

Health and Wellbeing Board

Thursday 6 March 2025

PRESENT:

Councillor Aspinall, in the Chair.
Councillor Ms Watkin, Vice Chair.
Councillors Laing and P.Nicholson

Co-opted Representatives: David Haley (Director of Children's Services), Professor Steve Maddern (Director of Public Health), Chris Morley (NHS Devon), Tony Gravett (Healthwatch), Stephen Beet (Head of ASC Retained Functions (Substitute for Gary Walbridge)), Karen Pilkington (VCSE Rep), Rob Smith (Wellbeign Hubs Rep), Laura Alexander (University of Plymouth), and Rachel O'Connor (University Hospitals Plymouth).

Also in attendance: Jon Taylor (NHS Devon), Gary Wallace (Lead Manager, Trading Standards and Health Improvement), Ruth Harrell (Consultant in Public Health), Kamal Patel (Consultant in Public Health), and Elliot Wearne-Gould (Democratic Advisor).

Apologies for absence: Gary Walbridge (Strategic Director for Adults, Health and Communities), Matt Garrett, Jones, Lee, Taylor and Thomas(Livewell Southwest).

The meeting started at 10.00 am and finished at 12.30 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.

31. **Declarations of Interest**

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

32. **Chairs urgent business**

There were no items of Chair's Urgent Business.

33. **Minutes**

The Board agreed the minutes of 29 January 2025 as a correct record, subject to grammatical corrections.

34. **Questions from the public**

There were no questions from members of the public.

35. **One Devon Joint Forward Plan**

Jon Taylor (Head of Planning and PMO, NHS Devon) delivered the One Devon Joint Forward Plan (JFP) report, and discussed:

- a) The Joint Forward Plan (JFP) was a five year mandatory plan, which set out how the Integrated Care Strategy (ICS) would be delivered by the Integrated Care Board (ICB) and partners;
- b) NHS England Operating Planning Guidance had instructed that the Joint Forward Plan required updating this year, with publication required by April 2025;
- c) This year's update was light-touch due to the following factors:
 - I. The ICS had not yet been updated this year;
 - II. The NHS Long Term Plan was expected to be published in the spring;
 - III. The publication of the above two documents would require more substantial changes to the One Devon Joint Forward Plan at a later date.
- d) This year's update to the JFP took account of:
 - I. Alignment with the NHS Devon Annual Plan;
 - II. Alignment with NHS Operational Planning Guidance;
 - III. Alignment with the latest NHS and local government Medium Term Financial Plans;
 - IV. Updated governance procedures;
- e) The JFP was scheduled for consideration at the next NHS Devon Board meeting on 27 March 2025. It would then be submitted to NHS England, before being published in April 2025;
- f) The Board were requested to endorse the updated JFP, and to confirm it aligned with local strategies.

In response to questions, the Board discussed:

- g) The system's transition to 'care in the community', which alleviated critical hospital capacity and enabled patients to be cared for in their preferred place;
- h) Reablement and care capacity had been increased, facilitating a 120% increase in the number of people who were discharged straight home this year, compared to last;
- i) A need to address potential implications for the generation of young people impacted by the Covid Pandemic and national lockdowns in future reviews of the plan;
- j) In a more comprehensive review next year, NHS Devon would undertake extensive engagement prior to refreshing the plan, which would incorporate new priorities;

- k) There were numerous ICB actions and initiatives for children and young people ongoing, and communication with PCC was strong;
- l) Recognition of additional capacity within the multi-agency safeguarding hub;
- m) A need to consider the impact of the Government's new reforms under the Children's Wellbeing and Education Bill, particularly relating to the requirement for increased integration and cooperative working between partners;
- n) Recognition and support for the plan's Public Health focus on the wider determinants of health, prioritising healthier, safer communities;
- o) A need to ensure that housing and employment was considered as an integral part of any future plan refresh, and that the Local Authority was involved given its statutory duties for housing delivery;
- p) Recognition of fragmentation and gaps within health protection across partners, with a need to enhance collaboration and integration;
- q) The importance of dental provision, and a need for future reviews of the JFP to identify dentistry as a distinct priority;
- r) Potential to lobby Government for increased health contributions from developers under S106 monies. Government was currently reforming the Planning system, which could be utilised to secure greater contributions from developers towards health infrastructure;
- s) The need to ensure the VCSE sector and Wellbeing Hubs were engaged in co-designing integrated local services, through strong planning and collaboration.

