Health and Wellbeing Board

Thursday 30 July 2015

PRESENT:

Councillor McDonald, in the Chair.
Dr Paul Hardy, Vice Chair.

Chief Supt Andy Boulting - Devon and Cornwall Police, Councillor Mrs Bowyer, Carole Burgoyne - Strategic Director for People, Jerry Clough - NEW Devon CCG, Peter Edwards - Healthwatch, Tony Fuqua - Community and Voluntary Sector, Tony Hogg - Office of the Police and Crime Commissioner, Ann James - Plymouth Hospitals NHS Trust, Sarah Lees – Public Health (for Kelechi Nnoaham), Dr Richard Stephenson - Plymouth University, Sue Taylor - Devon Local Pharmaceutical Committee (for David Bearman), Councillor Tuffin and Steve Waite.

Apologies for absence: David Bearman - Devon Local Pharmaceutical Committee, Dr Caroline Gamlin - NHS England, Judith Harwood - Assistant Director for Learning and Communities, Kelechi Nnoaham - Director of Public Health and Clive Turner – Plymouth Community Healthcare.

Also in attendance: Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 10.00 am and finished at 11.50 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.

1. CONFIRMATION OF CHAIR AND VICE CHAIR

Agreed -

1. the appointment of Councillor Sue McDonald as Chair for the municipal year 2015 – 2016;

2. the appointment of Dr Paul Hardy as the Vice-Chair of the Board for the municipal year 2015-2016.

2. APPOINTMENT OF CO-OPTED REPRESENTATIVES

Agreed the following co-opted representatives -

Statutory Co-opted Members

- Carole Burgoyne, Strategic Director for People, Plymouth City Council;
- Kelechi Nnoaham, Director of Public Health;

- Jerry Clough, NEW Devon
- Dr Paul Hardy, NEW Devon Clinical Commissioning Group representative;
- Peter Edwards, Healthwatch;
- Dr Caroline Gamlin, NHS England.

Non-Statutory Co-opted Members

- Tony Fuqua, Community and Voluntary Sector Representative;
- Jo Traynor, Community and Voluntary Sector Representative;
- 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

There were no declarations of interest made.

4. CHAIR'S URGENT BUSINESS

Tony Hogg requested Board members support for the Fair Funding Campaign which relates to the police funding formula for Devon and Cornwall Police. Devon and Cornwall Police were discriminated against in terms of funding because of the rural nature, areas of deprivation and high tourism during the summer months and the Commissioner was requesting that the Government to reconsider the current funding formula. The campaign would run until 15 September 2015 and was being supported by the Western Morning News.

5. MINUTES

Agreed that the minutes of 26 March 2015 were confirmed subject to the following change –

Regarding Minute 44 – Declarations of Business for Peter Edwards. The contract relates to Cornwall supporting victims of crime.

Regarding Minute 47 – Feedback from the Mental Health Solution Workshop. To note that Healthwatch were only involved in the planning of the solution workshop.

6. NHS SUCCESS REGIME

Jerry Clough, NEW Devon CCG provided the Board with an overview of the Success Regime. It was reported that –

(a) the Success Regime was being overseen by the 3 regulatory bodies, NHS England, Monitor and the Trust Development Authority;

(b) the Success Regime was announced on 3 June 2015 as part of Simon Steven's speech to help the NHS to recover against the backdrop of the forecast deficit for 2014/15 and 2015/16;

(c) Devon was identified as an area and follows on the from the 5 Year Forward View to tackle challenges and ensuring that the healthcare system is sustainable;

(d) external support to take forward the level of transformation identified for the significant financial challenge in the Devon and Plymouth;

(e) across the system we have a combination of financial and performance challenges which is why we are a system that would benefit from the Success Regime;

(f) we need to ensure we have the right leadership behaviours in place to tackle the challenges ahead.

