



Oversight and Governance

Chief Executive's Department
Plymouth City Council
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HEALTH AND WELLBEING BOARD

Thursday 3 October 2019
10.00 am
Warspite Room, Council House

Members:

Councillor McDonald, Chair
Dr Shelagh McCormick, Vice Chair
Councillors Mrs Bowyer, Laing and Kate Taylor.

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

Non-Statutory Members: Plymouth Community Homes, Livewell SW, University Hospitals Plymouth NHS Trust, Devon Local Pharmaceutical Committee, University of Plymouth, Devon and Cornwall Police, Devon and Cornwall Police and Crime Commissioner and the Voluntary and Community Sector.

Members are invited to attend the above meeting to consider the items of business overleaf.

This meeting will be webcast and available on-line after the meeting. By entering the Warspite Room, councillors are consenting to being filmed during the meeting and to the use of the recording for the webcast.

The Council is a data controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with authority's published policy.

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 by 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 - 6)

To confirm the minutes of the meeting held on 11 July 2019.

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. Chairs Report

7. Safeguarding Adults Board Verbal Update

8. Director of Public Health Annual Report Highlights

(Pages 7 - 8)

The DPH report will be available in full shortly before the Health and Wellbeing Board, following its publication as part of the Cabinet papers (but due to timing is not included within these papers).

9. Green Paper on Prevention

(Pages 9 - 20)

10. Health and Wellbeing Hubs

(Pages 21 - 32)

11. Work Programme

(Pages 33 - 34)

The Board are invited to add items to the work programme.

Health and Wellbeing Board

Thursday 11 July 2019

PRESENT:

Councillor McDonald, in the Chair.

Dr Andy Sant, Vice Chair.

Councillors Clark, Harrell, Laing, Morris, Pennell 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 cardiovascular 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.

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Health and Wellbeing Board



Date of meeting:	03 October 2019
Title of Report:	Director of Public Health Annual Report
Lead Member:	Councillor Kate Taylor (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

The Director of Public Health (DPH) publishes a report annually. This provides the opportunity to update a wide audience, raise awareness of particular issues and stimulate debate.

In this year's annual report, I have aimed to achieve two things; firstly, to update on year 4 of Thrive Plymouth, where the focus was mental wellbeing. Good mental wellbeing is the foundation for a healthier lifestyle; and similarly, healthier lifestyles can promote positive wellbeing. Part I of the annual report describes just some of the activities and interventions that the partnership of Thrive Plymouth has enabled.

Unfortunately, Part 2 of the report contrasts with the asset-based approach of part I, since it highlights some of the national emerging trends with reducing life expectancy for some sectors of the population, increases in infant mortality and therefore growing inequality. It is important that we are aware of these national trends, and are questioning what more we should be able to do; whether this is lobbying for national factors to change, or doing things differently locally.

The DPH report will be available in full shortly before the Health and Wellbeing Board, following its publication as part of the Cabinet papers (but due to timing is not included within these papers).

Recommendations and Reasons

1. Note the content (including recommendations) of the DPH annual report
2. Commit to considering what each partner organisation could contribute to these recommendations
3. Consider our response, if any, to the national picture

Alternative options considered and rejected

Not applicable.

Relevance to the Corporate Plan and/or the Plymouth Plan

The DPH annual report supports the Plymouth Plan aim to become a Healthy City, reporting on our work to reduce inequalities, and the challenge from the national picture.

Implications for the Medium Term Financial Plan and Resource Implications:

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.

None

Appendices

*Add rows as required to box below

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

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.

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	1	2	3	4	5	6	7

Sign off:

Fin	NA	Leg	NA	Mon Off	NA	HR	NA	Asset s	NA	Strat Proc	NA
Originating Senior Leadership Team member: Ruth Harrell											
Please confirm the Strategic Director(s) has agreed the report? Yes											
Date agreed: 18/09/2019											
Cabinet Member approval: Kate Taylor approved by email											
Date approved: 18/09/2019											

Health and Wellbeing Board



Date of meeting:	03 October 2019
Title of Report:	Prevention Green Paper summary
Lead Member:	Councillor Kate Taylor (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

The Prevention Green Paper, published on 22nd July 2019, sets out a direction of travel for prevention into the 2020's. The proposals aim to help to deliver a government mission to: "ensure that people can enjoy at least 5 extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest".

