

Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 16 November 2022

PRESENT:

Councillor Mrs Aspinall, in the Chair.

Councillor Deacon, Vice Chair.

Councillors Harrison, McDonald, Murphy, Nicholson, Partridge, Mrs Pengelly, Reilly, Salmon, and Tuffin.

Apologies for absence: Councillors Wheeler and Finn.

Also in attendance: Councillor Jemima Laing, Anna Coles (Strategic Director for People), Jo Turl (NHS Devon), Matt Ward (Head of Strategic Development Projects), Ruth Harrell (Director of Public Health), Gary Wallace (Public Health Specialist), Rob Nelder (Consultant Public Health), Dave Schwartz (Public Health Specialist), Sarah Lees (Consultant, Public Health), Ross Jago (Head of Governance, Performance and Risk), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 14:00 and finished at 17:15

Note: At a future meeting, the Panel 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.

22. **Declarations of Interest**

Councillor	Interest	Description
Natalie Harrison	Personal	In relation to agenda item 11, Councillor Harrison declared she had recently been recruited to work as a community builder.

23. **Minutes**

The Committee agreed the minutes of 07 September 2022 as a correct record.

24. **Chair's Urgent Business**

(1) The Chair, Councillor Mary Aspinall, requested an update on delayed transfers to care from Anna Coles (Interim Strategic Director for People & Strategic Co-operative Commissioning). It was reported that-

- a) Since the last meeting of the H&ASC Committee, Cornwall had seen an improvement regarding delayed transfers to care;

- b) At the time of this meeting, the average delays for Plymouth were 5.7, Cornwall's average was 13.9, and Devon's average was 4.3;
 - c) At the time of this meeting, there were 57 people in Plymouth, 51 people in Cornwall, and 14 people in Devon, who were ready and awaiting hospital discharge.
- (2) The Chair, Councillor Mary Aspinall, thanked Anna Coles for the update, and requested figures for Ambulance delays be brought to a future meeting. There were no additional questions from the Committee.
- (3) The Chair, Councillor Mary Aspinall, advised the Committee that a response had been received from a letter sent to Rachel Pearce (Regional Director of Commissioning, NHS England), regarding dental concerns in Plymouth. The Committee agreed to circulate this response to all Committee members.
- (4) The Chair, Councillor Mary Aspinall, outlined plans to hold a Mental Health Select Committee in the New Year. The Committee requested-
- a) This review be 'Cradle to Grave', incorporating young people, adults, veterans and service children.

25. **Health and Adult Social Care Policy Brief**

Alan Knott (Policy and Intelligence Advisor) delivered the 'Health and Adult Social Care Policy Brief' to the Committee, and highlighted the following points-

- a) There would likely be supplementary briefings to this one, following the release of the Chancellor's budget in one days' time;
- b) Plymouth City Council (PCC) and its academic partner, the University of Plymouth, had been awarded £4.7 million from the National Institute for Health and Care Research, to help tackle inequalities and improve resident health as part of the 'levelling up agenda';
- c) The Government had released 'Our Plan for Patients' in September, setting out a package of measures to ensure the public receive the best level of care this winter and next;
- d) On 02 November 2022, the Government had launched the 'Made with Care Campaign', publicising opportunities for careers in care. This national campaign aimed to address staff shortages by encouraging people to join the social care workforce.

In response to questions from the Committee, it was reported that-

- e) Plymouth had received the maximum possible research bid (£4.7 million) following an application by the Public Health Team at PCC and the University of Plymouth. Further detail would be provided about the project in due time.

The Committee thanked Alan Knott, and agreed to note the report.

26. **Risk Monitoring Report**

Ross Jago (Head of Performance and Risk) delivered the 'Risk Management' Report to the Committee, and highlighted the following points-

- a) Increasing demand and reducing resources had contributed to a number of ongoing risks;
- b) Adult Social Care Reform remained an amber risk. A self-assessment process would be completed by end of the year, and an update would be brought back to the Health and Adult Social Care Overview and Scrutiny Committee soon after.

In response to questions from the Committee, it was reported that-

- c) The 'Month 6 Financial Monitoring Report' had been approved by cabinet, and was now publically available.

The Committee agreed -

- I. To add the 'Monthly Consideration of Directorate Level Financial Issues Report' as a standing item on this Committee's agenda.

