Time commenced: 1.00pm
Time finished: 3.25pm

Health and Wellbeing Board
16 January 2014

Present

Chair: Councillor Bayliss

Elected members: Councillors Hillier, Skelton Tittley and Webb

Co-opted officers of Derby City Council: 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), Paula Crick (University of Derby), Andy Layzell (Southern Derbyshire Clinical Commissioning Group), Dionne Reid (Women's Work, Derbyshire), Steve Studham (Derby Healthwatch), Andy Waldie (Derbyshire Fire and Rescue Service)

Substitutes: Simon Griffiths (Derbyshire Community Health Services for Tracy Allen), Helen Scott South (Derby Hospitals NHS Foundation Trust for Sue James), David Peet (Office of the Police and Crime Commissioner for Alan Charles), Perveez Sadiq (Derby City Council for Cath Roff)

Non board members in attendance: Adam Wilkinson, Frank McGhee

34/13 Apologies

Apologies for absence were received from Councillors Allen, Rawson and Williams, Tracy Allen, Alan Charles, Sue James, Cath Roff, Steve Trenchard.

35/13 Late items to be introduced by the Chair

There were no late items.

36/12 Declarations of Interest

There were no declarations.

37/13 Minutes of the meeting held on 14 November 2013

The minutes were agreed as a correct record.

Items Requiring Decisions by the Board

38/13 Overview of Public Health England, Business Plan and Local Partnership Agreement

The Board considered a report and received a presentation on an overview of Public Health England, business plan and local partnership agreement.

Public Health England (PHE) was formed on 1 April 2013 as the expert national public health agency which fulfilled the Secretary of State for Health's statutory duty to protect health and address inequalities, and executed his power to promote the health and wellbeing of the nation.

PHE would support local authorities and their Directors of Public Health and through them clinical commissioning groups, by providing evidence and knowledge on local health needs, alongside practical and professional advice on what to do to improve health, and by taking action nationally where it made sense to do so. PHE in turn was the public health adviser to NHS England.

PHE delivered its services and functions through 15 local centres, organised in four regions co-terminous with NHS England regions (the London region was also a centre). Each PHE Centre was the local access to PHE and each had a Centre Director who acted as an 'Account Manager' who ensured the delivery of a service that was fit for purpose and met the needs of the local population and stakeholders.

PHE East Midlands served a 3.8 million population in Derbyshire, Leicestershire, Lincolnshire, Nottinghamshire and Rutland and provided a service across the full range of public health practice to its stakeholders, including local authorities, the NHS, the voluntary and community sector, academic institutions, industry and the public.

PHE East Midlands published its prospectus describing the services and functions it provided over a range of cross-cutting themes, including:

- Nurturing a place-based approach
- Providing expert input
- Managing and preparing for incidents and outbreaks
- Assuring and improving service quality
- Facilitating networks
- Monitoring and reporting on the public's health
- Supporting training and development
- Supporting and collaborating on research

PHE East Midlands was developing its business plan for 2014/15 in partnership with key stakeholders to reflect local priorities and needs. It would ensure that PHE played an active role and added value to the delivery of the local public health system and would work closely with partners to achieve this.

PHE East Midlands would draw up a bespoke 'partnership agreement' with each upper tier/unitary local authority and NHS England Area Team, to form a basis for monitoring its service delivery.

Resolved

1. **To note the presentation on the work of PHE East Midlands.**

2. **To note the intention to develop a business plan for 2014/15 which reflected local priorities, needs and aspirations and in partnership with stakeholders.**

3. **To note the intention to have a bespoke 'partnership agreement' with local authorities and NHS England Area Teams.**

4. **To continue to give feedback to PHE East Midlands on how it could support the work of the Board.**

39/13 Department of Health Self Assessment for Autism, Learning disabilities and Winterbourne View Update

The Board considered a report which provided a summary of the 2013 Autism and Learning Disability Self Assessment and an update on the local implementation of Transforming Care – the national response to the findings of the Serious Case Review concerning Winterbourne View Care Home.

Resolved

1. **To recognise the effective partnership work between Adults, Health and Housing and Hardwick Clinical Commissioning Group leads and Derbyshire County Council Adult Social Care in the preparation and submission of the self assessment.**

2. **To accept and agree the outcomes detailed in the self assessments.**

3. **To receive an update on Autism and Learning Disability self assessment, following the public validation processes and subsequent improvement planning activity.**

40/13 Joint Strategic Needs Assessment

The Board considered a report which stated that the development of an updated and electronic Joint Strategic Needs Assessment (JSNA) was well under way. Web pages had been created and significant content and links added to create a JSNA information portal for Derby.

