

Time commenced: 1.00pm
Time finished: 3.50pm

Health and Wellbeing Board 14 November 2013

Present

Chair: Sheila Newport

Elected members: Councillors Bayliss Rawson, Skelton Tittley Webb and Williams

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

Co-opted representatives of Southern Derbyshire Clinical Commissioning Group: Sheila Newport

Co-optees of other organisations: Matt Allbones (Community Action Derby), Doug Black (NHS England - Derbyshire and Nottinghamshire Area Team) 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: Kate Brown (Southern Derbyshire Clinical Commissioning Group for Andy Layzell), Simon Griffiths (Derbyshire Community Health Services for Tracy Allen.)

Non board members in attendance: Adam Wilkinson, Frank McGhee Tim Clegg, Liz Perfect and Suzanne Meredith (Derby City Council) Vicki Taylor (NHS England – Derbyshire and Nottinghamshire Area Team)

21/13 Apologies

Apologies for absence were received from Councillor Allen, Tracy Allen, Andy Layzell and Dionne Reid.

22/13 Late items to be introduced by the Chair

There were no late items.

23/12 Declarations of Interest

There were no declarations.

24/13 Minutes of the meeting held on 12 September 2013

The minutes were agreed as a correct record.

Items Requiring Decisions by the Board

25/13 NHS England – Improving General Practice – A Call for Action

The Board considered a report and received a presentation from Dr Doug Black on improving general practice – a call for action.

A 'Call to Action' was launched nationally on 11 July 2013 and sets out the current issues facing the NHS, identifying the future challenges and establishing what a 'do nothing' scenario would look like. It explained the challenges ahead, and the need to develop a 5 year commissioning plan.

Primary care services had a key role to play in meeting this challenge and NHS England had launched 'Improving General Practice – A Call to Action' to help shape the future of General Practice services in England. Recent engagement with General Practice, Clinical Commissioning Groups (CCG), NHS England Area Teams, Health and Wellbeing Boards and other partners was stimulating debate as to how best to develop general practice services.

Patients needed to be placed at the heart of commissioners' plans and health inequalities and outcomes must be improved. A debate needed to be taken forward with the local communities so discussions and decisions were made as close to patients as possible and that commissioning plans and strategies emerge to reflect local priorities. This would lead to the development of five year strategies and a transformational change programme.

Derbyshire and Nottinghamshire Area Team recently led a Primary Care Workshop focussed on General Practice with participation from all ten Clinical Commissioning Groups (CCGs) leads and key partners. The CCGs had primary care as a priority for developing options for change such as federations of practices and testing new pathways for same day/urgent care in General Practice, arising from unsustainable pressures in Primary Care.

Possible resources to take forward the options for change would be available from the Prime Minister's £50 million Challenge Fund which was expected to support between 7-10 proposals from across England. Other possible funding streams may include local transformational funding and the Integrated Transformation Fund.

The CCGs agreed to submit a Business Plan and Business Case for Primary Care transformational change to the Area Team by the end of November. This would describe 5 year primary care plans for transformation and implementation plans for the first 2 years. This builds on the integration that was already in place.

In December an application would be made to the Prime Ministers £50m Challenge fund as part of maximising opportunities for funding.

In January 2014 a draft Primary Care Strategy and implementation plan would describe all 10 CCG plans and actions for the next two years. The strategy would include the plans for all primary care contractor groups. Piloting and testing of new ways of working in General practice would also take place.

Members of the Board raised questions on the impact of new developments and the need to have joint working to maximise Section 106 monies to provide the right facilities in the right places. It was noted that the GP system had been in place with little change since 1948 and that a strategic view needed to be taken of the whole system.

Members also expressed the need to have an integrated approach with a top down strategic review. Integration was the foundation stone upon which to build the blocks for the future. It was reported that there would be a presentation at the January 2014 meeting to give more detail on this subject.

Resolved

- 1. To note the progress to date on the Call for Action.**
- 2. To receive a presentation at the next meeting to give more detail on the Call for Action.**

26/13 Priority Families Programme Update

The Board considered a report and received a presentation from Frank McGhee Director of Commissioning, and Liz Perfect Priority Families Co-ordinator Derby City Council.

