#healthyplym

Democratic and Member Support
Chief Executive's Department
Plymouth City Council
Ballard House
Plymouth PL1 3BJ
Please ask for Helen Rickman/ Jamie Sheldon
T 01752 668000
E democraticsupport@plymouth.gov.uk
www.plymouth.gov.uk/democracy
Published 13 June 2018

HEALTH AND WELLBEING BOARD

Thursday 21 June 2018
10.00 am
Warspite Room, Council House

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

Statutory Co-opted Members: Strategic Director for People, Director of Children's Services, 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.

This meeting will be webcast and available on-line after the meeting. By entering the Council Chamber, councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast. For further information on attending Council meetings and how to engage in the democratic process please follow this link - Get Involved

Tracey Lee
Chief Executive

Health and Wellbeing Board

1. To Note the Appointment of the Chair and Appoint a Vice Chair

The Committee will be asked to note the appointment of the Chair for the municipal year 2018/19 and appoint a Vice Chair.

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. Chairs 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 - 4)

To confirm the minutes of the meeting held on 22 March 2018

6. Questions from the public

To receive questions from the public in accordance with the Constitution.

Questions, of no longer than 50 words, can be submitted to the Democratic Support Unit, Plymouth City Council, Ballard House, Plymouth, PL1 3BJ, or email to democraticsupport@plymouth.gov.uk. Any questions must be received at least five clear working days before the date of the meeting.

7. CQC Action Plan Update (Pages 5 - 8)

Craig McArdle (Director For Integrated Commissioning) will provide the board with an update.

8. STP Update (Pages 9 - 20)

Carole Burgoyne MBE (Strategic Director for People) will provide the board with an update.

9. Strategic Integrated Commissioning Intentions next steps and feedback from Consultation (Pages 21 - 22)

Craig McArdle (Director for Integrated Commissioning) will present this item.

10. Parks and Green Spaces (Pages 23 - 42)

Kathryn Deeney (Natural Infrastructure Manager) and Jacky Clift (Voluntary and Community Sector) will present this item.

11. Work Programme (Pages 43 - 44)

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

This page is intentionally left blank

Health and Wellbeing Board

Thursday 22 March 2018

PRESENT:

Councillor Mrs Bowyer, in the Chair.
David Bearman (Devon Pharmaceutical Committee), Councillor Mrs Beer, Jo Beer (NHS Trust), Councillor Ian Tuffin, Carole Burgoyne (Plymouth City Council), John Clark (Plymouth Community Homes), Jacky Clift (Voluntary sector), Judith Harwood (Plymouth City Council), Professor Bridie Kent (University of Plymouth), Craig McArdle (Plymouth City Council), Rob Nelder (Consultant Public Health Intelligence Officer), Dr Andy Sant (CCG), Dave Thorne (Devon and Cornwall Police), and Suzanna Wixey (Livewell South West).

Apologies: Dr Ruth Harrell (Director of Public Health), Dr Shelagh McCormick (CCG), Dr Adam Morris (Livewell Southwest) and Anne James (Plymouth NHS Hospital's Trust).

Also in attendance: Helen Rickman (Democratic Adviser)

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.

29. **Declarations of Interest**

In accordance with the code of conduct, the following declaration of interest was made –

Name	Subject	Reason	Interest
David Bearman	Pharmaceutical Needs Assessment	Previously employed by Blue Stream Academy	Personal

30. **Chairs urgent business**

There were no items of Chair's Urgent Business.

31. **Minutes**

Agreed that the minutes of the meeting held on 14 February 2018 were confirmed as a correct record.

32. **Questions from the public**

There were no questions from members of the public.

33. **CQC Action Plan**

Craig McArdle (Director for Integrated Commissioning) introduced the CQC Action Plan; this was published alongside the main agenda.

The following points were highlighted to Members:

(a) the action plan highlighted the relationship with the voluntary and community sector and how this could be further developed;

(b) the Council's Overview and Scrutiny function would have a key role in ensuring the progress and accountability of the action plan was scrutinised.

Members agreed to:

1. formally accept the Plymouth CQC Action Plan;

2. support the formal monitoring of the Plymouth CQC Action Plan.

34. **Pharmaceutical Needs Assessment**

Rob Nelder (Consultant Public Health Intelligence Officer) and David Bearman (Devon Pharmaceutical Committee) presented the Pharmaceutical Needs Assessment (PNA); this was published alongside the main agenda pack.

Members were advised that the Health & Wellbeing Board had a duty to produce a PNA which set out the pharmaceutical need in Plymouth; Plymouth's first PNA was published in 2015 and was due to be renewed.

Members welcomed the PNA and the following key areas were discussed:

(a) it was questioned if pharmacies and Devon & Cornwall Police and the voluntary and community sector were working together effectively despite the restrictions surrounding the transfer of personal information;

(b) the workload of pharmacists was already considered to be high however it was considered that this would be increased if their role was to expand;

(c) it was questioned what more could be done to highlight to the general public to make pharmacists their first stop when seeking non-emergency medical advice;

(d) who had responsibility for monitoring progress of the PNA.

Members agreed to:

1. formally accept the Plymouth PNA for 2018-21;

2. agree to its publication on the Health & Wellbeing Board page of the

Plymouth Public Health website (part of the wider Plymouth City Council site).

35. **Integrated Commissioning Scorecard**

Craig McArdle (Director for Integrated Commissioning) introduced the Integrated Commissioning Scorecard; this was published alongside the main agenda.

The following key points were highlighted to Members:

(a) the affect winter pressures had upon treatment times, delayed transfers in care and set targets;

(b) that targets were being monitored differently therefore affecting results and skewing performance; it was confirmed that Plymouth's performance was being monitored by NHS England and the LGA;

(c) the responsibility for children's services had transferred from Carole Burgoyne (Strategic Director for People) to Alison Botham (Director of Children's Services); the backlog of children's assessments that had previously extended beyond 45 days had all been assessed and were now on target.

Agreed that –

1. Members note the Integrated Commissioning Scorecard;

2. the Health & Wellbeing Board thank all those involved in helping to meet the 45 day assessment target for children.

36. **Commissioning Intentions**

Craig McArdle (Director for Integrated Commissioning) introduced the Commissioning Intentions report; this was published alongside the main agenda.

The following key areas were discussed:

(a) the role of elected members in the development and scrutiny of the plan and how this linked to the democratic process;

(b) what an integrated care partnership entailed and the inclusion of other providers;

(c) the Council's overview and scrutiny had a key role in ensuring commissioning intentions were effectively scrutinised and held accountable;

(d) the importance of frontline delivery, performance gains and the use of real life stories to emphasise good practice.

The Board agreed to –

1. confirm the Strategic Commissioning Intentions are in line with the Health and Wellbeing Boards Vision and Strategic Direction;

2. confirm the Boards support to take forward consultation on the Commissioning Intentions.

37. **Good news stories**

Carole Burgoyne (Strategic Director for People) advised the Board of two 'good news stories':

1. The recent snowy weather had highlighted the collaborative working and community spirit in relation to the response to keeping the urgent care system running. Hospital staff, Devon and Cornwall Police Officers, Plymouth City Council Officers, colleagues within the voluntary and community sector and local 4x4 drivers, all came together to support each other in ensuring urgent care was provided in the city.

2. Plymouth City Council won the Best Local Authority Arts Initiative with the I.AM.NOT.A.ROBOT artwork and social marketing campaign which set out to encourage more people becoming foster carers.

Under this item, Chief Superintendent Dave Thorne also highlighted a good news story:

1. A Panel had recently met to consider acts of bravery; the awards were due to be publicised highlighting the incredible acts of bravery and kindness towards the city's most vulnerable people.

Members were advised to contact Democratic Support if they wanted to include their own good news stories on the next Health & Wellbeing Board agenda.

38. **Work Programme**

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

1. Update from the Consultation

Under this item Jacky highlighted the importance of protecting green spaces in the city, specifically with regards to the impact of green spaces upon the health and wellbeing of residents. Parks and Green Spaces would be discussed at the next meeting.

Department of Health Update

Subject: System Progress and CQC Action Plan
Date: 16/05/18

Commissioning & Market Management

Develop Commissioning Intentions

- Strategic Commissioning Intentions have now completed their 6 week consultation process with the wider Plymouth HWB system
- Feedback has been very positive with the system agreeing with the Strategic Direction
- Emerging themes that there is a desire to ensure Mental Health Services remain within a 'Place-Based system of care' and that the system would like to explore what the potential of an Integrated Care Model would mean for our two main acute and community providers
- Revised Paper being drafted with contracting options – to go through governance routes ready for distribution in July
- Workstreams for each area in place

Remodel Care Home Market

- Initial baseline assessment completed by QAIT team and shared with STP programme Board. Further information required to understand all initiatives and schemes currently underway which link with the Enhanced Health in Care Homes framework.
- Livewell South West Director of Operations appointed as SRO
- The second local programme board took place recently and it was agreed to focus on 4 main areas that draw on the Vanguards. These are:
    - Meds optimisation - Reduce spend and reduce harm/admission related to medication
    - MDT support model - To include Single Point Of Contact, general care (GP and community team roles and ask), enhanced care (inc IC/GP, HCE, 'relevant sec care inc MH)
    - Out of Hours
    - Care home network/identity and resilience plan-including single trusted extraction from acute, training, standards and shared operating principles

Remodel Dom Care Market

- Fee levels for 2018/19 agreed.
- Short term services to increase capacity and support flow brought on line.

