

# Public Document Pack



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5 June 2013

## HEALTH AND WELLBEING BOARD

Thursday 13 June 2013  
2 pm  
Warspite Room, Council House

### Members:

Councillor Sue McDonald (Chair)  
Councillors Nicky Williams and Dr John Mahony

**Statutory Co-opted Members** – Director for People, NEW Devon Clinical Commissioning Group representative, Director for Public Health, Healthwatch representative, NHS England, Devon, Cornwall and Isles of Scilly representative.

**Non-Statutory Co-opted Members** - Representatives of Plymouth Community Homes, Plymouth Community Healthcare, Plymouth NHS Hospitals Trust, Devon Local Pharmaceutical Committee, University of Plymouth, Devon and Cornwall Police, Devon and Cornwall Police and Crime Commissioner (Vacancy Voluntary and Community Sector).

Members are invited to attend the above meeting to consider the items of business overleaf.

This meeting will be broadcast live to the internet and will be capable of subsequent repeated viewing. By entering the Council Chamber and during the course of the meeting, Councillors are consenting to being filmed and to the use of those recordings for webcasting.

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**Tracey Lee**  
Chief Executive

# **HEALTH AND WELLBEING BOARD**

## **1. CONFIRMATION OF CHAIR AND VICE CHAIR**

The Board will confirm the appointment of the Chair and elect a Vice-Chair.

## **2. APPOINTMENT OF CO-OPTED REPRESENTATIVES**

The Board will consider the appointment of co-opted representatives.

## **3. DECLARATIONS OF INTEREST**

Members will be asked to make any declarations of interest in respect of items on this agenda.

## **4. CHAIR'S URGENT BUSINESS**

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

## **5. TERMS OF REFERENCE (Pages 1 - 10)**

The Board will receive its Terms of Reference for information.

## **6. THE EVIDENCE BASE (Pages 11 - 22)**

The Board will receive presentations on key priorities emerging from the Joint Strategic Needs Assessment and the Health and Wellbeing survey.

## **ADJOURNMENT**

## **7. CONFIRMATION OF VISION AND PRIORITIES (Pages 23 - 32)**

The Board will confirm its vision and priorities and allocate members to lead on action planning.

## **8. EXPRESSIONS OF INTEREST FOR HEALTH AND SOCIAL CARE INTEGRATION 'PIONEERS' (Pages 33 - 44)**

The Board will consider supporting an expression of interest for health and social care integration 'pioneers' programme.

## **9. FUTURE DATES AND TIMES OF MEETINGS**

- Thursday, 5 September 2013, 2 pm
- Thursday, 16 January 2014, 2 pm

- Thursday, 10 April 2014, 2 pm

## **10. EXEMPT BUSINESS**

### **PART II (PRIVATE MEETING)**

#### **AGENDA**

#### **MEMBERS OF THE PUBLIC TO NOTE**

that under the law, the Board is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

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## Appendix A

**HEALTH AND WELL BEING BOARD****I. FUNCTIONS**

The council's function relating to its Health and Wellbeing Board under Part 5 of the Health and Social Care Act 2012 as amended (2.2 below) .

**2. RESPONSIBILITIES OF HEALTH AND WELLBEING BOARD**

2.1 The purpose of the Board is to promote the health and wellbeing of all citizens in the City of Plymouth. The Board has three principles of working cooperatively which are to:

- Work together with all city partners and with those we serve to take joint ownership of the sustainability agenda
- Ensure systems and processes will be developed and used to make the best use of limited resources, every time
- Ensure partners move resources – both fiscal and human to the prevention and health and wellbeing agenda

2.2 The Board will identify and develop a shared understanding of the needs and priorities of local communities in Plymouth through the development of the Plymouth Joint Strategic Needs Assessment (JSNA). Specifically, the Board will ensure that:

- A Joint Health and Wellbeing Strategy for Plymouth is prepared and published to ensure that the needs identified in the JSNA are delivered in a planned, coordinated and measurable way.
- The Plymouth JSNA is based on the best evidence and data available so that it is fit for purpose and reflects the needs of local people, users and stakeholders
- The JSNA drives the development of the Joint Plymouth Health and Wellbeing Strategy and influences other key plans and strategies across the city
- Plymouth City Council, NEW Devon Clinical Commissioning Groups and NHS Commissioning Board Area Teams demonstrate how the JSNA has driven commissioning decisions

2.3 The Board will:

- Develop an agreed set of strategic priorities to focus both collective effort and resources across the city
- Seek assurance that commissioners plans are in place to deliver the Board's strategic priorities and outcomes
- Review the commissioning plans for healthcare, social care and public health to ensure that they have due regard to the Joint Plymouth Health and Wellbeing Strategy and take appropriate action if they do not
- Ensure that appropriate structures and arrangements are in place to ensure the effective engagement and influence of local people and stakeholders
- Represent Plymouth in relation to health and wellbeing issues across the sub regional and at national level

- Work closely with Plymouth Healthwatch ensuring that appropriate engagement and involvement with existing patient and service user involvement groups takes place
- Retain a strategic overview of the work of commissioners in the city
- Support joint commissioning of NHS, social care and public health services and identify those service areas in Plymouth where additional improvements in joint commissioning could achieve the Board's priority outcomes
- Recommend the development of aligned or pooled budgets and encourage partners to share or integrate services where this would lead to efficiencies and improved service delivery

### **3. MATTERS DELEGATED TO OFFICERS**

- 3.1 All other functions in respect of health and wellbeing have been delegated to the Director for People.

## **4 GENERAL**

### **Membership**

- 4.1 The Council's Health and Wellbeing Board is comprised of:-

A core membership being -

- The Cabinet Member for Public Health and Adult Social Care
- The Cabinet Member for Children and Young People
- The lead opposition member for health
- The Director of Public Health
- The Director for People
- One representative from the Clinical Commissioning Groups
- One representative of the local Healthwatch

Reflecting the co-operative approach to engage with customers and other stakeholders over the city's key priorities, the Board will co-opt additional partners which it considers are most likely to be able to work together to deliver the vision. The Board will make recommendations to the city council for appointments to the Board.

- 4.2 The Health and Wellbeing Board is a committee of the council under the Local Government Act 1972. The Local Authority (Public Health, Health and Wellbeing and Health Scrutiny) Regulations 2013 have dis-applied aspects of the Act which have been incorporated into these terms of reference.

- 4.3 The Board will act in accordance with the council constitution unless this conflicts with law.

### **Meetings**

- 4.4 The Health and Wellbeing Board will meet four times per year which will be reviewed after 12 months. The date, time and venue of meetings will be fixed in advance by the Board and an annual schedule of meetings will be agreed by council. Additional meetings may be convened at the request of the Chair. Meetings will be webcast and utilise social media tools to allow real time interaction with the meeting.

