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24 October 2012

HEALTH AND WELLBEING BOARD

Thursday 5 September 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.

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Tracey Lee
Chief Executive

HEALTH AND WELLBEING BOARD

1. APPOINTMENT OF VICE-CHAIR

The Board will confirm the appointment of the vice-chair.

1. DECLARATIONS OF INTEREST

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

3. MINUTES (Pages 1 - 6)

To confirm the minutes of the meeting held on 13 June 2013.

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. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) (Pages 7 - 16) STEERING GROUP

The Board to consider recommendations relating to the Joint Strategic Needs Assessment (JSNA).

6. HEALTH AND WELL-BEING STRATEGY - TASK AND (Pages 17 - 20) FINISH GROUP

The Board to consider recommendations relating to the Health and Wellbeing Strategy.

7. FUNDING TRANSFER FROM NHS ENGLAND TO SOCIAL (Pages 21 - 24) CARE 2013/14

The Board to review the funding transfer from NHS England to Social Care 2013/14.

8. SYSTEMS LEADERSHIP - ALCOHOL PLAN (Pages 25 - 28) IMPLEMENTATION

The Board to receive an update on the Systems Leadership Pilot – Alcohol Plan Implementation.

9. EXEMPT BUSINESS

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of

business on the grounds that it (they) involve(s) the likely disclosure of exempt information as defined in paragraph(s) ? of Part I of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

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Health and Wellbeing Board**Thursday 13 June 2013****PRESENT:**

Councillor McDonald in the Chair.

Dr Peter Rudge, Vice Chair.

Dave Simpkins (substituting Carole Burgoyne), Rob Nelder (Substituting Debbie Stark) Sue Kelley, Amanda Fisk, Clive Turner, Steve Waite, Ann James, David Bearman, Prof. Richard Stephenson, Superintendent Chris Singer (Substituting Chief Superintendent Andy Boulting) Tony Hogg, Devon and Cornwall Police Crime Commissioner.

Apologies for absence: Carole Burgoyne, Chief Superintendent Andy Boulting, Debbie Stark and Giles Perritt.

Also in attendance: Claire Oatway - Policy, Performance and Partnerships Manager and Ross Jago – Democratic Support Officer

The meeting started at 2 pm and finished at 4.30 pm

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

1. CONFIRMATION OF CHAIR AND VICE CHAIR

Agreed to -

1. confirm the appointment of Councillor Sue McDonald as Chair for the municipal year 2013 – 2014;
2. elect Dr Peter Rudge as the Vice-Chair of the Board for the municipal year 2013-2014.

2. APPOINTMENT OF CO-OPTED REPRESENTATIVES

Agreed the following non statutory co-opted representatives -

Statutory Co-opted Members

- Carole Burgoyne, Director for People, Plymouth City Council;
- Debbie Stark, Interim Director of Public Health;
- Dr Peter Rudge, NEW Devon Clinical Commissioning Group representative;
- Sue Kelley, Healthwatch;
- Amanda Fisk, NHS England, Devon, Cornwall and Isles of Scilly.

Non-Statutory Co-opted Members

- Clive Turner, Chief Executive, Plymouth Community Homes;
- Steve Waite, Chief Executive, Plymouth Community Healthcare;
- Ann James, Chief Executive, Plymouth NHS Hospitals Trust;
- David Bearman, Chair, Devon Local Pharmaceutical Committee;
- Richard Stephenson, Dean and Pro Vice-Chancellor, Plymouth University;
- Chief Superintendent Andy Boulting, Devon and Cornwall Police;
- Tony Hogg, Devon and Cornwall Police and Crime Commissioner.

3. DECLARATIONS OF INTEREST

The Democratic Support Officer advised the Board that a General Dispensation had been granted to all Members of the Board to ensure that they could speak and vote where they would otherwise have a Disclosable Pecuniary Interest. This was on the grounds that it was in the public interest and appropriate to grant the dispensation and allow all Members to participate fully in the statutory duties of the Board

There were no declarations of interest.

CHAIRS URGENT BUSINESS

4. Charters and Programme Invitations

The Democratic Support Officer advised that the Board had been invited to join a number of different pilot programmes. There were a growing number of invitations and a process and criteria would need to be developed to ensure the value of joining such programmes could be assured.

Agreed that officers would develop a process and criteria and share with the Board via email.

5. TERMS OF REFERENCE

The Board accepted the terms of reference, subject to the following amendments being agreed by full council -

1. amend the bullet point relating to Healthwatch under 2.3 'work closely with Healthwatch to ensure the patient voice is at the heart of the strategy and commissioning of services and to add local intelligence to areas of work of the board through Healthwatch engagement work and partnership with local groups';
2. in 2.2 highlight the duty of the Board to oversee the preparation of the Pharmaceutical Needs Assessment;
3. an addition under 4 (membership) to determine the process for members substitutes.

6. **THE EVIDENCE BASE**

The Board received a presentation from Rob Nelder - Public Health Consultant, Claire Oatway – Policy Performance and Partnerships and Ross Jago - Democratic Support Officer on the work undertaken to shortlist priorities for the Board, the Health and Wellbeing Survey, public engagement and the feedback from councillors' case work.

The Board relocated to the reception room to facilitate discussion in small groups on priorities.

