

Health and Wellbeing Board

Thursday 1 October 2015

PRESENT:

Councillor McDonald, in the Chair.

Councillor Mrs Bowyer, Vice Chair for this meeting.

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

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

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

The meeting started at 11.10 am and finished at 1.06 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

12. DECLARATIONS OF INTEREST

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

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

13. **CHAIR'S URGENT BUSINESS**

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

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

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

14. **MINUTES**

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

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

15. **QUESTIONS FROM THE PUBLIC**

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

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

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

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

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

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

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

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

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

16. **CAMHS TRANSFORMATION PLAN**

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

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

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

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

Early Intervention

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

Crisis Response

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

Children in Care (CiC)

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

Specific Services

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

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

The following comments were made by Board members –

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

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

17. **ALCOHOL DASHBOARD UPDATE**

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

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

The following comments were made by Board members –

- (a) the city is surrounded by a significant population that travel in for various reasons and the city therefore picks up both the benefits and the potential harm issues;
- (b) alcohol cuts across a number of areas that the Health and Wellbeing Board review and how alcohol issues are aligned with the decisions this Board makes.

In response to questions raised, it was reported that –

- (c) hospital admissions were mainly by people from 45 years upwards with more chronic health harms due to long term alcohol abuse. Young people presenting to the emergency department were due to assaults;
- (d) progress was being made against the alcohol agenda for Plymouth.

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

18. **SUICIDE PREVENTION WORK**

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

- (a) suicide is a major societal issue;
- (b) the average cost to society of each death was £1.45 million;
- (c) suicide was the commonest cause of death in men under the age of 35 years;
- (d) 70% of those people who die by suicide were not in receipt of mental health services;

- (e) 3 times more men than women die by suicide;
- (f) suicides were not inevitable, they were preventable;

Highlighted to the Board the local system issues –

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

The following comments were made by Board members –

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

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

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

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

- (a) partnership has established the way of working alongside the commissioning strategies;
- (b) the partnership has 4 priorities;
 - early help;
 - aspiration and learning;
 - integration of education, health and care;
 - safeguarding.
- (c) the new Chair of the Plymouth Safeguarding Children Board has outlined his priorities and looking at how to bring together the two partnerships actively together;
- (d) they had received the progress report against the Children Social Care Improvement Plan and have endorsed the work;
- (e) the partnership have discussed the 4 commissioning;

- (f) the next step to consider the model of partnership because many of the themes are cross cutting. Should the Children and Young People's Partnership be combined with other boards?
- (g) the next meeting of the partnership part of the meeting would be held as a system design group around the Children and Young People's Strategy looking at system redesign involving all stakeholders and partners.

20. **WORK PROGRAMME**

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

1. Solution Workshops would cease whilst the review of the Health and Wellbeing Board was taking place. A report on the way forward would be provided to the Board in January.
2. Personal Medical Services Review to be added to the work programme for January.
3. An update on work being undertaken around mental health to be circulated to Board members and to ensure that issues raised are fed back into the commissioning strategies.

21. **EXEMPT BUSINESS**

There were no items of exempt business.