27. **COVID and Flu Update** (Verbal Report)

Ruth Harrell (Director of Public Health) delivered the 'Covid and Flu verbal update' to the Committee, and highlighted the following points-

- a) Covid and Flu were the two winter viruses of large concern for the Public Health Team;
- b) On average, Covid infections had now reduced to 2.4% of the population affected at any one time (1 in 40 people), having fallen from their peak a few weeks ago. A variety of variants of Covid-19 were present, all based around Omicron, and without significant deviations. The Public Health Team were expecting levels of Covid infections to rise again over winter;
- c) There had been early signs of Influenza showing increased activity on the past 3 years. These levels had been largely suppressed during the pandemic due to peoples reduced contact however, was now starting to show a sharp increase;
- d) The NHS 'Seasonal Vaccination Programme' (including Covid-19) was working well, particularly to address inequalities, with dedicated teams working to encourage vaccine uptake among the homeless, those in insecure housing, and areas of lowest uptake;

- e) So far, vaccine uptake for Flu in Plymouth was showing positive signs, scoring above the England average for all age groups. This trend was also present for the Covid-19 vaccination levels, with 59.7% of Plymouth's population receiving the autumn booster, compared to England's average of 55%;

In response to questions from the Committee, it was reported that-

- f) PCC staff had been offered Flu vaccination clinics, particularly targeting frontline staff, and those often unable to access vaccinations;
- g) The majority of Covid-19 variants in circulation appeared to follow the pattern of Omicron, with vaccine uptake contributing to relatively low hospital admission rates. However, while the severity of the variants appeared low, there were high levels of transmission;
- h) There were emerging patterns of Covid immunity peaking at 1-2 months after vaccination, with immunity dropping-off after this point. There was not yet enough evidence to finalise future vaccination programmes.

The Committee thanked Ruth Harrell, and agreed to note the report.

28. **Public Health Commissioning**

Sarah Lees (Consultant in Public Health) delivered the 'Public Health Commissioning' report to the Committee, and highlighted the following points-

- a) Sexual Health services, Drug & Alcohol services, and Children's services, among others, were commissioned by PCC in a collaborative partnership with University Hospitals Plymouth (UHP) and the NHS;
- b) Investment in these commissioned services, in the long term, had been shown to save money. For example, every £1 invested towards preventing teenage pregnancy had saved approximately £11 in healthcare costs down the line;
- c) Approximately 85% of the Public Health Grant received had been invested in the commissioning of these services.

In response to questions from the Committee, it was reported that-

- d) Plymouth had an older and longer-term cohort of drug users, reflecting Plymouth's above national average rate of drug related deaths. Nationally, these deaths were predicted to rise however, a supplementary Substance Misuse Grant was due to be received which would increase capacity to address drug dependency;
- e) Drug and alcohol problems were not treated in isolation, but were often the result of multi-comorbidities, such as mental health issues. Plymouth had renewed efforts towards tackling drug and alcohol problems, as well as an investment plan approved by central government;

- f) While drug use was spread relatively evenly across the population, drug addiction and misuse tended to be concentrated in poorer areas. Plymouth tended to be in line with its statistical neighbours;
- g) The nature of the drug market had changed considerably over time. While there had not been a repeat of the 'Heroin Epidemic', internet access had enabled broader access to drugs;
- h) It was felt that Plymouth did not receive its 'fair share' of the Public Health Grant from national Government, since changes to national budget organisation in 2012. Plymouth's Public Health Team worked hard to make the most efficient use of resources available.

The Committee thanked Sarah Lees, and agreed to note the report.

29. **Life Expectancy and Health Expectancy**

Ruth Harrell (Director of Public Health) delivered the 'Life and Health Expectancy' report to the Committee, and highlighted the following points-

