#healthyplym

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Published 18 March 2014

HEALTH AND WELLBEING BOARD

Thursday 27 March 2014
10 am
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 representatives, 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 Hospital Trust, Devon Local Pharmaceutical Committee, University of Plymouth, Devon and Cornwall Police, Devon and Cornwall Police and Crime Commissioner and the 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 Warspite Room and during the course of the meeting, members 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

PART I (PUBLIC COMMITTEE)

1. APOLOGIES

To receive apologies for non-attendance by Health and Wellbeing Board Members.

2. DECLARATIONS OF INTEREST

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

3. CHAIR'S URGENT BUSINESS

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

4. MINUTES (Pages 1 - 4)

To confirm the minutes of the meeting held on 13 February 2014.

5. BETTER CARE FUND - TO FOLLOW

The Board to consider the final template for the Better Care Fund.

6. BETTER OUTCOMES FOR CHILDREN AND YOUNG PEOPLE (Pages 5 - 10)

The Board to receive a report on Better Health Outcomes for Children and Young People.

7. STRATEGIC ALCOHOL PLAN FOR PLYMOUTH 2013-2018 (Pages 11 - 32)

The Board to receive an update on the Strategic Alcohol Plan for Plymouth 2013-2018.

8. AGEING BETTER PLYMOUTH (Pages 33 - 34)

The Board to receive a presentation on Ageing Better Plymouth.

9. NEW DEVON CCG 5 YEAR STRATEGIC PLAN (Pages 35 - 38)

The Board to receive a briefing paper on changes made to the plan.

10. 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 the likely disclosure of exempt information as defined in paragraph(s) of Part of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

PART II (PRIVATE COMMITTEE)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE

that under the law, the Panel 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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Health and Wellbeing Board

Thursday 13 February 2014

PRESENT:

Councillor McDonald, in the Chair.
Dr Richard Stephenson, Vice Chair.

Carole Burgoyne, Dave Simpkins, Peter Edwards, Vicky Shipway, Stephen Horsley, Councillor Nicky Williams, Clive Turner, Amanda Fisk, Councillor Dr Mahony, Kevin Baber and Ian Ansell.

Apologies for absence: David Bearman, Andy Boulting and Steve Waite.

Also in attendance: Craig McArdle, Paul O'Sullivan, Craig Williams, David Spencer, Ross Jago and Amelia Boulter.

The meeting started at 10.00 am and finished at 11.20 am.

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.

30. DECLARATIONS OF INTEREST

There were no declarations of interest.

31. CHAIR'S URGENT BUSINESS

The Chair changed the order of the agenda and took the Better Care Fund (BCF) item first.

The Chair reminded the board to forward their comments regarding the Police and Crime Commissioner's Plan circulated for comments by close of play on Monday 17 February 2014.

32. MINUTES

Agreed that the minutes held on 16 January 2014 be confirmed.

33. BETTER CARE FUND

Craig McArdle, Head of Joint Strategic Commissioning and Paul O'Sullivan, Managing Director (Partnerships) provided the board with the arrangements for the Better Care Fund (BCF). It was reported that –

a. this was not new money and was existing money already spent on health and adult social care,

b. the BCF was the wider integration of Adult Social Care and Clinical Commissioning Group,

c. the BCF compromises of national conditions and metrics,

d. the draft plan would be submitted to NHS England on 14 February 2014 with a further revised submission on the 4 April 2014.

The board had a discussion around the metrics –

e. the metrics should be more challenging and expect to see a more significant improvement;

f. lengths of stay in hospital were increasing which could be the result of the speed of discharged had slipped;

g. there was little in the plan about public engagement and have to think radically about the metrics. In the short term need to build on what we have got;

h. had we benchmarked with comparative areas.

Paul O'Sullivan thanked the board for their helpful comments and would undertake a benchmarking exercise between now and the submission in April.

In response to questions raised, it reported that -

i. the NHS Number for data can be used by both parties and from the 1 April 2014 they would be capturing all new referrals the NHS Number on Carefirst followed by a progressive programme to capture NHS number at review. Further work to take place over the summer to ensure the wrong numbers are not used;

j. the board needs to consider the metrics as a whole and to consider the interdependencies;

k. the NEW Devon CCG would be looking to see how it manages allocations into 2 BCFs. This was existing funding with the ability to put money into a pooled fund was dependent upon us to redirect from existing spend into the areas of spend we want to commit to that have most value;

l. due to the technicality of the Disabled Facilities Grant, the fund only becomes available in 2015/16. There is a strong universal offer in the city and how we maintain and build on those services. The Pledge 90 review looked at mental health services across the city would be producing an action plan to help address some of the issues;

m. they had employed a number of architects and designers to review data sharing. They would be looking at how to integrate provision and would come up with a solution to allow us to share information. This would form part of the health and wellbeing integration programme plan;

n. as part of the integration a programme board was necessary, the Joint Commissioning Partnership would continue but there was a need to look at the commissioning architecture. The governance around the BCF and the wider integration and unpick for the final draft;

o. what we focuses on 7 day working and what is meant by this and move to a system to look at the gaps and how we use the resources and have identified some gaps and next stage – where are the gaps and were to target resources and recognise the baseline but making that leap where that investment will free and unblock discharges etc;

p. it was noted that the governance structure did not include Cabinet, this had been rectified;

q. the board need to endorse the local metric and would use the dementia diagnosis rate as the selected local metric. There was a historical level of diagnosis versus prevalence and this was co-dependent on supporting primary care with early recognition. The key to see diagnosis rate as proxy for people receiving appropriate care and support they require rather than us chasing diagnoses rate for the sake of a diagnosis. There was an initiative to supporting GPs in identifying those people who were showing early signs of dementia but were dealing with last year's data for the current level of performance;

r. they were required to select a local metric to put forward to NHS England, however, this does not stop us from agreeing a local performance scorecard to capture all the performance measures that we think are important and relevant. This could include falls on the Director of Public Health's recommendation.

