine an approach for co-ordinating a legal response.

Information and Analysis

The Government has produced its initial response to the Francis Inquiry, "Patients First and Foremost";
www.gov.uk/government/publications/government-initial-response-to-the-mid-staffs-report
The report describes a call to action for all parts of the system across both Health and Social Care.

The report is divided into five areas;

- Preventing problems
- Detecting problems quickly
- Taking action promptly
- Ensuring robust accountability
- Ensuring staff are trained and motivated

Themed Area	Actions
Preventing Problems	• The Government has announced a Chief Inspector of Hospitals (although this was not a Francis recommendation) and also a Chief Inspector for Social Care, both to be appointed through the Care Quality Commission (CQC). • One of the key themes of the Government's response is the bringing together into a single place all quality monitoring data and information into a single national hub – the Health and Social Care Information Centre (HSCIC). Alongside this is the development of a new set of simpler fundamental standards which will be the basic standards for any NHS service. • A national patient safety Advisory Group will report by the end of July on making "zero harm" a reality across the whole health system.
Detecting Problems quickly	• The focus of the CQC will widen to include quality as well as compliance. Assessments of hospitals will include categories "outstanding, good, requiring improvement and poor". The friends and family test for staff and patients will be an important part of the assessment. • A statutory duty of candour will reinforce contractual duties.

Themed Area	Actions
	• Quality Surveillance Groups (QSGs now established) will share information and intelligence to spot potential problems early. Members of QSGs will be able to trigger "risk summits" to give focused consideration to concerns and develop a joint response.
Taking action promptly	• CQC and NICE will draw up fundamental standards below which care should never fall. • Commissioners will have a key role in monitoring performance not only of quality of treatment but also quality of care. Linked to this a failure of quality will be on an equal footing to a failure of financial control and will invoke a new time limited failure regime by the Chief Inspector of Hospitals. The first stage of this will require the hospital board to work with its commissioners to improve, within a fixed time period. The second stage will be to call in Monitor or the NHS Trust Development Agency and in the final stage, the Chief Inspector will initiate a failure regime. • There is also a strong emphasis to not only to look for and protect against poor quality but to improve quality and bring hospitals up to the standards of the best by rewarding good quality performance.
Ensuring Robust Accountability	• Where the Chief Inspector identifies criminally negligent practice cases will be referred to the Health and Safety Executive to consider criminal prosecution. • The legislation supporting the work of the GMC, NMC and other professional regulators will be reviewed to provide a single Act requiring quicker and more robust action on individual failings. • A national barring list for unfit managers will be introduced and unsuitable health care assistants (HCAs) will be referred to the Home Office's Baring regime.
Ensuring staff are trained and motivated.	• A pilot will be established for nursing students to complete experience as a HCA prior to undertaking NHS funded degrees. The NMC will work toward introducing a system of revalidation for all qualified nurses. • Standards for training and conduct for HCAs have been published. • The NHS leadership Academy will develop a fast track programme to attract the best chief execs into the system. • The DH will be the champion for patients. By 2016 every DH civil servant will have front line experience caring for patients.

It is expected that a more detailed cross-government response will be published in the late summer.

It may be appropriate for a cross-organisational task and finish group to be established to in Derbyshire to co-ordinate a local response to the Francis Report.

Recommendations

It is recommended that the Board:

1. Note the contents of this report
2. Establish a cross-organisational task and finish group to co-ordinate the local response to the Francis report.

Jim Connolly
Chief Nurse
Hardwick CCG

Agenda Item 10

DERBYSHIRE HEALTH AND WELLBEING BOARD

23 May 2013

FALLS AND BONE HEALTH UPDATE

Purpose of the report

To update the Board on recent progress towards the development and expansion of an effective multi-disciplinary falls and bone health pathway for Derbyshire, and to seek to confirm proposals for continued improvements to the pathway from all partner agencies.