- a) 'Life expectancy' was an estimate of the average length someone might live from birth, while 'healthy life expectancy' was an estimate of the average time someone lived in 'good health', based on self-reported disability or illness. While both figures were useful for tracking trends, they had limitations due to data collection methods, and only showed an average;
- b) Nationally, 'life expectancy' had risen continually from 1841-2010 due to medical, scientific, and lifestyle improvements however, since 2010 'life expectancy' had begun to plateau. In the most recent data, 'life expectancy' had fallen however, it was noted that this included the Covid-19 Pandemic years. The 'life expectancy' figures for 2021 were therefore similar to those of 2010;
- c) It was important to note significant inequalities in 'life expectancy' data. The biggest drop of 'life expectancy', experienced in 2021, was disproportionately experienced by those in deprived areas compared to wealthier populations. There also remained a noticeable variation between the life expectancy of men and women, with women living statistically longer;
- d) Plymouth's life expectancy was below the England average, however, compared to areas with statistically similar populations and deprivation, Plymouth performed well. Furthermore, the gap between the National, and Plymouth average had narrowed during the Pandemic years, with Plymouth experiencing one of the lowest Covid death rates in the country;
- e) Plymouth performed below the national average for women's 'healthy life expectancy' however, male healthy life expectancy matched national trends. While there was no obvious cause for low female healthy life expectancy in Plymouth, the Public Health Team were pursuing multiple lines of enquiry

including employment market trends, the gender wage gap, Plymouth's lower job density, and Plymouth's statistically higher part-time work.

In response to questions from the Committee, it was reported that-

- f) It was possible that Plymouth's struggling health services were discouraging residents from seeking timely advice or assistance with minor health conditions, potentially resulting in more severe illnesses later on.
- g) Updated census data would shortly be available, as well as other data sources, to provide a more enhanced insight into age, gender and health correlations. It was important to establish what age people reported losing their health, and if this was being caused by a particular event.
- h) The disparity between men and women's life expectancy had been narrowing throughout the years. This had traditionally been due to occupational health but was now largely due to risk, with men tending to be higher drinkers, smokers, fast drivers, and accident prone. Overall trends therefore showed that while men tended to die younger, women suffered from illness, earlier.
- i) The cost of living crisis and impact of long-covid would likely cause further challenges for healthy life expectancy in the future, with some forced to choose between heating and eating.

The Committee agreed to-

- 1. Recommend that the Director of Public Health continues to work to understand the issue of low female 'healthy life expectancy' in Plymouth, including analysis of further data, and seeking the latest evidence as it becomes available;
- 2. To receive a further report from the Director for Public Health regarding life and healthy life expectancy, in one year's time;
- 3. To note the report.

30. **Thrive Plymouth**

Sarah Lees (Consultant, Public Health) delivered the 'Thrive Plymouth Programme' Update report to the Committee, and highlighted the following points-

- a) Thrive Plymouth was Plymouth City Council's city-wide programme, led by Public Health, which worked with partners to address health inequalities across the city;
- b) The programme had been paused for 2 years during the Pandemic due to staff resource redirection however, Thrive Year 7 had been launched in May 2022 to 'listen, learn and reconnect', following the pandemic;

- c) This year's programme was designed to engage with the population to understand and recognise people's experiences throughout the pandemic, and re-engage with partners, networks and communities across the city;
- d) While the pandemic had brought many challenges and the widening of inequalities, there had also been some positive outcomes which the programme aimed to capitalise on, such as the organisation of communities and voluntary networks for support;

In response to questions from the Committee, it was reported that-

- e) It was relevant and important following Covid, to listen carefully to residents to discover the long-term impact of the pandemic on people's ongoing health and behaviours.

The Committee agreed to note the report.

The Committee adjourned at 15:30 for a 10 minute comfort break.

Councillor Nicholson left the meeting at this time.

31. **Active to Thrive**

The Committee reconvened at 15:40.

Ruth Harrell (Director of Public Health) and Claire Beney (Active Devon) delivered the 'Active to Thrive' report to the Committee, and highlighted the following points-

- a) 'Active to Thrive' formed part of the Thrive Plymouth agenda, designed to encourage physical activity in day-day life. The Active to Thrive programme had a vision for Plymouth to be the most physically active coastal city in England by 2034;
- b) Funding had been secured for Plymouth through Sport England, for the 'Plymouth Pathfinder Project'. This project had been working intensively in 3 secondary schools across Plymouth, supporting children with adverse childhood experiences or special educational needs to build resilience, through physical activity;
- c) The project had created many valuable learning experiences, bringing together communities such as those in Keyham, and enabling youth workers to informally mentor and support and young people through challenging events;
- d) The project had shown progress against all 6 of its strategic aims. While funding for the project was due to expire in July 2023, reviews were regularly being conducted to secure a future for the programme, with potential for 'place funding'. There were future ambitions to expand the reach of the programme to maximise the benefit for children and young people across the city;

- e) The programme focussed on bringing together partners across the city to drive physical activity, with long term benefits for health and wellbeing.