### **Voting**

- 4.5 In principle, decisions and recommendations will be reached by consensus. In exceptional circumstances and where decisions cannot be reached by a consensus of opinion and/or there is a need to provide absolute clarity on the will of the Board to executive bodies, voting will take place and decisions will be agreed by a simple majority of all members (councillors and co-opted members) present.

Where there are equal votes the Chair of the meeting will have the casting vote.

### **Declaration of Interests**

- 4.6 Members of the Health and Wellbeing Board will promote and support high standards of conduct and as such will be subject to the council's code of conduct. Members of the Board must, before the end of 28 days beginning with the day on which they become a member of the Board, notify the authority's monitoring officer of any disclosable pecuniary interests. Notification of changes to declared interests must be made to the authority's monitoring officer within 28 days of the change taking effect.

### **Quorum**

- 4.7 A quorum of one third of all members will apply for meetings of the Health and Wellbeing Board including at least one elected councillor from Plymouth City Council.

### **Access to Information/ Freedom of Information**

- 4.8 Health and Wellbeing Board meetings will be regarded as a council committee for Access to Information Act purposes and meetings will be open to the press/public. Freedom of Information Act provisions shall apply to all business.

### **Papers**

- 4.9 The agenda and supporting papers will be in a standard format and circulated at least five clear working days in advance of meetings. The minutes of decisions taken at meetings will be kept and circulated to partner organisations as soon as possible and will be published on the city council web site.

### **General Rules**

- 4.10 The Health and Wellbeing Board will adhere to the Rules of Debate and General Rules Applying to Committees. Where there are gaps in procedure the Chair will decide what to do.

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**PLYMOUTH CITY COUNCIL**

**Subject:** Health and Wellbeing Strategic Priorities  
**Committee:** Health and Wellbeing Board  
**Date:** 13 June 2013  
**Author:** David Bearman - Chairman of the Devon Local Pharmaceutical Committee  
**Contact details** Tel: 01752 304469  
Email: ross.jago@plymouth.gov.uk  
**Ref:** HWB 01 13/14  
**Key Decision:** No  
**Part:** I

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**Purpose of the report:**

The Health and Social Care Act 2012 requires all top tier Local Authorities to develop a Joint Strategic Health and Wellbeing Strategy. Agreement on the Strategy's priorities will enable commissioners to align commissioning intentions against the developed strategy.

Priorities will be based on information from the Joint Strategic Needs Assessment (JSNA) and will be informed by a Health and Wellbeing survey which was undertaken between April and May 2013 and Plymouth Plan "sofa events" where members of the Board met with local residents.

All public consultation priorities will be collated and presented to the Board. Key themes have been identified from the JSNA and other key stakeholders are identified in Appendix 1. Key priorities identified by Plymouth citizens are included in Appendix 2 and 3.

The Health and Wellbeing Strategy will provide the overarching framework within which commissioning plans for the NHS, Social Care, Public Health and other services which the Health and Wellbeing Board agrees are relevant, are developed. The implementation of the strategy at a local level will have direct policy implications for the future delivery of services.

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**Implications for Medium Term Financial Plan and Resource Implications:  
Including finance, human, IT and land**

None identified at this time.

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**Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management**

The Health and Wellbeing Strategy will make specific commitments to addressing issues of equality and wellbeing.

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## Equality and Diversity

The Health and Wellbeing Strategy will assist with the achievement of the city's/council's objectives with regards to equality and diversity.

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## Recommendations and Reasons for recommended action:

The Health and Wellbeing Board is asked to –

1. examine the Health and Wellbeing needs that have emerged from the Joint Strategic Needs Assessment and public engagement;
2. agree priorities through discussion and assign the identified priorities to members of the Board to begin action.

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## Alternative options considered and rejected:

The Health and Wellbeing Board is required by statute to develop a Health and Wellbeing Strategy.

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## Published work / information:

Documents which make up the City's Joint Strategic Needs Assessment can be found at the following link <http://tinyurl.com/k27ga27>

## Background papers:

Title	Part I	Part II	Exemption Paragraph Number						
			1	2	3	4	5	6	7
N/A									

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## Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/ A	Land & Prop	N/A	IT	N/A	Strat Proc	N/A

Appendix One

## **Health and Wellbeing Board Prioritisation**

### **Key themes from the Public Health Outcomes Framework**

- Alcohol
- Drug treatment
- Healthy weight (children and adults)
- Mental health promotion
- Violent crime

### **Key themes from the NHS Outcomes Framework**

- Long-term conditions
- Diabetes
- Mental health
- Dementia
- Stroke
- Patient safety & quality

### **Key themes from the Adult Social Care Outcomes Framework**

- Lower rates of adults with learning disabilities in paid employment
- Lower rates of adults in contact with secondary mental health service in paid employment

### **Key themes from the Children's key performance indicators**

- High Numbers of children with a child protection plan
- High Numbers of looked after children
- Stability of placements of looked after children

## Appendix One

- Reduce the % of young people aged 16 to 18 who are not in Employment, Education or Training (NEET)
- Increase the number of children in care achieving 5 A\*-C GCSEs (or equivalent) at Key Stage 4 (including English and Maths)
- Reduce rates of hospital admissions caused by unintentional and deliberate injuries to children and young people.
- Increase the Prevalence of Breastfeeding at 6-8 weeks
- Reduce Teenage Conception rate
- Reduce the % of first time entrants to the Youth Justice System aged 10-17

Appendix Two

**Interim results of the Health and Wellbeing Survey**

Below are details of initial findings of the Health and Wellbeing survey. Over 1100 responses have been received. More surveys have yet to be included and these findings do not include the responses from the Health and wellbeing organisational survey or the responses from the surveys tailored to those with learning difficulties and disabilities.

