

HEALTH AND WELLBEING BOARD CHAIRS REPORT

THURSDAY 4TH OCTOBER 2018



1. Introduction

A Reminder of our role –

- To act as system leaders on the strategic planning and co-ordination of NHS, Public Health, Social Care, Children’s and Wellbeing Services.

The key functions of the Health and Wellbeing Board are:

- To prepare Joint Strategic Needs Assessments (JSNAs and Pharmaceutical Needs Assessments) and Joint Health and Wellbeing (JHWSs)
- To promote integrated working between health, care and wellbeing
- To hold commissioners and the system to account to this end. Our agenda in future will focus on items where decisions and actions are required.

2. CQC Reviews

In August CQC published their reviews of University Hospital Plymouth and Livewell Southwest. University Hospital Plymouth, was rated as Requires Improvement overall and Livewell Southwest was rated as Good

University Hospital Plymouth:

Overview and CQC inspection ratings

Overall Requires improvement <small>Read overall summary</small>	Safe	Requires improvement ●
	Effective	Requires improvement ●
	Caring	Outstanding ☆
	Responsive	Requires improvement ●
	Well-led	Requires improvement ●

Latest inspection: 17 April 2018

Report published: 15 August 2018

Livewell Southwest:

Overview and CQC inspection ratings

Overall Good Read overall summary	Safe	Good ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-led	Good ●

Latest inspection: 17 April 2018

Report published: 7 August 2018

I have agreed with the Chair of Overview and Scrutiny Committee that the Reviews and resulting Action Plans will be presented to them for oversight and assurance.

Following December's Local System Review conducted by the Care Quality Commission, Plymouth as a system co-designed a system action plan to manage the improvements recommended in the final report. This plan was based around three key areas:

- Commissioning and Market Management
- Staff and Organisational Development
- System Improvement

We have seen a number of changes already deliver as a result of the Action Plan. In June, Cabinet signed off Plymouth System Health and Wellbeing Strategic Commissioning Intentions 2020 outlining a clear vision for the next two years and detailing a number of high impact changes that as a system we can expect to see.

We have started work on a Multi-Agency Workforce strategy with support from the Local Government Association to help Plymouths leaders design a system-wide, high-level integrated workforce strategy.

In May and June, Plymouths' Health and Wellbeing system undertook a Hard Reset process involving leaders of all organisations in our system meeting to discuss daily performance and agree daily actions to unblock and correct issues across our urgent care system.

As Quarter two is drawing to a close we can reflect on a period of enabling development, with plans now in place to launch the next two Health and Wellbeing Hubs in October, development of the Commissioning and Contract Approach for the Integrated Care Partnership included significant engagement with University Hospitals Plymouth and Livewell South West along with the commencement of consultation on the future model of delivery for Early Help and Targeted Support for Children, Young People, Families and their Carers

We are also pleased to announce that Plymouth has had two successful submissions from GP Practices to be lead providers for the delivery of Improved Access between October 2018 and March.

The next phase of the plan will see a significant focus on developing the Integrated Workforce Strategy and plan along with completion of the Continuing Health Care improvement actions.

Developments will continue around Risk Stratification, the Care Traffic Control Centre, the Acute Assessment Unit and two further HWB Hubs are due to launch in October. We will also see the launch of the procurement processes for the Integrated Care Partnership and Mayflower.

This steady progress has been maintained through the continued collaboration between system leaders and their organisations. As winter approaches these key relationships and close ways of working will be absolutely critical to the momentum of the plan at a time of significant pressure within our system.

3. Motion of Notice - Motor Neurone Disease

A motion was proposed at Full Council on 17th September that PCC adopt the MND charter. On adoption of it, suggestions are to publicise it via a press release and social media, raise awareness amongst colleagues via disseminating postcards, displaying posters in council buildings, keeping copies of the charter available for all staff to access, raise awareness as widely as possible with and distribute resources to partner organisations who support people with MND and their carers.

The charter's aim is to ensure that the rights of people with MND and their carers are understood and respected in order for them to access any care they need when and where they need it, have the best possible quality of life and have dignity in death (the latter ties directly in with the compassionate communities charter).

The charter has 5 specific points for action:

1. People with MND have the right to an early diagnosis and information
2. People with MND have the right to high quality care and treatments
3. People with MND have the right to be treated as individuals with dignity and respect (This would include for example, being offered the opportunity to develop and Advance Care Plan to ensure their wishes are met and appropriate end-of-life care is given in their chosen setting-this is part of the aforementioned compassionate communities charter).

