MINUTES of a meeting of the **SHADOW HEALTH AND WELLBEING BOARD** held on 27 September 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 A Dow	Tameside & Glossop Shadow CCG
Dr M Henn	Erewash Shadow CCG
Councillor C W Jones	Derbyshire County Council
B Laurence	Derbyshire County Council
Councillor B Lewis	Derbyshire County Council
D Lowe	Derbyshire County Council
Dr A Mott	Southern Derbyshire Shadow CCG
J Pendleton	North Derbyshire Shadow CCG
B Robertson	Derbyshire County Council
I Thomas	Derbyshire County Council
Councillor Ms A Western	Derbyshire County Council
Councillor R J Wheeler	South Derbyshire District Council

Also in Attendance – J Cox (Derbyshire County Council), J Dosanjh (Derbyshire LINk), Councillor S J Ellis (Derbyshire County Council), S Hobbs (Derbyshire County Council), A Pritchard (NHS Derbyshire County), G Spencer (Derbyshire County Council), M Stafford-Wood (Derbyshire County Council)

Apologies for absence were submitted on behalf of Dr D Collins, A Layzell, Dr S Lloyd, Councillor P Makin, and T Thompson

43/12 **MINUTES** **RESOLVED** that the minutes of the meeting of the Board held on 26 July 2012 be confirmed as a correct record.

44/12 **DRAFT HEALTH AND WELLBEING STRATEGY FOR DERBYSHIRE: CONSULTATION RESULTS AND DEVELOPMENT OF STRATEGY** The three month consultation on the draft Health and Wellbeing Strategy for Derbyshire had ended on 2 September 2012. Over 200 questionnaires had been returned, and the responses indicated a strong level of support for the strategy and the proposed actions for each high-level priority. There had also been a range of suggestions on how the strategy could be improved. A summary of the survey responses and comments made, along with a list of responding organisations, was presented. An explanation was also given of how the strategy had been changed in response to the comments made.

Some of the common cross-cutting themes to emerge were highlighted:-

- The need for greater recognition of the value of the contribution made by partners and their role in shaping and delivering the strategy
- The need for more detail about how inequalities would be reduced including the importance of balancing countywide actions with locality-based needs assessments and planning
- More about how the strategy would make a difference and the availability of resources to deliver
- The need for greater integration of services
- More emphasis needed on preventive aspects of the strategy

These had now been addressed more explicitly throughout the strategy. In addition, a 'next steps' section had been included. The revised strategy had been circulated to the Board for comment and approval. It was also stated that many of the comments had related to a need for the Board to continue to develop and support partnership and locality working in Derbyshire. At the meeting, Board members made a number of points, particularly in relation to empowering individuals and communities within the prevention agenda to further strengthen the strategy.

RESOLVED to (1) approve the strategy; and

(2) note the wider issues raised about the need for continued development of, and support for, partnership and locality working.

45/12 WORKING TOGETHER EFFECTIVELY: INTEROPERABILITY IN HEALTH AND SOCIAL CARE (INFORMATION GOVERNANCE WORKSHOP REPORT) The continuing drive for delivery of integrated care, with pathways crossing organisational boundaries, had highlighted the challenges of sharing patient identifiable and sensitive information between organisations. Whilst some areas were clearly defined, the majority of incidences were complex, and careful consideration to ensure a legal basis for sharing was essential. To support County Council and NHS staff involved in taking a decision on information sharing, it had been agreed to hold a workshop event, the purpose of it being to update attendees on relevant aspects of the law. This had been held on 4 July 2012.

Details were provided on the content of the Information Sharing Workshop, along with outcomes and some recommendations that attendees had agreed would help continue working together in the future. The workshop had brought additional benefits to participants in building relationships between groups of staff in different organisations but facing similar challenges, and bringing insight to the processes that the County Council and NHS had in

place and the standards that both organisations met in ensuring that personal data was handled securely and appropriately within the law.

