

Topic Area	Question	Response
Board/ Structures	Why is there no voluntary sector representation on the HWBB?	The Voluntary Sector has representation on the Children's Trust and the Adult Board which are both sub-groups of the Health and Wellbeing Board. Their engagement is currently facilitated through this arrangement. Membership of the Health and Wellbeing Board is under review.
Board/ Structures	HWBB-Community Engagement. How will this be structured, and will they use local voluntary sector organisations?	There are two engagement forums each year, with stakeholders invited from various Voluntary and Public Sector groups across the county. These stakeholders have been consulted on the Health and Wellbeing Strategy and Healthwatch over the past year. Information is also communicated through infrastructure organisations who work closely with the Voluntary and Public Sector groups in Derbyshire.
Board/ Structures	How is progress/future plans going to be communicated to voluntary sector? How about including voluntary sector rep on the board?	Progress and future plans are reported on the Health and Wellbeing Board area of the Derbyshire Partnership Forum website. Engagement and communication with the Voluntary Sector will continue through the arrangements outlined in response to the question above.
Board/ Structures	In view of the strong connection between health and crime, have you considered inviting the Derbyshire Police & Crime Commissioner onto the HWBB? I understand Derby City HWBB has done so.	Membership of the Derbyshire HWB is under review and will be determined at the County Council AGM in May.
Board/ Structures	Is there an overall visual map/structure of how health services in Derbyshire will look on April 1 st ? Incorporating CCGs, HealthWatch, DCHS etc.	Below is a link to a diagram on the DoH website illustrating The Health and Care System from April 2013: http://healthandcare.dh.gov.uk/system/
Board/ Structures	What people will make up the local NHS Commissioning Board?	The NHS Commissioning Board is a single national organisation and only has a single national Board. It will operate through a series of regional and area layers but there will not be formal Board structures.
CCGs	How does a provider get to be considered to be commissioned to run services?	The commissioners (CCGs, Councils though public health and the NHS CB for their functions) will decide when additional providers are required for a service. The commissioner will then determine which is the most appropriate procurement method to secure provision.
CCGs	How will you ensure that services are integrated and cohesive when they are provided by disparate providers?	This will be achieved in different ways. Ultimately what we will develop is a service specification for an integrated service in each locality/CCG. This may then be commissioned through a single lead provider model that will organise the rest of the delivery chain or it may be delivered through a

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		series of separate contracts which add up to the whole specification. The contracts will be monitored using formal metrics but more importantly using feedback from patients, clients, carers and staff in terms of how successfully we have integrated things from the person's perspective.
CCGs	How do I find out which CCG is responsible for Ophthalmology/Optometry clinical pathways?	The NHS CB is responsible for commissioning the core ophthalmic contract but each CCG is responsible for the enhanced services within their own area.
CCGs	PPGs -Encouraged to have carer support group as 1 in 10 patients are carers.	CCG staff supporting practices with developing their Patient Participation Groups will be encouraging practices to identify and support carers to attend to allow their specific issues to be discussed.
CCGs	Patients often unaware of further available service when visiting GP. Unless referred by GP, patient remains in the dark. GP receptionists should be trained to provide patients with info re. additional benefits/services available such as falls monitor or cooking skills.	All practices have websites where additional information can be found. Citizens Advice Bureau services are also available in most practices. It is really difficult for receptionists to keep up to date with all of the available services locally particularly those that are not NHS commissioned. We are looking at ways to create a single advice point that people can be signposted to for other non NHS commissioned information and will be linking in with the brokerage service at Derbyshire County Council to do this, and develop our relationships with the voluntary sector. One CCG locality is already working on its links into support from the voluntary sector for those using mental health services and if this is successful we hope to roll this out to other areas.
Public Health	When looking at falls, did the Board look into the causes i.e. the use of anti-psychotic drugs, particularly in care homes? [from a] paper produced by consultant at Derby Hospital.	We have considered the specific needs of vulnerable groups including those in care homes and people with dementia. There is work going forward with the Mental Health Trust to identify and work towards addressing their specific needs
Public Health	Is money going to be allocated to preventative medicine e.g. to increase physical activity for example by promotion or investing in infrastructure?	The Director of Public Health is leading a review of all current public health commitments so that we can decide on where there are areas that require additional investment within the ring fenced public health budget
Public Health	Andrew Lewer, are you communicating with cross boundary acute providers, in particular regarding long-term conditions?	The public health department continues to work closely with all CCG's with a view to ensuring cost effective provision of services based on need. This work looks across the whole pathway of care. The CCGs have relationships with many providers across borders for

