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HEALTH AND WELLBEING BOARD

Thursday 28 January 2016
10.00 am
Warspite Room, Council House

Members:
Councillor Tuffin, Chair
Councillors Mrs Bowyer and McDonald.

Statutory Co-opted Members: Strategic Director for People, NEW Devon Clinical Commissioning Group representatives, Director for Public Health, Healthwatch representative and NHS England.

Non-Statutory Co-opted Members: Representatives of Plymouth Community Homes, Plymouth Community Healthcare, Plymouth NHS Hospitals 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.

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Tracey Lee
Chief Executive

HEALTH AND WELLBEING BOARD

PART I (PUBLIC COMMITTEE)

1. APPOINTMENT OF CHAIR AND VICE-CHAIR

The Board to appoint a Chair and Vice-Chair for this meeting.

2. APOLOGIES

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

3. DECLARATIONS OF INTEREST

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

4. CHAIR'S URGENT BUSINESS

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

5. MINUTES (Pages 1 - 8)

To confirm the minutes of the meeting held on 1 October 2015.

6. CHANGES TO THE HWB MEMBERSHIP (Pages 9 - 10)

The Board to note the changes to the Health and Wellbeing Board Membership.

7. HEALTHY WEIGHT PROGRAMME (Pages 11 - 20)

The Board to receive a report on the Healthy Weight Programme.

8. PRIMARY MEDICAL SERVICES REVIEW (Pages 21 - 34)

The Board to receive a report on Primary Medical Services Review.

9. SUCCESS REGIME

The Board to receive a presentation on the Success Regime.

10. WORK PROGRAMME (Pages 35 - 36)

The Board are invited to add items to the work programme.

11. 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 1 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 1 October 2015

PRESENT:

Councillor McDonald, in the Chair.
Councillor Mrs Bowyer, Vice Chair for this meeting.

David Bearman – Devon Local Pharmaceutical Committee, Chief Supt Andy Boulting, Lee Budge – Plymouth Hospital NHS Trust (for Ann James), Carole Burgoyne – Strategic Director for People, Peter Edwards – Healthwatch, Tony Fuqua – Community and Voluntary Sector, Nicola Jones – NEW Devon CCG (for Jerry Clough), Kelechi Nnoaham – Director of Public Health, Dr Stephenson – University of Plymouth, Dr Liz Thomas – NHS England, Jo Traynor – Community and Voluntary Sector, Councillor Tuffin – Cabinet Member for Health and Adult Social Care and Steve Waite – Plymouth Community Healthcare.

Apologies for absence: Jerry Clough – NEW Devon CCG, Dr Paul Hardy – NEW Devon CCG, Tony Hogg – Police and Crime Commissioner, Ann James – Plymouth Hospital NHS Trust and Clive Turner – Plymouth Community Homes.

Also in attendance: Emily Street, Commissioner, NEW Devon CCG, Laura Juett – Senior Public Health Commissioning and Policy Officer, Sarah Lees – Public Health Consultant, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 11.10 am and finished at 1.06 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.

12. DECLARATIONS OF INTEREST

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

Name	Subject	Reason	Interest
Peter Edwards	Minute – 18 Suicide Prevention Work	Volunteer at the Community and Advice Support Service, practising Psychotherapist and undertakes work with Plymouth City Council.	Private

13. **CHAIR'S URGENT BUSINESS**

Ross Jago, Lead Officer reported that the Board had been approached by the University of Durham to help with a piece of research on the effectiveness of Health and Wellbeing Boards. Plymouth was one of 6 chosen to participate and would be resource light, involve interviews and focus groups with members of the Board over the next couple of months.

Agreed that the Plymouth Health and Wellbeing Board take part in the University of Durham's research into the effectiveness of Health and Wellbeing Boards.

Kelechi Nnoham, Director of Public Health reported that an Expression of Interest had been forwarded to the NHS to participate in the Healthy New Town Programme which aims to make the connections between planning and health. Kelechi would keep the Board informed of progress.

14. **MINUTES**

Agreed that the minutes of 30 July 2015 were confirmed subject to the following amendment –

Regarding Minute 2 - Judith Harwood, Assistant Director for Learning and Communities to be included as a Statutory Co-opted Representative.

15. **QUESTIONS FROM THE PUBLIC**

One question was submitted by members of the public for this meeting, in accordance with Part B, paragraph 11 of the Constitution.

Mrs Coulton attended the meeting and asked the following question. Councillor McDonald responded as set out below –

To the Health and Wellbeing Board:
Question: Why does the Health & Wellbeing Board strategy not have any recognition of the importance of quality end of life care services when it comes to contributing to the health & wellbeing of local people? Death is an integral part of life. End of life matters covers the spectrum of clinical care, choice, privacy & dignity, mental health & bereavement care, social isolation, housing, finances and inequalities in our city. There are end of life matters to plan and have informed choice for the deceased and important health & wellbeing issues for the partners/relatives following a death. Death touches all demographic profiles. Plymouth needs a co-ordinated approach to provision of end of life care and support services.
Response: The Plymouth Health and Wellbeing Board has agreed the statutory Joint Health and Wellbeing Strategy will now be included within the Plymouth Plan, which was approved by a meeting of the full council on the 21st September 2015. This single plan for the city outlines a key strategic objective to "ensure that children, young people

and adults feel safe and confident in their communities, with all people treated with dignity and respect".

Commissioning intentions are aligned to this high level objective and can be found within the draft Enhanced and Specialised Care Commissioning Strategy. The draft highlights the following outcomes and –

- Increasing the numbers of people dying in their preferred place of care
- Care provided closer to home where possible
- Carers supported to provide good End of Life care
- Consistent and joined up assessment of needs at End of Life
- Preventing avoidable hospital admissions
- Fewer delayed transfers of care from hospital to the community for End of Life care
- Good quality End of Life Care across all providers which promotes dignity and comfort

The aim is to have co-ordinated care through good communication with individuals and professionals across the wider health and social care system. This will be achieved by –

- Working with providers to make sure that the right services are in place to support people
- at home and in care homes
- Continuing to improve the quality of care in hospital for those at the end of life
- Continuing to develop good quality care across all providers
- Joining up assessments through integrated services
- Supporting carers in the care they provide at the end of life
- Preventing avoidable hospital admissions
- Reducing delayed transfers of care from hospital to the community
- Developing advanced care planning across the community for those people in EOL
- phase
- Ensuring that families and carers know of the bereavement services that are available

The Board considers a "good death" as important not only for those at the end of their life but for those carers, family and friends that surround them.

16. **CAMHS TRANSFORMATION PLAN**

Emily Street, Commissioner, NEW Devon CCG reported that additional money of £1.5m has been provided for CAMHS for Plymouth, Devon and Torbay. It was reported that -

(a) they had undertaken a lot of engagement to hear the voice of young people and the key messages were:

- More information on mental health;
- Support to avoid a crisis;
- Emergency help in a crisis;
- People who listen and treat them with respect;
- Services to be closer to home.

(b) they consider the following to be the main priorities:

Early Intervention

- working with partners and peers;
- early intervention with support at Tier 1 and 2;
- working with adult providers for all age pathways.

Crisis Response

- implement requirement of Mental Health Crisis Concordat;
- timely front door response in acute crisis 24/7;
- assertive outreach over extended hours.

Children in Care (CiC)

- remodelling CiC pathway;
- enhanced, evidence based therapeutic interventions;
- multiagency support for children on the edge of care.