A number of areas had emerged from the workshop, and a brief summary was given of the areas which would benefit from more detailed discussion and further joint work:-

- Consent – gathering the right level of consent from an individual was essential to sharing information, and where a patient/service user consented to share their data, it was usually relatively easy to do so with appropriate safeguards. However, the generic consent given was not usually specific enough for the circumstances. This problem had been faced for a number of years, and would continue unless robust and jointly agreed consent models and a process for collection of consent was implemented. No model would meet all circumstances, but for well-established pathways of care, it would present a solution to current difficulties in sharing. It was felt that this would take a considerable time to build, but would be beneficial to start now.
- Information Sharing Protocol/Agreement – Derbyshire Information Access Group had previously led a piece of work to establish an overarching Information Sharing Protocol between a range of services from within the Derbyshire Partnership. This work required a refresh to take into account changes from the Health and Social Care Bill and changes in status to some NHS organisations. The agreement supported all signed up organisations by providing a framework for secure and appropriate exchange of a range of data which reduced the need for individual sharing agreements
- Joint working on information sharing – operational group – It was felt that, to optimise use of shared learning and ensure consistency of approach, it would be useful to establish a joint operational information governance group to tackle areas which required a joint approach. The first task of this group would be to update the Information Sharing Agreement, and the group would require accountability arrangements back to both the County Council and PCT Information Governance Committees to maintain compliance with each organisation's governance arrangements. Going forward, arrangements would need to be made to include wider partner agencies.

The Board felt that it would be useful to understand more about the work of the proposed operational information governance group to ensure that it would not be duplicating work. Further information was requested about the composition of the group and the inclusion of wider partners, particularly District Councils and the Police.

Although there was general agreement that such a group may be necessary, it was suggested that a further report be presented to the Board

providing additional information on the remit of the group and its links to other information governance groups prior to it being formally established.

RESOLVED (1) to receive and the report; and

(2) that the Board receives a future report that considers the establishment of an Information Governance Operational Group.

46/12 IMPROVEMENT AND SCRUTINY REVIEW OF NUTRITION OF OLDER ADULTS IN DERBYSHIRE A review into the nutrition of older people had previously been undertaken, and had highlighted four areas of improvement – communication, screening, training and development, and data and information. A multi-disciplinary steering group had been established to coordinate the implementation of the review's recommendations. Over the past year, the primary focus for the group had been planning and delivering a screening survey across health and social care settings in Derbyshire. The results of the survey were presented to the Board along with an update of progress against the recommendations.

The screening survey had shown that malnutrition in people aged 65 and over affected 24% of people in an acute setting, 26% of people in care home setting, and 32% of people in a community hospital. These results were said to be broadly in line with the results of the 2011 National Nutrition Screening Week. However, the survey was only a data collection exercise.

The latest update in respect of the recommendations made by the original scrutiny review was presented, and highlighted where improvements had been made and areas where work was still required. In terms of communication, more work was needed to promote the use of existing patient held records, although there had been improvements in the promotion of food choice for patients.

There had been a number of improvements reported within screening, with all organisations using the Malnutrition Universal Screening Tool (MUST) on a patient within 24 hours of admission. The monitoring of food not eaten by individuals was improving in most organisations, and Chesterfield Royal Hospital had stated that more needed to be done within the Trust on this.

With regard to training, there had been assurances that appropriate training on the use of equipment and the MUST assessment tool was taking place. However, more work needed to be undertaken on exploring volunteering opportunities and the training that could be given to volunteers. For the recommendation relating to data and information, the issue of openness of information was being implemented well, but it was not clear as to how often the information was accessed and by whom.

At the last meeting of the Steering Group in July 2012, it was noted that, despite the experience and willingness of the Group members to effect change, they did not have the authority within their organisations to make the necessary changes. It had also been noted that there was no coordinated approach to tackling malnutrition and no organisation was taking the lead. The Steering Group had therefore requested that the Improvement and Scrutiny Committee – Places made representations to the Shadow Health and Wellbeing Board on this issue, and the Committee had resolved to undertake this at its meeting on 12 September.

The Board agreed to oversee this work, and Public Health staff would lead this on behalf of the Board, and present an update report to the meeting in January 2013.

RESOLVED that the Board (1) receives and notes the audit screening report from the Nutrition Screening Group;

(2) receives and notes the progress report from the Nutrition Steering Group;

(3) takes on the responsibilities of the Nutrition Steering Group in implementing the recommendations of the Improvement and Scrutiny Review; and

(4) allocates lead responsibility to the Public Health Team and requests an update report to the meeting in January 2013.

47/12 DERBYSHIRE LINK'S OBSERVATIONS OF SERVICES DELIVERED AT GP PRACTICES THROUGHOUT DERBYSHIRE The remit of Derbyshire LINk was to independently collate information from the public and patients about experiences of their local health and social care services. Over the past 3-4 years, Derbyshire LINk had recorded concerns from members of the public in relation to their experiences when using their GP Practices, and LINk had established a sub-group to further investigate the emerging themes.