Agreed that the template is submitted to NHS England in its current form and that final draft takes into account the Health and Wellbeing Board's comments for final sign off in March 2014 –

- the metrics to be more ambitious and challenging;
- the board to view the revised submission at their next meeting;
- the local metric chosen is the dementia diagnosis rate for the BCF submission and falls as highlighted by the Director of Public Health would be included om the performance scorecard.

34. COMMUNITY AND VOLUNTARY SECTOR MEMBERSHIP

Vicky Shipway, representing the community and voluntary sector (CVS) reported to the board. Following discussions with network members in electing a representative to sit on the board, there was a strong feeling and challenge that CVS represent such a wide area delivering a significant proportion of health and wellbeing in the city, felt that one representative was disproportionate. As a result they wanted to put forward a request for a further CVS representative to sit on the Health and Wellbeing Board.

The board in response to an additional CVS representative wanted to ensure that the wider determinants of health and leisure were explored. The board supported the idea of an additional CVS representative but felt it was important that those elected to sit on the board make the commitment to attend all meetings.

Agreed that the Zebra and Octopus Community Sector Project elect a new member to the Health and Wellbeing Board.

Further discussion took place on whether it was appropriate for NEW Devon CCG to be given an additional seat on the board. It was felt that the remit for Health and Wellbeing Board would change over the next 12 months, with the need to review the whole membership to ensure any decisions taken were clearly endorsed by the groups that have the funding for and the capacity to think in the wider context.

35. WORK PROGRAMME

The Board agreed the work programme and Solution Workshops to focus on tobacco and mental health. The Board were requested to email Ross Jago with further suggestions for issues for the board to address. It was reported that each workshop would be led by a board member.

36. EXEMPT BUSINESS

There were no items of exempt business.

PLYMOUTH CITY COUNCIL

Subject:	Better Health Outcomes for Children and Young People
Committee:	Health and Wellbeing Board
Date:	27 March 2014
Cabinet Member:	Councillor Williams
CMT Member:	Dr Stephen Horsley / Kelechi Nnoaham, Director Public Health
Author:	Dr Julie Frier, Consultant Public Health
Contact details	Tel: 01752 398604 email: julie.frier@plymouth.gcsx.gov.uk
Ref:	PH/C&YP
Key Decision:	
Part:	I

Purpose of the report:

To gain support from the Health and Wellbeing Board members to sign up to the principles of ***Better Health Outcomes for Children and Young People Pledge***

The report describes the:

- Background context to the work of the Children and young People's Health Outcomes Forum and the Pledge
- Key elements of the Pledge
- How the aims and ambitions align with the key strategic direction in the City
- What steps would need to be taken to support the use of the Pledge at local level

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

Better Health Outcomes for children and young people: Our Pledge commits signatories to:

- put children, young people and families right at the heart of decision making
- work as partners in a system wide response to the benefit of children and young people's health and wellbeing
- prevention of ill- health
- improve health and wellbeing services - from pregnancy through to adolescence and beyond, acting early and intervening at the right time
- integrating and coordinating care around the individual

The pledge describes five shared ambitions and five key aims in support of the above, which align with the Brilliant Co-operative Council Corporate Plan values and specifically support its objectives for a pioneering and caring Plymouth.

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

There are areas where delivery of the Pledge can be aligned to the delivery of relevant current strategic health and wellbeing plans, which will already have resource implications identified.

Going forward more work will be required to work to identify the resource and financial implications of delivering the Pledge within the local context.

Other Implications: e.g. Child Poverty, Community Safety, Health and Safety and Risk Management:
The delivery of this pledge has co-dependencies and relationships with other strategic plans that impact on child health and wellbeing.

Equality and Diversity

Has an Equality Impact Assessment been undertaken?

No- this pledge supports the health and wellbeing outcomes for all children and young people.

Recommendations and Reasons for recommended action:

1. The Health and Wellbeing Board consider the invitation from Department of Health to sign up to the principles of the Better Health Outcomes for Children and Young People Pledge.
2. Were the Board to agree to act as signatory, the Board agrees for the next steps to include:
   - Agreement on where oversight, accountability and responsibility for delivery should sit
   - Adaption of the Pledge in line with local need and priority areas
   - A system of monitoring progress against the key ambitions and aims of the Pledge to be developed, cross referencing with relevant plans and performance reporting already in place.
   - Further work to be undertaken to identify the resource and financial implications of delivering the Pledge within the local context.

Alternative options considered and rejected:
No other options considered as this is a single option invitation

Published work / information:

Better health outcomes for children and young people: Pledge
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/207391/better_health_outcomes_children_young_people_pledge.pdf

Improving Children and Young People's Health Outcomes: a system wide response DH Feb 2013
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file /214928/9328-TSO-2900598-DH-SystemWideResponse.pdf

Background papers:
Not applicable

Sign off: comment must be sought from those whose area of responsibility may be affected by the decision, as follows (insert references of Finance, Legal and Monitoring Officer reps, and of HR, Corporate Property, IT and Strat. Proc. as appropriate):

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

1.0 Purpose of Briefing

To present an invitation from the Department of Health to sign up to the ***Better Health Outcomes for Children and Young People Pledge***

2.0 Introduction

The Children and Young People's Health Outcomes Forum comprising independent experts from local government, the NHS and charities was set up by the Government in January 2012 to examine how best the health outcomes of children and young people in Britain could be improved.

The forum was asked to identify the health issues and outcomes that matter most to children, young people and their families, consider how well these were supported by the NHS and Public Health Outcomes Frameworks and set out the contributions all parts of the new health system needed to make to secure these health outcomes.

Key messages from the report include:

- Children, young people and their families struggle to get their voices heard and need to be involved in decisions about their health.
- Outcomes for children and young people will be improved if the wider health system pays more attention to inequality. Children who have a disability, who are looked after, or are in the criminal justice system face even poorer health outcomes.
- The NHS and social care have been designed around the system, rather than the individual, this needs to change.
- Many members of the workforce have received little or no training in the needs of children.
- Those who work with children outside the healthcare system such as teachers too often have minimal or non-existent training in physical and mental health.
- A need for better health data, information, evidence and intelligence on children and young people.