- Project Office has been appointed and is currently developing capacity mapping across the sector. Efficiency benefits are being realised by support functions through increased capacity due to a more streamlined process.
- Single Accountable provider model (SAP) for Domiciliary Care has been developed and University Hospitals Plymouth will become the SAP under a Section 75 agreement. Market engagement has taken place with all block and spot contracted providers, who are in agreement with the process to be rolled out over the next 2 years in 3 phases.

Maximise Voluntary Sector Contribution

- Voluntary Community Sector organisations have been involved in the recent Urgent Care workshop, mapping current service interfaces for hospital admissions and discharges. Follow up workshops in early June to consider preventing admissions, hospital flow and discharge
- Combined Wellbeing and Community System Design group to engage with wider VCS in late June to build on work already done
- A specific Community System Design group will take place in late June engaging with our VCS partners around how we build on the good work already achieved to date. This will service to bring the VCS back into the plans for implementing the latest phases of the Community and Wellbeing integrated strategies.

Primary Care Transformation

- Work underway to design multiple elements of model such as: care for people in care homes, extended primary care team and extended access. Working closely with the developing Strategic Commissioner to tie in with plans at scale such as telephone triage and use of prescribing and acute hub
- Extended access Pilot to go live June utilising Doctor Care Anywhere
- PCH Conference
- International GP Recruitment Programme progressing at pace

Integrated Care Model

- On advice from NHSE, NHS Trust, Plymouth has implemented a Gold Command system and Hard Reset for our Urgent Care system.
- Significant progress has been made so far against our 4 hour wait for admissions target and against the number of patients who are medically fit and waiting for discharge. We are also seeing our number of Delayed Transfers of Care drop as well as length of stay in the Discharge to Assess pathway reduce
- Discharge To Assess pathway 1 has now launched

Staff & Organisational Development

Development of Local Workforce Strategy

- The inaugural meeting of the Workforce Strategy Group has now taken place. The group will work in partnership with the Local Government Association who are providing an outline framework to help with developing a strategy this complex.
- The engagement plan for Workforce has been developed with a series of Workshops starting imminently

System Improvement

Admission Avoidance Schemes

- Acute assessment unit - Phase two development plan agreed in outline which includes extending working week and direct referral process to be agreed (bypassing ED)
- Acute assessment unit - Phase two development plan agreed in outline which includes extending working week and direct referral process to be agreed (bypassing ED)

Hospital Flow & Discharge

- *Included in Integrated Care Model update*

Single Access Route into Livewell South West

- ASC Advice and Information / Community Nurse Referral Hub and Therapy referral co-located in Windsor House
- Demand and Capacity data analysed
- Operational lead identified to work on OPMH and CMHT referrals
- Skills Audit completed to establish training requirements for 'Shared Skills' and triage capabilities
- Draft Role Profiles developed for - Health and Social Care Referral Coordinator
- High level 'As is' and 'To Be' operational triage process map developed
- Proposed Front Door structure developed

Health and Wellbeing Hubs

- New governance around this has now been implemented, the project will now manage strategic development of the Hubs through a Programme Delivery Board and will optimise the existing System Optimisation Group to co-design elements of the offer with partners

Update to	**Boards, Governing Bodies and Local Authority meetings of Devon STP partner organisations**
Date	**April 2018**
Title	**Monthly Update Report on Devon's STP**

Introduction

The purpose of this regular report is to:

- *Provide a **monthly update** that can be shared with Governing Bodies, Board and other meetings in STP partner organisations.*
- ***Ensure everyone is aware** on all STP developments, successes and issues in a timely way.*
- ***Ensure consistency of message** amongst STP partner organisations on what has been endorsed at the Programme Delivery Executive Group (PDEG). All partner organisations in the STP are represented at senior level at PDEG.*

Content

This is the sixth Update Report, and covers developments from the ***PDEG meeting held on Friday, 20 April 2018***. Key items covered at PDEG this this month:

1. Northern Devon Healthcare Trust developments.
2. System development meeting with Regulators.
3. Organisational Development and Design.
4. Proposed Devon Strategic Outcomes Framework.
5. Health Navigator / economic modelling.
6. Acute Services Review:
    a. Service Delivery Networks – principles and indicative levels for approval.
    b. Acute Service Reviews – guiding principles for agreement.
7. STP Estates Strategy – next steps.

1. Northern Devon Healthcare Trust developments

Over the last three years, the various statutory health and care organisations in Devon have been working together as part of the STP to make best use of our resources for future sustainability, and to work towards better outcomes for local people.

We have made significant progress but despite this stronger collaboration, as a system we continue to face significant challenges, most recently in North Devon District Hospital.

Over several months, various colleagues have been involved in discussions about the Trust.

There was a constructive discussion regarding the issues facing Northern Devon Healthcare Trust at PDEG. It was felt that it was important that an agreed position statement highlighting the core themes and challenges at the Trust was agreed, and this has now been shared with STP leaders. This statement highlights that:

- We are taking a system approach to tackling the issues, ensuring sustainability and safety across Devon.
- There are very real quality and safety issues to be tackled and these are now being acknowledged and addressed.
- The difficulties in attracting medical staff to work in in North Devon have contributed to the quality and safety issues and are integral to developing service resilience and sustainability. We will take a system clinical network approach wherever possible, testing and developing our emerging system model. We will keep services as local as possible so long as it is safe and feasible to do so.
- There have been leadership and cultural issues at the Trust, but we are now seeing a new willingness to investigate and share issues and incidents. We want to make the most of this learning across the system, whilst also modelling good system relationships in the leadership support arrangements being developed with the RD&E.

Devon has built a collaborative model of system working, which has brought real benefits to date. The way the issues at Northern Devon Healthcare are being addressed builds on this successful model. There will be ongoing monitoring by commissioners and the STP Lead Medical Director, and updates will be given at future PDEG meetings.

2. System development meeting with regulators

STP leaders attend regular quarterly review with NHS England and NHS Improvement, and the most recent meeting took place on 11 April 2018 with Sophia Christie and Suzanne Tracey representing the Devon STP.

The review was positive and focused on strategic development and some of the challenges we face. The key themes and discussion points were as follows:

Strategic priorities

- Update on progress in establishing a new STP leadership team.
- Acute Service Review: given the positive work done by the Devon STP, there was a request for us to consider working with neighbouring counties to support them in managing resilient clinical delivery.
- There was a challenge for us to demonstrate that we are using best practice from elsewhere, particularly around elective demand management (such as ophthalmology in Oxford).
- While our challenges in primary care are recognised, there is a view that more progress in the roll out of the GP Five Year Forward View may be the solution to some of the problems in our most challenged areas.

Quality and Performance

- It was suggested that a review of what has worked well at Royal Cornwall Hospitals may help support improved A&E performance in Plymouth.
- There were concerns about RTT performance and low rates of dementia diagnosis.

Workforce

- It was felt that work on mental health workforce could benefit from including lessons from good examples in Bristol and Dorset.
- There was a discussion about the use of technology to create capacity and improve access and resilience – particularly for remote areas. There are NHS Global Digital Exemplars that we could learn from, particularly given that some are geographically close to Devon.

Finance

- It was recognised that Devon was building a good track record of developing rigorous and realistic plans, and a history of delivering on them.
- A review of what has worked on across the Devon STP was received positively, and it was suggested that there was value in sharing this across the rest of South West system.
- It was also noted that 'seasonality' was an issue in Devon and that we should clearly indicate where this was having an impact.

3. Organisational Development and Design

A proposal to align system Organisational Design principles and Organisational Development to enable the delivery of an Integrated Care System in Devon was agreed at PDEG. The suggested approach will help to deliver our system ambition of closer integrated working to improve the health and wellbeing outcomes for the population of Devon, Torbay and Plymouth.

Up to this point the focus on Organisation Design (the physical structures and remits of organisations) and Organisational Development (the cultural and purpose elements of organisations) has been kept separately.

Bringing these elements closer together will increase the pace of change and ensure that organisational design decisions have integrity with the cultural elements that should be addressed through a new way of working.

An Organisational Development diagnostic was completed in November 2016 which recommended the alignment of organisational design and organisational development. The Organisational Design journey has been more visible to senior leaders with a number of workshops at Collaborative Board (January, June, September and November 2017) to define our overall partnership arrangements and our move to a new Accountable Care System.