This report provides a summary of the Prevention green paper along with a narrative giving some of the context for Plymouth.

Recommendations and Reasons

1. Note the content of the Prevention Green Paper
2. Consider making an organisational response to the consultation and/or feed in via ODPH@Plymouth.gov.uk

Alternative options considered and rejected

Not applicable.

Relevance to the Corporate Plan and/or the Plymouth Plan

The Prevention green paper sets out the national direction of travel for the prevention agenda. It highlights the areas in which PHE will invest their time and energy in making policy changes, and highlights the areas where it is thought local places can support these efforts. This is closely aligned to the Healthy City elements of the Plymouth Plan.

Implications for the Medium Term Financial Plan and Resource Implications:

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.*

None

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Sign off:

Fin	NA	Leg	NA	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: 18/09/2019											
Cabinet Member approval: <i>Kate Taylor approved by email</i> Date approved: 18/09/2019											

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GREEN PAPER - ADVANCING OUR HEALTH: PREVENTION IN THE 2020'S

Office of the Director for Public Health



I. SUMMARY

The Prevention Green Paper, published on 22nd July 2019, sets out a direction of travel for prevention into the 2020's. The proposals aim to help to deliver a government mission to: "ensure that people can enjoy at least 5 extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest".

It should be noted that this is in a context where life expectancy is reducing in some of the most deprived groups nationally; and in Plymouth, is lower than the England averages.

The green paper sets out a vision for prevention in which health is treated as an asset, and the population empowered to 'co-create' their own health. Many of the measures announced focus on personalisation, and addressing inequalities between the most and least deprived members of the population.

While the focus on tackling health inequalities is welcomed, there is a strong focus on individuals and their responsibilities; less recognition of the wider determinants and how strongly that constrains choice (especially in light of emerging evidence around impacts of childhood trauma) than we would like to see.

The Department of Health and Social Care (DHSC) will support prevention by embedding genomics in healthcare, expanding and modernising screening programmes, and taking a predictive approach to prevention to identify risks before they manifest in a personalised way.

This has interesting potential to impact significantly on families where there has been a known or suspected hereditary disease. It is unlikely to impact significantly at the population level, at least not in the near future. There will need to be concerted efforts to ensure that this benefits all eligible, which will require more active case finding in more deprived areas. Funding needs to take this into account.

The NHS Long Term Plan has a key role to play in the wider approach to prevention, with measures such as expanding the diabetes prevention programme, introducing social prescribing and establishing alcohol care teams and support to stop smoking. There will be further support and advice for people to stay active including into old age.

The recognition that the NHS can play more of a role in prevention is welcomed. In Plymouth, we have demonstrated the importance of social prescribing (and the networks of VCSE that sit alongside it), and funding social prescribing through PCNs will add valuable resources; though the current funding does not recognise that different PCNs will have very different patient populations, and it is not weighted towards deprivation. The role of the wider system outside of the NHS has not been recognised as strongly; this is demonstrated by the decline in public health grant over the years, and the minimal mention of local authority role in the NHS Long Term Plan.

The green paper sets out ambitions to address the causes of ill health, and announces a 2030 smoke-free goal, action on childhood obesity, measures to improve food labelling, encouraging industry to reformulate foods and exploration of further levies on high sugar foods.

These actions are welcomed; it is the policy changes at a national level that are generally most effective and can make a significant difference.

The green paper addresses mental health as a key pillar of good health, and introduces a range of measures to support mental health in health services and schools, including a duty for schools to teach about mental health and campaigns to increase awareness of mental health.

Ensuring that mental health has parity of esteem with physical health is important and support for mental health and wellbeing promotion is also important.

The government will explore ways of supporting the wider determinants of health, including supporting local authorities to incorporate health into planning of places and services, and improve access to green spaces.

