

Health and Wellbeing Board

Thursday 26 March 2015

PRESENT:

Councillor McDonald, in the Chair.
Kelechi Nnoaham, Vice Chair for this meeting.

Veryan Barneby – Community and Voluntary Sector, David Bearman – Devon Local Pharmaceutical Committee, Peter Edwards – Healthwatch, Dr Paul Hardy – NEW Devon CCG, Judith Harwood – Assistant Director for Learning and Communities, Ann James – NHS Plymouth Hospitals Trust, Dan O’Toole – Plymouth Community Healthcare, Dr Richard Stephenson – University of Plymouth, Dave Sumner – Devon and Cornwall Police and Clive Turner – Plymouth Community Homes.

Apologies for absence: Andy Boulting – Devon and Cornwall Police, Tony Fuqua - Community and Voluntary Sector, Lesley Gross - Community and Voluntary Sector, Tony Hogg - Office of the Police and Crime Commissioner, Councillor Dr. Mahony, Councillor Tuffin and Steve Waite – Plymouth Community Healthcare.

Also in attendance: Craig McArdle – Head of Co-operative Commissioning, Nicola Jones - Commissioning Lead, Kate Jones –Project Manager and Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 10.00 am and finished at 12.15 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.

44. **DECLARATIONS OF INTEREST**

The following declarations of interest were made in accordance with the code of conduct –

Name	Minute Number	Reason	Interest
Veryan Barneby	Minute 47 – Feedback from the Mental Health Solution Workshop	Involved with the contract commissioned by PCC - Social Prescribe Project.	Personal
Peter Edwards	Minute 47 – Feedback from the Mental Health Solution Workshop	Awarded community and advice service contract to work in police cells and also works as a private practitioner.	Personal

45. **CHAIR'S URGENT BUSINESS**

The Chair reminded Board members that the next Health and Wellbeing Board meeting scheduled for 23 April 2015 would be a development session for members. Attendance at this session would be essential for all members as the function and role of the Board may need to change.

46. **MINUTES**

Agreed that the minutes of 5 February 2015 were confirmed.

47. **FEEDBACK FROM THE MENTAL HEALTH SOLUTION WORKSHOP**

The Chair thanked the Voluntary and Community Sector for hosting the solution workshop into mental health, in particular Healthwatch and MIND Plymouth. Peter Edwards, Healthwatch Representative provided the Board with an update from the Mental Health Solution Workshop facilitated by the Plymouth Mental Health Provider Network on 7 November 2015.

It was reported that the conversations that took place at the workshop identified the problems very quickly but stalled on the how and what could be done. It was very apparent that everyone was struggling on how to approach things differently in terms of mental health. Mental health was a massive problem and about making people more resilient and to be more healthy and the need to focus solutions around individuals.

The following comments were made by Board members -

- (a) the voice of the child and the issues affecting children and young people was important and investing in preventative work;
- (b) housing officers at Plymouth Community Homes have identified single men who are very isolated whilst not causing any problems in terms of their tenancy have low level mental health needs. There was a need to better understand people with low level mental health needs and training for housing staff to understand what services are available to signpost people to and forms part of the preventative agenda;
- (c) mental health was still a very difficult topic for people to discuss;
- (d) ensure that the voluntary and community sector is engaged for the knowledge and understanding to form part of the intelligence for the workshop.

Agreed that –

1. A further workshop is set up to identify solutions to the issues raised at the Mental Health Solution Workshop.
2. Preparatory work to be undertaken prior to the workshop, Kelechi Nnoaham, Dr Paul Hardy, Peter Edwards and Ross Jago to meet and shape the day.
3. that the findings of the solution workshop and the comments from the discussion today and further Solution Workshop are incorporated into the Pledge 90 Implementation Plan which will then come to the Health and Wellbeing Board in June.

48. **PHARMACEUTICAL NEEDS ASSESSMENT**

David Bearman, Devon Local Pharmaceutical Committee provided the Board with the Pharmaceutical Needs Assessment for sign off by this Board as one of its statutory duties. The production of this document started some years ago to look at the pharmaceutical needs for this area. This has been a collaborative paper working with Devon and Torbay and David extended thanks to Sarah Ogilvie who led the Plymouth work brought together the other organisations.

This is not a static document and pharmacy undergoing a radical shift in the Plymouth area and working in collaboration with GP surgeries and mental health activity, see a rapidly changing environment for the community pharmacy in the way it operates and for the board to consider the changes to make sure they maximise the benefit of the city in a future Solution Workshop.

In response to questions raised it was reported that -

- (a) the shift from historic position of managing medicines to minimise cost has moved dramatically and the medicines optimisation opportunity is very significant in reducing hospital pressures, looking at poly pharmacy and how we can ensure medical regimes people are on are more effective and this is not always reflected in this type of report, there is a real opportunity to push for maximisation;
- (b) there was a chemist in north of the city that was open on a Sunday but closed to lack of usage and possibly need to speak the Area Team to look at this potential need whether this needs to be addressed;
- (c) we are supporting the GPs work load issue, in Plymouth model more radical working with the Beacon Practice in the Plympton area to support the delivery of some of the practices to free GPs to look after more complex patients;

- (d) the document not structured to allow the forward view and the significant flux in primary care in the way we deliver in the community and suggest a solution workshop on how we deliver things in the community and how we ensure we meet the needs in the community to release pressures further up in the system.