PDEG endorsed that the Organisational Design Steering Group will agree the approach to align both of these vital areas, and will also design sessions to be held during May 2018, which will be led by an external expert facilitator.

4. Proposed Devon Strategic Outcomes Framework

PDEG were informed about the work to develop an integrated Strategic Outcomes Framework and were asked to agree that it is adopted by partners to be used and further developed during 2018/19.

It will complement the functions being developed through the strategic commissioning project, including a combined population profile and needs analysis across the STP (building on the three JSNAs), joint priorities and the development of a patient level data set. Further work will follow to:

- Agree three year trajectories incorporating the 2018/19 NHS operating plan requirements in year one.
- Implement a reporting cycle for the integrated strategic commissioning group.
- Review the outcome measures incorporated for mental health following completion of the mental health strategy and recommendations of the STP mental health programme.

The intended purpose, method and key features of the integrated Strategic Outcomes Framework are as follows:

- To establish a shared and core set of outcomes to inform working as an integrated care system across wider Devon, including strategic commissioning and all Local Care Partnerships (LCP), on progress against our strategic aims.
- The framework does not replace the accountability of individual organisations and the associated performance mechanisms.
- The strategic outcomes framework will form part of the overall system assurance framework including mechanisms for reporting performance delivery, quality, finance and enable exception reporting to the integrated strategic commissioner.
- The framework will be dynamic with the integrated strategic commissioner determining the priorities and relevant measures.

More work is being done to agree the range of indicators that are proposed to be monitored annually and monthly as part of the new Strategic Outcomes Framework.

5. Health Navigator – proactive health coaching

Torbay & South Devon NHS Foundation Trust has been in contact with Health Navigators to discuss the work they have been undertaking in Sweden for a number of years, and more recently with a number of CCGs in England. Health Navigators have had good success in enhancing health outcomes as well as making efficient use of health resources.

The Trust invited system colleagues from commissioning and provision to hear to hear more about the work of Health Navigators and discuss the opportunities their approach could have for the Devon System.

Proactive health coaching essentially uses a proactive risk stratification to proactively identify the 1% high users of urgent care that account for 35% of non-elective admissions and 53% of non-elective bed days on a predictive basis (daily) allowing for swift intervention. The service fits strategically with both our prevention and Integrated Care priority STP workstreams.

The evidence from the studies has seen a consistent and material reduction in A&E attendances (36%) and admissions (30%) as well as reduction in elective admissions (21%) for the cohort that were targeted.

The main benefit in 2018/19 is seen as creating capacity to stabilise and improve A&E performance and to reduce disruption to cancer and elective care pathways.

PDEG agreed that Liz Davenport, Interim Chief Executive of Torbay & South Devon NHS Foundation Trust, will lead as senior sponsor, and a project team will be established. Health Navigator will be commissioned to carry out the detailed planning and produce a service proposal.

6. Acute Services Review

Service Delivery Networks – principles and indicative levels for approval

The majority of Acute Service Review (ASR) phase one reviews have recommended the development of a 'network' solution as being a key enabler to deliver the recommended clinical proposals. PDEG agreed the final recommendations for 'Service Delivery Networks', and this is shown in ***Appendix One***.

A standard Service Level Agreement to support these network services has been produced. This will be introduced during 2018/19 to support Level 2 and Level 3 Networks. The guiding principle is that the service will be provided in the best interests of current and future patients. This may include:

- Access times.
- Provision to be as local as possible and as specialised as necessary.
- High quality of care and high standards of clinical practice.
- Continuity of care.
- Operational and financial efficiency.
- Service sustainability, including workforce sustainability.

Service Delivery Networks will maintain the original ASR mandate at their core:

- Address inequalities in the health of the population of Devon and improve outcomes via timely and responsive treatment and care that delivers reduced variation in clinical outcomes
- Improve service quality and sustainability in the interest of an equal standard of care (not individual organisational interests).
- Address the current 'post code lottery' where some people in Devon wait longer for treatment and care than others depending on where they live.
- Not focus on the future of individual hospitals in the current system, but will seek to ensure that no single service change destabilises any hospital.

A set of principles developed by key stakeholders, confirm that Network provision should:

i. Follow the STP guiding principle that services should be provided locally where possible and centrally when necessary to the delivery of 'best care for Devon'.
ii. The service delivery, if cross organisational, delivers greater benefit in terms of safety, effectiveness and affordability of care than any potential for adverse impact of the essence of vertical integration that has been the cornerstone of the approach to place based delivery of care
iii. Ensure that service users across all parts of the STP have access to the same established interventions (and new interventions as they are commissioned). Providers in the network who have specialist resource must be willing to share that resource to achieve this, and providers who do not have appropriate specialist skills must develop networked arrangements with other providers so that their patients are not disadvantaged.
iv. Pre-planning will form the basis of all collaboration unless by exception of requests for short term mutual support.
v. Each Service Delivery Network will review its services holistically to prioritise the patient/service pathway.
vi. In any collaborative venture the organisations have a shared responsibility in relation to timely access for the placed based populations which benefit from the service.
vii. The principles of acute service/hospital collaboration and networking should focus on sustainable and affordable services from a clinical/operational and financial perspective with underpinning good governance to assure safe care.
viii. All partners will take the learning from previous experiences of what works well, and not so well, when operating cross-organisational service delivery arrangements/networks in order to ensure that future arrangements deliver the maximum benefits.
ix. The developing mutual aid and network papers will be used as tools to support collaboration.
x. Service management and infrastructure costs should be reduced as part of the redesign where there is an opportunity to do so.

Guiding principles for future Acute Service Reviews

PDEG also agreed a set of Guiding Principles, which will be used for all future Acute Service Reviews. These 10 principles are as follows:

i. All Acute Service Reviews will be clinically-led and have at their heart the 'triple aim' of the NHS Five Year Forward View, with an additional 'fourth principle' about improving the experience of our staff :
    a. Improving the health of the population.
    b. Improving the quality of care delivery.
    c. Achieving better value by reducing the cost of care.
    d. Improving the experience of staff working in our system of care, making their jobs challenging but satisfying and increasing the attractiveness of a career in the Devon health and social care system.
ii. The managerial lead for the ASR Review will work in an organisationally-neutral way.
iii. Transparency is important at all stages – trust is fundamental.

iv. Each review will establish a Working Group which is responsible for ensuring progress is made in accordance with the Project Mandate and for ensuring clinical opinions are fully understood and built into any outcomes.
v. A clinical lead from each affected provider should be identified at an early stage to act as a key point of contact for that organisation and to be part of the Working Group (although this many of the responsibilities may be delivered via e-mail communication and teleconference rather than creating an excessive burden of meeting attendance).
vi. A Project Mandate should be produced for each ASR Review and be approved by the Working Group. This will include the scope of the review, outline review timetable and key priorities.
vii. Reviews will be supported by data rather than opinion. The data requirements should be agreed by the Working Group and noted in the project mandate.
viii. The STP Technical Variation Group will be used to produce and/or validate activity and performance data (including GIRFT and Right Care) to ensure data quality and consistency. Additional service specific data sources such as national audits may also be used, but these will need to be validated by clinicians within the service. Workforce data should be produced and/or validated by the HR Directors' Group. Financial data will be produced and/or validated by the Deputy Directors of Finance Group.
ix. Until the Project Mandate is formally approved, those involved should guard against speculation about service reconfiguration. For example, any suggestion that the review might lead to a major relocation of services could set hares running and create unnecessary concern – with no organisational or system wide agreement of this as a possible outcome.
x. Whilst ASR reviews are across both ASR and planned care programmes some shared functions should support all projects to provide consistency in content and timing. These should be communications and engagement, BI, finance and workforce. Any service reconfiguration proposals should be considered by the ASR programme group and SRO with then a combined process to navigate the NHS England Strategic Sense Check.

Clinical leadership for reviews will be via the designated programme clinical leads however it is recommended that reviews identify:

- A senior clinical leader from within Devon System from outside the clinical specialty area, willing to check and challenge.
- Clinical leads from each STP organisation providing particular service.
- Input from external clinical specialty expert.
- GP representative (provider and commissioner view).

Each review should identify:

- A clinical lead.
- A management lead.
- Project manager/support.
- Business Intelligence, workforce, finance, communications/engagement, digital and quality enabler support to be sourced via main programme.

7. STP Estates Strategy update

All STPs have been requested to submit an STP Estates Strategy and Wave 4 Capital Plans to NHS Improvement, NHS England and the Department of Health and Social Care by 16 July 2018. Indications are that they may require submissions earlier on 30 June 2018.

It is critical that the STP Estates Strategy is fully integrated with and enables the wider STP service strategy and clinical configuration.

The STP capital bid submission also includes the opportunity to submit IT capital bids that would not be covered by the NHS England provider digitisation fund. For this reason it is proposed that a process for developing the Digital strategy and digital capital bids is run in parallel to meet the capital bid submission deadline of 30 June 2018.

