Oversight and Governance
Chief Executive's Department
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HEALTH AND WELLBEING BOARD

Thursday 14 September 2023
10.00 am
Warspite Room, Council House

Members:
Councillor Aspinall, Chair
Councillor Dr Mahony, Vice Chair
Councillors Carlyle, and Laing.

Statutory Co-opted Members:
Strategic Director for People, Director of Children's Services, NHS Devon ICB, Director for Public Health, and Healthwatch.

Non-Statutory Members:
Livewell SW, University Hospitals Plymouth NHS Trust, and the Voluntary and Community Sector.

Members are invited to attend the above meeting to consider the items of business overleaf. For further information on attending Council meetings and how to engage in the democratic process please follow this link - Get Involved

Tracey Lee
Chief Executive

Health and Wellbeing Board

1. Apologies

To receive apologies for non-attendance from Health and Wellbeing Board Members.

2. Declarations of Interest

The Board will be asked to make any declarations of interest in respect of items on this agenda.

3. Chairs urgent business

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

4. Minutes **(Pages 1 - 12)**

To confirm the minutes of the meeting held on 29 June 2023.

5. Questions from the public

To receive questions from the public in accordance with the Constitution.

Questions, of no longer than 50 words, can be submitted to the Democratic Support Unit, Plymouth City Council, Ballard House, Plymouth, PL1 3BJ, or email to democraticsupport@plymouth.gov.uk. Any questions must be received at least five clear working days before the date of the meeting.

6. Carers Action Plan: **(Pages 13 - 34)**

7. Director of Public Health (DPH) Annual Report 2022: **(Pages 35 - 52)**

8. Healthwatch - Cost of Living: **(Pages 53 - 116)**

9. PCC - Cost of Living Action Plan: **(Pages 117 - 146)**

10. Vaping Report: Children and Young People: **(Pages 147 - 156)**

11. Plymouth Health Determinants Research Collaboration (HDRC): **(Pages 157 - 162)**

12. Dental Task-force Update: **(Pages 163 - 170)**

13. Tracking Decisions **(Pages 171 - 172)**

For the Board to review the progress of the 'Tracking Decisions Log'.

14. Work Programme **(Pages 173 - 174)**

For the Board to review, and add items as appropriate, to the Health and Wellbeing Board Work Programme

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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 muicipal 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 15th 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-

1. 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.

Health and Wellbeing Board

Date of meeting:	14 September 2023
Title of Report:	HWB Carers Presentation September 2023
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Gary Walbridge (Interim Strategic Director for People)
Author:	Kate Lattimore, Commissioning Officer
Contact Email:	kate.lattimore@plymouth.gov.uk
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
This report outlines the current position for carers in Plymouth and our action plan to continue to develop our offers of identification and support.

Recommendations and Reasons
The Health and Wellbeing Board is asked to note the report.

Both Adult and Children's Social Care and the NHS have legal duties to recognise and support carers, with over 23,000 anticipated to be in Plymouth, which is likely to be an under representation. Unpaid informal carers are the biggest providers of care in UK at a time when there are ongoing and significant pressures on the health and care system.

Alternative options considered and rejected
N/A

Relevance to the Corporate Plan and/or the Plymouth Plan
This relates to the following priorities:
Working with the NHS to provide better access to health, care and dentistry;
Addressing inequality and inequity in our City;
Keeping Children, Adults and Communities safe.

Implications for the Medium Term Financial Plan and Resource Implications:
N/A

Financial Risks

N/A

Carbon Footprint (Environmental) Implications:
N/A

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

Although not one of the 9 protected characteristics, carers are still protected under the Equalities Act. It is illegal to discriminate against a carer because of their responsibilities as a carer, or because of the individual(s) they care for.

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	**2**	**3**	**4**	**5**	**6**	**7**
A	HWB Carers Presentation September 2023							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are <u>unpublished</u> works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	**2**	**3**	**4**	**5**	**6**	**7**
N/A							

Sign off:

Fin	DJN. 23.24. 100	Leg	LS/02 279/J P/060 923	Mon Off	N/A	HR	N/A	Asset s	N/A	Strat Proc	N/A

Originating Senior Leadership Team member: Emma Crowther, Interim Commissioning Manager

Please confirm the Strategic Director has agreed the report? Yes

Date agreed: 04/09/2023

Cabinet Member approval: Councillor Mary Aspinall (Cabinet member for Health and Adult Social Care) Approved by email

Date approved: 05/09/2023

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Unpaid Carers – Recognition and Support in Plymouth

- Data and figures
- Pressures that carers face
- Who are carers?
- What are we doing in Plymouth to raise awareness, recognise and support carers?

Data and figures

- **2021 Census showed 23, 956 people in Plymouth provide care, as defined as follows:**

An unpaid carer may look after, give help or support to anyone who has long-term physical or mental health conditions, illness or problems related to old age. This does not include any activities as part of paid employment, this help can be within or outside of the carers household

- Census figures show numbers of hours of unpaid care per week has increased
- Every year carers save the UK around £162 billion, more than the NHS budget
- Workforce shortages in care sectors mean the role of informal carers is vital to the health and social care economy

Plymouth Unpaid Carers data 2022-23

Age group	18-25	1.7%
	26-64	58.1%
	65-84	35.4%
	85+	4.4%
	Unknown	0.4%
Ethnicity	Asian / Asian British	0.4%
	Black / African / Caribbean / Black British	0.1%
	Mixed / multiple ethnic groups	0.3%
	No data	7.2%
	Other ethnic group	0.8%
	White	91.2%
Sex	Female	68.1%
	Male	31.8%
	Unknown	0.1%

Pressures Carers Face

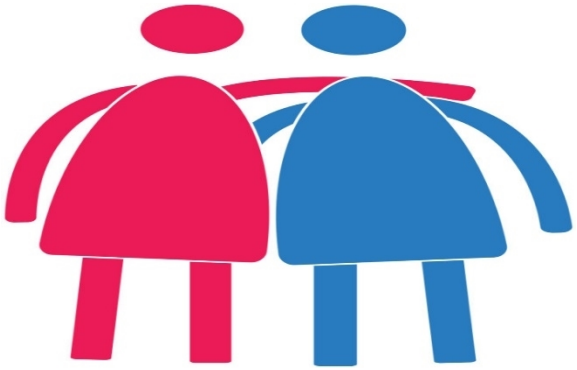
- Many people are willing and happy to undertake a caring role
- However evidence including surveys show carers are disadvantaged in comparison to the general population
- Public Health England evidenced Caring as a Social Determinant of Health
- More likely to suffer depression, anxiety, stress, long-standing health condition, unable to find time for own medical check-ups or treatment
- Personal relationships can also suffer and carers are more likely to be socially isolated
- Cost of living crises – special equipment, heating

Who are carers

- Person who provides unpaid help and support, on a regular basis, to a partner, family member or friend, practical help, physical and/or emotional support
- 3 in 5 people in the UK will become carers at some point in their lives
- Carers can sometimes be described as ‘unpaid carers’ or ‘friend and family carers’
- Do not confuse the term carer with care workers
- Some spent many years caring, others find themselves in this role suddenly, - stroke, road accident, head injury or mental health crisis

Who are carers

- Many family members and friends not describe themselves as carers
- Need help recognising themselves as such to ensure their own needs are met.
- Often only constant support in cared for person life and know them best
- THINK CARER!



Why identify Carers?

It is important to identify carers, and their families, so that they can be offered appropriate support. This helps carers to stay happy and healthy so that they are better able to carry on caring for as long as they want to.

Support for carers benefits the whole family and the person who is being cared for.

Identifying carers helps to reduce carers' loneliness and isolation, carers' poverty and housing problems, hospital admissions and carers' mental ill health.

Who is a young carer?

- *'A young carer means a person under 18 who provides or intends to provide care for another person' and 'Providing practical or emotional support'*
  - section 17ZA(3) Children Act 1989 as inserted by section 96 Children and Families Act 2014
- *'A young carer becomes vulnerable when their caring role risks impacting upon their emotional or physical wellbeing or their prospects in education and life'*
  - Care Act Statutory Guidance 6.48 2014
- The Department for Education (DfE) recognises young carers as a vulnerable group within the review of support for 'Children in need'
- The highest number recorded for young carers in Plymouth schools was over 900 in 2020.

Law and National Guidance

- The Care Act 2014 Local Authorities' duties in assessing people's needs and eligibility for care and support; carers of an adult on the same legal footing
- Young carers and parent carers have additional protection under the Children's and Families Act (2014) which identifies the need for a whole family approach.
- The NHS Long Term Plan set actions for how carers will benefit from greater recognition and support
- NICE published quality standard for supporting adult carers in 2021
- The provisions of The Health & Care Act 2022 include Powers for Care Quality Commission to assess performance of local authorities which will include their duties to carers

What are we doing in Plymouth to raise awareness, recognition and support for our carers?

- Carers Strategic Partnership Board (CSPB) –engaging with carers and carer organisations and other key stakeholders in the strategic planning and development of carer services across Plymouth.
- Support the creation and oversee the implementation of the Plymouth Carers Action Plan
- Devon ICS Carers Leads Group – working with key stakeholders across system to implement NHS LTP actions related to carers and encourage sign up of Devon Commitment to Carers

CSPB Action Plan Achievements

- Creation of Carers Passport

- Hospital based carers support service developed and delivered jointly by Caring for carers, Devon Carers and Cornwall carers, to support carers
- Contingency planning has been created and embedded into the new adult social care database system
- Mind the Gap programme working to increase reach to carers from ethnic minority communities
- Review of carers breaks and provision has taken place, new policy is in place and work on updating POD to reflect what's available in Plymouth and beyond in progress

Priorities

- Supporting PCN's so all GP practices work towards starting their Carers Quality Marker self-assessment and action plan and aware of using SNOMED carers code
- NEET task force – developing process to link with Time 4 U, young carers assessments to the NEET task force to help identify and support young carers in their transition to adulthood
- Caring for carers develop a carers ambassadors reference group
- Ensure more organisations sign up to the Commitment to Carers

Recognising and Supporting Carers - Services

- The Caring for Carers Service - provided by the charity Improving Lives Plymouth
- Supports carers who are over 18 who look after a partner, family member, or friend with an illness or disability
- Support carers in all areas of their caring journey and this includes: before caring, becoming a carer, living as a carer, working and caring and when caring ends
- The service is delivered in a co-productive way, and includes deliverance of statutory assessments, reviews and support planning for carers, that are Care Act 2014 compliant.
- Raises awareness and recognition of carers and the value they provide
- Works in partnership with Devon Carers and Cornwall Carers services and University Hospitals Plymouth (UHP) to deliver the Carers Hospital Service at Derriford Hospital.

Recognising & Supporting Carers – Services 22-23

Received 107 referrals for support for carers from 23 GP practices	Supported 1182 carers to access £195,790.00 through carers personal budgets	Offered 164 carers, 6 free counselling sessions each, to support their wellbeing	Undertook 1447 carers support needs reviews
Undertook 400 carers support needs assessments	Received 1428 referrals for support	Supported 123 carers to access 170 training activities	Accessed £28,824 of funding through grants to support carers
Led 13 Carer Awareness Training Sessions for 82 professionals	Undertook 806 advice and information enquiries	Supported 408 carers at Derriford Hospital through the Carers Hospital Services Team	supported 213 carers to access 89 support groups 658 times

Recognising and Supporting Carers - Services

PLYMOUTH CITY COUNCIL

Livewell Southwest

- Livewell Southwest CIC provides health and social care services for the City of Plymouth. This includes mental health, physical health and adult social care. In addition, we provide some community nursing and community therapy services in the South Hams and West Devon.
- Livewell Southwest CIC (LSW) believes that the support that carers provide, the expertise they bring and the needs they have in terms of their own health and welfare, deserve to be recognised and supported.

Recognising & Supporting Young Carers - Services

There are a range of services for Young Carers (Time4U partnership) available in Plymouth including:

1. **Plymouth City Council - Plymouth Young Carers** - A citywide project providing weekly youth work group sessions young carers aged 8 – 19.
2. **Barnardo's Young Carers Service -** Working with young carers on a one to one basis focusing on a whole family approach.
3. **Hamoaze House - Hidden Harm -** Working with children aged 5-18 who are affected by alcohol and other substance use within their family

Recognising & Supporting Young Carers - Services

Young Adult Carers - Adult Carer Service (Caring For Carers)

- supports adult carers aged 18+
- can undertake a statutory carers assessment
- can also support other adult family members who may also be caring for the same person as the young carer.

Schools – PCC have a young carers's champion within education Young Carers Education Support Team

- works with schools to support the identification and support for young carers
- many schools in Plymouth have their own Young Carers lead who offer support and activities.

Case study

Health and Wellbeing Board

Date of meeting:	14 September 2023
Title of Report:	**Director of Public Health Annual Report**
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Ruth Harrell
Contact Email:	Ruth.harrell@plymouth.gov.uk
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

It is a requirement that the Director of Public Health sets out a report annually, covering a topic or topics of their choosing.

This year, my Annual Report sets out updates around Thrive Plymouth, our ten-year programme to tackle health inequalities. It considers a range of outcomes that we look at around health and wellbeing of the population, from how long people live, to how healthy their lives are.

It also contains a range of appendices, available online (rather than in the pack, due to length) which enable people to look at some of the services that are commissioned from the Public Health budget.

Unfortunately, the report also notes the potential impact that the Cost of Living Crisis may have on health and wellbeing across Plymouth.

Recommendations and Reasons

It is recommended that the Board;

- Note the contents of the report, and in particular, the concerning impact of the cost of living crisis on health and wellbeing.
- Require the DPH to return to Cabinet in the Spring with a proposal for the future of Thrive Plymouth.

Alternative options considered and rejected

N/A - It is a requirement for the DPH to publish an annual report.

Relevance to the Corporate Plan and/or the Plymouth Plan

The DPH annual report summarises some of the work that has been carried out in the city under the Plymouth Plan, and reports on some of the success but also the challenges that may impact achievement of some of the Plymouth Plan aims around health and wellbeing.

Implications for the Medium Term Financial Plan and Resource Implications:

None

Financial Risks

None

Carbon Footprint (Environmental) Implications:
One of the areas for the action plan to address will be increased awareness of home energy efficiency measures which will improve the carbon footprint of the housing stock in the city.

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:
** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*
Click here to enter text.

Appendices
**Add rows as required to box below*

Ref.	Title of Appendix	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	**2**	**3**	**4**	**5**	**6**	**7**
A	Director of Public Health Annual Report 2022							
B								

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are <u>unpublished</u> works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	**2**	**3**	**4**	**5**	**6**	**7**

Sign off:

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Originating Senior Leadership Team member: Ruth Harrell											

Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 24/07/2023
Cabinet Member approval: A*pproved verbally by* – Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) Date approved: 05/08/2023

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DPH ANNUAL REPORT

2022

1 INTRODUCTION

For my annual report summarising 2022, I will cover three areas. The first is a discussion around Thrive Plymouth, reflecting back on the origins of the programme, and looking ahead to what the future holds. Were it not for the hold put on the programme due to Covid19, we would be reaching the start of the 10th year of our ten year programme; and so it is timely to review.
In the second Chapter, I have included some information on what is measured around the health of the population, and what that is telling us. The short story here is a mixed and complex picture, where the national and global situation needs to be taken into account since it impacts on the health and wellbeing of people in Plymouth. The third chapter reports on some of the indicators linked to Thrive Plymouth and of course to life expectancy.
There are some very significant positives, with life expectancy in Plymouth, for men and women, the longest compared to our statistically similar areas (though shorter than for England on average). We also have the smallest gap in life expectancy between the most deprived and the wealthiest groups across all of these statistical neighbours and compared to England; this combination of high average LE and a small gap is exactly what we would hope to see when health inequalities are successfully being reduced.
But this is against a backdrop of difficult times. First, there was a slowing down of the growth in LE nationally, for around a decade, linked to austerity. See my DPH report for 2019 for more details around that. This was of course followed by a global pandemic; there have been 223,185 deaths with Covid19 on the death certificate in the UK to date (coronavirus.data.gov.uk). With the pandemic came multiple challenges, with mental health and wellbeing impacted as well as the economy, and now we have been plunged into a cost of living crisis with high inflationary costs of food and fuel. Wage rises have been behind and so every month the gap between household income and outgoings increases. Even when we see inflation reducing, it is unlikely that we will see costs fall as quickly – if at all – and so we will still see many households struggling.
In this context, it is clear that the challenge to continue to reduce inequality and to improve other factors such as the length of life lived in good health, should not be underestimated.
Finally, I have included, on our website, a number of updates around key public health topics, including those where the public health grant supports the commissioning of services. These include a range of varied services, from health visitors who do such a lot to help to set babies and their families on the right course for health and wellbeing, to treatment services, supporting those who already have challenges to their health which they are working to overcome.
Public health is not about a Director, or a team, or even the people working in those wider commissioned services. It is about everyone all pulling together to try to nudge things in the right direction, each of us knowing that our individual contribution is small, but together we can make a difference. We have seen this working in Plymouth, and I would like to thank all of those who have been working together across the city. Please keep going and when you remember the struggle, think of the voices of those who you have helped.

2 THRIVE PLYMOUTH

Thrive Plymouth was launched in November 2014. Its aim was to tackle the early development of chronic diseases and the shorter life expectancy of some groups across the population. It was evident that certain factors such as obesity, unhealthy diets, alcohol, a lack of physical activity and tobacco use was associated with the chronic diseases and so Thrive Plymouth was launched to tackle these; and most importantly the situations and circumstances that tend to lead to more harm linked to these behaviours in certain groups of the population.

Thrive Plymouth is a social movement, which has varying definitions along the lines of;

> *"a loosely organized but sustained campaign in support of a social goal, typically either the implementation or the prevention of a change in society's structure or values. Although social movements differ in size, they are all essentially collective. That is, they result from the more or less spontaneous coming together of people whose relationships are not defined by rules and procedures but who merely share a common outlook on society"*

Our many partners do not work with us because of contracts or legal requirements or money changing hands; they do so because the goal of supporting people – all people – to have healthier, happier and longer lives is one that we share.

Throughout Thrive Plymouth, we have built up a wide supportive network of collaborators who have joined the movement and have remained with us. We have previously described Thrive Plymouth as setting the destination and the route for a long voyage. We are all on the voyage together, but just in the way that you might expect a submarine to have differences to a sailing boat in how the journey is undertaken, we each use our own unique skills and experiences to guide our own journey. Our annual campaigns serve to add more partners to the journey, joining all the rest to widen the spread and the influence.

Thrive Plymouth is not a public campaign. Public campaigns have a tendency to widen - or at least continue - existing inequalities. Those who are most likely to hear, understand and take action on campaigns around their health are those who are already likely to be aware of the steps they can take to support their own health and acting on them. One of the points of Thrive Plymouth is recognising that we need to be there for those people who need us, which means working together as partners so that someone who is in contact with a person who might benefit from an intervention can signpost them to it.

2.1 The annual campaigns of Thrive Plymouth

Thrive Plymouth has gathered partners and collaborators though a series of Annual Campaigns. The annual campaigns of Thrive Plymouth included;

- 2014 Year 1 Healthy Workplaces
- 2015 Year 2 Healthy Schools
- 2016 Year 3 One You Plymouth – Health Improvement
- 2017 Year 4 Wellbeing
- 2018 Year 5 Connect through food

- 2019 Year 6 Arts, heritage, culture and hospitality
- Pause due to Covid19
- 2022 Listen and Reconnect

Late in 2019, we launched Year 6 of Thrive Plymouth to coincide with the Mayflower 400 commemorations, only to be diverted by Covid19 shortly into 2020. We had to put on hold any work around our annual campaign, and, to continue our nautical theme, we had to get on a warship, forging ahead under close command and control. Though we still had a similar destination – supporting health, tackling health inequalities, and in particular recognising that infectious diseases usually have an unequal distribution across the population – our roles in a world-wide emergency were very different.

As well as the health improvement interventions, the spirit of Thrive Plymouth certainly lived on; our many partners excelled themselves, whether gearing up to treat covid patients or sorting out community schemes to get food, medicines and some sort of companionship to those people who desperately needed it; and contributing in many other ways as well.

In 2022, we relaunched Thrive Plymouth with a year focussed on listening and reconnecting. There were a number of reasons for this, not least of which was that we had all developed so much as a system through the pandemic, and we wanted to understand what we had learnt about ourselves, each other, and the population groups that we serve, to be able to navigate a way forward. We also wanted to widen and embed the principles around asking people what they need, really listening to what they say, and then acting upon it. We have delivered training widely around Appreciative Inquiry and motivational interviewing, promoted tools to help with mental health and wellbeing such as Every Mind Matters, and worked to widen awareness of Compassionate Friends.

2.2 The Future of Thrive Plymouth

Looking back over the original papers that set out Thrive Plymouth in the first instance, there is much that has remained the same – our strong focus on the four factors that lead to premature deaths, namely smoking, eating unhealthy diets, drinking too much alcohol and not being physically active, and the recognition that all of us can benefit from making small changes, wherever our starting point.

Thrive Plymouth always recognised the impact of the wider determinants of health; where you live, the relationships that you have with others, your work and your income, and the wider societal issues around you. But our understanding of these wider determinants has strengthened.

Some of the key areas where Thrive Plymouth has evolved includes;

- We have consciously moved away from the language of behaviours and lifestyles unless recognising the context.
- This means a move away from the word ‘choice’; language is important, and use of the word ‘choice’ is really only appropriate when comparing like with like. Some people have almost unlimited choice; some have barely any. Some people are forced to make choices to prioritise their children going to bed without hunger over long term health goals.
- Mental health and wellbeing has become a central pillar of Thrive Plymouth

- Understanding and appreciating the role that mental health and wellbeing plays on our resilience to the challenges that life throws at us, and ability to lead healthier lives.
- Trauma informed – as a city, we have recognised the impact of trauma; the way in which experiences in our past, especially our childhood, can change the way in which our brain chemistry works.
- Using appreciative enquiry to understand more about what is important to people
- Developed the community support – each year of Thrive Plymouth has grown partners, wellbeing hubs, community empowerment, covid response

In widening out to the context we have also involved more of our directorate and our partners

In October 2023, we will enter the tenth year of Thrive Plymouth. We are working on a more in depth review of the outcomes from Thrive Plymouth; clearly, there are multiple factors which influence our lifestyle and our health, which cannot be cancelled out by a programme such as this and so it is not as simple as comparing these factors before Thrive Plymouth and now. The impact of national policies on health and life expectancy, a global pandemic and an economic downturn have all played a very significant role. However, there are a number of factors that we can surmise about Thrive Plymouth;

- Many organisations across the city have come together around this clear ambition, producing a diverse and strong partnership. There is a shared ownership of the problem, and a willingness for diverse organisations to work together and to give of their time freely towards this aim
- Our partners are all aware of the importance of tackling inequalities, of some of the barriers and difficulties faced by some of our communities, and also of many of the interventions that can and do help
- Programmes such as our Wellbeing Hubs, Social Prescribing, Community Builders and Volunteering have been developed using Thrive Plymouth to focus our attention on the factors that influence health
- Plymouth has a coherence to the work being carried out to achieve its ambition, through Thrive Plymouth. This sense of a coherent programme has supported us in seeking funding from various sources
- The funding for Thrive Plymouth is negligible, at around £5k per year. No one is employed specifically to run Thrive Plymouth, we see it as a part of all of the roles within the Public Health team.

I will therefore be recommending formally in the near future that Thrive Plymouth is continued for the foreseeable future.

3 LIFE EXPECTANCY AND HEALTHY LIFE EXPECTANCY

3.1 Life expectancy

Life expectancy is an estimate of how long someone might live; it can be calculated from any age e.g. LE at birth. We use LE at birth throughout this document.
It is worth noting that someone who has already survived past childhood will have a longer LE than given at birth. For example, if someone had a life expectancy at birth of 88 years but has lived to 88, then their life expectancy is now 93 years.
This is based on the age that people in the area die, and is calculated using death certification data; three years worth of data is used to help us to see trends.