An overview of the JSNA, progress to date and view of the current JSNA pages was provided in the presentation.

Consideration was given to where the data could help with for example asset mapping and how these could be mapped against health needs.

Resolved to note the progress and development of the Joint Strategic Needs Assessment to date.

41/13 Public Health Outcomes Framework Performance

The Board considered a report which stated that in March 2012 the first Public Health Outcomes Framework (PHOF) was published. This, along with the NHS Outcomes Framework and Adult Social Care Outcomes Framework, demonstrated a move away from 'top-down targets' and process measures and a move instead to focus on outcomes.

The PHOF included a wide range of measures to support understanding of how well public health was being improved and protected. It was not intended, however, that the PHOF was used to performance manage local authorities.

Public Health England now collated and published data against the PHOF indicators at Upper Tier Local Authority Area and enabled comparison to England and regional values. The report provided an overview of current performance in the city against available indicators.

Councillor Tittley suggested that the Board look at fuel poverty, health checks and emergency admissions to hospitals. Other suggestions for a more detailed exploration were Violent Crime and Low Birth Weight / Infant Mortality.

Board Members were asked to send any ideas of data and indicators to be considered to Derek Ward.

Resolved

1. **To note the relative local performance against a range of PHOF indicators particularly areas of notably good or poor performance.**

2. **To receive a more detailed update in specific PHOF indicators (identified by the Board), that it would like to receive more detailed information on. The Board asked for more detailed analysis on:**

    - **Fuel Poverty – action Derek Ward**
    - **Health Checks – action Derek Ward**
    - **Emergency admissions and readmissions – action Andy Layzell and Sue James**
    - **Violent Crime – action PCC**
    - **Low birth weight and infant mortality – action Derek Ward**

3. **To receive performance updates on the three aligned outcomes frameworks:**

    - **Public Health Outcomes Framework – lead Derek Ward**
    - **NHS Outcomes Framework – lead Andy Layzell and Doug Black**
    - **Adult Social Care Outcomes Framework – lead Cath Roff.**

4. **To receive twice-yearly updates:**
    - **July – annual summary**
    - **November – mid-year review.**
    - **With additional detail and exception reporting as required/ by request.**

5. **To receive a report at the next meeting on emergency admissions over the winter.**

42/13 Under 5's Services in Derby City

The Board considered a report and received a presentation on the under 5's services in Derby.

There was strong evidence to demonstrate that what happened in pregnancy and the early years of life were not only important for the delivery of early years outcomes such as infant mortality, child obesity and physical, emotional and cognitive development, but also had a significant impact on outcomes throughout the life-course including academic attainment, antisocial behaviour and the development of long term conditions. Getting it right in the early years of life was key to ensuring better outcomes in the future, and also to managing future demand for health and social care services. For these reasons it was important that the Health and Wellbeing Board was kept up to date with progress in this area and that the strong commitment to pregnancy and the early years in Derby was maintained.

This strong commitment was demonstrated through current governance arrangements and the fact that 'Best Start' was one of the 8 agreed commissioning priorities for Children and Young People in Derby City. Leadership for this agenda was through the Best Start Planning and Coordination Group (BSPCG), jointly led by NHS England and Derby City Council's Public Health team, which in turn reported into the CYP Integrated Commissioning Group. The Best Start remit covered pregnancy to 5 years and the work programme fell into 4 key areas; Reducing Risk; Supporting Development; Integrating Delivery; Tackling Inequalities. The BSPCG work programme was delivered in line with the Children and Young People's Plan for Derby and its commitments to Early Intervention and Integrated Working.

The BSPCG had undertaken a mapping exercise to identify universal and targeted delivery to children and families during pregnancy and the first 5 years and were in the process of agreeing a work plan for 2014/15. There were however three key areas of work which would have a significant impact on the under 5s agenda over the next 24 months; development of maternity commissioning in light of the standing down of the county wide Maternity and Newborn Strategy Group and the new maternity tariff structure; delivery of the Health Visitor Implementation Plan and integration with wider pregnancy to 5 services as new capacity was realised; transition planning for the transfer of 0-5 commissioning responsibilities from NHS England to Derby City Council's Public Health team.

The presentation set out the current position in relation to these three areas and the planned direction of travel and asked for the Boards steer with regard to key questions.