The forum highlighted the pressing need for changes to be made, as well as the significant opportunities that exist in the new health system to make improvements.

In February 2013, the Government set out its official response to the forum's work and published Improving Children and Young People's Health Outcomes: a system wide response. Key elements of this response included involving children and young people in decisions; acting early and intervening at the right time, integration and partnership; knowledge and evidence and clear leadership and accountability.

Alongside this signed the government signed up to ***Better Health Outcomes for children and young people: Our Pledge*** to improve child health outcomes and reduce mortality and has invited Health and Wellbeing Boards to sign up to the pledge locally.

3.0 Better Health Outcomes for children and young people: Our Pledge

Better Health Outcomes for children and young people: Our Pledge commits signatories to put children, young people and families' right at the heart of decision making and improve every aspect of health services - from pregnancy through to adolescence and beyond.

The pledge describes **five shared ambitions**:

- Children, young people and their families will be at the heart of decision-making, with the health outcomes that matter most to them taking priority.

- Services, from pregnancy through to adolescence and beyond, will be high quality, evidence based and safe, delivered at the right time, in the right place, by a properly planned, educated and trained workforce.
- Good mental and physical health and early interventions, including for children and young people with long term conditions, will be of equal importance to caring for those who become acutely unwell.
- Services will be integrated and care will be coordinated around the individual, with an optimal experience of transition to adult services for those young people who require ongoing health and care in adult life.
- There will be clear leadership, accountability and assurance and organisations will work in partnership for the benefit of children and young people

and **five key aims**:

- Reduce child deaths through evidence based public health measures and by providing right care at the right time.
- Prevent ill health for children and young people and improve their opportunities for better long-term health by supporting families to look after their children, when they need it, and helping children and young people and their families to prioritise health behaviours.
- Improve the mental health of our children and young people by promoting resilience and mental wellbeing.
- Support and protect the most vulnerable by focusing on the social determinants of health and providing better support to groups that have the worst health outcomes.
- Provide better care for children and young people with long term conditions and disability.

4.0 Local Context

The direction of travel set in the ***Better Health Outcomes for Children and Young People Pledge*** and its aims and ambitions have clear parallels to those being made by key partners in Plymouth.

The pledge describes five shared ambitions and five key aims which align with The Brilliant Co-operative Council Corporate Plan co-operative values and specifically support its objectives for a pioneering and caring Plymouth.

Already in the City the approach by the Health and Wellbeing Board have identified the Marmot life course approach and the Pledge aligns with this in terms of Giving Children the Best Start to Life. The Pledge also aligns to the Health and Wellbeing Board strategic approach for a sustainable system focussing on right services, right time, right place to achieve improved health outcomes for children and supporting the shift to prevention and early intervention and the integration of care around the individual.

Additionally within the City, the aims and ambitions of the Pledge are supported by the Children's Partnership and the early Intervention and Prevention Programme Board whose associated plans are already articulating the focus of prevention and early intervention, and *giving every child the best start to life.*

Underpinning this a wide range of specific pieces of work currently ongoing in the City also support the Pledge. Examples include work in support of the delivery of the joint education, health and care plans, integrated early years offer to families, the Maternity Services Strategy development and the work of schools contributing to the Healthy Child Quality Mark awards to highlight but a few.

5.0 Next Steps

By signing up to the Pledge signatories would be not only be signing up to the 5 shared ambitions but also, on behalf of Plymouth, would be committing locally to addressing the 5 key aims. Locally we would need to work as partners and to engage with local children and young people to adapt the pledge to reflect local needs and develop a local system wide response.

Signing up to the Pledge would give local and national recognition to Plymouth's commitment and this could be promoted locally.

Were the Board to agree to act as signatory, next steps would include:

- Agreement on where oversight, accountability and responsibility for delivery should sit
- Adaption of the Pledge in line with local need and priority areas
- A system of monitoring progress against the key ambitions and aims of the Pledge to be developed, cross referencing with relevant plans and performance reporting already in place.
- Further work to be undertaken to identify the resource and financial implications of delivering the Pledge within the local context.

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PLYMOUTH CITY COUNCIL

Subject:	Promote Responsibility, Minimise Harm. Strategic Alcohol Plan for Plymouth 2013-2018
Committee:	Health and Wellbeing Board
Date:	27 March 2014
Cabinet Member:	Councillor McDonald
CMT Member:	Dr Stephen Horsley/Dr Kelechi Nnoaham, Director Public Health
Author:	Laura Juett, Senior Public Health Manager
Contact details:	laura.juett@plymouth.gcsx.gov.uk 01752 398616
Ref:	
Key Decision:	N/A
Part:	I

Purpose of the report:
This report provides a position statement on the delivery of the Strategic Alcohol Plan for Plymouth 2013-2018. The report provides clarity about the deliver and governance processes and makes a series of recommendations to ensure the on-going delivery of the Plan.

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

Successful deliver of the Strategic Alcohol Plan will contribute to a broader range of strategic aims for the city as defined by the Co-operative Council Corporate Plan 2013/14 – 2016/17

- Growing Plymouth

The Strategic Alcohol Plan will lead to a safer, more vibrant Plymouth. This in turn should attract more visitors to the City and also support an increase in the numbers of citizens of Plymouth who will utilise the social, cultural and sporting offers available. Opportunities for increased levels of employment should follow.

- Confident Plymouth

The Strategic Alcohol Plan will lead to a safer, more vibrant Plymouth. This in turn should attract more visitors to the City and also support an increase in the numbers of citizens of Plymouth who will utilise the social, cultural and sporting offers available. Experiences of those attending showcase events in Plymouth should be improved, building pride for those that live here and further establishing the City as an attractive destination both nationally and internationally.

- Caring Plymouth

Through changing attitudes to alcohol, supporting parents, children and individuals in need, the Strategic Alcohol Plan will reduce inequality. Whilst alcohol misuse affects individuals from all sections of society, those from the most disadvantaged communities experience the highest burden of harm. By using local levers to manage the supply side of alcohol, changing attitudes to alcohol, identifying

need earlier and having evidence based intervention available the Strategic Alcohol Plan will over time reduce inequality.