3.1.1 Summary

Nationally, Life expectancy (LE) had been increasing, with a relatively steady gradient over the last 50 years. This gradient reduced over the last decade meaning that LE on average was increasing, but increasing slowly. Further analysis shows that LE was still increasing quickly for wealthier groups but was actually dropping for more deprived groups, for females in particular. This was reported on in the Plymouth DPH Annual Report 2019 'Building wellbeing and resilience in a time of austerity'
The Covid-19 pandemic caused a sudden reduction in LE; with a larger drop for men than for women. Again, this was larger in more deprived groups than in wealthier ones.
In Plymouth;
Smaller numbers make the trends more difficult to prove but we believe we had seen similar patterns in LE general trends pre-pandemic.
Our lower death rates due to Covid19 during the pandemic mean that for the pandemic year 2020, Plymouth's LE was very similar to England average. LE in Plymouth for both males and females compares very well to statistically similar neighbours. The inequality gap by deprivation was lower in Plymouth for female than for England, and the same for males.

3.1.2 What causes differences in life expectancy?

Life expectancy is a calculation of the average age that a baby born into the area might be expected to live to. Much information is contained within this, and it does not take account of the distribution of the death, purely the average. Therefore the life expectancy data which has to be interpreted along with other sources of information. It is worth considering historical data to put this into context.
Historically, there has been a persistent story of improvement since detailed records began. Childhood vaccinations and antibiotics made a huge positive difference, as did improvements in living and working conditions. As healthcare improved, and became accessible to all, we have continued to see improvements.
Though the main trend has been to improve, there have been variations to this. Some events had an immediate and marked effect; the two World Wars, and particularly virulent strains of influenza. Others have a more gradual impact, which can be much harder to spot, such as the rise of smoking where the impact can be seen from years to decades after the behaviour starts. It can be difficult to understand how much of a contribution each element makes, and of course different things can interact at the same time.
Since records began, women have tended to live longer than men. The extent of the gap has varied, as have the underlying patterns; in the 19th century, the gap was relatively small as infectious diseases (often but not always in childhood) killed many and so dominated the statistics. The gap

began to widen, peaking at over 6 years in 1971 as poor working conditions and smoking reduced men's LE, but improved maternity care and lower rates of TB increased women's LE.

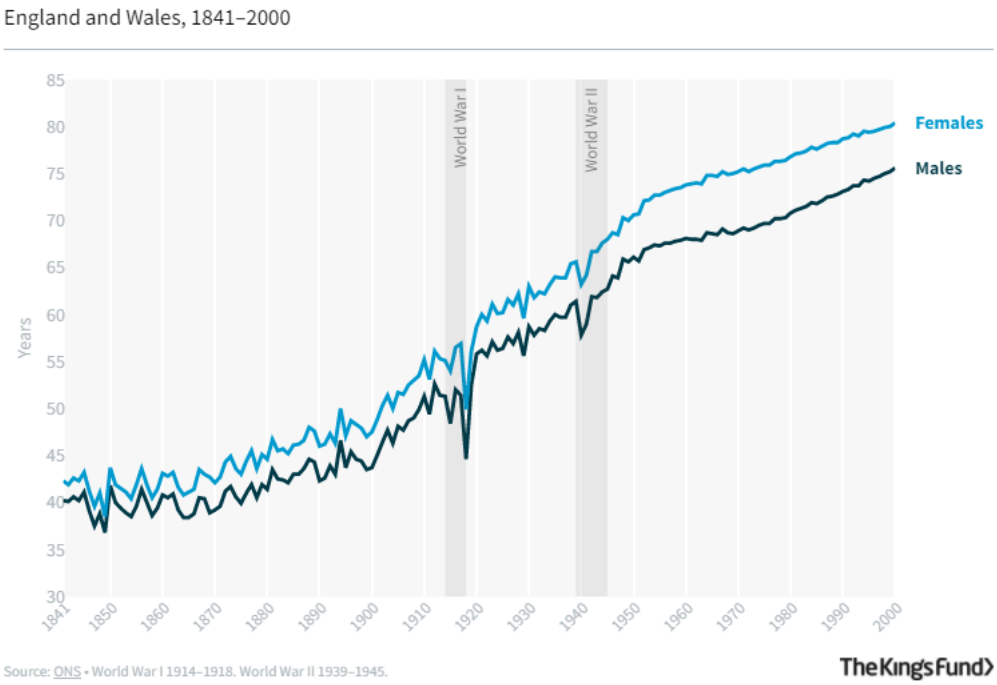


*Figure 1LE at birth, England and Wales, Kings Fund [**Error! Bookmark not defined.**]*

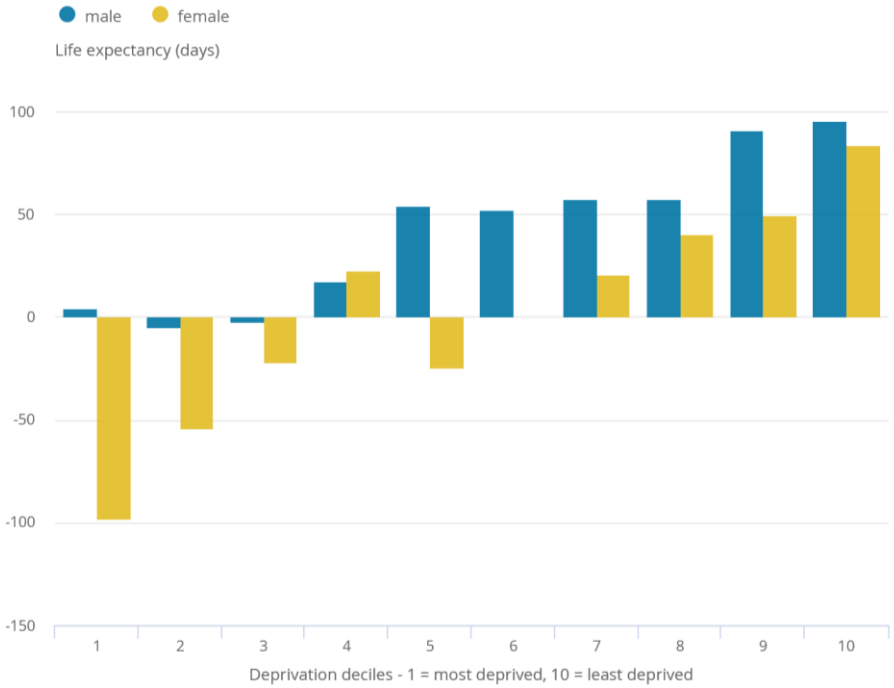
3.1.3 National trends pre-Covid-19

In my Annual Report 2019, I highlighted that there had been a slow-down in the increasing trend of life expectancy. This was highlighted by the Office of National Statistics

1. *Life expectancy at birth in the UK did not improve in 2015 to 2017 and remained at 79.2 years for males and 82.9 years for females.*
2. *ONS, September 2018*
3. *In England, the growth in the female inequality came from a statistically significant reduction in LE at birth of almost 100 days among females living in the most deprived areas between 2012 to 2014 and 2015 to 2017, together with an increase of 84 days in the least deprived areas.*
4. *ONS, March 2019*

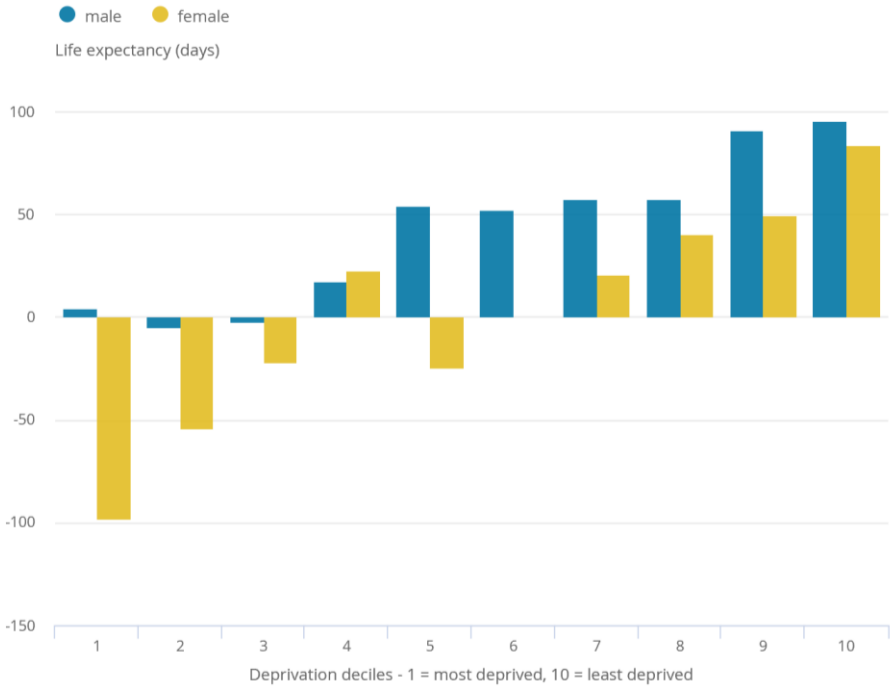
The slowdown had been seen across the UK, at similar rates but with some slight differences in details of trends. The UK was not alone in seeing this slowdown of improvements; many other developed countries saw this too. However, the UK was second only to the US in terms of severity of the slowdown.

This was especially important as there was a very clear change with deprivation (see



Source: Office for National Statistics

Figure 2), which showed that LE had continued to grow for the less deprived groups (male and female) but had reduced for women in the more deprived groups.
Since then, further data has been released still covering the pre-covid-19 times, which uses data from 2017-2019. That showed a slight improvement in LE; positive news, although still well below the trajectory which might have been expected had the slow down not occurred.



Source: Office for National Statistics

Figure 2 Change in LE in days between 2012 to 2014 and 2015 to 2017, by national deprivation decile, England and Wales, 2015 to 2017, ONS published March 2019 Health state life expectancies by national deprivation deciles, England and Wales: 2015 to 2017, ONS, published March 2019

3.1.4 National trends through Covid-19

Clearly, an event as significant as a global pandemic such as Covid-19 might be expected to change life expectancy. This can clearly be seen, for example the Kings Fund report that:
By 2019, life expectancy at birth in England had increased to 79.9 years for males and 83.6 years for females. However, the Covid-19 pandemic caused life expectancy in 2020 to fall to 78.6 years for males and to 82.6 years for females, the level of a decade ago.
As can be seen on the graph, the data for 2021 is a little better, but still a very significant drop from pre-pandemic levels. Data for 2022 is not yet available.

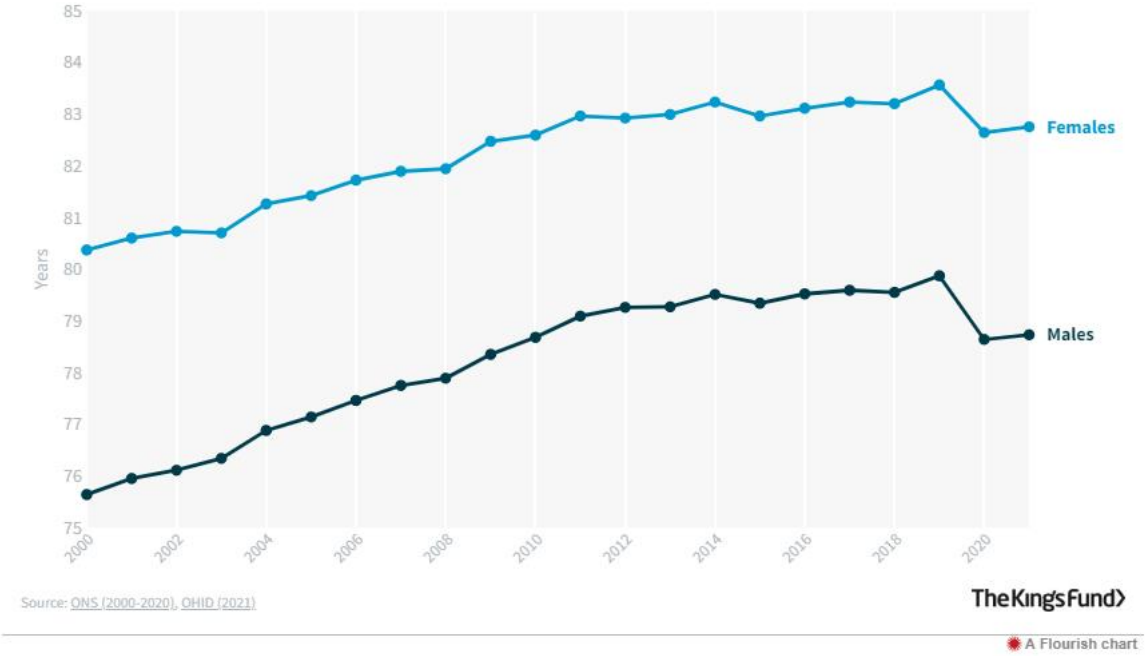


Figure 3 LE at birth for single years, including 2020 and 2021 (What is happening to Life expectancy? Updated Aug 2022, Kings Fund)

3.1.5 Forward Look

Life expectancy is calculated when all of the relevant data sources have been received, checked, analysed and then added to the calculation, and so is not available quickly or for part-years. However, we can consider excess deaths – simply considering whether there have been more deaths in a given time period than we might expect from history.

Unfortunately, England does have a continuing trend of having more deaths than might be expected when considering the 5 years pre-pandemic.
The graph below compares the data for every week since the start of the pandemic, with the average from the same week in the years 2015, 16, 17, 18 and 19 i.e. a five year average; this is referred to as the 'expected' number of deaths. The bottom curve shows the total numbers of deaths across England, with those known to be caused by Covid-19 highlighted in yellow. The

dotted line shows the expected deaths. In the top graph, each bar shows the mortality rate for that week minus that 'expected'; pale green (above the line) are excess deaths and the darker bars below the line are those under the average. Peaks can very clearly be seen that respond to the peaks of covid-19 caused by subsequent variants, but also it is notable that the deaths have been higher than expected since April 2022.

If we consider the time period since 'Living with Covid' which marked the end of the mitigations, due to the very widespread take-up of the vaccination, then we are still seeing excess deaths at the rate of 8% overall. Although the number of deaths is highest in older people, if we consider the ratios of those expected to those that we have seen, then from March 2022 til April 2023, there were;

- Overall excess of 8% more deaths than expected
- At 8% for young people (0-24 year olds)
- At 9% for 25 – 49 year olds
- highest for 50-64 year olds, at 13%
- Lowest in 75-84 year olds at 6%
- At 8% for those 85 and above

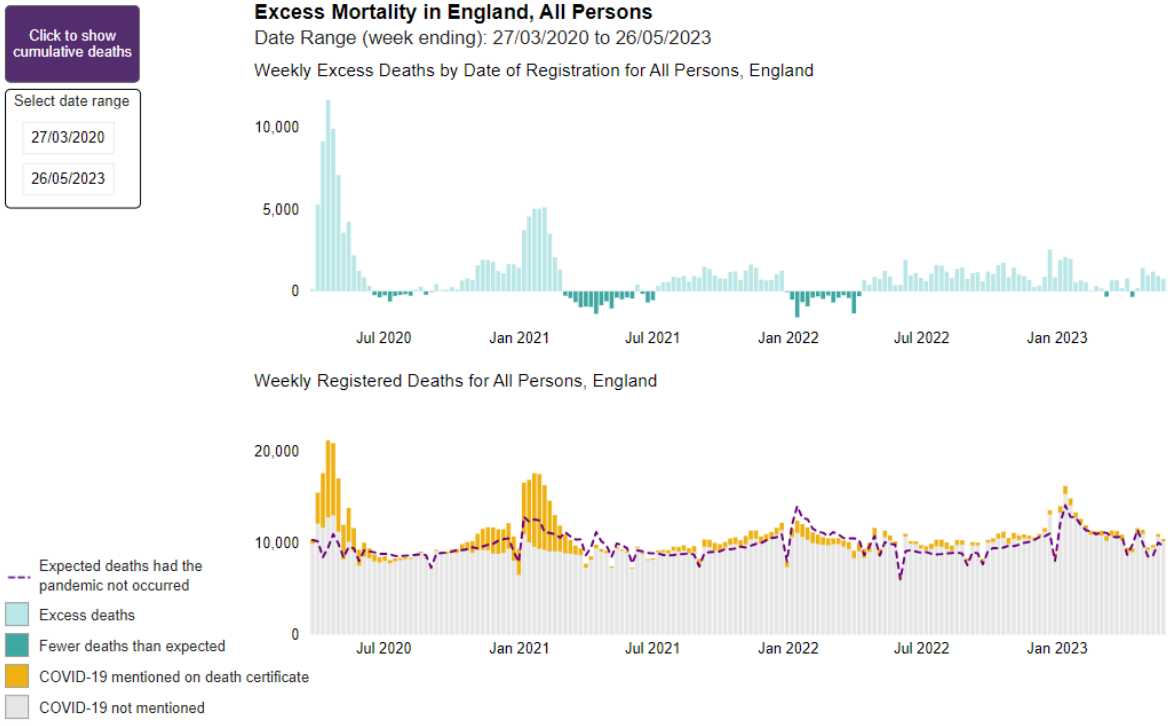


Figure 4 Excess mortality in England for all persons from the start of the pandemic, compared to the average mortality by week for the previous 5 years – our best estimate of what the mortality would usually be. Source; Excess Mortality Reports [*Public health profiles - OHID (phe.org.uk)*]

The reasons behind these excess deaths are being looked into but is probably related to a number of issues; this includes Covid19, both short term (i.e. on the death certificate) and longer term

impacts, such as cardiovascular issues for which the evidence base seems to be increasing. There have also been issues with access to care both within the pandemic and now with the NHS under increasing pressure. Further analysis is required before this can be fully understood.

3.1.6 Local trends in life expectancy

Comparative data at Local Authority level is provided by UK Health Security Agency as part of the Public Health Outcomes Framework (PHOF).

Calculations of LE for these smaller areas is less accurate and a single figure can be a little misleading. The three-year average is generally considered to be more accurate as it includes more data points, and when we look at this for Plymouth, both male and female LE are below that for England, with a gap of 0.6 years on average.

However, when we compare with other places that have similar populations[1], Plymouth compares favourably, having a longer LE for both men and women than these similar places. This is very positive – though it should be noted that there is some uncertainty in the estimate and the differences are small.

Life expectancy at birth	**Plymouth Value**	**England Value**	**Gap**	**Rank compared to similar areas**
Using three- year rolling average for 2018-2020				
Females	82.5	83.1	0.6	1 (i.e. longest)
Males	78.8	79.4	0.6	1 (joint longest LE)

Table 1Showing data taken from the UK HSA PHOF. The rank uses 15 comparator areas identified by Chartered Institute of Public Finance and Accountancy (CIPFA) and a high rank means that LE in Plymouth is high

When we look at the trend over time, unfortunately we see that LE in England dropped in 2018-2020 due to the impact of the pandemic in the 2020 data. Plymouth was impacted slightly less and had fewer deaths than many other areas. This meant that the gap between Plymouth and England as a whole reduced. Although of course the reduction in the gap is a positive outcome, this has been achieved through the LE for England worsening which is not the way in which we would have wanted to see this come about.

It should be noted though that there is significant variation from year to year and these figures are estimates.

[1] The rank uses 15 comparator areas identified by Chartered Institute of Public Finance and Accountancy (CIPFA) and includes places such as Sheffield, Bolton and Wigan

3.1.7 Inequality in LE

Inequality in Life Expectancy is a measure of the gap in LE between the most deprived 10% of the population and the least deprived 10%. It is calculated using three year averages.
This shows that for both men and for women, the inequality in LE is lower in Plymouth than it is for England as a whole.

- For females, the gap is 7.9 years for England and 5.2 for Plymouth
- For males, the gap is 9.7 years for England, and is 8.7 years for Plymouth

For both men and women, inequality is smaller in Plymouth compared to England.

3.2 Healthy Life Expectancy

Healthy life expectancy is a measure of how long a person would expect to live in good health based on contemporary mortality rates and prevalence of self reported good health. This is calculated from responses to a question on general health in the Annual Population Survey (APS) conducted by the Office for National Statistics (ONS).
This has only been calculated since 2011 and so is a relatively new data set, with limited trend data.

3.2.1 National Trends

HLE for England has shown little change since 2009-11 when the data was first calculated.

- HLE for males at birth in 2009-11 was 63.0 years. It reached a peak of 63.4 between 2012 and 2018 and has slight reduced since them to 63.1 years for 2018-20.
- HLE for females at birth in 2009-11 was 64.0 years. It has fluctuated a little and was 63.9 in 2018-20.

3.2.2 Local trends

HLE for Plymouth population is;

- 59.3 years for women (significantly lower than England). There has been a reduction over time, though this is not statistically significant, and there is no evidence of a worsening trend.
- 64.3 years for men (similar to England). There have been changes over time but these are small; previously (up until 2015-17) Plymouth was significantly below England but we have seen relative improvement and it is now similar.

When we consider Plymouth's HLE compared to similar areas using the CIPFA comparator areas, we see that;

- For females, despite having the highest ranking LE, the HLE is one of the worst compared to similar areas (12/16)

- For males, as well as having the highest LE of the comparators, Plymouth also has the highest HLE

This means that a female in Plymouth tends to report worse health than a similar woman (age, deprivation etc), but does not die any earlier.

3.2.3 Why is female HLE lower in Plymouth than we would expect?

Looking at the range of information available, there are some statistics around health and wellbeing that appear to support this HLE and some which do not, and no clear cause for this difference. For example;

- Plymouth does have a low disability-free LE for women – below the England average,
- Social isolation is highlighted as an issue for adults in Plymouth – often (but not always) women
- In terms of self reported wellbeing, Plymouth does not have low rates for satisfaction, happiness, or high rates for anxiety.
- Under 75 mortality rate considered preventable – Plymouth has higher rates than England, but is one of the lowest rates compared to similar areas.
- Health improvement
  - Adult obesity is slightly worse than England but mid table compared to similar areas
  - Adult smoking is much worse than England and high compared to similar areas
  - Physical inactivity is similar to England and mid table compared to similar areas
  - Admissions due to alcohol are similar to England and low compared to similar areas

Looking wider, there is emerging evidence that starts to point us towards considering issues such as childcare provision and the availability of employment in Plymouth.
Although there may be some pointers, there is no conclusive reason as to why Plymouth female HLE is low. HLE has not been used for long enough to have evidence from places who have managed to improve HLE; there is no concrete evidence to differentiate between the risk factors for LE and for HLE. And yet, there are large variations. This is an area for further work and research.

4 THRIVE PLYMOUTH INDICATORS

The following gives a brief overview of the indicators relevant for Thrive Plymouth. For a wider set of data and analysis, please see the Plymouth Report 2023

4.1 Smoking

Our smoking rate has shown a continuing downward trend. In 2021, our rates were showing as statistically similar to England, though still higher at 15.5%, compared to 13% for England. These figures are based on a sample and there is a wide range so although the estimate is 15.5%, it may lie between 11.4% and 19.5%.

There is considerable scope for these levels to drop further. We have recently been recognised nationally for some of the positive work that we have been doing around the use of vapes as a smoking cessation tool.

4.2 Healthy diets

Plymouth's figures for the number of adults who eat five portions of fruit and vegetables a day show that around 36% of us are managing this. This exceeds the England average of 32.5%.

4.3 Overweight and Obesity

Our figures for childhood overweight and obesity are higher than England, at 24.4% for those in Reception compared to 22.3% for England. This shows a slight drop over the last three years. Childhood obesity is very closely linked to deprivation, and if we compare Plymouth to other similar areas we sit around the middle of the table.
However, the very positive finding is that in Year 6 we have a smaller proportion than one might expect – at 35.1%, we sit below England (37%) and below all but one of our statistical neighbours. Even though this is positive, there is still an increasing trend over time.
Figures for estimates of adults overweight and obesity are 68.5% for Plymouth, slightly higher than England at 63.8%, and around the middle of the table compared to similar areas.