Specific Services

- embed self-harm evidence pathway;
- extending eating disorders model across Devon and Plymouth in line with evidence base.

(c) the Health and Wellbeing Board are requested to sign off the priorities.

The following comments were made by Board members –

- not enough emphasis on the emotional resilience;
- there was sight of the Public Health survey conducted with the 4,000 school children;
- doesn't include local issues and a local solution is required;
- additional money would help to change the system.

Agreed that the Chairs of the Health and Wellbeing Board, Caring Plymouth and Children and Young People's Partnership meet to sign off the CAMHS Transformation Plan subject to the changes made by the SRO for Children and Young People.

17. ALCOHOL DASHBOARD UPDATE

Laura Juett, Senior Public Health Commissioning and Policy Officer presented to the Board the Alcohol Dashboard. It was reported that the overall aim was to reduce alcohol related harm in the city to include:

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

The following comments were made by Board members –

(a) the city is surrounded by a significant population that travel in for various reasons and the city therefore picks up both the benefits and the potential harm issues;

(b) alcohol cuts across a number of areas that the Health and Wellbeing Board review and how alcohol issues are aligned with the decisions this Board makes.

In response to questions raised, it was reported that –

(c) hospital admissions were mainly by people from 45 years upwards with more chronic health harms due to long term alcohol abuse. Young people presenting to the emergency department were due to assaults;

(d) progress was being made against the alcohol agenda for Plymouth.

Agreed that other Health and Wellbeing Boards are explored with regard to the alcohol agenda via the Local Government Association.

18. SUICIDE PREVENTION WORK

Sarah Lees, Public Health Consultation provided the Board with a report on Suicide Prevention Work. It was reported that –

(a) suicide is a major societal issue;

(b) the average cost to society of each death was £1.45 million;

(c) suicide was the commonest cause of death in men under the age of 35 years;

(d) 70% of those people who die by suicide were not in receipt of mental health services;

(e) 3 times more men than women die by suicide;

(f) suicides were not inevitable, they were preventable;

Highlighted to the Board the local system issues –

- recognition of severe distress by services and of high risk groups and importance of addressing this as soon as possible;
- information sharing across organisations and services;
- access to services 24-7 for those vulnerable people who are below threshold for mental health services.

The following comments were made by Board members –

- not acceptable that vulnerable people were being turned away and desperately need help;
- completely rethink system and stop looking at the higher grade services and look at providing lower cost services for many more people;
- ensuring appropriate support for people and how we identify those not on the radar.

The Mental Health Crisis Concordat has been signed up nationally by all the key players and one of the aims is access to support before crisis point but also urgent and emergency access to crisis care making mental health on parity to physical heath.

19. **CHILDREN AND YOUNG PEOPLE PARTNERSHIP UPDATE**

Judith Harwood, Chair of the Children and Young People's Partnership provided the Board with an update from the Children and Young People's Partnership. It was reported that –

(a) partnership has established the way of working alongside the commissioning strategies;

(b) the partnership has 4 priorities;
- early help;
- aspiration and learning;
- integration of education, health and care;
- safeguarding.

(c) the new Chair of the Plymouth Safeguarding Children Board has outlined his priorities and looking at how to bring together the two partnerships actively together;

(d) they had received the progress report against the Children Social Care Improvement Plan and have endorsed the work;

(e) the partnership have discussed the 4 commissioning;

(f) the next step to consider the model of partnership because many of the themes are cross cutting. Should the Children and Young People's Partnership be combined with other boards?

(g) the next meeting of the partnership part of the meeting would be held as a system design group around the Children and Young People's Strategy looking at system redesign involving all stakeholders and partners.

20. WORK PROGRAMME

Board members were invited to forward items to populate the work programme. It was agreed that –

1. Solution Workshops would cease whilst the review of the Health and Wellbeing Board was taking place. A report on the way forward would be provided to the Board in January.

2. Personal Medical Services Review to be added to the work programme for January.

3. An update on work being undertaken around mental health to be circulated to Board members and to ensure that issues raised are fed back into the commissioning strategies.

21. EXEMPT BUSINESS

There were no items of exempt business.

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HEALTH AND WELLBEING BOARD MEMBERSHIP

January 2016

Board Member	Role
Councillor Tuffin	Chair
Councillor McDonald	Council Representative
Councillor Mrs Bowyer	Council Representative
Ann James	Plymouth NHS Hospital Trust
Professor Patricia Livsey	University of Plymouth
Andy Boulting	Devon and Cornwall Police
Kelechi Nnoaham	Director of Public Health
David Bearman	Devon LPC
Jerry Clough	NEW Devon CCG
Dr Paul Hardy	Vice-Chair, NEW Devon CCG
Carole Burgoyne	Strategic Director for People
Peter Edwards	Healthwatch Representative
Tony Fuqua	Community and Voluntary Sector Representative
Steve Waite	Plymouth Community Healthcare
Tony Hogg	Police and Crime Commissioner
Liz Thomas	NHS England
John Clark	Plymouth Community Homes
Jo Traynor	Community and Voluntary Sector Representative
Judith Harwood	CYP Lead/Assistant Director for Learning and Communities

Author: Amelia Boulter

Job Title: Democratic Support Officer

Department: Chief Executive's

Date: 18 January 2016

HEALTH AND WELLBEING BOARD:

HEALTHY WEIGHT UPDATE

18th January 2016

Author: Julie Frier / Ruth Harrell

Job Title: Consultants Public Health

Department: Office for the Director of Public Health

Date: 18th January 2016

1.0 Introduction

Rates of excess weight (overweight and obesity) have increased markedly over the last 30 years and are projected to continue to rise. Overweight and obesity is a complex issue, and needs to be tackled at a variety of levels (national, local and by individuals) and with a wide variety of interventions, which are centred around healthier eating habits and promoting physical activity.

Plymouth has a Healthy Lives 4 Healthy Weight (HL4HW) programme of action, which has a comprehensive plan in place. This has been progressing well since this was last shared with the Board, and the purpose of this paper is to highlight some key activity that has been undertaken since last reported, areas of success, challenges ahead and next steps.

2.0 Current position

2.1 National data

PHOF 2.12 - Percentage of adults overweight or obese 2012 – 14

Area	Value (%)	95% Lower CI	95% Upper CI
England	64.6	64.5	64.7
South West	64.2	63.7	64.6
Plymouth	**62.4**	**59.9**	**65.0**

This data is taken from the Active People survey and indicates that rates of overweight and obesity in adults living in Plymouth are similar and to the levels seen nationally, and regionally[1].