7. **CONFIRMATION OF VISION AND PRIORITIES**

David Bearman, Chair of the Local Pharmaceutical Committee provided the outcomes of the Board's break out session. Following his report it was agreed that -

1. the Boards Vision and purpose are confirmed;
2. the Board will develop series of "Solution Shops" to explore how the boards strategic approaches could be used to address issues identified as priorities by the board in the break out session and how key organisations can be held accountable for engagement and delivery –

Strategic Approaches

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

Issues / Priorities

- Substance Misuse and addiction (Smoking, Alcohol and Drugs)
- Obesity
- Mental Health

3. the Board would not duplicate the work of the Children and Young People's Partnership (CYP) and as such would support the priorities of the CYP and request assurance from the CYP that progress against priorities was being delivered.

8. **EXPRESSIONS OF INTEREST FOR HEALTH AND SOCIAL CARE INTEGRATION 'PIONEERS'**

Dave Simpkins introduced a paper on integrated health and social care. It was reported that –

- (a) a whole system approach was needed to integrate Health and Social Care, which would require not only local health, public health and social systems but also other local authority services, key stakeholders, people and communities;
- (b) a focus on three parallel core programmes was required to achieve the scale of change required –
 - Integrated Commissioning - establishing a single commissioning function and the development of integrated commissioning strategies and pooling of budgets;
 - Integrated Health and Care Services - focusing on the development of an integrated provider function stretching across health and social care services and an emphasis on those who would benefit most from person centred care;
 - Integrated system of health and wellbeing - focusing on developing joined up population based, public health, preventative and early intervention strategies on an asset based approach focusing on increasing the capacity and assets of people and place

The Board agreed –

1. to set out the ambition and challenge to achieve an integrated health and wellbeing system by 2016;
2. to support a cooperative approach towards achieving integration based around the three core strategic programmes;
3. to support the development of a detailed road map setting out how integration at scale and pace is to be achieved;
4. to actively support the sharing of learning.

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

Agreed the dates of formal Board meetings as –

- Thursday, 5 September 2013, 2 pm
- Thursday, 16 January 2014, 2 pm
- Thursday, 10 April 2014, 2 pm

10. **EXEMPT BUSINESS**

There were no items of exempt business.

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PLYMOUTH CITY COUNCIL

Subject:	Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy Guidance
Committee:	Health and Wellbeing Board
Date:	5 September 2013
Cabinet Member:	Councillor Sue McDonald
CMT Member:	Carole Burgoyne, Director for People
Author:	Rob Nelder, Public Health Consultant
Contact details	Tel: 01752 304469 email: ross.jago@plymouth.gov.uk
Ref:	HWB/JSNA I
Key Decision:	No
Part:	I

Purpose of the report:

This report illustrates how the Joint Strategic Needs Assessment (JSNA) can assist the Health and Wellbeing Board with identifying outcomes and evidence-based interventions in relation to its agreed strategic priorities. The report also describes the role of the JSNA as a vehicle for involving the local community in an on-going and continuous discussion about its health and wellbeing priorities.

The JSNA steering group has been formed to develop the JSNA and the purpose of this report is to formalise the relationship of the Health and Wellbeing Board to the JSNA Steering Group.

The aim of the Joint Strategic Needs Assessment Steering Group is to direct the production of the Joint Strategic Needs Assessment for Plymouth which will inform the production of Plymouth's Joint Health and Wellbeing Strategy. The Board will ensure that this work stream is appropriately resourced and performance managed.

The Brilliant Co-operative Council Corporate Plan 2013/14 -2016/17:

By appropriately resourcing the JSNA steering group the Board will ensure that the JSNA process is -

- Democratic, by ensuring a democratically accountable overview of the JSNA process;
- Responsible, by ensuring that the Board adheres to its Statutory Duty to prepare the Joint Strategic Needs Assessment;
- Fair - The Board will ensure that the JSNA process is open and transparent
- Developed in Partnership - the Board will invite all partners to contribute toward the JSNA process.

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

The JSNA steering group is currently operational; any additional costs will be met from existing resources.

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

An accountable and robust JSNA process is essential for the delivery of a Joint Health and Wellbeing Strategy which supports city, council and partners priorities.

Equality and Diversity

Has an Equality Impact Assessment (EIA) been undertaken? No

The JSNA will form an important evidence base which will inform the preparation of EIAs more generally.

Recommendations and Reasons for recommended action:

That the Plymouth Health and Wellbeing Board agree –

1. to delegate the preparation and refresh of the Joint Strategic Needs Assessment to the Director for Public Health (DPH);
2. to assist the DPH in the preparation / refresh of the JSNA, the JSNA steering group is formalised as a sub-group to the Health and Wellbeing Board and will include members from partner agencies represented at the Board;
3. the JSNA will be refreshed annually with findings being presented to the Health and Wellbeing Board at its second quarterly meeting of the year in the form of the Plymouth Report;
4. the JSNA steering group assist the Health and Wellbeing Board in the preparation of the Joint Health and Wellbeing Strategy by providing clear measures of progress against agreed priorities so that the Board may be held to account over time;
5. the JSNA steering group's terms of reference and membership including, but not limited to, those listed in the Terms of Reference.

Alternative options considered and rejected:

The Board could undertake the preparation of the JSNA, however this would require a disproportionate amount of time at full Board meetings and would prevent good management of the meeting.