4.4 Physical activity

Physically active children and young people – we were doing extremely well around this indicator, very easily exceeding England levels, but in 21/22 have had a drop back to levels similar to England as a whole. There is no obvious reason for this and we hope to see it increase again.
Our numbers of physically active adults (i.e. reaching or exceeding the amounts recommended for good health) are almost the same as England, at 66.3%. Numbers of adults that are inactive is slightly above the England average at 23.6% (England 22.3%) – this is classed as similar as they are broad estimates.

4.5 Alcohol

We do not have figures for estimates of alcohol consumed. Instead, we look at the impacts of alcohol harm in terms of hospital admissions which are for conditions directly related to alcohol. Plymouth's figures sit a little below England for this, at 446 per 100,000; some of the lowest figures across our statistically similar neighbours.

4.6 Mental Health and Wellbeing

The prevalence of depression in adults who are seeing the GP for the condition is 15.4% of the registered population in Plymouth, compared to 12.7% for England as a whole (2021/22). This is comparable to our statistical neighbours. There has been an increasing trend for Plymouth and for England since these measurements were first recorded in 2012/13.

Emergency admissions for self-harm are higher than the England average, using figures for 2021/22 which is the most recent data; though this lower than the South West average.

Mental wellbeing measures tend to be self-reported through a variety of surveys such as the Annual Population Survey. The Plymouth scores for 21/22 in self-reported wellbeing measures (such as happiness, anxiety, satisfaction with life) are similar to those for England, however, only a small sample of data is collected from within Plymouth, and as a result it is difficult to conclude whether there are differences compared to England.

4.7 Summary

Overall then we have a mixed picture. For physical activity, alcohol harm and healthy diet (as measured by fruit and vegetable consumption), we are doing fairly well as a city. But there is plenty of room to improve around smoking, and healthy weight, and we are also concerned about mental health and wellbeing.

Also, we are very aware that the context has been changing since many of these metrics were measured, with increasing pressure on household budgets. Economic downturns and the impact on people's income tends to have a negative impact on health and wellbeing.

5 UPDATES ON KEY PUBLIC HEALTH TOPICS

Further information on the following Public Health topics is covered in the following sections. Rather than extend the length of the report, these are available on the website here;

1. Sexual Health
2. Health Improvement
3. Public Health Nursing
4. Substance misuse
5. Physical activity
6. CYP Healthy Weight

Health and the cost of living

Key messages from our polling, January 2023

healthwatch

Context

Over the last year, many charities and campaign groups have warned that millions of people are struggling with the cost of living crisis.

We have heard from our Healthwatch network about the impact the rising cost of living is having on people.

To understand the scale and nature of this impact, especially the effect on people's health and their use of health and care services, we commissioned a nationally representative (of England) poll.

We are running this poll in four waves across winter to track the changing impact of the rising cost of living over time. We will use the findings to help inform health and care decision-makers about the steps they may need to take to improve support for people.

Our research is principally focussed on finding out the following:

- What impacts do people anticipate the rising cost of living having on them;
- What impacts are people already experiencing, including how they are changing their behaviour to cope with the rising cost of living; and
- If, and how, the rising cost of living affects how people interact with health and

Next steps

When will the polling take place?

- Wave 1 ran 19 to 25 October
- Wave 2 ran 5 to 9 December
- Wave 3 will run in late January
- Wave 4 will run in early March

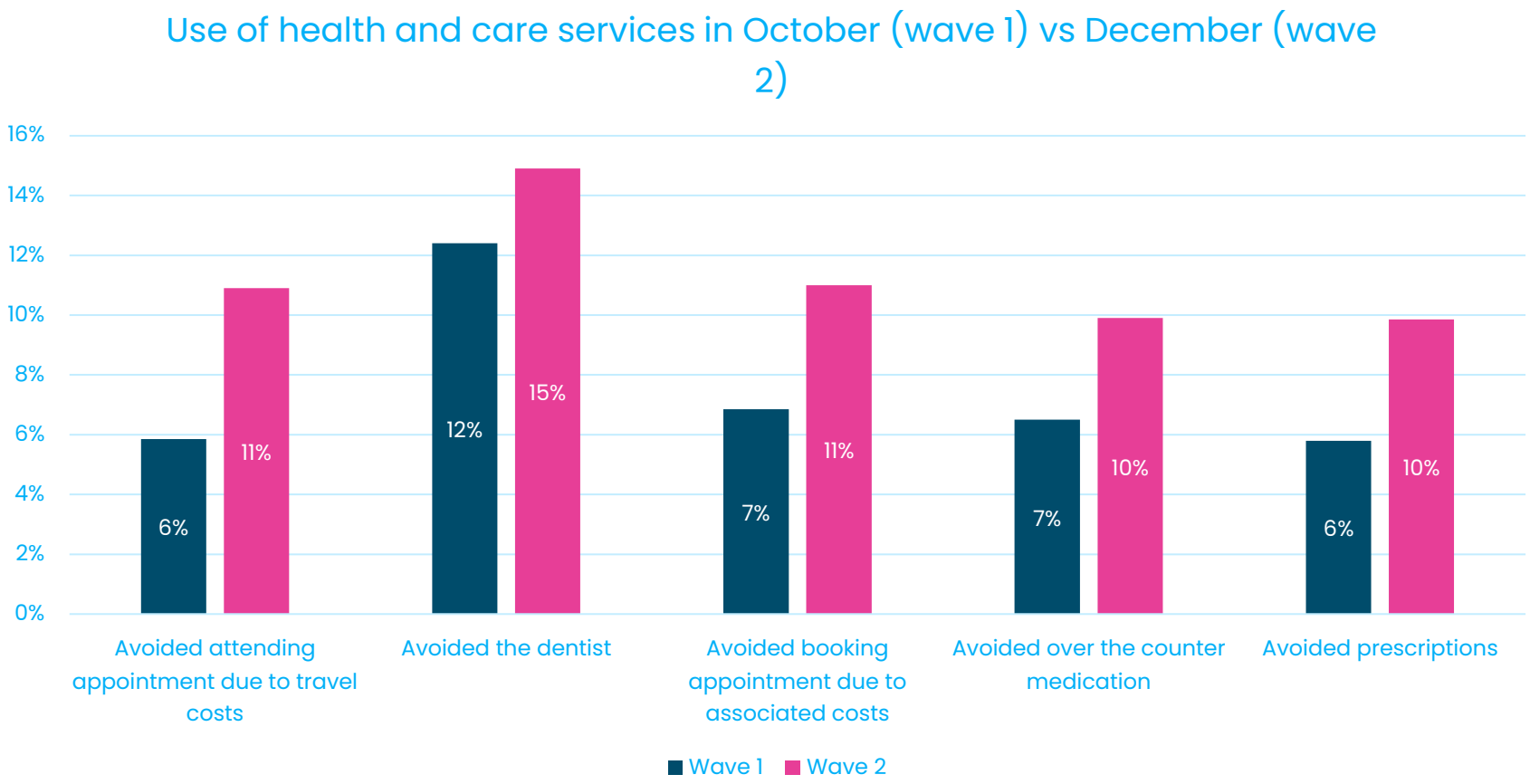
What impact has there been on the use of health and care services?

We asked people: 'Thinking now specifically about your use of health and care services. Over the last month have you done any of the following?'

Our polls show that the numbers of people changing their use of health and care services increased between October and December

- In December, 11% of respondents said they had avoided attending an NHS appointment because they couldn't afford to travel to it, up from 6% in October.
- 15% said they have avoided going to the dentist because of the cost of check-ups/treatment, up from 12% in October.
- 11% said they have avoided booking an NHS appointment because they couldn't afford the associated costs (e.g., access to the internet or the cost of the phone call to book), up from 7% in October.
- 10% said they have avoided buying over the counter medication they normally rely on, up from 7% in October
- Finally, in December 10% of respondents said they have avoided taking up one or more NHS prescriptions because of the cost, up from 6% in October.

What impact has there been on the use of health and care services?



What changes are people making to cope with the rising cost of living?

We asked people: 'Thinking about the current rising cost of living, how, if at all, have you changed anything in the way you live your life in order to cut back on spending?'

Energy use: many people are trying to adapt to increased energy bills.

- In December, 37% said they have not turned on the heating when they usually would, consistent with the figure of 36% in October
    - There is a clear gender divide. 33% of male respondents said they had not turned on the heating when they usually would, compared to 42% of female respondents.
- In December, 29% of respondents said they have turned off or avoided using essential appliances to save energy costs, up 3% since October.
    - Again, there is a clear gender difference. 25% of male respondents said they have done this, compared to 33% of female respondents.

What changes are people making to cope with the rising cost of living?

We asked people: 'Thinking about the current rising cost of living, how, if at all, have you changed anything in the way you live your life in order to cut back on spending?'

Food: people are taking tough decisions on food.

- In December, 24% said they have bought less food because of the increased cost of it, up from 20% in October.
    - More women are doing this than men. 27% of female respondents said they had done this, compared to 20% of male respondents.
- In December, 17% said they have bought less healthy food than they would usually, because of the cost of food, up from 14% in October.
    - Slightly more female respondents, 18%, reported doing this than male respondents, 15%.
- In December, 15% said they have skipped meals because of the increased cost of food, up from 9% in October.
    - The figures for female and male respondents are similar, at 14% and 15% respectively.

What are the impacts of the changes people are making?

We asked people: 'Thinking specifically about any life changes you have made to cut back on costs/keep up with the rising cost of living, what impact have they had on the following areas of your life?'.

- In December, 39% of respondents said the changes they have made have negatively impacted their mental health. This is consistent with October, when the figure was 40%.
    - Within that figure, there has been some change. In October 11% said the impact on their mental health had been 'very negative', in December this increased to 13%.
    - There is also a clear gender difference. In December 35% of male respondents said the changes they have made have had a negative impact on their mental health, noticeably lower than figure of 43% for female respondents.

You can see the other areas of life we asked about in the final slide. These did not show such a clear picture as mental health. We will track if this changes over time.

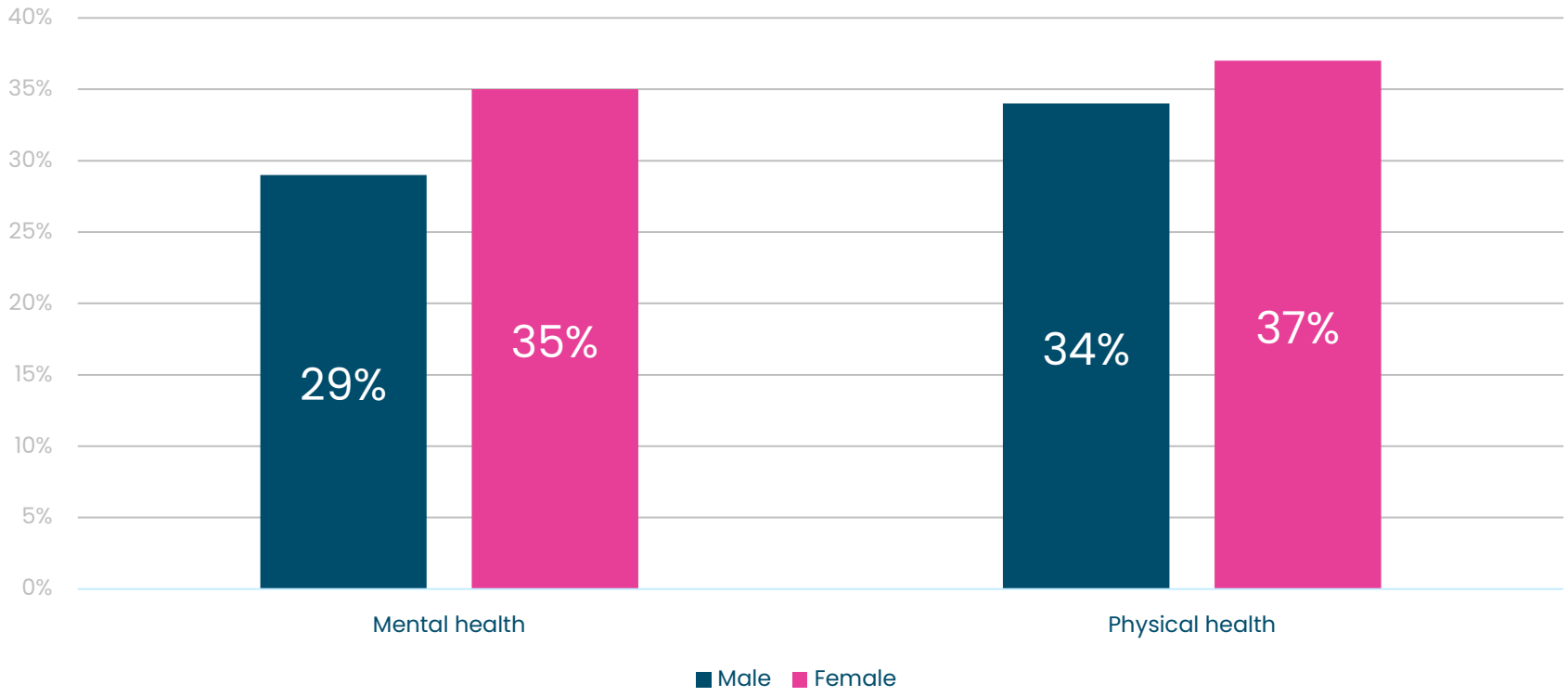
What health impacts have there been from the rising cost of living?

We asked people: 'Thinking about your health, in the last two months, has your mental and physical health got better or worse?

- In October, 29% of respondents said their physical health had got worse in the last two months. By December, this had risen to 35% of respondents.
    - There is a slight gender difference within that figure of 35%. For female respondents, the figure is 37%, compared to 34% for male respondents.
- There is a similar picture in mental health, though with a smaller increase. In October 29% of respondents said their mental health had got worse in the last two months, increasing to 32% in December.
    - The gender divide in mental heath is clearer. Whilst in December 29% of male respondents said their mental health had got worse in the past two months, for female respondents the figure is 35%.

What health impacts have there been from the rising cost of living?

Respondents reporting their mental/physical health as getting ‘a little’ or ‘a lot’ worse in the last two months, December



Conclusions

- The cost of living is impacting people's use of health and care services, with the numbers of people being impacted increasing markedly between October and December.
  - People are avoiding attending appointments, avoiding booking appointments, avoiding buying over the counter medications, and avoiding taking up prescriptions.
- People are making changes to cope with the rising cost of living, including reducing their energy expenditure and making tough choices on food.
- There is already evidence of the negative impacts of these changes, with a large minority saying the changes they have made have negatively impacted their mental health. This is particularly the case with women.
- On both physical and mental health, more people in December thought their health had got worse than October.

With all of these findings, it is important to remember that both our polls took place before very cold winter weather arrived, so the full extent of the impact of higher energy bills may not yet be visible. We will be monitoring how the trends presented here progress over the next waves

Questions

Full details of the questions we asked to generate this data

Thinking now specifically about your use of health and care services. Over the last month have you done any of the following?

- I have avoided going to the dentist because of the cost of check-ups/treatment
- I have cut down on or stopped support on non-surgical private health services (e.g. physiotherapy, counselling)
- I have avoided booking an NHS appointment because I couldn't afford the associated costs (e.g. access to the internet, or the cost of the phone call to book the appointment)
- I have avoided attending an NHS appointment because I couldn't afford to travel to the appointment (e.g. petrol for my car, public transport costs)
- I have avoided seeking help from the NHS because I couldn't take time off work (e.g. because I was worried I would lose pay, or might be sacked)
- I have changed, cut down on or stopped support from paid for carers (e.g. people coming into my home to help me with preparing meals or washing and dressing)
- I have used a social care service that I would not have done otherwise, because of the cost of living
- I have avoided buying over the counter medication I normally rely on
- I have avoided taking up one or more NHS prescription because of the cost
- I have used a used a health service that I would not have done otherwise, because of the cost of living
- I have cut down on the use of medical equipment at home because of the running costs (e.g. ventilators, dialysis)

Questions

Full details of the questions we asked to generate this data

Thinking about the current rising cost of living, how, if at all, have you changed anything in the way you live your life in order to cut back on spending?

- I have put on more clothes than usual to stay warm
- I have not turned on the heating when I usually would
- I have turned off or avoided using essential appliances to save energy costs (e.g. not used the oven to cook)
- I have cut down or stopped social/entertainment expenditure (e.g. meeting up with friends, subscribing to streaming services)
- I have bought less food because of the increased cost of food
- I have gone to bed earlier than I usually would to save energy costs
- I have bought less healthy food than I would usually, because of the cost of food
- I have skipped meals because of the increased cost of food
- I have cut down or stopped things that help me stay fit and healthy (e.g. cancelled gym membership, stopped taking vitamins)
- I have/am considering trying to find cheaper accommodation because I have concerns about being able to meet my mortgage/rent payments
- I have cancelled my broadband or mobile phone contract, or moved to a contract with more limited internet access or phone minutes, because of the cost
- I have not been able to get to work because of the cost of fuel or public transport.
- I have been made homeless because I could not meet my mortgage/rent payments
- Other

Questions

Full details of the questions we asked to generate this data

Thinking specifically about any life changes you have made to cut back on costs/keep up with the rising cost of living, what impact have they had on the following areas of your life?

Respondents rated the following on the scale: 'Very positive impact'; 'Somewhat positive impact'; 'Neither positive nor negative impact'; 'Somewhat negative impact'; 'Very negative impact'; 'Not applicable'; 'Prefer not to say'

- Your ability to work (e.g. your fitness levels)
- Your ability to care for others
- Your mental health (e.g. your level of stress and anxiety)
- Your ability to manage an existing long-term condition (e.g. diabetes)
- Your feelings of physical pain
- Your ability to maintain relationships with friends and family
- Prefer not to say

Questions

Full details of the questions we asked to generate this data

Thinking about your health, in the last two months, has your mental and physical health got better or worse?

Respondents answered separately for physical and mental health, on the following scale.

- Got a lot worse
- Got a bit worse
- Neither got better nor worse (stayed the same)
- Got a bit better
- Got a lot better
- Prefer not to say

**All figures, unless otherwise stated, are from OnePoll. Total sample size was 2000 adults. Fieldwork was undertaken between 19 to 25 October 2022 and between 5 and 9 December. The survey was carried out online. The figures are representative of all England adults (aged 18+).*

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healthwatch

Health and the cost of living

Key messages from our polling, May 2023

healthwatch

Context

Over the last year, many charities and campaign groups have warned that millions of people are struggling with the cost of living crisis. We have heard from our Healthwatch network about the impact the rising cost of living is having on people.

To understand the scale and nature of this impact, especially the effect on people's health and their use of health and care services, we commissioned a nationally representative (of England) poll.

We have run this poll in four waves across winter to track the changing impact of the rising cost of living over time. We're using the findings to help inform health and care decision-makers about the steps they may need to take to improve support for people.

We focused our research on finding out the following:

- What impacts do people anticipate the rising cost of living having on them;
- What impacts are people already experiencing, including how they are changing their behaviour to cope with the rising cost of living; and
- If, and how, the rising cost of living affects how people interact with health and care services.

When is the polling taking place?

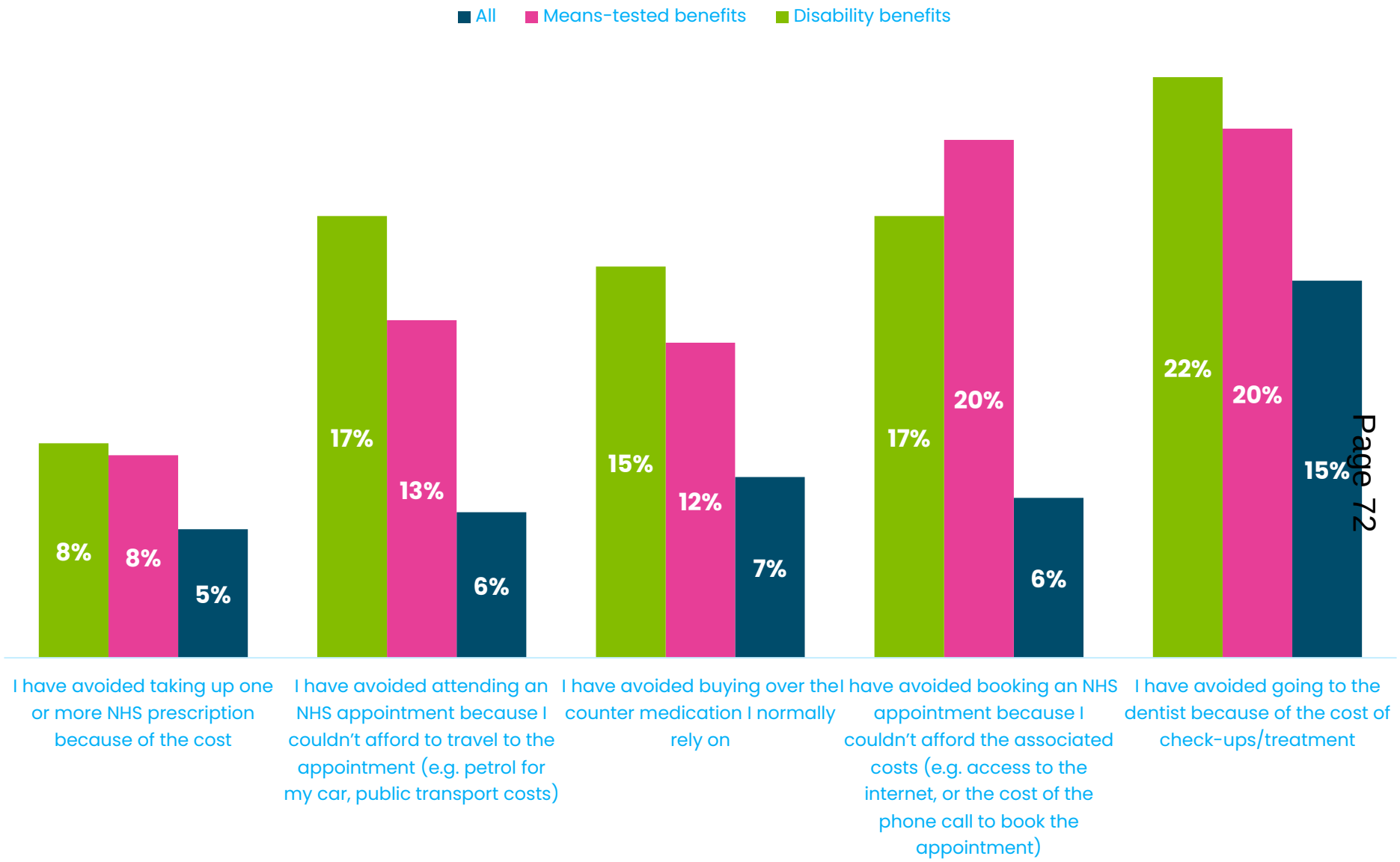
We have completed all four waves of our polling.