**Interim analysis of the free text questions**

**Q1 If you could change one thing that would make you feel better about yourself or your lifestyle what would it be and why?**

**1 Access to Leisure / fitness 168**

Particularly;

- More support and encouragement from employers
- More publication on what is available
- Improved cycling facilities

**2 Employment 159**

Particularly;

- Better rates of pay
- Better flexible working / reduced hours
- Reduced work related stress

*N.B. a small number of the comments were about access to employment opportunities. The majority of comments were about more caring employers and conditions within the workplace.*

**3 Time 137**

Particularly;

- Better work/ life balance
- More time to spend with family, friends and relatives
- More time to spend pursuing leisure interests

**4 Debt / income 109**

Particularly;

- Better rates of pay

## Appendix Two

- Increase of disposable income in order to engage in leisure activities, family activities

### **5 Weight 97**

Particularly;

- Support to lose weight
- Support to maintain weight loss

### **6 Physical Health 77**

### **7 Temperament 73**

*N.B. temperament has been used a term to describe personality traits which have a negative impact but which have not been detrimental enough to be described within the mental health category. i.e. Self – belief, tolerance of others, confidence to say no, putting oneself first etc..*

### **8 Family 54**

### **9 Mental Health 49**

*N.B. Mental health category has been used to include stress, worry, anxiety etc.*

### **10 Housing / area 41**

### **11 Diet 39**

### **12 Civic issues 30**

### **13 New opportunities / volunteering 24**

### **14 Caring for others 19**

### **15 Access to professionals 18**

### **16 Learning 15**

### **17 Motivation 10**

### **18 Smoking 9**

### **19 Child care 5**

### **20 Spirituality 2**

## **Q2 Do you have any ideas that might improve the health and wellbeing of your community?**

### **I Access to leisure / events 330**

Particularly;

- Improved cycling facilities

## Appendix Two

- Improved publication of community events
- Improved walking facilities
- More provision of fitness facilities / community events in local areas i.e. at community centres
- Reduce costs at life centre

## 2 Diet 61

Particularly;

- Reduce access to alcohol
- Reduced costs of fruit and veg
- Increase access to healthy foods and reduce access to fast/unhealthy foods
- Educating people on cooking from scratch

3      **Caring community**      56

Particularly;

- Caring for the elderly
- Respecting different people of different cultures
- Volunteering in the community

4	Housing/ area	50
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Particularly;

- Better transport links
- Better condition of local area i.e. cleanliness (Particularly dog fouling)

5      **Access to health prov.**      49

Particularly;

- Access to GP and health services beyond traditional office hours
- Access to specialists

6	Civic issues	45
7	Community safety	40
8	Culture shift	36
9	Environmental issues	33
10	Employment	22
11	Income	20

Appendix Two

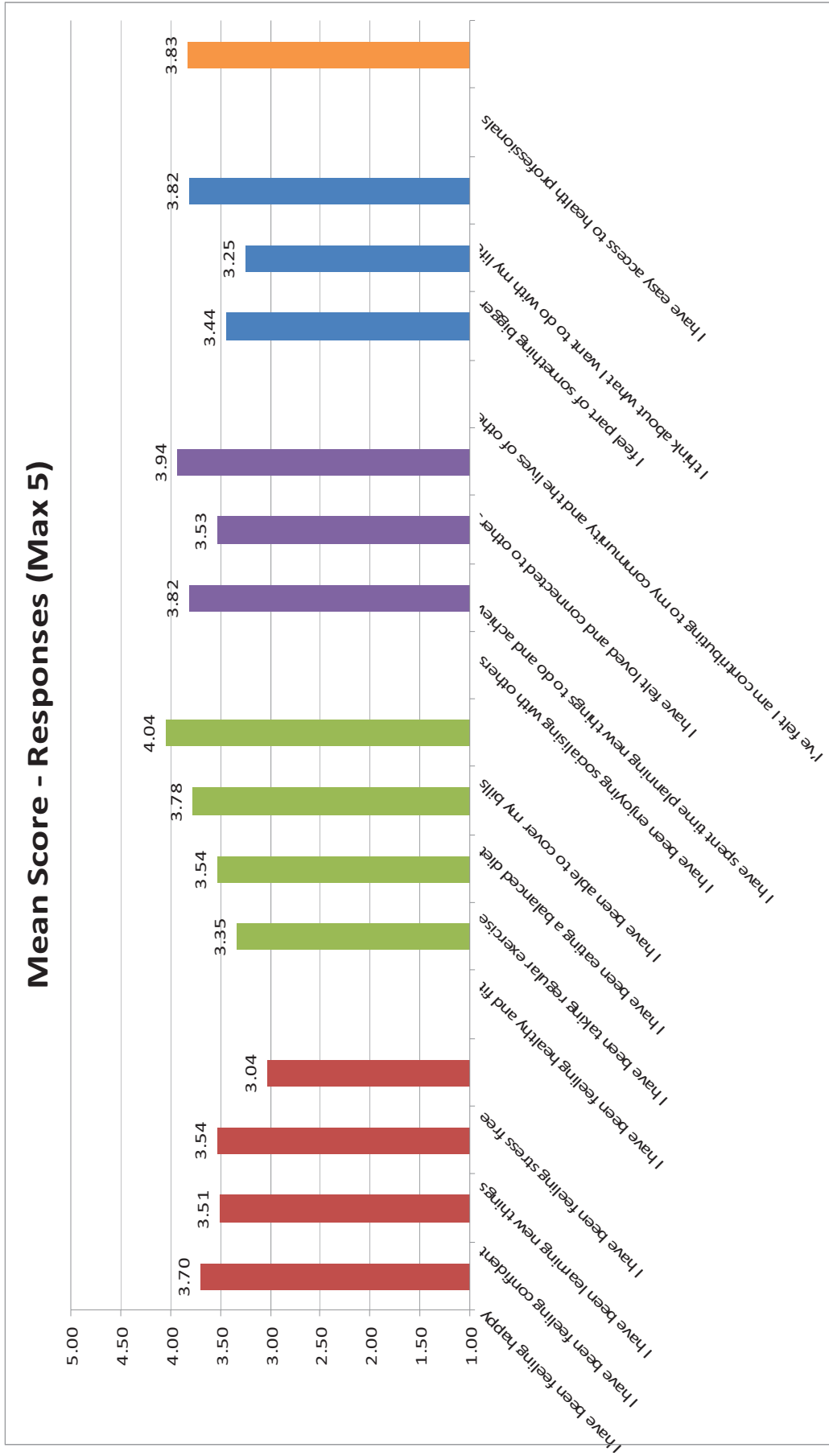
12	Learning	20
13	Mental Health	20
14	Weight	9
15	City Growth	7
16	Family	7
17	Smoking	7
18	Impossible	3
19	Time	3
20	Child care	2



## Appendix Two

### Interim Analysis of answers to statements

Respondents were asked to answer according to the frequency they felt each statement was true to them. To find the average mean values were added to the frequencies as follows: Always = 5, Often = 4, Some of the time = 3, Rarely = 2 and none of the time = 1.



This table ranks the statements in order of how positive respondents felt about each statement.

