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Ref:
Date: 20 July 2012

Members of the Shadow Health and Wellbeing Board

Dear Member

Shadow Health and Wellbeing Board

Please attend the meeting of the **Shadow Health and Wellbeing Board** to be held on **Thursday 26 July 2012** commencing at **10.00am** in **Committee Room No 1, County Hall, Matlock**

The agenda is set out below.

Yours faithfully

John McElvaney.

John McElvaney
Director of Legal Services

A G E N D A

1. Introductions and apologies for Absence
2. Minutes of the last meeting held on 31 May 2012
3. Board Strategy Update
4. Care and Support Bill – presentation
5. Adult Safeguarding Update
6. Adult Care Joint Commissioning Priorities

7. 21st Century Healthcare

8. Falls and Bone Health – presentation

9. Round-up report

10. Date of Next Meeting –
27 September 2012, 10.00am, Committee Room 1

11. Any other Business

MINUTES of a meeting of the **SHADOW HEALTH AND WELLBEING BOARD** held on 31 May 2012 at County Hall, Matlock

PRESENT

Councillor A I Lewer (in the Chair)

H Bowen	Chesterfield Borough Council
D Briggs	Derbyshire LINK
Dr A Dow	Tameside & Glossop Clinical Commissioning Group
Councillor C A Hart	Derbyshire County Council
B Laurence	Derbyshire County Council/Derbyshire County PCT
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
Dr A Mott	Southern Derbyshire Clinical Commissioning Group
J Pendleton	North Derbyshire Clinical Commissioning Group
B Robertson	Derbyshire County Council
J Rycroft	NHS Derbyshire
W Sunney	Hardwick Health Clinical Commissioning Group
I Thomas	Derbyshire County Council
Councillor R J Wheeler	South Derbyshire District Council

Also in Attendance – K Brown (Southern Derbyshire Clinical Commissioning Group), J Cox (Derbyshire County Council), Councillor G Farrington (Derbyshire County Council), Councillor P Makin (Derbyshire County Council), A Pritchard (NHS Derbyshire Cluster), S Savage (Derbyshire County Council/NHS Derbyshire), and D Timcke

Apologies for absence were submitted on behalf of Councillor J Burrows, Dr D Collins, Councillor C W Jones, A Layzell, Dr S Lloyd, and T Thompson

24/12 **MINUTES** **RESOLVED** that the minutes of the meeting of the Board held on 29 March 2012 be confirmed as a correct record.

25/12 **DEVELOPING THE DRAFT HEALTH AND WELLBEING STRATEGY FOR DERBYSHIRE** The five proposed high-level priorities for Derbyshire had been approved by the Board at its meeting in January, and a countywide public consultation on the proposed priorities had been undertaken in March and April 2012. The consultation had closed on 22 April, and the draft Health and Wellbeing Strategy for Derbyshire had been developed following the responses received.

Overall, the consultation had showed broad support for the proposed priorities and focus areas for Derbyshire:-

- Improve health and wellbeing in early years. Every child fit to learn and able to fully develop their potential communication, language and literacy skills. **In Derbyshire, we will focus on early intervention and identification of vulnerable children and families (including children with disabilities)**
- Promote healthy lifestyles by developing services to prevent and reduce harmful alcohol consumption, substance misuse, obesity, physical inactivity, smoking and sexual ill-health. **In Derbyshire, we will focus on preventing and reducing alcohol misuse, obesity and physical inactivity**
- Improve emotional and mental health and provide increased access to mental health support services. **In Derbyshire, we will focus on improving access to evidence-based primary care psychological therapies and other local services that support recovery from mental health problems**
- Promote the independence of all people living with long term conditions and their carers. **In Derbyshire, we will focus on community based support, self-care and care close to home, including increased use of evidence-based telehealth and telecare**
- Improve the health and wellbeing of older people and promote independence into old age. **In Derbyshire, we will focus on strengthening integrated working between health and social care providers and housing-related support services.**

The Board was presented with the draft Derbyshire Health and Wellbeing Strategy 2012/2015. There were still elements of the strategy that needed to be developed, and further progress reports would be given to the Board.

RESOLVED to approve the draft strategy for full (three month) public consultation, subject to any minor amendments being approved by the Chairman.

26/12 **CLINICAL COMMISSIONING GROUPS AUTHORISATION** The Board received a presentation from Jonathan Rycroft, NHS Derbyshire, on the process for Authorisation of Clinical Commissioning Groups in Derbyshire, and the role of the Board and the Local Authority in this process.

It was stated that Authorisation remained based on six domains:-

- A strong clinical and multi-professional focus which brings real added value

- Meaningful engagement with patients, carers and their communities
- Clear and credible plans which continue to deliver the QIPP challenge within financial resources, in line with national requirements and local joint health and wellbeing strategies
- Proper constitutional and governance arrangements
- Collaborative arrangements for commissioning with other CCGs, local authorities and the NHS Commissioning Board
- Great leaders who could make a real difference

Details were provided on the application process, and a guide to show what evidence would be looked at through the draft application submission list. The process had three phases – pre-application, application, and NHS Commissioning Board assessment, which would incorporate the 360° stakeholder review. The outcome would be one of three – authorised, authorised with conditions, or established but not authorised.

Derbyshire had already undertaken a lot of the work required in the process. The responsibilities of the PCTs had already been delegated to CCGs, and CCGs were leading on all contractual arrangements. In terms of the role of the local Commissioning Board, a letter had been sent to local authority Chief Executives, and it was stated that work would be undertaken in the coming weeks. The National Commissioning Board was meeting, and details would be released on the areas for the local Commissioning Boards.

RESOLVED to note the content of the presentation and to participate in the relevant activities to support local CCGs towards authorisation.

27/12 21ST CENTURY HEALTH PUBLIC ENGAGEMENT PROCESS

The Board was informed of the 21st Century health public engagement process that was currently underway. As a result of the ageing population in Derbyshire, there was an ever increasing demand for health and social care services across the county. In order to deliver high quality services, commissioners and provider partner organisations had agreed to work collaboratively where it was appropriate to do so under a centrally coordinated and managed project.

The project was a joint health and social care project across the whole of Derbyshire, and as work progressed, it had been decided to split it into two separate parts – first to consult and engage upon a set of principles that would be used to determine future services, and this was currently underway. Second was to consult upon any new service models and different ways of working that emerged from the work on integrated care and better care of people with long term conditions.

It had been agreed to separate out social care from the first phase of the work, as the County Council had already completed early consultation on its strategy for Accommodation, Care and Support and had been given the go ahead to proceed to the next stage. The intention was that once the health service had consulted upon principles, the two streams of work would be joined again as part of the delivery of the Health and Wellbeing Strategy.

There had been a series of public meetings relating to the consultation, and an additional meeting had been arranged for the High Peak area on 14 June, following a request from local stakeholders. As a result, the engagement period had been extended. The feedback from the public would be used to develop a common set of principles. These would inform the work undertaken with clinicians and other stakeholders to reshape services. The proposals would then be consulted upon in the late autumn.

RESOLVED to note the current health public engagement programme.

28/12 INTEGRATED CARE WORK PROGRAMMES ACROSS DERBYSHIRE Each of the CCGs was working with the County Council and other colleagues to better integrate services for patients and the public. Each was taking a slightly different approach to this and it was key that everyone shared and learnt from these experiences. The programmes were predominantly focusing on adult and frail and elderly people, but the approach could be transferred to children's services should it prove successful.

An update was given of the progress of each of the work programmes, and the proposed next steps. Further progress would be given to the Board as it developed.

RESOLVED to note the current work on redesigning services in a more integrated way.

29/12 INFORMATION SHARING FOR PLANNING AND COMMISSIONING SERVICES FOR CHILDREN AND FAMILIES A number of issues had been highlighted in relation to information sharing for the purpose of planning and commissioning services. The information sharing agreement that existed in Derbyshire set out the rules and processes necessary for information sharing. However, there were increasing problems in obtaining the data and information required to plan and commission better services, including:-

- Targeting services to those most in need required the identification of individual children, young people and families, and this was difficult when requiring sensitive data, and had caused delay in introducing new evidence based programmes

- The geography in Derbyshire meant that people with particular vulnerabilities were spread over a wide area, making the numbers in any one location so small that the need to protect confidentiality meant that numbers could not be shared
- The number of partners to work with was increasing, and this was particularly an issue in health where there was a significant increase in the number of independent organisations all operating information governance processes
- The inspection and regulation requirements of different partners were not joined up at a national level
- It was often difficult to arrive at a single agreed data set as different organisations collected, stored and retrieved different data. This could result in inconsistencies across different agencies or localities, and an inability to identify areas of need
- Initiatives such as the Troubled Families programme required the identification of named families, children and young people, and many agencies were not happy to share this information.

Board members were asked to use their local and national influence to support a range of actions to improve the situation. It was noted that the majority of issues were not exclusive to Derbyshire, and a number of actions were being taken at a national level to improve the situation. A workshop was to be held on 4 July 2012 to look specifically at Information Governance and Caldicott requirements, and CAYA and Adult Care was reviewing its information governance arrangements, including the potential for greater joint working with partner information governance processes. A report from the workshop would be presented to the next meeting.

30/12 CHILDREN AND YOUNG PEOPLE'S JOINT COMMISSIONING PRIORITIES The Board was presented with the joint commissioning priorities for 2012/13 for children, young people and families. These were essential to the delivery of the Health and Wellbeing Strategy, Derbyshire Children's Trust Board priorities and the CAYA service priorities.

RESOLVED to note the priorities, which have been agreed by the Derbyshire Children's Trust Board at its meeting in May.

31/12 PROVIDER ENGAGEMENT The Board was informed of proposals to engage with the larger providers of health care. The role of the Health and Wellbeing Board was to establish the strategic framework within which resources from across organisational boundaries were applied to the outcomes identified in the Health and Wellbeing Strategy. It was essential to have effective mechanisms in place with all partners to ensure improved service integration.

The composition of the Board largely reflected the prescribed core membership set out in the Health and Social Care Act. A conscious decision had been made not to include provider representation on the grounds of conflict of interest.

Engagement with all stakeholders was taking place through the established Stakeholder Forum, which had met to inform the work of the Board and the development of the Strategy. Although this had given an opportunity for providers to work within the Board framework, effective engagement with providers was essential to promote integrated care.

It was proposed to invite a range of providers to an exploratory meeting with the Chairman of the Board to discuss engagement and their role in the shaping and delivery of the Health and Wellbeing Strategy. The first meeting would explore whether a formal Provider Forum would be appropriate within the Board structure. The outcome of the initial meeting would be presented to a future meeting of the Board.

