MINUTES of a meeting of the **SHADOW HEALTH AND WELLBEING BOARD** held on 21 March 2013 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 Shadow CCG
A Gregory	Hardwick Shadow CCG
Councillor Mrs C A Hart	Derbyshire County Council
A Layzell	Southern Derbyshire Shadow CCG
D Lowe	Derbyshire County Council
R Marwaha	Erewash Shadow CCG
E Michel	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 – S Hobbs (Derbyshire County Council), M Milner, Councillor G Purdy (Derbyshire County Council), G Spencer (Derbyshire County Council)

Apologies for absence were submitted on behalf of S Allinson, Dr A Dow, Councillor C W Jones, Councillor B Lewis, J Matthews, S Savage and M Whittle

13/13 **MINUTES RESOLVED** that the minutes of the meeting of the Board held on 24 January 2013 be confirmed as a correct record.

14/13 **HEALTH AND WELLBEING BOARD REGULATIONS AND REVISED TERMS OF REFERENCE** The Board was informed of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. These had set out the requirements for Health and Wellbeing Boards, and had been published in February to enable local authorities to finalise preparations for the Boards and health scrutiny arrangements as they became statutory in April 2013.

The Regulations made provision for the disapplication and modification of certain enactments relating to local authority committees appointed under section 102 of the Local Government Act 1972, insofar as they were

applicable to a Health and Wellbeing Board established under section 194 of the Health and Social Care Act 2012. The Regulations aimed to provide local areas with the flexibility and freedom to shape Health and Wellbeing Boards to fit with local circumstances, and the Board would be a committee of the Council. In particular, Health and Wellbeing Boards would be free to establish sub-committees and delegate functions to them, and voting restrictions had been lifted so that non-elected members of a Board could vote alongside nominated elected representatives. It was agreed that a substitute could attend a meeting, but in a non-voting capacity. Political proportionality requirements had also been lifted so that the issue of political proportionality of Board membership was left to local determination.

In relation to health scrutiny, the Regulations had made provision for local authorities to review and scrutinise matters relating to the planning, provision and operation of the health service in their area. These replaced the previous regulations on health scrutiny, and gave local authorities greater flexibility in discharging the health scrutiny functions. The discharge of functions by the Health and Wellbeing Board fell within the remit of scrutiny, but the core functions were not subject to call in as they were not executive functions of the Council. The scrutiny committee could be asked to look at different aspects of health and wellbeing and make recommendations to the Board.

Following the publication of the Regulations, the Terms of Reference for the Health and Wellbeing Board had been revised, and were presented to the Board for consideration. It was stated that Full Council had discretion in relation to non-statutory membership of the Board, and the Board would also need to consider the overall structure of the Board and associated groups, such as the Children's Trust Board, Adult Care Board, Health Protection Group, Safeguarding Boards and the JSNA Steering Group. It was noted that the JSNA Steering Group had been in place for a number of years and had been established before the new requirements relating to Health and Wellbeing Strategies had been introduced. It was therefore felt timely for a review to take place to ensure that the Group could deliver the new requirements.

It was the intention to present the revised Terms of Reference for approval at the Full Council meeting on 15 May 2013. Any comments were therefore requested to be sent to D Lowe by the end of April.

RESOLVED that the Board (1) comments on the draft Terms of Reference to inform Council at its meeting on 15 May;

(2) receives a presentation from the Safeguarding Board to further develop Board members' understanding of its role at a future meeting; and

(3) requests a review of the JSNA Steering Group.

15/13 <u>THE ROLE OF DISTRICT COUNCILS IN DELIVERING THE HEALTH AND WELLBEING STRATEGY</u> The Board received a presentation from H Bowen, Chief Executive, Chesterfield Borough Council, on the role of District Councils in delivering Derbyshire's Health and Wellbeing Strategy. It was stated that all the District Councils had similar aims and were committed to delivering the health and wellbeing agenda. The District Offer was essentially split into three areas – wider determinants, health improvement and health protection – and these would take public health forward.

With regard to the wider determinants, it was noted that District Councils were key partners in economic development and business support. It was known that those in good employment were likely to be in good health. Lots of money was being put into developments within districts to aid economic growth and job creation, and District Councils had good experience of tackling worklessness. Workplace health and safety was also regulated by the District Councils.

All District Councils were involved in the delivery of housing, and a great deal of work had been undertaken around those in greatest need, particularly targeting young people who were homeless. There had been good partnership working in relation to the Warmer Homes agenda, and lots of work had been undertaken to reduce energy bills. There had been a range of adaptations across the county to ensure that people could continue to live in their own home after a fall, and wardens and a telecare service had been promoted.

District Councils also provided advice and support, and were deliverers of welfare reform, where there would be a number of significant changes and challenges. Support had been provided to the third sector advice organisations, and lots of work had been occurring around Credit Unions. Targeted activity was around financial exclusion.