Key

Mind

Body

Heart

Spirit

Other

	Always	Often	Some of the time	Rarely	None of the time	Average
I have been able to cover my bills	512	266	184	75	44	1081 4.04
I have felt loved and connected to others	400	344	242	78	23	1087 3.94
I have easy access to health professionals	369	323	262	94	34	1082 3.83
I think about what I want to do with my life	295	415	266	83	19	1078 3.82
I have been enjoying socialising with others	343	346	277	106	18	1090 3.82
I have been eating a balanced diet	288	392	311	74	24	1089 3.78
I have been feeling happy	193	490	309	85	15	1092 3.70
I have been taking regular exercise	310	293	315	144	78	1140 3.54
I have been learning new things	240	307	362	138	35	1082 3.54
I have spent time planning new things to do and achieve	188	389	352	122	33	1084 3.53
I have been feeling confident	165	387	389	107	31	1079 3.51
I've felt I am contributing to my community and the lives of others	199	338	342	150	54	1083 3.44
I have been feeling healthy and fit	139	338	407	159	41	1084 3.35
I feel part of something bigger	177	276	329	212	76	1070 3.25
I have been feeling stress free	77	280	400	258	68	1083 3.04

## Appendix Three

### Key Themes from Councillors' Casework

Case work means listening to the concerns and problems of local people and trying to find solutions wherever possible. The range of issues brought to Councillors will vary and can cover planning, housing through to benefit claims, neighbourhood disputes, litter, dog mess and faulty street lights.

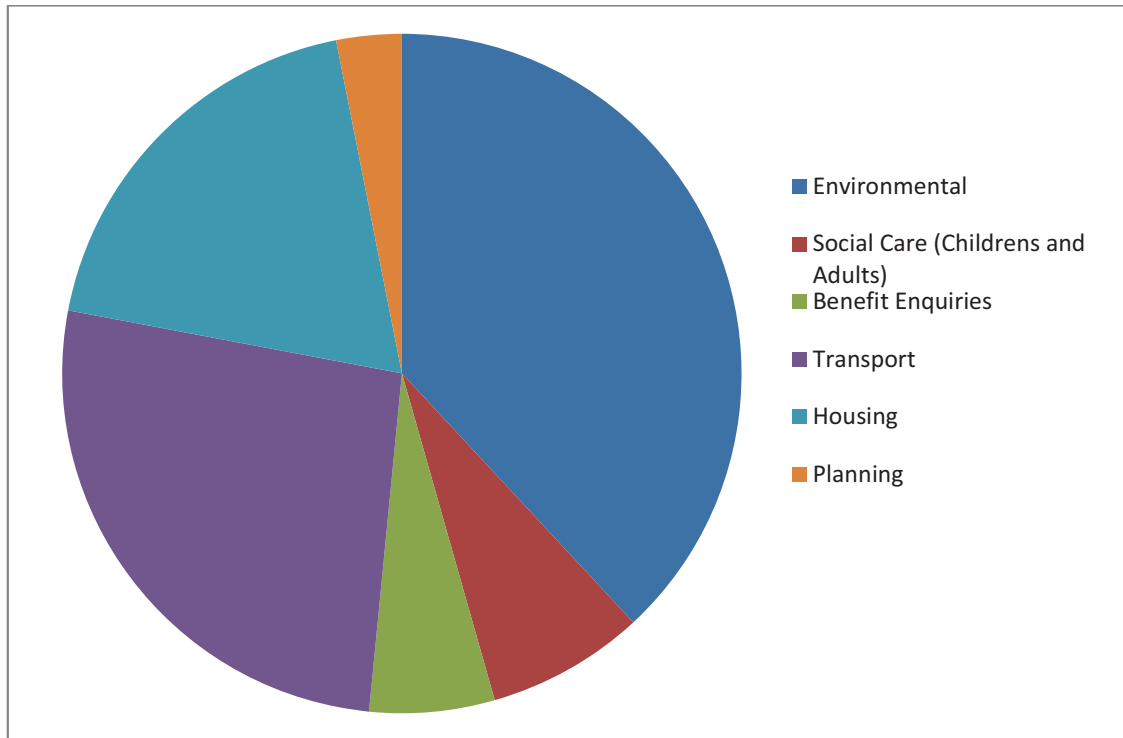
Dealing with these matters usually involves making representations to the appropriate council full time officer but also, from time to time, to the portfolio holder on the executive.

In Plymouth a Member Support Officer is available to help improve the handling of councillors' casework and response rates across the Council. All councillors may request help with their casework and all casework should be referred by councillors (not members of the public). Not all Councillors use the service provided by the member support officer, many councillors directly contact the relevant service or portfolio holder.

Whilst the information below is not fully representative of the case work councillors undertake, it does serve to illustrate the issues that local constituents raise with their local ward members.

Themes	Case Work Enquiries
Environmental (Noise Nuisance/Anti-Social Behaviour/Street Scene)	147
Social Care (Children's and Adult's)	29
Benefit Enquiries	23
Transport (Speeding / Potholes/ Plymouth Airport / Bus and Rail Travel)	102
Housing (Including complaints regarding landlords and waiting lists)	73
Planning (General Planning enquiries)	12
<b>Total</b>	<b>386</b>

Appendix Three





# Plymouth's Health and Wellbeing Strategy

Plymouth's Shadow Health and Wellbeing Board brings together key organisations to promote the health and wellbeing of all the people of Plymouth and deliver three main statutory tasks.

- Undertake a Joint Strategic Needs Assessment ( JSNA )and agree joint priorities
- Produce a Joint Health and Wellbeing Strategy ( JHWS ) using the evidence from the JSNA, and
- Promote integrated working between the NHS and Local Government ( including the approval of commissioning plans to ensure alignment with the JSNA and JHWS

## VISION

*Happy Healthy Aspiring Communities*

## PURPOSE

*To promote the Health and Wellbeing of all people  
in the City of Plymouth*

#LetsTalkHealth #LetsTalkPlym



The Board has developed a clear vision of what it wants to see for all the people of Plymouth, supported and framed by its own definition of health and wellbeing. The board's vision is to see "Happy Healthy Aspiring Communities" throughout Plymouth. By working toward this vision over the coming years the work of the board's will also underpin the Plymouth Plan.

The vision and purpose of the work of the board is for all, and so addressing inequalities will be both a necessity and a consequence of the board's work.

The partners on the board also recognise that that every individual will think of their own health and wellbeing in different ways. However the board is a publically accountable committee of the Local Authority and as such the partners on the board want to be clear about what they see as health and wellbeing. By doing so the board believes it will be able to help individuals, families and communities in Plymouth understand how the plans in the JHVS are linked to efforts to promote their health and wellbeing.

## Our Vision

The partners on the board have already been working together as a development group for the last 18 months, and as part of this work have developed a vision that represents what the board is going to work together to achieve.

The vision is to see "**Happy Healthy Aspiring Communities**" throughout the City of Plymouth.

The board felt this was both respectful of the different communities that exist within the city, and yet that it was a vision for all its citizens. As such, at the heart of this vision, is the desire to address the inequalities that exist across the City of Plymouth.