The following comments were made -

(g) that it was important for the new Programme Director (when appointed) to have discussions with the Health and Wellbeing Board and the council on how the interaction of the Success Regime with local systems would happen. Making sure the system in Plymouth interacts with the Success Regime but not in a way that derails or centralises a single response but builds on what we have done locally;

(h) only one meeting taken place with the regulators from the Success Regime and the need to balance the focus on NHS and the impact and opportunity around systems but not sure how this would develop;

(i) the hospital works with two systems Plymouth, Devon and Cornwall as a provider of tertiary services and Cornwall not yet part of the Success Regime. If we plan services for the longer terms we need to look at this. The financial challenges and performance around A & E or time waiting for operation for example both locally and nationally were very significant and suggest an increased focus on the shorter term financial improvement that would get a greater focus and the skill to ensure we build on a sustainable system. This was a challenge but also a great opportunity to make it this as good as it can be for the local population;

(j) the university offer their support and would be interested in working in this area both as the largest provider of healthcare professionals and innovation that build on the productivity gap;

(k) the Community Transformation Partnership has picked up these issues and Plymouth was well sighted in the western locality certainly in terms of the services Plymouth Community Healthcare provide. The Partnership were helping shape the Success Regime for Plymouth area.

Agreed that the Health and Wellbeing Board would welcome an early discussion with the Programme Director of the Success Regime.

7. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2014/15

Sarah Lees, Public Health attended the meeting on behalf of Kelechi Nnoaham to answer the Board's questions in relation to the Director of Public Health Annual Report 2014-15. This is the first report as Director of Public Health who has responsibility to produce an independent report on the health of the local population.

The following comments were made –

(a) this report is interwoven and embedded throughout the Plymouth Plan and community safety, fear of crime and how safe people feel within their communities was well embedded;

(b) each organisation needs to make a commitment to take this back to their own organisations for wider dissemination useful;

(c) the challenge for the Health and Wellbeing Board is to ensure that messages from the report are embedded in the actions we take and our behaviours;

(d) the hospital employs 6,000 people and Kelechi helped launch the hospital's health and wellbeing strategy and the messages in this report will underpin what we are doing for a healthy workforce. The graphics within the report are excellent and should be used within with our own organisations.

8. JOINT STRATEGIC NEEDS ASSESSMENT

Sarah Lees, Public Health provided the Board with a paper on the Joint Strategic Needs Assessment. This is consideration that Kelechi has had with the JSNA Steering Group to rationalise where we are considering all things that might equate to be the same thing and to bring into the same forum in terms of the JSNA and intelligence around system performance for the integrated health and wellbeing system moving forward. The suggestion that the group would change to the Integrated System Performance and Intelligence Group (ISPIG) which would become the body responsible for producing the JSNA in a much more co-ordinated way.

The following comments were made -

(a) ISPIG membership includes representatives from across public health and social care and the local authority are charged from bringing together the JSNA with the expectation topic specific arises then other people can come in to supplement the work of the group;

(b) Healthwatch not mentioned as a member of the group and represents service users in the city as well as gathering intelligence across the city. The Terms of Reference makes no mention of ISPIG reporting back to the Health and Wellbeing Board and as a Board member not actively involved in managing healthcare need to be able to access the latest information to help me undertake my role better especially from a Healthwatch perspective;

(c) would like to see a map of the governance of the group which has the potential with this membership to take on a much wider remit of the JSNA across the region in which Plymouth resides but isn't clear how the specific focus of Plymouth would play out. When we talk about systems would welcome the move to embed this in a wider system to take a wider remit across the region;

(d) Dr Paul Hardy gave reassurance that this group was in formative stages and set to address a gap that he and Kelechi had identified. The group have met and business had changed at each meeting and asked the Board for its patience while they address the gap and to ascertain whether they need to make changes to address the broader agenda;

(e) it was suggested that the Board may find it beneficial to go through the complete process because this group fits into the overall governance structure that has been agreed to deliver the integrated commissioning budget and very detailed map of all the groups set up. Progress to date at a Solution Workshop;

(f) the document talks about health and health inequalities and 80% of police activity doesn't relate to crime but relates to issues of harm and vulnerability and will some health issues and how do we get that strongly enough reflected in this work?.