PHOF 2.06i - Percentage of children overweight or obese: Reception 2014/15

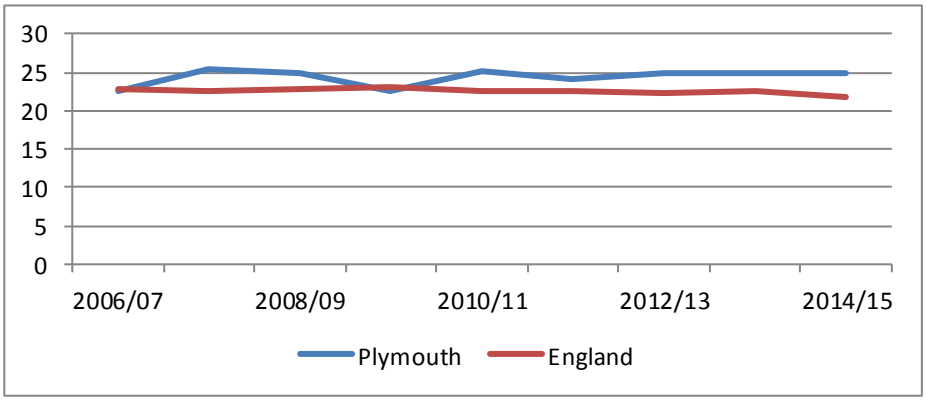
Area	Value (%)	95% Lower CI	95% Upper CI
England	21.9	21.8	22.0
South West	22.3	22.0	22.7
Plymouth	**24.8**	**23.3**	**26.4**

PHOF 2.06ii - Percentage of children overweight or obese: Year 6 2014/15

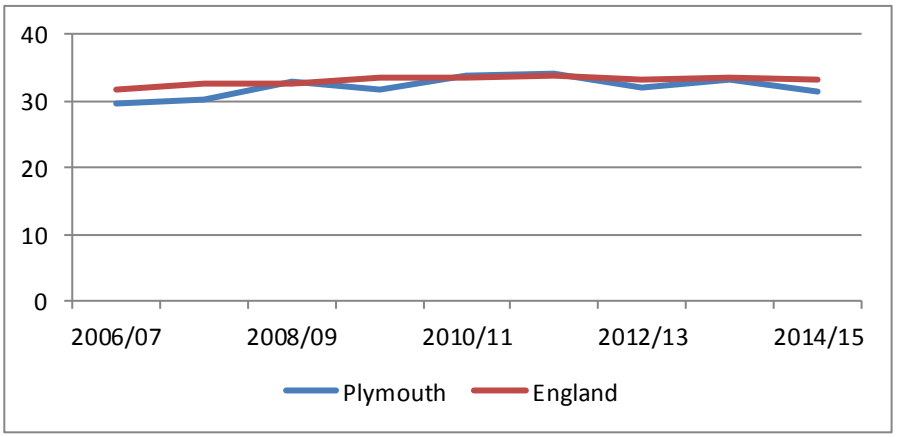
Area	Value (%)	95% Lower CI	95% Upper CI
England	**33.2**	**33.1**	**33.4**
South West	**30.5**	**30.0**	**30.9**
Plymouth	**31.5**	**29.7**	**33.5**

[1] This survey figure is based on a relatively small number and so is only an estimate of the actual levels (1,337 Plymouth adults took part in the survey); the 95% confidence intervals shown indicate that the most likely figure is somewhere between 59% and 65% and so overlaps with the national and regional figures, i.e. it is not significantly different.

PHOF 2.06i- Trend in percentage of children overweight or obese 2006-13: Reception



PHOF 2.06ii- Trend in percentage of children overweight or obese 2006-13: Year 6



PHOF 2.06i- Excess weight in Reception is statistically significantly above the England comparator. Plymouth has the 5th highest levels, when compared to the 15 other comparator local authorities[2], with eight being significantly better (confidence intervals did not overlap) than Plymouth and one local authority is significantly worse than Plymouth. Trend data suggests that both national and Plymouth trajectories are showing a flattening.

PHOF 2.06 ii-Excess weight in Year 6 is below but not statistically significantly different from the England comparator. Plymouth has the second lowest prevalence of the 15 local authorities and only one of the local authorities is significantly better than Plymouth, while five of the local authorities were significantly worse than Plymouth. Trend data suggests that both national and Plymouth trajectories and showing a flattening.

The data on healthy eating is mixed, depending on the source. The most recent data published in the PHOF is based on the Sport England Active People Survey 2014. The results show that Plymouth performs better than the England average.
PHOF 2.11i –Proportion of the population meeting the recommended '5-a-day'
Plymouth is 64.2% which is significantly higher than the England's average of 53.5%
PHOF 2.11ii-Average number of fruit consumed daily
Plymouth is 2.73 which is significantly higher than England's average of 2.58
PHOF2.11iii- average number of vegetables consumed daily
Plymouth is 2.39 which is significantly higher than England's average of 2.27

[2] PHE now uses local authority comparators based on CIPFA (Chartered Institute of Public Finance and Accountancy). These are Darlington, Gateshead, North Tyneside, Redcar and Cleveland, Sunderland, Bolton, Sefton, St. Helens, Tameside, Wirral, North East Lincolnshire, Derby, Dudley, Southampton, Bristol

2.2 Local data

The Plymouth 2014 Wellbeing Survey was sent to 6,327 over 18 year olds (return 1,647) and found that 61% of adults were eating 5 portions of fruit and vegetables a day. Variation across the city showed a high of 78% in the Peverell ward and a low of 43% in St Budeaux ward.

The Schools Health Related Behaviour Survey 2014 was carried out in 15 secondary schools with responses from 3,749 pupils in Year 8 (12/13 years) and Year 10 (ages 14-15). It found that 16% of children had eaten five portions of fruit and vegetables in the previous day. Variations were found across the city with a high of 17% in the Peverell ward and a low of 8% in St Budeaux ward.

3.0 Delivering the Plymouth Healthy Lives for Healthy Weight Action Plan

The four aims of the plan are detailed below with the corresponding delivery progress:

3.1 Aim 1: To build a strategic approach, sustainable, city wide approach to promoting health lives for healthy weight

The draft Healthy Lives for Healthy Weight (HL4HW) action plan was presented to the Board last year. Subsequent to this the plan has been subject to wider partner engagement. An Equality Impact Assessment has been undertaken and will be incorporated into further action planning. A multi-agency HL4HW group is in place and a number of key topic implementation groups have been established and linkages made through representation at or by other key strategic groups including the Breastfeeding Strategy Group and Food Plymouth.

A number of significant strategic plans have come into being in the last year or so, that both support and are supported by the aspirations of the HL4HW action plan:

- The Plymouth Plan and in particular the Healthy Cities module has implications for physical activity and diet[3].
- Thrive Plymouth includes in its target four behaviours both healthy eating and physical activity.
- The HL4HW plan supports the integrated commissioning plans overarching themes of "right place, right person, and first time"; best start to life and prevent and reduce.

The HL4HW action plan has clear synergies with these key strategic documents and so will be iterated to demonstrate and strengthen the alignment to these.

3.2 Aim 2: To create and develop active, health promoting environments where we live, play, learn and work

The linkages for healthy eating and physical activity in the Plymouth Plan were highlighted in the DPH annual report 14/15 and are shown in appendix 1.

The launch of Thrive Plymouth in November 2014 focussed year 1 on workplace health. As a result over 40 businesses have signed up to the Workplace Charter. Through Livewell@Work, Plymouth Community Healthcare (now Livewell Southwest) supports businesses in Plymouth to work towards the Charter standards. Businesses that sign up to the Workplace Wellbeing Charter are also encouraged to train a number of Workplace

[3] The Plymouth Plan will replace many of the strategies previously referred to in the HL4HW plan. The HL4HW action plan will be iterated to demonstrate the alignment to these

Health Champions as part of their approach. Plymouth Guild in partnership with Livewell Southwest deliver this health champion scheme[4]. There are currently 153 people registered as being currently active as health champions on the scheme, with over 200 people trained in total. Food, diet and physical activity are the commonest discussion areas with heath champions

More recently Thrive Plymouth year 2 was launched with schools and educational settings as the focus.