The journey to achieve this vision stretches ahead of us and this Joint Health and Wellbeing Strategy describes our approach and the delivery plans over the coming years that we believe will deliver this vision.

## Our Approach

Over the years many attempts have been taken to address the inequalities that exist across our city. Whilst these have seen some success, inequalities still persist. What this tells us is that we must work differently as a board of partners and leaders if we truly want to achieve our vision, which has at its heart the inequality agenda.

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We simply cannot go on doing what we have always done if we want to see different results for the people we serve.

As a result of this insight the board members have been working through a series of development workshops to change the way they think and work together as leaders.

We have thought about the health and social care system and considered why it is that previous attempts to collaborate effectively have not been as successful as we would have liked to have seen.

The results of that thinking have led to the development of 3 core strategic approaches that the board will oversee and hold each other accountable for as partners on a journey to the delivery of a common vision.

In addition the delivery plans of the Joint Health and Wellbeing Strategy will also need to evidence alignment with these core approaches in order to constantly ensure we are pulling resources toward prevention and hence the promotion of health and wellbeing.

In effect these 3 core strategic approaches will:

- Frame the way the board works as a group of partners
- Become key tests for the delivery plans that this Joint Health and Wellbeing Strategy encompass

## **Ensure shared ownership of the sustainability agenda**

The first core strategic approach is to ensure that all partners on the board work together, with the public they serve, to take joint ownership of the sustainability agenda. This is a fundamentally different approach and will see individuals, families and communities being engaged in way not been done before.

This approach recognises that the solutions to how we will continue to provide high quality sustainable services on the backdrop of decreasing funds and the increasing service use are not going to be found by a small number of leaders, no matter how expert they are, in a darkroom somewhere. The solutions cannot be provided from on high.

We need to work differently with our public, whom we serve, and ask them how they think we should tackle the challenge of sustainability.

#LetsTalkHealth #LetsTalkPlym



This will be challenging for all. Leaders may feel their authority is undermined and the public may feel their leaders should know the answers. However if the latter were true then we would have tackled the very inequalities we are seeking to address.

The solutions lie in the dialogue we can create, with the public we serve. To frame these new dialogues leaders can provide the technical knowledge and the understanding of the way the health and social care system works, whilst the public can provide their insight of service use and thoughts on how to really meet their needs.

The two together can find the sustainable solutions we all want.

## **Ensure we develop and use systems and processes that make the best use of resources, every time**

The second core strategic approach is to ensure that all partner organisations develop systems, processes and ways of working that make the best use of their collective and increasingly limited resources, every time. These are both monetary and human resources.

This approach asks the partners to find the synergies that exists between them on behalf of the public they serve, and to reduce the waste that is created by not doing so. So for example, some of the public sector partners could work together and share the administrative services that support their organisations or work on plans that deliver win-wins for each participating organisation and the public they serve.

Equally collaboration between a public sector partners and the community and a voluntary sector partner could create synergies and reduce wasteful duplication of time, effort and resources.

The essence to this approach is to focus on reducing waste and creating opportunities to release resources through collaborative advantage.

## **Move the focus of our work to the promotion of health and wellbeing**

The third core strategic approach is to ensure partner organisations move the focus of their work away from “treating” the problems they face to preventing them occurring in the first place. As the adage goes, “prevention is better than cure”.

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What this means is that the partners will be asked to evidence how they are moving more and more resources into the prevention agenda over the course of the coming years.

So for partners on the board working in the health sector the challenge will be to spend less on treating illness and more on preventing illness, and thus there will be a need to focus on promoting health and wellbeing.

For other partners the same will apply. So for Police partners the challenge will be to prevent crime and when 70% is related to drug and alcohol misuse it is not hard to see where there are synergistic opportunities to work with health partners and create win-wins.

These 3 strategic approaches are themselves synergistic and add value to each other, such that working differently with the public we serve, will enable partners to make better use of their limited resources and these two together will allow them to release existing resources to deliver plans that promote health and wellbeing for all those they serve and move us closer to delivering our common vision.

## **What do we mean by Health and Wellbeing?**

There are many definitions of “Health and Wellbeing”, some old, some new. Every individual also thinks differently about what this means for themselves.

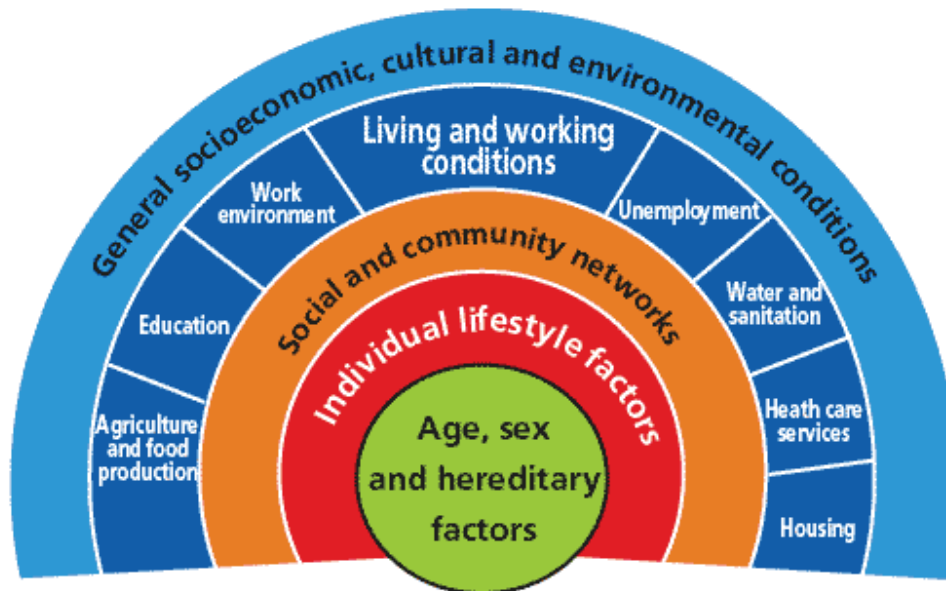
However the partners on the Plymouth Health and wellbeing Board felt it was important to be clear with the public they serve about what it is they felt represented true health and wellbeing.

This is so that the public, to whom the board is accountable, can better understand the board’s intent and hold the board to account if the delivery plans in this Joint Health and Wellbeing Strategy fail to promote health and wellbeing as defined in this way.

As well as providing a definition of health and wellbeing it is important to understand the factors that influence health outcomes, so that as we work to promote health and wellbeing through our Joint Health and Wellbeing Strategy’s delivery plans, we also address health determinants and the inherent inequalities that persist.