In response to questions from the Committee, it was reported that-

- f) The Plymouth Pathfinder Project brought together partners to utilise existing community provision for physical activity, and was focused in areas of deprivation or identified need. The project was currently deployed in Stoke Damerel, Marine Academy, and Sir John Hunt schools;
- g) Tinside Lido had hosted a range of events over the summer, designed to broaden the demographic of residents using the facility and encourage physical activity. Plans for events and programmes were being evaluated for the next season;
- h) Physical activity and sports provided valuable opportunities for people of all ages to improve their mental and physical health, as well as the development of fundamental social, team and leadership skills.
- i) While the Pathfinder project was particularly targeted towards vulnerable young children, it was also essential to promote physical activity among families, and other ages across the city.
- j) Plymouth was a Trauma Informed city, with programmes deliberately targeted towards areas and populations with the greatest need.

The Committee praised the work of the Public Health Team and programmes deployed across the city, and agreed to note the report.

32. **Children's Healthy Weight Plan**

Dave Schwartz (Public Health Specialist) and Julie Frier (Consultant in Public Health Medicine) delivered the 'Children's Healthy Weight Plan' to the Committee, and highlighted the following points-

- a) The Children's Healthy Weight Plan was a 10 year plan, based on the collation of years of evidence and research, as well as an appreciative inquiry with local Plymouth families;
- b) Childhood obesity and excess weight were key issues for Plymouth, with potential to cause significant long-term impacts. Living with obesity increased the likelihood of diseases such as diabetes, stroke, coronary heart disease, cancer, bone and joint problems, breathing difficulties, stigmatisation and bullying, and was therefore essential to address at a young age;
- c) The latest NCPM (national chart measurement programme) data for the city showed that while there were positive trends since the last survey, Plymouth had more children in year reception (5 years old), measured as overweight or obese than the national average. In year 6, Plymouth had lower levels of

obesity than the England average however, these figures still demonstrated an increase from reception figures;

- d) While Plymouth performed better than the national average for adults, the data showed 62% of Plymouth's adult population would be classified as overweight or obese, with significant impacts for long-term health;
- e) Through the appreciative enquiry, it had become apparent that there were significant complexities to excess weight including long-term medical conditions, autism, mental health, low income, family dynamics, trauma, and access to activities. As a result, there was no universal solution to excess weight;
- f) The Children's Health Weight plan utilised a compassionate approach to break stigmas and promote engagement over a 10 year period. It was recognised that a healthy lifestyle and weight consciousness were essential from birth, with the plan incorporating infant nutrition;

In response to questions from the Committee, it was reported that-

- g) Further promotion and engagement was needed with the 'Healthy Start Programme', which provided access to free milk, fruit, vitamins, and other resources to encourage healthy lifestyle choices from a young age;
- h) While excess weight was a significant issue, the Healthy Weight Plan also aimed to support underweight Children;
- i) The Children's Healthy Weight plan formed part of a system wide effort to encourage healthy behaviours from a young ages, working alongside schemes such as the 'Family Hub Start to Life Initiative' and 'Infant Nutrition Scheme'.

The Committee thanked Dave Schwartz, and agreed-

1. To note the report;
2. To receive an update on the Children's Healthy Weight Plan at a future meeting, to monitor the progress of the new initiative.

33. **From Harm to Hope**

Gary Wallace (Public Health Specialist) delivered the 'From Harm to Hope' report to the Committee, and highlighted the following points-

- a) 'From Harm to Hope' was the Governments new strategy for addressing drug issues, with significant research being conducted into drug usage behaviours and effects. There were plans for school based prevention and intervention programmes, as well as a review of the criminal justice response to drug use;

- b) Local authorities including Plymouth would receive a significant amount of funding over the next 3 years to rebuild drug services, targeting increasing commissioning capacity, increasing governance, and the training and recruitment of specialist medical roles;
- c) This funding would deliver an additional 55 posts over the next 3 years, helping to alleviate caseloads, and tackle drug behaviours at the earliest opportunity.