People with MND have the right to maximise their quality of life. Carers of people with MND have the right to be valued, respected, listened to and well supported. Councils are being encouraged and supported to raise awareness about MND and councillors to consider the potential impact on people with MND and their carers for every decision that they make.

4. Compassionate City

St Luke's are leading on this and Abenna Gyamfuah-Assibey (Community Development Worker) is working to drive it forward.

A Compassionate City recognises that caring for one another at a time of loss and crisis is everyone's responsibility and not just that of social and health services.

It publicly encourages, supports, facilitates and celebrates care for those with life-threatening and life limiting illness, frail, chronic disability, ageing and dementia, death in childhood, grief and bereavement etc.

The Compassionate City Charter has 14 specific points for action:

1. Our **schools** will have annually reviewed policies or guidance documents for dying, death, loss and care.
2. Our **workplaces** will have annually reviewed policies or guidance documents for dying, death, loss and care.
3. Our **trade unions** will have annually reviewed policies or guidance documents for dying, death, loss and care.
4. Our **places of worship** will have at least one dedicated group for end of life care support.
5. Our city's **hospices** and **nursing homes** will have a community development program involving local area citizens in end of life care activities and programmes.
6. Our city's major **museums and art galleries** will hold annual exhibitions on the experiences of ageing, dying, death, loss or care.
7. Our city will host an **annual peacetime memorial parade** representing the major sectors of human loss outside military campaigns-cancer, motor neuron disease, AIDS, child loss, suicide survivors, animal companion loss, widowhood, industrial and vehicle accidents, the loss of emergency workers and all end of life care personnel, etc.
8. Our city will create an **incentives scheme** to celebrate and highlight the most creative compassionate organisation, event, and individual/s. the scheme will take the form of an annual award administered by a committee drawn from the end of life care sector. A 'mayor's prize' will recognise individual/s for the year who most exemplify the city's values of compassionate care.
9. Our city will publicly showcase, in print and in social media, **our local government policies**, services, funding opportunities, partnerships, and public events that address 'our compassionate concerns' with living with ageing, life-threatening and life-limiting illness, loss and bereavement, and long term caring. All end of life care-related services within the city limits will be encouraged to distribute this material or these web links including veterinarians and funeral organisations.
10. Our city will work with local social or print media to encourage an annual city-wide **short story or art competition** that helps raise awareness of ageing, dying, death, loss or caring.
11. All our compassionate policies and services, and in the policies, and in the policies and practices of our official compassionate partners and alliances, will demonstrate an understanding of how **diversity** shapes the experience of ageing, dying, death, loss and care-through ethnic, religious, gendered and sexual identity and through the social experiences of poverty, inequality, and disenfranchisement.
12. We will seek to encourage and to invite evidence that institutions for the **homeless and the imprisoned** have support plans in place for end of life care and loss and bereavement (The 4 homeless hostels in Plymouth have 55 people trained as End of Life champions and St Luke's have been running an End of Life project for the past 3 years in Dartmoor Prison to try to increase the number of prisoners having contact with EOL services and the ensure care is integrated and patient centred.)
13. Our city will establish and review these targets and goals in the first two years and thereafter will add **one more sector annually** to our action plans for a compassionate city-e.g. hospitals, further and higher education, charities, community & voluntary organizations, police & emergency services, and so on.

14. Our city will have **compassionate networks** that work together, in communities to support those who are dying or experiencing loss in emotional and practical ways.

The network outlined above will develop actions, using a public health approach to end of life care (.e. what we can do to achieve a good death for our community and grieve in a healthy way) to implement the Charter.

The charter's overall aim is to improve end of life experiences and bringing together communities (including volunteers and specialist providers e.g. local primary care teams, the health and wellbeing hubs, voluntary and statutory agencies) to ensure care is integrated and that people are cared for in a place of their choosing (usually at home). The volunteers report back any concerns or changes in the person's condition or needs (an early warning system to try to avert crisis and reduce unnecessary hospital admissions towards the end of life.

