

## **Health and Wellbeing Board**

**Thursday 20 November 2014**

### **PRESENT:**

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

Ian Ansell – Office of the Police and Crime Commissioner, Kevin Baber – Plymouth NHS Hospitals Trust, Vervan Barneby – Voluntary and Community Sector, David Bearman - Devon Local Pharmaceutical Committee, Carole Burgoyne – Plymouth City Council, Peter Edwards - Healthwatch, Amanda Fisk - NHS England Devon Cornwall and the Isles of Scilly, Dr Paul Hardy - NEW Devon CCG, Councillor Dr. Mahony, Kelechi Nnoaham – Director of Public Health, Councillor Tuffin, Steve Waite - Plymouth Community Healthcare and Val Woodward – Voluntary and Community Sector.

Apologies for absence: C/Supt Andy Boulting - Devon and Cornwall Police, Jerry Clough - NEW Devon CCG, Anne James – Plymouth Hospitals NHS Trust, Clive Turner – Plymouth Community Homes and Lesley Gross and Tony Fuqua - Voluntary and Community Sector.

Also in attendance: Ross Jago and Amelia Boulter – Plymouth City Council and Sarah Ogilvie – Public Health.

The meeting started at 10.00 am and finished at 12.20 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.*

#### 24. **DECLARATIONS OF INTEREST**

There were no declarations of interest made.

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

Carole Burgoyne provided the Board with an update on the recent Ofsted Inspection. Plymouth City Council and partners underwent 4 weeks of intensive scrutiny and would like to take this opportunity to thank the officers and partners involved. The Board would be informed of the result when available and the full report would be published in January 2015.

Agreed that the Ofsted findings to be discussed at the next meeting of the Health and Wellbeing Board to review the positives and areas for improvements.

#### 26. **MINUTES**

Agreed that the minutes of 4 September 2014 were confirmed.

27. **CORRESPONDENCE**

(a) Mental Health Crisis Care Concordat

The Board noted the correspondence from the Department of Health and Home Office on Mental Health Crisis Care Concordat. It was further reported that Carole Burgoyne and Amanda Fisk were part of an action set and recommend that this Board sign up to the concordat.

(b) Tobacco Pledge

The Board noted the Tobacco Pledge.

28. **HEALTHWATCH**

Peter Edwards, Healthwatch Plymouth provided a presentation to the Board. It was reported that –

- (a) Healthwatch are the health and social care consumer champion and the local voice for Plymouth;
- (b) Plymouth City Council commissioned Colebrook SW to host Healthwatch. The aim of the organisation is to gather information, views and experiences from local people in order to scrutinise services;
- (c) Healthwatch is a key, statutory member of the Health and Wellbeing Board;
- (d) the main strength of Healthwatch was its independence. As a statutory member of the Board, Healthwatch is able to influence change and can engage the public in a mature debate about the future of Health and Social Care Services.

In response to questions raised, it was reported that -

- (e) it was an essential factor to facilitate back to the public the understanding of systems leadership and to have that debate;
- (f) as Healthwatch were independent the public needed to have an understanding of how Healthwatch worked with organisations, in particular its critical friend role and how those organisations respond to recommendations made by Healthwatch;

In response to questions and comments raised, it was reported that -

- (g) important questions had been raised which were critical to the future of the Board and required further discussion;

- (h) the Plymouth On-line Directory (POD) was initially funded by the CCG and PCC and widely available in all libraries and GP surgeries and provides a wealth of information for the public to access. Involving the public was critical for this Board and how we consult and on what, we need to ensure we get this right from the start with our commissioners.

Agreed that further discussion on the questions raised by Healthwatch should be a key part of the Board's development in gaining a beneficial understanding of the complexities of the system and challenges.

## 29. **GOVERNANCE AND MEMBERSHIP**

Kelechi Nnoaham, Director for Public Health reported that it was important to get this right for children and young people. Whatever we do we must give regard to the voice of the child and creating a vehicle for greater voice for the child here. A formal establishment of the Children and Young People's Partnership (CYPP) as a subcommittee of this Board creates a mechanism for this Board to work with other partners across the life course of a child. It also sets out the protocol between the Children and Young People's Partnership, the Health and Wellbeing Board and Plymouth Safeguarding Children Board (PSCB) and begins to describe the mechanism across the three entities.

The following comments were made -

- (a) that good start in life was crucial but there were other factors important to this Board and how many other boards would become sub committees of this Board?
- (b) that there were possibilities of further partnerships to have a more statutory footing and this Board to consider over the next 12 months;
- (c) one of the Ofsted requirements was to demonstrate the links between this Board, CYPP and PSCB and this formalises the arrangements.

Agreed that –

1. the working protocol between the Health and Wellbeing Board, Children and Young People's Partnership and the Plymouth Safeguarding Children Board.
2. the establishment of the Children and Young People's Partnership as a sub-committee of the Health and Wellbeing Board.
3. to appoint the Assistant Director for Education, Learner and Family Support as chair of the Children and Young People's Partnership and as a member of the Health and Wellbeing Board.
4. the addition of two provisional board meetings to the business meeting calendar.

30. **4-4-54**

Kelechi Nnoaham, Director for Public Health provided a presentation on 4-4-54. It was reported that the concept of 4-4-54 would move to Thrive Plymouth and was a positive choice for better health in a growing city. It was also reported that -

- (a) there are 4 behaviours leading to 4 diseases which cause 54% of deaths in Plymouth;
- (b) it was envisaged that mental health would be incorporated within Thrive Plymouth. They wanted a positive title and health and wellbeing would be adopted in all policies and thinking.

In response to questions raised, it was reported that -

- (c) Thrive Plymouth was the framework for engagement with communities. Sitting under Thrive Plymouth would be an action plan to be developed and designed with communities;
- (d) the importance of the expertise of the communities and the need to work together was important and people to have the power to change things;
- (e) support from this Board was required to deliver Thrive Plymouth over the next 10 years. Thrive Plymouth would not change the culture of society in a moment.

Agreed that the Health and Wellbeing Board support and endorses the approach for Thrive Plymouth for the next 10 years.

31. **PLYMOUTH REPORT**

Rob Nelder, Public Health Consultation provided a presentation to the Board. It was reported that -

- Current JHWS will be superseded by health element of 'Plymouth Plan' ;
- Plymouth Plan is a strategic plan which looks ahead to 2031;
- Already been used extensively to inform the integration process;
- Specifically the report is being used to inform the ongoing development of the commissioning strategies for Children and Young People;
- Wellbeing, Complex Needs and Community;
- Used to inform the Equality Impact Assessment for Thrive Plymouth/4-4-54 (i.e. protected characteristics section);
- The Plymouth Plan needs to be publicised, circulated and used widely.

The Chair thanked officers involved in the production of the Plymouth Report.

It was reported that Plymouth was data rich and need to convert the intelligence into information that can be applied.

Agreed that the Health and Wellbeing Board note the report.

32. **WELLBEING SURVEY**

This agenda item was withdrawn from the agenda.

33. **PHARMACEUTICAL NEEDS ASSESSMENT**

David Bearman, Devon Local Pharmaceutical Committee and Sarah Ogilvie, Public Health Consultant reported that they had commenced the consultation and the Pharmaceutical Needs Assessment would come to the next Board for sign off by 1 April 2015.

Agreed that progress is noted to date and recommend all partners to engage with the consultation process and final report to come back to the Board in February 2015.

34. **EXEMPT BUSINESS**

There were no items of exempt business.