Health and Wellbeing Board

Thursday 27 March 2014

PRESENT:

Councillor McDonald, in the Chair.
Professor Richard Stephenson, Vice Chair.

David Bearman, Andy Boulting, Carole Burgoyne, Jerry Clough, Amanda Fisk, Tony Hogg, Stephen Horsley, Sue Kelley, Councillor Dr. Mahony, Vicky Shipway (for Debbie Roach), Nick Thomas (for Ann James), Steve Waite and Councillor Nicky Williams.

Apologies for absence: Ann James, Debbie Roach and Clive Turner.

Also in attendance: Craig McArdle, Craig Williams, George Plenderleith, Julie Frier, Giles Perritt and Amelia Boulter.

The meeting started at 10.00 am and finished at 12.50 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.

37. DECLARATIONS OF INTEREST

There were no declarations of interest.

38. CHAIR'S URGENT BUSINESS

The Chair gave thanks to Stephen Horsley, Interim Director of Public Health for taking the helm and providing leadership in public health and his campaign for a better public health settlement for Plymouth.

The Chair also reported on the recent press on the children and adolescent mental health service. The Chair stated that on behalf of the Health and Wellbeing Board she looked forward to receiving the recommendations from the Caring Plymouth Panel which monitored a review of mental health services across the city. With a whole systems approach no single organisation by itself fails or succeeds.

39. MINUTES

Agreed that the minutes of 13 February 2014 were correct subject to the following amendment –

Minute 33c – should read as ‘comprises’ and not compromises.

40. BETTER CARE FUND

Craig McArdle, Head of Co-operative Commissioning, Jerry Clough, Chief Operating Officer, NEW Devon CCG and Craig Williams, Interim Programme Manager (Integrated Health and Wellbeing) provided the Board with an update on the Better Care Fund (BCF) on the feedback received from the Local Area Team (LAT).

Members were advised that -

(a) changes were made since the last submission to the Board and the document had been shaped by feedback received from the LAT which highlighted a number of areas for development;

(b) the outcome measures needed to be more ambitious around delays on transfers of care which was also highlighted by the Board. This metric had been revised to be more challenging with the aim to achieve the national average by 2015;

(c) the metrics relating to the patient user experience was still currently blank this was because they were waiting for the national guidance. The Dementia metric was technically robust and were still in line with what was originally planned.

In response to questions from members of the Board it was reported that -

(d) the template had been revised and would be submitted to NHS England. With regard to Delayed Transfers of Care the aim was to achieve 308.5 and this was a national indicator. The Dementia rate was 47.8 with the aim to achieve 54.5 and was confirmed diagnosis.

It was further reported that -

(e) the LAT feedback reported the need to flesh out some of the schemes to take forward in 2015/16. The feedback received in relation to 2014/15 was very positive;

(f) there were a number of developments planned for 2015/16 grouped around a number of themes –
- promoting independence;
- minimising delayed transfers in care;
- reablement, rehabilitation and recovery;
- quality improvement;

(g) this was the start of the BCF process and recognise the need to further develop the schemes and monitor the outcomes. The priorities of the Transformation Programme and the BCF sits within a wider piece of work of the integration of health and social care and that has to be the priority for the next 2 years;

(h) the need to ensure robust governance arrangements for delivery and further work on Section 75 for 2015/16 was to be put in place and how services transform around 7 day working and the transformation of integrated of health and social care across the city would be developed.

In response to questions from members of the Board it was reported that -

(i) with regard to end of life care this was a return to the national average and was an ambition for the next 2 years. There was a need to look across the whole system at all the indicators to give a balanced overview and recognise the need to up skill the workforce around end of life care and the importance of meeting people's wishes and needs;

(j) feedback received from the LAT was helpful and feedback received from the Health and Wellbeing Board had been incorporated. They were working with 2 Health and Wellbeing Boards and have external support to make sure everything was pulled together to ensure consistency;

(k) the hospital was committed to working across the whole health system and ensuring pathways to care were correct. Taking money out of the system meant designing a system which delivered the right outcomes for patients;

(l) the BCF was largely silent on the issues of children and young people who were an important factor. Children and Young people were reflected in the Transformation Programme and the BCF template did not allow the story of the wider work the Board had been undertaking.