RESOLVED that an exploratory meeting be held with key provider organisations to discuss engagement and their role in shaping and delivery of the Health and Wellbeing Strategy.

32/12 **ROUND-UP REPORT** A round-up of key progress in relation to Health and Wellbeing issues and projects was given.

The LGA had made an offer of bespoke support to Derbyshire to help with the leadership and development of the Board. This would inform a new Development Tool for Health and Wellbeing Boards across the country, and the aim was to provide Boards with a tool that would enable them to move beyond assessing how ready the Board was and towards assessing how effective it was in practice. A half day development session was to be run by the LGA over the coming months, and a range of dates had been submitted to the LGA as possible options. Board members would be informed as soon as the date was confirmed.

Derbyshire was a second round pilot area for the roll out of Community Budgets for families facing multiple problems, and work had been taking place to develop a Community Budget Plan which would meet the ambitions and long term aspirations of the County Council and partner agencies. The Plan would adopt a phased approach, with the new Troubled Families initiative starting as the first phase. The Troubled Families Initiative was one part of wider Community Budget plans, and new ways of working with families would be tested during the second phase, through a small number of pilots which would commence in September. Evidence gathered and lessons learnt would support the potential redesign and reshaping of existing services from April 2013 onwards.

The Government's Troubled Families Team expected local areas to deliver on three key outcomes – reduced youth offending and anti-social behaviour, improved attendance at school, and increased numbers of adults into work. The Government would provide around 40% of the cost of working with a family facing multiple problems. The Derbyshire Project Group had already made progress on a range of tasks, and work was underway to ensure that all partner agencies had a shared understanding of the size, scale and scope of the project.

The local multi-organisation project team was on track to tender in September for the provision of Local HealthWatch, and work over the coming months would focus on ensuring that there was effective engagement with local communities, particularly in the co-production of the service specification and to ensure effective governance structures were in place. A number of concerns had been identified that could impact on the timeframe being maintained to achieve the deadline of April 2013 for setting up a Local HealthWatch Group, and these had been fed back to the Department of Health.

From April 2013, the local authority also had to take on the responsibility for procuring specialist Health Advocacy services. There was currently a lack of guidance around this and no confirmation of the funding available. Regional work was being undertaken to reduce this risk, firstly to see if it was possible to access the current Department of Health contract for this service and to see if there could be a regional procurement response to gain efficiencies.

A joint Task and Finish Group had been established to review the Tobacco Control programmes, and the group would look at how performance could be improved and how the budget could be used more effectively.

The national Alcohol Strategy had been published in March 2012, and this set out how the government was intending to tackle irresponsible drinking and reduce the harm caused by alcohol. Details of what was included in the new strategy were stated.

Information was provided on 'Making Every Contact Count', which involved staff delivering healthy messages to clients/service users. In order to achieve a consistent approach, Public Health in Derbyshire had been leading on work on behalf of the SHA Cluster, and had developed an implementation guide and toolkit for Making Every Contact Count. A communication pack had also been developed, and each organisation had identified a Board level champion, an implementation lead and communications lead who would work together to engage all staff in the initiative. It was the intention to roll out Making Every Contact Count in a coordinated way across all organisations,

and to build on the work already underway. Leadership for the work would come from Public Health and the authors of the implementation guide and toolkit, and this would be done in partnership with Derby City.

The NHS 111 Service was now live across the north of Derbyshire and Derby City, and the south of Derbyshire would be covered by the end of August 2012. To date, experience of the service had been positive, with consistently good feedback. There had been some discussion with EMAS regarding the level of cases referred to 999, although Derbyshire was not an outlier when compared to other NHS 111 sites, and the clinical lead was reviewing individual cases to ensure they were appropriately referred. Derbyshire continued to be highlighted by the Department of Health as one of the best pilot sites nationally.

Arrangements for the procurement of the service were progressing, with the aim to have a fully procured service in place for October 2013. A workshop had been held recently to get input into the NHS 111 and Out of Hours service specification from across Health. Activity was increasing, allowing time for additional staff to be recruited ready for the full coverage of Derbyshire, and negotiations were currently on-going with NHS Direct regarding the decommissioning of the 0845 service and the transfer of staff. This service would cease in Derbyshire from September 2012, and there was a communications plan to ensure that patients and the public were aware of the discontinuation of the 0845 service and details of the new NHS 111 service.

The Government had made a commitment to increase the number of Health Visitors and to target the service to those most in need over the period 2011-15. Derbyshire had met its targets for increased numbers in the first two years of the plan, and some of this had been achieved by the introduction of the Family Nurse Partnership. Derbyshire had been invited to be an early implementer site for the programme, and it had therefore been possible to test out the use of new tools to improve the quality of assessments. Improving the review undertaken at two years of age and introducing a new ante-natal review at 20 weeks of pregnancy were both being piloted in Chesterfield.

The Social Care Institute for Excellence had recently produced a paper entitled 'Sustainable Health and Social Care: a Briefing for Commissioners and Health and Wellbeing Board', which summarised the importance of sustainable healthcare for commissioners and Board members. The briefing provided details of the key policy and operational drivers for a sustainable development approach to health and social care design and delivery.

The Department of Health had published its Information Strategy on 21 May 2012. 'The Power of Information' set a ten year framework for transforming information for the NHS, public health and social care, and the

focus of the strategy was on improving access to information, including a commitment that people would be able to access their GP records online by 2015. It was also an aim for test results to be available electronically and for people to book medical appointments online.

SHADOW DERBYSHIRE HEALTH AND WELLBEING BOARD

26 July 2012

UPDATE ON THE DRAFT HEALTH AND WELLBEING STRATEGY CONSULTATION

Purpose of Report

To update the Shadow Health and Wellbeing Board on the draft Health and Wellbeing Strategy consultation and proposals for the launch of the strategy and how it will be delivered.

Information and Analysis

At the Health and Wellbeing Board meeting in May 2012 the Board approved the draft Health and Wellbeing Strategy and the plans for consultation.

A Derbyshire-wide public consultation on the Strategy was subsequently launched on 11 June 2012 and will run for three months until 2 September 2012.

The draft Strategy and consultation questionnaire are available on the Derbyshire Partnership Forum website:
http://www.derbyshirepartnership.gov.uk/thematic_partnerships/health_wellbeing/strategy
A report summarising responses to the initial consultation on the high-level priorities is also available on this web page.

Next steps

Launch of the Strategy

The Health and Wellbeing Strategy Task and Finish Group is developing plans to publicise the final Strategy once it is published in the autumn. This will include exploring options and cost implications for the development of a DVD similar to those developed recently by Adult Care for the Accommodation, Care & Support Strategy and by North Derbyshire CCG to explain NHS changes.

Delivery of agreed actions and monitoring progress

Once the final strategy is published the Board will need to ensure that there are clear plans in place for delivering each of the agreed actions. The Board will also need to develop processes for reviewing progress on the actions contained in the Strategy.
It is therefore proposed that a lead partner is identified be responsible for each action. The responsibilities of lead partners will be to:

- Act as a focal point for ensuring action is coordinated across partners

- Lead, where appropriate, the development of action plans
- Keep a watching brief on progress and report back to the Board as necessary

The Health and Wellbeing Coordination Group will identify leads for each action for approval by the Health and Wellbeing Board at its meeting in September.

Is an Equality Impact Assessment required? Yes. Equality-based analysis is currently being carried out to ensure that the strategy is sufficiently evidenced-based and does not discriminate against any protected groups. The full assessment will be presented to the Board in September with the Health and Wellbeing Strategy.

RECOMMENDATIONS

That the Health and Wellbeing Board:

1. Note the plans to launch the Strategy
2. Approve the plans to identify lead partners against each of the actions in the Strategy.

Alison Pritchard
Consultant in Public Health
Derbyshire County PCT

SHADOW DERBYSHIRE HEALTH AND WELLBEING BOARD

26 July 2012

SAFEGUARDING ADULTS AT RISK UPDATE

Purpose of the Report

To update the Shadow Health and Wellbeing Board on the work of the Derbyshire Partnership for Safeguarding Adults at Risk [DPAR] Board, to introduce the Annual Report for 2011 and to outline the DPAR Board's priorities for 2012/13.

Information and Analysis

Adult Social Care Departments have the responsibility both locally and across the country for leading on Safeguarding and whilst the establishment of a Board is not yet a statutory responsibility it is expected good practice. The Derbyshire Board has an independent chair.

The DPAR Board comprises members from a range of key strategic partners including:-

Derbyshire County PCT
Derbyshire Community Health Services
Derbyshire Adult Care
Derbyshire Healthcare Foundation Trust
Chesterfield Royal Hospital
Derby Royal Hospital
Derbyshire Fire and Rescue
Derbyshire Police
Derbyshire Probation Service
Independent Sector Providers
Voluntary Sector Providers
MAPPA
Derbyshire County Council Community Safety

It is expected that the Board will have membership from the Clinical Commissioning Groups (CCG's) as a requirement of their authorisation as a CCG.

The challenge for the Board over the last 12 months has been to have appropriate strategic members who are able to make decisions on behalf of their organisation and influence strategic direction within their own organisations.

Following discussions at a strategic level with Derby City Adult Care it became evident that there was a growing commitment and willingness to work together to share a common Policy and Procedure across both local authorities, enhancing the effectiveness of our Safeguarding local people, with all partners working under the common framework. Common policy and procedures have been welcomed by agencies which cover the City and County boundary, such as the Derbyshire Constabulary.

The shared Policy and Procedures have been completed and work is on-going to support partners and practitioners in developing operational practice guidance that is available to everyone in Derbyshire via the Safer Derbyshire web site.

Having established the membership of the Board it has now been agreed to create a number of sub groups to undertake work on behalf of the Board and partner agencies. Regular reports from the sub groups ensure the Board are fully briefed of the work being undertaken to support the Board's Business Plan. There has been an agreement with Derby City Safeguarding Board to have sub group membership from both Derbyshire and Derby City partnerships to share where possible jointly agreed pieces of work and reduce the time commitments for our partner agencies.

The annual report of the Safeguarding Vulnerable Adults at Risk Partnership Board for 2011 was approved by the Adult Care Board on 12 July 2012. The Annual report highlights the work done by the Board during the last year and is attached to this report.

The Board has a number of sub-groups which are commissioned to undertake work programmes which enhance the priority given to safeguarding issues. Building on the achievements in 2011, outlined below are the sub–groups working to the Board with their key priorities for the year 2012/2013.