- Pioneering Plymouth

By taking a strategic approach to alcohol across the key City priorities, namely health and well-being, growth and culture; the City will be able to use resources efficiently, maximise mutual impact across these priorities and so deliver best value.

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

None noted at this stage.

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

Alcohol crosses a number of strategic priorities and as such successful delivery of the Plan will contribute to achieving objectives in these areas – including the city's strategic vision to become 'One of Europe's most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone.

Equality and Diversity:

An Equality Impact Assessment was undertaken as part of the development of the Strategic Alcohol Plan in May 2013

Recommendations and Reasons for recommended action:

1. The current Year 1 Implementation Plan (published in September 2013) is rolled over into 2014/15.

2. The Stakeholder Group (Alcohol Programme Board) lead the delivery of the Plan through development and implementation of annual Delivery Plans**.** Accountable Leads, as identified within the Implementation Plan, provide assurance of delivery for their specific domain areas. Annual statement of progress is provided to the HWBB

3. The HWBB supports engagement with Plymouth City Council Economic Development department

4. The NEW Devon Clinical Commissioning Group considers investment towards a sustainable hospital alcohol liaison service

5. The Police and Crime Commissioner's current work to engage the alcohol retail sector is aligned to the city's work to reduce the availability of super strength alcohol products.

Alternative options considered and rejected:

N/A

Published work / information:

Promote Responsibility, Minimise Harm. A Strategic Alcohol Plan for Plymouth 2013-2018
http://www.plymouth.gov.uk/alcoholstrategicplan.pdf

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? N/A													

1.0 Introduction

Alcohol is a significant issue for Plymouth.

- It is an important part of the city's economy and future growth. There are 746 premises in the city licensed to sell alcohol in Plymouth – providing significant employment and entertainment opportunities.
- It is estimated that there are nearly 60,000 people drinking at hazardous and harmful levels and over 5,000 people are dependent on alcohol. Binge drinking is a common feature in the evening and night time economy.
- Between 2002 and 2010 alcohol attributable hospital admissions increased by 71%. In 2012/13 here were 6,692 admissions wholly or partly due to alcohol – this compares to 4,167 in Portsmouth and 5,255 in Southampton. Rates of hospital admissions are significantly higher in more deprived areas.
- Since 2007 overall crime in the city has fallen. However despite this levels of alcohol related crime remain high. Approximately 70% of all violent crime is alcohol related and alcohol has a notable impact on all other crime types. Dealing with these crimes every day takes up a significant amount of police time in Plymouth

This picture presents an enduring challenge – how do we capitalise on the opportunities, promote responsible approaches to the sale and use of alcohol at the same time as minimising the harm that it can cause to individuals, families and communities?

2.0 Background

Promote Responsibility, Minimise Harm, A Strategic Alcohol Plan for Plymouth 2013-18 was published in August 2013. This defines the first whole systems approach to addressing alcohol in the city.

The Plan has been informed an alcohol Joint Strategic Needs Assessment, a public consultation and best practice and guidance. It was also subject to a pre-decision Scrutiny process where the Health and Adult Social Care Overview and Scrutiny Group took evidence from a wide range of stakeholders covering children's services, health and social care, police, licensing, planning and economic development.

The Plan defines a coherent and shared strategic approach to tackling alcohol related harm whilst at the same time contributing toward Plymouth's ambition of being 'one of Europe's finest, most vibrant waterfront cities where an outstanding quality of life can be enjoyed by everyone.'

The overall ambition of the Plan is to reduce alcohol related harm in Plymouth.

Specifically the strategy aims to

- Change attitudes towards alcohol
- Provide support for children, young people and parents in need
- Support individual need
- Create a safer more vibrant Plymouth

In doing so we are seeking to

- Reduce the rate of alcohol attributable hospital admissions
- Reduce levels of harmful drinking by adults and young people
- Reduce alcohol related violence
- Reduce anti-social behaviour
- Reduce the number of children affected by parental alcohol misuse

3.0 Governance

Achieving the ambitions set out in the Plan requires enhanced partnership working across key areas and organisations. The Health and Wellbeing Board provides executive level oversight of delivery of the Plan and links to other strategic agendas and programmes such as health, economic development and culture.

A Stakeholder Group (Alcohol Programme Board) met in November 2013. This group was established to provide city-wide strategic leadership for alcohol issues and the implementation of the Plan. The Terms of Reference for the group include the following;

1. To lead and co-ordinate the implementation of the Strategic Alcohol Plan through agreed action plans
2. To oversee the performance of the Plan and identify and mitigate any risk to delivery
3. To realise opportunities for integrated commissioning, including demonstrating return on investment
4. To identify opportunities for external/additional investment
5. To make recommendations to the Joint Commissioning Partnership and Health and Well Being Board, Safer Plymouth and other relevant strategic partnerships

The group includes is Chaired by the Director of Public Health and includes membership from

Plymouth City Council

- Portfolio Holder for Public Health and Adult Social Care
- Office for the Director of Public Health
- Joint Commissioning & Adult Social Care
- Homes and Communities
- Economic Development
- Environmental Services/Licensing

NEW Devon Clinical Commissioning Group (Western Locality)

Devon and Cornwall Police

Devon and Cornwall Probation Trust

Plymouth Community Healthcare

Plymouth Community Homes

Alcohol Treatment Service Providers

3rd Sector Organisations

Plymouth University

Plymouth City College

Plymouth Hospitals NHS Trust

Licensed Trade

There are a number of other working/reference groups that support delivery of various aspects of the Plan these include;

- Violent Crime Reduction Group (Chaired by the Police)
- Evening and Night-time Economy and Alcohol Harm Reduction Group (Chaired by PCC licensing)
- Sexual Assault Reduction Group (Chaired by Police)
- Substance Misuse Commissioning Plan Development Group (Chaired by ODPH)
- Early Intervention and Prevention Partnership

- Children's Partnership

A smaller group made up of the Accountable Leads for the key domain areas of the Plan have met to examine the current position is terms of delivery of the Year 1 Implementation Plan. **This is shown in appendix 1. It is recommended that the current Year 1 Implementation plan (published in September 2013) is rolled over into 2014/15.**

4.0 Current Position – Key Issues

Cross Cutting - Governance and Accountability

1.1 and 1.2 are concerned with governance and accountability. **It is recommended that the Stakeholder Group 9Alcohol Programme Board) lead the delivery of the Plan through development and implementation of annual Delivery Plans.** An annual statement of progress will be provided to the Health and Wellbeing Board and will include our position on the following objectives;

- Reduce the rate of alcohol attributable hospital admissions
- Reduce levels of harmful drinking by adults and young people
- Reduce alcohol related violence
- Reduce anti-social behaviour
- Reduce the number of children affected by parental alcohol misuse

Accountable Leads, as identified within the Implementation Plan, will provide assurance of delivery for their specific domain areas.