- Wave 1 ran 19 to 25 October
- Wave 2 ran 5 to 9 December
- Wave 3 ran 3 to 9 February
- Wave 4 ran 17 to 23 March

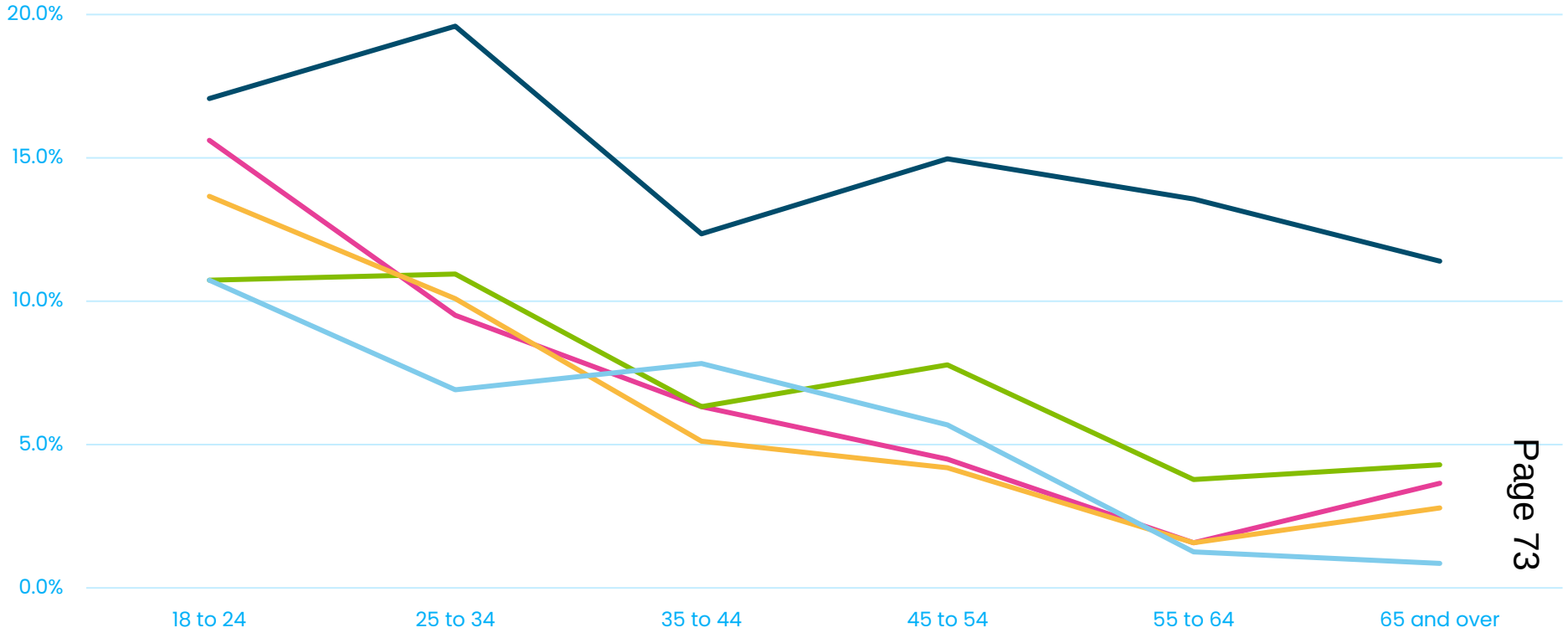
The following slides present wave 4 findings, broken down by age and those on disability- or means-tested benefits, on responses to the question:

'Thinking now specifically about your use of health and care services. Over the last month have you done any of the following?'

Figures for people on disability and means-tested benefits, wave 4



Wave 4, by age



I have avoided going to the dentist because of the cost of check-ups/treatment

I have avoided booking an NHS appointment because I couldn't afford the associated costs (e.g. access to the internet, or the cost of the phone call to book the appointment)

I have avoided buying over the counter medication I normally rely on

I have avoided attending an NHS appointment because I couldn't afford to travel to the appointment (e.g. petrol for my car, public transport costs)

I have avoided taking up one or more NHS prescription because of the cost

	Whole sample	People on means-tested benefits	People on disability benefits	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 and over
I have avoided going to the dentist because of the cost of check-ups/treatment	15%	20%	22%	17%	20%	12%	15%	14%	11%
I have avoided booking an NHS appointment because I couldn't afford the associated costs (e.g. access to the internet, or the cost of the phone call to book the appointment)	6%	20%	17%	16%	10%	6%	4%	2%	4%
I have avoided buying over the counter medication I normally rely on	7%	12%	15%	11%	11%	6%	8%	4%	4%
I have avoided attending an NHS appointment because I couldn't afford to travel to the appointment (e.g. petrol for my car, public transport costs)	6%	13%	17%	14%	10%	5%	4%	2%	3%
I have avoided taking up one or more NHS prescription because of the cost	5%	8%	8%	11%	7%	8%	6%	1%	1%

Full details of the question we asked to generate this data

Thinking now specifically about your use of health and care services. Over the last month have you done any of the following?

- I have avoided going to the dentist because of the cost of check-ups/treatment
- I have cut down on or stopped support on non-surgical private health services (e.g. physiotherapy, counselling)
- I have avoided booking an NHS appointment because I couldn't afford the associated costs (e.g. access to the internet, or the cost of the phone call to book the appointment)
- I have avoided attending an NHS appointment because I couldn't afford to travel to the appointment (e.g. petrol for my car, public transport costs)
- I have avoided seeking help from the NHS because I couldn't take time off work (e.g. because I was worried I would lose pay, or might be sacked)
- I have changed, cut down on or stopped support from paid for carers (e.g. people coming into my home to help me with preparing meals or washing and dressing)
- I have used a social care service that I would not have done otherwise, because of the cost of living
- I have avoided buying over the counter medication I normally rely on
- I have avoided taking up one or more NHS prescription because of the cost
- I have used a used a health service that I would not have done otherwise, because of the cost of living
- I have cut down on the use of medical equipment at home because of the running costs (e.g. ventilators, dialysis)
- None of these
- Prefer not to say

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healthwatch

healthwatch in Devon, Plymouth and Torbay

Cost of Living

Feedback Report

June 2023

Contents

About Us

Healthwatch in Devon, Plymouth, and Torbay (HWDPT) are the three local independent consumer champions for people using health and social care services across Devon. The scope of HWDPT is to listen to what people say about their local health and social care services, to identify what works well and what could be improved, and to make those views known to those involved in the commissioning and scrutiny of health and social care services; ensuring the voice of the community is used to influence and improve services for local people.

Introduction

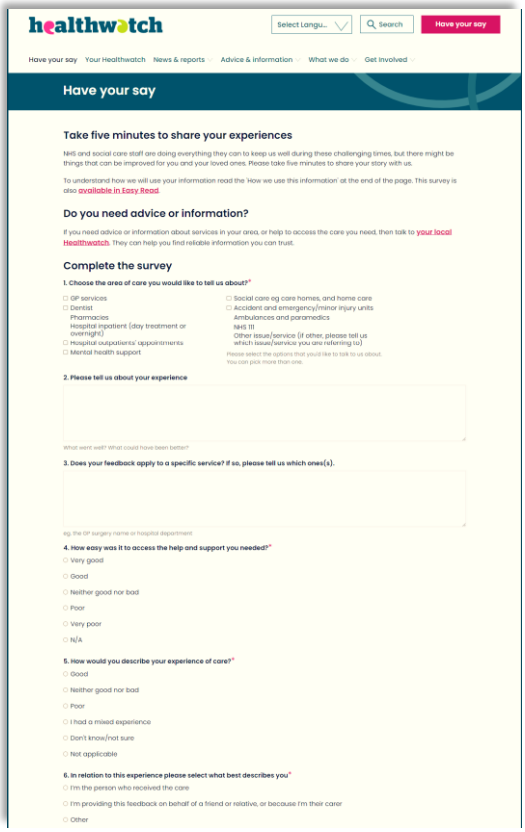
Healthwatch England recently published their findings and a set of immediate actions for the Government and the NHS, in relation to the cost of living and the detrimental impact it is having on people's decisions about their own health and wellbeing. Their national research found that if you are disabled, on means-tested benefits or aged 18-24, you're more likely to avoid vital health services due to the fear of extra costs.

In light of these findings, we wanted to find out if the cost of living was having an impact on people in Devon, Plymouth and Torbay and if so, in what way. To do this we ran a social media campaign to try and find out what steps people were taking locally in response to the rising cost of living.

What we did

A survey of 7 multiple choice questions and 1 open-ended question was used to find out how the cost of living was impacting on people's lives. 7 further optional questions were included to collect respondent demographic information.

Demographic analysis can be found at **Appendix 1.**



Screenshot of the HWE Survey

The survey was circulated online via Healthwatch Devon, Plymouth and Torbay social media platforms and through the Healthwatch ENews bulletin.

60 people responded to the survey and the survey ran throughout March to May 2023. A full breakdown of demographic information can be found at **Appendix 1.**

Key Findings

- More than two thirds of respondents (68%) described their current financial situations as either not very or not at all comfortable.
- Most respondents (92%) said their financial situation had worsened over the last six months.
- Almost three quarters of respondents (72%) said their physical health and mental health had worsened over the last two months.
- Almost half of respondents (46%) said they have avoided going to the dentist because of the cost of check-ups or treatment and almost a quarter (22%) said they are anticipating this.
- Almost a third of respondents (32%) have cut down or stopped support from services that they pay privately for, such as physiotherapy, earwax removal or counselling.
- Half of respondents (50%) said that changes they have made because of the cost of living have negatively impacted on their ability to manage an existing long-term condition.
- Almost three quarters of respondents (73%) said the changes they have had to make due to the cost of living have negatively impacted on their levels of stress and anxiety.

Detailed Findings

Question 1

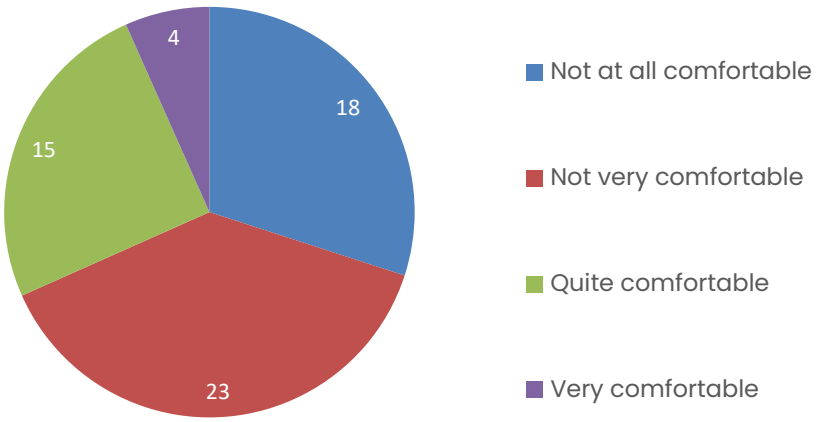
We asked people to describe their current financial situation, based on the following choices:

- Very comfortable (I have more than enough money for living expenses and a lot spare to save or spend on extras or leisure)
- Quite comfortable (I have enough money for living expenses and a little spare to save or spend on extras or leisure)
- Not very comfortable (I have just enough money for living expenses and little else)
- Not at all comfortable (I don't have enough money for living expenses and sometimes or often run out of money)

Of the 60 people who responded:

- 23 (38%) were not very comfortable
- 18 (30%) were not at all comfortable
- 15 (25%) were quite comfortable and
- 4 (7%) were very comfortable.

Fig 1: How would you describe your current financial situation?



More than two thirds of respondents (68%) described their current financial situations as either not very, or not at all, comfortable.

Question 2

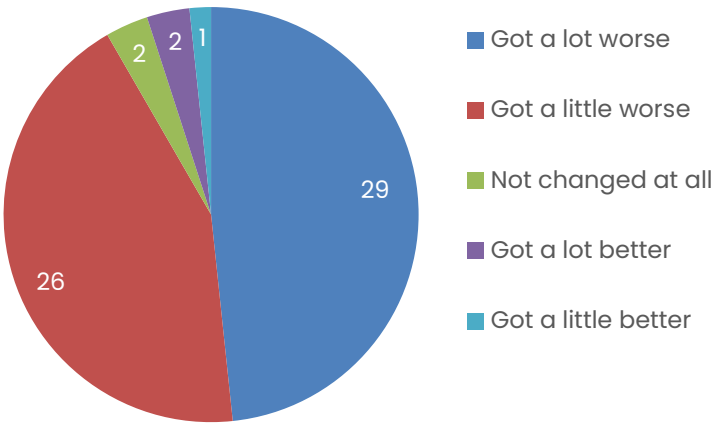
We asked people if their financial situations had:

- Got a lot better.
- Got a little better.
- Not changed at all.
- Got a little worse.
- Got a lot worse.

Of the 60 people who responded:

- 29 people (48%) said their financial situation had got a lot worse.
- 26 people (43%) said their financial situation had got a little worse.
- 2 people (3%) said their financial situation had not changed at all.
- 2 people (3%) said their financial situation had got a lot better and
- 1 person (2%) said their financial situation had got a little better.

Fig 2: How has your financial situation changed over the last six months?



Most respondents (92%) said their financial situation had worsened over the last six months.

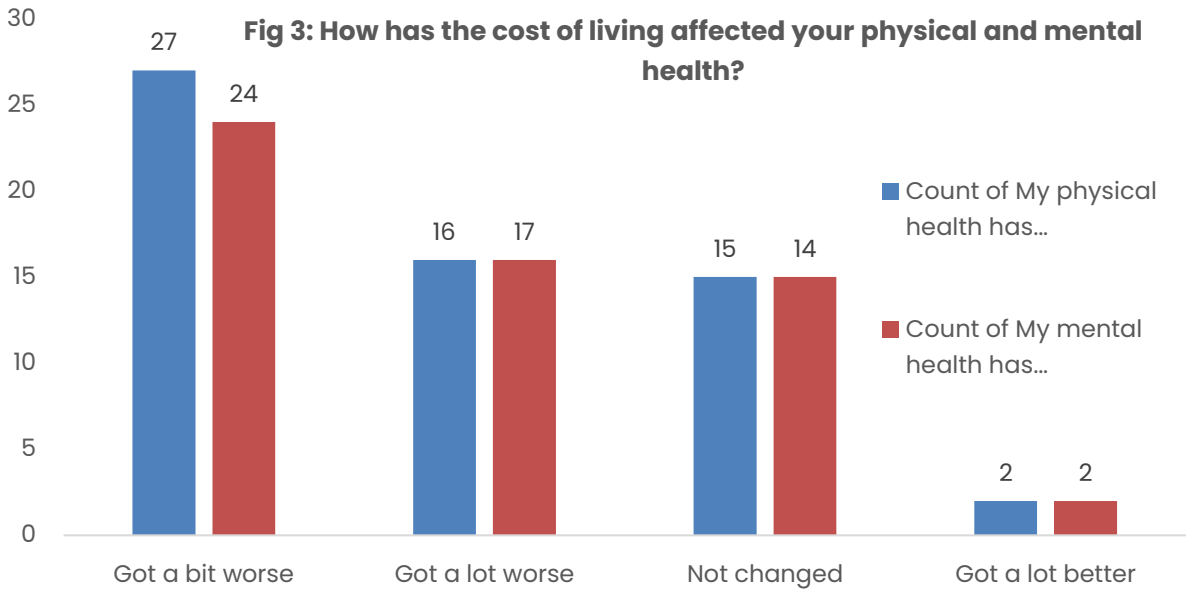
Question 3

We asked people to describe how their physical and mental health had been affected by the cost of living. In relation to physical health, of the 60 people who responded:

- 27 people (45%) said it had got a bit worse.
- 16 people (27%) said it had got a lot worse.
- 15 people (25%) said it had not changed.
- 2 people (3%) said it had got a lot better.

In relation to mental health, of the 57 people who responded:

- 24 people (42%) said it had got a bit worse.
- 17 people (30%) said it had got a lot worse.
- 14 people (25%) said it had not changed.
- 2 people (3%) said it had got a lot better.



Almost three quarters of respondents (72%) said their physical health and mental health had worsened over the last two months.

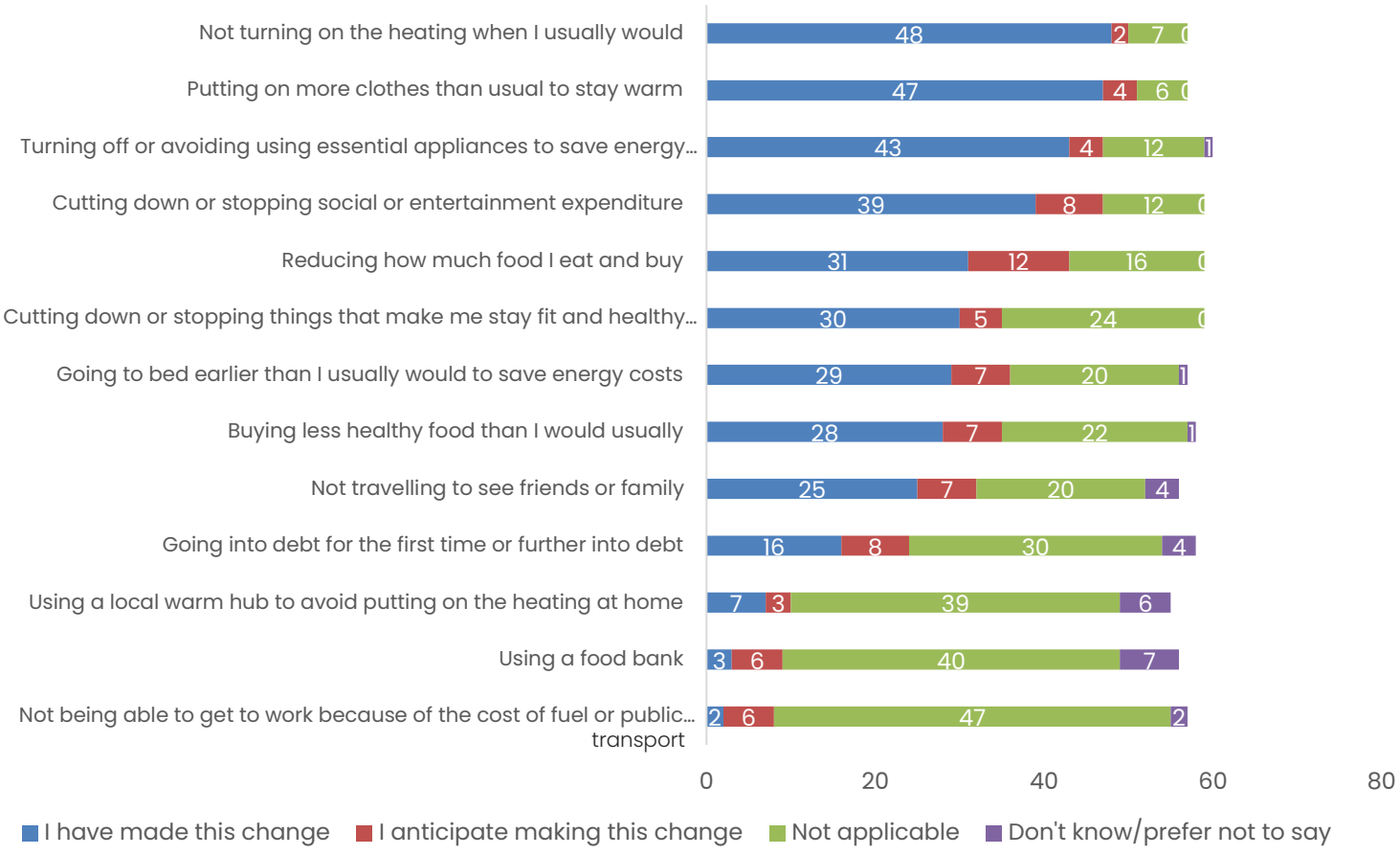
Question 4

We asked people if they had made, or were anticipating making, any changes to their lives because of the current rising cost of living. Of the 60 people who responded to this question:

- 48 people (84%) had made the change to not turn their heating on when they usually would. 47 people (82%) had made the change to put on more clothes to stay warm.
- 43 people (72%) had made the change to turn off or avoid using essential appliances to save energy.
- 39 people (66%) had made the change to cut down or stop social or entertainment expenditure, and
- 31 people (53%) had made the change to reduce how much food they bought and ate.

The results in full are shown in Figure 4 below.

Fig 4: Have you made, or are you anticipating making any of the following changes as a result of the cost of living?

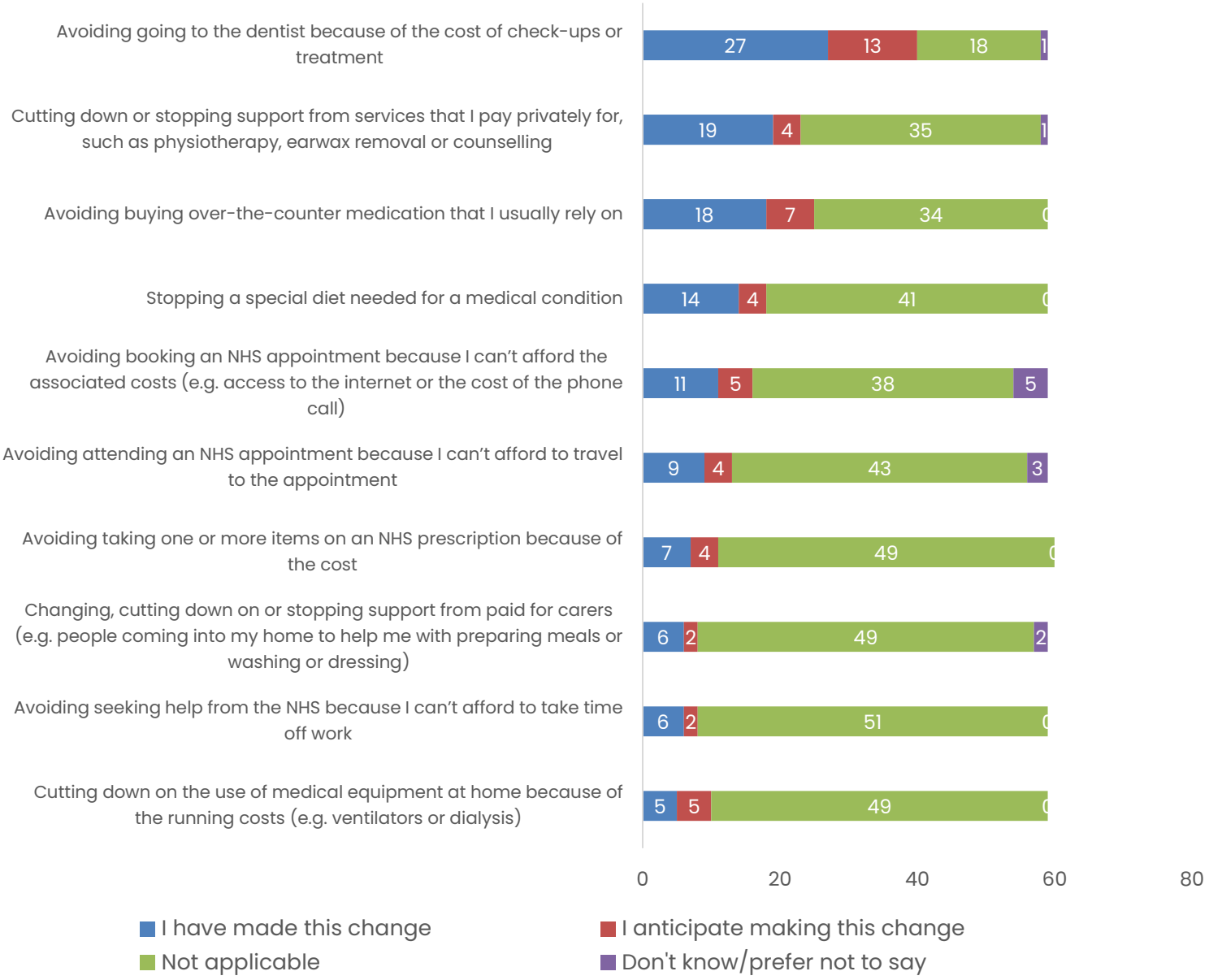


The results set out in Figure 4 show that where applicable, most people have made changes, or are anticipating making changes to their daily lives due to the cost of living.

Question 5

We asked if people had made or anticipated making changes to their health and social care due to the cost of living. 60 people responded to this question as follows:

Fig 5: Have you made or are you anticipating making any of the following changes to your health and social care due to the rising cost of living?



- 27 people (46%) said they are avoiding going to the dentist because of the cost of check-ups or treatment and a further 13 people (22%) are anticipating making this change.