Mental Capacity Act and Deprivation of Liberty Safeguards

- Ensuring partners are briefed of legal developments and can access updates
- Preparing for the transfer of the supervisory responsibility of the PCT to the County Council and the foundations required to ensure the appropriate responses from our managing authorities and CCG's
- Ensuring all partners are aware of their responsibilities and are supported in implementing the Mental Capacity Act – Deprivation of Liberty Safeguards
- Ensuring Dignity in Care where people are being deprived of their liberty

Learning and Development

- Developing a whole systems approach to the training and development needs of all staff across Derbyshire and Derby City involved in Safeguarding local people and a shared training plan
- Identifying the needs and resources of organisations to meet the challenges in delivering Safeguarding competencies
- Delivering the corporate message to launch the recently developed Thresholds and agency specific workshops to support operational staff

Quality Assurance and Performance

- Development of a strategic action plan in accordance with the board priorities
- Understanding and analysis of Safeguarding Statistics to inform policy and procedures and practice guidance
- Undertaking Serious Case Reviews and making recommendations to the Board and partners
- Learning from and sharing good practice

Stakeholder Engagement and Involvement

- Developing the contribution of local people who have been involved within the Safeguarding Process to inform practice
- Working with partners to support initiatives to keep people Safe in Derbyshire

Supporting the work of the board and its sub groups, there is also an operational multi-agency focus group which meets to discuss operational issues and identify any difficulties in implementing the policy and procedures, and practice guidance.

RECOMMENDATION

That the Shadow Derbyshire Health and Wellbeing Board receive this report and the Annual Report for 2011.

Safeguarding adults is everybody's business

Derbyshire Safeguarding Adults at Risk Partnership Board

Keeping People Safe

DERBYSHIRE County Council
Improving life for local people

Annual Report 2011

Derbyshire Safeguarding Adults At Risk Partnership Board

Draft 1

DERBYSHIRE County Council
Improving life for local people

INVESTOR IN PEOPLE

Produced by Derbyshire Adult Care, Derbyshire County Council,
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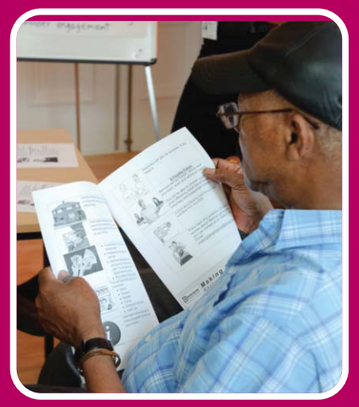

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Forward By Bill Robertson

The last twelve months has brought significant changes to the way in which Derbyshire County Council Adult Care delivers it's services and which has also meant that there has to be a strong and robust approach to keeping the most vulnerable people in our society safe from harm.

The personalisation of adult care services has meant that local people now have more control over the services that they receive and can purchase these directly from individuals or from registered providers and our social workers are less involved in the management or setting up of these services.

Our response to this in Adult Care has been to invest and develop in preventative services across the County. Partnerships with local District Councils to deliver the Handy Van scheme have reached across Derbyshire County, supporting our more vulnerable people to have simple domestic jobs undertaken in their own home, our partnership with Trading Standards continues to support the Trusted Trader scheme so you can feel safe in employing local tradesman and the development and rolling out of our 'First Contact' programme with partner agencies through the support of Call Derbyshire means that all the agencies work together in Derbyshire to try and make sure you and/or your family are safe living in Derbyshire.

We have also increased the number of social workers that we employ to enhance our work with individuals and families where we know we can help them to be more independent but also where we feel that they maybe at risk of harm and need a watchful eye to keep them safe.

The adult care department has also strengthened it's services where people are at risk of being abused both within their own homes or in institutional care by bringing together in one team our managers who are responsible for Safeguarding local people, developing services for people who may be subjected to Domestic Violence and we now have a much more joined up approach across Adult Care to ensure the safety of all residents in Derbyshire.

Forward By Lynn Harris

Welcome to the new style annual report from the Derbyshire Safeguarding Adults at Risk Partnership Boards (DSARPB)

I have been lucky enough to have been the Independent Chair of the Board for 2 years now and during that time have seen many changes and faced many challenges.

This report sets out to give you an idea of the role, responsibilities and activities of the board as well as our key achievements from last year and priorities for next.

We have known for years that not one single organisation alone can keep our more vulnerable adults across Derbyshire safe from harm/neglect/abuse and that it takes a huge effort from all of our partner organisations to work together to keep people safe.

We do this by inviting key senior people from across the County to come together to look at how we share information, how we act on information, how we train our operational front line staff and how we learn from any mistakes that we make

Not only do we involve those senior partners we also look to local service providers, those who use our services and the wider community members themselves to tell us what we need to be doing to keep people safe.

Derbyshire services have been judged as working well on safeguarding but we are not complacent I am very keen to ensure that we talk to more people using our services to see what kind of job they think we are doing, to look at our audit and inspection methods to make sure we are identifying gaps in services and where we need to learn lessons. I am also very keen on supporting prevention initiatives across Derbyshire.

Our adults most at risk can suffer harm/abuse at home, in public or private care settings or when with family/friends so it is very important that we work with all agencies that have a remit to deliver care for our adults – after all – 'Safeguarding is everybody's business'

The Board plays a central role in developing ways of working that will allow us to identify quickly when something is wrong and offer earlier help

Organisations across Derbyshire are proud to be a partnership and I am delighted to have been chosen to keep the partnership wheels turning

You will see in this report information and data that will show you how we are performing, what has been going on and what we need to do in the coming year

I hope you enjoy reading about us and the work that we do
Lynn Harris
BSc(Hons), QPM

Introduction

The Derbyshire Safeguarding Adults at Risk Partnership Board finishes the year reflecting upon a number of changes that have occurred within the partner agencies that have impacted upon the work of the partners supporting local people to keep safe. There have been significant structural changes across Derbyshire which has also resulted in a changing board membership over the last 12 months. With the structural organisational changes the Board made the decision to focus membership of the Board to strategic leaders who could influence their organisations and make a difference to the partnership working across Derbyshire. This change has resulted in a consolidated commitment from our partners to make Derbyshire a Safer place to live and receive care.

During this period we have seen increasingly complex issues that the partnership has had to address and front line staff have been involved in working with very complex individual and family scenarios endeavouring to keep people safe.

The Board

The membership of the board comprises of senior operational and strategic managers from a number of agencies across Derbyshire who all in their own areas of responsibility have a duty to provide services to keep people safe both in their own homes and in the wider communities of Derbyshire. The board members come together to work together in partnership to achieve the shared goals and often the shared responsibilities for local people.

The board has members from our partner organisations:-

Derbyshire Fire and Rescue Service

Derbyshire Police Service

Derbyshire Probation Service

Derbyshire Community Health Services

Derbyshire Primary care Trust

Derbyshire Foundation Health Care Trust

Chesterfield Royal Hospital Foundation Trust

Age Concern

Independent Sector Home Care Providers

The board's role in keeping people safe in Derbyshire is to identify and direct pieces of work across the partners and across the County which responds to both national drivers and local agenda's in Safeguarding individual's and local communities.

The board achieve this through a variety of groups who often consist of staff from the respective partner organisations working together to develop services; implement strategies; trying to ensure that all of our services within Derbyshire offer support to local people in protecting the most vulnerable people in our community.

The board have commissioned several large pieces of work a good example of this is the bringing together of one policy and procedural document for the whole of Derbyshire and Derby City. This piece of work will be completed by the end of the financial year and will also support the development of good practice across the range of partners. This means that wherever you live in Derbyshire or Derby City you can expect the same response from your local service providers.

We have produced new information about our services making this more understandable and accessible to the general public.

This can be found on the Safer Derbyshire website. Staying safe - Safer Derbyshire

Board Priorities for 2012

- Launch Derby and Derbyshire Joint Policy and Procedures and Staff Guidance
- Develop Clear Priorities for the sub-groups of the DSARPB
- Development and Implementation of a Risk Log Strategy
- Development of a Consumer Inclusion Group

The Sub –Groups:

The sub – groups are the important mechanism for all the hard work that goes on in Derbyshire developing services and working together to promote the safety of all our Derbyshire Residents.

Achievements for 2011 and Priorities for 2012

Door Step Crime

There is no doubt that crime has a huge impact on the health and wellbeing of local communities and individuals most at risk.

Where our most vulnerable adults are targeted in their own homes by organised criminals who steal valuables and by rogue traders who are also criminals who promise to 'do a good job' and then charge/ demand overinflated prices. Often adults particularly our older and disabled community members do not tell anyone even family that anything has happened.

No one deserves this kind of treatment and the police and other partners are trying to make a big impact on this type of crime but they rely on information from which to build a picture of what is happening across Derbyshire.

Aside from this, all our partner agencies need to work together to prevent this type of despicable crime happening and to talk to people living in their own homes about how they can keep themselves and their valuables safe

Key achievements:

1. Identifying the issue as a cross-border, multi-agency issue affecting a range of vulnerable adults and setting up a sub-group to the Derbyshire Safeguarding Adults at Risk Partnership Board, including provisional arrangements to form a county and city sub-group.
2. Partners in the sub-group identified a range of targeted and general doorstep crime initiatives within their organisations such as the leaflet produced by Trading Standards informing patients on discharge from hospital.
3. Preventative services – DCC Adult Care has a prevention strategy and funds services to reduce the risk or doorstep crime e.g. First Contact.

Priorities for 2012:

1. Engage members of DSARPB Board to commit to key actions within their organisation re: awareness raising, training, sharing information/ resources etc to obtain key strategic support and enhance multi-agency engagement/working at Operational level to encourage individuals within their own homes to keep themselves and their valuables safe.
2. Training – compilation of a comprehensive resource pack to support individual agency's training programmes and opportunities for multi-agency training.
3. Develop a plan for communication and prevention of doorstep crime. Awareness-raising and intelligence/ data collection needs to reflect the patterns of crime and specific higher risk points. Agencies engaging with awareness raising need to support the plan in order to effectively target their work.
4. We need to work closer with the Police, Trading Standards, Utility Companies and other front line workers to ensure that the appropriate messages are given to those most at risk from doorstep crime

Quality and Performance

We need to make sure that we are improving the quality of life for local people in keeping people safe. The quality and performance group looks at ways in evidencing how all of our partners are doing.