The Priority Families Programme was a Payment By Results (PBR) programme which aimed to turn around the lives of the most "troublesome" families in the City.

The core criteria and outcome measures for the programme were:

1. Household anti-social behaviour and/or under 18 Crime
2. School attendance and/or school exclusions
3. Unemployment

Families would be eligible for the programme if they met 2/3 of the core criteria and a local discretionary criteria, which included various interventions that were high cost to the public purse this was outlined in the presentation.

In addition to the core criteria the programme would address all issues that affected the family achieving the programmes outcomes which may include.

- Adult mental health and well being including domestic abuse, adult offending, drug and alcohol misuse, disability etc.
- Environmental factors including housing, debt, the wider community, employment, gang involvement, peer/sibling influences.
- It was therefore paramount that the programme works with all partners to co-design service delivery and consider future commissioning priorities.

The report provided:

- An understanding of the new delivery model that had been developed and the need for these interventions to be embedded into Children's and Adults delivery model to ensure the desired outcomes were achieved.
- An update on the PF intelligence and an understanding of the impact the work is having on family outcomes.

Members of the Board were very supportive of the work which was being undertaken in this area.

Resolved

- 1. To note the programme developments to date and the interface with the broader children and young people and adults service delivery model.**
- 2. To note the emphasis on measuring impact to family outcomes to inform future service developments.**

27/13 Progress on the Integrated Behaviour Pathway

The Board received a presentation from Frank McGhee Director of Commissioning – Children and Young People Derby City Council on the progress of the integrated behaviour pathway. The presentation included national and local drivers, the commissioning approach, local needs and resource profile, developing the pathway and next steps.

Members of the Board expressed concerns about keeping contact with young people to make sure they did not drop out of the system and then have to come back in. It was noted that most mental health issues were known before a person reached the age of eighteen. The entry and exit strategies were important to ensure help continued into adulthood.

It was noted that more affluent areas without community support often had needs in this area as well as the more traditional deprived areas of the city. However it was noted that more deprived community areas may have high levels of need but may not be able to access services in the same way as other communities.

Resolved to note the progress of the integrated behaviour pathway and support the direction of travel.

28/13 The Derby Plan Refresh 2013 - 2015

A report of the Director of Partnerships and Streetpride (Derby City Council) was considered which set out the refreshed Derby Plan 2013 – 2015 for review by the Board. The Derby Plan (formerly the Sustainable Community Strategy) sets the Partnership vision and outcomes for the whole city.

Members of the Board welcomed the Derby Plan and several organisations agreed to take the Plan to their respective Boards to get them to sign up to it.

Resolved

- 1. To consider the progress of the implementation of the Derby Plan in March 2014.**
- 2. To reflect the updated priorities in the plan in the refresh of the Health and Wellbeing Strategy.**

29/13 Cold Weather Plan for England 2013

The Board received a presentation from Suzanne Meredith Specialty Registrar in Public Health and considered a report of the Director of Public Health which set out the impact of cold weather on health which was recognised as a major public health challenge, with associated increasing winter pressures on all services.

There were too many avoidable deaths each year. Cold temperatures predominantly affect older age groups, children and those with chronic illnesses. Approximately 40% of cold-related mortality was due to cardiovascular disease and 33% to respiratory disease. Snow and ice had smaller but direct effects through increasing the number of falls and injuries.

The causes were complex, linked with fuel poverty, poor housing, and health inequalities, as well as circulating infectious diseases and the extent of snow and ice.

The Cold Weather Plan for England 2013 aimed to prevent avoidable harm to health by alerting people to the negative health effects of the cold weather and enabling them to prepare and respond accordingly.

The plan built on those of previous years to:

- highlighted the increasing emphasis of the importance of year round planning and winter preparedness, based on evidence that the total greatest burden on health occurs at relatively moderate cold temperatures
- emphasised the distinction between health effects and interventions for low temperatures and those for snow and ice
- advised organisations to seek assurance that local plans, systems, staff training, cold weather alert cascade systems and resilience planning had been adapted and tested in line with recent organisational changes.

