

# Health and Wellbeing Board

**Thursday 3 October 2019**

## **PRESENT:**

Councillor McDonald, in the Chair.

Dr Shelagh McCormick, Vice Chair.

Councillors Mrs Aspinall (substitute for Councillor Kate Taylor) and Mrs Bowyer.

Apologies for absence: Alison Botham, Mrs James and Kate Taylor.

Also in attendance: Craig McArdle (Interim Strategic Director for People), Nick Pennell (Healthwatch), Professor Bridie Kent (University of Plymouth), Michelle Thomas (Livewell SW), David Bearman (Devon Local Pharmaceutical Committee), Matt Bell (Plymouth Octopus Group), John Clark (Plymouth Community Homes), Chief Inspector Dave Thorne (Devon and Cornwall Police), Ruth Harrell (Director of Public Health), Kamal Patel (Public Health), Sarah Lees (Public Health), Rachel Silcock (Plymouth City Council), Andy Bickley (Independent Chair, Safeguarding Adults Board) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 11.50 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.*

## 10. **Declarations of Interest**

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

## 11. **Chairs urgent business**

There are no items of Chair's urgent business.

## 12. **Minutes**

Agreed that the minutes of 11 July 2019 were confirmed subject to the following change to page one, in the attendance section, Octopus Group should read Plymouth Octopus Group.

The Chair referred to page 3 of the minutes, minute 4 - a workshop to address the areas of deprivation within the city. The Director of Public Health reported that a workshop would be convened on the back of the Director of Public Health's Annual Report to address the challenges.

## 13. **Questions from the public**

There were no questions from members of the public.

#### 14. **Chairs Report**

The Chair updated the Board on the development of the NHS Long Term Plan. It was reported that Devon was developing a local version of the NHS Long Term Plan called Better for You, Better for Devon. People across Devon have helped shaped the future of health and care by sharing their views as part of the engagement programme which launched on 11 July 2019 and closed on 5 September 2019.

Healthwatch Devon have evaluated the engagement findings and were in the process of the finalising their independent report. Also many colleagues across the health and care system have been involved in the development of the plan and scrutiny committees have been invited to attend briefing sessions over the next couple of weeks.

Submission dates were not aligned to scheduled committee meetings of the local authority and request to the Board to delegate to the Director of Public Health, in consultation with the Chair and Vice-Chair of the Health and Wellbeing Board, a final review of the NHS Long Term Plan before the final submission on the 1 November 2019.

Agreed to:

1. Delegate to the Director of Public Health, in consultation with the Chair and Vice-Chair of the Health and Wellbeing Board, a final review of the NHS Long Term Plan before the final submission on the 1 November 2019.
2. Circulate the NHS Long Term Plan to all members of the Health and Wellbeing Board prior to submission on 1 November 2019.

#### 15. **Safeguarding Adults Board Verbal Update**

Andy Bickley (Independent Chair, Safeguarding Adults Board) was present for this item and provided a verbal overview of the activities of the board. It was reported that:

- (a) the Board was established under the Care Act and areas of work include embedding learning opportunities, commissioning of Safeguarding Adult Reviews (SARs), production of an annual report as well as working in partnership to review the effectiveness of local services to identify people being abused or at risk of being abused;
- (b) there was strong local partnership engagement and regional leadership supported by the Association of Directors of Adult Social Services (ADASS) which had resulted in better links between the local, regional and national agenda;
- (c) they were looking at how the board interfaces with Safer Plymouth, Health and Wellbeing Board and the Trauma Informed Network to avoid duplication of work and to ensure vulnerable people were not lost within the system;

- (d) they undertook a sense check against other organisations and this was led by an independent chair which highlighted the need to have more crunchy conversations and to build on what had worked well;
- (e) Livewell SW and Healthwatch were supporting the board around enhancing the performance data on how to focus efforts by neighbourhoods. The board were embarking on preventative activity and were starting to align with the Health and Wellbeing Hubs;
- (f) Healthwatch had provided support around engagement and participation and how this links with board's communications strategy. This resulted in the setting up of a twitter account and the use of other social media platforms;
- (g) work around SARs was time consuming but was important to understand the learning. A regional library was in development to capture national learning, draw out clear themes to ascertain whether there were any similarities in how other areas had approached their reviews;
- (h) 1600 staff were trained in various elements of adult safeguarding;
- (i) the Creative Solutions Forum Board was led by practitioners have assessed around 100 cases undertaking active problem solving to create a highly effective ways to work differently in partnership;
- (j) next steps for the Board to review the performance and how to integrate with the health and wellbeing hubs to improvement engagement access and the relevance of safeguarding and harnessing services users.