Background

The effect of falls and reduced bone health impacts on the services delivered by all partners on the Health and Wellbeing board. Proposals to improve the current pathways have been considered in detail at shadow Health and Well Being Board meetings of 26 July 2012, 24 January 2013, 21 March 2013 and at a board development session on 8 February 2013.

Following the development session and shadow board meeting of 21st March 2013, proposals for improvements and investment were debated in detail, shadow board members' agreed the following:

1. A joint approach with shared responsibilities was required to improve the pathways and hence outcomes.
2. Improvements could be made through service redesign or tightening of contractual arrangements. Other improvements would require investment.
3. Public health, adult care and the four CCG's would consider their individual responsibilities in improving care and outcomes' and would report back on what resource commitment they could provide over a given timescale to secure the necessary improvements.
4. Public health would provide advice and support to adult care and the CCG's when requested to identify the evidence base and strengthen service agreements and contracts to secure improved care and outcomes for patients/service users.
5. The Task and Finish group for falls and bone health will be the vehicle for driving forward identified actions. All partners will ensure suitable representation at this group is provided for each of their organisations. The Task and Finish group is chaired by the Director of Public Health

and has developed an implementation plan incorporating timeframes and partner action (appendix 1)

Update since March 2013

The task and finish group met on 26th April 2013, (minutes are attached as Appendix 2) Progress has occurred as follows:

1. SDCCG have commenced activity to negotiate data sharing of hip fracture care information with Royal Derbyshire
2. SDCCG have introduced service specification for Fracture Liaison Service (FLS) in Derby Royal but require audit of community follow up
3. NDCCG are awaiting an audit report on Chesterfield Royal fracture liaison service provision
4. Commissioners from SDCCG and NDCCG have met with DCHS to discuss in more detail the existing service capacity and service components of the provider. Public health is providing informatics support to this.
5. HCCG has reviewed available data, considered best practice from East of England and is working with partners to scope the development of an acute geriatric early intervention service.
6. Public health completed a programme review in April 2013 specifying a need for increased investment in primary falls prevention with a recommendation for investment of additional £250k, subject to cabinet approval for:
   a) Transport provision for high risk patients to access evidence based community exercise
   b) Expansion of Strictly No Falling community exercise provision
   c) Development of falls exercise interventions for care home population

It is apparent that some progress has been made towards improving the existing pathway, however, from the recommendations made at the board development session and followed up in the details of the minutes and associated documents from the task and finish group, that commitment is still required from all agencies to ensure improvements and effective investment is made in accordance with the commitments to prioritise this work made at the shadow Board development session.

Recommendations

1. Board members agree to seek to identify funding within individual partner budgets for the improvement, development and expansion of an effective falls and bone health pathway from primary prevention work through to secondary care provision

2. Board members agree to the delivery of the improvements being determined through the Falls and Bone Health task and finish group and

undertake to seek to ensure suitable and consistent attendance by representatives of their organisation is provided to support this group.

Elaine Michel
Director of Public Health
Derbyshire County Council

Agenda Item 11

DERBYSHIRE HEALTH AND WELLBEING BOARD

23 May 2013

HEALTH & WELLBEING ROUND-UP REPORT

Purpose of the report
To provide the Board with a round-up of key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda.

Round-Up

NHS111
Members will have seen considerable national media attention on the NHS111 service and it was felt appropriate to explain the local situation. Derbyshire Health United (DHU) has been the provider of the NHS111 service as well as the GP out-of-hours service in Derbyshire for around 18 months. We staged a gradual roll out of NHS111 across Derbyshire and this was very successful as has previously been reported to H&WB.

DHU as a company successfully bid to provide the NHS111 service to Nottinghamshire; Northamptonshire and Leicestershire. The services for both Nottinghamshire and Northamptonshire had to "go live" at the end of March in line with the national timetable. As members will be aware this was over the busy Easter weekend and DHU experienced problems. Since then call volumes have been higher than anticipated due to the national media attention and it quickly became apparent that additional staff were required. The process to train call handler staff to be competent and accredited to use NHS Pathways takes six weeks so once time for recruitment was added in it would take DHU 2-3 months to achieve adequate staffing.

