

Time commenced: 1.00pm
Time finished: 3.00pm

Health and Wellbeing Board 12 September 2013

Present

Chair: Councillor Bayliss

Elected members: Councillors Allen, Rawson, Skelton Tittley and Williams

Co-opted officers of Derby City Council: Cath Roff, Derek Ward

**Co-opted representatives of Southern Derbyshire Clinical
Commissioning Group:** Andy Layzell, Sheila Newport

Co-optees of other organisations: Matt Allbones (Community Action Derby), Chris Bussell (University of Derby), Sue James (Derby Hospitals NHS Foundation Trust), Steve Studham (Derby Healthwatch), Steve Trenchard (Derbyshire Healthcare Foundation Trust), Andy Waldie (Derbyshire Fire and Rescue Service)

Substitutes: None

Non board members in attendance: Adam Wilkinson and Frank McGhee
(Derby City Council)

11/13 Apologies

Apologies for absence were received from Councillors Webb and Hillier.

12/13 Late items to be introduced by the Chair

There were no late items.

13/12 Declarations of Interest

There were no declarations.

14/13 Minutes of the meeting held on 11 July 2013

The minutes were agreed as a correct record.

15/13 Integrated Care

The Board received a presentation from Dr Sheila Newport, Chair of Southern Derbyshire Clinical Commissioning Group and Cath Roff, Strategic Director, Adults Health and Housing on integrated care in Derby City.

The presentation included pressures in the NHS, pressures in social care and why these were happening and what the impact was.

The NHS and social care had adopted the National Voices definition of integrated care 'I can plan my care with people who work together to understand me and my carer(s), allow me control and bring together services to achieve the outcomes important to me.'

The presentation gave an example of a typical person admitted to hospital following a fall and their journey through the system. It also included what had happened in relation to integrated care in 2012, what was happening in 2013 and what would be happening in 2014.

The Board also considered what other services / agencies could be part of the Community Support Team and what would be their added value? How should we capture the collective financial investment in the integrated approach – should we be taking a total budget approach? What are the shared objectives? and how do we all accept responsibility for reducing investment in the acute sector?

Comments included

- The objective should be to aspire for 24/7 access to single point of access
- Risk stratification was a good idea to allow data on people to be mapped together and capture social care elements
- There were lots of models available but the 'what works best' had not been found
- There was no evidence that integrated services cut costs but there was evidence it improved the patient experience
- The role of care coordinator may need to be a health care assistant type professional
- Protocols needed to be in place relating to information sharing between agencies
- Proper wayfinding systems needed to be in place to make sure that the patients do not have to navigate the system
- It was hoped that the Caldicott 2 report may assist with many of the information governance issues – a report would be prepared once the report had been issued
- Untapped assets may include, Councillors, church and community groups
- Consideration needed to be given to social isolation, there had been comments where carers would go in to peoples homes to do things for

them but this didn't include a chance to chat or spend some time meeting pastoral needs

- There was some good work happening in locality schemes
- There needed to be a collective resource commitment with joint investment

Resolved

- 1. To adopt the definition of integrated care as stated by National Voices as Derby City's definition.**
- 2. To approve the direction of travel to ensure more care closer to home.**
- 3. To request a report at the end of the winter to see what had happened.**
- 4. To receive an interim report if appropriate.**

16/13 Call to Action

A report of the Chief Officer Southern Derbyshire Clinical Commissioning Group was considered which stated that because of the pressure facing the NHS, the current models of service delivery were likely to be unsustainable. NHS England had launched A Call to Action, which required each Clinical Commissioning Group (CCG) to engage with the public, Health and Wellbeing Boards and other stakeholders to explain the challenges ahead and then develop a 5 year Commissioning Plan.

The Integration Transformation Fund was a new arrangement announced in the Chancellor's Autumn Statement that required CCG's and Local Authorities to work together to develop integrated service provision. The work was supported by the transfer of 3% of existing NHS funding in to a pooled budget. Details of how the Fund would be used needed to be included in the CCG's Commissioning Plan.

Currently a fund of £4.11m already transferred from the NHS locally to Derby City on an annual basis. The use of this fund had to be agreed through the Health and Wellbeing Board.

It was suggested that the Adult Care Board draw up proposals and report back to the Health and Wellbeing Board.