Economic Development could support the delivery of the Plan. The HWBB is asked to support this engagement.

1.3 An Alcohol Communication Plan will be developed as a priority to identify key shared messages and opportunities for amplifying national messages and local campaigns.

Prevent – To change attitudes towards alcohol

2.3 There are currently a number of initiatives that provide information and advice to young people. A mapping exercise and gap analysis will be undertaken to inform a more co-ordinated approach and ensure consistency of message.

2.4 Safer Plymouth will continue to enhance work with the University and other higher and further education establishments to ensure a co-ordinated approach to communications in these areas

Protect – Support for children, young people and parents with an alcohol related need

Much of the work in this area is on-going.

3.1 A programme of workforce development focused on Hidden Harm and alcohol Identification and Brief Advice will continue to build capacity to identify parental alcohol misuse. Some focus will be given to the training needs of Health Visitors.

Treatment – Supporting individual needs

4.1, 4.2 and 4.3 An alcohol Identification and Brief Advice (IBA) training programme has been delivered to over 200 staff in key services across the city over the last six months. The Plymouth Community Healthcare Livewell site now provides a hub for resources to support the delivery of IBA. The Livewell Team will co-ordinate on-going workforce development in this area.

4.7 National Institute for Health and Clinical Excellence (NICE) recommends a Hospital Alcohol Liaison Service as a cost effective approach to reducing alcohol attributable hospital admissions through

- Improving the management of unplanned care/alcohol withdrawal
- Improving identification of alcohol misuse
- Co-ordinating referrals to community based services
- Providing workforce development/peer support throughout the hospital

Public Health currently funds 1 WTE Hospital Alcohol Liaison post at Derriford Hospital. This post has been instrumental in improving clinical responses and working with community services to ensure that where appropriate frequent attendees are not admitted/readmitted to hospital.

The current post does not provide sufficient capacity to run a sustainable service. It is recommended that the NEW Devon Clinical Commissioning Group (Western Locality) considers funding an additional 2WTE posts.

Plymouth Hospitals NHS Trust is currently developing an Alcohol Action Plan that will look at all aspects of how alcohol is addressed within the Trust – this will include identification and clinical management, pathways to community services and workforce development

Enforce and Control

Much of the work in this area is on-going.

5.8. Super strength alcohol is lagers, beers and ciders with an alcohol volume of 6.5% or over that is sold very cheaply. There is a growing awareness of the negative impacts of these products – particularly on vulnerable groups including street drinkers and young people. A number of areas across the country have successfully introduced schemes that have contributed to a reduction in alcohol related crime and ASB and are influencing a change in culture around these products. Businesses in these areas have not reported any impact on their overall profitability.

Work is currently underway to develop an evidence based approach to reducing the retailing of super strength lager and cider. This will be a voluntary scheme where local businesses are asked to sign up to removing these products from their shelves. Shekinah Mission Harbour Drug and Alcohol Services are working with Community Safety and Public Health to identify a retail partner to champion the scheme. **It is essential that work being undertaken by the Police and Crime Commissioner is aligned to this work.**

Strategic Alcohol Plan 2013 – 2018
Promote Responsibility, Minimise Harm.

Year 1 Delivery Plan 2013/14 –March 2014 Position Statement

Revised Jul 2013

Cross Cutting

Aim 1: A strong, shared partnership response that will reduce alcohol related harm

Accountable Lead: Stephen Horsley - Director of Public Health/Carole Burgoyne - Strategic Director for People

Objectives:

1. To develop and sustain partnership structures to ensure successful delivery of the plan
2. To ensure effective performance management of delivery of the plan
3. To ensure effective communication with all key stakeholders
4. To ensure the city's Growth Board and Culture Board are engaged in strategic discussions and delivery of the Alcohol Strategic Plan

Delivery Plan

Actions and milestones	Current Position	Key Contact	Other partners currently involved	Other partners needed
1.1 Agree governance and accountability within new Partnership structures	In progress	Laura Juett		
1.2 Establish performance management framework including performance measures and reporting schedule	In progress	Laura Juett		Police, CCG
1.3 Develop a Communications Plan	In progress	Laura Juett and rep from PCC Communications Team		Police, CCG, PCH, Plymouth NHS Hospitals Trust
1.4 Establish strategic dialogue between the Health & Wellbeing Board and Growth and Culture Boards		Chair of Health and Well Being Board and Alcohol Programme Board		Chairs of HWBB and Culture Board

Expected outcomes: Successful delivery of the annual plan

Prevent

Aim 2: To change attitudes towards alcohol

Accountable Lead: Stuart Palmer - Assistant Director Homes and Communities

Objectives

1. To raise awareness of the impact of alcohol misuse on health, crime and well-being and promote a culture of safe, sensible drinking
2. To build intelligence and understanding of need among specific communities

Delivery Plan

Actions and milestones	Current Position	Key Contact	Other Partners currently involved	Other partners needed
2.1 Increase number of schools participating in Healthy Child Quality Mark which supports delivery of high quality alcohol education	60 schools and PCAD and City College currently engaged in HCQM. Working to increase overall number of establishments engaged	Michael House		
2.2 Develop alcohol Peer Support Programme within Schools	Delivered by March evaluation by June	Dan Preece, Public Protection Service and Dave Schwartz	Stoke Damerel and Sir John Hunt Schools and Harbour Drug and Alcohol Service	