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		example Stockport and Sheffield for North Derbyshire CCG and Burton for Southern Derbyshire. CCGs work jointly with the lead commissioner (usually the CCG in whose patch the hospital is based) to ensure that pathways etc are correct for Derbyshire patients.
Public Health	A recognition of the role of advice agencies and how they can help in improving health outcomes through free advice and employment, housing and homelessness for people and low incomes.	The review of public health programmes will include the wider determinants of health which includes provision of advice and support that benefits health and wellbeing.
Public Health	We know that the number of people living with and beyond cancer is rising due to increasing incidence and the development of treatments. This has implications in terms of physical, social and psychological wellbeing. Have these implications been considered by the HWBB in the development of the Strategy?	There is a strand of the health and wellbeing strategy which is specifically around mental wellbeing. The strategy was developed with a wide range of partners who were encouraged to prioritise areas that needed an enhanced focus. People with long term conditions, which include cancer, do need support to come to terms with managing their condition and their future life.
Public Health	Re. Elaine's presentation; is the joint HWB Strategy different to the Derbyshire HWB Strategy? If so, what is it for?	It is the same and can be found at: http://www.derbyshirepartnership.gov.uk/images/Derbys%20HWB%20Strategy%20final%20Oct12_tcm39-212111.pdf
Public Health	When will action plans for the 5 key areas of the Strategy be produced and who will lead on these?	The action plans will be reported back through the Health & Wellbeing Board starting in May with a focus on children & young people. A number of leads have been identified depending on the nature of the topic across a number of organisations. The action plans will be available soon.
	How does the concept of specialised centres further away fit with issue of public transport in rural areas? Especially relevant to those who are not eligible for ambulance transport.	The aim of the redesign of services is to move care closer to home so that people do not have to attend hospital unless absolutely necessary. Another aim is to improve the quality of care to the highest level which means that clinicians see more people with a particular condition which will improve health outcomes for local people. Rural issues are understood across the county and there will be opportunities for people to be involved in shaping the services as they are redesigned. As part of any changes an Equality Impact Assessment will be carried out with the aim of minimising any negative impacts as far as practicable.
Public Health	What relationship and contact does Public Health expect to have with local CVs and volunteer centre organisations	Public health staff have always had a commitment to work collaboratively with all partners particularly those in the voluntary and community

