

## **Health and Wellbeing Board**

**Thursday 5 February 2015**

### **PRESENT:**

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

Ian Ansell – Office of the Police and Crime Commissioner, Veryan Barneby - Community and Voluntary Sector, David Bearman - Devon Local Pharmaceutical Committee, Carole Burgoyne - Strategic Director for People, Peter Edwards - Healthwatch, Tony Fuqua - Community and Voluntary Sector, Dr Paul Hardy - NEW Devon CCG, Ann James - NHS Plymouth Hospitals Trust, Councillor Dr. Mahony, Kelechi Nnoaham - Director of Public Health, Councillor Tuffin and Clive Turner – Plymouth Community Housing.

Apologies for absence: C/Sup Andy Boulting - Devon and Cornwall Police, Lesley Gross - Community and Voluntary Sector and Steve Waite – Plymouth Community Healthcare.

Also in attendance: Richard Grant - Local Planning Manager, Caroline Marr – Policy and Planning Business Officer, Nicola Jones – Commissioning Lead, Rob Nelder – Public Health Consultant, Chris Slocombe and Chris Bowden – Marketing Means, Ross Jago – Lead Officer and Amelia Boulter – Democratic Support Officer.

The meeting started at 10.00 am and finished at 12.25 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.*

### 35. **DECLARATIONS OF INTEREST**

There were no declarations of interest made.

### 36. **CHAIR'S URGENT BUSINESS**

The Chair reported that Amanda Fisk who represented NHS England has stepped down from the Health and Wellbeing Board. This Board is required by regulation to keep the seat open for NHS England to attend. A request would be sent to Anthony Farnsworth for a nominee.

The Chair also proposed that the Board meeting scheduled for 23 April 2015 would be replaced with a development session. At this development session would be an opportunity to review the work of the Board over the last year and to consider how the Board would work in the future.

Agreed that all Board Members attend the development session on 23 April 2015.

37. **MINUTES**

Agreed that the minutes of 20 November 2014 were confirmed.

38. **PLYMOUTH PLAN**

Richard Grant, Local Planning Manager and Caroline Marr, Policy and Business Planning Officer presented the Plymouth Plan to the Board. It was reported that -

- a) the Plymouth Plan (Part One) – consultation draft plan went to Cabinet on 9 December. The consultation on Part 1 of the plan, the strategic framework commences on 21 January until 4 March. This was an attempt to bring together all the strategies into one strategic framework to shape Plymouth for the future and includes the Health and Wellbeing Strategy;
- b) the purpose of bringing the plan today was to ask partners for support to ensure the right messages were contained within the plan for the city. The Plymouth Plan would go to Full Council in June 2015 and work was underway on Part 2 of the plan, the more technical planning document;
- c) this was ground breaking work bringing together all the different agendas that would drive the city forward;
- d) the children’s agenda does need to be strengthened and have met with the Children and Young People’s Partnership to discuss this.

In response to comments and questions raised, it was reported that -

- e) they fully recognise the delivery of the plan and getting the plan right would require the input from a wide range of organisations. They have used community groups to consult with to develop policies and would continue to do this;
- f) one of the principles is a clear strategic framework and they wouldn’t get involved in the delivery of some of the principles. They weren’t the experts and have devolved the delivery to partner organisations that were;
- g) this was an ambitious plan but the plan doesn’t quite capture what the voluntary and community sector was doing and its commitment. This was the feedback that was needed and welcomed and need to work out the correct way into the voluntary and community service and to recognise the importance of building this into the plan;

Agreed that –

1. The Health and Wellbeing Board is happy with the direction of travel for the Plymouth Plan (Part One) – consultation draft plan.
2. The Health and Wellbeing Board to review the Plymouth Plan in the municipal year.

3. Each organisation to take part and provide feedback on the Plymouth Plan.

### 39. **CHILDREN AND YOUNG PEOPLE'S PLAN**

Judith Harwood, Assistant Director for Learning and Communities provided the Board with an overview of the Children and Young People's Plan. It was reported that –

- a) the plan had been revised and gathered under 4 objectives -
  - Raise Aspirations
  - Deliver Prevention and Early Help
  - Deliver an Integrated Education, Health and Care Offer
  - Keep our Children and Young People Safe
- b) the Children and Young People's Partnership was not a commissioning partnership and seeks to complement the commissioning strategies;
- c) representation from most statutory partners on the partnership to ensure children and young people's needs were met as well as providing support and challenge to the plan;
- d) as part of the accountability for the partnership, the partnership was expected to report to this board on progress and expect challenge from this board and vice versa.