The Panel raised that they would have liked to have seen a written report rather than receive a verbal update.

The Board noted the Safeguarding Adults Board update and agreed that a written summary is provided and circulated to the Board.

## 16. **Director of Public Health Annual Report Highlights**

Ruth Harrell (Director of Public Health) was present for this item and provided a presentation to the Board. It was highlighted that the report aims to stimulate awareness and discussion on how we work in partnership to tackle the issues within the city.

In response to questions raised, it was reported that:

- (a) they would continue to lobby for a better funding settlement and the Chair highlighted that she had written to Duncan Selbie, Chief Executive, Public Health England to raise the various issues faced in Plymouth.

The following comments were made by the Board in relation to the Director of Public Health Annual Report:

- (b) the concerns on funding around health and local provision and the need to keep making the case locally. There were great initiatives in the city but were less clear on how we support people in poverty and how we invest not only in health but in other areas;
- (c) about building the community to link into services and how communities need to respond. There was expertise within the communities and to build on this.

The Board agreed:

1. To note the content (including the recommendations) of the Director of Public Health Annual Report.
2. To commit to considering what each partner organisation could contribute to these recommendations.
3. To consider our response, if any, to the national picture.

Also agreed to set up a workshop on how to tackle the deprivation in the city.

#### 17. **Green Paper on Prevention**

Ruth Harrell (Director of Public Health) was present for this item and referred to the report in the agenda. It was highlighted that:

- (a) it was recognised that the NHS play more of a role in prevention but there was a need to look at prevention locally with partners;
- (b) the key ambition of the green paper was to ensure that people enjoy at least 5 extra years of life;
- (c) recognition for mental health being a key pillar and to improve awareness and to reduce the stigma.

In response to questions raised, it was reported that:

- (d) there was an opportunity around the Future Parks Programme and encouraging people to enjoy the green space and take advantage of organised free park runs at different parks across the city;
- (e) national campaigns were not always successful in capturing the cohorts of people that we need to reach but how we at a local level frame the campaign to capture the right people;

- (f) the importance of sleep and lack of sleep impacts on physical and mental health.

The Board agreed:

- 1. To note the content of the Prevention Green Paper.
- 2. To consider making an organisational response to the consultation and/or feed in via [ODPH@plymouth.gov.uk](mailto:ODPH@plymouth.gov.uk)

## 18. **Health and Wellbeing Hubs**

Rachel Silcock (Strategic Commissioning Manager) was present for this item and provided the Board with a presentation.

The following comments were made by Board members in relations to the presentation:

- (a) congratulations were given on the development of the hubs and that the hubs have come to life and provide a coherent offer. A place for organisations to feed people into and has shown real benefits;
- (b) that the hubs were transformational and the Headspace Crisis Café provides an amazing provision for our most vulnerable in crisis. They have a place to go to and can talk to someone. This needs to be congratulated.

Thanks were given to the positive comments made and it was reported that they were gaining momentum within the community and were beginning to see existing hubs grow. The Steering Group were now looking at groups that would benefit from the hubs and how to get them to access the hubs and would be working with partners on how this could be achieved.

In response to questions raised, it was reported that:

- (c) it was still early days for the primary care networks, however the hubs have employed social subscribers who have been in operation for the last 18 months and were well versed in the offer and linking people to the hubs;
- (d) outreach from the hubs and reviewing what already exists within the community. Encouraging communities to approach the community pharmacy, local church groups and other community groups to maximise the benefits and offer within that community;
- (e) more thinking was needed around the community pharmacy and the need to think about how to link into the online directory and work with Local Pharmaceutical Committee to bring together that offer;

- (f) the hubs provide an holistic approach for users which had resulted in users becoming volunteers..

The Board noted the Health and Wellbeing Hubs Report.

19. **Work Programme**

The Board noted the work programme and requested the following items to be included:

- Dementia Diagnosis and link into the mental health programme plan (January);
- Board Development workshop (explore relationship themes across different topics/Board reflection).

The Chair gave thanks to Professor Bridie Kent for her valued contribution and would be replaced on the Board by Professor Sube Banerjee, Executive Dean of the Faculty of Health.