- 19 people (32%) have either reduced or stopped purchasing support services that they pay privately for, such as physiotherapy, earwax removal or counselling and a further 4 people (7%) are anticipating making this change.

- 18 people (31%) are avoiding buying over-the-counter medications and a further 7 people (12%) are anticipating making this change.

- 14 people (24%) have stopped a special diet needed for their medical condition and a further 4 people (7%) are considering making this change.

A small number of people have made changes or are considering making changes that could directly affect their health, such as avoiding booking NHS appointments due to prescription, travel, internet or telephone costs or loss of earnings, cutting down or stopping support from paid carers and cutting down on the use of medical equipment due to running costs.

Question 6

We asked people to specifically consider the changes they have already made to describe the impact they have had on their lives. The results are illustrated in Figure 6 (overleaf). Of the 60 people who responded:

- 44 people (73%) said the changes have had a negative impact on their mental health.

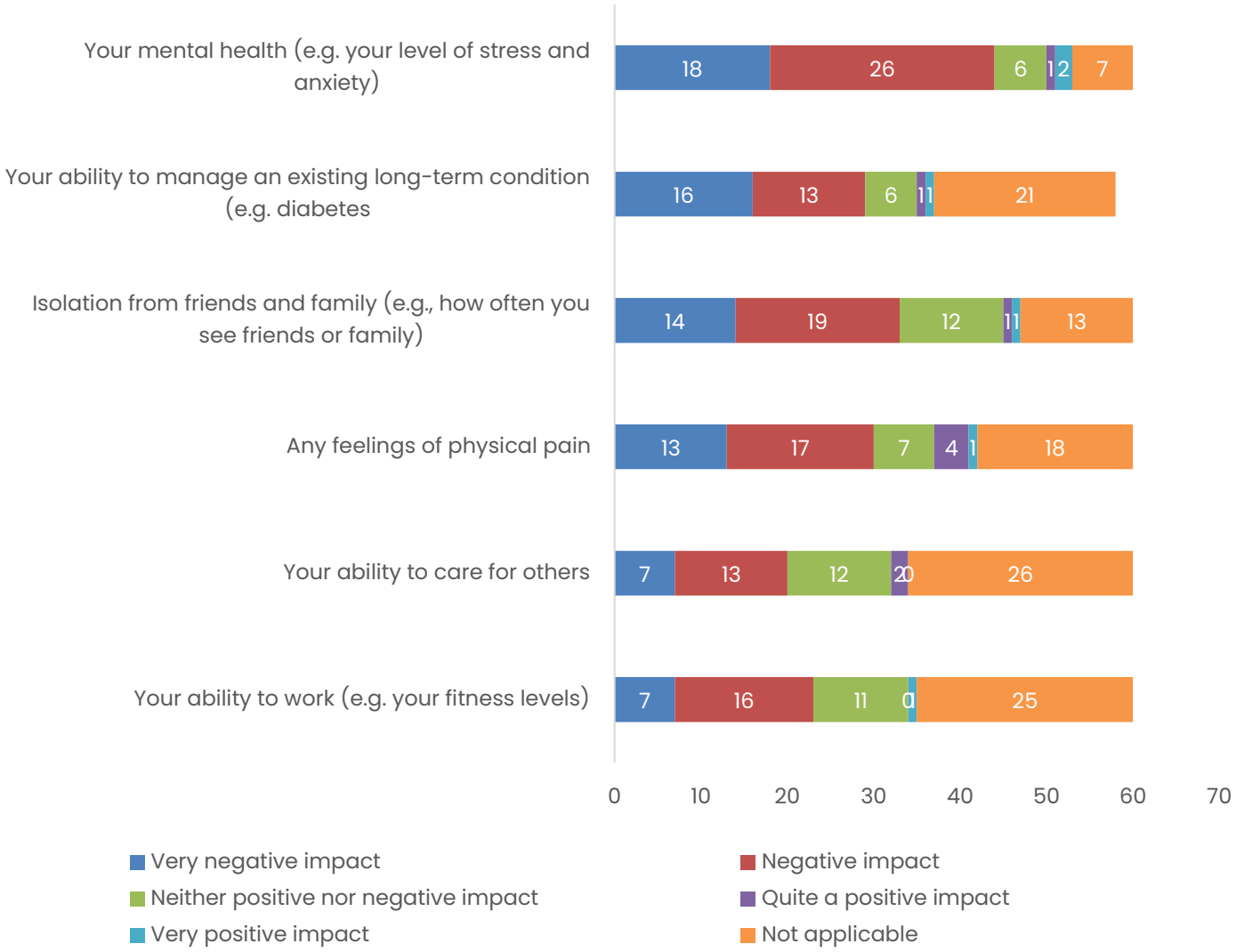
- 33 people (55%) said being isolated from family and friends has had a negative impact on their lives.

- 30 people (50%) said the changes have had a negative impact on their feelings of physical pain.

- 29 people (50%) said the changes they have made have had a negative impact on their ability to manage an existing long-term condition (e.g., diabetes).

- Around a third of respondents also said the changes they had made have had a negative impact on their ability to work and / or care for others.

Fig 6: Thinking specifically about the changes you have already made, what impact have they had on the following areas of your life?



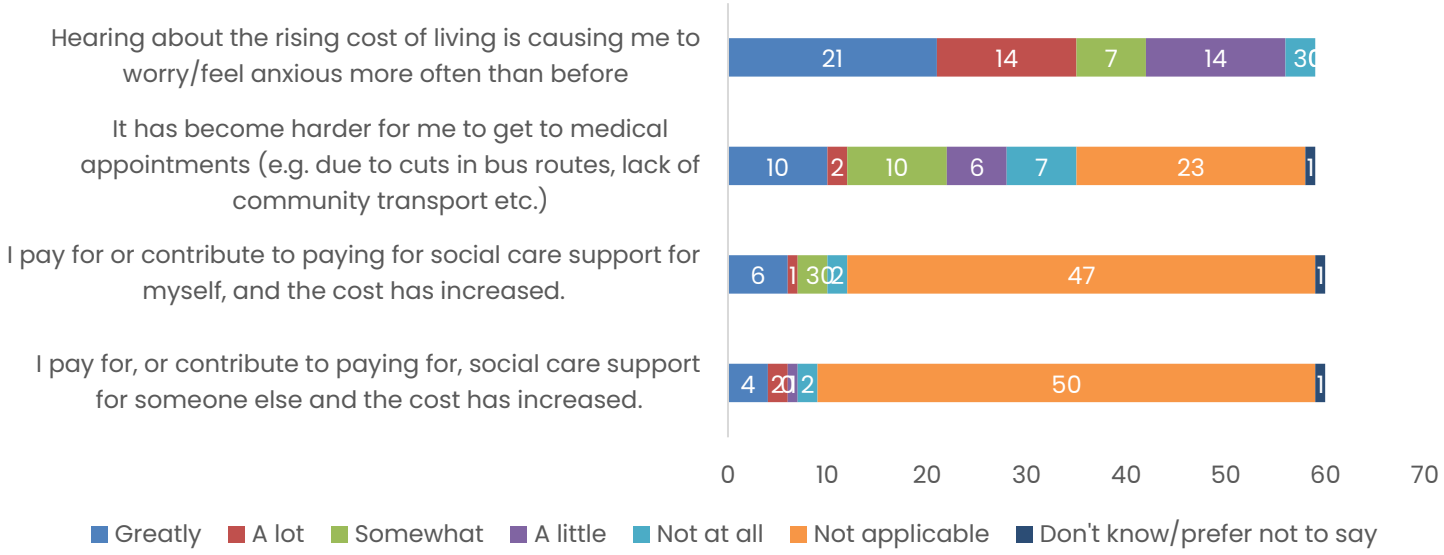
Question 7

We also wanted to know more widely how the cost of living was impacting on people's lives by asking people to respond to the following statements:

- I pay for, or contribute to paying for, social care support for someone else and the cost has increased.
- I pay for or contribute to paying for social care support for myself, and the cost has increased.
- It has become harder for me to get to medical appointments (e.g., due to cuts in bus routes, lack of community transport etc.)
- Hearing about the rising cost of living is causing me to worry/feel anxious more often than before.

60 people responded to these statements as follows:

Fig 7: What other things are impacting on you in addition to any changes you have made? How much do the statements below apply to you?



- Overall, 42 people (71%) have felt more worried or anxious than before, when hearing about the rising cost of living.
- 28 people (47%) have found it harder to attend medical appointments due to issues related to transport and getting there.
- 12 people (20%) who pay for social care services for themselves have experienced a cost increase that has impacted on them.
- 8 people (13%) who pay for social care services for someone else have experienced a cost increase that has impacted on them.

Question 8

We asked people to provide any additional comments about the cost-of-living crisis and the impact it was having on their life and health. 24 people provide a response to this question as follows:

NB. Please be aware that verbatim extracts have been used here to ensure authenticity and the presence of a real public voice. Any featured quotes in this section are therefore not the view or opinion of local Healthwatch.

"7 percent increase in my rent along with everything else. 50 percent increase in income tax on my occupational pension has left me subsidising my income with my savings."
"I work and face a lot of extra costs as a direct result of my disability. I must find money for all these costs because working means I don't qualify for any help despite being disabled, except for PIP which in no way comes close to covering a fraction of the extra costs by disability brings."
"I don't currently have an NHS dentist, CAN'T FIND ONE! I can't get a (face to face) doctor's appointment, I'M NO LONGER ALLOWED TO BOOK ONE! As a stroke survivor on benefits my next step forward would be to join a gym to allow me to properly evaluate my post stroke physical health, CAN'T AFFORD IT!"
"Live in fear of major expense making me go into debt."
"The cost of living is affecting everyone yet those that are in the middle bracket e.g., don't get the benefits as earn that little bit too much but nothing in comparison to the rich people get the worse treatment as there is nothing and they struggle the most. Prescriptions for example are a medical need so to charge nearly £10 an item for something that is essential to people's health and wellbeing is disgusting and not fair. It's not fair as the cost price isn't this, we all know the pharmaceutical market has a high profit margin. Also why do Welsh people get this for free when others don't. The UK should be treated fairly. A cost of £1-2 for everyone is fair and money will still be made. Again, the middle working class are always having to suffer. Poorer regions - The South West being one, need to be given more funding from the government to 'Level Up', you can't make something level if one side has more to start with and then gets the equal amount added e.g., London."
"This 'cost of living' crisis should be re-named 'cost of survival'. It's a cull. Being registered Disabled I already feel a 'burden' to society and treated as such."
"Supermarkets are profiteering."

"I have just been made redundant so my circumstances will get worse."
"At 68 years old I have no life at all. All my money goes on Care Home fees."
"News and media outlets constantly reporting on the COL crisis, impacts my mental well-being negatively."
"I work hard, full-time, and every year I gain more experience / skills in doing my public sector job. Yet, every year I stay in this job I am worse off financially in real terms. There are many, many others in the same or worse situations, which is symptomatic of the huge and increasing inequalities in our society. One can only wonder how long before we see a return to the levels of civil unrest seen in the 1980s."
"My worry is more for my mentally ill son who has been impacted by these things. Loss of Warm Home Discount due to changes in criteria (not informed) and loss of his PIP benefit when everything else costs more. Causing increased anxiety for both him and myself."
"Just like all cutting back where needed more so power bills."
"I miss seeing my grandchildren and daughters, I eat cheap rubbish food, I feel miserable and grumpy, I have to go to work, or I don't get paid, I can't afford to retire."
"Lack of NHS dentists in the area (thanks to Mrs T)."
"Lack of NHS Dentistry has forced me to use a private provider. Their charges have just increased by almost 25%. I'm not sure how much longer I can afford this."
"It has made me increasingly suicidal."
"I can't visit my family as much as I would like to due to the cost of travel fuel This causes me great worry."
"Watching less news and reading less newspaper because of the constant drip-feed of depressing news."
"I remember the austerity years, and now it's worse!!"
"Difficult getting through to doctors. And getting an appointment. Rubbish."

"The unfairness of those on benefits getting all the help."
"Still needing to also but face masks & hepa Air filters, LFT (not using as much as would've as using the free ones still we stockpiled) for family of 5 which should be made available free to anyone vulnerable. We are on legacy benefits so never got the uplift that UC got, which would've helped the extra ongoing Covid costs."

Our Observations

Despite only a small number of people taking part in the survey, the results show that the cost of living is having a significant impact on people's lives and on both their physical and mental wellbeing. Most people who responded had made changes to their lives such as avoiding buying medications or attending medical appointments because of the costs of over-the-counter medicines, medical treatments, prescriptions and transport.

The results for question 5 which show the number of people who have either made changes or are considering making changes that could impact on their health and wellbeing are concerning, as many have either stopped paying, or thinking of stopping paying, for treatments and services that help them to stay well. This change could potentially have a negative impact on their health and wellbeing in the future.

Due to a high percentage of respondents who are avoiding or considering avoiding dental checkups and treatment due to costs, this could result in dental problems being left undetected and / or untreated, which could lead to further problems down the line and potentially higher costs for the patient.

We want to reassure people that they are not alone, and that support is available to those who are struggling with the cost of living. Healthwatch England have published information to help people to Look after your health during the Cost-of-Living crisis which contains links to organisations who can offer advice, information and support.

Next Steps

Healthwatch in Devon, Plymouth and Torbay will continue to monitor patient and public feedback and report the findings to those how plan and deliver health and social care services in Devon to inform service delivery and change.

Recognition

Healthwatch in Devon, Plymouth, and Torbay would like to thank everyone who took the time to complete the survey and give their feedback.

Appendix 1

Demographic Information

Fig 8: Gender breakdown

Woman	76.67%	46
Man	23.33%	14
Non-binary	0.00%	0
Prefer to self-describe [please specify]	0.00%	0
Prefer not to say	0.00%	0
Not known	0.00%	0

Fig 9: Age breakdown

0 to 12 years	0.00%	0
13 to 15 years	0.00%	0
16 to 17 years	0.00%	0
18 to 24 years	0.00%	0
25 to 49 years	25.00%	15

50 to 64 years	40.00%	24
65 to 79 years	31.67%	19
80+ years	1.67%	1
Prefer not to say	1.67%	1
Not known	0.00%	0

Fig 10: Number of dependent children living in the household.

None	71.67%	43
1-2	25.00%	15
3-4	1.67%	1
More than 4	0.00%	0
Prefer not to say	1.67%	1

Fig 11: Other adults living in the household.

I'm the only adult (18 or over)	26.67%	16
My partner only	48.33%	29
I live with other adults who are not related to me and who are not my partner (e.g., co-tenants)	3.33%	2
I live with members of my family (e.g., parents, siblings, and other relatives)	15.00%	9
I live with my partner and other adults	3.33%	2
Prefer not to say	1.67%	1
Other (write-in)	1.67%	1

Fig 12: Sources of income

Wages/salary	41.67%	25
Income from self-employment	10.00%	6
Disability benefits (e.g., Attendance Allowance or Personal Independence Payments)	28.33%	17
Means-tested benefits (e.g., Universal Credit, Tax Credits, Housing Benefit, Pension Credit)	18.33%	11
State retirement pension	28.33%	17
Other benefits	0.00%	0
Student loan	0.00%	0
Occupational/private pension	26.67%	16

Prefer not to say	3.33%	2
Other (please specify)	0.00%	0

Fig 13: Do you consider yourself to be a carer?

Yes, I consider myself to be a carer	20.00%	12

Fig 14: Do you consider yourself to have a disability?

Yes, I consider myself to have a disability	36.67%	22

Fig 15: Do you consider yourself to have a long-term condition?

Yes, I consider myself to have a long-term condition	40.00%	24

Fig 14: Ethnicity breakdown

White – British	95.00%	57
White – Irish	1.67%	1
White – Gypsy / Traveller / Irish traveller	0.00%	0
White – Other	1.67%	1
Asian or Asian British – Indian	0.00%	0
Asian or Asian British – Pakistani	0.00%	0
Asian or Asian British – Bangladeshi	0.00%	0
Asian or Asian British – Chinese	0.00%	0
Asian or Asian British – Other	0.00%	0
Black or Black British – Caribbean	0.00%	0
Black or Black British – African	0.00%	0
Black or Black British – Other	0.00%	0
Mixed / Multiple – White and Black Caribbean	0.00%	0
Mixed / Multiple – White and Black African	0.00%	0
Mixed / Multiple – White and Asian	1.67%	1
Mixed / Multiple – Other	0.00%	0
Arab	0.00%	0
Another ethnicity	0.00%	0
Prefer not to say	0.00%	0

Contact us

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Registered Charity No: 1153450

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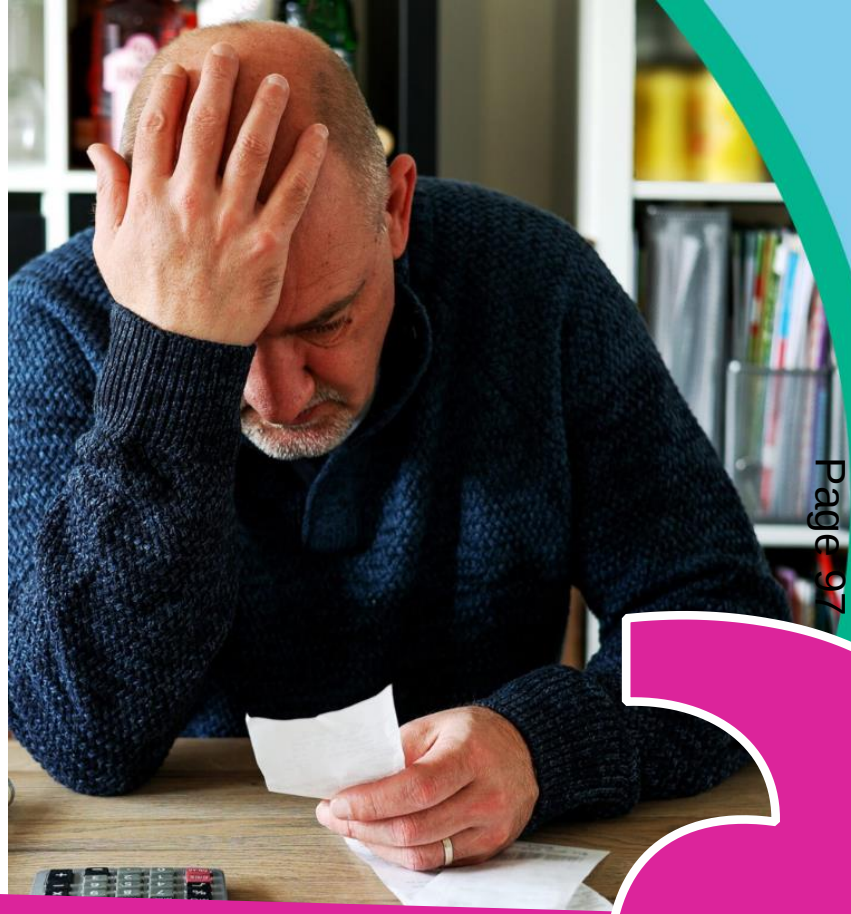
healthwatch
in Devon, Plymouth and Torbay

The Cost of Living and the Impact on People's Health and Wellbeing

July 2023

A Summary of the National and Local Findings



What Healthwatch England did

Healthwatch England heard through the local Healthwatch network that the cost of living was having an impact on people's health and on their use of health and care services.

To understand the scale and nature of this impact Healthwatch England decided to run a poll in four waves between October 2022 and March 2023.

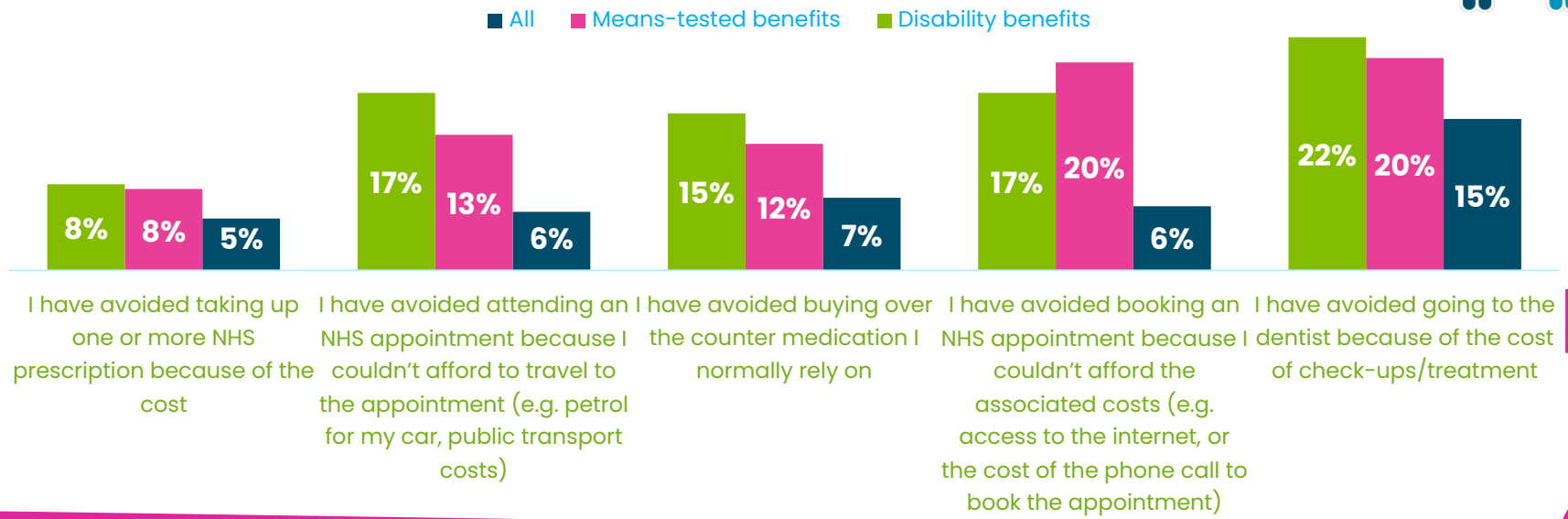
The aim of the poll over time was to find out:

- What impacts people anticipate the cost of living will have on them
- What impacts people are already experiencing as a result of the rising cost of living
- And how the rising cost of living will affect how people interact with health and care services and how they take care of their health and wellbeing.

What Healthwatch England found

That people who are disabled, on means-tested benefits or aged 18-24, are more likely to avoid vital health services due to the fear of extra costs.

Figures for people on disability and means-tested benefits, wave 4*



*based on a poll of 2000 adults in England

What Healthwatch England found

That people are increasingly avoiding vital health and care services due to the fear of extra costs, such as:

- going to a dentist because of the cost of checks ups or treatment
- booking an NHS appointment because they couldn't afford the associated costs, such as accessing the Internet, the cost of a phone call
- buying over the counter medication that they normally rely on
- taking up one or more NHS prescriptions because of the cost.

"I can't get a GP appointment. The highest I have ever got in the telephone queue is number 11, so I gave up in the end as it was costing me a lot of money on my telephone bill and I am a pensioner. All I want is a referral to an audiologist as I am losing my hearing."
- Sandra, Wolverhampton

Healthwatch England's Recommendations

Healthwatch England recommend that:

Primary care teams make people who need medication aware of pre-payment options

Dentistry teams offer check-ups based on individual need, to free up more NHS slots

More people are made aware of the Healthcare Travel Cost Scheme (HTCS)

"I've had to have lots of hospital visits lately because of being diagnosed with leukemia. I eventually decided to ask for help with petrol costs as I am on benefits. It's 20 miles to hospital and 20 back. I was given £4.60!! For 40 miles! In about 2 months I had about 10 appointments and had to pay a lot more than this in petrol money." - **Gill, Norfolk.**

What we did in Devon, Plymouth and Torbay

Following Healthwatch England's publication of their interim findings, in relation to the cost of living and the detrimental impact it is having on people's decisions about their own health and wellbeing we wanted to know if the cost of living was having an impact on people in Devon, Plymouth and Torbay and if so, in what way.