Key achievements:

- Derbyshire County Council Adult Care department and Derbyshire County PCT together with partners at Chesterfield Royal Hospital have been developing 'Dignity in Care' awards for providers of care who are able to achieve the expected quality standards within their care setting and those people being discharged from the Chesterfield Acute Hospital are supported within the same framework. The tool looks at how people's nutritional needs are met, are there choices for people for example
- Work has been ongoing in looking at the improvements that can be made by all organisation's who are working across Derbyshire to Safeguard local people in line with the Derbyshire Improvement Plan

Priorities for 2012:

- Development of a strategic action plan in accordance with the Board priorities
- Monitoring of safeguarding referral statistics, and analysis of reporting trends to inform the work of all partners
- Consolidation of process for learning from operational case audit and reviews. We want to learn from our mistakes and through this process we should be able to continue to improve on the Safeguarding service you will receive from Adult Care and it's partners.

Deprivation of Liberty Safeguards and Mental Capacity

The Local Authority and Primary Care Trust have a responsibility to ensure that no individual is kept in a care home or hospital setting against their will, without regard to whether the individual has the mental capacity to make the decision to leave, and neither should the care home or hospital prevent that person from having contact with their family without regard to the Mental Capacity Act Deprivation of Liberty Safeguards often referred to as DOL's.

Key achievements:

1. Adult social care appointed 3.5 lead practitioner staff to support the further implementation and awareness raising of the legal requirements for hospitals and care homes within Derbyshire.
2. Each lead practitioner has a service plan to work with local care homes to assist them in making sure local people are not being deprived of their liberty unlawfully and offering advice and support to all partners within Derbyshire.
3. Derbyshire Adult Care and Derbyshire County PCT are working with local GP practices to support GP's and their clinical teams to understand their role and responsibilities within the Mental Capacity Act.

Priorities for 2012:

1. Our major priority for next year is the revision of our policy and procedures across Derbyshire and the preparation for adult care to take on the signatory responsibilities for the health and social care community.
2. Ensure that all people are treated with respect and dignity who are the subject of a Deprivation of Liberty.

Stakeholder Engagement and Involvement

It is important to the Board and all of our partners that we hear your voice in moving our work forward within the whole of Derbyshire.

1. This is a priority for the board that we work with local people who have been a party within Derbyshire's Safeguarding Adult's at Risk Procedures to listen to you and to help us to better improve the experience and services you may have received.
2. The group have reviewed the publications and information available to local people.

Priorities for 2012:

1. Local people involved in Safeguarding procedures are given a voice in the way in which the organisations work to protect adults at risk in Derbyshire.

Learning and Development Forum

In Derbyshire we believe it is important that we have staff who work with vulnerable people are fully trained in being aware of abuse that maybe occurring within local people's own homes; care homes and hospitals and once they have spotted something is wrong they know how to protect that person by calling Derbyshire Adult Care. It is the responsibility of the Learning and Development Forum to support the training of all our staff across Derbyshire.

Key achievements:

1. Our partners across both Derbyshire and Derby City Councils have joined together to look at what the training needs are for managers and frontline staff who are involved in delivering care to local people and have a role or responsibility in ensuring that Safeguarding Procedures are appropriately applied. We will have a comprehensive plan to work too over the next 12 months.
2. All the partners will share their resources to achieve the training plan with staff from any of the partner agencies having access to one another's training. This will help us all to work together in a multi-agency partnership and should also make us more efficient and effective in how we train our staff
3. Derbyshire Adult Care are working with Bournemouth University to develop competency tools that will help our staff to feel confident that they are doing the right job and the best possible for local people.

SHADOW DERBYSHIRE HEALTH AND WELLBEING BOARD

26 July 2012

JOINT COMMISSIONING UPDATE: ADULT HEALTH AND SOCIAL CARE

Purpose of the Report

To update the Shadow Health and Wellbeing Board about the delivery of the Joint Commissioning Priorities for Adult Health and Social Care.

Information and Analysis

At its meeting on 29th March 2012, the Shadow Health and Wellbeing Board endorsed the Joint Commissioning priorities for 2012/13 that had been agreed by the Adult Care Board at its meeting on 15th March 2012.

Since the March meeting the following actions have been completed:

- Safeguarding:
  - See separate report to the Shadow Health and Wellbeing Board.

- Frail Older People and Dementia:
  - A specialist home care service for people with dementia has been launched in Chesterfield with the specific aim of reducing avoidable hospital admissions.
  - An information service for people with dementia and their carers has been introduced across the county. The only exception is in Glossopdale where funding has not yet been agreed with the local NHS.
  - The Single Point of Access to re-ablement, intermediate care and other Community Services has been reviewed in the north of the county and plans developed for a similar service in the south.
  - The initiatives for people with Long Term Conditions and for frail older people have made progress, centring on plans for improving integrated care to improve outcomes for local people.
  - A verbal update will be given at the meeting about progress on the Adult Care Strategy for Accommodation, Care and Support for older people.

- Carers
  - Progress has been made to deliver additional flexible breaks for carers using specific NHS investment and the introduction of personal budgets for carers.
  - Plans are being developed for Adult Care to take on lead commissioning of support for carers.
  - A BME project enabling staff in community groups to support carers to apply for the carer's Emergency Card has been established.

- Learning Disability
  - A scoping exercise is being undertaken to identify the actions required to progress adult care taking the lead commissioning role for people with learning disabilities.
  - The Community Lives programme of modernising day services is proposing an extended period of engagement with people with learning disabilities and family carers. Individuals are using the pilot Community Connector Service to make more use of community based opportunities.
  - The joint review of short breaks services is being incorporated into the proposed extended engagement for the Community Lives programme.

- Disabled People or People with Sensory Impairment
  - Joint work is continuing with the District and Borough Councils to shorten the process for adapting people's homes.

- Transition to Adult Life
  - A pilot for Personal Health Budgets is being finalised for young people already receiving a flexible budget.

- Implementation of the Autism Act
  - The diagnostic service is now available locally, rather than being based in Sheffield.
  - Enhanced multi-agency training for staff with regular contact with people on the Autistic Spectrum is being developed. This supplements the more general training that is already available.
  - Plans for better co-ordinated local services using a hub and spoke model are being prepared.

- Mental Health Services
  - Preparations are well advanced for the change to Any Qualified Provider for the Primary Care based Psychological Therapies Programme.
  - Development of a local Rapid Assessment Interface and Discharge (RAID) Service is being project planned to assist in ensuring patients are not remaining unnecessarily in acute hospitals because of mental health matters. Guidance from other areas shows that this service has a significant effect on the lengths of hospital stay for people with dementia.

- Joint Commissioning System
  - Considerable progress has been made in developing a Joint Commissioning system that incorporates the organisational changes included in the Health and Social Care Act, 2012. These include:
    - The creation of Clinical Commissioning Groups as NHS organisations

- The emerging role of the Health and Wellbeing Board and the development of a Health and Wellbeing Strategy, and
- The transfer of Public Health to the Council
- The introduction of the National Commissioning Board.

Conclusion

The development set out in this report relate to agreed joint priorities which are consistent with the emergent Health and Wellbeing Strategy for Derbyshire.

They are tangible achievements reflecting good joint working between the developing clinical commissioning groups, adult care and district and borough councils. This joint working will be further strengthened as joint commissioning structures and relationships are consolidated in the coming period.

RECOMMENDATION

That the progress on delivering the Joint Commissioning System and Priorities for 2012/13 is noted.

SHADOW DERBYSHIRE HEALTH AND WELLBEING BOARD

26 July 2012

21st CENTURY CONSULTATION

Purpose of the report

To provide the Shadow Board with an update regarding the first stage of the 21st century health care consultation held across Derbyshire during May/June 2012 and proposed next steps.

Background

The first stage consultation was based on obtaining feedback on the following principles:

Principle one: continue to improve patient experience
Principle two: ensure best outcomes for all
Principle three: no decision about me is made without me
Principle four: helping people to help themselves
Principle five: delivering the right service every time
Principle six: care is provided at the right place
Principle seven: flexible and integrated working across organisations
Principle eight: be innovative
Principle nine: responsible information sharing

Information and Analysis

Summary of Outputs from 21st century first stage consultation
Seven consultation events have been held across the county with over 230 people in attendance.

Main summary of the outputs of the events:

- General agreement with the principles; however high level of scepticism about our ability to deliver
- Highlighted a need to provide a greater focus on carers – either through separate principle or change to principle 3 *'no decision about me without me'*
- The following areas were identified as gaps:-
  - GP access – we know this is the front door to all health services and we need to get this right if the rest of the system is going to work effectively
  - Reference to work force – the public events highlighted the need for our community to value the work that the health and social care staff do as well as the recognition that we may need

to support some of our staff to work differently in the future to meet the principles

- In implementing the principles we need to be reinforcing the importance of access to accurate information and the need to communicate effectively

Next Steps

- The principles will be amended to reflect the feedback received.
- The principles will be used as a basis for all the healthcare projects and programmes of work undertaken across Derbyshire to ensure the services commissioned deliver and meet the requirements of the 21st century.
- Engagement with the public and key stakeholders will continue during the coming months to help develop plans in relation to integrated care. Further consultation will take place with the public on any proposals in relation to changes to the delivery of health care across Derbyshire

Is an Equality Impact Assessment required?

No, this will be carried out at individual service change level.

Recommendations

The Shadow Health and Wellbeing Board is asked to note the progress made and the next steps.

Jackie Pendleton
Chief Operating Officer, North Derbyshire CCG
on behalf of all Derbyshire CCGs

More information from: Jackie.Pendleton@northderbyshireccg.nhs.uk

SHADOW DERBYSHIRE HEALTH AND WELLBEING BOARD

26 July 2012

FALLS AND BONE HEALTH PATHWAY FOR DERBYSHIRE

Purpose of the report

To inform the board of the current position regarding commissioned services for falls prevention and bone health for Derbyshire, as "fall and fall injuries in the over 65's" is an indicator within the Public Health Outcomes Framework 2012.

Background

Each year 35% of over 65yrs and 45% of over 80yrs can be expected to fall (DH 2009). Falls in older people have a significant impact on the demand for both health and social care services, and are the leading accidental cause of mortality amongst the older population.

Falls which result in a hip fracture are of particular concern as 10% of hip fracture patients will die within 30 days of the injury and 30% will die within 1 year. Of those that survive 50% will not return to full independence. When an older person experiences an injurious fall they require an immediate response from services within the urgent care pathway.

