Health and Wellbeing Board

Thursday 11 July 2019

PRESENT:

Councillor McDonald, in the Chair.
Dr Andy Sant, Vice Chair.
Councillors Laing and Kate Taylor.

Apologies for absence: Dr Shelagh McCormick (NEW Devon CCG), Alison Botham (Plymouth City Council), Craig McArdle (Plymouth City Council), Matt Bell (Octopus Group), David Bearman, Mrs Bowyer and Mrs James (University Hospital Plymouth NHS Trust).

Also in attendance: Michelle Thomas for Dr Adam Morris (Livewell SW), Imogen Potter for Matthew Bell (Octopus Group), Nick Pennell (Healthwatch), Dr Sara Demain for Dr Bridie Kent (University of Plymouth), John Clark (Plymouth Community Homes), Rob Mooney (Devon and Cornwall Police), Ross Jago (NEW Devon CCG), Anna Coles (Director for Integrated Commissioning), Ruth Harrell (Director of Public Health), Tamasine Matthews (Devon and Cornwall Police) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 11.33 am.

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.

1. To note the Appointment of the Chair and to Appoint the Vice-Chair

The Board noted the appointment of Councillor McDonald as the Chair and the appointment of Dr Shelagh McCormick as Vice-Chair. For this meeting Dr Andy Sant acted as Vice-Chair on behalf of Dr Shelagh McCormick, who had given her apologies.

2. Declarations of Interest

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

3. Chairs urgent business

There were no Chair's urgent business, however, the Chair highlighted:

- the Intensive Care Rehabilitation Team at Derriford Hospital were national winners in the Care and Compassion Category at the National Health Service Parliamentary Awards;
- the recent publication of the Healthwatch Annual Report.

4. **Minutes**

Agreed the minutes of the meeting held on 7 March 2019 as an accurate record.

5. **Questions from the public**

There were no questions from members of the public.

6. **Long Term Plan (LTP) for Devon**

Anna Coles (Director of Integrated Commissioning) and Ross Jago (Public Affairs Manager, NHS Devon Clinical Commissioning Group) were present for this item and referred to the report in the agenda. It was highlighted that the plan was building on the work already undertaken across the health and wellbeing system and that it was important for each local system to have a plan in place and to continue to have meaningful engagement with residents.

In response to questions raised, it was reported that:

(a) the Impacts of Poor Housing on Health which went to the previous meeting, work was on-going. They were focussing in particular around the issues that were harder to influence such as privately rented homes and home owners that were struggling to keep up with improvements. A progress update report would to be provided to the Board;

(b) with regard to digital connectivity and digital health it was reported that the SWITCH commission announced today partnered by the University of Plymouth to bring digital to front line users, such as robotics in care homes for people with dementia and the use of Alexa's to provide health information.

The Board agreed:

1. To note the progress to date and the proposed process, timescales, materials and levels of engagement for the development of Devon's Long-Term Plan and endorses the robustness of the process;

2. To develop a joint working arrangement with Devon and Torbay HWB to agree a common set of Health and Wellbeing priorities; and review of the implementation of the Long-Term Plan, insofar as it relates to the Devon STP geography in aggregate.

7. **Plymouth Report 2018/19**

Ruth Harell (Director of Public Health) was present for this item and referred to the report in the agenda. It was highlighted that the Plymouth Report provides a snapshot in time and highlights the challenges across the city. It was also reported that -

(a) the life expectancy challenges and the gap in life expectancy across the city were poorer for the Plymouth population. Nationally over the last couple of years had seen life expectancy plateaued, however for women living in more deprived areas this figure had fallen and it was expected that Plymouth would follow that trend;

(b) they were also seeing a significant increase in infant mortality. This was concerning but it was too early to see whether this was a trend;

(c) they were looking at causes which may affect life expectancy and infant mortality such as such bad flu years and the increase in cardio vascular disease, also austerity and public sector cuts had made it more difficult to ascertain the true causes;

In response to questions raised it was reported that:

(d) the Plymouth Report would be refreshed every two years and officers were following the data and concentrating on the areas of concern. The Health and Wellbeing Board signs off the Plymouth Report and the report was shared with various different partnerships as well as being publicly available on the website;

(e) with regard to multiple deprivation, low education and correlation to low health outcomes and poverty. It was reported that work was being undertaken around ensuring that there were job opportunities for those children in our more derived areas as well as promoting school readiness and attainment, however, they were not doing enough in partnership to address this. The strengthening of our communities was of prime importance and it was suggested that a workshop to bring partners together to discuss this;

The Board agreed to:

1. Note the content of the Plymouth Report.

2. Use the Plymouth Report to inform business activities.

3. Acknowledge the key issues and challenges facing the city highlighted in the report and commit to work in partnership and integration to address them.

It was also agreed that:

4. A workshop to address the areas of multiple deprivation within the city to be organised.

5. The weblink to Plymouth Report would be circulated to the Board when completed.

8. **Plymouth as a Trauma Informed City**

Shelley Shaw (NSPCC), Simon Hardwick (Devon and Cornwall Police) and Julie Frier (Consultant in Public Health Medicine) were present for this item and ran through the attached presentation.

Plymouth as a Trauma Informed Cit

In response to questions raised, it was reported that:

(a) they had mapped a family that had been helped by 20 different professionals and this family could have been dealt with by 2 to 3 people on behalf of all agencies. Also the way we interact with individuals and families can be traumatising having to retell their stories time and time again could lead to them not wanting support. There needs to a sense of purpose and to have a shared outcome, also about the relationships we build and being kind and compassionate;

(b) in Scotland they provided awareness training for the workforce and more tailored training to those with a more specific role around safeguarding. By using Scotland as a model would have a more attuned workforce to respond in a slightly different way and to give a more empathetic response;

(c) people are reporting that they do not want a therapeutic intervention but validation that they have experienced trauma. These people may already be in our system and we need to look at what was being offered. We need to understand who these people are, where they are in the system, what resources they are utilising and whether resources could be provided in a different;

(d) the police had invested in their workforce and reviewed the approach taken in dealing with a situation by taking a more wellness approach rather than a targeted police operation approach. This had given them a better understanding of the fundamental issues around the individual and why they could be acting the way they were;

(e) they receive at least 5 emails a week from individuals requesting to join the network which was a sign that this was the right thing to do. These individuals would be playing a part in changing the culture within organisations and there was a need to utilise this and take this opportunity to make the cultural and systematic changes;

(f) the Marmot Report which highlights that every child should have the best start in life and the importance of cognitive development. By pulling together the different strands such as health inequalities and cuts to public sector funding that this was the way forward in

addressing the different strands;

(g) this approach would pick up on previous evidence and yes this was wider than this board but we are all here as systems leaders. They were not at the stage to define the programme of work but this would come with time;

(h) this had been a ground up approach and developed by people that were passionate about this agenda and bringing it to life and want the board's support and recognition.

The Board agreed -

1. To note the recent work that has been carried out across the city on developing a trauma informed approach and in particular the work of the Trauma Informed Plymouth Network.

2. To provide Health and Wellbeing Board's full support to the development of trauma-informed approaches, making Plymouth a trauma-informed City.

3. That Member organisations of the Health and Wellbeing Board consider their own role in making Plymouth a trauma informed city.

9. Work Programme

The Board noted the work programme and requested the following items were added –

- Substance misuse and the impact on the city - January 2020.
- Health and Wellbeing Hubs and their relationship with other organisations.