The CCGs across the three geographic areas have been working closely with DHU on an agreed recovery plan and mitigating measures to ensure a safe service was provided to all callers. Additional clinical staff, including GPs, have been working at weekends to supplement the call handlers to ensure that people are dealt with quickly and safely. There have however been a couple of weekends when it is clear from the statistics that people have had to wait longer than we would wish to get through to NHS111. The quality of the service received has remained good with lower than average numbers of people being referred to emergency departments or ambulances called when a less intensive option for treatment and advice was appropriate.

The staffing levels at DHU are increasing every week and we are confident that once again we will have the quality service experienced in Derbyshire

prior to Easter. We are also working closely with Leicestershire to agree a phased introduction of the NHS111 service to their population to ensure service standards are maintained

For further information please contact Jackie Pendleton, North Derbyshire CCG jackie.pendleton@northderbyshireccg.nhs.uk

HealthWatch Derbyshire

HealthWatch (HW) is the new independent consumer champion for health and social care which launched across England on 1st April 2013. Residents of Derbyshire will have a powerful voice locally and nationally through HealthWatch Derbyshire (HWD) – their local HealthWatch.

HWD gives the Derbyshire public a strong, independent and collective voice. Whilst we do not act on specific individual issues we do offer a signposting service and provide advice and information to the public about accessing health and social care services.

The organisation provides a platform for local voices to have an impact on local services, not just for the people who use them, but anyone who might need to in the future. It will focus on gathering the views of people of all ages from children and young people to adults and seek to reflect the diversity of the communities of Derbyshire.

Information shared with HWD will be fed directly to those responsible for the design and delivery of services, letting them know what they are doing well and where there is room for improvement. This information will also be fed into HW England, the national body that all 152 local HealthWatch organisations across the country will feed into. This will enable areas of concern, or good practice, to be identified at a national level.

HealthWatch Derbyshire contact details:
Web: www.healthwatchderbyshire.co.uk
Tel: 01773 880786
Email: enquiries@healthwatchderbyshire.co.uk
Address: HealthWatch Derbyshire, Suite 14, Riverside Business Centre, Foundry Lane, Milford Derbyshire, DE56 0RN.
Manager: Karen Ritchie

Disabled Children's Charter

A Disabled Children's Charter for Health and Wellbeing Boards has been produced by the 'Every Disabled Child Matters' Campaign and Boards across the country are being asked to sign up to it. The Charter can be found here: http://www.edcm.org.uk/media/43933/disabled_childrens_charter_for_hwb.pdf

The Charter requires the Board to sign up to improving the quality of life and outcomes experienced by disabled children, young people and their families. It also requires the Board to commit to providing a range of detailed evidence within a year of signing the Charter. The County Council has already indicated its commitment to the overall principles of improving the health outcomes for children and young people with disabilities, long-term health conditions and special educational needs. It is recommended that the Children's Trust should consider the details of the charter and report back to the Board.

For further information contact Sally Savage, Assistant Director, Commissioning, DCC sally.savage@derbyshire.gov.uk

Lead Commissioning for Carers and People with a Learning Disability

In March 2012, the Health and Wellbeing Board endorsed the Joint Commissioning Priorities between Adult Care and the local NHS for 2012/13., which included the proposal for Adult Social Care to be the lead commissioner for Carers and for People with a Learning Disability.

Carers:

- A working group has been established jointly between Adult Care and Southern Derbyshire Clinical Commissioning Group (lead CCG for Carers); and regular reports have been made to the Adult Care Board and the Carers' Joint Commissioning Group. A draft Memorandum of Understanding is being drafted, for consultation.

