

## Health and Wellbeing Board

**Thursday 29 June 2023**

### **PRESENT:**

Councillor Aspinall, in the Chair.

Councillor Dr Mahony, Vice Chair.

Councillors Laing, and Salmon (Substitute for Councillor Carlyle).

Co-opted Representatives: Gary Walbridge (Interim Strategic Director for People), Ruth Harrell (Director of Public Health), Tony Gravett (Healthwatch), Laura Bowater (University of Plymouth), Dafydd Jones (GP rep), and Chris Morley (NHS Devon ICB).

Apologies for absence: Councillor Carlyle, Anna Coles (Strategic Director for People), Sharon Muldoon (Director of Children's Services), and Matt Garrett (Service Director for Community Connections).

Also in attendance: Rob Nelder (Consultant, Public Health), Rachel Silcock (Community Empowerment and Operational Lead), Sarah Gooding (Policy and Intelligence Advisor), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 2.30 pm and finished at 4.39 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.*

### 34. **Appointment of a Chair and Vice-Chair for the Municipal Year 2023-24**

The Board agreed to note the appointment of Councillor Mary aspinall as Chair, and appoint Councillor Dr John Mahony as Vice-Chair for the municipal year 2023-24.

### 35. **Declarations of Interest**

There were no declarations of interest made in accordance with the code of conduct.

### 36. **Chairs Urgent Business**

The Chair, Councillor Mary Aspinall, stated that the Health and Adult Social Care Overview and Scrutiny Committee (H&ASC OSC) had recently considered a report relating to Defibrillator provision in Council buildings across the city, following a motion on notice at City Council 30 January 2023. Following consideration, the H&ASC OSC had made the following recommendations to the Health and Wellbeing Board:

1. That PCC works with partners to promote 'Restart a Heart Day' which takes place on and around 16 October each year;
2. That PCC works with partners to promote CPR training;
3. That all defibrillator owners across Plymouth are encouraged to register their defibrillators on The Circuit The Circuit - the national defibrillator network;
4. That all defibrillators owners across Plymouth suitable for public access should consider whether access could be widened to 24/7, if not already;
5. That PCC promote schemes to access funding for publicly accessible defibrillators amongst communities;
6. That PCC work with partners to provide defibrillators at St Budeaux library and Southway library.

The H&ASC OSC had also recommended to the Cabinet Member for Health and Adult Social Care, that defibrillators were commissioned at the locations identified within the report:

- 5 defibrillators to be installed at The Guildhall, Chelson Meadow, Raglan Court, The Reatch Centre and Colwell Lodge;
- 2 other locations, St Budeaux library and Southway library to have defibrillators installed funded with partners.'

The Board discussed:

- a. The department for Health and Social Care had recently announced a bid for community organisations to apply for funding for defibrillator procurement in their area. This link would be shared with all councillors;
- b. Communications and engagement work would be undertaken to promote these recommendations within the community, and board members/ partners were encouraged to share these recommendations within their own spheres of influence;
- c. It was requested that CPR training be made available to all Councillors;
- d. Councillors were encouraged to promote these recommendations and defibrillator awareness within their own constituencies to ensure maximum uptake;
- e. The Cabinet Member for health and Adult Social Care agreed to amend condition 6: 'that PCC work with partners to provide defibrillators at St Budeaux library and Southway library', to include 'and any other appropriate library sites'.

The Board agreed to note the recommendations, and promote them within their own spheres of influence.

37. **Minutes**

The Board agreed the minutes of 26 January 2023 as a correct record.

38. **Questions from the Public**

There were no questions from members of the public.

39. **Annual Health Protection Assurance Report for the Health and Wellbeing Boards of Cornwall and the Isles of Scilly Councils, Devon County Council, Plymouth City Council, and Torbay Council 2021-22**

Ruth Harrell (Director of Public Health) introduced the Annual Health Protection Assurance Report 2021-22 to the Board, and highlighted that:

- a. The H&WB had a legal duty to consider the Annual Health Protection Assurance Report within its statutory duties;
- b. The data contained within the report was now relatively old as it was a lengthy process to collect, interpret and analyse the data, construct a report, and then schedule the report as an agenda item for consideration;
- c. This report provided assurance that there was an adequate health protection system across Devon and Cornwall that considered communicable disease and environmental hazards, immunisation and screening, and healthcare associated infections.