Board members raised concern about the scrutiny of maternity services in the transition phase and whether services would be lost. The 2 year old assessments should be completed to ensure the best possible start for children. The aim was to get 100% coverage by March 2015. There was a good working relationship with the training board to help meet the levels of students and on going requirements. Opportunities and the skills base needed to be maintained.

Resolved

1. **To note the report and the key areas for consideration with regard to the pregnancy to 5 agenda.**

2. **To note the questions raised in the presentation and support the CYP Integrated Commissioning Group and the Best Start Planning and Coordination Groups work with regard to the following: -**

    - **The establishment of a maternity clinical improvement group for Southern Derbyshire to strengthen maternity commissioning and delivery including performance monitoring of quality through the maternity dashboard**

- **The integration of Public Health Nursing services for 0-19 year olds in the city**

- **The integration of the delivery of pregnancy to 5 services in the city.**

43/13 Better Care Fund

The Board considered a report which stated that in June 2013, Ministers announced the creation of an integrated transformation fund (which was renamed the Better Care Fund) to create £3.8bn worth of pooled budgets between health and social care, starting from April 2015.

The aim of the fund was to accelerate and incentivise councils and local NHS organisations to jointly plan and deliver services so that integrated care became the norm by 2018.

An additional £200m had been made available in 2014/15 in the pool for the transfer from health to social care to streamline this process.

The report informed members of the Board of the requirements of the Better Care Fund and Derby's outline plans for its utilisation.

It was noted that most of the fund was committed for 2014/15 and the rest would be used to underpin the implementation of the Care Bill. It was suggested that the draft plan be considered at the next meeting.

Councillor Tittley suggested that the local area co-ordination pathway needed to keep a focus on individual needs and self help. The emphasis needed to be shifted from more intensive and specialist care to build confidence for people to stay in their own homes / communities for as long as possible. It was reported that long term conditions needed to be acknowledged with a prevention and early intervention focus particularly for young people. It was noted that the Better Care Fund was currently targeted at adult services.

It was also noted that there would be a period of transition which needed to be both reactive and proactive and involve both staff and customers.

Resolved

1. **To endorse the vision and guiding principles set out in 4.10 and 4.11 of the report for the Better Care Fund Plan.**

2. **To endorse the key characteristics of the system re-design as set out in 4.13 of the report which would shape the Better Care Fund Plan.**

3. **To submit a draft plan, on 14 February 2014, to the Department of Health based on the system re-design principles.**

4. **To consider a final version of the plan at the Health and Wellbeing Board meeting on 13 March 2014.**

Items for Information

44/13 Service User Data Analysis 05 Care Homes in Focus

The Board considered a report which stated that 45% of publicly funded care homes in Derby were failing at least one minimum standard according to the CQC. 6 care homes had failed four out of five minimum standards according to the CQC.

Snapshot details of care standards failures found that providing care, treatment and support that met people's needs, 12 had failed and caring for people safely and protecting them from harm, 18 had failed.

Resolved to note that Healthwatch Derby would be continuing with its Enter and View work throughout 2014 but recommended that partner agencies and commissioners take note of the current position and continue to monitor and regulate services to ensure there were no critical incidents or breakdowns in the care provided to the individuals in care within the City.

45/13 Health and Wellbeing Board Forward Plan

The Board noted the Health and Wellbeing Board Forward Plan.

Governance

4613 Implications of the Caldicott 2

The Board considered a report which stated that in 1997, due to concerns of how patient information was being used, the Chief Medical Officer of England commissioned a review of all patient-identifiable information passing from National Health Service (NHS) organisations in England to other NHS or non-NHS bodies. The Caldicott Review identified six principles guiding the use of patient identifiable information:

1. Justify the purpose
2. Don't use patient identifiable information unless it is absolutely necessary
3. Use the minimum necessary patient identifiable information
4. Access to patient identifiable information should be on a strict need-to-know basis
5. Everyone with access to patient identifiable information should be aware of their responsibilities

6. Understand and comply with the law.

In January 2012 the NHS Future Forum recommended a review "to ensure that there is an appropriate balance between the protection of patient information and the use and sharing of information to improve patient care". The Government accepted this recommendation and asked Dame Fiona Caldicott to carry out a review – known as Caldicott2.

The scope of Caldicott2 was wider than the review of 1997, its recommendations affecting all organisations working in the health and social care sector. Caldicott2 reviewed and endorsed the six principles (with slight updates) of the first Caldicott review. In addition, a seventh principal "The duty to share information could be as important as the duty to protect patient confidentiality" was added.

