

## Health and Wellbeing Board

Thursday 4 October 2018

### PRESENT:

Councillor Tuffin, in the Chair.  
Councillor Mrs Bowyer, Vice Chair.  
Councillor McDonald

David Bearman (Devon Local Pharmaceutical Committee), Carole Burgoyne MBE (Strategic Director for People), Ann James (University of Plymouth Hospitals NHS Trust), Dr Adam Morris (Livewell South West), (Sarah Lees Consultant in Public Health substituting for Ruth Harrell Director of Public Health), Alison Botham (Director of Children's Services), Professor Sara Demain University of Plymouth substituting for Professor Bridie Kent (University of Plymouth) and Dr Andy Sant (CCG) substituting for Dr Shelagh McCormick (CCG).

Apologies for absence: Craig McArdle (Director for Integrated Commissioning), Ruth Harrell (Director of Public Health) (Sarah Lees Consultant in Public Health substituting), John Clark (Plymouth Community Homes)(Sue Shaw Plymouth Community Homes Substituting), Judith Harwood (Service Director for Education, Participation and Skills), Nick Pennell (Healthwatch) (Justin Robins Healthwatch Substituting), Chief Superintendent Dave Thorne (Devon and Cornwall Police) and Professor Bridie Kent (University of Plymouth)( Professor Sara Demain University of Plymouth substituting), Dr Shelagh McCormick (CCG).

Also in attendance: Jamie Sheldon (Democratic Advisor), Claire Turbutt (Advanced Public Health Practitioner) and David McAuley (NHS).

The meeting started at 10:00 and finished at 12:30.

*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.*

#### 49. **Appointment of a Vice Chair**

Councillor Lynda Bowyer was appointed as Vice Chair for this meeting.

#### 50. **Declarations of Interest**

In accordance with the code of conduct, the following declaration of interest was made –

Name	Subject	Reason	Interest
Councillor Lynda Bowyer	Devon Wide Learning Disability Strategy.	Her son has learning disabilities.	Personal.

51. **Chairs urgent business**

There were no items of Chair's Urgent Business.

52. **Minutes**

Agreed that the minutes of 21 June 2018 were confirmed.

53. **Questions from the public**

There were no questions from members of the public.

54. **Chairs Report**

The Chair (Councillor Ian Tuffin) presented this report to the Board highlighting the following key points:

- (a) Reminded the board of their role to act as system leaders on the strategic planning and co-ordination of NHS, Public Health, Social Care, Children's and Wellbeing Services;
- (b) In August the CQC published their reviews of University Hospital Plymouth and Livewell Southwest. University Hospital Plymouth, was rated as Requires Improvement overall and Livewell Southwest was rated as Good;
- (c) Motion of Notice - Motor Neurone Disease was proposed at Full Council on 17th September and Plymouth City Council adopted the MND charter;
- (d) Plymouth City Council, Livewell Southwest and University Hospital Plymouth worked in partnership, along with the support of Scott College, to develop the Proud to Care Ambassador Programme in Plymouth. This was launched in June 2018 and to date over 70 workers from across health and social care in Plymouth have signed up to be a Proud to Care Ambassador.

Members noted the report.

55. **Director of Public Health Annual Report 2018**

Sarah Lees (Consultant in Public Health) and Clare Turbutt (Advanced Public Health Practitioner) presented the Director of Public Health Annual Report 2018 to the Board.

The following key points were highlighted to Members:

- (a) the Director of Public Health had a duty to publish an independent report on a topic of their choosing;
- (b) this year's report was a review of year three of the Thrive Plymouth programme;

- (c) Thrive Plymouth was the Council's 10-year programme to improve health and wellbeing and reduce health inequalities in the city;
- (d) each year of the campaign had a different focus;
- (e) year three (which ran from October 2016 to October 2017) focused on the localisation of the national 'One You' campaign within Plymouth;
- (f) One You was the national Public Health England (PHE) campaign to re-engage 40 to 60 year olds with their health.

Members agreed to -

1. making healthy growth a priority for our city and creating environments in our city where the healthy choice is the easy choice and should therefore plan for health impact assessment to be considered in all our developments and strategies.
2. use targeted media to reach those who have not engaged with One You so far and find out what will get them engaged.
3. make the most of our natural environment through low cost and fun activities that will improve health outcomes.
4. to increase the low cost/free options for improving health and wellbeing within the city, making it easier for everyone to engage with activities on their doorstep.