The Board commended the prevention programmes and assurance detailed within the report and thanked staff for their hard work and successes, particularly during the challenging period of the Covid-19 pandemic.

The Board agreed to note the report.

40. **Five-Year Integrated Care Strategy for NHS Devon - Update**

Ruth Harrell (Director of Public Health) introduced the Five-Year Integrated Care Strategy for NHS Devon update report to the Committee, and highlighted the following points:

- a. A draft of the 'Five Year Integrated Care Strategy' had been presented at the last meeting of the H&WB, and following concerns raised by Board members, a workshop had been undertaken by NHS Devon with regional Health and Wellbeing Boards, to allow further consultation and engagement;
- b. Unfortunately, tight deadlines for production of the strategy did not facilitate the final draft to be reviewed at a meeting of the H&WB before it was required to progress to the next levels of approval and review. As a result,

following consultation between NHS Devon and Board members, a statement had been issued by the Chair of this Board, noting that the Plymouth H&WB had been consulted in the development of the Joint Forward Plan, that they endorsed the plan, and were assured that it took account of the current health and wellbeing strategies for Plymouth. The statement also welcomed the focus on inequalities for access and outcomes within the plan, and that the Board looked forward to seeing the shift in resources required to achieve this aim;

- c. The final Five Year Integrated Care Strategy was now available on the One Devon website, and a link had been provided within this report.

In response to questions from the Board, it was reported that:

- d. A range of indicators had been established for monitoring the strategy, and to allow analysis of its progress and outcomes. The Board would be kept sighted of any updates and performance as it became available.

The Board agreed to-

1. Note the report;
2. Note and support the statement submitted by the Chair, on behalf of the Plymouth Health and Wellbeing Board, providing support for the Integrated Care Strategy.

*Following this item, the Board agreed to adjourn for a 15 minute break (15:15)*

### **Change to the order of business**

The Board agreed a change to the order of business to bring forward item 9, 'Plymouth Report' ahead of item 8, 'Community Empowerment Update'.

#### **41. Plymouth Report**

*The Board reconvened at 15:30*

*Councillor Dr Mahony arrived at this time*

Sarah Gooding (Policy and Intelligence Advisor) and Rob Nelder (Consultant, Public Health) introduced the 'Plymouth Report 2023' to the Board, and highlighted the following points:

- a. The Plymouth Report provided an overview of the key needs and issues facing the city (Plymouth), using the latest census data available from 2021. The report was divided into 6 sections (Living, Healthy, Growing,

Infrastructure, International, and Challenges & Concerns), and provided a crucial evidence base for the Plymouth Plan;

- b. The 'Living' section of the report detailed the geography and population of the city, exploring key issues such as community cohesion, crime, deprivation and education:
  - i. Plymouth had a population of 264,700 people, with figures projected to increase to 273,300 by 2043;
  - ii. There was predicted to be a 31% increase in the over 65 demographic over the next 20 years (15,500 people);
  - iii. Plymouth's 'working age population' were currently above average however, this was projected to decrease over the next 10 years, leading to significant changes for the population profile;
  - iv. 77% of residents who responded to the City Survey 2022 thought Plymouth was a 'great place to live', and 65% had pride in their local area;
  - v. There were currently around 9,900 children living in poverty in the city;
  - vi. The Plymouth Report represented the culmination of an expansive piece of work conducted by numerous teams across the Council. It contained 100s of facts and figures which would help evaluation and forward planning for the city.
- c. The 'Healthy' section of the report detailed life expectancy, mortality, chronic disease, mental health, child health, lifestyle behaviours, vulnerable groups and healthcare:
  - i. Life expectancy in Plymouth had improved for both men and women in recent years, but remained below national average. Healthy life expectancy for men in Plymouth was close to national average however, women's healthy life expectancy was significantly below;
  - ii. Approximately 30,500 people in Plymouth between the ages of 18-60 suffered from common mental health problems including depression, anxiety and OCD;
  - iii. Alcohol and drug dependencies, both illegal and prescribed, were significant issues for Plymouth. These dependencies were linked to homelessness, offending, and had negative impacts on families and children;
  - iv. Census data for 2021 showed an increase in the proportion of Plymouth residents reporting 'good' and 'very good' health, compared with results of the 2011 census.

