MINUTES of a meeting of the **SHADOW HEALTH AND WELLBEING BOARD** held on 26 July 2012 at County Hall, Matlock

PRESENT

Councillor A I Lewer (in the Chair)

D Bailey	Derbyshire LINK
H Bowen	Chesterfield Borough Council
Councillor J Burrows	Chesterfield Borough Council
Dr D Collins	North Derbyshire Clinical Commissioning Group
Dr A Dow	Tameside & Glossop Clinical Commissioning Group
Councillor C A Hart	Derbyshire County Council
Councillor C W Jones	Derbyshire County Council
A Layzell	Southern Derbyshire Clinical Commissioning Group
Councillor B Lewis	Derbyshire County Council
D Lowe	Derbyshire County Council
R Marwaha	Erewash Clinical Commissioning Group
E Michel	NHS Tameside and Glossop
Councillor C R Moesby	Derbyshire County Council
B Robertson	Derbyshire County Council
W Sunney	Hardwick Health Clinical Commissioning Group
T Thompson	NHS Derbyshire Cluster

Also in Attendance – J Cox (Derbyshire County Council), Councillor S J Ellis (Derbyshire Coumty Council), Councillor G Farrington (Derbyshire County Council), Councillor P Makin (Derbyshire County Council), J Needham (NHS Derbyshire County), A Pritchard (NHS Derbyshire County), G Spencer (Derbyshire County Council), E Wild (Derbyshire County Council), and J Willis (NDVA)

Apologies for absence were submitted on behalf of Dr A Mott, B Laurence, J Pendleton, S Savage, I Thomas, and Councillor R J Wheeler

33/12 **MINUTES** **RESOLVED** that the minutes of the meeting of the Board held on 31 May 2012 be confirmed as a correct record.

34/12 **MATTERS ARISING – (a) Information Sharing for Planning and Commissioning Services for Children and Families** (Minute No 29/12 refers) It was stated that a report from the workshop that had taken place on 4 July would now be presented to the meeting of the Board in September.

35/12 **UPDATE ON THE DRAFT HEALTH AND WELLBEING STRATEGY CONSULTATION** The Derbyshire-wide public consultation on the draft Health and Wellbeing Strategy had been launched on 11 June 2012, and was due to end on 2 September 2012. The draft Strategy and

consultation questionnaire were available on the Derbyshire Partnership Forum website, along with a report summarising responses to the initial consultation on the high level priorities.

The Strategy Task and Finish Group was developing plans to publicise the final Strategy once it had been published. This included exploring options and cost implications for the development of a DVD.

Once the final Strategy had been published, the Board would need to ensure that there were clear plans in place to deliver each of the agreed actions, and to develop processes for reviewing progress on the actions. It was proposed that a lead partner be identified to be responsible for each action. The Health and Wellbeing Coordination Group would identify leads for each action, and these would be approved by the Board at its next meeting.

RESOLVED to (1) note the plans to launch the Strategy; and

(2) approve the plans to identify lead partners against each of the actions in the Strategy.

36/12 **ADULT CARE REFORMS** The Board received a presentation from B Robertson on the reforms in Adult Care, in particular the new documents published by Government. These would have serious implications for all those involved in adult care over the next few years.

Details were provided on the outcome statements of the White Paper Caring for our Future: Reforming Care and Support. The outcomes were person centred, and included:-

- I am supported to maintain my independence for as long as possible
- I understand how care and support works and what my entitlements and responsibilities are
- I am happy with the quality of my care and support
- I know the person giving me care and support will treat me with dignity and respect
- I am in control of my care and support

The work that was being undertaken to achieve the outcomes were presented. For maintaining independence, there would be shared measures with public health outcomes, and prevention and early intervention would be a core local authority role. Social workers were adopting community development approaches, and there was to be a Health and Social Care volunteering fund, which would support community development. There would also be a greater emphasis on adult social care and housing working together.

In terms of entitlements and responsibilities, there was to be a new national information portal, and a national minimum eligibility, and this was likely to be set at substantial. Assessments would also become portable. It was stated that from April 2013, the NHS Commissioning Board, CCGs, local authorities and carer's organisations would agree plans and budgets for identifying and supporting carers. The draft Care and Support Bill would extend carer's rights to an assessment.

For quality of care and support, the emphasis was on high quality care and improving quality. Provider quality profile would be published on the NHS and Social Care information website. There would be a greater role of the local Ombudsman, HealthWatch, NICE, and the introduction of a statutory Adult Safeguarding Board. There would be a duty on local authorities to promote diversity and quality in the provision of care.

The outcome of treating someone with dignity and respect was already promoted in Derbyshire and was to be developed further. The workforce would have a new code of conduct and national minimum training standards, and the Personal Assistants and their employers would receive support and training through the workforce development fund. The focus of social workers was to be on community development, interpersonal support, and promoting choice and control. By the end of 2012, a Chief Social Worker was to be appointed, and there would be a new Leadership Forum.