The preparation of the JSNA is a statutory requirement of the Health and Social Care Act 2012.

Published work / information:

- Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies – March 2013 <http://tinyurl.com/c9qfvbv>
- Diagram to show the explicit link from evidence to service planning in JSNAs and JHWSs – March 2013 <http://tinyurl.com/c9qfvbv>
- Summary table of the duties and powers introduced by the Health and Social Care Act 2012 relevant to JSNAs and JHWSs – March <http://tinyurl.com/c9qfvbv>

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/ A	HR	N/A	Assets	N/A	IT	N/ A	Strat Proc	N/A
Originating SMT Member – Interim Deputy Director of Public Health													
Has the Cabinet Member(s) agreed the contents of the report? Yes													

Summary of Statutory Guidance for Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

1.0 Joint Strategic Needs Assessment (JSNA)

- 1.1 JSNAs are assessments of the current and future health and social care needs of the local community. These are needs that could be met by the Local Authority (LA), Clinical Commissioning Groups (CCGs) or NHS England. JSNAs are produced by the responsible LA for an area in partnership with relevant CCGs, a duty discharged through the Local Health and Wellbeing Board and are unique to each local area. Health and Wellbeing Boards (HWB) will also need to consider wider factors that impact on their communities' health and wellbeing and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances
- 1.2 A range of quantitative and qualitative evidence should be used in JSNAs. Qualitative information can be gained via a number of avenues, including but not limited to views collected by the local Healthwatch organisation or by local voluntary sector organisations, feedback given to local providers by service users and views fed in as part of community participation within the JSNA and Joint Health and Wellbeing Strategy process.
- 1.3 JSNAs can also be informed by more detailed local needs assessments such as at a district or ward level, looking at specific groups (such as those likely to have poor health outcomes), or on wider issues that affect health such as employment, crime, community safety, transport, planning or housing. Evidence of service outcomes collected where possible from local commissioners, providers or service users could also inform JSNAs. Boards will need to ensure that staff supporting JSNAs have easy access to the evidence they need to undertake any analysis they needed to support the board's decisions.
- 1.4 HWBs are also required to undertake Pharmaceutical Needs Assessments (PNAs) and although many may choose to combine the process with JSNAs, the duties for these are separate, and distinct PNAs need to be produced to inform the NHS England's decisions on commissioning pharmaceutical services for the area.
- 1.5 JSNAs must assess current and future health and social care needs within the HWB area and it is important to cover the whole population, and ensure that mental health receives equal priority to physical health. This includes health protection, and upstream prevention of ill health and it could include looking at the role of personal budgets and universal advice. Therefore health and wellbeing boards will need to consider:
- Demographics of the area, and needs of people of all ages of the life course including how needs vary for people at different ages,
 - How needs may be harder to meet for those in disadvantaged areas or vulnerable groups who experience inequalities, such as people who find it difficult to access services and those with complex and multiple needs such as looked-after and adopted children, children and young people with special educational needs or disabilities, troubled families, offenders and ex-offenders, victims of violence, carers including young carers, homeless people, Gypsies and Travellers, people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging,

- Wider social, environmental and economic factors that impact on health and wellbeing such as access to green space, the impact of climate change, air quality, housing, community safety, transport, economic circumstances, employment, and
- What health and social care information the local community needs, including how they access it and what support they may need to understand it.

1.5 When undertaking JSNAs, HWBs should also consider what assets local communities can offer in terms of skills, experience, expertise and resources that could help local authorities and the NHS to address the identified needs and impact on the wider determinants of health.

1.6 The production of the JSNA and JHWS is not an end in itself but is part of a wider process through which the HWB is able to go beyond a simple analysis of common problems in order to identify solutions to commissioning challenges. Seen in this way, the JSNA is not just an exercise in data collation and information publishing but, rather, is a tool for agreeing priorities for collective action across the HWB and wider partners in order to achieve shared outcomes. The Plymouth Report provides an annually updated summary and analysis of data contained with the JSNA suite of documents and can be found on the City Councils website at <http://tinyurl.com/k27ga27> .

2.0 **Joint Health and Wellbeing Strategy (JHWS)**

2.1 JHWSs are strategies for meeting the needs identified in JSNAs. As with JSNAs, JHWSs produced by the responsible LA for an area in partnership with relevant CCGs, a duty discharged through the Local Health and Wellbeing Board, are unique to each local area, and there is no mandated standard format. In preparing JHWSs, HWBs must have regard to the Secretary of State's mandate to NHS England which sets out the Government's priorities for the NHS. They should explain what priorities the HWBs has set in order to tackle the needs identified in their JSNAs.

2.2 This is not about taking action on everything at once, but about setting a small number of key strategic priorities for action, that will make a real impact on people's lives. JHWSs should translate JSNA findings into clear outcomes the board wants to achieve, which will inform local commissioning leading to locally led initiatives that meet those outcomes and address the needs.

2.3 CCGs, NHS England, and LAs plans for commissioning services will be expected to be informed by relevant JSNAs and JHWSs. Where plans are not in line with JSNAs and JHWS, CCGs, the NHS England and LAs must be able to explain why. The policy intention is that local services which impact upon health and wellbeing will be based on evidence of local health and wellbeing needs and assets, including the views of the community; meaning that services and the way in which they are provided meet local needs.