Agreed that the Health and Wellbeing Board endorses the changes made to the Better Care Fund template and its submission to NHS England. The Board would continue to monitor the implementation of the Better Care Fund.

41. BETTER OUTCOMES FOR CHILDREN AND YOUNG PEOPLE

Councillor Nicky Williams provided the Board with a report on better health outcomes for children and young people.

Members were advised that –

(a) in January 2012, the Government set up the Children and Young People's Health Outcomes Forum to look at health issues and better outcomes for children and young people;

(b) in February 2013, the Government set out its official response to the forum and signed up to the Better Health Outcomes Pledge and Health and Wellbeing Boards were invited to sign up to this;

(c) there were 5 shared ambitions and 5 key aims which resonate well with the strategic approaches of the Board and the Marmot approach to give children and young people the best start in life.

In response to questions from members of the Board it was reported that –

(d) this was the first step in taking the pledge forward. The next step was to look at how to implement the pledge locally and make it right for Plymouth. Further discussions took place on whether there was a need to have an additional recommendation on the importance of working with partners. It was felt that bullet point two of the recommendations covered this;

The Board received feedback from the community and voluntary sector on the support for adopting the pledge. It was reported that –

(e) funding and service cuts would impact significantly on this area of work. A suggestion was put forward on whether a solution shop would be an avenue for developing and adapting the local version of the pledge. This would allow a wider group of organisations to come together to feed into the development of the pledge;

(f) Cabinet recently agreed a recommendation that covers the issues raised and looks at the commissioning framework for children and young people. The recommendation took into account the whole care pathway and as this develops it could run alongside this work to be captured in one place with the Board having oversight.

Agreed that –

1. the Health and Wellbeing Board would sign up to the principles of the Better Outcomes for Children and Young People Pledge subject to the completion of next steps to include -

    - agreement on where oversight, accountability and responsibility for delivery should sit;
    - adaption of the Pledge in line with local need and priority areas;
    - a system of monitoring progress against the key ambitions and aims of the Pledge to be developed, cross referencing with relevant plans and performance already in place;
    - further work to be undertaken to identify the resource and financial implications of delivering the Pledge within the local context.

2. the Board have oversight of plan prior to going to the Children and Young People Partnership.

42. STRATEGIC ALCOHOL PLAN FOR PLYMOUTH 2013-2018

Stephen Horsley, Interim Director for Public Health provided the Board with the Strategic Alcohol Plan for Plymouth 2013 – 2018. It was reported that –

(a) alcohol was an issue in Plymouth with an estimated 60,000 people drinking at hazardous levels;

(b) the Health and Wellbeing Board was identified as providing the governance for implementation of the plan which has now been in place for 6 months. The delivery plans shows the progress so far;

(c) one meeting of the stakeholder group had taken place to ensure the issues relating to alcohol had been taken on Board. The implementation plan needs wider support from a number of agencies;

(d) the Evening and Night Time Economy (ENTE) was very important to Plymouth and probably needs more involvement with Economic Development. Further engagement with Economic Development and partners to possibly fund an ENTE Manager;

(e) the number of alcohol related admissions had risen at Emergency Departments and there was a need to look at additional support from NEW Devon CCG in relation with the Alcohol Liaison Service;

(f) the sale of super strength alcohol of 6.5% which are sold very cheaply and potentially cause a lot of problems. The Police and Crime Commissioner had also highlighted this as an issue and working in partnership would develop the best solution for Plymouth;

(g) there was a requirement for people to drink responsibly and this strategy would support people to do this.

In response to questions from members of the Board it was reported that –

(h) Tony Hogg was respectful of the local position and that the impact of alcohol was enormous in terms of families, children, hospital admissions, policing etc and the hidden costs. Tony would be looking at this for Devon, Cornwall, Isles of Scilly and Torbay and would work in line with Plymouth's views.

<u>Agreed</u> that -

1. The current Year 1 Implementation Plan is reviewed to include specific timescales, metrics and -

   a. the Plan is represented to the Health and Wellbeing Board at its next meeting;

   b. a formal projects review is carried out and is reviewed at the Health and Wellbeing Board in the Autumn 2014.