3.2.1. Healthy eating

Food Plymouth is a CIC with a focus on food poverty in the city. The group are working towards Silver Sustainable Food City award (following successful award of Bronze).

Another example of a programme of work tackling Food Poverty in the city is Grow, Share, Cook. This Cities of Service project, which uses volunteers to supporting growing project, is providing people in need with fresh fruit and vegetables and also providing family friendly cooking classes to help to ensure that people have the ability to use the food. Over 100 families have been supported in this way so far.

Recently, the use of planning powers to promote a healthier food environment around schools was put into practice, when an application to change the use of a premise to a fast food takeaway, in close vicinity of a secondary school was refused.

3.1.2. Physical Activity

The Physical Activity Needs Assessment **(**PANA) has been completed. The additional information and insight provided by the PANA was shared at a partnership workshop held in September 2015 to agree further development of the healthy weight strategic action plan, with reference to physical activity. Particular reference to vulnerable groups was made and a new objective will be added to Aim 2 of the healthy weight strategic plan to note a focus on high-risk groups.

The Physical Activity Strategy Group has now formed and is well attended by a wide range of stakeholders in the city. The initial focus has been around developing the understanding of the PANA findings and recommendations and developing the plans for implementation. A number of ambitions for increasing physical activity are now addressed through the Plymouth Plan. The HW4HL action plan will be updated reflecting these new positions.

3.3 Aim 3: To give all children the best start to life and support the achievement of healthy lives for healthy weight in their families and communities

The Breastfeeding strategy is in the process of being refreshed with a first draft with the Breastfeeding Strategy group for consideration.

Having achieved UNICEF Breastfeeding Friendly Initiative accreditation, both PHNT and Livewell Southwest are due to have their reaccreditation assessments in 2016.

Work continues to build the breastfeeding peer support network and training is now oversubscribed. Developments in the last year have included the extension of peer support in PHNT to include the neonatal unit.

[4] A health champion is someone, who with training and support, voluntarily shares positive health messages, help to motivate simple lifestyle changes and/or signposts people to local services. The scheme is open to volunteers from organisations, businesses, school staff and pupils and anyone who wants to join the scheme directly.

The Great Expectations[5] antenatal parent education programme has attracted national recognition from the National Institute for Health and Care Excellence, an award from the British Journal of Midwifery and more recently a finalist in the Health Service Journal Awards (HSJ). Session 5 "*Welcome to the world"* focuses on infant nutrition, feeding cues, attunement and bonding and a practical introduction to breastfeeding. The programme evaluation identified this session is where the largest element of learning took place.

Thrive Plymouth year 2 focus on school age children and young people was launched with schools and educational settings in November 2015. A key component of this work is through the Healthy Child Quality Mark (HCQM) scheme which includes activity related to physical activity and nutrition continue to be well supported by schools and to date 76% of schools have engaged with HCQM with 49% achieving HCQM Bronze, eight achieving HCQM Silver and four achieving HCQM Gold. In addition, two Further Educational settings have achieved the Healthy College Quality Mark. Six Early Years settings are currently part of a pilot.

The Plymouth School Sports Partnership (PSSP) are supporting Schools to deliver Change4 Life Clubs. There are currently clubs running in twenty-one Primary Schools providing opportunities for over 300 children to take part with 105 of these students having SEND. Twenty-five leaders support these clubs with training support delivered by the PSSP through Change4Life Champions.

3.4 Aim 4: To ensure effective prevention, identification, early intervention and management of obesity in children and adults

Livewell Southwest offers a range of activities and programmes to help weight management through support around simple lifestyle changes to specific programmes. Activities range from cooking skills sessions, weight management programmes, physical activity programmes and health promotion events and campaigns. This includes a targeted tier 2 weight loss programme (10% clubs) and a specialist tier 3 programmes for higher BMI clients. More specialist services are also commissioned by CCG and NHS England for specific co-morbidities, associated conditions and bariatric surgery.

A Specialist Midwifery Service for Women with a BMI>35 has been implemented in PHNT. The service aims to support women to avoid excessive weight gain during pregnancy through the promotion of sustainable, positive health changes for pregnancy and beyond. This service will be evaluated for outcomes such as weight gain during pregnancy, incidence of gestational diabetes and high blood pressure, birth outcomes and patient satisfaction.

An early years nutrition care pathway is one of the three pathways prioritised to be developed as part of the integrated early years offer. The mapping of current activity is now underway to inform the pathway design with the expectation that this will be completed by end of Q4. Once the early years nutrition care pathway has been completed work will commence on the older child pathway.

The school nursing service deliver group based SHINE (Self Help in Nutrition and Exercise) for 13-19 years. This year the Livewell team and school nursing service also developed and piloted two 5-13 years groups to complement the SHINE programme. These will be reviewed as part of the pathway design work.

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[5] The Great Expectation antenatal programme has been developed and delivered in partnership with Plymouth City Council (Early Years' Service) and Plymouth Children Centres, Plymouth Hospitals NHS Trust (PHNT)and Livewell Southwest. GE offers parents-to-be and their supporters a comprehensive antenatal education programme, in order to equip them with the knowledge and skills to make positive lifestyle choices for a healthy pregnancy, birth and lead a healthy lifestyle with their family.

Over the last year the Livewell team also designed and piloted a specific weight loss for clients with learning disability. Initial indications are that a programme could be effective in achieving better weight management and increasing confidence of support staff and the participants to make healthy choices around nutrition and physical activity. Further exploration of how to develop this in a sustainable way will be needed.

4.0 Successes

As can be seen from the activity described in section 3.0, there has been much activity supporting the delivery of the HL4HW action plan over the last year. Strategic alignment for healthy eating and physical activity and healthy weight can be seen across the Plymouth Plan, Thrive Plymouth and the integrated commissioning plans.

In the last year Thrive Plymouth has been well received as an approach to gain traction on the approach to health inequalities with clear messages on the behavioural causes that lead to chronic diseases and mortality. Healthy eating and physical activity (no matter what weight a person is) have health benefits and small changes at scale across the population can achieve marked impact.

The approach to Thrive Plymouth having a focussed area of activity each year have been well received and we know that there is much potential across the city, to release over the next few years.

These partner conversations that have been galvanised by Thrive Plymouth and the HL4HW groups have been ensuring our links with the voluntary sector and academia in the city have been strengthened. There are a number of projects where we are working with our partners on pilots or research proposals (e.g. e-coacher trial, identification of 'food deserts') and we hope to further explore working with them.

5.0 Challenges

Multifactorial causation: The influences on why people gain weight are multifactorial and include factors in the external environment and wider obesogenic influences. There is no single answer or quick delivery but a sustained programme of action over many years. There is a social gradient with regards to obesity inequalities.

The large number of the population who have excess weight mean that a focus on treatment of people once they are overweight is challenging both in terms of scale, the levels of obesity affect a significant proportion of the population and are on a upward trajectory and so turning the curve will be difficult and difficulty of treatment. This means that prevention and protection are key.

Funding – Public Health in the LA are currently awaiting information on our budgets for 2016-17. Having faced an in-year claw back of over 6.2 % of our budget in 2015/16, we anticipate further cuts over the coming years. There is therefore a challenge of how services are provided for the population particularly around prevention (physical activity and healthy eating) and weight management.