A total of 26 recommendations were made by the Caldicott2 review. The Government made a full response to the review accepting its findings and agreeing, "…that the standards, good practice and principles contained in the Report should underpin information governance across health and social care services." (Department of Health, 2013).

Many of the Reviews recommendations had implications for the Health and Wellbeing Board and its member organisations. These included:

- People must have the fullest access to all electronic care records about them, across the whole health and social care system, without charge.
- For the purposes of direct care, personal confidential data should be shared amongst the registered and regulated health and social care professionals who have a legitimate relationship with the individual. Social workers should be considered part of the 'care team'.
- Providers must ensure that sharing of personal confidential data is effective and safe and commissioners must assure themselves on providers' performance on this.
- All organisations within the health and social care system which process personal confidential data are recommended to appoint a Caldicott Guardian and any information governance leaders required.
- Rights, pledges and duties in the NHS Constitution should be extended to cover the whole health and social care system.
- Boards or equivalent bodies in the NHS Commissioning Board, clinical commissioning groups, Public Health England and local authorities must ensure that their organisation has due regard for information governance and adherence to its legal and statutory framework.
- The processing of data without a legal basis (where one is required) must be reported to the Board or equivalent body of the health or social care organisation involved and dealt with as a data breach.
- Linkage of personal confidential data requiring a legal basis from more than one organisation for any purpose other than direct care must be done within an 'accredited safe haven'.

- Given the number of initiatives involving the creation or use of family records, the review recommended that such initiatives should be examined in detail from the perspective of Article 8 of the Human Rights Act.

Sharing personal confidential data in relation to health protection issues such as the outbreak of infectious disease could be considered as resembling the requirement to share such information for the purpose of direct care.

The establishment of a task and finish group was recommended to determine whether the information governance issues in public health functions outside health protection and cancer should be covered by specific health service regulations.

Resolved

1. **The Health and Wellbeing Board and its constituent member organisations adopt the revised principles set out in Caldicott2 and implement the recommendations locally as appropriate.**

2. **The Health and Wellbeing Board promotes the implementation of the expectations and commitments by local health and social care organisations as set out in the Government's response to the Caldicott2 review.**

3. **The Health and Wellbeing Board seeks appropriate assurance that any sharing or processing of personal confidential data in the delivery of its priorities is done safely and effectively and on an appropriate legal basis, for example, through statement of compliance signed by each constituent organisation and ratified by the Board.**

47/13 Current Local Data Issues

The Board considered a report which stated that the essence of Caldicott 2 was to ensure the sharing of personal confidential data where it was the interest of the patient and there was a legal basis to do so. Caldicott 2 had clearly supported this specifically in relation to direct patient care.

The transition of public health from the NHS to local authorities, the Health and Social Care Act 2012, increased role and responsibility of the Health and Social Care Information Centre and limited impact of Caldicott 2 along with existing legislation were impacting negatively on our local ability to fully understand our populations, particularly in relation to vulnerable groups. This significantly restricted us from being able to significantly improve the health and wellbeing of our most vulnerable populations and establish the most effective health and social care pathways.

The report outlined some of the key issues and proposed a number of recommendations for the Board to consider.

Resolved

1. **For the Health and Wellbeing Board to make formal representation to Department of Health led Task and Finish Group relating to the use of personal confidential data for public health activity stressing its local importance.**

2. **To approve the establishment of a process of local review and sign off for use of personal confidential data for specific projects. Review of Privacy Impact Assessment and sign off by relevant organisational Caldicott Guardians.**

3. **To approve a local review to consider the appropriateness of development of a local authority accredited safe haven and potential of routinely requesting consent from patients/ clients for the use of their personal confidential data for the purposes of improving population health; understanding health and social care need; understanding health inequalities.**

4. **To delegate authority to the Director of Public Health following consultation with the Chair and Vice Chair of the Health and Wellbeing Board and the Chief Executive to make representations to the Health and Social Care Information Centre and the Department of Health with regards to the use of personal confidential data for public health activity stressing its local importance.**

48/13 Terms of Reference

The Board consider a report which stated that the Health and Wellbeing Board was established as a statutory committee of Derby City Council as of 1 April 2013 under the Health and Social Care Act 2012.

The Terms of Reference for the Health and Wellbeing Board had not been updated since becoming a statutory committee and taking on a range of statutory duties.

The Terms of Reference had been reviewed and updated to recognise statutory membership and duties.

Resolved to approve the updated Terms of Reference.

MINUTES END