The Health and Wellbeing Board agreed the recommendations as set out in the report –

1. The production of the Joint Strategic Needs Assessment becomes the responsibility of the Integrated System Performance and Intelligence Group (ISPIG).

2. The Joint Strategic Needs Assessment Steering Group meeting planned for coming are cancelled.

3. The Director of Public Health (as Chair of the ISPIG) provides updates to the Health and Wellbeing Board on the ISPIG workplan and in particular the ongoing development of the JSNA in Plymouth.

The Health and Wellbeing Board also agreed -

4. Board directed the ISPIG group to ensure its membership of data / intelligence officers cover the entirety of the pooled budget (Community Services, Housing, Children's etc).

5. ISPIG will be considered alongside governance of the pooled budget and commissioning plans through a HWB workshop. All members asked to attend.

9. PLYMOUTH INTEGRATED COMMISSIONING BOARD (PICB) COMMISSIONING INTENTIONS

Jerry Clough, NEW Devon CCG provided the Board with a presentation on the 4 Commissioning Strategies. It was reported that -

(a) there are 4 key strategies with one system and one budget to deliver our ambition, the 4 strategies are –

- Wellbeing
- Children and Young People
- Community
- Enhanced and Specialised Care

(b) an overarching aim for a Health and Wellbeing system about improving outcomes, reduction inequalities, experience of care and the sustainability of our health and wellbeing system;

(c) a system that is driven around the citizen, family and carers, about how we access services, people allowing to care for themselves and only telling my story once was very important;

(d) there are aims for each of the 4 strategies and 4 system design groups were being created to oversee the further development of the 4 strategies;

(e) signing off the final versions would place us in a completely different strategic position to undertake the operational planning for 2016/17 based more firmly on these strategies;

(f) a group of officers recently visited Tameside to discuss the similarities and differences between the work we had done on integrated commissioning. The notable feature was the scope of our ambition and the end to end services we have in the integrated fund and 4 commissioning strategies was more than what Manchester were considering. We have undertaken some really impressive work in capturing the range of work we have into 4 strategies which will guide our commissioning work for the future.

In response to questions, it was reported that -

(g) each of the 4 strategies have a system design group which involves all partners interested in the strategies and welcome feedback from the Board on how partners can be represented. The system design group will be relatively larger group engaging around the future of the strategies;

(h) engagement events have been arranged to start discussions to shape the system design groups and recognising that the groups would be working in different way for each of the strategies;

(i) each commissioning strategy has an action plan for 2015-16 and some of the actions would continue into 2016-17 and form the start of the 2016-17 plan. The key elements in the action plan would be picked up by the system design group to look at how we change the system. The system design group are not 'talking shops' they will be action focused on key pieces of work and addressing any changes to put back into the system;

(j) with reference to domestic abuse and currently commissioned services across victims and perpetrators officers were looking at the needs and how we move to new commissioning when required and where do stop or commission in a different way;

(k) the wellbeing aim was ambitious but the point was to try and capture Kelechi's determination and use of employer/employee relationship to drive up health improvements;

(l) two board members are also members of Health Education England South West and we can influence this body to change the profile of education to put a focus on out of hospital care in support of the acute services. This would positively contribute to the Health Education England debate.

Agreed that a Solution Workshop to be arranged to have further discussions on shaping the Commissioning Strategies.

10. **WORK PROGRAMME**

Board members were invited to forward items to populate the work programme and also attached is the Solution Workshop programme which will now include the integrated commissioning strategies. The following amendments were made –

Work Programme

- Removal of the Care Act Part 2
- Suicide Prevention Work – October to site the board on the prevention work taking place in the city.
- Integrated Commissioning Board Update
- Regular update from the Children and Young People's Partnership

Peter Edwards reported that a Children and Young People Mental Health and Wellbeing Transformation plan in development and suppose to come to this board in August/September. Carole Burgoyne added this would be included as part of the update from the Children and Young People Partnership.

11. **EXEMPT BUSINESS**

There were no items of exempt business.