### Factors that Influence Our Health Outcomes



### Defining Health and wellbeing

History, literature and religious texts have described over many, many years 4 basic “ingredients” to humankind and it is upon these that Plymouth’s Health and Wellbeing Board have built its definition of health and wellbeing.

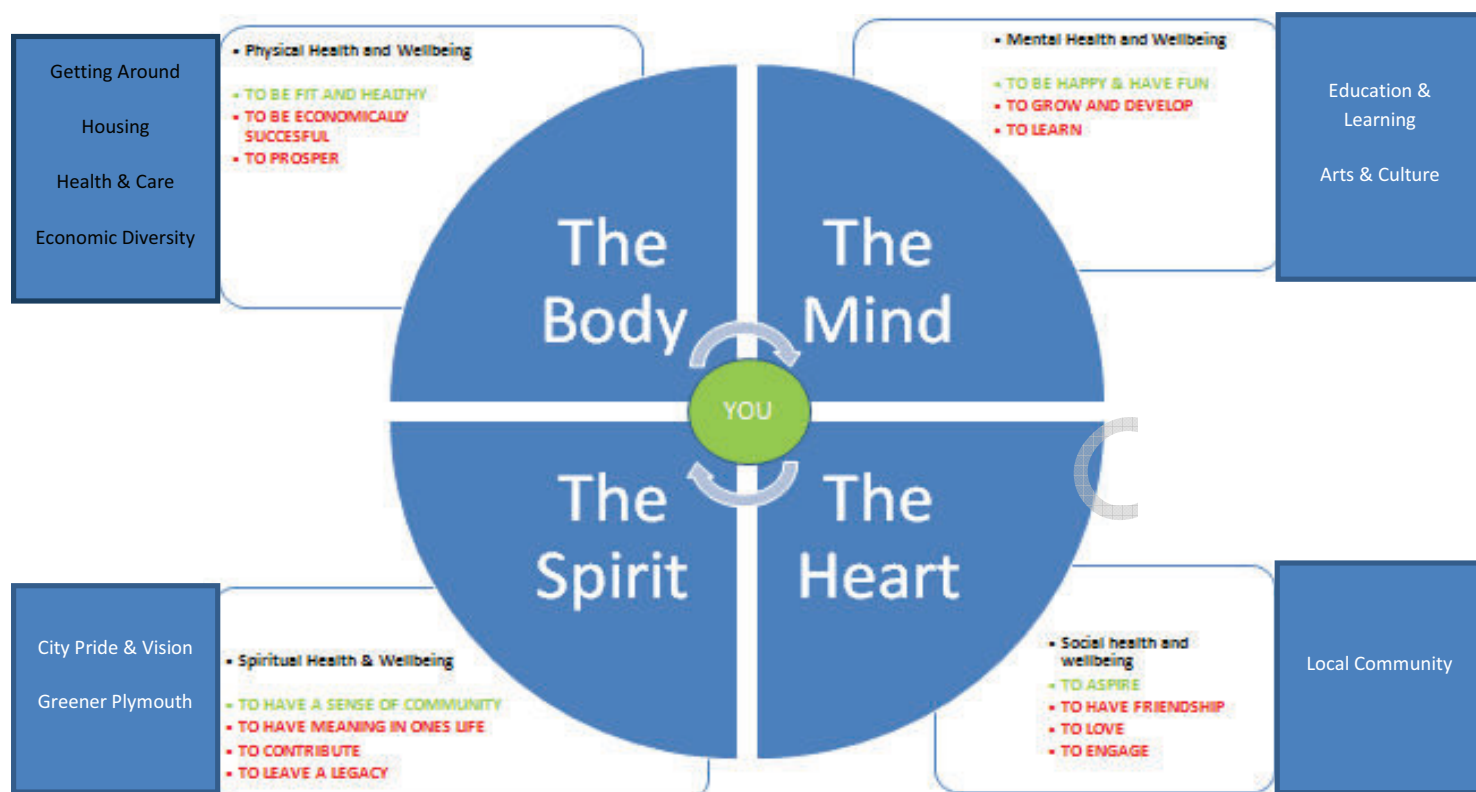
Humankind’s four basic ingredients are:

Our Body  
Our Mind  
Our Heart  
Our Spirit

The balance between these ingredients is central to an individual’s health and wellbeing and act as the four health and wellbeing cornerstones as illustrated in the following picture.

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### HAPPY HEALTHY ASPIRING COMMUNITIES

These four health and wellbeing cornerstones connect to the 4 natures present in all of us. Combined with our understanding of the needs of the individuals and communities we serve they will define the delivery plans of this Joint Health and Wellbeing Strategy and will form part of the Plymouth Plan.

In addition these four cornerstones frame the recommendations of the Marmott Report 2010 *Fair Society Healthy Lives* and our vision **Happy, Healthy, Aspiring Communities**.

Marmott Report Recommendations:

- Giving every child the best start in life
- Enabling all children, young people and adults to maximize their capabilities and have control over their lives
- Creating fair employment and good work for all
- Ensuring a healthy standard of living for all
- Creating and developing sustainable places and communities
- Strengthening the role and impact of ill-health prevention

#LetsTalkHealth #LetsTalkPlym





## Our Engagement

For the partners at the Shadow Health and Wellbeing Board a healthy individual has a healthy mind, body, spirit and heart. It is only by addressing these four cornerstones that we can really create “Happy, Healthy, Aspiring Communities”.

Plymouth’s Shadow Health and Wellbeing Board will shortly launch a public consultation about how best to improve health and wellbeing across the City. We will not be consulting on the full strategy but want to talk to our City about health and wellbeing.

**Do you agree with the Board’s definition of health and wellbeing?**

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**Do you know what things affect your health and wellbeing?**

**Do you have ideas that might improve health and wellbeing and what can you do differently?**

We want to develop a deal between the Health and Wellbeing Board and the People of Plymouth, we want to talk about the things we can do but also what you can do and also recognise that some things are beyond control.

We will spend 12 weeks listening to health and social care professionals, community partners, service users, carers and the public before finalising plans in the summer. We think it's the right time to start a public debate about what we as individuals need to do, how communities can get involved and how local organisations can provide support for our vision.

#LetsTalkHealth #LetsTalkPlym



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## **EXPRESSION OF INTEREST FOR HEALTH AND SOCIAL CARE INTEGRATION 'PIONEERS'**



The Government has announced plans to integrate health and social care services in England by 2018, and has published a framework, signed by 12 national leaders of health and care, that shows how this is going to be accomplished.

Integrated Care and Support: Our Shared Commitment sets out how local areas can use existing structures such as Health and Wellbeing Boards to bring together local authorities, the NHS, care and support providers, education, housing services, public health and others to make further steps towards integration.