A recent report completed by NHS Derbyshire County public health department (PH 2011) identified that 43% of all non-elective admissions within a practice based commissioning consortia had a secondary diagnosis of a fall. The area of trauma and orthopaedics continues to be one of the highest areas of activity and costs for primary care across Derbyshire and so it is important that both the health and social care services prioritise falls prevention to avoid activity in elective and non elective admissions and in demand for health and social care rehabilitation and support.

Local Need and Evidence Base

In 2010/11, 2679 of Derbyshire county registered patients over the age of 65 were admitted as a result of a fall and 833 experienced a hip fracture. The admission costs for these were £4.29 million and £7.66 million respectively. (NHS Derbyshire County and Derby City cube data system 18/7/2012) The true cost of community health and social rehabilitation for these patients will be a greater figure.

An ageing demographic means that the incidence of falls will increase by more than 50% by 2030. Evidence indicates that even if care provision remains static, demand for services to address the issue of falls will increase 2% year on year. (POPPI 2012)

The prevention package for older people (DoH 2009) and the best practice tariff for hip fracture (DoH 2011) specify the services which commissioning organisations should contract from a range of providers. These specify services for the highest risk group of people, those who have experienced hip fractures, down to the general older population who would benefit from early intervention and prevention strategies to prevent falls and maintain good bone health.

The attached presentation (Appendix 1) details the current position for Derbyshire regarding the services which are currently commissioned across the county and identifies issues for the board to consider.

Next Steps/Way Forward

Falls strategy is driven forward through work conducted by the following groups; the Falls Implementation Group (FIG) which is a provider led group supported by public health and one NHS commissioner, the Community Falls Group which drives strategy for community primary falls prevention provision and is NHS led with representation from DCC adult care, Age UK and Derbyshire Community Healthcare Services. Currently there is no group which provides strategic oversight for the secondary prevention services for falls and bone health. This creates a potential gap in service development and improvement for falls and bone health between the health and social care services especially the acute trusts and mental health trust.

A position statement for falls and bone health has been written and circulated to the CCG's in October 2011. This document identifies where gaps exist and service development is needed. (Appendix 2)

Is an Equality Impact Assessment required? No

Recommendations

1. The Board note the contents of this paper and Appendices.
2. The Board prioritise joint working to implement the recommendations contained within appendix 2.
3. All partners to ensure that consideration be given to appropriate resource allocation to achieve this.

Jayne Needham
Senior Public Health Strategy Manager
NHS Derby City and Derbyshire County

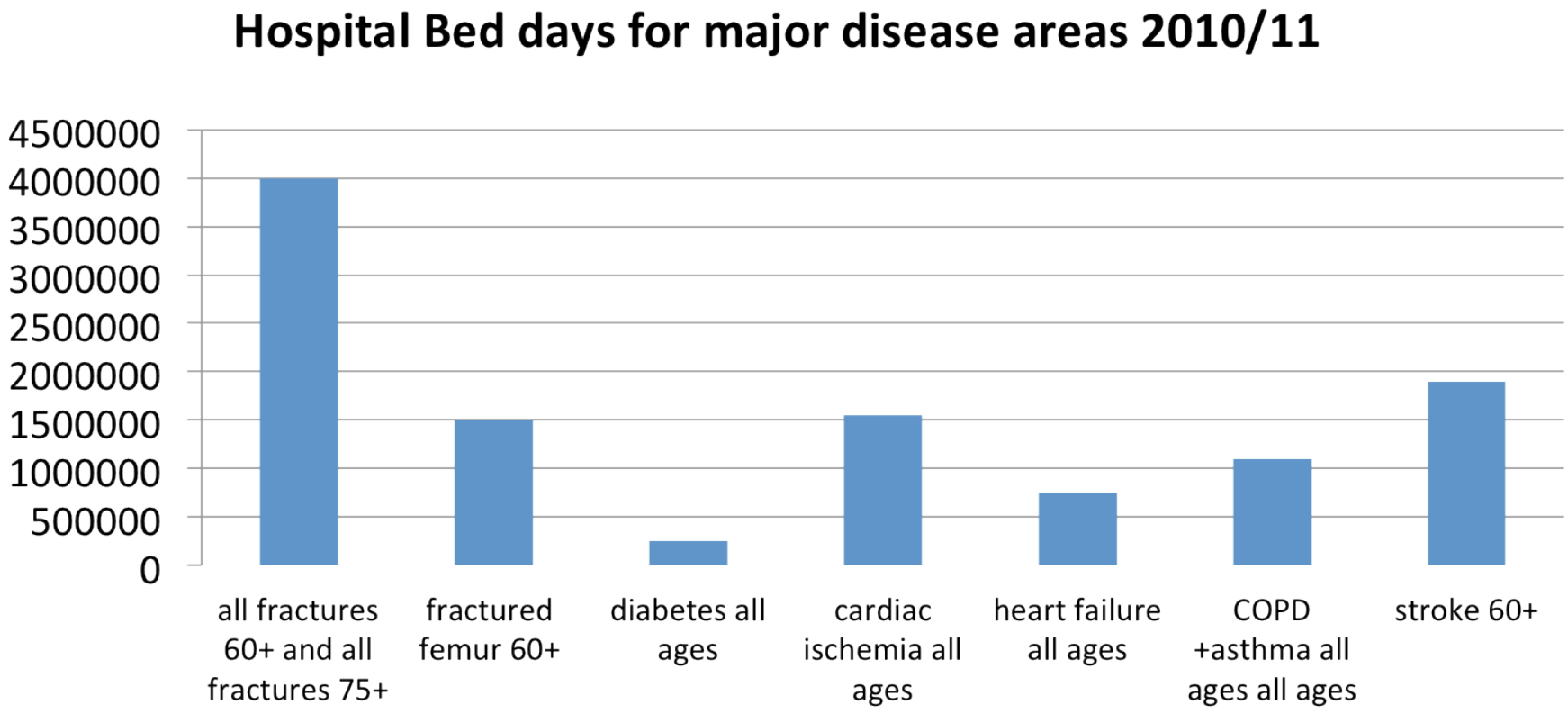
NHS Derby City and NHS Derbyshire County

Falls and Bone Health Pathway

Jayne Needham

Senior Public Health Strategy Manager

Other priorities?



Why bother?

10% of hip fracture patients die within 30 days, 30% die within 1 year, 50 % of all first fragility fractures will go onto to fracture their hip.

Dr J Bayly 2011 NOS FLS conference
Source HES 2011
DoH 2009 Prevention package

Other priorities

Issues	Strokes and TIA's	Heart attacks	Fragility fractures
Incidence per annum	110,000	275,000	310,000
Current trend	Falling	Falling	Rising
NHS bed days	£1.8 million	£1.15million	£1.57 million
Annual cost	£2.8billion	£1.7billion	£1.8 billion

Public health outcomes framework;

Hip fractures 60yr+

Falls and falls related injuries 65yr+

NHS outcomes framework 2012-13

Improving recovery from fragility fractures; The proportion of patients recovering to their previous levels of mobility / walking ability at 30 and 120 days

NHS operating framework

PCT clusters work together with LA's to agree jointly on priorities, plans and outcomes for investment of the monies allocated for reablement in 2012/13. This could include:

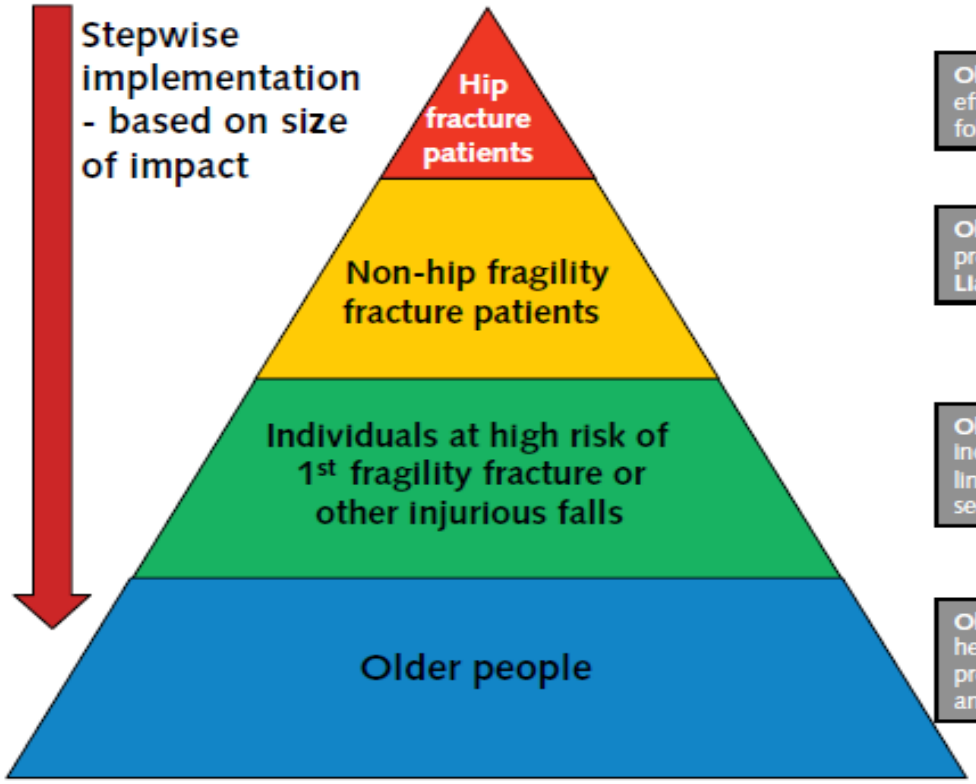
current services such as telecare, community directed prevention (including falls prevention), community equipment and adaptations, and crisis response services;

increase the payment differential in best practice tariff between standard and best practice care for fragility hip fracture care and stroke

Health and Wellbeing Strategy For Derbyshire

Prevention and early intervention services, including falls prevention are at the forefront of delivery

A systematic approach to falls and fracture prevention
Four key objectives



Objective 1: Improve outcomes and improve efficiency of care after hip fractures by following **the 6 "Blue Book" standards**

Objective 2: Respond to the first fracture, prevent the second – through **Fracture Liaison Services** in acute and primary care

Objective 3: Early intervention to restore independence – through **falls care pathway** linking acute and urgent care services to secondary falls prevention

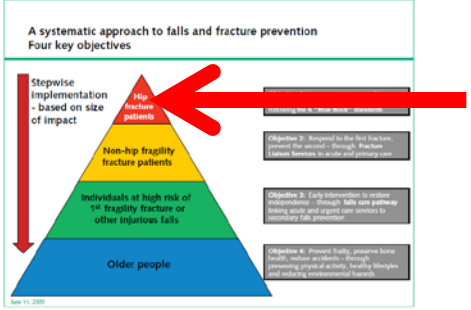
Objective 4: Prevent frailty, preserve bone health, reduce accidents – through preserving physical activity, healthy lifestyles and reducing environmental hazards