- d. The 'Growing' section of the report detailed employment and jobs, wages, productivity, innovation, labour demand and skills and education:
- i. Plymouth had a marginally higher employment rate than the national average;
  - ii. Health and social work activity sectors remained the largest sectors of employment however, the Manufacturing sector had seen year on year growth since 2018;
  - iii. Wages in Plymouth had increased faster than the national average in the 12 months prior to November 2022 however, these were still not comparable to the national average, at 92.3%;
  - iv. The gender pay gap in Plymouth had been 'all but eliminated';
  - v. Plymouth had a lower proportion of the resident adult population that were economically active, than regional and national rates;
  - vi. Plymouth was continuing to transform and rebalance its economy. The two industrial sectors that contributed the most to Plymouth's growth figures were Manufacturing and Marine and Defence;
  - vii. Plymouth was in the top 4 fishing ports in England for the volume of catch landed;
  - viii. Plymouth had the largest naval base in Western Europe, with Devonport spanning 650 acres. This provided world class infrastructure and a highly skilled workforce, accounting for 14.1% of Plymouth's economic value, and 10% of the city's employment;
  - ix. March 2021, it had been announced that Plymouth would become one of the 8 national Free Ports. This was expected to generate 3,500 high quality jobs in and around the city.
- e. The 'Infrastructure' section of the report detailed housing demand and provision, local and strategic transport connectivity, digital connectivity, and climate change:
- i. ¼ of adults in Plymouth were estimated not to have access to a car or a van;
  - ii. Plymouth had slightly lower home ownership levels than national trends, and higher private and social renting rates;
  - iii. Current average rental prices in the city were between £625-1,000 per month depending on property size, and the average house price was £219,000 (an increase of 41% since 2010);
  - iv. 16,800 homes were classified as 'in fuel poverty' in the city.

- f. The 'International' section included exports, culture, and the visitor economy:
  - i. University of Plymouth was the 15<sup>th</sup> largest university in UK, with over 18,500 students;
  - ii. Overall just under 22,500 student studied at Plymouths 3 universities;
  - iii. Over 4 million people visited Plymouth in 2021, with visitor spend totalling £244 million;
  - iv. Plymouth's visitor sector supported around 8,000 jobs in the city, and accounted for 7% of total employment;
  - v. Plymouth was the UK's first social enterprise city and had approximately 200 social enterprises, employing over 9,000 people.
- g. The report identified numerous challenges and opportunities for Plymouth, many of which were similar to that of other UK cities. These were affected by significant change and turbulence taking place both nationally, and internationally;
- h. It was important for individuals and organisations in Plymouth to address these challenges collectively to maximise the City's potential for growth and prosperity, and take advantage of opportunities as they arose;
- i. Some key concerns raised in the report warranted attention from city leaders and policy makes to assess if enough was being done to address the challenges, and what more could be achieved/ undertaken;
- j. Population change: Plymouth had seen increases to the 0-4 and 65+ population groups, but a decrease in its working age population of 15-64. A growing and changing population raised many challenges for future housing, education, employment, transport needs and increased demand for health services and children's and adult's social care;
- k. Cost of living: Plymouth's deprivation and poverty levels were are already higher than the national average in some parts of the city, are were likely to further rise due to national and international challenges. Fuel and food poverty in the city meant that heath and living conditions were likely to deteriorate further, and increase inequalities. This would have knock on negative impacts on health and wellbeing, and could impact life expectancy and heathy life expectancy;
- l. Climate emergency: Changes to the way Plymouth's residents lived and worked were necessary to achieve the Net-0 commitment by 2030. Journeys by cars, vans, and heavy goods vehicles needed to reduce by 25%, and this would require reliable and affordable public transport. Home emissions

would also need to reduce, increasing energy efficiency, as over 5,000 private rented homes were estimated not to be of a decent standard;