The recognition of local authority's role is welcomed. In Plymouth, we have been quick to adopt changes allowed under current planning guidance and would be keen to work with any new changes.

Below, further detail is provided on the themes within the green paper. It is at the consultation stage, and Public Health will facilitate a consultation response (the questions are listed in Appendix 1).

2. CONTENT OF THE PREVENTION GREEN PAPER

The paper cites a number of opportunities and challenges that are faced.

2.1. Opportunities

- Intelligent public health: using technology and data to provide targeted support, tailored lifestyle advice, and personalised care:
 - Launching Phase I of Predictive Prevention work programme from PHE
 - Intelligent screening (e.g. to maximise uptake, stratify risks)
 - Intelligent health checks (e.g. increasing uptake, more focused, digital delivery).
 - Precision medicine (e.g. National Genomics Healthcare Strategy autumn 2019 – integrating whole genome sequencing into healthcare system)

Whilst there are opportunities here, there are also risks, a key one being that there is a reduced take up in the areas of most need (the inverse care law) therefore widening inequalities.

We certainly support the principle of better targeting of health checks; we have been working on this in Plymouth already, in efforts to target minimal resources at those most in need. We have found that a full NHS health check is not always the most attractive to those with most to benefit.

- Antimicrobial resistance: AMR contained and controlled by 2040

This is a priority programme for Public Health England and is being driven nationally.

- Immunisations: Vaccination Strategy spring 2020 – reaching over 95% uptake for childhood vaccinations, including second MMR dose and increase uptake of seasonal influenza vaccine.

Vaccination programmes are commissioned by NHS England, with oversight from the DPH. In Plymouth childhood vaccination coverage was generally above 95% in 2017/18, except for the second MMR dose (94.1%). However, flu vaccination uptake is low in at risk groups and those aged over 65.

2.2. Challenges

The four key behaviours targeted in Thrive Plymouth (diet, exercise, smoking, and alcohol) align well with the key challenges identified in the green paper.

2.2.1. Smoking

- Announcing smoke-free ambition in England by 2030.
- Focus stop smoking support on at need groups (e.g. pregnant women, those living in mental health institutions and those in deprived communities).
- Call for evidence to assess further the effectiveness of heated tobacco products

In Plymouth the prevalence of smoking in adults is higher than in England, but levels of smoking at age 15, time of delivery, and in adults with severe mental illness is in line with England. General Practices and Community Pharmacies provide stop smoking services for their patients and customers, as well as a very strong offer from Livewell SW (under 'One You Plymouth') who carry out considerable outreach into communities (including through our Wellbeing Hubs).

2.2.2. Maintaining a healthy weight

- Government will end the sale of energy drinks to children under the age of 16.
- Consulted on calorie labelling in out-of-home sector, promotions and advertising bans on unhealthy foods
- Working with local authorities, e.g. designing cities for active travel, takeaways near schools.

- Commission an infant feeding survey.
- PHE to publish guidelines for nutritional content of baby food and drinks in 2020
- Improve marketing and labelling of infant food and consult on success of current front-of-pack nutritional labelling scheme
- Food and drink reformation:
 - Consider extending the 'Sugar Tax' to sugary milk drinks
 - Reduce population's salt intake to 7g per day
- Improve quality of brief advice on health issues including weight management
- Continue to develop Our Family Health, a digital approach to support families with children aged 4 to 7 years with lifestyle behaviour change
- Improve support to families identified through the National Childhood Measurement Programme.

Our childhood obesity figures in Plymouth are mixed compared to England (lower at age 10-11, but higher at age 4-5 and adults), but remains a very significant health problem.

There are a wide range of system-wide measures that support reductions in obesity, and these are core to Thrive Plymouth and the Plymouth Plan. Our Local Plan for Plymouth embedded actions to reduce children's exposure to takeaways near schools and to prevent a proliferation of takeaways in any given area.

Local actions can only do so much and national measures such as better regulation of foods and of marketing are very helpful in tackling this issue.