Resolved

- 1. To note and support the action required by the CCG to develop a five year commissioning plan as set out in A Call for Action.**
- 2. To be a key partner in the consultation process of A Call for Action.**

- 3. To request the Adult Care Board to draw up proposals and report back on the use of the Integration Transformation Fund.**
- 4. To approve the transfer of funds between the CCG and the City Council for 2013/14 for the purposes specified in the Section 256 agreement.**

17/13 Integrated Behaviour Pathway

The Board considered a report which provided an update on the work completed so far by Derby City and Derbyshire in relation to the development of a shared commissioning priority around an integrated behaviour pathway. In May 2013 the National Collaboration for Integrated Care and Support published a joint statement 'Integrated Care and Support: Our Shared Commitment'. The collaboration brought together organisations such as: Department of Health, Association of Directors of Children's Services, Care Quality Commission, Local Government Association, NHS and NICE. It aimed, by a different delivery model, to shift towards integrated and person centred care, in order to improve outcomes and save money by moving resource into preventative and early intervention services.

Within agreed governance structures for both city and county, reporting to the respective Health and Wellbeing Boards and using a commissioning approach with the child or young people at the centre, a number of stages had been completed to move towards an integrated delivery model.

Through an integrated commissioning approach with all the key partners a full health needs assessment and service mapping exercise had been completed. The service mapping highlighted a significant resource at the top end supporting a small group of children and young people. This information was shared with wider stakeholders on 2 July 2013 to inform the design principles for commissioning an integrated assessment model to inform the specification and procurement process.

The report provided a summary of the work, however more detailed information could be found in Appendix 1 – Health Needs Assessments, Service mapping and Stakeholder views Derby City and Derbyshire.

Resolved to note the report.

18/13 Integrated Commissioning for Children, Young People and Families

The Board considered a report which provided a summary of the progress of key children, young people and family priorities which had been developed from the Health and Wellbeing Strategy – everyone's business, the NHS Outcomes Framework (2013/14), the Public Health Outcomes Framework (2013 to 2016) and the Derby Children and Young People's Plan (2012/13).

The strategic commissioning intentions were developed in discussions with key commissioners across the health economy in Derby. This approach had resulted in considerable support for an integrated commissioning approach to delivering better health outcomes. This 'whole systems' approach, acknowledged that patients did not see distinctions between services, wanted ease of access and early help.

The report had been written at the request of the Children and Young People's Partnership and the Health and Wellbeing Board. It outlined the progress which had been made since the agreement of the Commissioning Intentions in April 2013.

The report outlined that progress had been made regarding the governance, capacity and work streams to implement the commissioning intentions. It also outlined the key activities which would be taking place over the next eighteen months up to April 2015.

Consultation had been taking place with key providers through both stakeholder events and the establishment of Commissioning Groups focusing on each of the eight commissioning intentions.

A robust governance structure had been established and was maturing well. The Integrated Commissioning Board, which sits under the Health and Wellbeing Board was established and was meeting monthly.

Progress had been strongest in the area developing the integrated behaviour pathway. The Health and Wellbeing Board was receiving a specific paper on this development.

The report also outlined an indicative timeline for work which would need to be completed over the next eighteen months. This was consistent with the need to put in place new arrangements following the Transforming Community Services contract ending in March 2015.

Resolved

- 1. To note the progress which had been made over the last four months on this integrated commissioning approach.**
- 2. To note the indicative timeline and key activities over the next eighteen months.**
- 3. To encourage all providers to continue to engage with this integrated approach and to take the opportunity to respond to key intentions during the next eighteen months.**

19/13 National Child Health Pledge

This item was withdrawn.

20/12 Workplace Health and Wellbeing Strategy

The Board considered a report which highlighted the City Council led 'work well' stakeholder event held on 2 May 2013 promoting the advantages of a healthy workforce which was attended by a number of small and medium business within Derby.

Following the stakeholder event a HR - led Health and Wellbeing Task Group was established to coordinate the various workplace health developments taking place across the council. A strategy to improve the health and wellbeing for staff of Derby City Council was being developed by Public Health and Occupational Health reporting into the Wellbeing Task Group and to the Health and Wellbeing Board.

A draft Workplace Health and Wellbeing Strategy would be brought to the November meeting of the Health and Wellbeing Board.

Resolved

- 1. To note the 'Work Well' stakeholder event and the Council's corporate commitment to workforce health and wellbeing.**
- 2. To agree for the Health and Wellbeing Board to receive the draft strategy for improving health and wellbeing in November 2013.**
- 3. To note the emerging website designed to support small and medium businesses in the City to develop and sustain a healthy workforce.**

MINUTES END