2.3	Develop a co-ordinated approach to the provision of alcohol information and advice to young people	There is range of activity currently being developed including the Healthy Quality Child Mark. IBA – Youth Training Targeted and community Provision A & E Youth Project Input through SHARP Team	Stuart Palmer/ John Miller		Work needs to be co-ordinated - Early Intervention and prevention SLT to scope through E&IP Partnership Board. Mapping exercise & Gap Analysis to take place to drive out an improved/ co-ordinated and targeted approach
2.4	Provide opportunities in university and further education settings for the student population to increase their knowledge and understanding of alcohol	Freshers Events for all Higher Education Establishments in Plymouth co-ordinated through Safer Plymouth. Student Union (Plymouth University) developing improvements to methods of communication via improved technology- .	Claire Oldfield/Paula McGinnis		Needs further work to identify a City College and Marjons Lead to ensure a co-ordinated approach and understanding by all establishments

2.5 Improve intelligence and understanding of alcohol related need among older people		Laura Juett		Work to be scoped with Public Health Intelligence Adult Social Care
2.6 Improve intelligence and understanding of alcohol related need among BME communities		Laura Juett	Devon is currently leading work on a health needs assessment of BME communities across Devon – including Plymouth. This will provide some intelligence re alcohol.	Public Health Intelligence PPC Social Inclusion Team

Expected outcomes: Reduce levels of harmful drinking by adults and young people

Protect:

Aim 3: Support for children, young people and parents with an alcohol related need

Accountable Lead: Alison Botham – Assistant Director for Social Care

Objectives:

1. Increased understanding and identification of parental alcohol misuse among staff working directly with children and young people
2. Increased understanding and identification of parental alcohol misuse among staff working directly with parents
3. Enhanced joint working between adult treatment services and children's services to provide an integrated response to children affected by parental alcohol misuse
4. Improve access to relevant support for both children and adults in need

Delivery Plan:

Actions and milestones	Current Position	Key Contact	Other partners currently involved	Other partners needed
3.1 Delivery of a workforce development programme to improve the capability to identify parental alcohol misuse amongst key services through workforce development programme	Alcohol IBA training and Hidden Harm training has been delivered to key staff	Dave Schwartz (Hidden Harm Training) Plymouth Community Healthcare Livewell Team (IBA training	Laura Juett	This workforce development is on-going
3.2 Review the Alcohol Intervention Service for Parents to determine impact and to inform planning for an integrated treatment system from 2014.	Review undertaken and future funding for programme agreed	Dave Schwartz	Gary Wallace Harbour Drug and Alcohol Services, Children's Social Care	This will be considered as part of broader Substance Misuse Commissioning Plan
3.3 Commission Plymouth Safeguarding Board Hidden Harm training for 2014 -2016	Completed	Dave Schwartz	Caroline Jones - Lead Officer for Learning and Development	Training to continue 2014/15
3.4 Review use of parenting programmes for those affected by alcohol misuse	Existing offer reviewed. Service continues to develop to engage parents who are in alcohol treatment	Dave Schwartz/Angela Archer (Parent Partnership)	Treatment Services/Children's Centres	Review undertaken – this work is ongoing

Expected outcomes:

- Improved identification of children living with parents with an alcohol problem
- Improved identification of parental alcohol misuse
- Appropriate referral for parents to specialist alcohol treatment services
- Improved outcomes for children living with parental alcohol misuse

Treat:

Aim 4: Supporting individual needs (adults and young people)

Accountable Lead: Stephen Horsley – Director of Public Health and Lynn Kilner – Long Term Conditions Commissioning Lead CCG

Objectives:

1. To mainstream the delivery of alcohol Identification and Brief Advice (IBA) within key health and social care services
2. To commission an evidence-based, recovery orientated treatment system with capacity to meet the needs of the local population, both for adults and young people
3. To deliver an integrated system with clear treatment pathways to mental health services, adult social care services, children's social care services, criminal justice services and housing and employment services
4. To develop a strategic approach to addressing dual diagnosis
5. To develop a sustainable hospital alcohol liaison service

Delivery Plan:

Actions and milestones	Current Position	Key Contact	Other partners currently involved	Other partners needed
4.1 Deliver a large scale alcohol IBA workforce development programme to key health and social care services	Training delivered to 200 staff	Laura Juett	PCH Livewell Health Improvement Team	PCH Livewell Team now taking forward further IBA training
4.2 Develop localised screening and information tools to support the delivery of alcohol IBA	Tools and resources developed	Laura Juett	PCH Livewell Health Improvement Team	These are all available on the Livewell website

4.3 Develop alcohol IBA service monitoring system and processes	In progress	Laura Juett	PCH Livewell Health Improvement Team	
4.4 Develop a substance misuse commissioning and recovery plan providing a whole system model with defined treatment pathways	In progress	Gary Wallace, Laura Juett	Public Health England, Police, Probation, PCC Joint Commissioning	
4.5 Undertake alcohol treatment service redesign to ensure comprehensive community detoxification and assisted withdrawal provision	In progress	Gary Wallace, Laura Juett	Public Health England, Police, Probation, PCC Joint Commissioning	ODPH taken on funding of additional Community Alcohol Detox post. Over last 12 months waiting lists at Harbour have been significantly reduced
4.6 Develop robust treatment pathways including access criteria and treatment protocols for dual diagnosis	In progress through the Dual Diagnosis Pathway Group and Strategic Quality Improvement Partnership	Lin Walton, CCG	ODPH, PCH, Harbour and Broadreach	
4.7 Liaise with Clinical Commissioning Group and Plymouth Hospitals NHS Trust around further development of hospital alcohol liaison service	In progress	Laura Juett	Lynn Kilner - CCG Long Term Conditions Commissioning Lead. Lin Walton – Mental Health Commissioner	ODPH current fund 1 WTE post. Additional funding required

Expected outcomes:

- Improved identification of drinking at increasing and higher risk levels in adults and young people
- Appropriate referral to specialist alcohol treatment services
- Increase in the number of people successfully completing structured alcohol treatment
- Reduction in alcohol related hospital admissions

Enforce and Control:

Aim 5: Create a safer more vibrant Plymouth

Accountable Leads: Andy Boulting – BCU Commander and Anthony Payne - Director of Place

Objectives:

1. To develop a strategic approach to the further development and management of the Evening and Night Time Economy
2. To improve responses to alcohol related violent crime
3. To ensure engagement of all 'Responsible Authorities' in licensing processes
4. To create safer drinking environments
5. To improve off-sales retail practice
6. To engage Business Improvement Districts in community safety and crime reduction initiatives

Delivery Plan:

Actions and milestones	Current position	Key contact	Other partners involved	Other partners needed
5.1 Define and agree the role, funding and governance arrangements for the appointment of an ENTE Manager	In progress	David Draffan/Amanda Lumley/BIDS Managers		
5.2 Establish data sharing process/protocols between hospital Emergency Department and Minor Injury Unit and the Community Safety Partnership	In progress	Laura Juett and Public Health Intelligence	Plymouth Hospital NHS Trust and Cumberland Centre	

			Safer Plymouth (CSP)	
5.3 Develop a framework to support engagement of Responsible Authorities in licensing processes	In Progress	Andy Netherton	Planning Department	Planning event with all Responsible Authorities to advise re new Licensing Policy to be arranged.
5.4 Develop a Licensing 'toolkit' to assist Councillors understanding of Plymouth's Licensing Policy	Completed	Andy Netherton	Local Cllrs	
5.5 Utilise all tools and Police powers and licensing legislation available to reduce alcohol related crime	Licensing Policy revised to make use of tools and powers e.g., restricting sale of super strength and use of polycarbonate glasses	Sgt Martin Worthington/Andy Netherton/Sarah Hopkins	Devon and Cornwall Police/PCC Licensing Teams/Safer Plymouth (CSP)	
5.6 Utilise all tools and Police powers available to reduce crime		Andy Boulting	Devon and Cornwall Police	On-going
5.7 Support the work of the Best Bar None Scheme in increasing membership and driving up standards		Paula McGinnis/ Mick McDonnell	Publicans/BBN Steering Group- (Multi-Agency Group	This is an on-going area of work

5.8 Develop an evidence based approach to reducing the retailing of super strength lager and cider	In progress	Laura Juett and Paula McGinnis Andy Netherton	Shekinah Mission, Harbour Drug and Alcohol Service	Police and Crime Commissioner
5.9 To work with Business Improvement Districts to identify opportunities for their engagement in community safety and crime reduction initiatives	In progress	BID Managers/CSP		Current discussion focussed on a more joined up approach to delivering community safety across the city, including within the BIDs areas

Expected outcomes:

- Appointment of an ENTE Manager
- Reduction in the number of alcohol related crimes
- Improved response rates for 'Responsible Authorities' in the licensing/planning process
- Increase in number of members accredited to Plymouth's Best Bar None Scheme

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Fulfilling Lives: Ageing Better
Plymouth

1. The Opportunity

In 2013, Plymouth was one of a 100 local authority areas in England, who were invited by BIG Lottery to put in a competitive bid aimed at reducing social isolation for older people. And to do this by improving their well-being, giving them the confidence and support they need to be more active in their neighbourhoods.
Plymouths successful round one bid takes us into round two with 34 other areas in the country. There is a Big Lottery fund of £70 million pounds with an opportunity to bid for up to £6 million over three to six years to invest in new ways of working and commissioning services for older people. The Lottery is looking for successful final round bids that demonstrate:

- Older people are less isolated.
- Older people are actively involved in their communities with their views and participation valued more highly.
- Older people are more engaged in the design and delivery of services that help reduce their isolation.
- Services that help to reduce isolation are better planned, co-ordinated and delivered.
- Better evidence is available to influence the services that help reduce isolation for older people in the future.

2. Why do we need this work in Plymouth? *(One Slide on Strategic Fit)*

i) The need for this work in Plymouth is underlined by the work of the Health and Well Being Board whose vision is Happy, Healthy and Aspiring lifestyles for all.The needs of a rapidly expanding older population and their potential demand on services in the city are recognised in the Joint Strategic Needs Assessment which will be feed into the Plymouth Vision and Strategy for Lottery Bid.
ii) The recent Plymouth Fairness Commission Report throws a spotlight on the social isolation of older people in the city, among others, and we will ensure we take onboard its recommendations where we can in the final bid, informal discussions indicate this should be relatively straightforward.

3. Who is preparing the Plymouth Lottery Bid?

Plymouth Guild is the lead organisation for Plymouths bid with 10 other statutory and voluntary organisations on a partnership steering group. We are pulling together a Vision and Strategy for the city to go to the Lottery at the end of April 2014. Competition will be fierce with other cities and areas in England to get this substantial funding to tackle social isolation for older people, which will go to the 15 or so successful bids. We have been successful in obtaining a development fund of £18,900 from the Big Lottery to enable us to consult, engage and develop our vision.

4. What we want to do in Plymouth?

In Plymouth we are looking to develop community-led projects that enable older people who are most at risk of social isolation and loneliness to lead more fulfilling lives. We will do this by setting up a Social Enterprise, run by older people to:

- Set up and manage a brokerage service to help people get involved in activities and their communities,
- Increase opportunities to support people at risk of becoming isolated,
- Give older people the power to make decisions on what services the Council spends money on, to design services that reach isolated people,
- Develop business opportunities activities and consultancy that harness the work of service delivery organisations of and for older people.

5. Consultation and engagement *(Four Slides)*

i) An extensive consultation and engagement exercise was started at the beginning of January 2014 with older people, with detailed work being undertaken across our diverse communities. An outline of the issues raised is being collated and will be presented on power point slides at the Health and Well Being Board meeting. A stakeholder event, including older people, is being held at the end of March at the New Continental hotel, to further shape the bid.

ii) Coproduction of the bid and the future engagement of older people on how services are designed and delivered is important to the bid and to the Health and Well Being Strategy.