A pilot study had preceded the development of a questionnaire which had been disseminated to 983 members of Derbyshire LINk. There had been a response rate of 25%, and the findings of the data had been analysed. Quantitative intelligence had been used to explore some of the themes the Sub-Group had identified. Where the sub-group had had the opportunity to speak directly to patients, significant qualitative intelligence had been gathered.

A report had been produced on the observations of service delivery at GP Practices throughout Derbyshire, and this outlined seven

recommendations in response to the findings. These ranged from providing customer service training for reception staff to GP Practices engaging with Derbyshire LINk to find out what the local community were saying about their service delivery. A copy of the report had been circulated to members of the Health and Wellbeing Board.

Derbyshire LINk had formally sent the report to the CCGs. Acknowledgement of receipt of the report had been requested within 20 days, and a comprehensive response was requested by 31 December 2012.

The CCG representatives of the Board commented on the issues that had been raised. It was generally acknowledged that GP access was a national issue, and a number of surveys had been carried out which had raised the same concerns.

RESOLVED to (1) note the seven recommendations set out in the full report;

(2) acknowledge the report and support its findings and recommendations; and

(3) receive an update from Derbyshire LINk, incorporating the feedback from the CCGs.

48/12 JOINT COMMISSIONING UPDATE – ADULT CARE The Shadow Health and Wellbeing Board had previously endorsed the Joint Commissioning priorities for 2012/13 that had been agreed by the Adult Care Board. Since the last meeting of the Board, a range of actions had been completed, and these were detailed.

The developments related to agreed joint priorities, which were consistent with the emergent Health and Wellbeing Strategy for Derbyshire. The achievements reflected good joint working between the developing clinical commissioning groups, adult care and district and borough councils. This joint working would be further strengthened as joint commissioning structures and relationships were consolidated in the coming months.

RESOLVED that the progress on delivering the Joint Commissioning system and priorities for 2012/13 be noted.

49/12 DERBYSHIRE CLINICAL COMMISSIONING GROUPS' COMMISSIONING STRATEGIES At a meeting earlier in the year, the Board had received the commissioning intentions 2012/13 of the Derbyshire CCGs, and these had been developed in response to the publication of the NHS Operating Framework which was published each year and set out expectations and requirements for the following year. Commissioning

intentions were issued to the main providers of NHS services by the end of September each year, and set out the local intentions for significant service changes and changes to contracts.

The NHS system was changing, and so this year a national Mandate for the NHS would be issued which would be followed by planning guidance around the end of the year. Following this, the CCGs would go into detailed contract negotiations with providers for changes to take effect from 1 April 2013.

The CCGs were also currently developing commissioning strategies that would cover a 3-5 year period to enable longer term planning. There was no specific guidance for the strategies, but it was intended that they would support the implementation of the Derbyshire Health and Wellbeing Strategy and the JSNA; set out how the requirements of the new Mandate, the Outcomes Framework and planning guidance would be met; ensure the delivery of high quality services and good value for money in Derbyshire; identify local changes identified by GPs and other health and care professionals; and support the delivery of national and regional policy. The CCGs would complete their strategies by January 2013, but it was agreed that the draft priorities for each CCG would be presented to the Board at its meeting in November.

RESOLVED to (1) note the development of the commissioning strategies; and

(2) receive a short presentation by each CCG, setting out its proposed strategic priorities, at the meeting in November 2012.

50/12 **EREWASH CCG PRIORITIES 2012/13** The Board was presented with the Erewash CCG Priorities for 2012/13. The Health and Wellbeing Board priorities had been matched with the CCG Mission, CCG Focus and the high level CCG priorities. Also highlighted were the outcomes that it was hoped would be achieved. The document had been approved by the Erewash Board.

RESOLVED to note the Erewash CCG strategic priorities which are aligned to the Health and Wellbeing Strategy.

51/12 **HEALTH AND WELLBEING ROUND-UP REPORT** A round-up of key progress in relation to Health and Wellbeing issues and projects was given.

The first of four bespoke development sessions had been held with the LGA on 13 July 2012, and the Board had identified six priorities as areas that should be focused on through this process:-

- How to have serious conversations about difficulties and changes ahead
- Moving from trust to shared responsibility
- Developing a meaningful commissioning role as a board
- How to make things happen
- Understanding how money flows through the system
- Building Board member skills

A provisional date of 10 December 2012 had been set for the next Board Development, although a number of Board members could not make this date so an alternative would try to be found. The next workshop would focus on the first point listed and one other topic. Further details would be circulated prior to the workshop.