2.4 Under the Act, in relation to their public health functions, upper-tier local authorities are required to take appropriate steps to improve the health of their population. This is an opportunity for local authorities to embed health improvement in all policy and decision-making, which will also help address needs identified in JSNAs and priorities agreed in JHWSs

2.5 JHWSs could be used to consider how services might be reshaped and redesigned to address needs identified in JSNAs, and reduce inequalities. Using local JSNA evidence and agreed JHWS priorities means local service change and commissioning plans should complement each other and this will encourage greater integration across health and social care services.

- 2.6 JSNA and JHWS outputs must be published. Making them public will explain to the local community what the board's assessment of the local needs (and if they choose to include them, assets) is and what its proposals to address them are. It should also provide clear measures of progress to hold the board to account over time. Publication will show what evidence has been considered, and what priorities have been agreed and why. It should include a summary of community views, how they have been used and also whether any other views have been considered. To increase transparency it would be good practice to include in the publication an explanation of how concerns can be raised with the Board or its members.
- 2.7 By agreeing joint local priorities in JHWSs to inform joint action to tackle needs identified in the JSNA, Health and Wellbeing Boards will be able to lead action to improving people's lives, integrate services and reduce inequalities.

Joint Strategic Needs Assessment Steering Group

Terms of reference (draft)

Aim

The aim of the Joint Strategic Needs Assessment Steering Group (JSNA SG) is to lead, on behalf of the Plymouth Health and Wellbeing Board (H&WB), the JSNA process in Plymouth, ensuring that it produces high quality evidence to guide all strategy and commissioning processes that impact on population health and wellbeing. This includes the provision of the health and health-related information required for the effective commissioning of services to improve health and reduce health inequalities. The JSNA is not one single document, but a suite of data, information, intelligence and insights.

Purpose

- To ensure, on behalf of the Plymouth H&WB, that all legislation and guidance relating to the JSNA is complied with.
- To develop a comprehensive annual work programme to deepen understanding of population health and wellbeing in Plymouth.
- To ensure the JSNA supports the development, implementation and review of the Joint Health and Wellbeing Strategy (JHWS).
- To integrate the JSNA with the commissioning process and define and deliver the evidence required to inform and review investment decisions and service utilisation.
- To ensure the scope of the JSNA covers the wider determinants of health and wellbeing
- To ensure stakeholder engagement in the JSNA process and that the voice of the people as communities, patients, service users and carers are heard and inform the JSNA.
- To identify health and wellbeing priorities from JSNA work and ensure that these are communicated to (and understood by) the H&WB and other relevant groups to guide their strategic and commissioning work.
- To ensure the JSNA process, methodology and deliverables are fit for purpose

Membership

- Kevin Elliston (Chair), Interim Deputy Director of Public Health, Plymouth City Council
- Robert Nelder, Consultant in Public Health Intelligence, Plymouth City Council
- Robert Sowden, Performance and Research Officer, Plymouth City Council
- Katy Shorten, Joint Commissioning and Adult Social Care Project Officer, Plymouth City Council
- Benji Shoker, Equalities Officer, Plymouth City Council
- Sally Parker, Community Relations Manager, NEW Devon CCG
- David Spencer, Transformation and Delivery Lead, NEW Devon CCG
- Vicky Shipway, Chief Executive, Colebrook SW
- Liz Kunnenkeril, Research Administrator, Healthwatch
- Patrick Hartop, Senior Policy, Performance and Partnerships Adviser, Plymouth City Council

- Stephen Bashford, Economic Research and Monitoring Officer, Plymouth City Council
- Craig McArdle, Head of Service – Commissioning, Plymouth City Council
- Richard Grant, Local Planning Team Leader, Plymouth City Council
- Fiona Fleming, Commissioning Manager, Plymouth City Council
- Dave Schwartz, Young People Lead, Plymouth City Council

Responsibilities of Members

- To attend and contribute to meetings and, if unable to do so, to send a nominated deputy.
- To keep their organisation/team informed of the work of the JSNA SG.
- To commit resources that will assist with the development and delivery of the agreed work programme.

Meetings

- Meetings will take place every quarter.
- The agenda will be defined by the Chair working with the designated officer lead, the Consultant in Public Health (Intelligence).
- The administration of the meetings will be supported by The Office of the Director of Public Health, Plymouth City Council.