Detailed guidance relating to Wave 4 STP bids has been released, and the main points are as follows:

i. The STP submission will be the single point of access for funding. STPs are to lead in prioritising individual bids as part of an overall STP Estates Strategy submission.
ii. The STP must submit an STP wide estates strategy with no separate ICS submissions. Any ICS capital bids should be prioritised within the STP Estates Strategy.
iii. STPs should ensure that all capital projects are included for sign off, regardless of the proposed funding source, even if funding is intended via private finance.
iv. All schemes where public capital is requested need to be prioritised by the STP, regardless of whether the lead organisation is a Trust, Foundation Trust (including SWAST), CCG, NHS England for primary care, NHS Property Services or Community Health Partnerships.
v. Capital bids should include primary care projects.
vi. Capital bids can include equipment and also IT bids which are not covered by provider digitisation. For example, bids for pathology networks or telemedicine are acceptable, but bids relating to Electronic Patient Records are not.
vii. The STP capital allocation is up to 2022/23 so all the capital should be planned to be spent within this period, with a majority spent by 2021/22.
viii. Capital will not be made available for those schemes not identified as a priority by the STP.
ix. Bids for public capital must also include any schemes where funding is intended via Local Authorities or pension funds.
x. If a scheme is genuinely wholly self-funded and does not require any approval, a capital bid does not need to be submitted. However, the scheme should still be included in the Estates Strategy so that the totality of STP plans can be understood.
xi. Successful bids will be announced in November 2018 but funding will not be released until 2018/19. It is highly unlikely that many, if any, large schemes with a capital ask > £100m will be approved or announced as part of this process.
xii. All capital will be subject to business case production and approval (this also applies to Wave 3 bids awarded to T&SDFT and PHNT).
xiii. All public capital bids will be assessed against six criteria:

- Deliverability.
- Patient benefit and demand management.
- Service need and transformation.
- Financial sustainability (ability of the STP or organisation to absorb the additional capital).
- Value for money.
- Strength of estates strategy (including level of stretch on disposals).

xiv. Schemes which replace current assets can be transformational. For example theatres and wards as long as the model of care delivered from those is significantly improved through the delivery of the scheme (e.g. length of stay, reduction in referrals).

xv. Reducing backlog maintenance should be one of the priorities in the STP estates strategy.

xvi. Schemes will be assessed based on the value for money impact across the entire system, not just on one organisation. Where a provider led scheme has a clear commissioner impact that is not modelled this is likely to be challenged.

xvii. It is highly unlikely any scheme which does not achieve significant savings will be awarded funding.

xviii. The level of stretch on land disposals will be a key consideration in the STP bid assessment process.

xix. Disposals should also account for staff housing needs, in particular delivering the expectation that staff will be offered right of first refusal on affordable housing generated through the sale of surplus NHS land.

A four stage process is proposed for ensuring all documentation is submitted by the 30 June 2018 deadline.

- Stage 1: Paper to April 2018 PDEG requesting confirmation of overall approach and governance.
- Stage 2: Paper to May 2018 PDEG with draft STP Estates Strategy and draft prioritisation of capital bids. PDEG to confirm agreement to prioritisation or make any amendments as necessary.
- Stage 3: Paper to June 2018 PDEG with final STP estates strategy, final prioritised capital programme and draft bid templates completed. PDEG to sign off Estates Strategy, prioritised capital programme and draft bid templates.
- Stage 4: Mid-June to Mid-July 2018: Individual Trust and CCG Board approvals of STP Estates Strategy, prioritised capital programme and final bid templates, prior to 16th July.

A Capital Prioritisation Panel be established which consists of individuals with a broad range of clinical and STP workstream skills who can represent the whole STP rather than individual organisations. This panel will have two specific tasks: placing all STP public capital bids in a numbered priority ranking for submission to the May 2018 PDEG meeting; and undertaking a quality assurance review of the completed bid templates for all prioritised schemes prior to the June 2018 PDEG meeting.

Appendix One

Proposed Levels of Service Delivery Networks

LEVEL 1
Service Quality and Effectiveness Network
All networks include the entire service MDT, representation on the network would be via a designated lead for the service.

Core characteristics:

- Discussion of cases, peer review for specialist advice and support on the care of individual patients.
- Mentor support for learning and improvement for individual clinicians
- Best practice reviews and Guideline development.
- Peer comparison of processes, pathways and outcomes to agreed priority service improvements.
- Consideration of mental health pathways in either support of or an alternative to elements of the current physical health pathways.
- Identification of areas of service which may benefit from more integrated delivery between providers (SOPs to establish process for escalation of identification and process for agreeing any SLA).
- Analysis and benchmarking of financial cost of delivering service at provider and Devon level against upper quartile peer organisations with a continual review of efficiency opportunities.
- Host provider to designate a clinical lead with appropriate administrative support. The clinical lead's Trust would normally host the network and provide appropriate administrative support, with this clinical and administrative time apportioned across the participating Trusts.
- Annual learning and improvement summary (potentially via peer review) to host Trust MD for sharing and discussion through the Medical Directors network meetings and with Commissioner via standard quality assurance processes.
- Accountability for service delivery, performance monitoring and clinical governance of the Trust-specific service retained by the individual Trusts.

LEVEL 2
Service network with cross-site delivery of all or some provision of service
This network would be appropriate where there are services where one or more Trusts do not have the capacity or capability (workforce, infrastructure, etc) needed to deliver that service to the standards required and may have to contract with another Trust to secure that capacity for part or all of the service that they are commissioned to deliver. This may require workforce to travel to provide the service on another site, or patients to travel to another hospital to receive the service.

Core characteristics:
(To include all functions described at Level 1)
Plus:

- The network would develop and broker agreements on the cross site solutions required, which could include joint (cross Trust) appointments and shared rotas.
- A contractual agreement would be put in place between Trusts for provider A purchasing service capacity from provider B.

- Accountability for quality standards, governance, complaints, performance retained by purchasing provider where they provide the majority of the service pathway.
- Collaborative agreement on subspecialty areas for provision on a specified (potentially single) site via a 'host Trust' arrangement for that element of the service – the host Trust then assumes the accountability for and governance of that element of the service and the commissioner contracts for that service element from that Trust.
- Host provider to designate a clinical lead with appropriate administrative support. The clinical lead's Trust would normally host the network and provide appropriate administrative support, with this clinical and administrative time apportioned across the participating organisations.

LEVEL 3
Lead provider network – one budget, full accountability
This network would be appropriate where the total service for Devon is delivered by a single/lead provider and should be commissioned directly from that provider. The specification will detail the access requirements (where to be delivered and how) and the Lead Provider will need to subcontract for the infrastructure required from other Trusts.

Core characteristics:
(To include all functions described at Level 1)

- Contract income for the total service and singular accountability for quality, performance and governance.
- Provided through a single organisation/lead provider.
- Employer of all staff who deliver the service commissioned, and responsible for deploying these staff to meet the access requirements defined in the commissioning specification.
- Directly accountable via Lead Provider to commissioner (Devon-wide Strategic commissioning function).
- Provider will designate a clinical lead with appropriate administrative support. The clinical lead's Trust would normally host the network and provide appropriate administrative support, with this clinical and administrative time apportioned across the participating providers.

This page is intentionally left blank

Strategic Commissioning Intentions for the Plymouth Health and Wellbeing System 2018-20

Introduction

Plymouth's Integrated Commissioning service has recently completed a consultation exercise around the *Strategic Commissioning Intentions for the Plymouth Health and Wellbeing System 2018-20*, which are a series of high impact changes that will drive commissioning activity and set down a direction of travel. The draft intentions build on and a process of co-development with system partners to develop the four Integrated Commissioning strategies: Wellbeing, Children and Young People, Community and Enhanced and Specialised Care. They should not be seen as a departure from the existing policy direction of achieving whole system population based integration rather a scaling up and acceleration based on learning to date. In this context, they represent a key part of delivering the last two years of our five-year commissioning plans.

As a part of this consultation, partners were asked to respond to the following questions:

- Do you support the strategic direction articulated within these intentions?
- Do you feel that there are any gaps within the proposals?
- What are the main issues and risks Plymouth's Health and Wellbeing system faces in trying to deliver these proposals?
- Please provide us with any further comments.

Responses have now been drafted to all feedback received and some key themes have emerged, these can be seen below:

Do you feel that there are any gaps within the proposals?