Please click on link below to access terms of reference for Children and Young People's Partnership.



ToR subcommittee  
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### 40. **PHARMACEUTICAL NEEDS ASSESSMENT**

David Bearman provided an update on the Pharmaceutical Needs Assessment. It was reported that consultation had taken place which ran from 17 November 2014 to 16 January 2015. The Health and Wellbeing Boards of Devon, Cornwall and Torbay worked together to produce a single approach to the document and would like to thank Sarah Ogilvie for her co-ordination of this approach.

The consultation was hosted by Plymouth City Council and 5 individuals completed the on-line consultation and feedback received was around ease of use. The Steering Group met last week to discuss how to take points on board and amendments would be made. The Pharmaceutical Needs Assessment would come back to the Health and Wellbeing Board on 26 March 2015 for ratification.

Agreed that the Pharmaceutical Needs Assessment to come back to the Health and Wellbeing Board on 26 March 2015 for ratification.

41. **URGENT AND NECESSARY MEASURES**

Nicola Jones, Commissioning Lead provided the Board with an update on Urgent and Measures now being referred to as Potential Interim Disinvestments. It was reported that the CCG had responded to the worsening financial circumstances by introducing a list of urgent and necessary measures. Following feedback and engagement from the public, stakeholders, clinicians and a range of organisations, the CCG's approach has altered and some of the services under review are believed to be more suitable as referral guidance to clinicians.

In response to questions raised, it was reported that -

- a) with regard to emotional impact on people, have taken that point back to the officers working directly on those measures and was a constant balance in getting the services right across the board;
- b) they were looking to help people with lifestyle changes and were not saying that you can't have the operation;
- c) communication around urgent and necessary measures was not handled as well as could be and the CCG were asked to make decisions quickly to try and resolve the financial situation;
- d) the CCG undertook some considerable consultation and took on board the emotional content and the CCG now have the opportunity to reflect and the measures would go through a finer sieve to ensure people get the best for their health spend.

The following comments were made –

- e) we do not have limitless resources and at the same time do not want to worsen health inequalities for the local population. In Plymouth still grappling with the missing millions and dealing with some decisions if they were implemented would be a 'risk' to certain populations but difficult choices do have to be made;
- f) this was a very complex set of issues in the short term and strategically and there was a need to be clear on what the drivers are, are they financial or clinical evidence based. If the clinical evidence base they should be part of an on-going programme. This was the tip of the ice berg and what were the other things that needed to be addressed and much bigger in terms of costs. This Board to look at the bigger issues and focus on the Western Locality;
- g) the CCG made some proposals and the combination of the media knocked this proposal off track. There would be bigger decisions to face down the line and this Board to support the CCG when they make these tough decisions;

- h) this Board signs off the commissioning principles and when we disinvest do not want to destabilise the system when the board makes tough decisions.

The Health and Wellbeing Board agreed New Devon CCG's current position in relation to disinvestments and further discussion would take place at the Development Day on 23 April 2015.

#### 42. **WELLBEING SURVEY**

Rob Nelder, Public Health Consultant reported that they undertook to carry out the Wellbeing Survey because they weren't good at measuring wellbeing and to generate baseline information for Plymouth. It would enable them to focus on wellbeing over time. Colin Slocombe and Chris Bowden from Marketing Means provided the Board with a presentation on the Wellbeing Survey. Please click on link below to access the Wellbeing presentation.



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In response to questions raised, it was reported that -

- a) to get a representative sample, the data had been weighted and half of the sample received from 60 years plus. Then weighted by ward and was a representative as a sample of this size;
- b) the break down was to a locality and ward level, they could come down to post code level but were looking at very low numbers in particular areas;
- c) the data collected would start to inform the work around 4-4-54 (Thrive Plymouth). The Public Health team would be undertaking a series of deep dive events and would be inviting experts to discuss in more detail how to address the 4 behaviours in the city. ;
- d) they were looking a repeating the Wellbeing Survey every 2 to 3 years to ensure that progress had been made.

Agreed that the Health and Wellbeing Board note the Wellbeing Survey.

#### 43. **EXEMPT BUSINESS**

There were no items of exempt business.