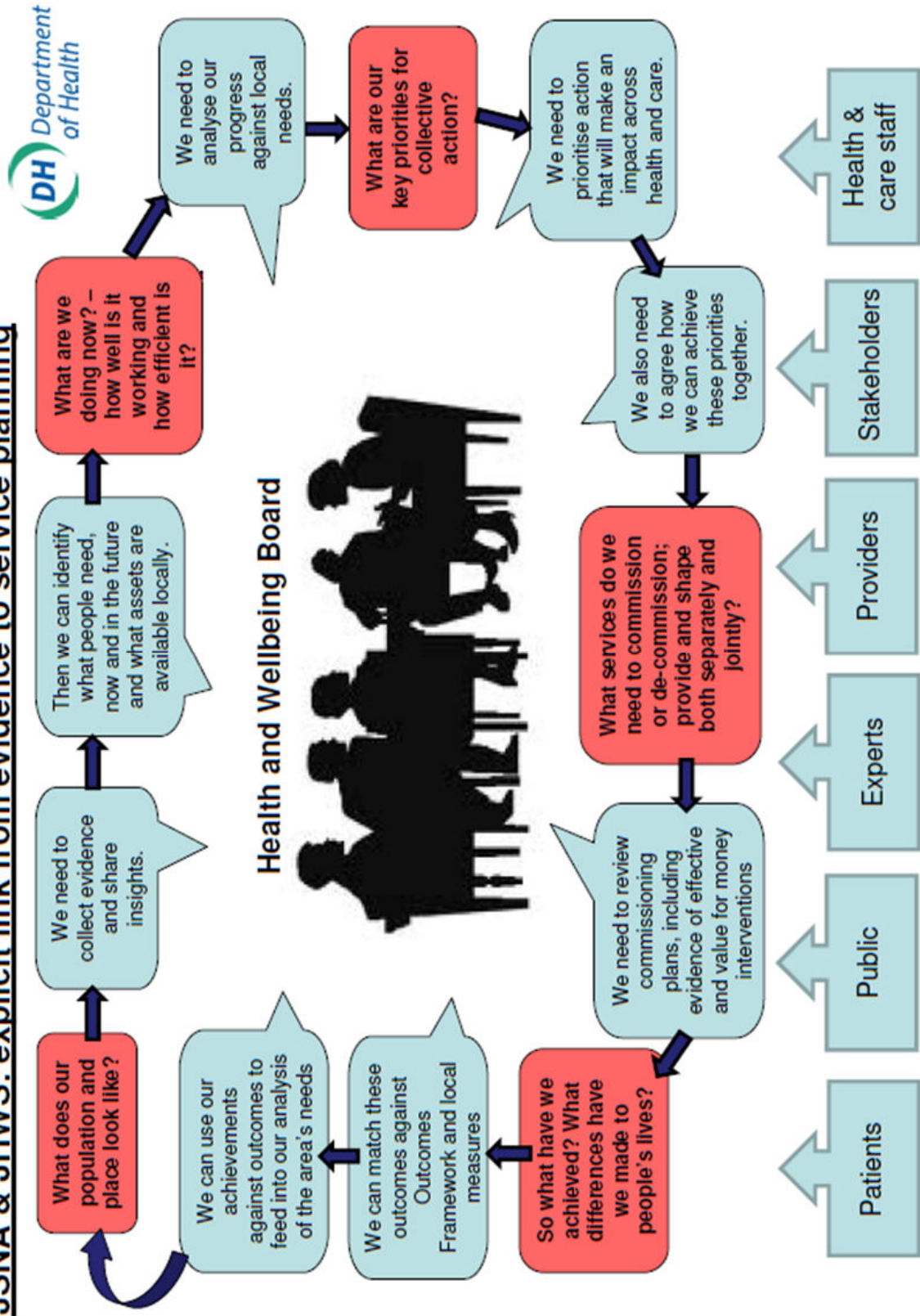
Work Programme

An annual work programme containing a defined set of projects will be agreed, setting out a sponsor, lead officer and resources and plan required to produce well-defined, timely deliverables.

Governance

The JSNA SG will be responsible for the overall management and development of the JSNA. The JSNA SG will, via its Chair or nominated officer, report to the Plymouth Health and Wellbeing Board. The JSNA SG will provide regular reports as appropriate to the HWB and seek agreement to carry out detailed programmes of work.

JSNA & JHWS: explicit link from evidence to service planning



Involving partners and the community ensures transparency and accountability

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PLYMOUTH CITY COUNCIL

Subject:	Joint Health and Wellbeing Strategy
Committee:	Health and Wellbeing Board
Date:	5 September 2013
Cabinet Member:	Councillor Sue McDonald
CMT Member:	Carole Burgoyne, Director for People
Author:	Ross Jago, Performance and Research Officer
Contact details:	ross.jago@plymouth.gov.uk / 01752 304469
Ref:	HWB/JHWBSI
Key Decision:	No
Part:	I

Purpose of the report:

This report provides an update to the Board on the progress toward the publication of the joint Health and Wellbeing Strategy.

The Brilliant Co-operative Council Corporate Plan 2013/14 -2016/17:

The publication of the strategy will support the corporate plan values by -

- ensuring a democratically accountable overview of the development process;
 - ensuring that the Board adheres to its Statutory Duty to publish the Joint Health and Wellbeing Strategy;
 - ensuring that the strategy is developed in partnership, by inviting all partners to contribute toward the publication process.
-

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

None arising as a result of recommendations in this report.

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

The Joint Health and Wellbeing Strategy will make specific commitments to addressing issues of child poverty and community safety.

Equality and Diversity:

Has an Equality Impact Assessment been undertaken? No

The Board, through developing and promoting this strategy will assist with the achievement of the city's/council's objectives with regards to equality and diversity.

Recommendations and Reasons for recommended action:

That the Board -

- (1) establishes a task and finish group consisting of members and officers supporting the Board, led by the Director of Public Health, to confirm the final draft before publication, taking into consideration evidence from the JSNA and results of the Health and Wellbeing Survey;
- (2) confirms the role of the Joint Commissioning Partnership as the delivery body for the Board.