#### 56. **Suicide Audit and Prevention Update**

Sarah Lees (Consultant in Public Health) presented the Suicide Audit and Prevention Update to the Board:

The following key points were highlighted to Members:

- (a) the report provided the Health and Wellbeing Board with an update on local suicide prevention action and presented the latest citywide audit on deaths by suicide;
- (b) local leadership for suicide prevention was the responsibility of the local authority and was provided by the Office of the Director of Public Health and through a local strategic partnership group;
- (c) the Health and Wellbeing Board had previously asked to be receive occasional reports on local activity for suicide prevention and on the annual audit of deaths by suicide undertaken by the Office of the Director of Public Health. The last report was presented to the Board in October 2015.

Members agreed to –

- I. Note and accept the latest suicide audit report

2. Note the progress being made by the Plymouth Suicide Prevention Strategic Partnership on delivering the annual action plan
3. Support the proposal of the Plymouth Suicide Prevention Strategic Partnership to review the scope of the citywide audit and to amend it to make it locally more appropriate [in the absence of current national guidance
4. Support the Office of the Director of Public Health in exploring the adoption of an avoidable deaths approach to consider deaths by suicide alongside drug and alcohol related deaths, to widen the scope of future audits and to develop proactive and timely sharing of information and the development of shared learning.

57. **Prevention Concordat for Better Mental Health**

Sarah Lees (Consultant in Public Health) presented the Suicide Audit and Prevention Update to the Board.

The following key points were highlighted to Members:

- (a) outlined the background to the development of the Concordat, its aims and ambitions;
- (b) the Prevention Concordat aimed to encourage and enable cross-sector action to promote public mental health approaches by promoting good mental health and wellbeing;
- (c) the type of resources that have been developed to support the concordat and the 5 areas for collaborative action;
- (d) the consensus statement developed to enable organisations to sign up to commit to work together through national and local action to prevent mental health problems and promote good mental health;
- (e) opportunity for the Health and Wellbeing Board to sign the consensus statement in support of the Prevention Concordat;
- (f) the existing local mechanisms through which the Prevention Concordat can be delivered and summarised some of the existing work that contributed to the aims and ambition of the concordat.

Members agreed to –

I. to sign the Prevention Concordat consensus statement to set a clear direction to the local health and social care system and the constituent parts that all should work towards a tangible increase in the promotion of mental health and wellbeing and the prevention of mental illness.

2. the Public Health team to continue to provide system leadership for the promotion of mental health and wellbeing and the prevention of mental illness.
3. confirm that the existing multi-agency groups and networks should be the basis for taking forward the Prevention Concordat.
4. ask that Public Health oversee the development of a local strategy and action plan for increasing work to promote mental health and wellbeing and prevent mental illness across the system, building on the good work already in place.
5. receive an update on progress in 12 months' time.

58. **Integrated Care System Development**

Sonja Manton (CCG) presented the Integrated Care System Development to the Board.

The following key points were highlighted to Members:

- (a) the two-year STP report which has been recently published, providing the opportunity to reflect on the progress across Devon, Plymouth and Torbay over the past two years against our shared ambition;
- (b) updated the board on recent national developments in relation to Integrated Care Systems and local work on developing a strategy for our system;
- (c) invited members to consider how they can be involved in the system development and design work over the Autumn in relation to the emerging ICS in Devon.

The Health and Wellbeing Board noted the update.

59. **Devon Wide Learning Disability Strategy**

David McAuley (CCG) presented the Devon Wide Learning Disability Strategy to the Board.

The following key points were highlighted to members:

- (a) The Health and Wellbeing Board were invited to endorse the adoption of the draft Devon Learning Disability Strategy as it has been developed in partnership with users, carers and key stakeholders.
- (b) the draft Devon Learning Disability Strategy was consistent with the Plymouth Corporate Plan ambitions as well as the Plymouth City Council Integrated Commissioning Strategies.

Members agreed to endorse the strategic direction of the draft Devon Learning Disability Strategy.

60. **Work Programme**

The Board noted the work programme and were requested to email Democratic Support to add items to the work programme.