- Elements of the intentions are light – Not explicit and need clearer statements:
  - Mental Health - Lack of description as to how to connect local provision to specialist mental health providers. Clear statement that mental health needs to be place based and part of an integrated service as well as covering people of all ages with more specialist services being provided across a wider regional footprint.
  - Placed based care – Strategic direction to more explicitly embrace the establishment of a 'place-based' system of care in which NHS organisations, public services and the voluntary sector work together to address specific local challenges and improve the health and wellbeing of the population.
  - Carers – There is insufficient reference to carers throughout the document.
  - Hubs- More focus needed on Prevention and Wellbeing, no just focusing on Hubs. 'Hubs' model is of limited effectiveness of those who cannot access it. Further clarity needed on the configuration of services and offers around HWB Hubs
  - Sheltered Housing – No mention of supporting the provision of, or an intention to work with, providers of sheltered housing homes. No mention of housing in any of the intentions.
  - Community based care – The commissioning of adequate community based care for patients with dementia and severe behavioural disturbance is a current gap within our

system. This issue is neither clearly identified nor addressed within the commissioning intentions.

- Outcomes framed – The intentions could be clearer on longer-term goals. Would be helpful to understand the impact expected from these plans.

What are the main issues and risks Plymouth's Health and Wellbeing system faces in trying to deliver these proposals?

- Workforce – Workforce is the biggest challenge to delivery and the workforce agenda could feature more overtly across the commissioning intentions.
- Finance – The financial funding highlighted in the early stages of the document to sustain the service envisioned appears to be an issue of warning. Financial sustainability of all organisations as we move into more integrated provision with the risk of overspends being offset against each other.
- Silo Working – There are good reasons to separate work into stands however this could result in a risk of silo working.
- Information Management and Technology as a recognised enabler for whole system change and critical to an integrated service.

Any further comments

- Interests in the development of the Single Organisation or Prime Provider Model for the ICP proposed, and how it might work with providers and partners.
- Research is not mentioned in the commissioning intentions yet it is the key method for achieving improved outcomes in healthcare. What are the commissioner's intentions in terms of exploiting research opportunities?
- The view of other commissioner such as NHS England and the wider STP would be beneficial as to how their intentions fit with the Plymouth Health and Wellbeing System

Next Steps and Timeline

Feedback to Stakeholders and Individual Organisations	w/c 11th June
Revision to Commissioning Intentions	w/c 11 June
Development of Contracting Approach	w/c 11th June
H&WB Board	12th July
Cabinet	11th July
Western Locality Board	18th July
Governing Body	26th July

PLYMOUTH CITY COUNCIL

Subject:	**Benefits of Parks and Green Spaces**
Committee:	Health and Wellbeing Board
Date:	21st June 2018
Cabinet Member:	Councillor Ian Tuffin
CMT Member:	Ruth Harrell (Director of Public Health)
Author:	Ruth Harrell & Jacky Clift
Contact details	Tel: 01752 398608 email: ruth.harrell@plymouth.gov.uk
Ref:	
Key Decision:	No
Part:	I

Purpose of the report:

There is growing evidence of the benefits of green spaces for health and wellbeing, Jacky Clift, the CVS Representative of the HWBB, has asked to raise this to the attention of the HWBB members. A report from Jacky is included as Appendix 1.

The beneficial effects of green spaces, and in particular urban green spaces, are summarised by the World Health Organisation[1] as

- improved mental health
- reduced cardiovascular morbidity and mortality,
- reduced obesity and risk of type 2 diabetes
- improved pregnancy outcomes.

Mechanisms leading to these health benefits include psychological relaxation and stress alleviation, increased physical activity, reduced exposure to air pollutants, noise and excess heat.

Plymouth is one of the most unique and diverse natural environments of any city in the country. Over 40 per cent of the city is designated as green space, and is surrounded by three Areas of Outstanding Natural Beauty (AONB), a European Marine Site, a Marine Conservation Zone and Dartmoor National Park.

This provides an enviable setting with an abundance of green spaces and marine areas which, as well as contributing to health, are able to provide natural solutions to climate change impacts, including reducing flooding, improving water quality, and enabling wildlife to thrive.

The Plymouth Plan sets out the strategic direction which includes to 'ensure a functional green network is achieved that meets the needs of communities and wildlife'. This explicitly includes;

- Strategic Landscape Areas - providing a strong landscape context for Plymouth.
- Strategic Greenspaces - large scale sites to be proactively enhanced to provide a focus for people's interaction with nature.
- Local Green Spaces - providing multiple benefits to communities and wildlife.

Enclosed Papers
Appendix 1 Benefits of Parks, Green Space and Nature Author Jacky Clift
Appendix 2 Active Neighbourhoods Report Author PCC

Ref 1. Urban green spaces and health. Copenhagen: WHO Regional Office for Europe, 2016.

Recommendations:

The recommendation is for the Health and Wellbeing Board to:

- Note the report and the benefits of green spaces on health and wellbeing

---

Health and Wellbeing Board, March 22nd 2018
Benefits of Parks, Green Space and Nature

1) MPs' Select Committee 'Future of Public Parks' National Inquiry Report published in February 2017

- Threat from reduced funding for parks and green spaces – calls for statutory service declined.
- Role of H&W Boards: "very clear guidance to Local Authorities that they should work collaboratively with Health and Wellbeing Boards, and other relevant bodies where appropriate, to prepare and publish joint parks and green space strategies.." No details on how funding and protection of UK's public green space will be achieved.
- Local Authorities to "encourage and support...and work with" local Friends of Parks Forums in all LA areas.
- Parks Action Group and cross-governmental group set up and funded, (£500,000).
- HLF: no new rounds of Landscape Partnerships, Parks for People and Townscape Heritage. Impact on parks sector.

2) Value of Parks, Green Space, Nature:

Research disciplines linking health with the natural environment include:

- **Biophilia** - man's innate connection with nature, (Wilson EO, 1984, Biophilia, Cambridge: Harvard University Press ISBN 0-674-07442-4; The Biophilia Hypothesis, Ed.by Kellert, S.R. and Wilson, E. O., 1993, Shearwater Books/Island Press, Washington, D.C.)
- **Attention Restoration Theory** – restorative effect of nature on perception and concentration, (Kaplan R and Kaplan S, 1995, The experience of nature: A psychological perspective)
- **Psycho-physiological Stress Recovery Theory** – the effect of nature on stress reduction, (Ulrich RS, 1983, Aesthetic and affective response to natural environment in Altman I and Wohlwill JF (Eds) Behaviour and the Natural Environment. New York:Plenum, pp85-125).
- **Ecopsychology**, the connection between the mind and nature, the psychological and the ecological. (Ecopsychology: restoring the earth, healing the mind, 1995, Theodore Roszak, Mary E. Gomes, Allen D. Kanner, Sierra Club Books).

3) Potential Benefits from Green Space and Nature to many, (most), aspects of life:

Physical health; Mental health; Cultural and spiritual health; Social health; Economic wellbeing; Safety and security.
Examples:
Viewing nature:

- Improves concentration, remedies mental fatigue, improves psychological health, (Kaplan, Ulrich, Rohde and Kendle).
- Reduces stress, and improves stress recovery, boosts immune system, (Ulrich, Kendle, Parsons).
- Reduces incidence of reported illness at work, improves job satisfaction, (Kaplan and Kaplan).

Being in nature

- Reduces severity of symptom of children with ADD and improves concentration, (Taylor et al, 2001)
- Improves residents' satisfaction, (Kaplan 2001)
- Assists cognitive functioning in children, (Wells 2000)
- Helps to heal emotional and psychological conditions, substance abuse, and boosts self confidence.

4) Reviews of research connecting health and nature:

a **Australian studies from 2002, summarised in 2005, updated in 2008 and 2015**, examine in excess of 600 peer reviewed publications summarising the evidence base from research over more than three decades.

i) **Healthy nature healthy people: 'contact with nature' as an upstream health promotion intervention for populations, 2005.** Cecily Maller, Mardie Townsend, Anita Pryor*, Peter Brown and Lawrence St Leger, *Affiliated with the NiCHE, Research Team (Nature in Community, Health and Environment) of the School of Health and Social Development, Deakin University, Melbourne, Australia. Health Promotion International, Volume 21, Issue 1, 1 March 2006, Pages 45–54, https://doi.org/10.1093/heapro/dai032

"Health promotion agencies have already recognized the need for innovative, 'upstream' approaches to health and well-being, and are seeking potential alliances/opportunities to this end. Collaboration with the environmental management

sector, and the use of public natural spaces in population health promotion is a clear potential strategy. As demonstrated through this review, the individual and community benefits arising from contact with nature include biological, mental, social, environmental and economic outcomes. Nature can be seen therefore as an under-utilized public resource in terms of human health and well-being, with the use of parks and natural areas offering a potential gold mine for population health promotion.

In this light, natural areas can be seen as one of our most vital health resources. In the context of the growing worldwide mental illness burden of disease, contact with nature may offer an affordable, accessible and equitable choice in tackling the imminent epidemic, within both preventative and restorative public health strategies".

ii) **Healthy parks, healthy people: the health benefits of contact with nature in a park context. A review of relevant literature.** 2nd edition March 2008. School of Health and Social Development, Faculty of Health, Medicine, Nursing and Behavioural Sciences, Deakin University, Burwood, Melbourne. Approximately 335 research sources examined.