Agreed that –

1. The Health and Wellbeing Board approve the Plymouth Pharmaceutical Needs Assessment.
2. A solution workshop is set up to look at access to pharmaceutical provision in the North West of Plymouth and make contact with NHS England on the provision in the North West of the City.

49. **INTEGRATED HEALTH AND WELLBEING**

Craig McArdle, Head of Co-operative Commissioning and Nicola Jones, Commissioning Lead provided the Board with a presentation on the Integrated Health and Wellbeing programme. It was reported that from the 1 April 2015, Plymouth City Council and NEW Devon CCG would be jointly delivering commissioning for Plymouth. The draft strategies that underpinned the programme are currently being consulted on. Integration is an on-going journey and has made some significant progress and the ambition is right.

In response to questions raised, it was reported that -

- (a) in terms of hospital commissioning there was some work to do to have that rounded position and started discussions with the hospital on what integrated commissioning would mean for the hospital;
- (b) the governance of the CCG had not changed for this current year and how this model was reflected in the future may well change in terms of commissioning of secondary care activity;
- (c) the Integrated Commissioning Board (ICB) would have responsibility for hospital based services, the ICB has no delegated authority and would start to develop from April 2015 to consider all commissioning for the Plymouth population. There was a complexity for the CCG to make sure that South Hams and West Devon were not overlooked and in the strategies have brought together the areas we believe there would be early wins but have to be more rounded in terms of impact on the hospital;
- (d) fair shares was well-rehearsed in terms of the equity position across the CCG with the current formula there was less spend coming into the western locality and that was acknowledged. The CCG has financial constraints and there was an awareness of the disparity in the funding lines with the CCG and this was being pursued;

- (e) the hospital was an integral part of the system and any shift in money across the system needs to be managed and any changes need to be worked through openly and transparently;
- (f) there was a communications and engagement plan in place but further contact to be made with Board members on how well this was working at the moment and to improve the plan to reach a wider audience;
- (g) we would have like to have pooled the whole budget but due to legislation aligned some of the funding but in terms of making commissioning decisions have a financial framework around the whole budget. Conversations were taking place nationally around this.

Agreed that –

1. The Health and Wellbeing Board note the update on Integrated Health and Wellbeing.
2. The Communication and Engagement Plan to inform the wider public of the changes.
3. The final Commissioning Strategies to be considered at the next meeting of the Health and Wellbeing Board following consultation.
4. The Health and Wellbeing Board to a Champion of the Plymouth Ask, Plymouth Health Deal and Fairs Shares.
5. That system changes does not destabilise other parts of the system.

50. **CARE ACT**

Kate Jones, Project Manager provided the Board with an update on the Care Act. It was reported that –

- (a) from 1 April 2015, Part 1 of the Care Act would come in force and the local authority would be Care Act compliant from that day. The act has a greater emphasis on prevention and early intervention and making sure people are independent as possible;
- (b) duty to offer a carers assessment, support plan and personal budget if they have eligible needs;
- (c) personal budgets another change and from April 2016 have a duty to offer direct payment to those into residential or nursing care that have eligible needs;

- (d) Part 2 comes into effect from 1 April 2016 and based on the Dilnot Report commissioned and written in 2011. Looking at how to ensure the system no longer fit for purpose is more fair and equitable and people coming into care with eligible needs not facing catastrophic costs. Department of Health recommending a cap on care set at £72k;
- (e) Part 2 more was more complicated and unsure of the cost to the local authority. A number of people would not reach the cap for a number of years and one of the main challenges ensuring we get our communications right with regard to Part 2 and how we explain this to the workforce was important and helping people understand.

In response to questions raised, it was reported that –

- (f) the challenge was how we get out to all the groups and the communities and there has been a lot of media attention about funding. They were planning to have in place by October a process for care accounts to commence in April 2016. How we explain to people now and how we evolve communication was key;
- (g) this act challenges us to think about social care in a different way and in terms of prevention see this fitting in the Health and Wellbeing, Children and Young People and Commissioning Strategies;
- (h) the Joint Needs Strategic Assessment (JSNA) was an on-going document considers social care and heavily drilled down and need to build on information to build into the JSNA data set and the JSNA Steering Group to take this forward;
- (i) the Children and Young People's Partnership has picked up the issue of young carers and in Plymouth there was a higher level of prevalence of young carers. There were very young children seen by parts of the systems as being there to provide care which will damage the wellbeing of children and young people. Discussions were taking place with children services and commissioners to take into consideration children with the household;
- (j) the assessment tool they were currently using was comprehensive and data can be pulled on the needs of people going through the system on what they actually require. Moving forward there was a need to refine that tool but was adequate to get us to the next stage;
- (k) the local authority has a duty to promote and protect carers continuing their caring roles and have linked in with the Carers Strategic Partnership Board in shaping that policy. With regard to finance we do not fully understand the impact and as we learn more will make sure it is communicated.

Agreed that -

1. The Health and Wellbeing Board continues to monitor the implementation of the Care Act.
2. Support is given to the Children and Young People's Partnership in their work around young carers.
3. Communications to the public on the implications of the Care Act.
4. The Joint Strategic Needs Assessment Steering Group to look at social needs assessment.

51. **FAIRNESS COMMISSION UPDATE**

Ross Jago, Lead Officer provided the Board with an update on the Fairness Commission. The Fairness Commission recommendations and actions attributed to the Health and Wellbeing Board would be addressed at the Development Session on 23 April 2015.

Agreed that the briefing attached in the agenda pack forms the basis of a progress report back to the Fairness Commission.

52. **EXEMPT BUSINESS**

There were no items of exempt business.