June 11, 2009

Population profile

	County	City
over 65 population	112,500	44,350
Will fall each year	38,750	14,700
Will fall twice or more each year	16,750	6,600
Population of fallers who will attend A&E or MIU	5,500	2,200
Fallers who will call ambulance	5,500	2,200
Will sustain any fracture	2,750	1,100
will sustain a hip fracture	900	350
those who fall who should receive a falls assessment	25,000	9758
those receiving a falls assessment who also require a brief screening of gait and balance	12,500	4870
post menopausal women with undiagnosed osteoporosis	43,500	16,900
post menopausal with a previous fracture	17,250	6,600
post menopausal with a new fracture each year	2,250	887

Reference :DoH prevention package 2009

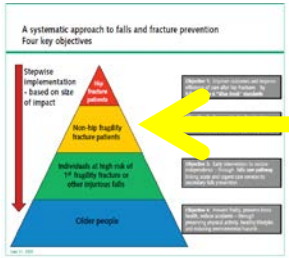


Hip Fracture patients

Best Practice Tariff for hip fracture patients sets the standard around falls and bone health care for those at highest risk. The tariff mirrors very closely the required standards of the National Hip Fracture Database

Issues for Board Consideration

Contracts with Acute trusts generally cite requirement to work towards achieving the best practice tariff, reported on the hip fracture database



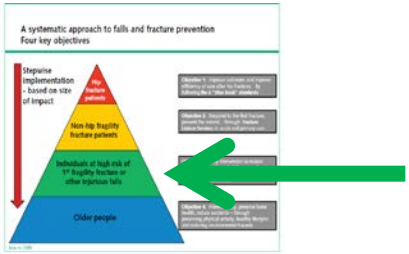
Non-hip fragility fractures

- Development of fracture liaison services (FLS) for patients who have sustained a non- hip fragility fracture, at highest risk of going onto have a second more injurious fracture
- Treat the first fracture to prevent the second
- FLS is a systematic approach to identifying those people who suffer a non-hip fracture and following up bone and falls prevention interventions with them as soon as possible; evidence base cost neutral for first 4 years then cost saving
- Nurse identifies patients through fracture admissions, fracture attendances at A&E patient contacted post pot removal.

55-75 yr	75yr+
Dexa scan – bone sparing treatment prescribed according to results	Referred to GP to commence bone sparing treatment

Issues for Board Consideration

- FLS in place in Derby Royal but no service specification for it.
- No service currently in Chesterfield but CQUINN in place £243,000 needs strengthening for future years and placing in contract.
- bone health prescribing happening *independently* of falls prevention interventions
- No follow up with GP to assess if prescribing occurred or adhered to with 75+age group



Individuals at high risk of first fracture/injurious fall
Early intervention to restore independence

Pathway steps

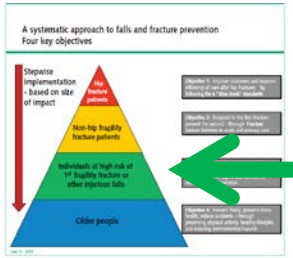
1. Screen to identify who is at higher risk of falling,
2. Multi-factorial assessment to identify why the risk exists including bone health assessment
3. Multi factorial intervention to address the individual risks
4. Education of the workforce

Evidence for effective interventions

- Evidence based exercise-balance, strength, individually tailored, progressive.
- Vitamin D is recommended for bone health but “probably” does not reduce falls except in Vit D deplete individuals
- Interventions to improve home safety do not seem to be effective, except in people at high risk, for example with severe visual impairment.
- Medication review- four or more medications

Reference

cochrane 2010/2009

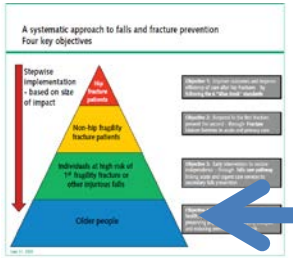


Individuals at high risk of first fracture/injurious fall
Early intervention to restore independence

1. Services provided by NHS within community falls clinic settings
2. Change in practice to targeted access of specified high risk fallers
   a) Hip fracture patients discharged from acute care
   b) Fragility/first fracture patients discharged from acute care
   c) Injurious fallers presenting at A&E
   d) Non-transported repeat fallers requesting ambulance care
   e) High risk fallers identified within primary care as repeat fallers.
3. Receive full multi factorial assessment, intervention and evidence based exercise for minimum 6 weeks

Issues for Board Consideration

- Specifications in place with DCHS for specialist and cross cutting falls services
- Single point of access to DCHS
- Detail very limited within acute contract for DRH for falls prevention services, nothing within the CRH



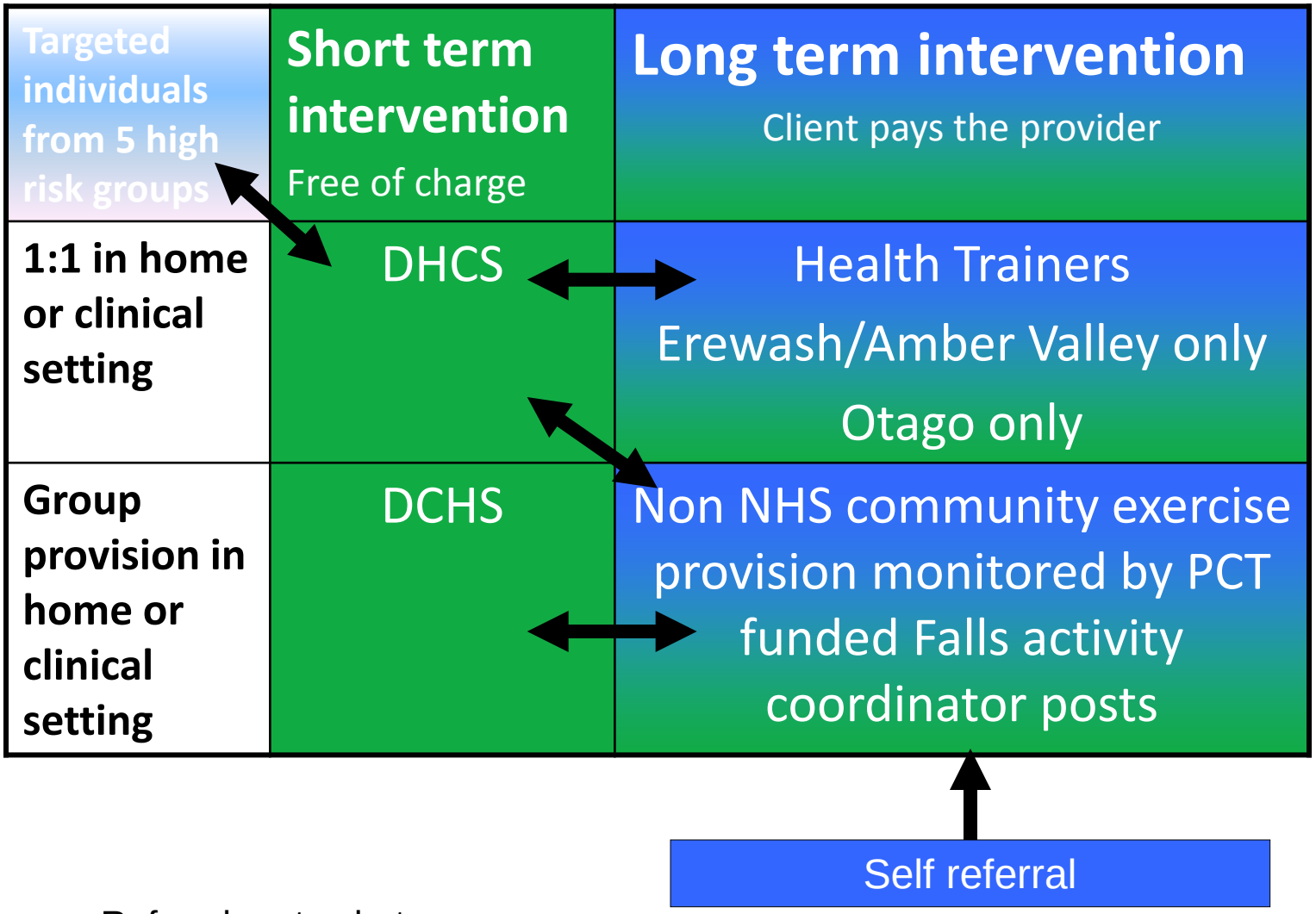
Prevent frailty, preserve bone health reduce accidents in older people

- Needs assessment work identified general public unsure of what type of exercise prevents falls, and negative association with any service promoted as falls prevention
- DCHS /Acute services supported people for 6-8 week period then would discharge with no onward referral to community falls groups as no quality assurance system and limited knowledge of what is available.
- Strategic approach to providing evidenced based falls prevention exercise with no budget
- Rescoping of existing older persons commissioned services releasing 1.8 WTE falls prevention activity advisors (£50k)