The plans, which will be delivered by national leaders and local areas working closely together, include the following:

- An ambition to make joined-up and coordinated health and care the norm.
- The first ever agreed definition of what people say good integrated care and support looks and feels like, developed by National Voices.
- New 'pioneer' areas around the country to be announced in September 2013.

All localities will need to develop plans for integration. To this end, the national partnership is inviting expressions of interest from local areas that would like to become integration pioneers. These pioneers will work across the whole of their local health, public health and social care systems and alongside other local authority departments and voluntary organisations as necessary, to achieve and demonstrate the scale of change that is required.

The closing date for Expressions of Interest is 28<sup>th</sup> June 2013.

Project Support will be required to develop the Expression of Interest but this will be found from existing resources.

There is no additional funding available for those areas chosen as Integration "Pioneers".

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## LETTER INVITING EXPRESSIONS OF INTEREST FOR HEALTH AND SOCIAL CARE INTEGRATION 'PIONEERS'

To:

Local authority chief executives  
Chairs of Health and Wellbeing Boards  
CCG clinical leads  
Provider CEOs across the social care and health system – public, private and voluntary

Dear colleagues,

The Government is encouraging all areas to develop their own reforms to public services. This approach involves all services and builds on experience from the community budget pilots supported by the Department for Communities and Local Government. A collaborative of national partners<sup>1</sup> has now set out an ambitious vision of making person-centred coordinated care and support the norm across the health and social care system in England over the coming years. ***Integrated Care and Support: Our Shared Commitment*** published today, signals how this national partnership will work together to enable and encourage local innovation, address barriers, and disseminate and promote learning in support of better integration for the benefit of patients, people who use services, and local communities.

All localities need to develop plans for integration. There is no blueprint. While elements of different models will be transferable, every locality is unique and needs to develop its own model of integration to suit the needs of local people. But we know that delivering better coordinated care and support, centred on the individual, is difficult and that there are barriers at national and local level that are getting in the way.

The national partnership is therefore inviting expressions of interest from local areas to become integration 'pioneers' as a means of driving forward change at scale and pace, from which the rest of the country can benefit. We are looking for pioneers that will work across the whole of their local health, public health and social care systems and alongside other local authority departments and voluntary organisations as necessary, to achieve and demonstrate the scale of change that is required. The local area could comprise of the area covered by a particular CCG or local authority, or a larger footprint in which different authorities and health bodies work together to enable integrated services. What is important is that it would be at a scale at which a real difference can be made.

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<sup>1</sup> Association of Directors of Adult Social Care, Association of Directors of Children's Services, Care Quality Commission, Department of Health, Health Education England, Local Government Association, Monitor, NHS England, NHS Improving Quality, National Institute for Health and Care Excellence, Public Health England, Social Care Institute for Excellence, Think Local Act Personal.

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We will provide tailored support to pioneers. In return, we expect them to be at the forefront of disseminating and promoting lessons learned for wider adoption across the country.

National partner organisations are already working to clarify the scope and extent of the freedoms and flexibilities in the system. These will allow localities to innovate and develop their chosen models for integrated care and support. We will seek to address at local level any additional barriers that emerge as pioneers and other local areas push forward on integrated care and support, and we will assess whether any rules should be changed at the national level, as a result.

The attached annex sets out our vision for pioneers, the criteria and process for selecting them, and the offer of support from national partners, helping us succeed together in meeting our shared aspirations. As we want to enable and encourage local innovation<sup>2</sup>, we would be interested to receive expressions of interest from commissioners and providers. This includes any that might not yet have all of the prerequisites in place but nevertheless have innovative ideas and proposals worthy of further consideration. Any gaps against the criteria could be addressed during the process of pioneer selection for inclusion in the first, or subsequent, cohorts.

If you would like to be considered to become a pioneer, please send an expression of interest, addressing the required criteria on no more than 10 pages, to [pioneers@dh.gsi.gov.uk](mailto:pioneers@dh.gsi.gov.uk) by 28 June 2013. This is the first call for expressions of interest, and we expect there will be further calls in future years as momentum builds and progress is made across England.

We are working closely with the Department for Communities and Local Government and the Public Service Transformation Network – a multi-agency organisation with secondees from across national and local government and local public services - to ensure that the health and social care pioneers programme is closely aligned and integrated with support that the Network will provide to local public services. If you have already submitted an expression of interest to work with the Network and wish also to be considered as a health and social care pioneer, please send an expression of interest. We will work with the Network to ensure that we take account of this as part of the pioneer selection process.

If you have any queries, please contact us at [pioneers@dh.gsi.gov.uk](mailto:pioneers@dh.gsi.gov.uk).

We look forward to receiving your proposals.

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<sup>2</sup> Innovation: “An idea, service or product, new to the NHS or applied in a way that is new to the NHS, which significantly improves the quality of health and care wherever it is applied.” **Innovation, Health and Wealth (2011)**

## **Pioneers in integrated care and support: Selection criteria, process and national support offer**

### **1. Introduction**

In our joint publication today, ***Integrated Care and Support: Our Shared Commitment***, a collaboration of national partners<sup>3</sup> has set out an ambitious vision of making person-centred coordinated care and support the norm across England over the coming years. We have signalled how we will work together to enable and encourage local innovation, address barriers, and disseminate and promote learning in support of better person-centred, coordinated care for the benefit of patients and people who use services, their carers and their local communities more generally.

For the most ambitious and visionary localities, we will provide additional bespoke expertise, support and constructive challenge through a range of national and international experts to help such pioneers realise their aspirations on integrated care. This approach builds on the community budget pilots, which provided insights into co-designing integrated health and care at scale and pace. The pioneer programme will link directly with the development of a Public Service Transformation Network extending across government and participating localities.

We want everyone to innovate and we have highlighted in our publication today the freedoms and flexibilities in the system. We will seek to address at local level any additional barriers that emerge as pioneers push forward and we will assess whether any rules should be changed at the national level, as a result.

We aim to stimulate successive cohorts of pioneers, supporting them for up to five years. In return, we expect them to contribute to accelerated learning across the system.

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<sup>3</sup> Association of Directors of Adult Social Care, Association of Directors of Children's Services, Care Quality Commission, Department of Health, Health Education England, Local Government Association, Monitor, NHS England, NHS Improving Quality, National Institute for Health and Care Excellence, Public Health England, Social Care Institute for Excellence, Think Local Act Personal.