6.0 Next Steps

Maintaining continued action and implementation across the HL4HW plan. The HL4HW plan will need to be re-iterated over time reflecting progress on current action and in light of the key strategic drivers and strategies

Responding to new evidence, policy and initiatives, e.g. One You and the expected UK Government's childhood obesity strategy and how they influence our local work

Develop further our approach to communication and social marketing

Build on Thrive Plymouth and in particular for the coming year the work with schools following the year 2 launch in November 2015

Develop further the use of our local intelligence e.g. from the Schools Survey data and PANA to inform and refine the action plan

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Appendix 1: Additional information

Ambitions for the city in the Plymouth Plan

Plymouth is known for its food; exceptional quality, locally grown, available to all, building on its 'food city' reputation. (Policy 3)

Addressing collectively the factors that are responsible for the limited access to healthy and/or inappropriate access to unhealthy diets amongst communities in the city. (Policy 11)

Ensuring access to healthy catering at sporting, leisure and cultural facilities across the city. (Policy 13)

Using its planning powers to support and protect the city's sporting and active leisure facilities, and to refuse planning applications for new hot food take aways (A5 use) in areas within a 400m radius of schools. Where a hot food takeaway is to be located within a shopping centre it must not result in: (1) More than 5 per cent of the units within the centre being hot food takeaways. (2) More than two A5 units being located adjacent to each other. (3) Fewer than two non-A5 units between individual or groups of hot food Takeaways'. (Policy 13)

Promoting access to food growing opportunities and allotments. (Policy 13)

Ambitions for the city in the Plymouth Plan

A high quality and functional network of natural spaces embedded across Plymouth providing for the needs of people, wildlife and businesses, now and in the future. (Policy 3)

'Increasing participation by all sectors of the community in active lifestyles by supporting and sustaining a vibrant sports sector and creating excellent opportunities for walking and cycling, both for leisure purposes and as a primary means of transport. (Policy 13)

Enabling much higher levels of active travel by designing transport infrastructure and requiring new development to deliver safe and convenient facilities for walking and cycling, and removing street clutter to improve the local environment. (Policy 16)

'Providing high quality outdoor facilities that [will] encourage people to participate in sport and active recreation. (Policy 17)

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HEALTHY PEOPLE
living healthy lives
in healthy communities

NHS

Northern, Eastern and Western Devon
Clinical Commissioning Group

PERSONAL MEDICAL SERVICES (PMS) REVIEW

Process for NEW Devon CCG

Personal Medical Services Review

- Personal Medical Services (PMS) and General Medical Services (PMS) are the two main contract types for general practice
- PMS review moves all practices to an equivalent level of funding for their provision of core services (same as GMS).
- NHS England has set out the national requirements for the review of PMS contracts
- PMS Contract review is running in parallel with movement to equity for General Medical Services (GMS)

PMS Review

- Review process identifies a ‘PMS Premium’ that will be reinvested by the CCG
- The PMS Premium must be invested in general practice services and all practices entitled to have an equal opportunity to earn the premium
- The funding that a PMS or GMS practice will receive is weighted for workload and unavoidable costs.

Carr-Hill Formula

Drivers of workload at GP practice level

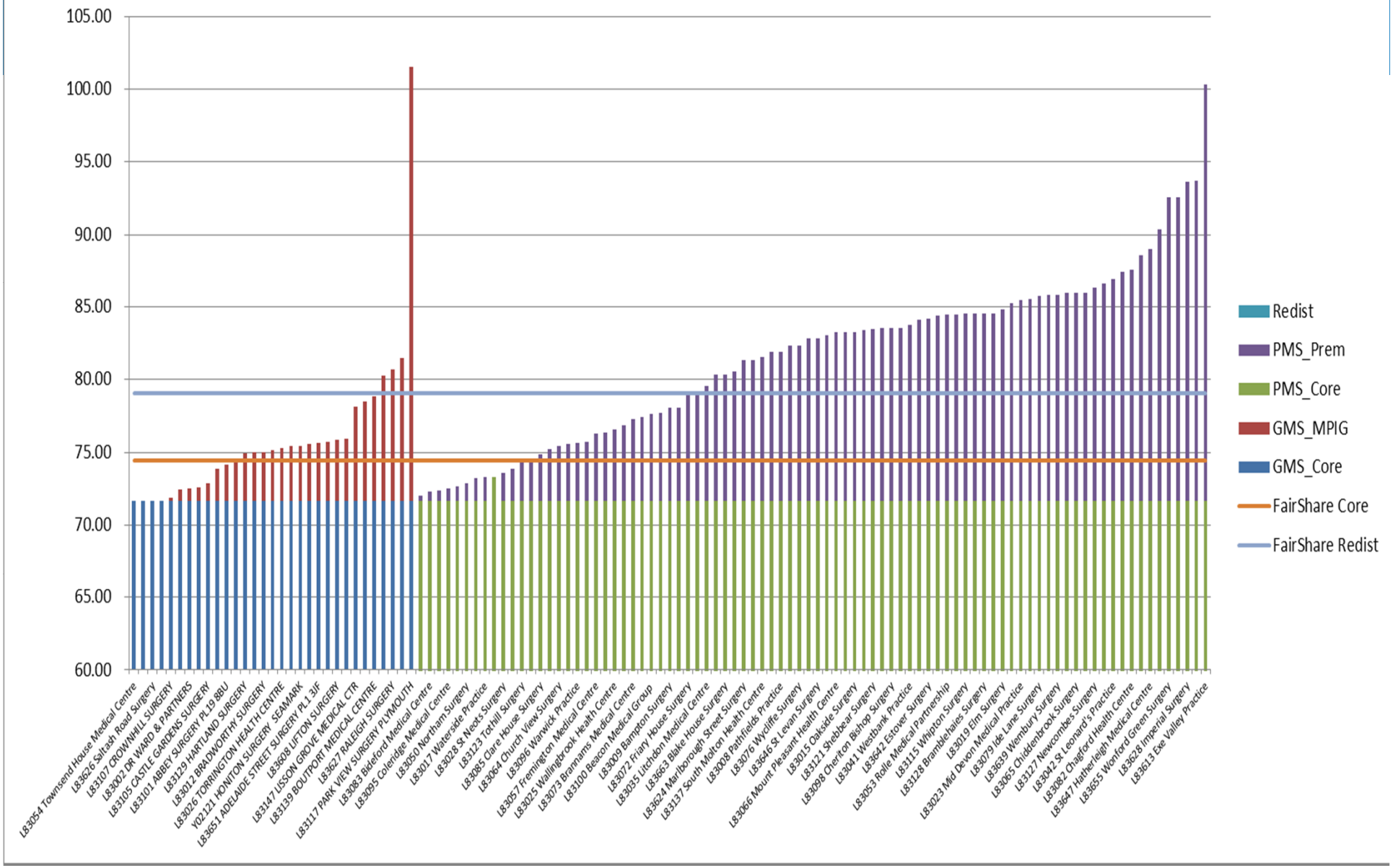
- Patient age and sex
- Nursing and Residential home patients
- Additional needs of patients(morbidity and mortality)
- Adjustment for list turnover

Unavoidable costs

- Staff market forces
- Assessment of rurality

NEW Devon CCG has requested that Public Health review the effectiveness of the Carr-Hill formula, and whether it should look to make differential investment in relation to deprivation, student populations, travellers, rurality and ethnicity.