In terms of health improvement, District Councils assisted with tobacco control and enforcement, along with advice and support for smoking cessation. For alcohol and substance misuse, District Councils had responsibility for licensing of venues and off-licences, and this linked to community safety activity. Healthy eating and physical activity was a major issue, and districts provided a wide range of leisure and sporting facilities and opportunities. There were a number of different activities and services to ensure inclusivity, and it was felt that funding needed to be at a level to ensure that services were sustainable. Parks and public spaces, and allotments, were also emphasised.

For health protection, District Councils had responsibility for Environmental Health, which had a number of statutory functions, including health protection powers, food safety, air quality, contaminated land, private water supplies, noise control and pest control.

District Councils held assets and intelligence which could be used in commissioning and designing public health services. The Board was asked to take a holistic and 'whole system' approach to addressing the wider determinants of health and to strengthen investment in prevention work. It was also recommended to explore opportunities for new partnerships, service integration and joint commissioning with District Councils.

The District Council's Network District Action on Public Health detailed how District Councils contributed towards the new health and wellbeing agenda in local government, and a link to this was www.districtcouncils.info/2013/02/11/district-action-on-public-health/

16/13 STRATEGIC REVIEW OF PUBLIC HEALTH PROGRAMMES From 1 April 2013, the County Council would become responsible for the delivery of public health programmes under the provision of the Health and Social Care Act 2012. The ring fenced public health budget was £34.7m in 2013/14 with an uplift of 2.8% in 2014/15. The majority of the allocated funding was to provide a range of contracted services plus staffing costs for the public health team.

A review of the existing public health contracts and programmes would be carried out in April by a Panel comprising a wide range of organisations.

The Panel would enable the Director of Public Health to develop an informed view of the need for continuation of services, redesign or decommissioning. This would form the basis for clear recommendations to the Council about deployment of the public health resource over the next few years.

RESOLVED to inform the Board of the approach.

17/13 FALLS AND BONE HEALTH PATHWAY The effect of falls and reduced bone health impacted on the services delivered by all partners of the Board, and proposals to improve the current pathways had been considered at shadow Board meetings and at a recent Board development session. Following the development session, Board members had agreed a range of measures.

A joint approach with shared responsibilities was required to improve the pathways and outcomes, and it was felt that improvements could be made through service redesign or tightening of contractual arrangements. Other

improvements would require investment. Public Health, Adult Care and the CCGs would consider individual responsibilities in improving care and outcomes and would report back on what resource commitment could be provided over a given timescale to secure the necessary improvements. Public Health would provide advice and support to Adult Care and the CCGs to identify the evidence base and strengthen service agreements and contracts to secure improved care and outcomes for service users.

Once investment and resources had been agreed, a Task and Finish Group for falls and bone health would drive forward identified actions. All partners would ensure suitable representation on the group from their organisations, and the group would be chaired by the Director of Public Health. An implementation plan would be developed incorporating timeframes, partner action and required investments, and a regular update would be provided to the Board.

Following the development session, it was reported that Southern Derbyshire CCG had requested that the falls and bone health work formed part of the integrated care work it was prioritising. A meeting to discuss improvements to the use of ambulance services in the pathway had been requested with Erewash CCG, a meeting to discuss improvements for patients with dementia in the pathway had been arranged with Hardwick CCG, and a meeting to discuss the improvements to the services with Chesterfield Royal and Derbyshire Community Health Services had taken place with North Derbyshire CCG.

RESOLVED to (1) agree to seek existing and future resource and funding commitments for the improvement, development and expansion of an effective falls and bone health pathway from primary prevention work through to secondary care provision; and

(2) agree to the delivery of the improvements being determined through the Falls and Bone Health task and finish group and to ensure suitable attendance by representatives of organisations be provided to support the group.

18/13 ADULT CARE PREVENTION STRATEGY 2011-14 IMPLEMENTATION UPDATE A Prevention Strategy stakeholders meeting had been held in November 2012, and had provided an update on what had been achieved since the launch of the Prevention Strategy, had established a greater shared purpose for the further work that remained to be undertaken to implement the strategy up to 2014, and had contributed to the strategic planning for the prevention agenda beyond April 2014. The event had considered the key national and local influences on the prevention agenda currently and expected over the next few years, the work that remained to be completed and the key future priorities.

The Adult Care Board had considered a report including coverage of these themes, and in implementing the future prevention priorities, it had emphasised the importance of a collaborative approach. The recommendations endorsed by the Adult Care Board were that there should be a focus on certain priorities to strengthen delivery of the current strategy now and what should happen after 2014. Responses to the questions had been collated and were summarised.