A large number of agencies and organisations had worked in partnership across Derby city over the last few years to deliver a range of services, interventions and practical help as part of the Affordable Warmth Strategy and to deliver key Public Health messages around staying warm. However external funding from the Department of Health which supported this work was not available for 2013/14. This led to concerns that the services would be more restricted for 2013/14 and vulnerable people would be at risk of health effects from the cold weather. Increasing fuel costs may also increase the number of people at risk.

Local resilience plans were also in place to address responses to severe winter weather and ensure business continuity.

Members of the Board raised concerns around the reduction of resources for prevention work and communications. It was suggested that a set of questions be drawn up for all community based staff to ask when making visits. Derek Ward agreed to work with Council Communications officers to pull together the key questions which needed to be asked. Radio Derby would also be contacted to see if they would include something in one of their programmes to draw attention to people in the community who may need some assistance.

A co-ordinated approach was needed to identify the gaps and plug them.

Resolved

- 1. To note the recommendations of the Cold Weather Plan 2013 and the local systems and planning arrangements currently in place.**
- 2. To be reasonable assure that the plan and the Cold Weather alert service was understood across Derby and that local plans, systems, staff training, cold weather alert cascade systems and resilience planning had been adapted and tested in line with recent organisational changes**
- 3. To support the strong local leadership and partnership working by:**
 - Including the reduction of cold-related harm in the JSNA and the Health and Wellbeing Strategy**
 - Including longer term strategic preparation for cold winter and climate change as part of an all-year work programme**
 - Adopting a system-wide approach to assess ways in which partnership working can be enhanced to make the most effective and efficient use of resources.**
- 4. To monitor effectiveness of systems and plans by:**
 - Reviewing “Lessons Learnt” after the winter season regarding performance and robustness of plans**
 - Monitoring the Public Health Outcomes Framework indicators to reduce winter excess deaths and address fuel poverty.**

5. **To request the Director of Public Health to draw up a list of key questions for community based staff to ask people when making visits and contact Radio Derby to see if they would include something in one of their programmes to draw people's attention to others in the community who may need assistance.**

Items for Information

30/13 Derbyshire Health Protection Board Update

The Board considered a report of the Director of Public Health which stated that the Derbyshire Public Protection Board had met on 30 September 2013. The report set out an overview of the key issues discussed. These included

- Public Health England Area Team Seasonal Flue Vaccination Plan 2013-14
- Measles
- Human Papilloma Virus
- The Abdominal Aortic Aneurysm (AAA) Screening Programme
- Immunisation programmes
- Childhood immunisation

Resolved to note the key items from the Derbyshire Health Protection Board.

32/13 Joint Strategic Needs Assessment

The board considered a report of the Director of Public Health which stated that Local Authorities and Clinical Commissioning Groups had an 'equal and joint' duty to prepare a Joint Strategic Needs Assessments (JSNA) for the local area. This duty was, however, to be exercised through the Health and Wellbeing Board. JSNAs were assessments of the current and future health and social care needs of the local population.

The local JSNA related to the geographical boundary of Derby City Council. Some associated data or needs assessments, however, were prepared at different geographies e.g. county-wide.

A small working group had been established and work had been carried out to identify and collate relevant data updates, local reports and needs assessments to form the core content of the JSNA. Membership would be widened to become a strategic steering group.

Two small professional workshops were taking place in late November to support the interpretation of the data and associated narrative. JSNA web pages were in development and initial content being established. The structure of the pages was based on the life course. The pages would be 'live' in the new year.

The web pages would be an information and knowledge portal containing both data, local reports and needs assessments along with links to external data and information sources.

Derby City Council was leading on the development and implementation of a Local Information System (LIS). It was intended that the LIS would form the basis of the JSNA going forward allowing up-to-date and interactive information.

The JSNA would be updated on an on-going basis (rather than a one-off annual basis) updating and adding to available data to ensure it remained up-to-date. There would, however, be an annual process to support Health and Wellbeing Strategy and commissioning plan development. The planned process was outlined in Appendix 2 to the report.

Resolved to note the progress and development of the JSNA to-date.

33/13 Health and Wellbeing Board Forward Plan 2013

The Board noted the Health and Wellbeing Board Forward Plan 2013.

MINUTES END