2. a. The Stakeholder Group (Alcohol Programme Board) lead the delivery of the Plan through development and implementation of annual Delivery Plans;

b. Accountable Leads, as identified within the Implementation Plan, provide assurance of delivery for their specific domain areas. Annual statement of progress is provided to the Health and Wellbeing Board;

c. a review to take place on the membership of the Stakeholder Group (Alcohol Programme Board) to ensure the right people are on this board to deliver the plan.

3. The Chair of the Health and Wellbeing Board will meet with the Chair of the Growth Board to ensure alignment of strategic positioning and ownership of the plan;

4. The NEW Devon CCG considers how best the plan can be supported across health agencies and Public Health and reports back to the Board how this might be reflected through its commissioning infrastructure;

5. The Police and Crime Commissioner's current work to engage the alcohol retail sector is aligned to the city's work to reduce the availability of super strength alcohol products.

43. AGEING BETTER PLYMOUTH

George Plenderleith, Chief Executive, Plymouth Guild provided the Board with a presentation on Ageing Better Plymouth. The presentation highlighted that –

(a) Plymouth was one of 34 local authorities competing for up to £6m to spend over the next 3 to 4 years to reduce social isolation for older people;

(b) Ageing Better outcomes-
- older people are less isolated;
- older people are actively involved in their communities with their views and participation valued more highly;
- older people are more engaged in the design and delivery of services that help reduce their isolation;
- services that help to reduce isolation are better planned, co-ordinated and delivered;
- better evidence is available to influence the services that help reduce isolation for older people in the future;

(c) Highlights from the survey –
- whilst health restrictions, lack of transport and cost were given as reasons for not taking part in activities outside the home, lack of information was the biggest barrier;
- majority of respondents do not think that they are able to have say about the type of local services and activities available to them;
- half of those responded to the survey were over 70 years olds and the majority were woman.

A discussion took place that the Health and Wellbeing Board was not a commissioning Board and to request the Joint Commissioning Partnership to look at some of the recommendations. The Board felt that the Ageing Better Plymouth presentation was thought provoking with really important messages that should be built in our planning.

Agreed that –

1. the Health and Wellbeing Board endorses the initiative and the bid by the Guild which has clear links to the board's visions and strategy.

2. the needs of the socially isolated are reflected in the strategic commissioning plans.

3. the Joint Commissioning Partnership -
   - ensures strategic alignment of the various initiatives to provide services to socially isolated older people through engagement from the partner organisations on the Health and Wellbeing Board.
   - develops an alignment with Joint Strategic Commissioning for older people who are socially isolated with or without lottery funding.
   - considers new models of commissioning with the Ageing Better Social Enterprise.

44. NEW DEVON CCG 5 YEAR STRATEGIC PLAN

Jerry Clough, Chief Operating Officer, NEW Devon CCG provided the Board with an update on the New Devon CCG 5 Year Strategic Plan. It was reported that -

(a) a draft of the NEW Devon CCG 5-Year Strategic Plan would be submitted by 4 April and final draft submitted by 20 June. During that period there would be plenty of time for engagement and further refinement of the plan;

(b) Devon had been designated as a financially challenged health economy which means that Devon would be receiving intensive external support from 1 March to 20 June to support the 5 year plan;

(c) 5 key strategic priorities identified that resonate throughout the plan and are critical pieces of work -
   - Partnerships to deliver improved health outcomes;
   - Personalisation and integration;
   - General Practice registered populations as the organising units of care;
   - A regulated system of elective care that delivers efficient and effective care for patients;
   - A safe and efficient urgent care system.

In response to questions from members of the Board it was reported that -

(d) there were national drivers to make General Practice more available, open and responsive and that in itself was a tension, however, if merged and federated at scale, patients could have access to urgent care services not from a named GP but they would receive the care when needed;

(e) the 'Green family' had created a lot of interest and whether the statements were ambitious enough was questioned. The default of taking someone to hospital too quickly was still in place when there could be other options;

(f) areas that have significant issues around health inequalities were party due to low uptake and the engagement of people with their own healthcare. This was an issue nationally and spend was higher in communities where health inequalities were not a big issue. There was a need to be open and transparent and CCG had applied allocation formula to each of their localities;

Agreed that the Health and Wellbeing Board note the update at the first meeting in the new municipal year would consider the final plan.

45. EXEMPT BUSINESS

There were no items of exempt business.