In terms of being in control of care and support, by April 2013, there was to be more personalised care and support with the entitlement to a personal budget, and there was to be a pilot of Direct Payments for residential care. There would also be a duty for local authorities to promote the integration of services and greater co-operation for partners. There would be further transfers of £100m in 2013/14 and £200m in 2014/15 to support the NHS and Social Care integrated provision, and there was a possible combination of personal health budgets with personal social care budgets.

The Board was also informed of the draft Care and Support Bill. Part One of this document related to adult care and support duties, and it was noted that these duties would eventually become statutory. Consultation on the draft Bill ended on 19 October, and there would then be pre-legislative scrutiny by the House of Commons in the autumn.

Details were also provided on 'Caring for our Future: Progress Report on Funding Reform'. The Government had agreed that the principles for any new funding model should involve financial protection through capped costs and an extended means test. There was to be the introduction of a universal system of deferred payments for residential care from April 2015, along with a national eligibility threshold for adult care and support. There would also be additional support to adult care through the NHS.

37/12 **SAFEGUARDING ADULTS AT RISK UPDATE** The Board was updated on the work of the Derbyshire Partnership for Safeguarding Adults at Risk Board. Adult Social Care departments had a responsibility for leading on Safeguarding, and whilst the establishment of a Board was not yet statutory, it was expected good practice.

The Board comprised members from a number of key strategic partners, and it was expected that the Board would have membership from the CCGs as a requirement of the authorisation process. The challenge for the Board over the last twelve months had been to have appropriate members who could make decisions on behalf of their organisations and influence strategic direction within their organisations.

Following discussions with Derby City Adult Care, it had become apparent that there was a commitment and willingness to work together to share common Policies and Procedures so that all partners were working under a common framework. This had been welcomed by agencies, and the shared Policies and Procedures had been completed and work was on going to support partners and practitioners in developing operational practice guidance that was available to everyone via the Safer Derbyshire website.

It had now been agreed to create a number of sub-groups to undertake the work on behalf of the Board to support its Business Plan. There had been an agreement with Derby City Safeguarding Board to have sub-group membership from both Derbyshire and Derby City partnerships. The sub-groups had been commissioned to undertake work programmes which enhanced the priority given to safeguarding issues. The sub-groups for 2012/13, working to the priorities of the Board, related to the Mental Capacity Act and Deprivation of Liberty Safeguards, Learning and Development, Quality Assurance and Performance, and Stakeholder Engagement and Involvement. There was also an operational multi-agency focus group, which met to discuss operational issues and to identify any difficulties in implementing the policies and procedures.

The annual report of the Board for 2011 was presented for information. This had been approved by the Adult Care Board, and highlighted the work achieved by the Board over the last year.

RESOLVED to receive the report and the Annual Report for 2011.

38/12 **JOINT COMMISSIONING UPDATE: ADULT HEALTH AND SOCIAL CARE** The Board had previously endorsed the Joint Commissioning Priorities for 2012/13 that had been agreed by the Adult Care Board. Details were given on the range of actions that had been completed to date, and these related to Safeguarding, frail older people and dementia, carers,

learning disability, disabled people or people with sensory impairment, transition to adult life, implementation of the Autism Act, mental health services, and the joint commissioning system.

The developments related to agreed joint priorities which were consistent with the emergent Health and Wellbeing Strategy. These were tangible achievements which reflected good joint working between the developing CCGs, adult care and district/borough councils. The joint working would be further strengthened as joint commissioning structures and relationships were consolidated over the coming months.

RESOLVED to note the progress on delivering the Joint Commissioning System and Priorities for 2012/13.

39/12 **21ST CENTURY CONSULTATION** The Board was provided with an update regarding the first stage of the 21st century healthcare consultation that had been held across Derbyshire during May/June. The first stage consultation had been based on obtaining feedback on nine principles.

A summary of the outputs of the consultation events was given. There had been general agreement with the principles, but a high level of scepticism about the ability to deliver. The need to provide a greater focus on carers had been highlighted, either through a separate principle or a change to the principle 'no decision about me is made without me'. A number of areas had been identified as gaps, including GP access, reference to work force, and in implementing the principles, it would be necessary to reinforce the importance of access to accurate information and the need to communicate effectively.

In terms of next steps, the principles would be amended to reflect the feedback that had been received, and they would be used as a basis for all the healthcare projects and programmes of work undertaken across Derbyshire to ensure that the services commissioned delivered and met the requirements of the 21st century. Engagement with the public and key stakeholders would continue over the coming months to help develop plans in relation to integrated care. Further consultation would take place with the public on any proposals in relation to changes to the delivery of healthcare across Derbyshire.

RESOLVED to note the progress made and the next steps.

40/12 **FALLS AND BONE HEALTH PATHWAY FOR DERBYSHIRE** The Board received a presentation from J Needham on the current position regarding commissioned services for falls prevention and both health for Derbyshire.

It was reported that, each year, 35% of over 65 year olds and 45% of over 80 year olds could be expected to fall. Falls in older people had a significant impact on the demand for bone health and social care services, and were the leading accidental cause of mortality amongst the older population. Falls which resulted in a hip fracture were of particular concern as 10% of hip fracture patients would die within 30 days of the injury and 30% would die within one year.

