

## Health and Wellbeing Board

Thursday 28 January 2016

### PRESENT:

Dr Paul Hardy, in the Chair for this meeting.  
Kelechi Nnoaham, Vice Chair for this meeting.

David Bearman - Devon Local Pharmaceutical Committee, Councillor Mrs Bowyer, Carole Burgoyne - Plymouth City Council, John Clark - Plymouth Community Homes, Jerry Clough - NEW Devon CCG, Peter Edwards - Healthwatch, Tony Fuqua - Community and Voluntary Sector, Tony Hogg - Police and Crime Commissioner, Ann James - Plymouth Hospitals NHS Trust, Dr Richard Stephenson - Plymouth University, Jo Traynor - Community and Voluntary Sector and Steve Waite – Livewell South West.

Apologies for absence: Councillors McDonald and Tuffin, Chief Supt Andy Boulting - Devon and Cornwall Police, Dr Liz Thomas – NHS England.

Also in attendance: Julie Frier and Ruth Harrell – Consultants in Public Health, Dame Ruth Carnell – Chair of the Success Regime, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 10.00 am and finished at 12.00 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.*

### 22. APPOINTMENT OF CHAIR AND VICE-CHAIR

Dr Paul Hardy was appointed Chair and Kelechi Nnoaham was appointed Vice-Chair for this meeting.

### 23. DECLARATIONS OF INTEREST

In accordance with the code of conduct, the following declarations of interest were made –

Name	Subject	Reason	Interest
Dr Paul Hardy	Minute 28 - PMS Review	Practising GP in a PMS Practice	DPI
Steve Waite	Minute 28 - PMS Review	Director of a PMS Organisation	Private

24. **CHAIR'S URGENT BUSINESS**

Ross Jago, Lead Officer reported that the Health and Wellbeing Board Working Group recently met to discuss the future of the board. The outcomes from this meeting would be circulated to the Board and will set the board development agenda for the coming year.

25. **MINUTES**

Agreed that the minutes of 1 October 2016 were confirmed.

26. **CHANGES TO THE HWB MEMBERSHIP**

The Board noted the changes to the Health and Wellbeing Board membership and gave thanks to Richard Stephenson for this contribution to the Board. It was also highlighted that that apologies were received from NHS England and the importance of having NHS England's contribution at the meeting.

Agreed that a letter is sent to NHS England outlining the importance of NHS England's representation on the Health and Wellbeing Board.

27. **HEALTHY WEIGHT PROGRAMME**

Julie Frier and Ruth Harrell, Consultants in Public Health provided the Board with an update on the activity undertaken over the last year with regard to the Healthy Weight Programme. It was reported that -

- (a) the overall goal – to enable all Plymouth citizens to achieve and maintain healthy lives for healthy weight;
- (b) there are 4 strategic aims –
  - to build a strategic, sustainable and city-wide approach to promoting healthy lives for healthy weight;
  - to create and develop active, health promoting environments where we live, play, learn and work;
  - to give all children the best start and support the achievement of healthy lives for healthy weight in their families and communities;
  - to ensure effective prevention, identification, early intervention and management of obesity in children and adults.
- (c) there were challenges, such as -
  - complexity of the system;
  - no quick fix;

- scale of numbers with excess weight not easy to lose weight or sustain in the long term;
- funding challenges

(d) next steps -

- to continue progress against the plan with reiteration;
- communication and social marketing;
- building on Thrive Plymouth.

The main areas of questioning from the Board related to the following -

- (e) the parallels with the alcohol agenda and connection to troubled families in addressing the holistic person;
- (f) funding and accessing joint commissioning;
- (g) sugar tax;
- (h) dental provision for children.

Agreed that –

1. 3 key message to be highlighted to parents around action and support available.
2. Public Health Consultants to report to the relevant group (system design group) to identify the complexities within the local system and to find a solution.

## 28. **PRIMARY MEDICAL SERVICES REVIEW**

Jerry Clough, Director of the Western Locality, NEW Devon CCG provided the Board with a presentation on Personal Medical Services (PMS) Review. It was reported that –

- (a) Personal Medical Services (PMS) and General Medical Services (GMS) are the two main contract types for general practice;
- (b) the PMS review removes all practices to an equivalent level of funding for their provision of core services;
- (c) the funding that a PMS or GMS practice would receive was weighted for workload and unavoidable costs;
- (d) GP practices that were currently funded above average would see a reduction in the funding that their practice receives.

The main areas of questioning from the Board related to the following –

- (e) impact on the hospital as a result of the PMS Review and how this would be evaluated;
- (f) how the PMS Review links into the Success Regime.

The board noted the PMS Review.

## 29. **SUCCESS REGIME**

Dame Ruth Carnall, Chair of the Success Regime provided the Board with an update. It was reported that -

- (a) NEW Devon was one of three areas selected in the country and support would be provided to tackle the unique and challenging set of issues faced by Devon;
- (b) three phases of work:
  - Phase 1: diagnostic phase to understand the issues
  - Phase 2: design and consultation on options for addressing the challenges
  - Phase 3: implement changes to services
- (c) Phase 1 of the Devon Success Regime was now complete and sets out a compelling case for change with a long list of opportunities for further consideration.
- (d) five transformation opportunities have been prioritised to deliver benefit in 2016/17 –
  - reduction in the length of stay in acute and community hospitals
  - reduce the differences in the levels of elective (planned) care
  - optimise the amount of money being spent on continuing care
  - joint procurement of clinical and non-clinical supplies
  - reduction in the spend on agency staff
- (e) this was not a short process and the programme would need to be well resourced over the next year;
- (f) it was not about cuts or individual organisations but how we improve services for the people in Devon;
- (g) tests to be undertaken to ensure that the Success Regime has been successful,

(h) next steps –

- help to produce a plan and deliver on the plan;
- more collaborative leadership;
- tackle engagement and get it right around the case for change;
- by the end of March 2016, leave you with a credible set of strategic options and ensure they are presented to secure transitional and financial support to tackle the imbalances.

The main areas of questioning from the Board related to the following -

- (i) patients receiving the care they need;
- (j) addressing the inequalities;
- (k) lack of involvement of Plymouth University around workforce development and innovation;
- (l) deprivation and fairer funding distribution;
- (m) workforce issues.

The Board thanked Ruth for the update and looked forward to Phase 2 and the case for the change.

30. **WORK PROGRAMME**

The Board noted the work programme and were requested to email Ross Jago to add items to the work programme.

31. **EXEMPT BUSINESS**

There were no items of exempt business.