Issues for Board Consideration

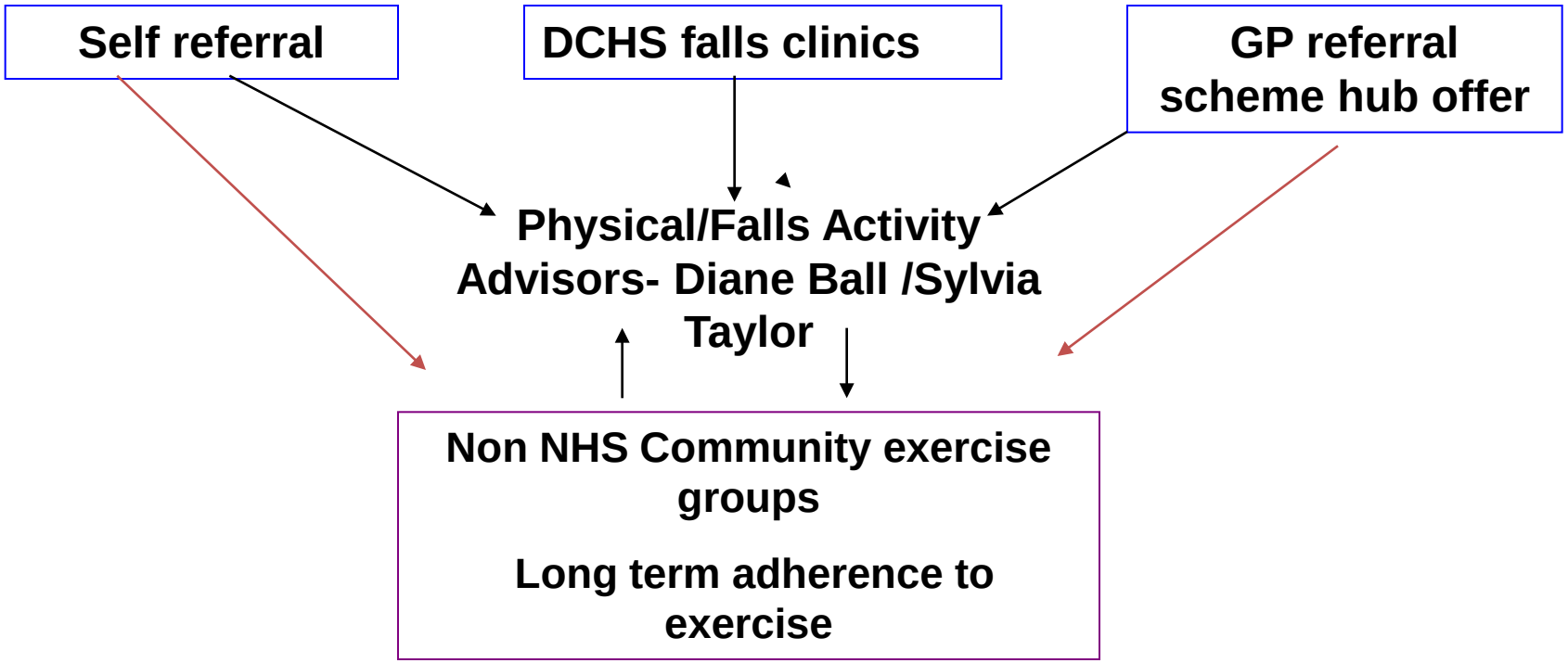
- Transport for frail elderly into community groups
- sustainability of groups in rural areas

Service Model



Referral routes between services and public

Development of Long term Community Exercise Pathway for Derbyshire



Advisors 3 outcomes in specification;

1. Quality assure the existing community exercise groups operating in Derbyshire
2. Support the development of new groups in areas of high need, low provision
3. Provide link for individuals exiting DCHS services to support them into attending long term delivery groups.

NHS Derby City and Derbyshire County

- Mapping of existing evidenced based non-nhs community groups . Otago, Chair based exercise, tai chi
- Risk assessment criteria agreed, determines frequency of QA visits
- Database created, hosted on Active Derbyshire website; live April 2012
- Gap analysis to identify where high need low provision
- £50K from Derbyshire re-ablement monies secured to support training and pump priming of new groups
- Must establish groups and deliver sessions prior to training being refunded
- “Carrot” is publicity and inclusion on the “Strictly No Falling “database

Additional workstreams
Falls and bone health pathway

1. Falls Recovery Service

- Need to test the model for potential to improve care and cost effectiveness

2. Social Enterprise Footcare Provision

- Need to consider if to ensure sustainability need for low level recurrent investment in service

Issues for Board Consideration

- **Contracts with Acute trusts generally cite requirement to work towards achieving the best practice tariff, reported on the hip fracture database**
- *Fracture liaison service in place in Derby Royal but no service specification for it.*
- *No FLS currently in CNDRH but CQUIN in place £243,000 but needs strengthening for future years and placing in contract.*
- *bone health prescribing happening independently of falls prevention interventions*
- *No follow up with GP to assess if prescribing occurred or adhered to with 75+age group*
- **Specifications in place with DCHS for specialist and cross cutting falls services**
- **Single point of access to DCHS**
- **Detail very limited within acute contract for DRH for falls prevention services, nothing within the CRH**
- *Transport for frail elderly into community groups*
- *sustainability of groups in rural areas*

Derbyshire County and Derby City

Falls and Bone Health Work Stream
Position Paper for primary care

October 2011

Background

Annually falls affect 35% of over 65yrs and 45% of over 80yrs (DH 2009). When an older person experiences an injurious fall they require an immediate response from services within the urgent care pathway. Falls in older people have a significant impact on the demand for services within the unplanned care work stream.

A recent report completed by NHS Derbyshire County public health department (PH 2011) advises that 43% of all non-elective admissions within a practice based commissioning consortia had a secondary diagnosis of a fall. As the area of trauma and orthopaedics continues to be one of the highest areas of activity and costs for primary care across Derbyshire it is important that Clinical Commissioning Groups (CCG's) prioritise falls prevention as an area of clinical development to avoid activity in elective and non-elective admissions. An ageing demographic means that the incidence of falls will increase by more than 50% by 2030 (POPPI) placing a huge strain on urgent care services.

In 2010/11 falls and fracture admissions costs alone to NHS Derby City and Derbyshire County were £15,957,036.00.

Existing Demand

1. Acute providers

1% of all falls in>65yrs are estimated to result in a hip fracture (DH 2009). This is the most devastating, life changing outcome of a fall. 10% die within 30 days of fracture and 30% die within 12 months of fracture.

NHS Derby City and Derbyshire County Cluster 2010/11 >65yrs (NHS Derbyshire County Health Analyser)					
	Hip Fracture Admissions	**Hip fracture admission costs**	**Hip fracture best practice tariff compliance**	**Falls Admissions**	**Falls Admission Costs**
Chesterfield Royal FT	349	£2,126,433	55%	1,002	£3,036,154
Royal Derby FT	537	£2,434,009	15%	1,505	£3,951,562
All providers to NHS Derby/ Derbyshire County	1,093	£6,286,306	30%	3,397	£9,670,730

2. A&E

Between 1st April 2011 and 31st August 2011, 1,028 Derbyshire County patients and 1,365 City patients over 65 years attended Royal Derby Hospital A&E department following a fall.

3. Discharge destination following A&E attendance for fall

A&E falls attendances at Royal Derby Hospital 1st April 2010 – 31st August 2011				
Departure destination	**County >65yrs**	**County>80yr**	**City > 65yrs**	**City > 80yrs**
Usual place of residence	42%	34%	49%	41%
Admitted to RDH	26%	30%	21%	23%
Other NHS destination	30%	34%	28%	33%
Temporary residence/ care home	2%	2%	2%	3%

4. EMAS response data

2010/11 costs to respond to the 3482 cat C (non urgent) call outs for identified >65yr fallers in Derby and Derbyshire was £0.8 million. This is underreported though due to incomplete recording of age by EMAS at the point of response.

67% of the identified cat C fallers > 65 years were conveyed to hospital and incurred additional health costs. 33% remained at home. EMAS cite falls as the main reason for ambulance requests in this age group.

5. Drivers for change

a. Evidence based interventions can reduce falls in>65yrs by up to a third (DH 2009) savings

b. NHS Derbyshire Cluster practice profiles indicate a statistically significantly higher rate of >65yrs falls admissions for the Southern Derbyshire and the High Peak CCG's. North Derbyshire, Erewash and Hardwick Health CCG's have a statistically significantly lower rate of >65yrs falls admissions.

c. Drive for compliance with The National Hip Fracture Database (NHFD) and NHS Best Practice Tariff for hip fractures

d. Address the findings of the RCP Falls and Bone Health Audit 2011

e. Commitment to the QIPP agenda of the SHA "Towards Excellence" falls and bone health work stream

f. Respond to Safety Express (National Patient Safety Agency) http://www.patientsafetyfirst.nhs.uk/Content.aspx?path=/interventions/relatedprogrammes/falls/

g. Respond to FALLSAFE care bundle 2011 (RCP) http://www.rcplondon.ac.uk/resources/closing-gap-fallsafe

h. NHS Operating Framework 2011/12 To reduce the incidence of fragility fractures in older people, especially women, by recognising precursor fractures, providing assessment and treatment

i. Public Health Outcomes framework 2011/12 Number of acute admissions as a result of falls or fall injuries for over 65s

j. Proposed inclusion of osteoporosis indicators within QOF 2012

k. Prevention package for older people (PPOP) Department of Health 2009 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103146

PPOP DH 2009 guidance has been utilised to commission and develop the falls and bone health pathway in Derbyshire and Derby City. Table A identifies the objectives of the guidance, methods by which they are being met within the county and recommends actions which CCG's should implement to ensure they are able to respond to the drivers above and ensure effective clinical care and cost effectiveness within the falls and bone health pathway.

6. Summary

This position paper and attached action plan provides succinct background information to assist CCG's in the prioritisation of falls and bone health within their forward plans. Over recent years the PCT has placed an increased emphasis on developing a robust care pathway for falls and bone health from primary through to secondary preventative services. This is because of the potential to reduce costs and improve care and patient experience by focussing on this area. As the outcomes of falls and poor bone health are costly to both health and social care it is imperative that CCG's consider the work emphasis to date and seek to build upon it to secure improved outcomes for the population.