A recent report completed by NHS Derbyshire County Public Health department had identified that 43% of all non-elective admissions within a practice based commissioning consortia had had a secondary diagnosis of a fall. The area of trauma and orthopaedics continued to be one of the highest areas of activity for primary care, and so it was important to prioritise falls prevention.

In 2010/11, 2679 of Derbyshire county registered patients over the age of 65 had been admitted as a result of a fall, and 833 had experienced a hip fracture. An ageing population meant that the incidence of fall would increase by more than 50% by 2030. Details were provided on the services which commissioning organisations should contract from a range of providers. These specified services for the highest risk group of people down to the general older population who would benefit from early intervention and prevention strategies to prevent falls and maintain good bone health.

The Board was presented with the current position for Derbyshire regarding the services which were already commissioned, and a range of issues had been identified for the Board to consider. The Board felt that it was necessary to prioritise on health care investment, and to look at the wider agenda of the older population in general. It was suggested that a Task and Finish Group be established to consider the issues that had been identified. This was agreed, and members of the Board would be contacted to be a part of the Group. Three recommendations had been put forward to the Board, and it was suggested that these be used as a basis for the Task and Finish Group to commence its work.

The Board was also presented with a Position Paper for Primary Care relating to a Falls and Bone Health work stream. This contained an action plan with a number of recommendations for development by the CCGs.

RESOLVED to (1) note the content of the report and appendices

(2) prioritise joint working to implement the recommendations contained within Appendix 2; and

(3) ensure that consideration be given to appropriate resource allocation to achieve this.

41/12 **ROUND UP REPORT** A round-up of key progress in relation to Health and Wellbeing issues and projects was given.

The Local Government Association and NHS Leadership Academy had chosen to work with the Derbyshire Health and Wellbeing Board as part of a national developmental support programme. The first of four bespoke events had been held on 13 July, and had reflected on progress to date and had considered how members could support the Board to achieve its vision for improved health and wellbeing outcomes. Further sessions would be held and dates would be circulated.

At the last meeting, it had been agreed that the Chairman would invite representatives from the key provider organisations to a meeting to discuss engagement arrangements and their role in helping to shape and deliver the Health and Wellbeing Strategy. A meeting had been held on 17 July, and had been attended by representatives from a range of organisations..

The Health and Wellbeing Stakeholder Engagement Forum had now met twice, with participants helping to shape the priorities outlined within the draft Health and Wellbeing Strategy. A further meeting of the Forum was due to be held on 21 September 2012. Work was now being undertaken to ensure that the engagement plans of the Board, CCGs and other partner organisations were aligned.

Planning for the development of the Local HealthWatch service was still on course, and the Department of Health had advised the County Council that the indicative funding allocation for assisting with the setting up of HealthWatch would be up to £176,909 per annum. This would be added to the £288,000 currently committed to the provision of Derbyshire LINk. A Cabinet report was currently being prepared to facilitate the procurement exercise to set up HealthWatch, and this would be presented to the Board at a future meeting.

The process to authorise CCGs would continue throughout the forthcoming months, and it was stated that the Derbyshire CCGs were applying in Wave 3, with an application date of 1 October. The exception was Hardwick CCG, which would apply on 1 November 2012. Each CCG was currently working with its member practices to agree a formal constitution document setting out how the CCG would work and what the role and responsibilities of the Board, practices and where appropriate localities would be. Another element of authorisation was the 360° survey, which had been sent to the prescribed list of stakeholders and would be issued for completion electronically in August, with completion due by early September.

It was reported that the NHS Commissioning Board Authority was appointing to its executive leadership team, and this comprised a Chief Executive, eight national directors, five professional leads, and four commissioning sector leads. The team would be supported by Local Area Teams, and it was stated that Derbyshire and Nottinghamshire would form one Local Area Team. Derek Bray had recently been appointed as Managing Director for Nottinghamshire and Derbyshire. There were also 23 Commissioning Support Service organisations providing services to CCGs and Local Area Teams, and Professor John Parkes would be Managing Director of the Greater East Midlands Commissioning Support Service. The Director of Public Health for Derbyshire was currently out to advert, and the closing date was 30 July.

The national 2012 Health Profiles for all local authorities in England had been published, and were designed to give an overview of health and wellbeing for each area. The key issues for Derbyshire were highlighted.

The NHS Tameside and Glossop Public Health Team had produced a JSNA based on the NHS, Social Care and Public Health Outcomes Frameworks, and the format of each section was stated. There was a range of data which covered the Glossopdale area where it was available, and the JSNA was being used to inform priorities for Tameside and Glossop CCG.

42/12 **OTHER BUSINESS** A letter had been sent to CCGs from the Strategic Health Authority relating to a series of events that were being held. The first event was taking place in the East Midlands on 25 September, and there would be a follow up event in January. It was suggested that between 4-7 members attend, and it would be necessary for the same members to attend both events. Information would be circulated to those who had expressed an interest in attending.