Learning Disability:

- A working group has been established jointly between Adult Care and Hardwick CCG (lead CCG for Learning Disability); the County Learning Disability Partnership Board has been updated on progress and initial mapping of existing health-funded activity has been completed across four themes (Personal Health Budgets, Access to Primary and Acute Care, Specialist Learning Disability Healthcare Commissioning and Learning Disability Secure Services).

For further information please contact Julie Vollor, Group Manager – Commissioning, Adult Care, DCC julie.vollor@derbyshire.gov.uk

Joint Mental Health Strategy

The current 'Derbyshire Vision and Strategic Direction for Adult Mental Health' was launched in 2007 and was originally planned to span ten years to 2017. The document pre-dates a number of national policy drivers, new legislation and local strategic changes in commissioning and service delivery. Therefore a rewrite of the strategy is planned to bring it in line with the national strategy 'No Health without Mental Health' and the new national Mental Health Outcomes Framework. The rewrite is being led by Adult Care and the local NHS with close involvement from people who use the services, family carers and the local voluntary and community sector.

The draft revised Derbyshire Vision for Adult Mental Health will be presented to the Adult Care Board in November 2013.

For further information please contact Julie Vollor, Group Manager – Commissioning, Adult Care, DCC julie.vollor@derbyshire.gov.uk

Maternity Needs Assessment

The Maternity and New-born Strategy Group are reviewing and updating their strategy. This health needs assessment will inform the Derbyshire Maternity and New-born Strategy for 2013/14 and commissioning intentions for 2014/15. The assessment will involve and consult key stakeholders, particularly the four Derbyshire CCGs; Public Health Commissioning (City and County) and maternity services. The needs assessment will identify priorities for current services, in the short and long term, to meet maternal and child health needs and identify any gaps in provision and access to services.

The needs assessment will be completed by July 2013.

Proposed key content

1. Demographic summary
2. Births (including projections)
3. Outcomes
4. Determinants of health and lifestyles (including projections for each maternity tariff category (intensive, intermediate, standard)
5. Service issues, gaps and priorities (related to evidence-based practice)
    - Ante-natal/pregnancy
    - Birth/labour/delivery
    - Post-natal – up to 15 days
    - Service implications for longer-term outcomes/pathways
6. Priorities and recommendations

For further information please contact Marie Cowie, Health Improvement Principal, NHS Derby City marie.cowie@nhs.net

CCG Prospectus

As part of the NHS planning guidance "Everyone Counts" there was a requirement on each Clinical Commissioning Group (CCG) to publish a prospectus by the end of May 2013. Further guidance has been received from NHS England which states that "each CCG's prospectus should be locally determined to reflect the needs of the people you serve. NHS England will not be providing any central requirements around content or the means of communication since we consider that it is essential it reflects what you, in discussion with key stakeholders, believe will meet your population's needs and wishes.

There are a few principles which we consider are important and assume that you will take into account since they will clearly be of interest to your patients and the wider public such as:

- reflecting the local health and wellbeing strategy and as such ensuring your prospectus has been agreed with your Health and Wellbeing Board;
- setting out what the key health priorities are for your population;
- describing the standards that local people can expect from the services you have commissioned on their behalf;
- a high level description of how the budget for these services will be spent;
- demonstrating how you and your key partners will address health inequalities; and
- clarity on how your population's views have been, and will continue to be, heard.

We also expect that the form and distribution of the prospectus will mean it is as accessible as possible to all your population."

This further guidance was only received in the last few weeks and CCGs are busy preparing the content of their prospectus. These will be available and will be shared with members of the H&WB for information before the end of the month but it has not been possible to have them ready in time for the dispatch of papers of the H&WB meeting.

The H&WB has though already signed off each CCG's plan on a page which sets out the clinical priorities.

For further information please contact Jackie Pendleton, North Derbyshire CCG jackie.pendleton@northderbyshireccg.nhs.uk