The Board agreed to:

- 1. Endorse the updated draft Joint Forward Plan for 2025-20230, and confirm it aligned with priorities identified in the latest Health and Wellbeing Strategy.

36. **Neighbourhood Health Services**

Chris Morley (NHS Devon ICB) delivered the Neighbourhood Health Services report to the Board, and discussed:

- a) The purpose of Neighbourhood Health Services, which aimed to bring various health and social care services together in a more effective manner within communities;
- b) The focus of Neighbourhood Health Services, which aimed to improve health and well-being while reducing avoidable pressures on health and social care systems;

- c) The significance of partnerships between the NHS, local government, social care providers, and community organizations to support individuals and unpaid carers effectively;
- d) The Key Components of Neighbourhood Health Services were:
 - I. Strategic Focus;
 - II. Integration of services for complex needs;
 - III. Prevention and early intervention;
 - IV. Utilization of community assets;
 - V. Digital transformation;
 - VI. Strong partnerships among stakeholders;
 - VII. Population health management.
- e) There were existing community assets in Plymouth, which could be leveraged to enhance the integration of services. It was important to build upon existing frameworks to develop a community-centric model of healthcare delivery;
- f) Delivery guidance for 2025/26 would focus on those with the most complex needs. This would target 7% of population nationally, focussing on cohorts with greatest potential to improve independence;
- g) A steering group had been established to develop a roadmap for the development and delivery of services across Devon;
- h) Neighbourhood health services formed part of the three NHS strategic shifts:
 - I. From Acute to Community Care: Moving services closer to the community level to better meet local needs;
 - II. Digital Transformation: Emphasizing the use of digital tools to enhance service delivery;
 - III. Focus on Prevention: Transitioning from reactive to proactive health care strategies.
- i) A national implementation programme would be launched to support local areas to develop integrated health services. Plymouth could participate in the programme, which would provide additional resources for enhancing local health services.

In response to questions, the Board discussed:

- j) The introduction of Neighbourhood Health Services was without additional funding. The programme would prioritise the best utilisation of existing resources, assets and funding arrangements;
- k) Community Health and Wellbeing Hubs, and voluntary sector organisations provided crucial support, acting as gateways to services and community engagement;

- l) It was important to engage with the community to understand their needs and involve individuals in the development of services best suited to them;

The Board agreed to:

1. Note the report;
2. Continue local support and engagement in the development of Neighbourhood Health Services.

37. **Plymouth HDRC Annual Update**

Ruth Harrell (Consultant in Public Health) and Gary Wallace (Lead Manager, Trading Standard and Health Improvement) delivered the Plymouth Health Determinant Research Collaboration (HDRC) annual update and discussed:

- a) The HDRC was a partnership between Plymouth City Council, the University of Plymouth, and the Plymouth Octopus Project;
- b) The HDRC was funded by the National Institute of Health Research (NIHR) and aimed to tackle the wider determinants of health inequalities in Plymouth, providing opportunities to undertake research, ask challenging questions and understand how wider societal issues such as education, poverty, housing, planning, transport and employment influenced the health of the communities in the city;
- c) The collaboration focussed on developing a learning culture, producing locally valuable knowledge, and using innovative approaches to inform decision-making;
- d) Researchers from the University of Plymouth were working alongside council officers to access evidence and evaluate interventions;
- e) Plymouth was one of 13 local authorities who had been successful in their bid for the HDRC, receiving approximately £5 million over a five-year programme;
- f) The Council was taking a human learning systems approach to meet individuals' needs and understand the complex paths to achieving healthy outcomes;
- g) The HDRC was collaborating with other coastal cities who faced similar problems to Plymouth, prioritizing projects which achieved maximum benefit;
- h) Researchers from the University of Plymouth were embedded within the Council to help access evidence and evaluate interventions;
- i) The Council was engaging with the NHS and the Voluntary, Community and Social Enterprise (VCSE) sector to leverage their contributions and innovative approaches;