We asked people what changes they were thinking of making, what changes they had already made, and what impact the changes were having on their lives.

60 people responded to the survey and the survey ran throughout March to May 2023.

What we found

- Almost half of respondents (46%) said they have avoided going to the dentist because of the cost of check-ups or treatment and almost a quarter (22%) said they are anticipating this.
- Almost a third of respondents (32%) have cut down or stopped support from services that they pay privately for, such as physiotherapy, earwax removal or counselling.
- Half of respondents (50%) said that changes they have made because of the cost of living have negatively impacted on their ability to manage an existing long-term condition.
- Almost three quarters of respondents (73%) said the changes they have had to make due to the cost of living have negatively impacted on their levels of stress and anxiety.

What people in Devon, Plymouth and Torbay told us

"Lack of NHS Dentistry has forced me to use a private provider. Their charges have just increased by almost 25%. I'm not sure how much longer I can afford this."

"My worry is more for my mentally ill son who has been impacted by these things. Loss of Warm Home Discount due to changes in criteria (not informed) and loss of his PIP benefit when everything else costs more, causing increased anxiety for both him and myself."

As a stroke survivor on benefits my next step forward would be to join a gym to allow me to properly evaluate my post stroke physical health, CAN'T AFFORD IT!"

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"Live in fear of major expense making me go into debt."

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To find out more

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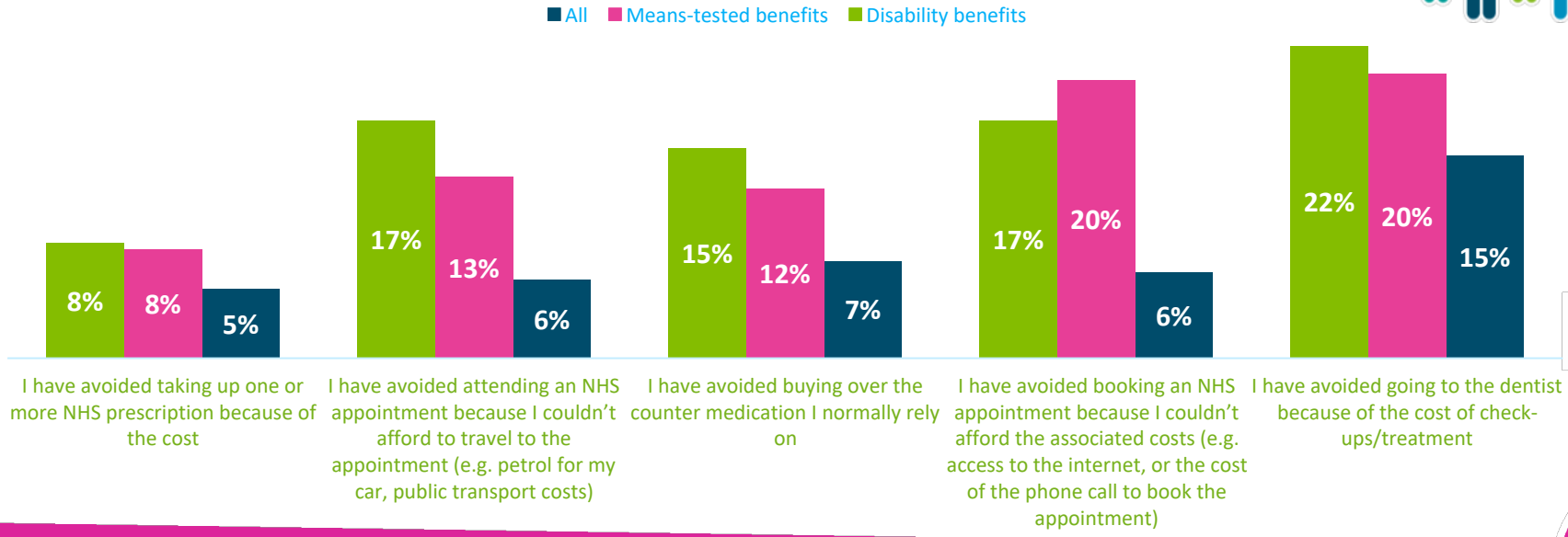

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#your voice counts

Health and Wellbeing Board

Date of meeting:	14 September 2023
Title of Report:	**Cost of Living**
Lead Member:	Councillor Sue Dann (Cabinet Member for Customer Services, Sport, Leisure and HR and OD)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Rachel Silcock
Contact Email:	Rachel.silcock@plymouth.gov.uk
Your Reference:	N/A
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

To present the Cost of Living Plan that Plymouth City Council and partners have developed, published on August 23rd 2023, in response to the cost of living crisis that is affecting the City's residents.

Recommendations and Reasons

It is recommended that Health and Wellbeing Board note the Cost of Living Plan:

The impact of Covid-19 and the economic downturn, on top of more than a decade of austerity alongside historically high levels of deprivation, have led to a cost of living crisis in Plymouth.

As the cost of living increases, disposable income reduces and more households start to face serious choices around heating, eating and debt. Even when inflation falls, we are left with a gap between income and outgoings which will leave many people in the city with little or no disposable income potentially for years to come. The cost of financial exclusion is high, both to households affected and to society; poverty is such a strong determinant of future health and wellbeing, and reaches across into so many areas of lives. Even a relatively short term issue (such as over the winter) can have a lasting impact on finances; especially if debts are incurred with high interest rates.

The newly elected Labour City Council took action immediately following the May Election and pledged to develop a Cost of Living Plan within 100 days of coming to office

The plan is a City Plan and not just a Council Plan and builds on all of the fantastic work that is being done in the city to ensure that we provide as much support to the people who need it over the next few months. The development of the Cost of Living Plan has been really closely informed by those organisations who are already supporting people in need. In addition to working with these groups, we also sought to get wider support across the city, and had more than 85 individuals from nearly 70 organisations join us for a Cost of Living Workshop to develop the plan, share ideas, and importantly offer support.

Even before the plan was in place, a new 'Free Things to do in Plymouth' page was promoted widely at the start of the summer holidays which has been very popular and is being added to all the time.

The Plan was launched on August 23rd 2023, less than 100 days from the new Labour Administration taking office, with a refreshed online Cost of Living Hub and a hard copy leaflet that has been distributed across the city in Council and Community venues.

During the autumn and winter we will regularly update the plan and will produce timely campaign materials to promote initiatives over the next 100 days and beyond including help for children going back to school, information on benefit entitlements, help with energy & food costs and promoting 'Welcoming and Warm Spaces' coming up to winter. There is a full campaign plan in place to support communication through the council and its partners as different themes are promoted.

Ultimately, the plan will develop into a wider anti-poverty plan to start reversing the inequalities that have risen under the last 13 years of austerity and the recent cost of living crisis.

Alternative options considered and rejected

To not have a cost of living plan. If the City Council was to fail to respond to the cost of living crisis, this would have a detrimental effect on both individual residents' personal circumstances and the City's economy. The cost of financial exclusion is high, both to households affected and to society. It impacts on general wellbeing and is closely related to poverty and social exclusion.

Relevance to the Corporate Plan and/or the Plymouth Plan

The work described in this paper to develop a Cost of Living Plan supports the City's aim to be fair, by promoting a fairer society and better opportunities for all residents. The plan is also part of the Council's collaborative approach, working with partners to ensure we use our collective resources to address the issues facing residents

Implications for the Medium Term Financial Plan and Resource Implications:

There is an allocation of £25,000 in the revenue budget to support the work of the Cost of Living Working Group, specifically to build on the existing Cost of Living Crisis webpage to ensure that all available financial support is clearly signposted and promoted.
There is an allocation of £25,000 in the revenue budget to support the work of the cross-party Cabinet Advisory Group on Child Poverty, to be used to allow Plymouth City Council to build on its existing active commitment to tackling child poverty
Further funding may come from schemes such as the Government's Household Support Fund which is £4.5m in 2023/24.
Otherwise the plan will use existing staff resources and budgets, for example, to ensure there is improved visibility of all the benefit entitlements and discounts available to residents of the City

Financial Risks

None

Carbon Footprint (Environmental) Implications:

One of the areas addressed by the plan is increased awareness of home energy efficiency measures which will improve the carbon footprint of the housing stock in the city. The plan also promotes low cost public transport options such as the current £2 cap on single bus fares and cycling

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

The plan will be delivered in partnership with the Child Poverty Action Plan and supports the implementation of this Plan to reduce child poverty in the City

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	**2**	**3**	**4**	**5**	**6**	**7**
A	Tackling the Cost of Living in Plymouth							
B	Equalities Impact Assessment							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	**2**	**3**	**4**	**5**	**6**	**7**

Sign off:

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Originating Senior Leadership Team member: Ruth Harrell

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 23/08/2023

Cabinet Member approval: Councillor Sue Dann (Cabinet Member for Customer Services, Sport, Leisure and HR and OD)

Date approved: 31/08/2023

Cost of living

Help IN Plymouth

Tackling the Cost of Living in Plymouth

PLYMOUTH CITY COUNCIL

Foreword

During the run up to the election, time and time again we heard from voters that the cost-of-living crisis was hitting people in the city hard.

On top of energy, food and fuel prices, mortgages have jumped hugely since the disastrous budget last year – and this has had a knock on effect on rental costs too.

More people than ever before are needing crisis support, and record numbers of people are needing support just to keep a roof over their heads, with more households in temporary accommodation.

Parents are going without food themselves so that they can make sure their children are fed; and the Government's own figures shows that of the 20 per cent of children are living in low income families, with nearly three quarters of them in households that work.

Working people are paying the price of this national crisis – working hard, paying more and getting less.

One of our first actions when we took control of the Council was to convene a working group to bring together all of the resources across the city that could be used to support people; whether this is helping them to access the support that they are entitled to, or signposting them to free and fun activities, many of which have been available to families across the summer holidays.

So many partners across the city have joined with us, and this, the resulting Cost of Living Plan, would not have been possible without their support.

We may not be able to change the economic, social and political conditions that have led to this cost of living crisis, but together, across our city, we can support each other through it.

Councillor Sue Dann
Cabinet Member with responsibility for the Cost of Living Plan

The Cost of Living Crisis

The impact of Covid-19 and the economic downturn, on top of more than a decade of austerity have led to a cost of living crisis across England. This is being felt particularly in Plymouth, where there are areas with high levels of deprivation, and where wages are below the national average.

As the cost of living increases, disposable income reduces and more households face serious choices around heating, eating and debt. With recent increases in mortgage rates, just the costs of keeping a roof over your head have also increased; the vast majority of households are impacted by this cost of living crisis.

Even when inflation falls, we are left with a gap between income and outgoings which will leave many people in the city with little or no disposable income, potentially for years to come.

The cost of financial exclusion is high, both to households affected and to society. Poverty is a strong determinant of future health and wellbeing, and reaches into so many areas of lives. Even a relatively short term issue (such as over the winter) can have a lasting impact on finances; especially if debts are incurred with high interest rates. All of these concerns, with people facing stark choices between different competing costs, has a very significant impact on mental health and wellbeing.

Plymouth has very strong community, voluntary and social enterprise sectors, and there has been close engagement between these groups and the Council for many years. The development of Wellbeing Hubs and initiatives such as Plymouth Energy Community and Food Plymouth (with the Food Aid Network) are just some examples of these strong collaborations.

The development of the Cost of Living Plan has been really closely informed by those organisations who are already supporting people in need. In addition to working with these groups, we also sought to get wider support across the city, and had more than 80 organisations join us for a Cost of Living Workshop to develop the plan, share ideas, and importantly offer support.

The result of this is Plymouth's Cost of Living Plan.

This has informed our Cost of Living Hub, which has been newly designed and updated with a wide range of information.

The plan focusses on the next three months in terms of key priorities and offers of support. However, we all recognise that the Cost of Living crisis will not be over within this time and so the Cost of Living Hub will continue to be

updated, and new or continuing work streams will be developed as required as part of our overall aim to reduce levels of poverty in the city.

Cost of living Help IN Plymouth

Plymouth's Cost of Living Action Plan

People in our city are struggling to meet their basic needs due to the cost of living crisis. This is likely to impact more and more of us, as the impact of increased interest rates cuts even deeper.
We are a city that cares for each other. This is our city-wide Cost of Living Plan to help the people of Plymouth through this crisis.

Offers and Discounts

There are a huge range of offers available to the people of Plymouth, whether you are looking for fun for free over the summer holidays, or to learn a new skill. We want organisations across the city both to offer discounts or fun for free, and to work with us to promote all of these opportunities to the people that need them.

Making the money go further

We want to support people to make the money go further. This might be access to good quality financial advice, low cost ways to save money, home improvements to lower energy costs. It includes support for people to find and remain in work – and to access training. And it also includes helping people to access the benefits that they are entitled to.

Crisis Support

If people are in crisis, or are close to it, they need support urgently.
They may need food, warmth, clothes, white goods or they may need help in managing their finances and tackling their debts.
They might need someone to talk to and support with their mental wellbeing.
We want to help people when they need it most, but also support them in getting their finances and other challenges back on track.

Asks of Government

There are some things that we might want to see happen in Plymouth that require the Government to support us. This might be new initiatives, or about how we manage or operate current ones.
There may also be elements of government policy that we might hope to see changed.

Partnerships, Co-ordination and Communications

www.plymouth.gov.uk/costofliving

Cost of living Help IN Plymouth

Offers and discounts

There are many activities across the city that are either free, or have reduced costs if you are on certain benefits. Being able to enjoy a day out now and then, without breaking the bank, is a great way to support your health and wellbeing and give you a welcome break from worrying about money.

Fun for free

Fun and relaxation are still important – perhaps even more so in a cost of living crisis. We have developed a list of free events and activities, aimed mainly at families over the summer holidays, to promote fun for free. This will be updated as we hear of new events across the city.

Concessionary discounts

We will review all of the services that Plymouth City Council is involved in delivering and consider whether the concessions that are offered are sufficient. Where there are concessions, we will consider how best to advertise them and to make sure that they are easy to access and not stigmatising. We will ask others to do the same.

Employee discount

We know that most of the larger employers across the city offer employee discounts. We will review our own offer, and how we ensure that our own employees who might not have access to a computer get to use these offers. We will ask other employers to do the same; especially where they have a large proportion of staff classed as being in 'routine and manual' roles.

Help with Childcare Costs

We will work with partners to promote the Government's scheme around help with childcare costs, but also to help Plymouth develop a larger supply of affordable childcare. All families with children aged 3 and 4 can access 15 hours of free childcare a week and others may be eligible for more

Transport costs

Plymouth and its surrounding areas offer lots of opportunities to get out and about, promoting wellbeing. We will promote the range of travel cards and other discounts available to certain groups – including the £2 cap scheme which caps any child or adult single trip anywhere on the Citybus network to just £2, and the Student Bus discount. For example, many people know that there is a student railcard, but there are also railcards for the over 60s, Veterans, any two named adults when they travel together, and a Devon & Cornwall Railcard for journeys in the two counties. To promote healthy travel, Social Prescribers in GP practices can give out free Beryl Bike vouchers.

Healthy Start

If you are more than 10 weeks pregnant or have a child under 4 and receive certain benefits, you may be able to access Healthy Start. This helps you to buy healthy foods and provides you and your child with vitamins. Uptake of this scheme is low, and we will develop a campaign working with partners to increase this uptake.

Students and Young People

There are a range of ways in which colleges and universities support their students and we will work with them to enhance and promote these, for example we are launching a Veg Box scheme with Plymouth University. Plymouth City Council recently agreed to review all of its activities to ensure that care experienced young people were given as much support as possible to combat the disadvantage they currently experience.

Cost of living Help IN Plymouth

Making the money go further

When money is tight, there are many ways in which we can help to make the money that we do have stretch that little bit further.

Energy Costs

The cost of heating our homes in Plymouth is expensive. Working with Plymouth Energy Community, there is help available to keep your energy costs down, whether through better tariffs or energy efficiencies in the home. The Council has secured £20 million for retrofitting the city housing stock which will help reduce the everyday heating and energy costs.

Managing Money

Local banks will work with Citizens Advice to promote early advice for people getting into debt, for example with increased mortgage payments. Promoting local banks' financial education workshops and the 'Let's Talk Money' guide for talking to children in schools. We will also promote helpful websites such as The Money Helper which joins up money and pensions advice, making it quicker and easier to find the right help. It brings together the support and services of three government-backed financial guidance providers: the Money Advice Service, the Pensions Advisory Service and Pension Wise. There are links to online tools and advice about a huge range of topics, including banking, credit, pensions and savings.

The 'Worrying About Money' leaflet is distributed in hard copy across the city.

Digital skills

Digital skills are becoming more and more essential, from accessing services and support, to searching out the best offers and deals on goods and services. The Council will run digital skills boot camps for 200 people to improve digital skills, helping people reduce their costs by teaching people how to use cost comparison website and improve their budgeting skills.

Buy with Confidence scheme

Where you do have a large expense, perhaps car repairs or work done on the home, you need to be sure that the tradesmen are reliable and honest. Buy with Confidence provides you with a list of local businesses which have given their commitment to trading fairly. Every business listed has undergone a series of detailed checks by Trading Standards before being approved as a member of the scheme.

Working with Employers

Business Ambassador Summit. Using the Plymouth Charter, the Council will deliver a summit on the business benefits of being a good employer, e.g.

through offering flexible work, diversity and paying the living wage. The summit will target 100 businesses to agree to be ambassadors and commit to championing good employer practices within the business community, business benefits of better jobs.

New 1000 club

Young people in the City who are not working or on a training programmes (NEET) are particularly effected by the cost of living crisis and long-term scaring effects of youth unemployment are well documented. The Council will support 1,000 young people through supported employment opportunities to transition into paid employment i.e. apprenticeships, supported apprenticeships, supported internships, work experience and volunteering placements etc.

Benefit Uptake

Where people are entitled to receive benefits, they should be receiving them. We will look at those benefits where we know the take up is low and produce targeted campaigns to target those who might be eligible. We will also consider where people's circumstances may have changed and promote the relevant support. We will also promote tools such as the Citizen's Advice benefits checker, which can be used to check your own benefit entitlement. Citizens Advice also provide the Universal Credit 'Help to Claim' service that includes telephone and web chat help

Stop smoking: Improve your health and your budget

Stopping smoking is one of the best things that you can do for your health and it's also good for your pocket. One You Plymouth offers face to face or telephone appointments, and will help you to cut down or stop altogether.

Promoting reuse schemes

There are a wide range of organisations and networks in the city that offer second hand goods at a much reduced price, or can help to repair damaged items. We will offer a space for these to be promoted through our Cost of Living Hub. This is not only good for the budget but for the planet too!

Grow, Share, Cook, Food is Fun and Fit and Fed

Working with Food is Fun and Tamar Grow Local, we will promote the wide range of classes and groups available to support people in accessing healthier foods, which might include growing your own, and in preparing healthier meals on a budget. We will continue to offer holiday food and fun for children with our 'Fit and Fed' programme for families on low incomes, as well as park events for all residents

Welcoming Spaces
We will continue to offer our Welcoming Spaces this winter which offer safe, warm, places for people to come and simply be without the expectation of spending money.

Skills trading and volunteering
We will encourage people to help each other. This could include a skills trading platform and subsided handyman service.

Skills Launchpad Plymouth
We are planning to expand our Skills Launchpad Plymouth to include support for over 50s, veteran and military service leavers, and young people not in education or training.

Cost of living Help IN Plymouth

Crisis Support

For some people, there is a need for clear and rapid help. They are either in a crisis already, or know that they are rapidly getting to that stage.

Comprehensive financial support

We will work with organisations across the city, including banks, to ensure there is a joined up and comprehensive offer and advice. This will include tailored services for young people and specific mortgage advice for those that need it. We will promote these services so people know where to access them.

Housing support

Our Community Connections team can provide support for people at risk of becoming homeless. Discretionary Housing Payments may be available if currently receive either Housing Benefit or the housing element of Universal Credit and you need more financial support with housing costs.

Utility bills

We will signpost you to how to reduce the costs of utility bills if you are in crisis. For example, 'social tariffs' are available for broadband and phone packages, and Virgin Media offer a National Databank like a foodbank but for free mobile data, texts, and calls.

Provide advice to avoid scammers

We will ensure people are aware of what to look to avoid them to become victims of scams. This will include promoting the Trading Standards campaigns.

Support for people to stay in work

We know that it can be very difficult to stay in work if you have health problems. Working with the DWP and SEETEC we will signpost people to schemes which can help them to get the right support to stay in work.

Help people who are seeking work

We will promote the range of help available to those that looking for work including volunteering, job seeking and interview skills.

Mental Health support

Mental health can suffer when money is a worry. We will promote the Five Ways to Wellbeing and a range of opportunities to engage in those. We will ensure that people are signposted towards services that can help them such as QWELL is an online digital mental health support offer for adults (18+). It offers activities, content and a peer support community with self-articles, forums and discussions boards that are monitored by medical experts.

Cost of living Help IN Plymouth

Advice in communities

We have been increasing the number of Wellbeing Hubs across the City and working closely with the social prescribers in Primary Care. Wellbeing Hubs and social prescribers can help with a whole range of issues including financial problems, housing and mental health. Citizens Advice Plymouth are training volunteers to give advice in some Wellbeing Hubs and Children's Centres/Family Hubs and we will continue to increase access to advice in this way. We will also continue to work towards advice being available in venues such as Food Clubs and Community Larders

The network of Wellbeing Hubs can be found on Plymouth Online Directory.

Food Support and Pay it Forward

We are working with the food support organisations to develop citywide access to emergency food and then ongoing food support through food clubs and social supermarkets, which we will combine with other help and advice. We will encourage local food businesses and charities to operate a 'pay it forward' system so that people can pay for someone in need and promote it widely.

Asks of Government

We will ask the Government for:

Funding to create a pilot Green Trades Business centre in Plymouth.
This funding will be used to address the issue that there are not enough skilled trade people in the supply chain to improve housing and business stock. The Green Trades Business Centre would enable a space for peer-to-peer learning and specialist on-site training provision, focusing on upskilling the building trades and supply chains needed to reduce energy use. This would create a cluster of SMEs and trade-based businesses who can:

- Install and retrofit better insulation
- Install and service wind generation, air source pumps, solar panels and domestic batteries
- Install domestic electric vehicle points

Flexibility around adult education skills budget
Flexibility would enable us to better use this budget to improve career progression and employability of our workforces so they can get better paid jobs.

Household Support Fund
Provide a long term commitment to the Household Support Fund (years not months). Or, replace the Household Support Fund with the return of the social / welfare funding with a long term budget commitment.

PIP waiting times
DWP review PIP waiting times so people have access to the right financial support for their disability.

Benefit deductions
Deducting benefits at unaffordable rates further reduces the ability of low-income families to cope with rising costs of living. We would ask that the cap on total deductions should be lowered to 15 per cent.

Partnerships, Co-ordination and Communications

Partnerships

We will continue to develop, support and participate in the partnerships that are making a difference across Plymouth. Longer term actions in the plan will be picked up as part of our longer term approach to tackling poverty in Plymouth.

Physical spaces

Physical spaces, such as our Wellbeing Hubs, Children's Centres and many partners' spaces offer their local populations a wide range of services and support, as well as being welcoming places for people to come and join in with their community. We will seek to widen awareness of the support that is available to people, including physical spaces and what they offer, especially with partners who may be in contact with people who might benefit.

Communications

We will ensure that we communicate across a broad range of media including online, through social media, hard copy posters and leaflets and local press. We will work with all of our partners across the city to promote the cost of living hub and ensure frontline workers are able to signpost people to help.

Cost of living Help IN Plymouth

Longer Term Plans

Alongside the immediate goals we have also set out some long-term plans to provide ongoing support to our residents.