- m. The Plymouth Report was published online and would shortly be going to Cabinet, and presented at internal management meetings to ensure broad awareness of the findings, key messages and challenges. In September/October, the report would be sent to all partnership chairs and key partners across the city, with an invite to the Plymouth Plan Annual Convention. The Plymouth Plan Review 2024 would start city wide discussion on how the Plymouth plan should be updated in 2024 to reflect changes over the past few years, an adequately address current and future challenges.

In response to questions from the Board, it was reported that:

- n. The Local Housing Allowance was not keeping up with the average rents in Plymouth, making it difficult for people to find good places to live. This had a knock-on effect for many other parts of their lives, including mental health;
- o. While Plymouth faced challenges, there had been notable improvements identified in the report, particularly for life and health expectancy. It was important to evaluate and learn lessons from these successes, determining what measures had the greatest impact, and apply them to other areas;
- p. The report did not attempt to provide answers or solutions, but provided data and evaluations to provoke discussions and target future research / action. This would allow analysis of the challenges faced presently, and evaluation of the implications for future years;
- q. It was important that decisions made today and in future utilised the data within this report to address present challenges and opportunities, and that they considered and prepared for the challenges likely to occur in the future;
- r. While some evidence in the report appeared challenging or problematic, there were also opportunities associated with these identified changes. It was noted that while a growing population of the 65+ demographic would likely produce pressures and increased demand for social care, particularly with healthy life expectancy sitting at 64, this also created a large potential volunteering work force, which could have significant beneficial impacts for individuals and communities;
- s. Plymouth had revived funding to set up a research collaboration between the Council, and Plymouth University, assessing what measures had effectively contributed to the success/ improvements identified in the report, and which had been less efficient. This would help streamline future progress;
- t. There was regional work being undertaken to assess why women's healthy life expectancy was so low. Plymouth was being used as a case study for a 'women's health strategy' , and collective resources were being pooled to assess the problem, and any solutions.

The Board thanked the team for the comprehensive report and agreed:

1. To formally adopt the Plymouth Report 2023, noting its content and key messages;
2. To agree to promote the Plymouth Report within Board members' own teams/ organisations;
3. To recommend that all councillors receive a copy of the report.

#### 42. **Community Empowerment Update**

Rachel Silcock (Community Empowerment and Opportunity Lead) introduced the 'Community Empowerment' update report to the Board, and highlighted the following points:

- a) 'Community Empowerment' was a process of enabling communities to increase the control they held over their lives and ability to make their voices heard in shaping the services they use and places they lived;
- b) The Community Empowerment programme aimed to help communities tackle issues causing inequalities, reduce dependencies, and build long-term resilience;
- c) It was important to listen to individuals and communities who had practical experience of using services to assess how these services were performing and examine what other measures could be taken to enhance their effectiveness. This was a key component of community empowerment, and helped tackle inequalities;
- d) Plymouth City Council (PCC) were committed to working towards a fairer, greener and healthier city, which had recently been reinforced through the new Corporate Plan;
- e) The Covid-19 pandemic had demonstrated that communities were effective at collaboration and mutual support in times of need, and could help transform the city. Throughout the pandemic in Plymouth, over 800+ volunteers and 70+ neighbourhood groups had been established, such as the: 'Good neighbour schemes', Christmas 'Meals in a box', 'Caring for Plymouth, and Resurgam;
- f) There were 5 key themes across the Community Empowerment Programme.
  - i. 'Engagement' – This focussed on how the Local Authority engaged and listened to the individuals and the community, building on 'good practise' already identified. The CEP utilised appreciative enquiries and community events to engage with the community and build listening skills;