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Prevention Package for Older People 2009	Current Position	Recommendations for development by CCG's
Objective 1 Improve outcomes and efficiency of care for hip fracture patients	1. Emphasis on ensuring acute providers comply with the best practice tariff as evidenced on the NHFD 2. Integrated care pathway (ICP) for falls and bone health operational at RDH for all NHS Derbyshire County and City patients into community providers. ICP standardises process for all appropriate hip fracture patients to be referred into community services for evidence based interventions	1. ICP to be developed and implemented between all other acute providers and locality partners for registered populations 2. Ongoing implementation and monitoring of ICP for RDH. 3. Monitor data for hip fractures and initiate response if implementation of objectives does not adequately stabilise or drive down hip fracture rates.
Objective 2 Respond to first fracture to prevent the second through provision of fracture liaison services (FLS)	1. FLS operational at RDH as integral part of ICP. Draft service spec to be agreed 2. 2011/12 CQUINN specification with CRHFT to develop and implement a FLS 3. Osteoporosis LES in place within County and DES within City. Indication is that QOF 2012 will include osteoporosis	1. Develop and implement a bone health pathway between acute and primary care to ensure >75s are prescribed bone sparing agents and provided with support to ensure adherence. 2. Secure the integration of falls prevention within the bone health pathway for all people in contact with the FLS and/or prescribed bone sparing agents. 3. Agree the FLS specification and monitoring with RDH through contract management. 4. Develop and monitor a FLS for the North of the county
Objective 3 Early intervention to restore independence through falls care pathway, linking acute and urgent care to secondary prevention services.	1. ICP developed to ensure those at highest risks of injurious falls are prioritised for assessment and intervention; hip fracture patients, fragility and other >65 fracture patients, frequent fallers utilising EMAS. 2. Two draft falls service specifications with DCHS ▪ specialist falls service detailing required service provision ▪ cross cutting requiring all DCHS staff to assess and take action to reduce falls amongst their patient groups. 3. Single point of access (SPA) into specialist falls teams in place for referrals to specialist community falls services for Derby City and South Derbyshire County patients. 4. Falls recovery service pilot to commence across the county.	1. Development of South and North Derbyshire County SPA to triage self referrals, provide preventions advice and signposting 2. DCHS contract monitoring to transfer to DCHS contract management board 3. Monitor and evaluation of the effectiveness and cost effectiveness of the falls recovery service including establishment of robust pathways between the FRS, EMAS, primary care and falls services. 4. Ongoing Promotion of the "Strictly No Falling" brand 5. Develop and implementation in partnership with social care of telecare and (potentially telehealth) service

	Community wardens to provide response to non injured falls as alternative to EMAS. GP notification to initiate falls review for all these patients. 5. Development of "Strictly No Falling" brand to identify evidence based falls prevention interventions and actively promote primary falls prevention interventions	development targeting those populations who will benefit the most. 6. Embed system for referral from NHS falls services into long term non-nhs community falls preventions exercise provision to maximise adherence to evidence based exercise to >6months.
Objective 4 Prevent frailty, preserve bone health, reduce accidents	1. CQUINN target with CRHFT, RDH and DCHS to reduce in-patient falls 2. "Managing Falls in Care homes" toolkit developed and distributed to all county care home 3. NHS DC website hosting webpage for low level falls advice and signposting 4. Active Derbyshire website hosting database of evidence based non-nhs community falls prevention exercise sessions 5. Commissioning of two falls activity advisor posts to develop evidence based community exercise groups where existing provision insufficient. 6. Otago trained instructors in health, social care and leisure services to deliver 1:1 and group sessions to high risk population 7. Social investment funding secured to develop social enterprise model of community based falls prevention with range of independent providers 8. Support the development of social enterprise model of Footcare provision in Amber Valley. Social care monies secured to extend to county wide model subject to satisfactory evidence of sustainability. 9. Incorporation of falls question into First Contact multi-agency signposting service questionnaire. Referral path to DCHS and Derby City falls services.	1. Provision of integrated care pathway with mental health services to address issue of falls risk for people with dementia 2. Continue development of the falls pathway to ensure that care home residents receive falls assessment and evidence based interventions 3. Develop and update "Strictly No Falling" database to ensure current and accurate data input of all evidence based services 4. Monitoring of development of new evidence based community falls prevention exercise groups in areas of greatest need and least provision (City, South Derbyshire, Dales and High peak) 5. Implementation and development of social enterprise model of Footcare services across Derbyshire in areas of greatest need and least provision 6. Embedding of pathway for First Contact signposting service between primary care, DCHS and local authority.

DERBYSHIRE SHADOW HEALTH AND WELLBEING BOARD

26 July 2012

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

Board Development

The Local Government Association and NHS Leadership Academy have chosen to work with the Derbyshire Health and Wellbeing Board as part of a national developmental support programme. The first of four bespoke events was held on 13 July 2012, with most Board Members in attendance, and was a successful start. The session reflected on progress to-date and considered how members, individually and collectively, can support the Board to achieve its vision for improved health and wellbeing outcomes. Further sessions will take place in the autumn and dates will be communicated to members shortly.

For further information please contact Jane Cox, Policy Manager, DCC: jane.cox@derbyshire.gov.uk

Provider Engagement

At the last Board meeting, it was 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. An exploratory meeting was held on 17 July and was attended by Chief Executives or senior representatives from Chesterfield Royal Hospital, Derbyshire Community Health Service, Derbyshire Healthcare Trust, Derbyshire Health United, East Midlands Ambulance Service, Local Pharmaceutical Committee, Derbyshire Fire and Rescue Service and the Hospice movement.

For further information please contact Jane Cox, Policy Manager, DCC: jane.cox@derbyshire.gov.uk

Stakeholder Engagement

Stakeholder engagement is a key element of the work of the Shadow Health and Wellbeing Board, underpinning the development of the Joint Health and Wellbeing Strategy for Derbyshire, Local Healthwatch and the Joint Strategic Needs Assessment amongst others. The Health and Wellbeing Stakeholder Engagement Forum has now met on two occasions, with participants helping to shape the priorities outlined within the draft Joint HWB Strategy for Derbyshire. A further meeting of the Forum is planned for 21 September 2012.

Work is now being undertaken to ensure that the engagement plans of the Shadow Health and Wellbeing Board, Clinical Commissioning Groups and other partner organisations are aligned. Working on the principle that existing methods of engagement should be used whenever possible, engagement activity is co-ordinated to avoid consultation fatigue, and the results are shared to support both local and county-wide decision making.

For further information please contact Jude Wildgoose, Policy Manager, DCC: judith.wildgoose@derbyshire.gov.uk

Local HealthWatch Update

Planning for the development of the Local HealthWatch service is still on course. The Department of Health has advised Derbyshire County Council that the indicative funding allocation for assisting with the setting up of HealthWatch will be up to £176,909 per annum. This funding will be added to the £288,000 currently committed to the provision of Derbyshire LINk to provide an annual budget of £464,909. A Cabinet Paper is currently being prepared to facilitate the procurement exercise to set up HealthWatch, a copy of which will be forwarded to the Health and Wellbeing Board.

Charles Jones, the county council's Cabinet Member for Adult Care recently spoke at a regional HealthWatch Masterclass run by the Local Government Association to update other local authority representatives of Derbyshire's progress. Feedback from this meeting was very positive and members of the Derbyshire Project Group have since been invited to contribute to other work streams.

For further information please contact James Matthews, Assistant Director -Strategy and Commissioning, Adult Care, DCC: james.matthews@derbyshire.gov.uk

CCG Authorisation

As has been reported to previous Health and Wellbeing Boards the process to authorise Clinical Commissioning Groups (CCGs) will continue throughout the summer and autumn. The Derbyshire CCGs are applying in wave three with an application date of 1 October, with the exception of Hardwick, who will apply on 1 November.

Each CCG is currently working with its member practices to agree a formal Constitution document setting out how the CCG will work and what the role and responsibilities of the Board, practices and where appropriate localities will be. This is seen as a key document both for authorisation but also the future.

Another element of authorisation is the 360* survey which has been sent to the prescribed list of stakeholders. This will be issued for completion electronically in August, with completion due by early September. The surveys for Hardwick will follow one month later.

For further information please contact Jackie Pendleton, Chief Operating Officer, North Derbyshire CCG: Jackie.Pendleton@derbyshirecountypct.nhs.uk

NCB local Area Office arrangements

The reform of the NHS architecture continues as the NHS Commissioning Board Authority (NHSCBA) appoints to its executive leadership team. This team comprises of the Chief Executive, eight national directors, five professional leads, and four commissioning sector leads, and will be supported by Local Area Teams (LATs), of which there are 27 nationally. Derbyshire will join with Nottinghamshire to form one LAT. Managing Directors are currently being appointed, and it has recently been announced that Derek Bray has been appointed as Managing Director for Nottinghamshire and Derbyshire, and that David Sharp has been appointed as Managing Director for Leicestershire and Lincolnshire. David will continue in his role as NHS Derby City and NHS Derbyshire County Cluster Chief Executive until arrangements are made for a handover of statutory responsibilities by the boards of the PCTs to their respective new managing directors.

Additionally, there are 23 Commissioning Support Service organisations (CSSs), who will be hosted by the NHSCBA, providing services to CCGs and LATs. Locally, Professor John Parkes will be Managing Director of Greater East Midlands CSS. Professor Parkes was previously Chief Executive of NHS Milton Keynes and NHS Northamptonshire PCT Cluster.

The Director of Public Health for Derbyshire is currently out to advert with a closing date of 30 July. The PCT has appointed a specialist recruitment agency to support the process.

The Public Health transition continues to make good progress across all the work streams and the PCT is currently working through all the due diligence requirements .The teams of staff involved from both DCC and NHS Derbyshire Cluster are working well to achieve all of the programme objectives with the added benefit of learning more about how other organisations work.

For further information please contact Trish Thompson, Cluster Director of External Relations, NHS Derby City: trish.thompson@derbycitypct.nhs.uk

National Health Profiles 2012

The national 2012 Health Profiles for all local authorities in England have been published. The health profiles are designed to give an overview of health and wellbeing for each area, with the aim of helping local government and health services better understand their community's needs. Key issues for Derbyshire are:

- The health of people in Derbyshire is mixed compared with the England average. Deprivation is lower than average, however about 24,000

children live in poverty. Life expectancy for men is higher than the England average.

- Life expectancy is 7.7 years lower for men and 5.6 years lower for women in the most deprived areas of Derbyshire than in the least deprived areas.
- Over the last 10 years all-cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen.
- About 19.2% of Year 6 children are classified as obese. Levels of alcohol-specific hospital stays among those under 18, breastfeeding initiation and smoking in pregnancy are worse than the England average. The level of teenage pregnancy is better than the England average.
- The estimated level of adult obesity is worse than the England average.
- The rate of road injuries and deaths is worse than the England average.
- The rate of sexually transmitted infections is lower than the England average.

The profiles can be accessed on: www.healthprofiles.info

For further information please contact Alison Pritchard, Public Health Consultant alison.pritchard@derbyshirecountypct.nhs.uk

Tameside and Glossop PCT

The NHS Tameside & Glossop Public Health Team has produced a JSNA based on the NHS, Social Care and Public Health Outcomes Frameworks. The format of each section includes:-

- Summaries of the implications for the populations' wellbeing.
- Trends and benchmarking against regional, national or comparator areas where data is available. This is presented as a map or graph where practicable. Proxy measures have been used where national data isn't yet available.
- The national and local policy context is provided as links to key documents for further information.
- Vulnerable or high risk groups have been identified in each section
- A summary of current actions.
- Areas where additional action is identified as being needed summarised against national policy or evidence based interventions.
- Outcomes which are similar in nature grouped together.
- Local health profiles provided in the appendices.

There is a range of data which covers the Glossopdale area where it was available. The JSNA is being used to inform priorities for Tameside & Glossop CCG. The full JSNA is available from pamela.watt@nhs.net.

For further information please contact Elaine Michel, Interim Director of Public Health, NHS Tameside & Glossop: elaine.michel@nhs.net