"The significance of the health and wellbeing benefits from interacting with nature, including in park settings, the implications for public health, and the need for collated up-to-date information on this topic...cannot be overestimated". (Forward)
"…recent research shows that "green nature", such as parks, can reduce crime, foster psychological wellbeing, reduce stress, boost immunity, enhance productivity and promote healing. In fact, the positive effects on human health, particularly in urban environments, cannot be over-stated. As a result, urban planning should ensure that the communities have adequate access to nature" (Executive Summary).
https://www.deakin.edu.au/__data/assets/pdf_file/0016/310750/HPHP-2nd-Edition.pdf

Recommendations: "Develop ways of integrating parks and nature into public health

- Cooperation through a partnerships approach is required between government departments, park management agencies, health professionals, and researchers to successfully integrate parks and nature in public health;
- Health promotion agencies have already recognised the need for innovative, 'upstream' approaches to health and wellbeing, and are seeking potential alliances/opportunities to this end;
- It may be beneficial to initiate this process by examining how contact with nature via parks could be used as a preventive measure, potentially contributing to, for example, the Australian National Health Priority Areas of Cardiovascular Disease and Mental Health;
- The use of parks and nature to improve health and wellbeing is supported by the Jakarta Declaration (World Health Organization, 1997) and its predecessor, the Ottawa Charter for Health Promotion (World Health Organization, 1986) which calls for creating supportive environments (both natural and social) and a reorientation of health services to be shared among individuals, community groups, health professionals, health service institutions, and governments".

This report was adopted in **Parks Victoria "Healthy Parks – Healthy People"** strategy, (Victoria, Australia: pop. 6 million). "Healthy Parks Healthy People is the foundation of Parks Victoria's approach to park management, recognising the critical connection between nature and the physical, mental, social and economic health and wellbeing benefits that parks provide individuals and communities".
http://parkweb.vic.gov.au/__data/assets/pdf_file/0008/693566/Guide-to-Healthy-Parks-Healthy-People.pdf

iii) **Healthy Parks Healthy People: the state of the evidence, 2015.** Prepared for Parks Victoria by Mardie Townsend, Claire Henderson-Wilson, Elyse Warner and Lauren Weiss, School of Health and Social Development, Deakin University. The report expands the evidence-base on the health benefits of parks drawing on 659 peer reviewed publications representing a thorough cross section of available publications relevant to 'parks/nature' and 'health'.
http://parkweb.vic.gov.au/__data/assets/pdf_file/0003/672582/HPHP_state-of-the-evidence_2015.pdf

b **Natural Thinking, Investigating the links between the Natural Environment, Biodiversity and Mental Health, 2007,** Dr William Bird. http://ww2.rspb.org.uk/Images/naturalthinking_tcm9-161856.pdf

Dr William Bird, Strategic Health Advisor to Natural England and a GP in Reading, independently chairs the Outdoor Health Forum to promote the use of the outdoors for health. http://www.intelligenthealth.co.uk/prevention-is-best-medicine/

"The evidence is sufficient to suggest that a major trend may be at work. It is time for these findings to be acted upon by research funders, policy makers and public health professionals, and be more thoroughly researched, because the health benefits identified by existing work could have enormous implications – contact with nature may be an effective component of:

- Treatment for children with poor self-discipline, hyperactivity and Attention Deficit Hyperactivity Disorder (ADHD).
- Coping with anxiety and stress, particularly for patients undergoing operations or cancer treatment.
- Strategies to reduce crime and aggression.
- Benefiting elderly care and treatment for dementia.
- Concentration levels in children and office workers.
- Stress.
- Healthy cognitive development of children.
- Improving hospital environments.
- Strengthened Communities.
- Increased sense of wellbeing and mental health.

Summary of recommendations:

- Research "relationship between health and the natural environment".
- Planning: "Local authorities should work with public health to understand the value of green space as a resource to benefit the physical and mental health of a local population and surrounding community, and to maintain this healthy environment for future generations to enjoy and utilise for their well-being".
- Hospital Estates: "quality measures that include views of trees or grass from a window or access to a garden".
- Education: "government to encourage schools to reconnect children to the natural environment".
- Social Marketing: "For DH, Natural England, Cabe Space, land owners, health and environmental NGOs and the voluntary sector to work together to understand and lift the barriers that prevent people from spending more time in the natural environment".
- NHS: "include contact with nature and outdoor access in the tools it uses to treat and prevent health problems. The environment sector should facilitate this by providing access to nature in a way that supports health needs".
- Evaluation: "Evaluation of projects that change the availability of accessible green space should consider this as a potential change to health resources".

C The Last Child in the Woods, Saving Our Children From Nature-Deficit Disorder, (Richard Louv, 2008, Alginquin Books of Chapel Hill), includes over 303 references to research, focusing on children, identifying "NDD: nature deficit disorder" and the transformative effect of nature on children. The Nature Principle, Reconnecting with Life in a Virtual World, (Richard Louv, 2011, Alginquin Books of Chapel Hill, 2011), highlighting many benefits to health and wellbeing from nature. Richard Louv is Chair of the CNN: Children's Nature Network, working to reconnect children with nature. http://richardlouv.com/ https://www.childrenandnature.org/

5) Challenge / opportunity:

- Parks funding: "As a non-statutory service, parks have been in the frontline of the cuts since 2010, with budgets falling on average by 40% – and in some cases by far more……. HLF has revealed that by 2020 parks will be in a worse state than they were in the mid-1990s when HLF began its funding", The Parks Agency, Stroud, Gloucestershire. https://www.theguardian.com/travel/2017/dec/25/in-austerity-britain-people-need-parks

- Cost / benefit analysis: value of parks and green space as upstream intervention, (with potential, significant cost savings long term): parks, green space and natural areas should be seen as an important health resource, with both a preventative and restorative contribution to be utilised in public health strategies.

This page is intentionally left blank

Active Neighbourhoods — Urban nature delivering healthier communities for people and wildlife

Image ©Rosie Mansell

Introduction

Active Neighbourhoods is based in Plymouth and aims to get more people being more active and feeling better by using and improving their local nature reserves.

Neighbourhoods involved in the project experience high health inequalities and have urban greenspaces that have suffered from neglect. These greenspaces have the potential to be beautiful, accessible spaces for people and wildlife, which local communities can feel proud to have in their neighbourhood.

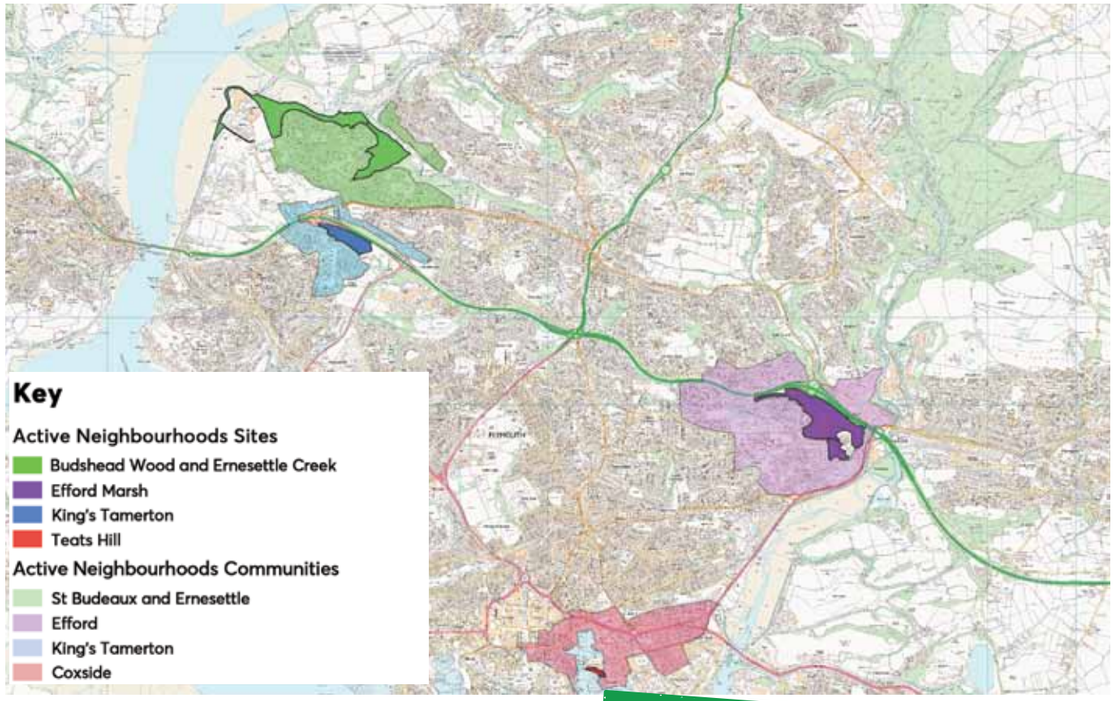
More than one third of Plymouth is greenspace and is surrounded by blue space on its coast, with rivers and streams running through it. This unique green and blue city has the potential to deliver many health and wellbeing benefits for the people of Plymouth, as well as providing special spaces for nature.