The authorisation process was continuing for each of the CCGs, and the application submission date for Wave 3 for Erewash, North Derbyshire, Southern Derbyshire and Tameside and Glossop was 1 October 2012, and 1 November 2012 for Wave 4 for Hardwick. Each CCG had to demonstrate its competence against 119 key criteria . Evidence submitted would be assessed and any of the criteria that were not fully met by the documentary evidence review would be probed on a site visit taking place in November for wave 3 and December for wave 4. It was anticipated that the outcome would be known by the end of December for wave 3 and January for wave 4.

Work was continuing within the CCGs, as contracts were being managed with providers to ensure quality and financial targets were delivered; winter planning was being coordinated across all sectors through the North and South Urgent Care operational groups; work on more integrated ways of working was being progressed; NHS 111 had been rolled out across Derbyshire and the tender for the permanent service to start from October 2013 had been released; and a joint commissioning coordination group for adult and children's service between the CCGs and the County Council had been established.

The revised plan to deliver the strategy for accommodation care and support was progressing. The Community Care Centre and Extra Care scheme in Swadlincote was expected to be handed over mid-November with a view to tenants moving in, and other services starting over the coming months. The scheme would provide 88 apartments, 16 long term beds for people with dementia, 16 short term beds for respite or intermediate care, and day services for up to 20 people. The scheme would also have a range of community facilities and a health and wellbeing zone.

Planning submissions had been submitted for two further community care centres at Darley Dale and Heanor, and a contractor was being sought to

build the centres. It was anticipated that work would commence early 2013 with a view to the centres being operational in 2014. Each centre would have 16 long term beds for people with dementia, 16 short term beds for respite or intermediate care, and day services for up to 20 people, along with a range of community facilities and a health and wellbeing zone.

Chevin Housing, in partnership with the Council, was moving three initial extra care schemes through planning to start construction in Chesterfield, Alfreton and Clay Cross. The schemes would all have community facilities and the Clay Cross scheme would have a day service facility for 20 people. It was anticipated that these would be ready for handover from the constructor in late 2014/early 2015.

District and Borough colleagues continued to be involved in local discussions about rent levels, service charges, affordability for local people, and planning issues. Discussions were also taking place at locality levels with Local Clinical Commissioning Groups to explore opportunities for integrated service provision.

Planning for the development of the Local HealthWatch service was on course, and the County Council's Cabinet had recently approved the facilitation of the procurement exercise to set up HealthWatch. The Health and Social Care Act had stated that HealthWatch should be a corporate body in its own right, and the emphasis had been to move away from having a host organisation. To enable this to occur, the procurement exercise included a short term contract with an organisation to help develop a new corporate body.

Derbyshire was facilitating the development of a new independent organisation with an independent board of trustees. Potential members of the Board would have to apply against a job description, highlight their skills and demonstrate the benefit they would bring to HealthWatch. The job description for board members and the application process were still to be determined. Once a new organisation had been established as HealthWatch, the County Council would look to grant aid the new corporate body to fulfil the role.

Work was also underway to engage the public in helping to determine what Derbyshire HealthWatch should look like. The recent Health and Wellbeing Stakeholder Engagement Forum had focused on gaining feedback on how HealthWatch should be inclusive and represent the views of people. There had also been support from the Youth Council, who had assisted with the development of documentation which would inform the development of Derbyshire HealthWatch.

The first meeting of the Derbyshire Local Education and Training Council (LET-C) had recently taken place. This sat under regional Local

Education and Training Boards, which reported to Health Education England. The LET-C brought together the main providers and commissioners of health care as well as representatives of training institutions, and was there to oversee all aspects of health training. Over the next few months, its remit and initial priorities would be agreed. The Health and Wellbeing Board and the County Council were represented on the Board by the Director of Public Health. At the first meeting, there had been an item relating to 'Making Every Contact Count', which was an initiative that had begun in Derbyshire but had been taken up as a regional NHS priority to ensure that all relevant workers in any professional group could help promote healthy lifestyles.

The Department of Health had published a document that described the arrangements for preventing, planning for and responding to health protection incidents and outbreaks within the new system. It also gave details about the nature of the local authorities' planned new duty to protect the health of the population. It outlined what the responsibilities of local authorities would be, but further clarification was required in certain areas. A more detailed report would be presented to the Board when more comprehensive information had been published by the Department of Health.

An event, organised by PCC, was to be held on 27 November 2012, and was aimed at director level staff and commissioners from local authorities, Public Health England and health and wellbeing boards responsible for public health within the primary care setting. It would explain how they could work with the CCGs and primary care to secure the necessary services and relationships to improve the public's health.