- ii. 'Leadership and Cultural Change' – This focussed on how the Local Authority could develop leadership and share good practise and progress with others to increase networks of support across the city. Utilising 'asset based community development', the programme aimed to identify and promote existing assets and resources within communities such as skills, enthusiasm, knowledge and services;
  - iii. 'Creating the Conditions to Empower People' – This focussed on providing support to, and promoting the utilisation of voluntary and community sector social enterprises across the city, seeking to establish the conditions for the sector to flourish and allow communities to co-design services best suited to them. 6 'Wellbeing Hubs' had already been implemented across the city, and there were ambitions to develop 3 more in the coming years;
  - iv. 'Volunteering' - This focussed on harnessing and developing the power of volunteering, which had been demonstrated throughout the pandemic. It was a key ambition to increase the diversity and number of volunteers within communities across the city;
  - v. 'Enabling Community Resilience' – This focussed on addressing the underlying factors causing individuals difficulties, to build long term community resilience. This included addressing factors such as: digital exclusion, financial poverty, food and energy poverty, and the climate crisis. There were Community Empowerment and PCC teams working across the city to address these barriers.
- g) The Community Builders Programme had recruited last November, and had been operational for approximately 6 months. As such, this report featured the first 3 months of activity, and data would become more valuable as the programme developed over time;
  - h) Funding for the Community Builders Programme had been attained from the NHS- 'fair shares programme', designed to compensate for underinvestment in Plymouth across the years. This was being utilised to increase the number of wellbeing hubs, increase social prescribing, and resource community builders across the city to promote wellbeing. This supported the implementation of the 'Community Mental Health Framework', focused on connecting citizens and building communities, developing more voluntary sector wellbeing and support, and building resilience;
  - i) There were a number of programmes and initiatives running in parallel across the city to develop community resilience and allow individuals influence within their communities to develop the services best suited to them. This had been shown to help improve health and wellbeing, and helped tackle issues such as social isolation, loneliness and inequality;

- j) The Resilience programme aimed to transition away from traditional models of support which did not give individuals control over their lives such as 'food banks', to a longer term and more sustainable model, utilising communities and individuals as part of the solution. This had seen the development of food co-operatives, and numerous educational initiatives such as the 'Food is Fun', 'Growing Food on a Budget', and 'Income Maximisation' programmes, and aimed to enable communities to share good practise and develop mutual aid, support groups;
- k) There were 13 members of the Community Builders team, working within 15 communities across the city. These communities had been selected based on geography, identity, and deprivation;
- l) During the first 3 months of the Community Builders programme, the team had prioritized getting to know the communities, locating and building relationships with community connectors, attending and supporting community events, starting Appreciative inquires and collecting stories, building partnership connections, and conducting training;
- m) PCC were working with the University of Plymouth to develop a qualitative data monitoring process to evaluate the achievements of the Community Builders project;
- n) Community Builders had been asset-mapping communities to detail existing resources and assets within the City. These were available on the PCC website, and were updated regularly;

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

- o) The Community Empowerment Programme was founded on 'asset based' community development, seeking to provide support, direction, funding and coordination to enable communities and individuals to support each other, thus building long term resilience and enabling people to take control of their own lives;
- p) Research had shown that communities and individuals who felt like they had a sense of control over their lives, often had better health and wellbeing outcomes. This community empowerment approach therefore provided people the best chance to have improved health and wellbeing outcomes, despite existing poverty and inequality challenges;
- q) The Community Builders had received trauma informed training, and this would be a key approach throughout the team's work;

The Committee thanked Rachel Silcock for the report and agreed to-

- I. Note the report;

2. To receive a further update report regarding the Community Empowerment Programme, when future months data was available.

43. **Tracking Decisions**

The Board agreed to note that all tracking decisions had been completed.

44. **Work Programme**

The Board agreed to add the following items to the work programme-

- a) Community Empowerment Update;
- b) PCC Cost of Living update;
- c) Healthwatch England Cost of Living Report;
- d) NHS Dental Taskforce.