Jobs and Skills
Promoting good quality jobs and skills to people in work and seeking work will continue to be a key priority, working with employers and organisations such as Plymouth Social Enterprise Network

Food Co-ops
We will set up an additional five food clubs or food co-ops by 2024. We will also support the establishment of a Food Buying Collective CIC that will be a co-operative approach to securing cheap, good quality food.

Youth Investment Funds
We will work hard to secure funding into the city such as through the Youth Investment Funds. We will focus on young people with special educational needs or from disadvantaged communities, to reduce the impact of the COL on these groups.

Shared Prosperity Fund
We will ensure that the community call for over £500k of Shared Prosperity Funding helps address the cost of living and helps those most in need.

Social Housing Decarbonisation Fund
We have partnered with Plymouth Community Homes and LiveWest to secure funding to improve the energy efficiency of social homes in Plymouth. The money will be spent on upgrading 725 social homes in the city bringing properties below EPC C up to this standard. This will contribute towards more warm, energy-efficient homes, reducing carbon emissions and fuel bills, tackling fuel poverty, and supporting green jobs.

Business Summit
We will work with Champions from the 340 Charter signatories, to use a Summit of 100 Charter Champions and business leaders, to agree a campaign focussed on giving everyone the chance to maximise their income while balancing work and life. The campaign will be supported by national experts and pilot new approaches that will be nationally significant in improving productivity, social mobility and work-related wellbeing.

Childcare Campaign
We will run a campaign to recruit more people to childcare services to ensure a supply of good quality childcare in the city. This will enable more parents to return to work should they wish to do so.

Apprentice Levy Funding

We will be exploring ways of how the Council and other large businesses can spend all of their Apprenticeship Levy Funding so it is not handed back to the HM Treasury.

Cost of living Help IN Plymouth

Partners

With thanks to our key partners and all the organisations that attended our Cost of Living workshop.

Citizens Advice Plymouth
Plymouth Energy Community
Food Plymouth
Transforming Plymouth Together
Improving Lives Plymouth
Four Greens Community Trust
Plymouth Argyle Community Trust
Food is Fun
Plymouth Food Aid Network
Plymouth Children in Poverty
Department for Work and Pensions
Plymouth Hope
Oasis Project
Hamoaze House
Shekinah
Plymouth Racial Equality Council
Plymouth Active Leisure
Elder Tree
Plymouth Community Homes
Jobcentre Plus
Barnardo's
Livewell Southwest
Seetec Pluss
Thrive Network Plymouth
HSBC
Santander
Provide Devon
Healthwatch
Wolseley Trust
Devon & Cornwall Food Action
Age UK
Community Builders
Co-op
Kintsugi Project Stonehouse
Keyham Green Places
On Course South West
Plymouth Soup Run
Redeemer Church
Devonport Help a Neighbour
Trussell Trust
YMCA
Discovery College
The Stoke Village Hub
Plymouth Waterfront Partnership
Plymouth Scrapstore
POP
Plymouth RC Diocesan Trust
Borrow Don't Buy
Lark Children's Centre
Qwell
Plymouth Chronicle
Pause Plymouth
Grow Plymouth
Growing Resilience
ProActive
ReThink
MIND
Path
Red Cross
St Luke's Hospice
University of Plymouth
University of Exeter

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EQUALITY IMPACT ASSESSMENT – [COST OF LIVING ACTION PLAN]

SECTION ONE: INFORMATION ABOUT THE PROPOSAL

Author(s): This is the person completing the EIA template.	Rachel Silcock	**Department and service:**	Department of Public Health	**Date of assessment:**	25 May 2023
Lead Officer: Please note that a Head of Service, Service Director, or Strategic Director must approve the EIA.	Ruth Harrell, Director of Public Health	**Signature:**		**Approval date:**	25 May 2023
Overview:	When considering this EIA it is important to have due regard to the public sector equalities duties imposed upon the Council by section 149 Equalities Act 2010. Plymouth residents are struggling with the rising cost of living. Food and non-alcoholic beverage prices rose by 16.7% in the 12 months to February 2023, up from 16% in January. The annual rate of inflation for this category had risen for 17 consecutive months, from minus 0.6% in July 2021 however January saw a very slight drop in the rate. In May 2023 there is ongoing double digit inflation in basic food stuffs. For many the very basics are becoming unaffordable with many parents worrying about how they will feed their children in the schools holidays. The price of home fuel is one of the biggest drivers for increased cost of living and this remains a pressure with an increase of 66.7% in Electricity and 129.4% in gas over the last 12 month. Research undertaken during December 2021 to January 2022 found that 20% of Plymouth households are food insecure (either with very low or low security) and levels of insecurity were even higher in some types of households. Specifically, the impact of the COVID-19 pandemic on food security had been most severe in households with: • Income below £20,000 pa: • 1+ person with mental health condition: • Children present: and/or • Single adult households.				

	Furthermore, reflecting the diverse levels of deprivation and prosperity in the city, significant differences in food security were found in different areas of Plymouth. A quarter of households in the Western & Waterfront wards were currently food insecure (27%). Those in social housing or private rented accommodation are also much more likely to be food insecure than those people with mortgages. Households with children/young people were significantly more likely to be experiencing food insecurity (28%) than those without (16%). Nearly half of lone adult households with children/young people said that they were experiencing insecurity (45%), making them among the most likely of all groups to need food support. There has been an 89.4% increase in approaches to CAB for the period of April to December 2022 compared to the same period in 2021 when considering the five key cost of living issues. Notably the biggest increase in approaches relates to charitable support and food banks which has risen by 346% in the same period this is followed by energy related approaches which saw a 140% increase. There has however been a 32% decrease in council tax arrears issues and smaller drops in approaches for energy debts and Personal Independence Payment claims. The Cost of Living Working Group will develop an Action Plan to support residents to become more resilient to energy, food and financial insecurity.
Decision required:	It is recommended that the H&WB note the Cost of Living Action Plan

SECTION TWO: EQUALITY IMPACT ASSESSMENT SCREENING TOOL

Potential external impacts: Does the proposal have the potential to negatively impact service users, communities or residents with protected characteristics?	**Yes**		**No**	x
Potential internal impacts: Does the proposal have the potential to negatively impact Plymouth City Council employees?	**Yes**		**No**	x
Is a full Equality Impact Assessment required? (if you have answered yes to either of the questions above then a full impact assessment is required and you must complete section three)	**Yes**	x	**No**	
If you do not agree that a full equality impact assessment is required, please set out your justification for why not.				

SECTION THREE: FULL EQUALITY IMPACT ASSESSMENT

Protected characteristics (Equality Act, 2010)	Evidence and information (e.g. data and consultation feedback)	Adverse impact	Mitigation activities	Timescale and responsible department
Age	Plymouth • 16.4 per cent of people in Plymouth are children aged under 15. • 65.1 per cent are adults aged 15 to 64. • 18.5 percent are adults aged 65 and over. • 2.4 percent of the resident population are 85 and over. South West • 15.9 per cent of people are aged 0 to 14, 61.8 per cent are aged 15 to 64. • 22.3 per cent are aged 65 and over. England • 17.4 per cent of people are aged 0 to 14. • 64.2 per cent of people are aged 15 to 64. • 18.4 per cent of people are aged 65 and over. (2021 Census)	No. Our strategic intentions confirm the ambition to truly give every child "A Bright Future" by commissioning and providing place based Integrated Children, Young People and Families services covering wellbeing, physical and mental health, social care and education. Children, young people and families will be supported to stay safe, healthy, achieve and aspire. The Cost of Living Action Plan will support our ambitions, during these challenging times, which includes support to other vulnerable groups	To include; Provide funding from the Household Support Fund to our most vulnerable children, young people and families in our society, across the full range of ages, specifically food vouchers during the school holidays to those families on Free School Meals and other vulnerable families. Review opportunities to ensure that families and older people are signposted to good quality information and advice for income maximisation	To be further developed through the Cost of Living Working Group Ruth Harrell and David Haley

Care experienced individuals (Note that as per the Independent Review of Children's Social Care recommendations, Plymouth City Council is treating care experience as though it is a protected characteristic).	It is estimated that 26 per cent of the homeless population in the UK have care experience. In Plymouth there are currently 7 per cent of care leavers open to the service (6 per cent aged 18-20 and 12 per cent of those aged 21+) who are in unsuitable accommodation. The Care Review reported that 41 per cent of 19-21 year old care leavers are not in education, employment or training (NEET) compared to 12 per cent of all other young people in the same age group. In Plymouth there are currently 50 per cent of care leavers aged 18-21 Not in Education Training or Employment (54 per cent of all those care leavers aged 18-24 who are open to the service). There are currently 195 care leavers aged 18 to 20 (statutory service) and 58 aged 21 to 24 (extended offer). There are more care leavers aged 21 to 24 who could return for support from services if they wished to.	No.	The plan supports the provision of additional help for people facing homelessness, including Household Support Fund payments to people who are at risk of homelessness or in temporary accommodation. There are also actions to promote education, employment and training. Care experienced people will be targeted within these interventions	To be further developed through the Cost of Living Working Group Ruth Harrell and Director for Children, Young People and Families
Disability	9.4 per cent of residents in Plymouth have their activities limited 'a lot' because of a physical or mental health problem. 12.2 per cent of residents in Plymouth have their activities limited 'a little' because of a physical or mental health problem (2021 Census)	No adverse impact identified.	Households with a disability or long-term illness will be prioritised for support from the Household Support Fund. A take-up campaign of under claimed benefits will target these groups	To be further developed through the Cost of Living Working Group Ruth Harrell

Gender reassignment	0.5 per cent of residents in Plymouth have a gender identity that is different from their sex registered at birth. 0.1 per cent of residents identify as a trans man, 0.1 per cent identify as non-binary and, 0.1 per cent identify as a trans women (2021 Census).	No gender identity or reassignment related impact has been identified.		Ongoing. Policy and Intelligence Team/Public Health England Child Health Profiles
Marriage and civil partnership	40.1 per cent of residents have never married and never registered a civil partnership. 10 per cent are divorced, 6 percent are widowed, with 2.5 per cent are separated but still married. 0.49 per cent of residents are, or were, married or in a civil partnerships of the same sex. 0.06 per cent of residents are in a civil partnerships with the opposite sex (2021 Census).	No marriage or civil partnership related impact has been identified		
Pregnancy and maternity	The total fertility rate (TFR) for England was 1.62 children per woman in 2021. The total fertility rate (TFR) for Plymouth in 2021 was 1.5.	No pregnancy or maternity impact has been identified		
Race	In 2021, 94.9 per cent of Plymouth's population identified their ethnicity as White, 2.3 per cent as Asian and 1.1 per cent as Black (2021 Census) People with a mixed ethnic background comprised 1.8 per cent of the population. 1 per cent of the population use a different term to describe their ethnicity (2021 Census) 92.7 per cent of residents speak English as their main language. 2021 Census data shows that after English, Polish, Romanian, Chinese,	No adverse impact has been identified	Support measures will be promoted in partnership with a wide range of BAME organisations. Appropriate measures need to be put in place to ensure that language barriers do not adversely affect people's ability to access support.	Ongoing. Policy and Intelligence Team/Public Health England Child Health Profiles

	Portuguese, and Arabic are the most spoken languages in Plymouth (2021 Census).			
Religion or belief	48.9 per cent of the Plymouth population stated they had no religion. 42.5 per cent of the population identified as Christian (2021 Census). Those who identified as Muslim account for 1.3 per cent of Plymouth's population while Hindu, Buddhist, Jewish or Sikh combined totalled less than 1 per cent (2021 Census).	This programme will not discriminate against faith, religion or belief.	All information provided will be circulated to faith groups with options to have multi-language versions	Ongoing. Policy and Intelligence Team Office of the Director of Public Health
Sex	51 per cent of our population are women and 49 per cent are men (2021 Census).	This programme will not discriminate on the basis of gender, except where single parent households will be prioritised for funding, the majority of which are female		Ongoing. Policy and Intelligence Team/Public Health England Child Health Profiles
Sexual orientation	88.95 per cent of residents aged 16 years and over in Plymouth describe their sexual orientation as straight or heterosexual. 2.06 per cent describe their sexuality as bisexual, 1.97 per cent of people describe their sexual orientation as gay or lesbian. 0.42 per cent of residents describe their sexual orientation using a different term (2021 Census).	No adverse impact has been identified	The Household Support Fund and other support measures in the plan will be promoted in partnership with a wide range of LGBTQ+ organisations	Ongoing Ruth Harrell

SECTION FOUR: HUMAN RIGHTS IMPLICATIONS

Human Rights	Implications	Mitigation Actions	Timescale and responsible department
	It is important that all residents are treated fairly, their views are taken into account and that their human rights have been respected. No adverse impact on human rights has been identified.		On-going Ruth Harrell

SECTION FIVE: OUR EQUALITY OBJECTIVES

Equality objectives	Implications	Mitigation Actions	Timescale and responsible department
Celebrate diversity and ensure that Plymouth is a welcoming city.	N/A		
Pay equality for women, and staff with disabilities in our workforce.	N/A		
Supporting our workforce through the implementation of Our People Strategy 2020 – 2024	N/A		
Supporting victims of hate crime so they feel confident to report incidents, and working with, and through our partner organisations to achieve positive outcomes.	N/A		
Plymouth is a city where people from different backgrounds get along well.	N/A		

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Health and Wellbeing Board

Date of meeting:	14 September 2023
Title of Report:	**Update to 2019 HWBB position on vaping**
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Dave Schwartz Public Health Specialist/
	Dan Preece, Advanced Public Health Practitioner
Contact Email:	dan.preece@plymouth.gov.uk
Your Reference:	VAPE 23 Update
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

The purpose of this report is to update the Health and Wellbeing Board's existing position on vaping [A], established in January 2019, with the latest evidence on vaping and to consider the progress we're making by using vapes to help people cut down and stop smoking and the concerns that vaping presents with a particular focus on children and young people. To discuss these in the context of smoking prevalence in Plymouth and the part that vaping can play in its reduction.

Recommendations and Reasons

That the Health and Wellbeing Board adopt the following position on vaping and e-cigarettes:

1. We recognise that vaping has a key role in driving down rates of smoking in Plymouth.

2. Vaping with regulated e-cigarettes is estimated to be 95% less harmful than smoking tobacco.

3. Consumers and the public deserve protection from potential harms of vaping and the use of e-cigarettes through restrictions on their sale and marketing to children and controls to ensure safety and quality.

4. Stopping smoking is the best thing a person who smokes can do for their health. Our advice to people who smoke tobacco is to consider switching from smoking to vaping with e-cigarettes.

5. Vaping is not risk free, so our advice is: if you don't smoke, don't vape.

6. Ongoing surveillance and research is crucial to detect long-term impacts on individuals and communities. If any new risks emerge, or guidance changes, we will revise our position. In the meantime, we have a vital responsibility to communicate the reliable evidence that is emerging and use it to help guide us.

7. A task and Finish Group is to look at agreeing an approach involving a wide range of partners.

While the risk profile of vaping has not changed significantly since 2019, we are seeing a recent increase in vaping among young people and increases in the use of unregulated illegal vapes, which have a lack of control and in some cases are harmful to people's health.

8. We need clear and consistent messages to the public. There is widespread public confusion about vaping and research shows people's perceptions have become less accurate. The evidence tells us vaping with regulated products is substantially less harmful than smoking with tobacco, but a growing number of people believe vaping is at least as harmful as tobacco, or say they don't know. This is important because this misperception could be preventing people who from stopping. We have a duty to provide clear messages to the public, based on the evidence. Vaping can help people who are most dependent on smoking to quit and smokers who switch to vaping reduce the risks to their health considerably.

Alternative options considered and rejected

The lack of an agreed position to inform citywide efforts to reduce the prevalence of smoking would result in a piecemeal approach and the continued confusion in the minds of the public on the safety and effectiveness of vaping as a way of stopping smoking.

Relevance to the Corporate Plan and/or the Plymouth Plan

This work supports the Plymouth Plan Healthy City Strategic Outcome that 'People in Plymouth live in happy, healthy, safe and aspiring communities where social, economic and environmental conditions and services enable choices that add quality years to life and reduce the gap in health and wellbeing between communities.'

In particular Plymouth Plan Strategic Objective 1 (Delivering a Healthy City), points one, two and three:
1. Delivering solutions and creating environments which address the wider determinants of health and wellbeing and make healthy choices available.

2. Reducing health and wellbeing inequalities and the burden of chronic diseases in the city.

3. Delivering the best health, wellbeing and social outcomes for all people, and reducing and mitigating the impact of poverty, especially child poverty.

Implications for the Medium Term Financial Plan and Resource Implications:

There are no additional financial implications.

Financial Risks

None

Carbon Footprint (Environmental) Implications:
None

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:
** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*
A coherent approach to vaping that is consistent with the evidence base will support more people to stop smoking tobacco which will have health, social care and economic benefits for those people, their families and communities.

Appendices
**Add rows as required to box below*

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	2	3	4	5	6	7
A	2019 HWBB position on vaping							
B	Nicotine vaping in England: 2022 evidence update (Web-Link)							
C	Use of e-cigarettes among young people in Great Britain June 2023 (Web-Link)							
D	Health Matters: Stopping smoking - what works? (Web-Link)							
E	Clearing up some myths around e-cigarettes (Web-Link)							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	2	3	4	5	6	7
Update to 2019 HWBB position on vaping							

Sign off:

Fin	DJN.23.24.96	Leg	LS/02277/JP/060923	Mon Off	Click here to enter text.	HR	Click here to enter text.	Assets	Click here to enter text.	Strat Proc	Click here to enter text.

Originating Senior Leadership Team member: Ruth Harrell

Please confirm the Strategic Director(s) has agreed the report? Yes

Date agreed: 06/09/2023

Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) – *Approved by Email*

Date approved: 06/09/2023

Update to 2019 HWBB position on vaping
Office of the Director of Public Health

1.0 Background

Smoking is the primary cause of preventable illness and premature death, accounting for approximately 79,000 deaths a year in England. While smoking rates in both Plymouth and England have been dropping for decades, the current rate in Plymouth [2021] is still 15.5% compared to the rate for England of 13.0%. As the rate continues to drop, the challenges of successfully engaging a smaller, more heavily dependent group of people who smoke becomes greater. This group tend to be poorer and live in our most deprived areas. We need to continue to use a wide variety of approaches if we are to maintain momentum on driving down rates of smoking.

One of these approaches involves the use of vaping. Millions of people are using vaping to help them stop smoking and this presents a major opportunity to achieve population level reductions in rates of smoking in Plymouth. A public health, evidence based approach involves careful consideration of this technology to maximise any opportunities, while identifying and mitigating any significant risks.

2.0 Opportunities

Public Health advice (to the 38,000 people in Plymouth who currently smoke) is that switching from smoking tobacco to vaping is a good idea. We have now established service based offers of vaping and are seeing successes, including with the target group of poorer people living in our most deprived areas, who tend to have higher rates of smoking.

But the public tend to overestimate the relative risk of vaping compared to smoking and this can present a barrier to understanding the role that vaping can have in helping people to stop smoking and in improving their health. People need a trusted source of accurate and consistent advice and support to enable them to making a successful quit attempt.

Local stop smoking services (One You Plymouth) have now established a 'Swap to Stop' vape offer, which combines vaping with specialist behavioural support. This involves providing a choice of a 5 week vape starter kit alongside traditional prescribed pharmacology. This is working: people we are engaging who include a vape in their support to stop smoking are much more likely to be successful.

We are also transforming the support we provide to people with more complex and challenging lives, through a 'No Strings Attached' vape offer. This involves working with local complex needs organisations, Like Plymouth Alliance member organisations and Health Inclusion Pathway, Plymouth to make an offer of easy access to a vape starter kit and optional follow up support by our routine stop smoking services if people want it. Services tell us that this is successfully engaging many people who had not previously considered stopping smoking.

3.0 Concerns

As with any technology that large numbers of people are using, careful consideration of the risks it could pose and the control of risks that are significant is important.

The risk profile of regulated vaping has not significantly changed since 2019. Current national government advice is that:

- In the short and medium term, vaping poses a small fraction of the risks of smoking
- Vaping is not risk-free, particularly for people who have never smoked
- Significantly lower exposure to harmful substances from vaping compared with smoking
- Similar or higher exposure to harmful substances from vaping compared with not using nicotine products
- No significant increase of toxicant biomarkers after short-term secondhand exposure to vaping among people who do not smoke or vape [B]

3.1 Use by Children

A significant area of concern relates to the potential impact of vaping on children and young people. While increased experimentation with vaping is occurring among children, this does not appear to be acting as a gateway, leading them into smoking at a population level. National government have introduced stringent controls on the age of sale (over 18s) to mitigate risks associated with children and vaping. This is a dynamic situation and we will continue to review and respond to new evidence as it emerges. Both in Plymouth and nationally, smoking rates among both children and adults have continued to drop while vaping has grown in popularity.

Latest national research from Action on Smoking and Health shows that, In March/April 2023 the proportion of children experimenting with vaping had grown by 50% year on year, from one in thirteen to one in nine. Children's awareness of promotion of vapes has also grown, particularly in shops where more than half of all children report seeing e-cigarettes being promoted, and online where nearly a third report e-cigarette promotion. Only one in five children now say they never see vapes promoted, down from 31% last year. It is an offence to sell e-cigarettes to children under 18 in the United Kingdom.

<u>Plymouth School Health Related Behaviour Survey (Year 8 and Year 10)</u>

2018: 25% of pupils responded that they had tried using an e-cigarette

2022: 29% of pupils responded they had vaped (tried an e-cigarette)

For 2022 this was broken down as:

Never used: 71%

Tried once or twice: 14%

Sometimes (monthly) 6%

Quite often (weekly) 3%

Most days (6%)

Females were consistently reporting higher use than males

The 2023 ASH Youth Survey

48% said they bought them from shops

46% of young people aged 11 to 17 said that they were given products by friends.

7.6%% said they bought them online

Disposable models (which are pre-filled with liquid and used only once) were the most popular type of vaping device in the 2022 ASH-Youth survey. These were used by 52.8% of 11 to 18 year olds who currently vaped, and 18.7% used tank models (which are reusable and rechargeable kits that users can refill with liquid). This was a stark difference from previous years, where tank models were the most popular type of vaping device. For example, in 2021, only 7.8% of current vapers reported using disposable models, whereas 41% used tank models.

Trading Standards across the United Kingdom are increasingly finding that non-compliant vapes and underage sales is one of their top demands on their work.

Vaping and Cannabis

Use of vape devices with illegal drugs controlled under the Misuse of Drugs Act is a relatively small percentage of young people who use vapes

Tetrahydrocannabinol (THC) is the principal psychoactive constituent of the cannabis plant. Forms of this are available to use in vapes as e-liquids. This compound falls under the Misuse of Drugs Act.

Use is by a relatively small number of young people – often amongst those who are already or at risk of engaging in higher risk behaviour.

Specific actions involving partners across the city seek to respond to the impact of this in regard to risks and harm experienced by young people themselves as well as disruption of supply and enforcement are in place.

3.2 Regulations and control of E-cigarette marketing

Marketing of e-cigarettes is an extensive, successful and developing field. This presents issues because marketing could potentially mislead people and target children. England has some of the most stringent regulations in the world covering the marketing of e-cigarettes.

3.3 Involvement of the tobacco industry

The e-cigarette market is emerging and many small to medium sized manufacturers are independent of the tobacco industry. However, as with any new industry, these companies are consolidating over time. With conventional tobacco sales in decline in established markets and e-cigarette sales growing, the tobacco industry has begun to launch its own products as well as taking over existing manufacturers. Plymouth City Council have signed the Local Government Declaration on Tobacco Control, which includes a pledge to recognise and apply our responsibilities under the WHO framework convention on Tobacco Control. Plymouth City Council do not have a partnership of any kind with any tobacco company and do not knowingly promote or supply their products.