Alternative options considered and rejected:

The Board could undertake the preparation of the Strategy, however this would require a disproportionate amount of time at full Board meetings and would prevent good management of the meeting.

The publication of the Strategy is a statutory requirement of the Health and Social Care Act 2012.

Published work / information:

The first draft of the JHWS - <http://tinyurl.com/ktl5sje>

Sign off:

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/ A	IT	N/A	Strat Proc	N/A
Originating SMT Member - Giles Perritt													
Has the Cabinet Member(s) agreed the content of the report? No													

1.0 Purpose

- 1.1 This report provides an update to the Board on the progress toward the publication of the Joint Health and Wellbeing Strategy.
- 1.2 The Board, at its June meeting confirmed its vision and three strategic approaches, alongside the Board's definition of Health and Wellbeing. The vision, approaches and definition have been developed since the publication of the Health and Social Care Act 2012 and form the basis for the Joint Health and Wellbeing Strategy.

2.0 The Joint Health and Wellbeing Strategy (JHWS)

- 2.1 An initial draft of JHWS was published as part of the Board's June agenda and the JHWS requires additional work to ensure that commissioners can be held to account for their commissioning decisions, the Board can measure progress against its strategic approaches and that the strategy is aligned to guidance as set out by the Department of Health. The JHWS is on course to be signed off at the meeting of the Health and Wellbeing Board in January 2014, following consultation.
- 2.2 The Health and Wellbeing needs of our population are paramount to a successful and sustainable city and as such the JHWS will form an important chapter of the Plymouth Plan. The Plymouth Plan will reflect the aspirations of communities across Plymouth and will be the single strategic plan for the city for use by partners in the private, public and voluntary sectors.
- 2.3 While the JHWS is finalised work continues on addressing the issues identified by Board members. At the June meeting of the Board members spent time considering where joint efforts could be applied and where the board could have a real effect on the health behaviours which lead to poor health and wellbeing. The unique membership of the Plymouth Health and Wellbeing Board provides for working in a different way and the most important work the Board will do is address those issues which are not a priority of any single organisation.
- 2.4 After considering key themes emerging from the joint strategic needs assessment, Public Health Outcomes Framework, NHS Outcomes Framework, Adult Social Care Outcomes Framework and the developing priorities of the Children's Partnership alongside the interim results of the health and wellbeing survey the board identified three issues to be explored in informal 'Solution shops' –
 - Alcohol and Substance Misuse
 - Obesity
 - Mental Health
- 2.5 The Board is engaged in a national systems leadership exercise funded through the Department of Health and Local Government Association. The exercise aims to develop improved place-based collaborative leadership around a local 'wicked' issue, which in the case of Plymouth is the implementation of the city's Alcohol plan. A full update on this exercise is will be considered under a separate item to this agenda.
- 2.6 In December 2012 members of the Board reviewed the commissioning intentions of the NEW Devon Clinical Commissioning groups and agreed that they aligned with the developing strategic approach of the Board, in particular the medium term clinical commissioning priorities –

- Strengthening prevention, self-care and maintenance
- Optimising elective, or planned care, pathways
- Optimising urgent care pathways
- Improving care for frail older people
- Improving mental health services, including for older people
- Improving care for people with learning disabilities
- Medicines optimisation
- Improving primary and community services

2.7 At the Board meeting of the 13 June 2013, the Board adopted the Children and Young People's partnership priorities –

- Equip young people with skills, knowledge and opportunities to make a successful transition to adulthood.
- Improve levels of achievement for all children and young people
- Provide all children with the best possible start to life
- Tackle risk taking behaviour
- Safeguarding Children

3.0 Commissioning Requirements

3.1 The Joint Commissioning Partnership (JCP) is responsible for ensuring a coordinated and consistent approach to commissioning services on behalf of partner agencies in Plymouth. It aims to ensure a joined up approach to strategic planning and service delivery in order to maximise best use of public resources and deliver seamless services by working across organisational boundaries. The JCP is presently made up of partners from Plymouth City Council, office of the Police and Crime Commissioner, Health and Probation Services.

3.2 As the single commissioning body in the city of Plymouth, the JCP will be the delivery arm of the Board commissioning for current health needs and improving integrated working. The Board will not set further priorities for commissioners but will hold them to account for current commissioning plans and ensure that plans align with the Boards three strategic approaches.

3.3 Current JCP priority areas –

- Achieve the best start for children and young people;
- Tackle poverty and the wider factors that affect health and wellbeing and health inequalities;
- Enable People to live healthy lives and make healthy choices
- Delay and reduce the need for care and support

PLYMOUTH CITY COUNCIL

Subject:	Funding Transfer from NHS England to Social Care 2013/14
Committee:	Plymouth Health and Wellbeing Board
Date:	5 September 2013
Cabinet Member:	Councillor Sue McDonald
CMT Member:	Carole Burgoyne
Author:	Craig McArdle, Head of Joint Strategic Commissioning
Contact details:	Tel: 01752 307530 email: craig.mcardle@plymouth.gov.uk
Ref:	HWB/FundingTransfer
Key Decision:	No
Part:	I

Purpose of the report:

This paper provides an update on the 2013/14 funding transfer from NHS England to Plymouth City Council to support adult social care services which also provide health benefits. The funding transfer for the 2013/14 financial year for Plymouth City Council is £4.6 million.