In response to questions from the Committee, it was reported that-

- d) Under the terms of the scheme, a partnership would be established enabling cross-party political engagement, as well as the integration of health organisations and networks;
- e) As the entire country would be benefiting from the new scheme and seeking to recruit simultaneously, there were concerns regarding workforce challenges and ability to fill the available posts. Innovative methods of recruitment were being discussed both locally, and regionally to plan for this recruitment;
- f) While approximately 97% of people had been seen within government prescribed waiting times, drug service caseloads had been severely high. This funding and increased capacity would therefore improve safety, reduce risk and enhance the attractiveness of both the job-role, and the drug service;
- g) When announced, the funding was proposed for a three year scheme, becoming permanent upon completion. While this was announced under a previous Prime Minister, there were no indications that the Government would not follow through on this promise;
- h) The nature of the drug market had changed considerably, with the internet providing a means of access to both illegal and 'grey market' drugs.

The Committee thanked Gary Wallace for the report, and welcomed additional funding to boost capacity of the drug service.

The Committee agreed-

1. To note the report;
2. To receive an updated report at a future meeting to evaluate the implementation and progress of the funding.

34. **Dashboard- Review of Indicators PHOF**

Rob Nelder (Consultant, Public Health) outlined the Public Health indicators to the Committee, and highlighted the following points-

- a) In order to provide a holistic representation to the Committee, Public Health Indicators had been incorporated into today's reports and presentations of Plymouth's Public Health programmes;
- b) Public Health England no longer produced the 'General Health Profile for Plymouth'. Instead, Plymouth's Public Health team would now produce a similar report on an annual basis;

The Committee thanked the Public Health Team for their ongoing work and presentations, and agreed to review their progress at a future meeting.

35. **West End Health Hub** (To Follow)

Jo Turl (NHS Devon) and Matt Ward (Head of Strategic Development Projects) delivered the 'West End Health Hub' update to the Committee, and highlighted the following points-

- a) Plymouth's planned West End Hub formed part of the national Cavell programme. Plymouth was one of the largest and most advanced of the 6 pilot projects;
- b) The National Cavell Board had expected to secure capital funding through the last Spending Review however, were unable to submit the case in time. The project had since received revenue funding of 2.6 million, which had been utilised to fund the project team and develop a fully compliant business case, which could be 'shovel ready' to commence building works as soon as capital funding was attained;
- c) The National Cavell Board had since been informed that there was no capital funding available within the current spending review, and were awaiting the results of the Autumn Review, which would be released shortly;
- d) The National Cavell Board were composing a business case to submit to the Treasury, for inclusion in the next spending review;
- e) The project was 'live' from a national perspective and supported the 'Fuller stocktake', promoting integrated services for health and wellbeing;
- f) Consultation had been undertaken with the public regarding future improvements and access to services;
- g) The National Cavell Board had always been clear they did not yet have the necessary capital secured to undertake this development;
- h) A full business case had been signed off by the Local Cavell Steering Group and sent to the Integrated Care Board, and region for approval. While not yet fully approved, initial responses had indicated that the business case met all criteria, except the acquisition of funding;

In response to questions from the Committee, it was reported that-

- i) The proposed site of Plymouth's West End Health Hub was located in a ward with the highest levels of health inequalities and deprivation in Plymouth. News of funding delays were a significant disappointment to many;
- j) Significant resources had already been committed to the project, including the demolition of buildings and clearance of land. The Committee questioned the organisation and communication surrounding the project, which had not previously featured doubt of completion.

The Committee thanked Jo Turl and Matt Ward for the update and agreed-

1. To reaffirm its strong support for the West End Health Hub project, part of the national Cavell Centre Programme;
2. To recommend that the ICB should consider funding the project through their capital programme unless this risks the maintenance of critical health infrastructure;
3. That at a future meeting of the committee, the ICB reports on the use of capital funding in Plymouth;
4. To welcome the offer of Right Honourable Robert Jenrick MP to visit Plymouth and to broker a meeting. The committee requested that his successor honour this offer and visit to facilitate the meeting between the ICB, Council, effected GP services and NHS England to identify innovative or creative solutions to move the project forward.

Following this, the Committee considered passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000. Councillor Tuffin proposed this motion; Councillor Pengelly seconded this motion; The Committee agreed this motion.

Please note, there is a confidential part to this minute

36. **Work Programme**

The Committee agreed to bring an Urgent and Emergency Care Update to the next meeting in February.

37. **Tracking Decisions**

There were currently 2 tracking decisions marked 'in progress', with the remainder marked 'completed'. The Committee agreed to review these actions at the next Committee meeting.