- j) The HDRC recognised that results would take time to emerge, and that there may be a requirement to extend the programme beyond the five year project. The process for attaining this was currently unknown.

In response to questions, the Board discussed:

- k) The need to continue developing a learning culture within the Council to inform decision-making and produce locally valuable knowledge;
- l) Maintaining collaboration with other coastal cities and sectors to address common health determinants and share best practices;
- m) Ensuring that interventions were tailored to meet individuals' needs and considered the complexity of their lives.

The Board agreed:

- 1. To note the progress made to date;
- 2. To encourage ongoing collaboration between the HDRC, Plymouth City Council, the University of Plymouth, and other stakeholders.

38. **Partner Updates**

Rachel O'Connor (University Hospitals Plymouth) delivered the UHP Partner Update report and discussed:

- a) There had been significant improvements in urgent and emergency access at UHP, with the implementation of new interventions and a new model of care under the 'One Plan', to support patients differently;
- b) In the past two months, UHP was the most improved in the country for the 4-hour improvement standard and the 10th most improved for 12-hour patient stays;
- c) There had been a 2/3 reduction in long ambulance handover waits, with a continued focus to achieve zero, over eight-hour waits;
- d) Virtual Wards had fully opened, delivering increased community support for vulnerable individuals. 57 Community Frailty Virtual Wards were now operational;
- e) There had been a 150% increase in the number of people supported directly home, avoiding the need for intermediate bedded care;
- f) The mobile X-ray car was operational, supporting 90% of patients at home through conservative management;

- g) UHP had been included in the New Hospitals Programme, with new emergency care buildings and additional facilities expected to be completed by Autumn 2028 and Summer 2029;
- h) The Plymouth Community Diagnostic Centre had been fully funded and approved, and was expected to open in September 2026, providing significant offsite diagnostic capacity.

In response to questions, the Board discussed:

- i) The Community Diagnostic Centre and capacity modelling;
- j) Recognition and praise for the rapid improvement of demand and delay figures at the UHP Emergency Department (ED);
- k) Beds dedicated to End of Life Care at Mt. Gould hospital had been increased from 8 to 12;
- l) Demand at UHP had exceeded predictions used for planning by 9%. A review of this need and trend would be analysed;
- m) Continued work and development of the 'One Plan' was ongoing, managing demand and ensuring care was delivered in the most appropriate location.

The Board agreed to note the report.

39. **Tracking Decisions**

Elliot Wearne-Gould (Democratic Advisor) delivered the following updates to the Tracking Decisions Log:

- a) The Director of Public Health was liaising with the University of Plymouth in respect of collaborative research projects between the University of Plymouth and Plymouth City Council (PCC), as requested by the Board;
- b) The Dental Taskforce had completed the request from the Board to consider 'workforce' at its next meeting. On 7th of February, workforce was covered in the ICB update, and was selected as a new area of focus for the Dental Taskforce going forwards;
- c) The Devon Stakeholder Dental briefing had been circulated to Board members as requested, on 17 of February 2025.

The Board agreed to:

1. Request an update from NHS Devon regarding the dental contract, to ascertain when routine check-ups and normal operation would resume, following delays created during the Covid Pandemic;
2. Note the Tracking Decisions Log progress.

40. **Work Programme**

The Board agreed to note the work programme, which would include:

1. Motion On Notice relating to Youth Vaping;
2. The Pharmaceutical Needs Assessment;
3. Dental Check-ups;
4. Health Protection Annual Report.