Specific aims are:

1. To raise public awareness of issues around death and dying.
2. To build emotional resilience in our city by developing and encouraging our community's ability to talk about death, dying and bereavement, giving everyone the best chance to die well and have a normal grieving process, reducing the risk of negative long term impacts on mental and physical health due to isolation, anxiety for those who are experiencing loss and bereavement.
3. To increase compassion at end of life through developing self-sustaining voluntary and informal compassionate networks of volunteer 'Compassionate Friends' to support those who are dying or experiencing loss to Make a Difference by lending a helping hand or a friendly ear; Find champions from the communities to train and help build their own informal networks by; giving them a toolkit to run compassionate friends awareness sessions and/or co-ordinating friends to work together within the communities when needed.
4. Address inequality in end of life care.

Plymouth City Council has signed up to the charter.

Thus far, the Dementia Friendly City Co-ordinator has become part of the End of Life Compassionate Network Action Group for Diversity, Homeless and Prisons, to ensure that the needs of those affected by dementia are taken into account as regards access to good end of life care, bereavement support and information for future planning.

5. LGA Consultation

Once again Local Authorities are having to take the lead in this area. The Government's Long Awaited Green Paper was once again deferred until the "Autumn"

For too long successive governments have kicked this issue into the long grass because it is seemingly too hard. The truth is it is too important not to make a decision. We have a crisis in Social Care now and it is because Central Government has shown lack of leadership.

A recent report in the Lancet has shown:

- The number of adults over 85 needing round-the-clock care is predicted to almost double to 446,000 in the next 20 years.
- The number of over-65s with the same high dependency levels will also increase by a third, to more than 1 million people, over the same period.

- In Plymouth, a total of 12,600 people over the age of 65 are predicted to have a long-term limiting illness where their day-to-day activities are restricted. This is expected to rise to 18,000 in 2035.
- Yet in despite of this growing demand we know:
- Government funding for local authorities has fallen by an estimated 49.1% in real terms from 2010-11 to 2017-18.
- And between 2010-11 and 2016-17, local authority spending on adult social care services reduced by 3.3% in real terms.
- Therefore The LGA estimates that adult social care services face a £3.5 billion funding gap by 2025, just to maintain existing standards of care

This lack of government leadership is in stark contrast to our Local Leadership:

- We have tackled the issue of funding by revising the Fairer Charging Policy and levying the Adult Social Care precept
- We have modernised services, by decommissioning in house residential homes whilst building Extra Care Homes and supporting more people at home through domiciliary care
- We have taken the leader on Integrated Health and Social Care creating a pool fund with the CCG of £460 million and integrating 174 staff with Livewell Southwest to create integrated whole person care

We have input into this important debate, and are showing leadership, we will be coming up with solutions to tackle this crisis and we will be calling on the government to do the same.

6. Proud to Care

Proud to Care Background:

The Proud to Care South West campaign initially ran during the summer and autumn of 2017 and consisted of 16 local authorities across the South West.

The campaign was developed because of the challenges across the health and social care workforce, both locally and nationally, and also because of the responsibility placed on local authorities by the Care Act to ensure quality and sufficiency of external markets.

The aims of Proud to Care South West were to:

- Establish a regional approach to raising the profile of care
- Encourage positive thinking and reaction to care and care giving
- Recognise the value and commitment of carers and care workers
- Attract and retain high calibre applicants to caring roles and care careers in the public, private, voluntary and independent sector
- Develop career pathways in care and health to attract, retain and develop high quality people in the sector

Proud to Care Ambassadors

Devon County Council led the way with Proud to Care Devon and have been running the Proud to Care Ambassador role for some time, with over 130 Ambassadors. Although this is beneficial for Devon as a whole system, it was felt that a more local approach was needed for Plymouth, and therefore Plymouth City Council, Livewell Southwest and University Hospital Plymouth worked in partnership, along with the support of Scott College, to develop the

Proud to Care Ambassador Programme in Plymouth. This was launched in June 2018 and to date over 70 workers from across health and social care in Plymouth have signed up to be a Proud to Care Ambassador. The role of the Ambassadors will be to champion working in the sector, promote career pathways to show the opportunities across the wider sector and raise the profile of care and health as well as encourage others to become an Ambassador.

Plymouth City Council, Livewell Southwest and University Hospital Plymouth continue to work in partnership to provide quarterly events for existing and new Ambassadors, which will provide updates and training to develop in their role, such as support in developing public speaking skills and learning more about career pathways in other areas of the sector, as well as offering networking opportunities amongst the group.