Active Neighbourhoods is a partnership project between Plymouth City Council (PCC), Devon Wildlife Trust (DWT) and Public Health's Thrive Plymouth network and funded by the Big Lottery Fund's Reaching Communities programme over 3 years (£419,000). Match funding for improvements to nature reserves is supported by PCC's Section 106 funding (£254,529), University of Exeter's Blue Health research programme (£19,000) and PCC Public Health's Team (£15,000 in-kind). We also work with a range of local delivery partners and providers to deliver Active Neighbourhoods on the ground.

'Plymouth is growing strongly - but it's not just about creating housing and jobs. We are also creating a city that residents have helped to shape and feel proud of - creating neighbourhoods that are pleasant to live in and that take care of our local wildlife. As the new 25-year DEFRA strategy has just been released - A Green Future: Our 25 Year Plan to Improve the Environment - this Active Neighbourhoods report is a timely reminder that in Plymouth we can be proud that we are already delivering a Green Future. One of the exciting ways we're achieving this is through Active Neighbourhoods, as we continue to connect people with their natural environment, improving health and wellbeing across our communities.'

Cllr Nicholson, Deputy Leader and Cabinet Member for Strategic Transport, Housing and Planning, Plymouth City Council.

Active Neighbourhoods Sites and Related Communities



For Devon Wildlife Trust, Active Neighbourhoods represents a long-held ambition to engage with communities in Plymouth and help ensure the amazing natural assets the city holds are realised and looked after. The corridors of broadleaved woodland, abandoned species-rich grassland of old farmsteads and of course Plymouth's amazing coastline and marine life, offer Plymouth opportunities to engage with wildlife that many cities don't have.

Ed Parr Ferris,
Conservation Manager, DWT

Public Health is excited to be working in partnership with projects that make a real difference to the city's population and delivering a more naturally, healthy Plymouth. Active Neighbourhoods have been really successful at encouraging people in the city to interact with nature, get outside more, connect with their neighbours and contribute to the place they live. We are proud of the impact AN has on increasing physical activity, improving mental wellbeing and contributing towards more positive health outcomes in the city. We look forward to the future of the project and seeing its innovative approaches continue to produce positive health outcomes for many years to come.

Ruth Harrell, Director of Public Health
Plymouth City Council

What we do...

Health and wellbeing can be broken down into physical, mental and social wellbeing.
Through Active Neighbourhoods we aim for communities:

- to be more physically active and feel better
- to have greater social cohesion, with more active citizens contributing towards, and taking pride in improved local green assets
- to have an improved local environment and enjoy more welcoming, accessible and nature-rich green spaces on their doorstep

How We Do it...

Active Neighbourhoods works with communities, using their local green or blue space as a neighbourhood hub. This work is underpinned by a rigorous monitoring and evaluation framework to help us collect evidence on the impacts of Active Neighbourhoods, including participant's health and wellbeing and the quality of spaces. This framework is based around the '5 ways to wellbeing' – Connect, Learn, Be Active, Take Notice and Give - researched and developed by the New Economics Foundation

Local greenspaces and communities are working together to improve health and wellbeing for people and wildlife

Image ©Rosie Mansell

Ways we work with local communities:

- programmes are developed for families, youth groups, children's centres and schools, to meet specific community needs
- volunteer and citizen science programmes
- development of greenspace stakeholder and 'Friends of' groups, including residents, local groups and professional organisations
- build capacity and confidence of organisations and groups to access nature such as physical activity programmes being delivered outdoors
- collect evidence on the impact of Active Neighbourhoods on community health and wellbeing through a range of robust monitoring tools

How we improve the quality of spaces:

- community-led stakeholder groups for each greenspace
- improve infrastructure such as accessible paths, gates, signage, and a better welcome
- create and protect more wildlife rich spaces
- gather baseline data on greenspaces such as numbers of visitors, how spaces function in the community and wildlife surveys

"I live less than a mile away from here and never knew this existed- amazing place! I'll definitely be back more regularly".

Jean, Walks for Health participant

Active Neighbourhoods - delivering on the 5 ways to wellbeing.

What have we achieved so far?

A summary of Years 1 and 2

1. Connect

Linking people with each other and with their local environment

717 likes

740 followers engaged

$2,873 Plymouth users

259 group volunteering/ nature based events where local people meet one another

'Becoming an Urban Ranger', blog by AN trainee ranger, Kieran Shaw-Flach https://antraineeblog.wordpress.com/

We connect and work with

Buglife (Urban Buzz project), The Tree Council, Plymouth Tree Partnership, Plymouth Community Orchards, RSPB, Plymouth and Exeter Universities, Marine Biological Association, National Marine Aquarium, Ernesettle Environmental Protection, Plymouth Environmental Action, Plymouth Energy Community, TECF, Walking for Health, Friends of Ham Woods, PCC Family Interventions, The Dove Project, Evolve; Spaceshot (Ernesettle Youth Group), PCC Family Intensive Interventions Project, Plymouth Community Homes, Efford Community Centre, Summer Mix, Take A Part, Crazy Glue, Livewell SW, Countryside Management Association

Case Study
What's digital technology got to do with nature?

Tapping into the latest technology craze, such as Pokemon drew lots of young people and families to explore their local beaches and woods with us, as well as spending time with each other! We ran a series of Pokemon safaris in our key nature reserves, including using 12 wristband fitness trackers for participants to calculate their steps and calories burnt.

This proved a great way to have health based conversations and motivate people to get more active in their local green space.

Ashley Tod, AN Community and Volunteer Officer

For me to be able to socialise whilst participating in nature activities is so important. I never thought that after my stroke, I would be able to do anything like this, but because the staff and participants are so friendly and helpful it makes the whole experience enjoyable and I do not feel like a burden. This day was a very important experience for me and I now have a much more positive attitude to being able to do such things".

Sarah, Ernesettle resident

2. Learn

Providing opportunities to explore something new about nature

34 sessions with **53** teachers, connecting **360** children with nature in greenspaces across Plymouth

Children walked **821km**, taking **1,211,491** steps

Burnt **20,000** calories

'I normally sit inside but I loved getting more active and doing stuff'.

Lexi, Year 6 student at Ernesettle Community School

Case Study: Wild Challenge
Working with schools to reach families...

We partnered with the RSPBs Wild Challenge, which aims to connect children and families to nature, through activities which work towards bronze, silver and gold awards. We engaged all the schools nearest our neighbourhood greenspaces, building teacher confidence and removing other barriers to encourage teaching in nature - such as knowledge about what to do outside, where to go, getting the support of the school head, and valuing the impact of nature on children's learning and wellbeing.

'Through Wild Challenge we watched children explore new spaces and play more freely in nature. Importantly many children started to bring their families back to take part in a celebration and outdoor theatre event at Ernesettle Creek, and also attended our family events during the school holidays'.

Ashley Tod, AN Community and Volunteer Officer

3. Be Active

Supporting participation in physical outdoor activities for all abilities

More than

98%

of all participants agreed that they were more active and felt better after taking part in Active Neighbourhoods activities

Active Neighbourhoods collaborated with Public Health to launch the Active 10 app: encouraging people to undertake 10 minutes of brisk walking a day and we trained 4 new walk leaders

Engaged

2631

local residents being active in nature

Participants took

8,967,623

steps; covering

66,686km

– equivalent to walking around the world one and a half times! This burnt

265,611

calories

Image ©Rosie Mansell

Case Study: Family health and wellbeing...

Family events give families a reason to visit nature reserves and to take part in free family activities, in a safe, guided fashion. Getting people to attend these events has involved a joined up approach of using social media, traditional word of mouth, leaflets and posters. All activities make sure both children and adults keep active , provide opportunities to socialise and also include an element of volunteering.

'We went to Teat's Hill today and my son had a great time hunting bugs and making his own rope. The staff are really helpful and welcoming. A great way to get out and keep summer holiday costs down!'

Anna, local parent

'Working with Active Neighbourhoods in local woodland gave our vulnerable families a chance to work together in neutral space. Being outside and more active, encouraged more positive behaviour from both children and adults, and allowed participants the freedom to explore the woods and express themselves. It was often the highlight of the family's week'.

PCC Family Intensive Intervention Project (FIIP)

4. Take Notice

Providing a high quality, accessible natural environment which encourages people to be curious about the world

2.5 km of new and improved paths

6.2 km of new Public Rights of Way

810 m sq new/ restored hedgerows

700 trees planted

35 Bird boxes made

5 new wildflower meadows

900 wildflower plants

2 new County Wildlife Sites

3 Citizen science events, supporting residents to collect biodiversity data

Case Study: Blue Space Sensory Walk

What are sound clouds?
AN has been experimenting with new and innovative ways to connect local residents with nature and their local environment, including guided sensory walks through greenspaces wearing a mix of sound amplifying headphones and noise cancelling headphones. Residents then recorded what they noticed most while wearing both types of headphones – interestingly, participants noticed that without their sense of hearing other senses such as smell became heightened.