2015/16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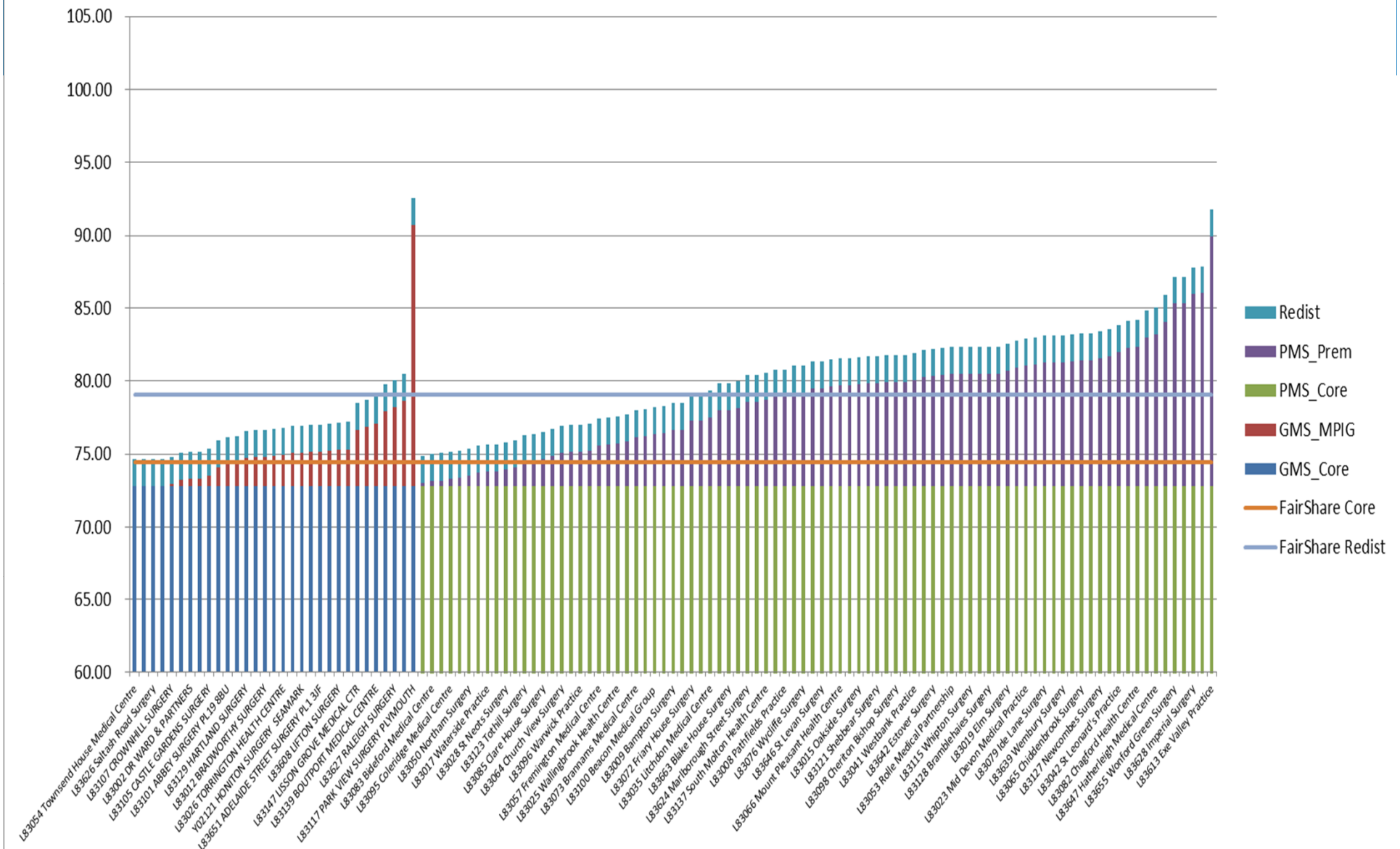
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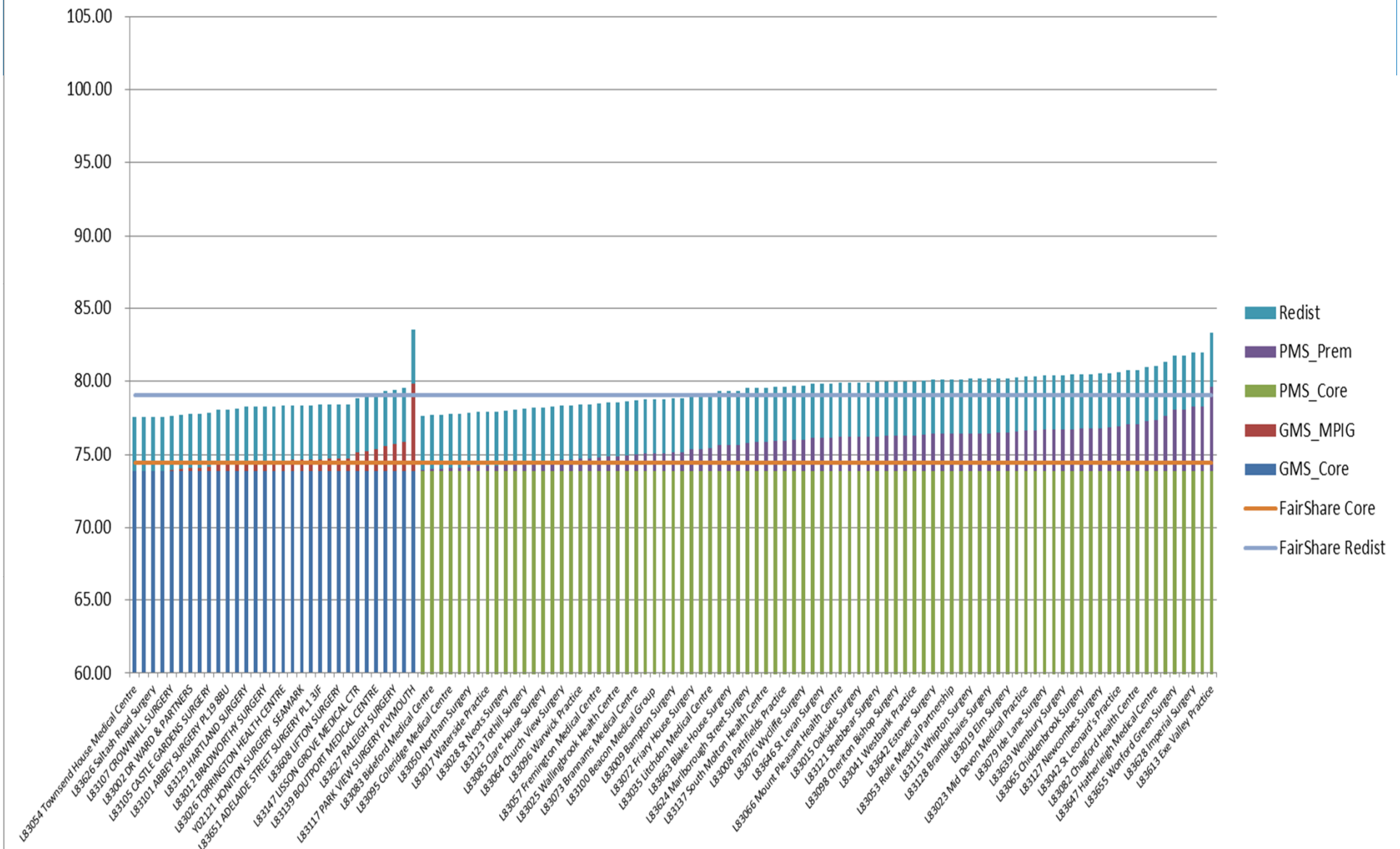
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