The Brilliant Co-operative Council Corporate Plan 2013/14 -2016/17:

- **Prioritise Prevention:** The plans prioritise both prevention and early intervention services designed to reduce on-going packages of care and keep people living independently in their own homes.
- **Help People Take Control over their Lives and Communities:** The plans focus on enabling people to have control over their lives through re-skilling them and building their confidence to undertake tasks of daily living and to take part in the community

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

The funding transfer is an important element in Adult Social Care achieving a balanced budget in 2013/14. The budget transfer allows ASC to maintain existing eligibility criteria and shift resources upstream to focus on prevention, rapid response and reablement in order to manage demand.

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

- **Prioritise Prevention-**Many of the projects prioritise prevention and early intervention and are designed specifically to delay the need for care and support
- **Sustainability Agenda-**The projects are designed to facilitate a move away from acute settings by investing in community based alternatives. Projects such as reablement and rapid response look to support the Quality, Innovation, Productivity and Prevention (QIPP) programme and rebalance the profile of care.

- Systems and Processes – The schemes have been jointly developed by NEW Devon CCG and Plymouth City Council and thus promotes Joint Commissioning and in the example of the Community Equipment Service the pooling of budgets

Equality and Diversity:

Has an Equality Impact Assessment been undertaken? No

Recommendations and Reasons for recommended action:

The Board is asked to approve the use of the 256 funding outlined in the report as aligned to the agreed strategic approaches of the Board which are to –

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

Alternative options considered and rejected:

Published work / information:

- Letters from the Department of Health to the NHS Commissioning Board about the 2013/14 transfer of funds from the NHS to local authorities. (DH Gateway Reference I8568/00186) <http://tinyurl.com/pt4g5ts> / <http://tinyurl.com/mffu6yf>
- Conditions for payments between the NHS and local authorities - <http://tinyurl.com/n6d8wtp>

Background papers:

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

Sign off:

Fin		Leg		Mon Off		HR		Assets		IT		Strat Proc	
Originating SMT Member –													
Has the Cabinet Member(s) agreed the content of the report? Yes													

1.0 Purpose

1.1 This paper provides an update on the 2013/14 funding transfer from NHS England to Plymouth City Council to support adult social care services which also provide health benefits. The funding transfer for the 2013/14 financial year for Plymouth City Council is £4.6 million, an increase of approximately £1.2 million from the 2012/13 financial year.

1.2 Use of the money

Guidance from NHS England about the funding transfer¹ states that:

'The funding must be used to support adult social care services in each local authority, which also has a health benefit. However, beyond this broad condition, NHS England wants to provide flexibility for local areas to determine how this investment in social care services is best used.'

1.3 How the funding is being used

Earlier this year Plymouth City Council and NEW Devon CCG agreed that for the 2013/14 financial year the social care funding transfer should be used on the following priority areas:

Priority Area

- Community Equipment and Adaptations
- Preventative Services
- Integrated Crisis and Rapid Response
- Reablement Services
- Maintaining Eligibility Criteria

Each of these projects will be evaluated to determine the impact, sustainability and potential for scaling up of the schemes if they are deemed effective.

1.4 Governance arrangements for this funding

A Joint Commissioning Partnership (JCP) comprising representatives from Plymouth City Council, Public Health, Police, Probation, Housing and NEW Devon CCG provides leadership on joint commissioning issues that cross over agency boundaries. The JCP meets monthly and has responsibility for oversight of this funding. The JCP:

- takes a strategic approach to planning and commissioning key health and social care areas which have an explicit impact on reducing inequalities and achieving improvements in health and social care outcomes for adults, children and families;
- focuses on whole system solutions;
- acts as the key multi-agency forum for discussion, negotiation and approval of business proposals and as such provides the decision making and governing mechanism for monitoring the allocation of the social care funding transfer; and
- reports to the Plymouth Health and Wellbeing Board ensuring effective communication with the governing mechanisms within partner organisations and resolves any matters that need further deliberation.

1.5 Next steps

Once the Health and Wellbeing Board has approved this report an agreement will be signed between Plymouth City Council and NHS England and arrangements made for the funding to be transferred from NHS England to Plymouth City Council.

¹ Letter from Sam Higginson, Director of Strategic Finance, NHS England, 19 June 2013 – Gateway reference 00186
Revised Jul 2013