We have engaged them in our Partnership Steering Group and on working groups who are working in themed areas to assist with our bid development:

- Brokerage
- Intergenerational approaches
- Transport
- Corporate Social Responsibility/Private Sector
- Culture & Activities

They will identify:

- Main issues and activities to be delivered, based on sound evidence
- Outputs and outcomes to be achieved
- Identification of resources required for delivery
- Consideration of city wide or neighbourhood focus
- Identification of income generation activities if possible.

6. Recommendations for the Health and Well Being Board

a) Endorsement of the Plymouth Ageing Better initiative and bid by the Health and Well Being Board with clear links to the Boards Vision and Strategy.

b) Ensure Strategic alignment of the various initiatives to provide services to socially isolated older people through engagement from the partner organisations on the Health and Well Being Board.

c) Development of an alignment with Joint Strategic Commissioning for older people who are social isolated with or without lottery funding

d) Agree to try out new models of commissioning with the Ageing Better Social Enterprise.

George Plenderleith
March 2014

Northern, Eastern and Western Devon Clinical Commissioning Group

NEW Devon Clinical Commissioning Group

Report for Plymouth Health and Wellbeing Board Meeting: March 2014

Recommendation
This agenda item aims to provide an update to the Health and Wellbeing Board in relation to NEW Devon CCG's 5 year Strategic Plan and Commissioning Framework for 2014/16.
This brief overview paper will be supplemented by copies of the Draft Strategic Plan and Commissioning Framework Modules summary and the Board are asked to note the updates and contribute views in relation to the planning process.

NEW Devon CCG Strategic Plan

In response to A Call to Action and Everyone Counts: Planning for Patients 2014/15 – 2018/19, NEW Devon CCG submitted the draft "*Everyone Counts"* five year strategic plan to NHS England on 14th February 2014. This plan looks ahead to 2018/19 outlining our strategic ambitions and sets out our commissioning intentions for 2014-2016. This plan sets the direction for the next five years as NEW Devon CCG develops as a leading clinical commissioning organisation.

We have worked hard across the different communities in our three localities to create a compelling strategy that describes how we will take this work forward, and have discussed our plans and ideas with large numbers of the public and with our member practices. We believe that we have to deliver on our purpose and that encompasses a role in managing the whole system in which we work.

The attached documents are first drafts only and are subject to approval by NHS England. Our plans, objectives and financial framework will need to be amended following feedback before submission to NHS England on 20th June 2014.

Commissioning Framework 2014/16 Update

Attached is the Commissioning Framework Summary which gives a high level overview of each Commissioning Framework (CF) module.

The modules have continued to be circulated to our many providers and are now also available on our intranet and externally on our Website.

Website:http://www.newdevonccg.nhs.uk/who-we-are//what-is-clinical-commissioning/commissioning-framework/100925

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Vision and mission

NEW Devon CCG will work to achieve a vision of Healthy People, Living Healthy Lives, in Healthy Communities.

Our mission is to attain high-quality sustainable services that promote wellbeing and care for people when they are unwell.

The aim is for a model of clinical commissioning that genuinely and consistently works with wider partners and communities to achieve better health and wellbeing, empowerment, and quality care and treatment for individuals and families, in all walks of life and no matter where they live in NEW Devon CCG.

Priorities and Interventions

Priority One: Personalisation and Integration

- Individual Patient Placements
- People with Learning Difficulties
- Personal Care Market
- Personal Health Budgets
- Continuing Healthcare

Priority Two: General Practice as the Organising Unit of Care

- Direct Access
- House of Care
- Care Homes

Priority Three: A regulated system of elective care

- Right Care
- Follow-Ups
- Elective Orthopaedic Care
- Dermatology
- Ophthalmology
- Rapid Access
- Enhanced Recovery (surgery)

Priority Four: A safe and efficiency urgent care system

- Non-Elective Care
- Ambulance Conveyances
- Enhanced Recovery (medicines)

Priority Five: The CCG as an effective and engaged partner

- Children and Young People, and Maternity Services
- Mental Health

Governance

Overseen through the following governance arrangements:

A Programme Office has been established to co-ordinate the planning process. This reports into the Planning and Delivery Board, which meets regularly to provide oversight and direction, and enables the integration of both the planning and delivery aspects, avoiding the risk of planning being conducted in isolation. This is supplemented with external support to help further develop governance and project management capabilities.

Over the course of the coming year the CCG's operating model will undergo further refinement. This includes review support from the Area Team looking at systems of governance, which will be used to further develop governance arrangements. This is expected to enable even deeper integration of planning and delivery.

In addition, the Chief Executives oversight group provides oversight and meets on a 6-weekly basis.

Quality

Measured using the following quality metrics:

- Potential years of life lost (PYLL) from causes amenable to healthcare: 2018/19 target1,753 (rate per 100,000 population)
- Health-related quality of life for people with long-term conditions (EQ-5D): 2018/19 target 73.9
- Composite of all avoidable emergency admissions: 2018/19 target 1,378
- Patient experience of hospital care: 2018/19 target 131.6 (proportion of people recording poor patient experience of inpatient care)
- Patient experience of primary care: 2018/19 target 4.2 (proportion of people recording poor patient experience of GP and OOH services)

Principles

Underpinning the vision and the mission are a set of organisational principles to achieve a design that will support the CCG's aims. These principles were initially developed through a wide engagement of staff:

- Promotes quality and best outcomes for patients;
- Achieves safe and sound delivery;
- Keeps commissioning local;
- Works collaboratively both locally and globally;
- Is dynamic and developmental; and
- Provides great opportunities for staff and partner organisations.

Sustainability

Delivering the required sustainability improvements:

The first draft five-year financial plan shows the CCG aiming to move from a position of reported deficit to a recurrent balance during the 5 years of the plan. With a projected deficit of £14.7m for 2013/14, the CCG will get to in-year balance by 2016/17 and begin to repay the accumulated debt position thereafter. We anticipate there will be a level of historic debt of £23m at the end of 2018/19.

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