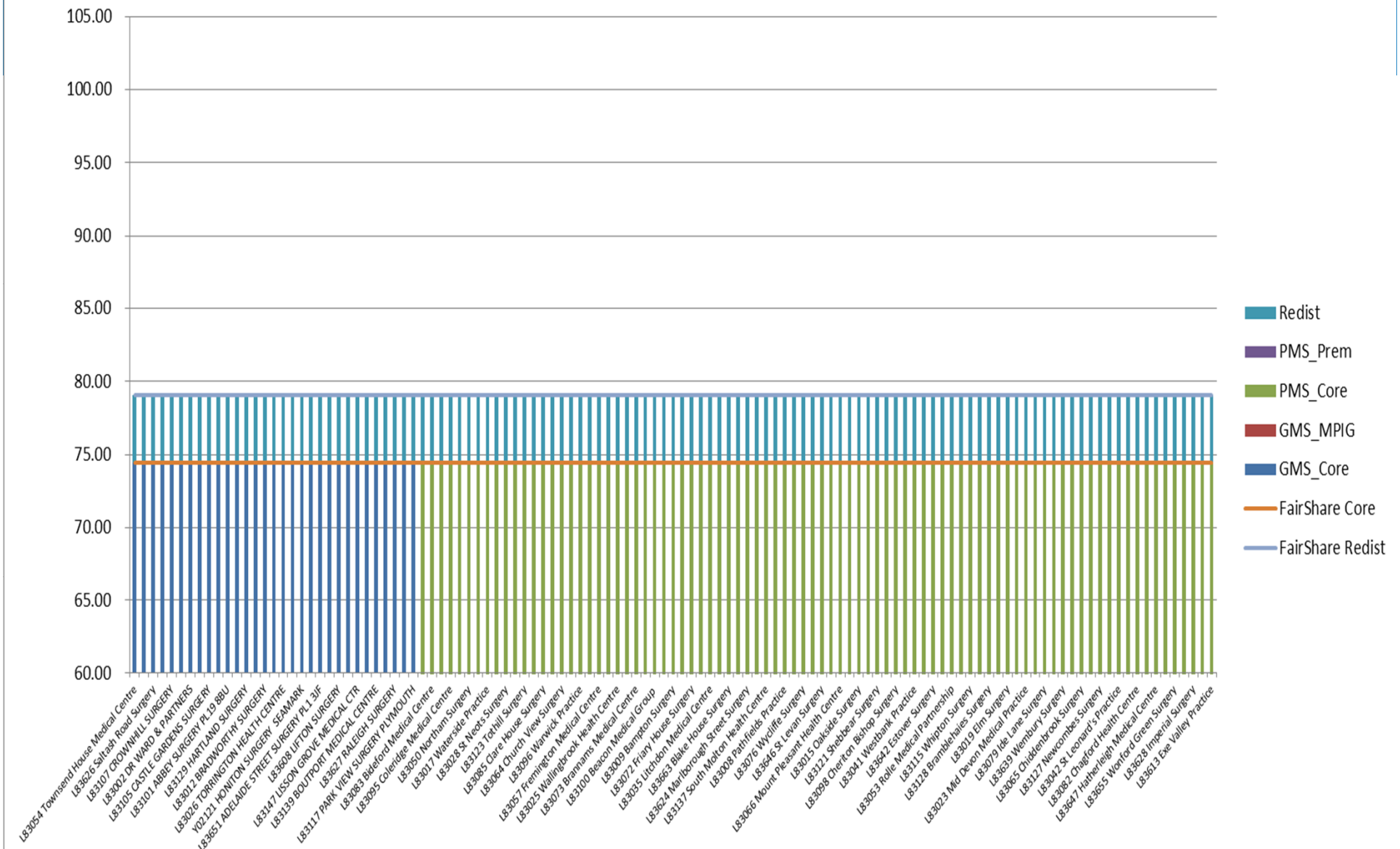
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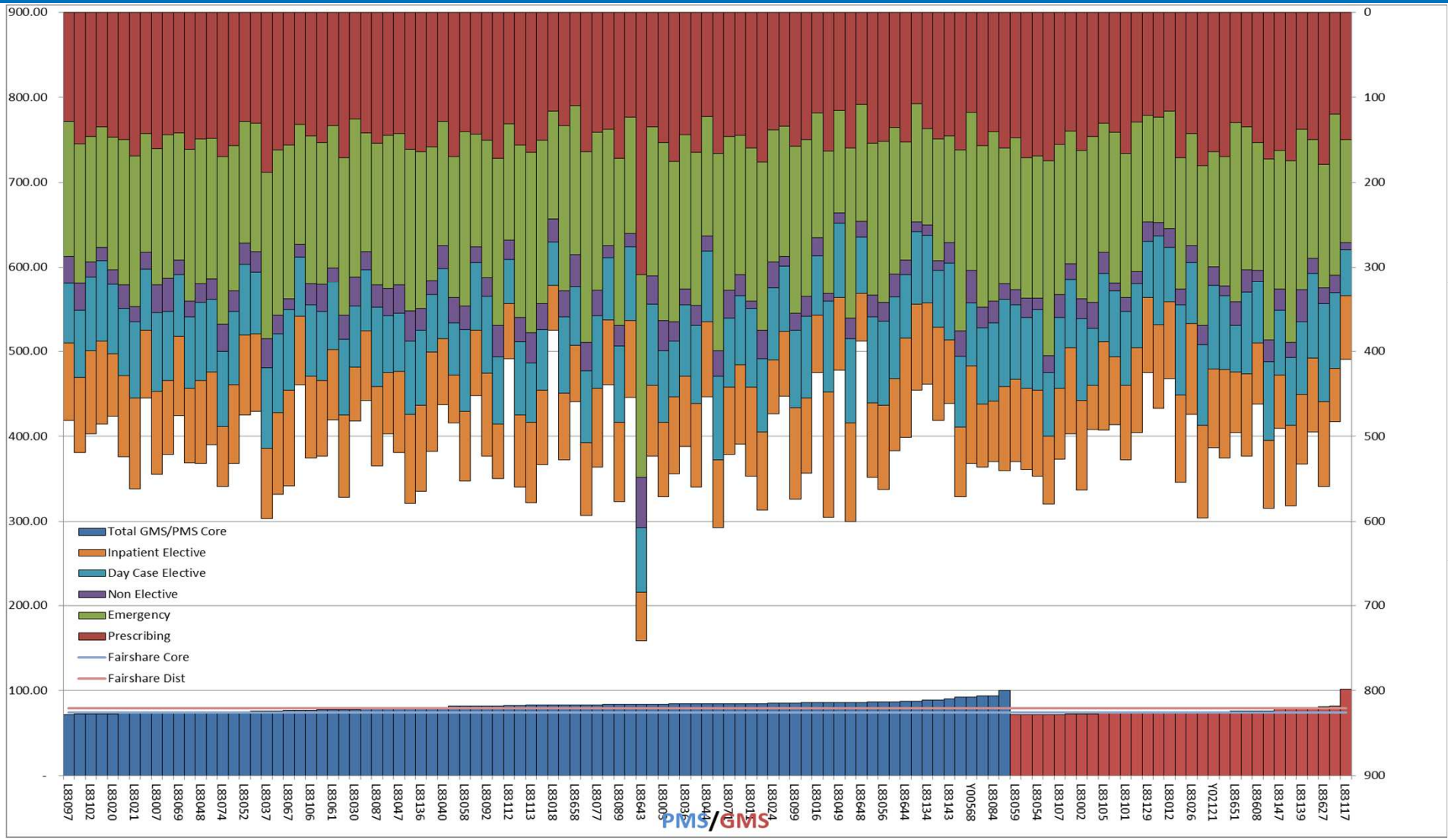
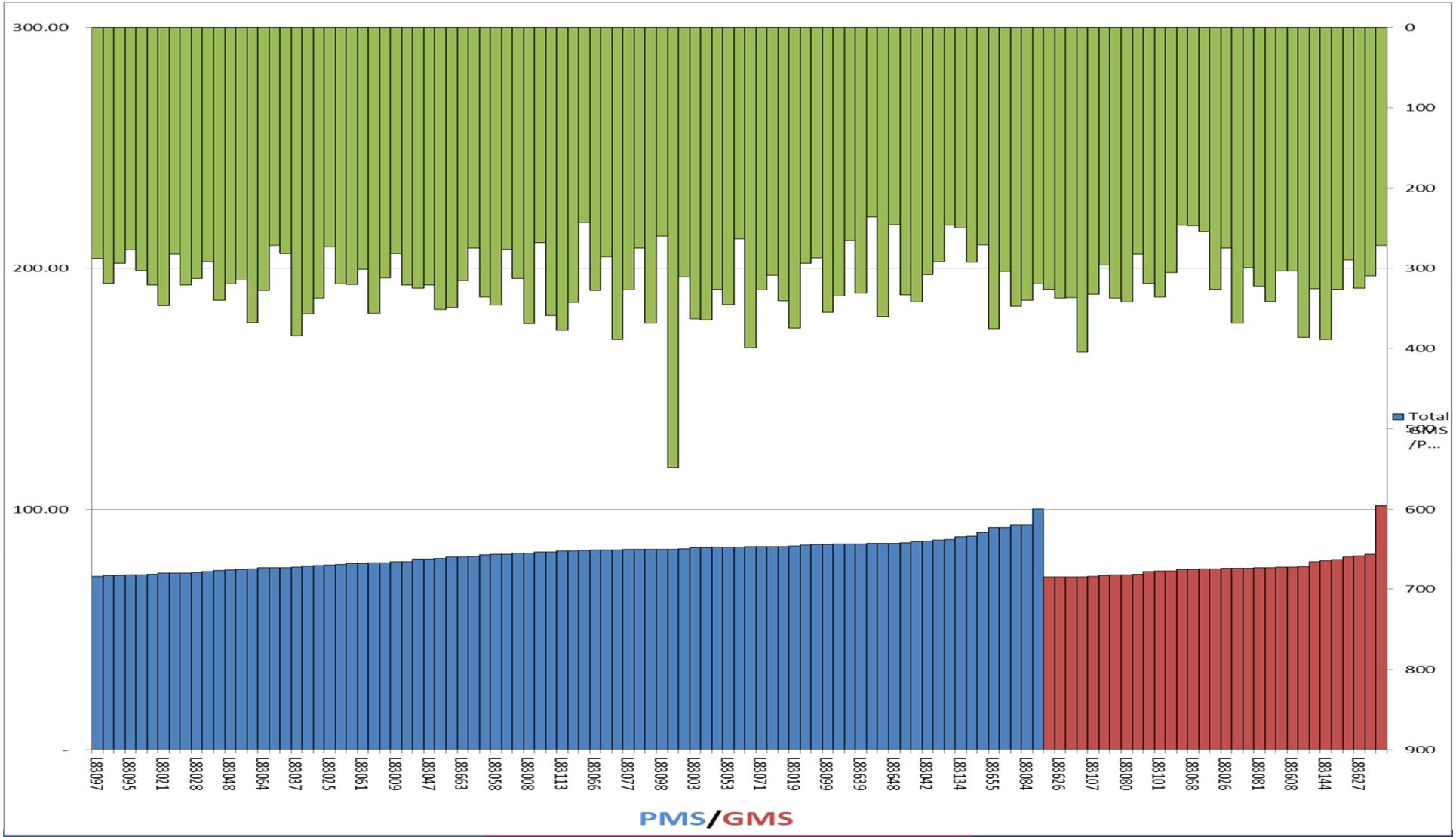
PMS / GMS Investment Levels versus Use of other Resources