An analysis of the discussion had highlighted a need to increase the focus on the work areas of information and communication, access to existing services, improving sign-posting to make better use of current provision, improved partnership, joint working and networking, and capacity building prevention support to better meet social needs. Strategic planning for the prevention agenda up to and beyond April 2014 needed to pursue actions to take forward a range of issues, and these were detailed. It was stated that an update would be provided to the Board in a year on progress.

RESOLVED to note the findings of the recent Prevention Strategy stakeholder meeting and to support the recommendations as the basis for the development of the Adult Care prevention strategy and prevention work up to and beyond April 2014.

19/13 IMPROVEMENT AND SCRUTINY REVIEW OF CHRONIC PAIN SERVICES IN DERBYSHIRE The Board was presented with the final report of the Improvement and Scrutiny Review of Chronic Pain Services in Derbyshire. The purpose of the review had been to look at the systems within Derbyshire for assessing, referring, treating and managing chronic pain, and had also looked at the role of primary and secondary care services, and the role of commissioners. It had sought the views of people with chronic pain as well as looking at different models of delivery in other parts of the country.

The review had used three broad lines of inquiry to investigate the management of chronic pain in Derbyshire – what was the current approach to pain management in Derbyshire, how did this compare nationally with recognised good practice services and policies, and what was the service user and health professionals view. The review had identified the need for improvements to be made, particularly in addressing inequity of some service provision and in making professionals, as well as the public, aware of the services currently available. Five recommendations had been made to be considered by NHS Commissioners and providers in Derbyshire, and it was hoped that these would lead to a more integrated and accessible chronic pain service.

The review report had requested that the Derbyshire Health and Wellbeing Board used its influence with NHS services to convene a steering

group to oversee the implementation of the review's recommendations. Reference was made in the meeting to the lack of consultation with GPs and the role of the Health and Wellbeing Board in responding to recommendations from the Scrutiny Committee. The Board supported the convening of a group and a further discussion would take place around how the Scrutiny Committee could take the work forward.

RESOLVED to (1) receive and note the final report of the Improvement and Scrutiny Review of Chronic Pain Services; and

(2) support the convening of a multi-agency steering group to take forward the review recommendations.

20/13 **HEALTH AND WELLBEING ROUND-UP REPORT** A round-up of key progress in relation to health and wellbeing issues and projects was given.

In order to deliver the best possible joined up health and care, NHS Greater Manchester, alongside partners in the public sector, was looking to undertake an improvement of its Health and Social Care system. To support this, Healthier Together was reviewing Greater Manchester's existing health and care services, and a key area of focus of the review was the way that the hospital system worked. Healthier Together also reviewed community services and primary care, and considered the relationship with social care and local authority partners.

The Derbyshire Health Summit had been held on 5 March 2013, and had provided the opportunity for stakeholders to hear about the NHS Reforms in Derbyshire, Public Health Transition, HealthWatch Derbyshire, the Clinical Commissioning Group's perspective and 21st Century Healthcare. The event had included a question and answer session for delegates, and it had not been possible to answer all the questions on the day. Answers were currently being compiled and would be circulated shortly.

The final report of the Mid Staffordshire NHS Foundation Trust public inquiry had been published on 6 February 2013. The Francis Report detailed the neglect and suffering of patients, primarily caused by a serious failure on the part of the Mid Staffordshire NHS Foundation Trust, and set out various recommendations for preventing similar failures elsewhere. It was also suggested that all commissioning, service provision, regulatory and ancillary organisations in healthcare should consider the findings and recommendations of the report and decide how to apply them to their own work. A more detailed report would be presented to the next meeting of the Board, and the full report could be viewed at www.midstaffspublicinquiry.com

An update was provided on East Midlands Ambulance Service (EMAS). The EMAS Estates Stategy had been out for formal consultation between 17 September 2012 – 17 December 2012, although this had been extended to 31 December 2012. The EMAS Executive Team had attended a variety of meetings to present the consultation options and proposals, and three further stakeholder events had been held in January where stakeholders had been asked to consider criteria and weight and score estate configuration options. Feedback from the consultation and the results of the stakeholder events were being collated into an Estates Business Case, which would be presented at an EMAS Trust Board meeting. It was reported that the Improvement and Scrutiny Committee was seeking clarification and further information in relation to the latest proposals. Rakesh Marwaha would circulate an update to Board members.

From 1 April 2013, HealthWatch Derbyshire would take on its responsibility as the 'new, independent consumer champion for health and social care'. HealthWatch Derbyshire was being set up as a Company Limited by Guarantee with Charitable status. The Executive Board now had eight out of its planned twelve members, and further targeted recruitment would commence shortly for the additional four members. Agreement had been reached for the existing LINk staff to be transferred to HealthWatch Derbyshire and premises for the new organisation had been secured. HealthWatch Derbyshire was now preparing its business plan, which would identify how it would fulfil its role and functions, and this would emphasise supporting existing local voluntary and community sector organisations that worked with the local NHS and Adult Social Care.