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	in regards to community engagement?	sectors. This is done at a county level on areas of specific focus eg older people's strategy or at a locality level through district level partnerships. In addition we commission programmes from the voluntary sector eg Citizen's Advice Bureaux in primary care. We would aim to maintain this partnership working and include those centres where possible.
Adult Care	How many care agencies are there? What action is taken to appraise the quality of care each one provides?	Adult Care purchases home care services from 50 approved providers. All providers are regulated by the Care Quality Commission and subject to contract monitoring/compliance visits by officers of Adult Care.
Adult Care	How will the learning disability community, including people with learning disabilities and family carers, be involved in the Health and Wellbeing agenda?	LD Partnership Board meetings (County and Local Groups) using existing structures.
Adult Care	The links between housing and health has been mentioned, in particular around older people. How do I raise the profile of the health and housing needs of those that do not access health services, in particular the vulnerable, homeless and rough sleepers.	Sarah Dinsdale will collect evidence and share this with Health
Healthwatch	How integrated will Healthwatch be with CCGs? How much influence will Healthwatch have re. commissioning based on identified needs?	Healthwatch staff are engaged with all CCGs and will promote patient and public involvement, and seek views on services which can be fed back into local commissioning. They will make sure that any consultation that needs to be undertaken is carried out correctly. Information gathered about patient/clients views about service provision or gaps in provision will be shared with CCGs and other relevant commissioners.
Healthwatch	How will HealthWatch ensure that the views and needs of marginalised groups and communities are met, e.g. BME groups and the disabled. Also unemployed people and those on low wages. Are they represented on the Board?	HWD will endeavour to engage with all communities across Derbyshire through meeting with marginalised and groups and also social networking etc. This responsibility will require cultural sensitivity, responsiveness and local knowledge of Derbyshire's communities. It will be expected to represent the voices of community groups, voluntary organisations, mental health patients and carers, disability groups, black and minority ethnic (BME) groups, carers and others. There are a minimum number of 12 places for board members. There are

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		still a few positions open and there will be further recruitment at a later date, all board members are expected and required to represent marginalised groups and communities throughout Derbyshire.
Healthwatch	Will HealthWatch have the power to enter and view a care home if they are not welcome?	Local Healthwatch will retain the powers to enter and view services.
Healthwatch	How does Councillor Lower justify having Healthwatch for Derbyshire and another for Derby City? Why don't the two councils save money by combining the two and support one HealthWatch?	Although considered this was not an approach favoured by Derbyshire County Council. It was considered to be more important to have a Healthwatch organisation that clearly represents the views of the people of Derbyshire and which is aligned with the work of Derbyshire Health and Well Being Board. It will work with Healthwatch Derby if there are matters of common concern.
Healthwatch	Will HealthWatch continually check the work of the NHS Commissioning Board to assess the viability of privatised services? Have they a power of veto?	<p>The NHS Commissioning Board is nationally accountable for the outcomes achieved by the NHS, and provides leadership for the new commissioning system.</p> <p>Information gathered by local Healthwatch about NHS funded services (amongst others) where there are concerns or compliments will be shared with the local Health and Well Being Board and with Healthwatch England.</p>
Healthwatch	Will/how will you work with CQC/Monitor to gain intelligence without duplication regarding health care (data)?	Information sharing protocols will be discussed with CQC and Monitor to ensure that there is no duplication of activity.
Healthwatch	CCGs already cover the same ground as is proposed for HealthWatch Derbyshire excluding taking on individual complaints.	HWD will make sure, through an independent patient voice, that CCGs are delivering services effectively and also sign posting to relevant services. Healthwatch are not a complaints service. HWD will be coordinating with patient and client engagement services within CCGs and Trusts and Adult Care, so that each stakeholders work compliments and does not duplicate each other. It is hoped that the developing Quality Surveillance Groups (QSGs) can help coordinate this work.
Healthwatch	HealthWatch Derbyshire vs. JSNA. How will the intelligence collected by HWD align with the JSNA priorities? What if priorities are different?	HWD will follow JSNA priorities but will also take and independent account of patient/citizen views when deciding on their work plan. The Health and Well Being Board will be advised of any differences in priorities.

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Healthwatch	Clarification of HealthWatch staff complement since expectation is of transfer of 7 staff and additional manager position? *Link staff in audience	All 7 staff have been transferred from LINK to Healthwatch.
Healthwatch	How will HealthWatch respond to and integrate the Francis Report in to its work? Many of the recommendations have an impact on local HealthWatch.	Recommendations from The Francis report will be incorporated within the service specification for HWD. HWD will take account of The Francis report while making decisions about work planning. HWD will also look to learn from HW Staffordshire.
Healthwatch	How will local HealthWatch work with stakeholders in statutory and voluntary sectors to share intelligence about local concerns?	HWD will work with voluntary sector, forums and various stakeholder groups on a regular basis with two way communication and will build partnerships to share intelligence.