PMS / GMS Investment versus Use of Resources (Emergencies)



FINANCES

General Medical Services

- 7 year pace of change to equity across GMS (MPIG redistribution)
- 2016/17 is Year 3 of 7
- Net loss to NEW Devon CCG of £30k per annum

Personal Medical Services

- 5 year pace of change to equity across PMS
- 2016/17 is Year 1 of 5
- Premium Reinvestment of approx. £800k per annum across both PMS and GMS practices

APMS

- Excluded from this process

FINANCE – Equity

Impact across Localities

- PMS Premium is taken out of PMS Contracts by NHSE
- PMS Premium is redistributed by CCG's (requires transfer of resources from NHSE to CCG)

- At end of Year 5 all practices have equal £'s per weighted patient
- Moves money between Localities:
    - £998k from Eastern Devon
    - £595k to Northern Devon
    - £256k to Western Devon

IMPLICATIONS

- GP practices who are currently funded above average will see a reduction in the funding that their practice receives.

- Movement to a national average, and reinvestment of the Premium will mean that monies move across NEW Devon CCG localities.

- Movement of monies when primary care is facing challenges in relation to capacity and recruitment.

- Managing expectations around the reinvestment over the 5 year pace of change

SUMMARY

- Movement to equitable funding with monies moving from those practices with above average core funding to those practices with below average funding.
- All monies to be reinvested in General Practice
- Pace of change of 5 years

HEALTH AND WELLBEING BOARD

Work Programme 2015 - 2016

Date of meeting	Agenda item	Reason for consideration	Responsible
30 July 2015	NHS Success Regime Update	To inform the Health and Wellbeing Board of the programme.	Jerry Clough
	Public Health Annual Report	Report from the Director of Public Health	Kelechi Nnoaham
	Plymouth ICB Commissioning Intentions	To consider alignment against the Plymouth Plan	Jerry Clough / Carole Burgoyne
	JSNA Steering Group	Discussion on the reconfiguration of the steering group	Kelechi Nnoaham / Rob Nelder
1October 2015	Plymouth ICB Commissioning Intentions	Standing Item – (if required)	Jerry Clough / Carole Burgoyne
	Alcohol Dashboard Update		Kelechi Nnoaham / Laura Juett
	Suicide Prevention		Sarah Lees
	CAMHS Transformation Plan		Paul O'Sullivan
	Children and Young People's Partnership Update		Judith Harwood
28 January 2016	Plymouth ICB Commissioning Intentions	Standing Item – (if required)	Jerry Clough / Carole Burgoyne
	Success Regime		Judith Dean, Jerry Clough and Carole Burgoyne
	PMS Review		
	Health Weight Programme		Julie Frier
24 March 2016	Plymouth ICB Commissioning Intentions	Standing Item – (if required)	Jerry Clough / Carole Burgoyne
	Psychoactive Substances		Sarah Lees
	Adult Safeguarding		Andy Bickley
	VCS		Tony Fuqua
	CYP Update		Judith Harwood

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