## 2. Our expectations from pioneers

Within five years, we expect pioneers to:

→ **be regarded as exemplars:**

- deliver improved outcomes, including better experiences for patients and people who use services
- tackle local cultural and organisational barriers
- realise savings and efficiencies for re-investment

→ **have used the Narrative developed for us by National Voices, in association with *Making it Real*, to help shape good, person-centred coordinated care and support for individuals in their area**

→ **have demonstrated a range of approaches and models involving whole system transformation across a range of settings**

→ **have demonstrated the scope to make rapid progress**

→ **have tested radical options**, including new reimbursement models and taking the risk of 'failure to integrate' in some cases

→ **have overcome the barriers to delivering coordinated care and support**

→ **have accelerated learning across the system to all localities**

→ **have improved the robustness of the evidence base** to support and build the value case for integrated care and support

## 3. Selection criteria

**Against this background, we are requesting expressions of interest from areas that wish to become pioneers. We will announce the first of these in late summer 2013.**

We will not be prescriptive about the specific models for local adoption; it will be for localities to decide, based on their own judgements and circumstances. However, to be selected as a pioneer, we would expect a locality to satisfy six key criteria:

Primary criterion	Supporting considerations
<b>Articulate a clear vision of its own innovative approaches to integrated care and support</b>	<p>This should include how it will:</p> <ul style="list-style-type: none"> <li>• adopt the Narrative developed by National Voices, aligned with <i>Making it Real</i>;</li> <li>• integrate around, and deliver better outcomes, including experiences for, individuals, families, carers and communities;</li> <li>• align with outcome frameworks; and</li> <li>• identify potential financial efficiencies for reinvestment; and identify potential measures of success.</li> </ul>
<b>Plan for <i>whole system</i> integration</b>	<p>This should encompass mental and physical health, social care and public health, as well as other public services, such as education, involving the community and voluntary sectors, as appropriate, across their local areas.</p> <p>The plan should include how the locality will deliver greater prevention of ill health and deterioration of health and personalisation through better integrated care and support.</p> <p>The plan should include those who would benefit most from person-centred, coordinated care and support, such as intensive users of services who repeatedly cross organisational boundaries or who are disproportionately vulnerable.</p> <p>It should also take into account how public services should be integrated with the unpaid contributions of families and communities.</p>

<p><b>Demonstrate commitment to integrate care and support across the breadth of relevant stakeholders and interested parties within the local area</b></p>	<p>This should include local executive and political leadership, staff groups, including clinicians, patient groups, people who use the services, carers and families.</p> <p>Areas will also need to demonstrate robust governance structures, including for information sharing, to sustain the approach, as well as a robust plan for engaging local Healthwatch, people who use the services, all staff groups and the public in local service reform.</p> <p><b><u>The involvement and support of Health and Wellbeing Boards</u></b> (as a minimum, by the end of the selection process) will be an <b><u>essential prerequisite</u></b> for any area to become a pioneer.</p>
<p><b>Demonstrate the capability and expertise to deliver successfully a public sector transformation project <i>at scale and pace</i></b></p>	<p>This might be evidenced by:</p> <ul style="list-style-type: none"> <li>• a proven track record in this area, strong local leadership and accountability; and/or</li> <li>• demonstrable and robust plans to address key local barriers to integrated care and support; and</li> <li>• risk management mitigation strategies, to maximise the likelihood of the area delivering its vision for integrated care and support across its locality.</li> </ul>
<p><b>Commit to sharing lessons on integrated care and support across the system</b></p>	<p>This would be expected to include involvement in peer to-peer (including clinicians) promotion, dissemination and learning networks.</p>
<p><b>Demonstrate that its vision and approach are, and will continue to be, based on a robust understanding of the evidence</b></p>	<p>This will include:</p> <ul style="list-style-type: none"> <li>• plans that have taken account of the latest available evidence;</li> <li>• understanding of the potential impact on the relevant local</li> </ul>

	<p>providers and intended outcomes;</p> <ul style="list-style-type: none"> <li>• a commitment to work with national partners in co-producing, testing and refining new measurements of people's experience of integrated care and support across sectors; and</li> <li>• a commitment to participate actively in a systematic evaluation of progress and impact over time</li> </ul>
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## 4. Selection process

The selection process will be fair and transparent, whilst avoiding unnecessary bureaucracy. It will involve the following steps:

- Potential pioneers have six weeks to develop and return their Expressions of Interest, addressing the selection criteria above and not exceeding 10 pages in length. Expressions of interest can be submitted as joint applications, such as from a CCG and its local authority.
- In early July, the national partnership organisations will undertake an initial review of the Expressions of Interest. We will draw on additional sources of information, including the perspectives of local representatives of people who use services; information provided through the NHS planning round; information from CQC; any relevant information from Monitor and National Trust Development Authority; the recent ADASS/NHS Confederation survey of local authorities; and the selection of the new phase of community budget sites being run by the Department for Communities and Local Government as part of the wider Public Service Transformation Network.
- In mid-July, a Selection Panel made up of representatives from the national partners, three UK and three international experts will consider the Expressions of Interest and any additional information. The Panel will be chaired by Jennifer Dixon, Chief Executive of the Nuffield Trust (other panel members are being confirmed). The Panel will select any areas that meet the evaluation criteria in full or sift in any prospective candidates subject to receiving further information and clarification. National partners will obtain any additional information that might be necessary for the Panel to reach its view.
- The Selection Panel will make final recommendations to the national partners by the end of August, for their approval.

- The first cohort of pioneers will be announced in September 2013.

## 5. National support for pioneers

During the process of selection, national partners will discuss with pioneers their specific needs and proposed models of integration, and tailor their support accordingly. Based on what the system more generally has told us it needs from national organisations, the support that we envisage providing specifically to pioneers could include some or all of the following:

Capability Need	Support available
Changing the strategic/executive level culture	Organisational development Priority setting Action Learning sets Workshops, including peer-to-peer and champion support
Developing local payment systems	Payment design Contract design and models Cost collection Risk underwriting
Understanding the framework of rules on choice, competition and procurement	Clarification of rules and how integrated solutions can comply with them
Workforce flexibility	Employment law advice Workforce development
Public and professional opinion and engagement	Implementation of the Narrative National political support Engagement expertise
Analysis and evidence	Data and service audits Analytical support Financial modelling and health economics expertise to build the value case Evaluation expertise

In addition, we will:

- provide a dedicated 'account manager' as the main day-to-day point of contact with each pioneer to help them access the specialist support they need;



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- draw together the current learning from literature and sites where integrated care has already been successfully adopted and other related initiatives, such as Year of Care implementer sites; and
- connect the pioneer sites through a strong community of practitioners to enable rapid and real time sharing of best and emerging practice across the pioneers, as well as more generally across the rest of the country.

Please submit your applications to [pioneers@dh.gsi.gov.uk](mailto:pioneers@dh.gsi.gov.uk) by 28<sup>th</sup> June 2013  
If you have any queries or questions about the process these can also be submitted to [pioneers@dh.gsi.gov.uk](mailto:pioneers@dh.gsi.gov.uk)

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