'This has been a great opportunity to experience the amazing wildlife and natural beauty that Plymouth has to offer. So far I have been lucky enough to see kingfishers, bullfinches, fallow deer and even a common lizard.

One of the best things about the job is being able to see the positive impact that our work can have on communities. The Ernesettle Headland Path was an example of this, at the beginning of the project this area was a muddy inaccessible area. We were able to completely transform a previously inaccessible area, into a spectacular scenic walk with a wheelchair accessible path, it is now a real asset for the community. Seeing this progression from consultation to completion, and hearing stories about how pleased locals are with the path feels very rewarding'.

Kieran Shaw-Flach, AN trainee ranger

5. Give

Leading volunteering sessions which empowers people to contribute to their local area

Residents have volunteered **3279** hours, over **934** volunteer days with an in-kind value of **£46,700**

3 new 'Friends of' groups for greenspaces

'Many of our volunteers have told us how volunteering with Active Neighbourhoods has helped them become more involved in their local community, gaining confidence, new skills and becoming more connected to other residents. Some of our key volunteers are now proud advocates of their local spaces for nature and are helping develop 'Friends' groups to care for these sites in the future.'

Tim Russell, AN Urban Ranger

Case Study: Ray's Story...

One day while I was walking through Budshead Wood, doing some litter picking, I met Ashley Tod (AN Community and Volunteer Officer) for the first time. I had been a shift worker in the MoD for 37 years and began volunteering with Active Neighbourhoods while I was still in full time employment. I am now retired from the MoD and am able to volunteer regularly. Some of the things I get from volunteering include making new friends, camaraderie and being part of a team. I also feel that my general health and well-being have improved by being outdoors most of the time; my self-confidence and motivation have improved; and my ability to work alongside groups of volunteers with differing abilities and life experiences has improved.

I've also learnt new skills in practical conservation, wildlife surveys, have trained as a Walks for Health Leader and rediscovered my love of photography. This year I'm looking forward to leading a nature trail project in Budshead Wood, with a view to rolling out the idea across the other AN reserves too.

Ray Morton, Active Neighbourhoods Volunteer

'I attended the event where we reinstated the ancient hedgerow in Ernesettle and thoroughly enjoyed the day. Tim and Kieran were great and we all learned new skills and the atmosphere was lovely. The smiles on the childrens' faces were fantastic and everyone thoroughly enjoyed the activities.'.

Sally, Ernesettle resident

6. Research, Monitoring and Evaluation

What have we learnt?

Using robust monitoring and evaluation tools and techniques to evidence the impact of AN has been our approach from the start. Some of the key tools we have used are listed below:

- Spaceshaper questionnaire, developed by the Commission for Architecture and the Built Environment, to assess the baseline performance of spaces. This is a nationally recognised standard and has been used to deliver community consultation workshops and survey site users/local residents
- Digital visitor counters installed at all sites through a student-led digital innovation project called 'Stumpd'
- Baseline ecological surveys of sites delivered through Devon Biodiversity Records Centre and citizen science events with volunteers
- Warwick-Edinburgh Mental Wellbeing Scale (short form) to assess wellbeing outcomes for longer-term project participants
- Evaluating events for quality and health and wellbeing outcomes using the Likert Scale
- Linking with more in-depth academic research including the Blue Health Project; initiating a participatory action research PhD exploring urban greenspace interventions and social wellbeing with the AN Project Coordinator as lead researcher; PhD researchers with Plymouth University researching health promotion/access to nature and rewilding initiatives.

Gathering data and analysing it on a regular basis (action-based research) enables us to adapt our approach to delivery and monitoring as we go along. Some of the changes we have made as a result include:

- Incorporating elements of volunteering into family events to encourage local ownership and care of the greenspaces. Combining fun nature-based activities with volunteering has enabled participants to give something back to their community and to learn a bit about their local greenspace.
- Combining traditional community engagement approaches such as door-knocking, attending existing community events, taster sessions and running fun events with new technology-based tools such as Pokemon safaris, NFC trails and effective social media has enabled us to reach a more diverse audience and reach out to more socially isolated residents.
- As well as managing sites to increase biodiversity over the long-term, we've delivered site improvements that show relatively quick visual and habitat improvements to spaces to inspire residents to get involved such as wildflower, tree and orchard planting.
- Adapting conventional wildlife survey techniques over short project timescales has been challenging. We have trialled and adopted innovative methods to evidence changes in biodiversity over the short term - such as simple before and after photos documenting the change in habitat structure and species diversity; recording species and comparing composition and variety between newly managed habitats and neighbouring unmanaged habitats (for example a newly sown meadow and neighbouring amenity grassland); butterfly counts along transects of newly managed habitats; and mapping changes in management and habitat to inform constantly evolving site management plans.

‘Teats Hill is one of several European case studies for Blue Health where we’re working with the local community to design improvements to blue spaces. Blue Health is all about using planning and design to enhance blue spaces – using small interventions in under-used spaces to potentially have a big effect, what we refer to as ‘urban acupuncture’. These interventions can change the way people interact with, use and get the most mental and physical benefits from, blue space.

Professor Simon Bell, Chair of Landscape Architecture, Estonian University of Life Sciences

Image ©Rosie Mansell

Case Study: Blue Health Research at Teats Hill – using robust research to inform decision making...

In Teats Hill, Active Neighbourhoods is partnering with Blue Health – a pan-European research initiative investigating relationships between urban waterways and health - led by the University of Exeter and involving a consortium of nine institutions across Europe.

Active Neighbourhoods and Blue Health are working closely with the local community around Teats Hill beach and greenspace, as well as with organisational stakeholders, such as Plymouth Community Homes, the National Marine Aquarium, the Marine Biological Association and Plymouth Marine Laboratory. This partnership has helped shape the physical redevelopment of Teats Hill and is evaluating any potential changes to community health linked to these changes.

Blue Health are assessing community health effects, with results expected at the end of 2018, through:

- A before and after survey with residents in seven surrounding census areas which looks at their general health, well-being, recreational visits and willingness to pay for improvements to Teats Hill
- A before and after 10-week behavioural observation schedule exploring how people use the site before and after improvements

Capital improvements have started, creating an open air theatre and natural play features, as well as changing some of the amenity grass to limestone grassland and coastal wildflowers.

Blue Health are also trialling a new environmental assessment tool at Teats Hill to assess the quality of coastal environments - this could be used by other local authorities to help them get the most out of blue spaces and decide what improvements could achieve the best health outcomes for local communities and wildlife.

7. Where Next?

Year 3 and beyond

As we head into our third year of Active Neighbourhoods our focus will be:

- Developing more in depth health and wellbeing research, including PhD research on how School Nurses can improve child/family health outcomes through access to nature; Blue Health research results; and how greenspace interventions can influence community-level social wellbeing.
- Delivering the Silver Wild Challenge to our neighbourhood schools and involving new schools to link with the growing Plymouth Outdoor Learning and Education Network .
- Delivering more high quality greenspace through on-site physical improvements such as accessible paths, better welcome signage, way-marking and interpretation and increased biodiversity.
- Protecting the greenspaces for future generations through Local Nature Reserve designations and new Public Rights of Way.
- Reaching out to new audiences that could benefit from enjoying their local greenspaces such as isolated older people.
- Developing new and existing Friends groups and supporting the development of a wider Plymouth Outdoor Learning and Education Network.
- Making use of our evidence on how greenspace can impact on health and wellbeing in Plymouth to demonstrate how the project supports the aims of the Clinical Commissioning Groups and other funders.

Its been an exciting 2 years with Active Neighbourhoods and we're proud of the seeds we've sown within our nature reserves and local communities. We're really starting to capture and evidence our impact on the health and wellbeing of people and nature - and as we look to the future, we're confident that Active Neighbourhoods, will continue to flourish and help deliver a naturally healthy Plymouth.

Jemma Sharman, AN Project Coordinator

Contact info:

Active Neighbourhoods - Plymouth City Council

ActiveNeighbourhoodsProject
e NatInfra@plymouth.gov.uk
w www.plymouth.gov.uk/activeneighbourhoods

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 666773.

This page is intentionally left blank

HEALTH AND WELLBEING BOARD

Work Programme 2018 - 2019

Date of meeting	Agenda item	Reason for consideration	Responsible
12 July 2018	CQC Action Plan		Craig McArdle
	Commissioning intentions		Craig McArdle
4 October 2018			
10 January 2019			
Items to be scheduled	Purple Flag		Matt Garret/ Craig Downham
	ACE		Discussed at informal - Update from Dave Thorne
	Suicide Prevention		Sarah Lees

This page is intentionally left blank