4.0 Current Activity

Plymouth City Council commission Livewell Southwest to deliver an integrated health improvement service for the local population [One You Plymouth https://www.oneyouplymouth.co.uk/]. This service helps people to stop smoking by providing behavioural and pharmacological support. Clients are encouraged to consider the whole range of options available to help them in their quit attempt, including the use of e-cigarettes. The service also provides training and support for a wide range of health professionals, including nurses, midwives and community based stop smoking advisors working in local GP surgeries. This training includes the established public health position on e-cigarettes.

Plymouth City Council Trading Standards team provide regulatory advice and carry out routine enforcement operations with shops in Plymouth to test their compliance with the law that prevents the sale of e-cigarettes to anyone aged under 18 and test the quality and safety of e-cigarettes and e-liquids.

4.1 Children and Young People

Over the last 6 months webinars to raise awareness of vaping and implications on policy and practice across our school system and wider children and young people's system have been delivered. It is planned to deliver more in the coming months.

A task and Finish Group is to look at agreeing an approach involving a wide range of partners. This is a complex situation experienced across the UK. The Group will look at support for schools and the wider children and young people system to raise awareness and educate; prevent harm and share management of risk where required. Information, advice and support to support young people, families and communities will also be key.

Mechanisms to respond to incidents or concerns linked to vaping of substances that sit under the Misuse of Drugs Act will be clarified and shared with key stakeholders.

5.0 Frequently Asked Questions

What are electronic cigarettes?

E-cigarettes are battery-powered devices, which heat a solution that typically contains nicotine and propylene glycol or glycerine, producing an inhalable vapour. Unlike tobacco cigarettes, e-cigarettes do not contain cancer-causing tobacco or involve combustion. So there is no smoke, tar or carbon monoxide.

What is "vaping"

The action of using an e-cigarette.

What is the difference between E-cigarettes and tobacco cigarettes?

The key difference between vaping with nicotine e-cigarettes and smoking tobacco cigarettes is in the relative harm they present to people's health. The smoke from tobacco causes the vast majority of harm in cigarettes, not the nicotine. Nicotine is relatively harmless to health. ECs do not contain tobacco. The current best estimate is that e-cigarettes are around 95% less harmful than smoking.

Are e-cigarettes 100% safe?

No. E-cigarettes are not risk free but are safer than smoking tobacco cigarettes because they don't contain tobacco. They do contain nicotine, which is addictive, but isn't responsible for the major health harms from smoking.

People who switch completely from tobacco to e-cigarettes show reduced exposure to the harmful chemicals in tobacco smoke. There remain some questions around long-term safety of these products due to the lack of long-term health studies. Some traces of toxic chemicals have been found in some products, although generally in much lower levels than tobacco cigarettes.

Can ECs help people to stop smoking?

Yes. A study in 2014 showed that those who made quit attempts with e-cigarettes and no other support were around 60% more successful than those who used no aid. In contrast, the same study found that those who use over the counter nicotine replacement therapy [NRT] with no support are no more likely to quit than those who go cold turkey.

E-cigarettes may be particularly effective when combined with behavioural support. The National Centre for Smoking Cessation and Training (NCSCT) has advised Stop Smoking Services to be open to those wishing to use an e-cigarette as an aid to stop smoking, especially those who have tried and failed to quit using licensed stop-smoking medicines.

Are e-cigarettes cheaper than smoking?

Yes. Many people can save hundreds of pounds over the course of a year after making the switch from cigarettes to e-cigarettes. Each person will use their e-cigarette differently, and

across a wide range of devices and liquids, so prices can vary. After purchasing a starter kit, e-cigarettes will often work out cheaper over time than smoking.

Are e-cigarettes a gateway to smoking tobacco?

No. There are some concerns that e-cigarettes could act as a gateway to young people taking up smoking cigarettes, but so far, the evidence does not support this view in the UK. Continued use of e-cigarettes by 'never smokers' remains low and coincides with the continuing decline in youth smoking. The rate of current smoking among 15 year olds in Plymouth is at an all-time low (around

6%).

Can e-cigarettes be prescribed?

No. E-cigarettes are currently not available on prescription in the UK, and there are no e-cigarettes licensed as a medicine commercially available in the UK. It is unlikely there will be a medically licensed product that will be available for prescription in the near future.

Do e-cigarettes harm bystanders?

No. Unlike tobacco smoke, there is no good evidence to suggest that second-hand e-cigarette vapour is dangerous to others.

Can pregnant women use them?

Yes. Guidance for midwives and other health care professionals states that: "Little research has been conducted into the safety of electronic cigarettes in pregnancy, however they are likely to be significantly less harmful to a pregnant woman and her baby than cigarettes."

What controls exist concerning the marketing of e-cigarettes?

Regulations are in place aimed at:

- restricting appeals to children
- controlling sales to children (under 18 years of ages)
- ensuring minimum standards for the safety and quality of all e-cigarettes and refill containers
- providing information to consumers so that they can make informed choices
- determining where and how they can be advertised

Health and Wellbeing Board

Date of meeting:	14 September 2023
Title of Report:	Plymouth Health Determinants Research Collaboration
Lead Member:	Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Ruth Harrell
Contact Email:	Gary.Wallace@plymouth.gov.uk
Your Reference:	n/a
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report

To provide the Board an update on the progress of the successful funding bid between Plymouth City Council and the University of Plymouth, to the National Institute of Health Research, to enable enhanced research capacity and capability into the ways in which interventions on the wider determinants of health can support reductions in health inequalities.

Recommendations and Reasons

1. For the Health and Wellbeing Board to note the report

Alternative options considered and rejected

1. N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

Focussing on prevention and early intervention
Spending Money wisely
Fairness- Address inequality and inequity in our city
Plymouth Plan - Healthy City. Tackling life expectancy, and inequalities in health and wellbeing outcomes

Implications for the Medium Term Financial Plan and Resource Implications:

None - self-funding

Financial Risks

The funding is secure for the period of the project ie until 2027

Carbon Footprint (Environmental) Implications:

None

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:

** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

The project in terms of research, may increase understanding of social determinants of health including child poverty.

Appendices

**Add rows as required to box below*

Ref.	Title of Appendix	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	**2**	**3**	**4**	**5**	**6**	**7**
A	HDRC briefing report							

Background papers:

**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	**2**	**3**	**4**	**5**	**6**	**7**

Sign off:

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Originating Senior Leadership Team member: Ruth Harrell											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 04/09/2023											
Cabinet Member approval: Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care) briefed on the HDRC Date approved: 05/09/2023											

PLYMOUTH HEALTH DETERMINANTS RESEARCH COLLABORATION

August 2023

SUMMARY

Plymouth City Council, with its partners University of Plymouth, have applied for and been successful in the award of a grant from the National Institute of Health Research to provide research capacity and capability into the ways in which interventions on the wider determinants of health can support reductions in health inequalities.

The total grant award is for £4,744,469 over the course of 5 years. This funding is ringfenced to that detailed within the grant bid documentation.

BACKGROUND

The health of the public is fundamentally influenced by the wider determinants, or drivers, of health. The work of local government profoundly impacts on these drivers, but there is, to some degree, a paucity of useful evidence around what can impact on these drivers and how to influence them. The National Institute for Health Research (NIHR) have recognised this, and that it is vital that local government is better supported to become more research-active and further build this evidence base.

This is a challenging field of research, because it has to take account of the complexities of people's lives and there is far less scope in this field for the traditional research models that the NIHR would more typically be involved; randomised controlled trials for medicines, for example. In recognition of the challenges faced by local authorities, the NIHR has begun to widen its initiatives aimed at strengthening the research culture within local government, aiming to build and strengthen capacity and capability both within councils and academic institutions.

BID DETAILS

Plymouth City Council with its academic partner the University of Plymouth, submitted a two phase bid in 2022 and were successful in securing the grant. The bid had the aims of;

- Develop the culture and skills to ensure a learning approach informs decision making (to impact positively on the wider determinants of health)
- Produce knowledge for use locally and of value nationally, especially for similar coastal communities

The bid recognised the opportunities around;

- Innovation – really understanding whether some of the interventions and approaches that we are interested in work, why they work, and whether they would work with other groups of people and in other settings
- Evidence – how we are developing and using the evidence base to inform decisions, and to influence the decisions of others
- Intelligence - are we asking the right questions and using all of our data sources to provide joined up intelligence to support Council processes and to provide evidence.

As well as Plymouth, the following areas were also awarded HDRC funding; Aberdeen, Blackpool, Bradford, Coventry, Doncaster, Gateshead, Islington, Medway, South Tees, Newcastle, Lambeth and Tower Hamlets.

PROGRESS SO FAR

As well as dealing with quite significant amounts of paperwork to enable us to develop the collaboration, we have;

- established a team as per the bid (Ruth Harrell is the Director and Sheena Asthana (UoP) is the academic lead), which includes a number of researchers in Residence who are starting to support different areas of the Council
- established the governance processes, though it is noted that some such as a research ethics policy which balances the level of rigour required with an understanding of the types of research we might do
- carried out 4 research projects that began slightly before the bid was awarded as pump priming
- delivered training on appreciative enquiry and Human Learning Systems to a wide range of people, many in the Council but also amongst community and voluntary sector – total 220. In additional, we have delivered training to a wide range of other stakeholders (>400) from other Councils and national groups.
- We have widened our Appreciative Enquiry learning set within the Council which has continued.

Also, PCC have launched our Compassionate Approach to Health and weight for children and young people; this strategy uses the approaches to complexity that we developed the HDRC around, based on Human Learning Systems and informed by Appreciative Enquiry; trauma informed, non-stigmatizing and recognising the value in everyone (hence why it is not called our obesity strategy). There is national interest in this approach.

NEXT STEPS

We are preparing a survey of Council officer's knowledge, awareness and use of evidence, and where they would like to develop, to help to inform our work areas and to provide a baseline

There is further work to do on the processes and systems that are required for research; for example, university research ethics process is not fit for purpose for the types of research that we may need (especially community research) and there is need for a new policy to be developed. A further example is around how we store, use and connect different data that has been collected, whether this is quantitative or qualitative, then how we analyse that to form intelligence, and how we communicate this. We are starting some steps around using linked data (e.g. the Low Income Family Tracker (PCC) and the health systems PHM database) which will develop our approaches.

We are launching our Directorate engagement from October 2023, this will supplement the work that we have been doing with a few teams and start to widen the engagement. This will include a variety of offers, from a RiR to support with evidence base, to training and support with evaluations, to support with full research proposals (which might also include supported Masters or PhD opportunities for staff who might be carrying out research as part of their work). There is back fill funding for staff who engage with the programme, and also for their manager, reflecting the skills and knowledge that they may need to develop to fully engage with and utilise the research.

APPENDIX 1 SUMMARY OF BID

Background and rationale

Plymouth has, like many other coastal cities, high mortality rates. The wider determinants of health contribute to both poor quality of life and inequalities. Plymouth City Council (PCC) recognises that tackling the problems related to employment, housing, food, crime and education requires an innovative approach which is outlined in The Plymouth Plan. An HDRC will build on these strengths to ensure that we better understand what works, why and under which circumstances (financial, contextual and organisational) and share this learning.

Aims:

1. Develop the culture and skills to ensure a learning approach informs decision making

2. Produce knowledge for use locally and of value nationally, especially for similar coastal communities

Objectives:

• Support changes aimed at addressing the wider determinants of health through a cultural change in relation to the use of evidence and evaluation

• Carry out specific prioritised research projects related to The Plymouth Plan's innovations to address the wider determinants of health

• Successfully bid for external research funding

• Build collaborations for sharing knowledge and carrying out research with other HDRCs and similar coastal communities

Methods:

We will set up a joint PCC and University of Plymouth (UoP) research team embedded within the council. Researchers in Residence (RiRs) will work with council Research Champions and Public Partners. The team will work alongside those delivering changes designed to address wider determinants of health and collaborate with specialist university researchers. Public Partnership will be developed though links to existing organisations and the engagement of individuals during specific projects.

Initial work will focus on culture change and wider skills development. We will focus on helping people understand the shift from commissioning based on monitoring delivery to decision making based on understanding complex interactions. Specific research projects likely to have the most impact locally and nationally will be developed.

Informed by a Human Learning Systems philosophy, and building on the existing use of Appreciative Inquiry (AI), the team will use a range of methods suited to understanding complex dynamic systems: evidence synthesis, quantitative analysis of routine data, realist informed observation and interviews and health economics. External funding bids will be developed for calls and based on local priorities and expertise.

A Management Board and an Advisory Group will oversee and support the HDRC.

Timelines

After initial set up and recruitment we will annually prioritise the areas we will be working in. The scale and complexity of the research will grow as our skills and experience do. Within five years we aim to be securing external funding and delivering locally and nationally relevant research.

Dissemination and Impact

Pathways to impact are built into the Plymouth HDRC Model. Local impact will be achieved through general culture change and staged feedback of the results of specific projects, aided by an understanding of context. Building trusting relationships will be prioritised to ensure engagement with setbacks as well as successes.

National impact will be achieved through production of traditional outputs such as reports, research publications, blogs and webinars, as well as using more intensive knowledge mobilisation techniques.

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Health and Wellbeing Board

Date of meeting:	14 September 2023
Title of Report:	**Dental Task Force update**
Lead Member:	Councillor Mary Aspinall (Cabinet Member for Health and Adult Social Care)
Lead Strategic Director:	Ruth Harrell (Director of Public Health)
Author:	Rob Nelder (Consultant, Public Health)
Contact Email:	robert.nelder@plymouth.gov.uk
Your Reference:	DTF/H&WB/01
Key Decision:	No
Confidentiality:	Part I - Official

Purpose of Report
To provide H&WB Members with an update following the first meeting of the Dental Task Force.

Recommendations and Reasons
H&WB Members note the content of the report and continue to support the Council's Corporate Plan priority of 'working with the NHS to provide better access to health, care and **dentistry**'.

Alternative options considered and rejected
Not applicable

Relevance to the Corporate Plan and/or the Plymouth Plan

This work supports the Plymouth Plan Healthy City Strategic Outcome that 'People in Plymouth live in happy, healthy, safe and aspiring communities where social, economic and environmental conditions and services enable choices that add quality years to life and reduce the gap in health and wellbeing between communities.

In particular Plymouth Plan Strategic Objective 1 (Delivering a Healthy City), points nine and 10.

9. Ensuring people get the right care from the right people at the right time to improve their health, wellbeing and social outcomes.

10. Making Plymouth a centre of clinical excellence and innovation to benefit the sustainability and growth of the medical and health care sectors in the city and to create education and employment opportunities.

Implications for the Medium Term Financial Plan and Resource Implications:
None

Financial Risks

None

Carbon Footprint (Environmental) Implications:
Not applicable

Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:
** When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

Tooth decay is the main cause of poor oral health in children and can affect pre-school and school-aged children disproportionately affecting children living in more deprived areas. It normally affects multiple teeth and often leads to pain and infection, especially in the more susceptible baby/milk/deciduous teeth. Decay affects the appearance of teeth and a child's smile, leading to embarrassment and impacting their ability to play and socialise. Painful, broken and missing teeth can have a negative impact on: speech development, food choices, social interaction, readiness for school, ability to thrive. Pain and infection from decayed teeth can disrupt family life as it: leads to painful abscesses and swelling, prevents children from eating and drinking properly, and prevents children (and parents) from sleeping properly. Having tooth decay involves making repeat visits to a dentist or hospital. Children have to miss school and parents have to take time off work. Many children need to have their teeth extracted due to pain and infection. Often this is done under a general anaesthetic (GA) in hospital. Tooth decay is preventable, yet more children aged 5-9 have a GA for tooth extraction than for any other reason. For all these reasons, improving oral health will impact upon child poverty in its widest sense. One of the main ways to alleviate this is by improving access to NHS dental services.

Appendices
**Add rows as required to box below*

Ref.	Title of Appendix	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
		1	2	3	4	5	6	7
A	Dental Taskforce Update Report							
B								

Background papers:
**Add rows as required to box below*

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are <u>unpublished</u> works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	**Exemption Paragraph Number** (if applicable) *If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.*						
	1	2	3	4	5	6	7

Sign off:

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Originating Senior Leadership Team member: Robert Nelder											
Please confirm the Strategic Director(s) has agreed the report? Yes Date agreed: 14/08/2023											
Cabinet Member approval: Approved by Councillor Mrs Mary Aspinall (Cabinet Member for Health and Adult Social Care) via email Date approved: 14/08/2023											

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DENTAL TASK FORCE UPDATE

Office of the Director of Public Health

The first meeting of Plymouth City Council's Dental Task Force took place on Friday 7 July 2023.

It has been established to address the following issues:

- There are currently 21,729 Plymouth residents (17,551 adults and 4,178 children) on the waiting list for an NHS dentist (correct as of May 2023). This has risen by 131 per cent since May 2018.
- More than one in five children in Plymouth has visible tooth decay by the age of five years old.
- Each year, more than 600 children in Plymouth have more than 4,000 teeth removed between them under general anaesthetic. This is entirely preventable and costs the health system approximately £1 million per year.
- Data from the Office for Health Improvement and Disparities Health Intelligence Pack showed that, as of August 2022, 67.8 per cent of adults and 61 per cent of children in Plymouth had **not** accessed dental services in the preceding 24 months.

The Dental Task Force brings together key stakeholders, local MPs and NHS leaders from across the city to discuss what can be done to improve dental provision in Plymouth. Plymouth City Council's new Corporate Plan contains six specific priorities. Priority five is…..

Working with the NHS to provide better access to health, care and dentistry

To address this priority, the Dental Task Force will seek to…..

- Identify sources of funding that can be used address this priority
- Ensure existing planned developments are taken forward
- Identify service providers who have capacity to deliver additional dental services
- Ensure additional NHS dental capacity is made available to improve access to NHS Dental Services for Plymouth residents
- Enhance the oral health improvement (prevention) offer available in the city.

The Task Force is chaired by the Cabinet Member for Health and Adult Social Care (Councillor Mary Aspinall). The following individuals were invited to the first meeting:

- Cabinet Member for Health and Adult Social Care, Plymouth City Council (Chair)
- Cabinet member for Finance, Plymouth City Council
- Shadow Cabinet Member for Health and Adult Social Care, Plymouth City Council
- Local Members of Parliament
- Director of Public Health, Plymouth City Council
- Consultant in Public Health, Plymouth City Council
- Director of Commissioning Primary, Community and Mental Health Care, NHS Devon
- Dental Services Manager, Plymouth Community Dental Services Ltd.
- Chief Executive, Peninsula Dental Social Enterprise
- Chief Operating Officer, Peninsula Dental Social Enterprise

The invite was subsequently extended to include additional representation from these organisations.

The first meeting agenda covered the following:

- Key facts and figures and progress to-date
- Units of dental activity (UDA) spend and claw-back
- The five dental chairs planned for Cavell Centre
- Offers from local providers (Livewell SW and Peninsula Dental Social Enterprise (PDSE))
- National Political picture and opportunities to influence
- Next steps

As a result of the meeting the following 11 actions were agreed:

1. PDSE to liaise with NHS Devon ICB to discuss funding of the new City Centre Dental Education Practice.

2. NHS Devon ICB to provide information on the amount of funding made available to 'high street' NHS dental practices in Plymouth and the amount unspent/clawed-back annually.

3. NHS Devon ICB to provide information on reasons for 'high street' NHS dental practices underperforming on, or handing back, their contracts.

4. PCC to invite LDC representative to the next meeting.

5. PCC to arrange follow-up meeting in September.

6. PDSE to liaise with Livewell to discuss moving patients from Livewell to PDSE (to utilise spare capacity at PDSE and free-up capacity at Livewell). Contingent on PDSE proposals being taken forward by NHS Devon ICB providing additional chairs and funding for the new practice to deliver more urgent activity.

7. NHS Devon ICB to investigate how existing underperforming 'high street' NHS dental practices could sub-contract with PSDE, Livewell or NHS practices with capacity to enable additional NHS capacity to be delivered.

8. PDSE to provide more detail on their proposal for a City Centre Dental Education Practice.

9. PCC and NHS Devon ICB to liaise with Sarah Hurley (former CDO) to discuss her offer to support the development of a dental plan for Plymouth. Meeting to include the CDO (if appropriate/available).

10. Luke Pollard and Johnny Mercer to draft a joint letter to the Secretary of State asking for an update on the Government's Dental Plan and for clarification if the funding for (only) 50% of the population will remain in place. Letter to be passed to PCC for circulating to the wider DTF group to enable additional issues to be raised (if appropriate).

11. NHS Devon ICB to continue with the plan to establish the five new NHS dental chairs in the city – originally planned for the Cavell Centre.

Delivery on the on the above mentioned Plymouth City Council priority will be ongoing over the next 18 months, with updates being submitted to Plymouth City Council's Cabinet and H&WB as and when required.

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HEALTH AND WELLBEING BOARD

Tracking Decisions Log 2023 - 24

Please note that the Tracking Decisions Log is a 'live' document and subject to change at short notice.

For enquiries relating to this committee's work programme and tracking decisions, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Date	Resolution	Officer Responsible	Progress
29/06/2023	The Board agreed to note the recommendations regarding 'Defibrillators', referred by the H&ASC OSC, and for Board members to promote them within their areas of influence: 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 Plymouth City Council commission defibrillators at the locations identified which includes the Guildhall; 7. That PCC work with partners to provide defibrillators at St Budeaux library and Southway library.	All Board Members + Public Health Team	Ongoing / Part-Complete: The PCC Communications team have released numerous social media and newsletter promotions of both 'The Circuit' and the Government's new defibrillator fund. These have also been circulated to all Councillors through the weekly Bullet-in. Board members have agreed to promote these recommendations within their daily work spheres, and this work is ongoing.

29/06/2023	The Board agreed to request that Councillors be offered CPR training.	Ruth Harrell	In-Progress: Training will form part of 'Restart a Heart Week' in mid-October 2023.
29/06/2023	The Board agreed to request that the Department for Health and Social Care web-link to apply for Defibrillator funding be circulated.	Elliot Wearne-Gould + Ruth Harrell	Complete: Link circulated to all members through the weekly Bullet-in, and also through PCC's public social media and newsletter communications.
29/06/2023	The Board agreed to request that the 'Plymouth Report' be circulated to all Councillors.	Rob Nelder + Sarah Gooding	Complete: Plymouth Report circulated to all members.
26/01/2023	The Board agreed to request that a workshop or working group be established for further consultation and engagement with the NHS Integrated Care Strategy.	NHS Devon ICB	Complete: Workshop held on 23 March 2023 at Buckfast Abbey.

HEALTH AND WELLBEING BOARD

Work Programme 2023 - 24

Please note that the work programme is a 'live' document and subject to change at short notice. This is currently a draft document, under consideration with the Chair and council officers.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Meeting Date	Agenda item	Responsible Officer
29/06/2023	DCIOS Health Protection Committee Annual Assurance Report 2021-2022	Ruth Harrell
	Integrated Care Strategy	Ruth Harrell/ Anna Coles
	Plymouth Report	Rob Nelder & Debs Dyer
	Community Empowerment Programme	Rachael Silcock
14/09/2023	Carers Action Plan (carers strategic Partnership Board)	Emma Crowther
	DPH Annual Report	Ruth Harrell
	Healthwatch Cost of Living Report	Tony Gravett
	PCC Cost of Living Plan	Rachel Silcock
	Vaping Report: Children and Young People	Dave Schwartz
	Plymouth Health Determinant Research Collaboration (HDRC)	Gary Wallace
	Dental Taskforce Update	Rob Nelder
18/01/2024		
	Vaping Position Statement	Ruth Harrell
07/03/2024		
	Thrive Plymouth – Next Ten Years	Rob Nelder/ Sarah Gooding
Items to be scheduled	Aging Well	PCC
	Local Care Partnership- Priorities	LCP + PCC
	NHS Long Term Plan + Recovery plan	NHS Devon ICB
	Impact of COVID-19 Pandemic	Livewell SW / Public Health
	Safer Plymouth and Plymouth Safeguarding Board	PCC

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