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SYSTEMS LEADERSHIP

ALCOHOL PLAN IMPLEMENTATION



BACKGROUND

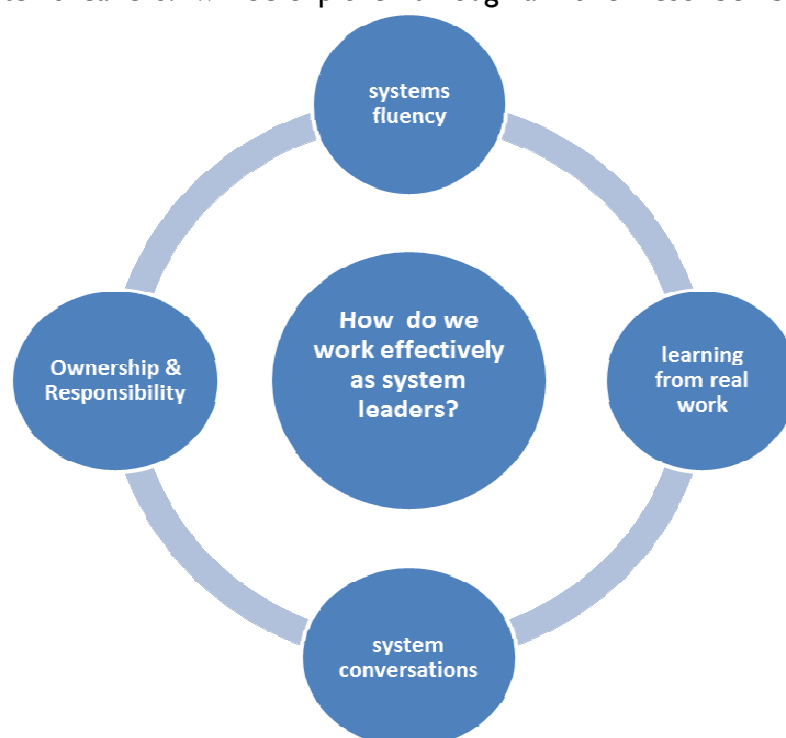
Plymouth signed up to be one of eight pilots for the System Leadership exercise at the Health and Wellbeing Board in February 2013. This national prototype is funded through the Department of Health and Local Government Association. The exercise aims to develop better place-based collaborative leadership around a local wicked issue.

SETTING THE SCOPE IN PLYMOUTH

The Health and Wellbeing Board identified the Alcohol Plan as the area that would benefit from this approach. Through the learning process all members of the Health and Wellbeing Board will –

- Develop an understanding how the alcohol plan can work for the whole city
- Explore how system leaders can perturb the system
- Utilise collaborative practice to develop group and individual communication skills
- Plan collectively how the alcohol plan should be communicated across the system and broader environment

During the systems learning session on the 24 June 2013 the Board defined the core question to be asked of the system and to learn about through the Pilot. The question ‘How do we work effectively as systems leaders?’ will be explored through a model described below –



At the core of the model is the question we wish to ask the system. The Board will discover how we can work effectively as system leaders across Plymouth and build on what we have already discovered about the challenges to effective system leadership. These challenges include-

- the tensions created by a growth agenda which is dependent on alcohol in the night-time economy, alongside the need to promote more responsible drinking and health and wellbeing in our communities;
- the ownership and responsibility for system issues (eg alcohol) when these are not at the top of our individual organisational agendas. Whilst alcohol is a priority shared issue for all of us, it is not owned by anyone of us;
- how to embed shared leadership across our system and not just at senior level. To find a way of using systems ideas to create a shared language and aspiration for addressing system rather than individual challenges.

The model will build familiarity and confidence with systems ideas and tools. This will be achieved through one to one conversations and work in small groups. Our aim is to build familiarity and fluency with systems ideas and practices in order to develop a shared way of making sense of our system.

THE ALCOHOL PLAN AND THE PEER CONSULTING APPROACH

In Plymouth our focus is on learning about system leadership right across the system not just at senior level and we want to embed this in real work across our organisations and community. The peer consulting approach will enable people to bring their different challenges in relation to leading the Alcohol Plan to an integrated, shared problem solving group. It will also develop the practices needed to work as system peers regardless of positions in different hierarchies. eg making connections, asking powerful question, sense making, giving and receiving feedback.

The learning from these groups will be fed into the wider leadership community as a resource for learning about the Plymouth system and what might need to be different to change and embed shared leadership of system challenges across the City.

To achieve this we will take a slice across the system, creating groups of senior and middle managers and frontline staff to explore the system and the patterns and principles which exist, what works and where there are blockages. The intention behind the approach is to build connections and relationships in the context of real work.

We want to use the pilot to strengthen our relationships with each other as system players, to learn about what needs to be different in relation to leading shared priorities and to build ownership and responsibility for shared issues. We are particularly keen to develop the capability to have the kinds of conversations which will help us shift into a system leadership paradigm rather than an organisational paradigm.

We are beginning to recognise that the capabilities needed for shared leadership are different to the capabilities needed for individual leadership. We hope that the pilot will enable us to develop these capabilities further and discover an answer to our key question 'how do we lead effectively as system leaders?'

NEXT STEPS

Our facilitator, Allison Trimble, has already led three sessions with members of the Health and Wellbeing Board to begin to build familiarity and confidence with systems ideas and tools. Systems

Conversations and one to one coaching will continue during the course of the programme with this group.

Since the formal adoption of the Alcohol Plan in August work has begun on bringing together the officers most concerned with the implementation of the Alcohol Plan into Systems Learning Groups (SLG). The groups will –

- generate learning about how we can work effectively as system leaders in relation to the shared priority of Alcohol in Plymouth. This will include an understanding of key themes and patterns which impact on shared leadership of Alcohol as a shared issue;
- build peer leadership practice and support relationships across different organisations in the system with responsibility for delivery of the Alcohol plan;
- identify what is working well and what are the obstacles in relation to delivery of the Alcohol Plan;
- make progress on delivery of the Alcohol plan;
- test the SLG peer learning model as an approach to supporting and developing system leadership.

Learning from the Systems Learning Groups will be available in March of 2014.

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