2.2.3. Staying active

- Promote active travel
- Launch a new 'digital design challenge' for strength and balance exercises for at risk groups
- Support health professionals to promote physical activity in their patients (Moving Healthcare Professionals)

In England a third of all adults do not meet guidelines of for aerobic activity and this is similar in Plymouth. As one of the Thrive Plymouth risk factors, we are working across the city with partners to encourage physical activity, whether this is active travel, seated exercise classes for those with reduced mobility, or sports. Active for All is a service which supports and promotes physical activity in adults with mental health problems and/or learning disabilities in Plymouth.

The Manadon Sports and Community Hub was recently opened; this venture is run by Plymouth Argyle Community Trust and the focus is on getting the community engaged and helping people to be more active in a way that works for them. It is closely affiliated with the Four Green wellbeing Hub and thus brings in all of the dimensions of health, wellbeing and person-centred support that Wellbeing Hubs offer.

2.2.4. Taking care of our mental health

- Improve mental health literacy
- Mental health in the school curriculum and training for all new teachers
- Advice for children and young people on dealing with difficult emotions and situations (Rise Above programme in schools and online)
- Encourage local authorities to put in place mental health promotion plans
- Strengthening suicide prevention plans
- Support university students with mental health
- Every Mind Matters Campaign in October 2019, which will also include advice to parents on supporting their children's mental health and wellbeing
- Breathing Space scheme to provide respite to those in problem debt
- Embed nature-based interventions as part of strategies for preventing and treating mental ill health
- Alcohol: increase availability of alcohol-free or low-alcohol products by 2025

- Drug use: policy development around issues with prescribed and illicit opioids.
- Sleep: review the evidence on sleep and health

In Plymouth the estimated prevalence of common mental disorders in over 16s and school pupils with social, emotional and mental health needs are greater than the national average. However, self-reported wellbeing scores are in line with the national average.

Alcohol and illegal drug misuse in Plymouth is higher than the national average and is concentrated in our most deprived and vulnerable populations. Our services are efficient, effective and amongst the lowest unit cost in the region. We have been developing a 'whole system' approach to service design and delivery, removing divisions between services and responding collectively to complex presentations.

The Health Improvement Service (One You Plymouth) delivers personalised information and support for people to make lifestyle improvements, including smoking cessation, weight management, physical activity interventions and brief interventions for alcohol. The service targets face to face support within the most deprived neighbourhoods.

Thrive Plymouth year 4 focused specifically on mental wellbeing, and there is considerable work underway across the city through our Thrive Plymouth Network.

Prevention in the NHS

- Expand role for community pharmacies for minor illnesses and health advice.

2.3. Strong Foundations

2.3.1. Early years

- Modernise the Healthy Child Programme – universal in reach, personalised in response.
- Consult on school toothbrushing scheme
- Explore ways to remove barriers to fluoridating water

The Healthy child programme in Plymouth has recently been re-procured as an integrated offer, delivered by Livewell SW. This is developing and modernising the service.

Child oral health metrics in Plymouth are either in line or better than the national average; we have strong partnerships across the city with the Peninsula Dental School and the associated CIC.

2.3.2. Creating healthy places

Employment and workplaces

- Million more disabled people in work by 2027
- Health is Everyone's Business: consultation on measures to reduce ill health-related job loss
- Explore how to align support for people with mental and physical health conditions across the NHS, employers and occupational health
- Launch a call for evidence on MSK problems in the workplace

We are working closely with partners such as PLUSS and the Jobcentre through Wellbeing Hubs to ensure that people are supported to find work and to stay in work.

One area of Thrive Plymouth is the Workplace Wellbeing where we have supported local employers to support the health (physical and mental) of their workforce.

Homes and Planning

- Improve homes for people living with a disability, including dementia
- Launch the 'Home of 2030' design competition bringing together clean growth and ageing society grand challenges.
- Publish Putting Health into Place principles for local systems as they plan, design and manage new neighbourhoods, streets, parks and buildings so that they prioritise health and wellbeing.

- Improve public awareness about pollution sources and improve data on health impacts of air quality

The Plymouth Plan (and associated documents) describes the ambition for development for Plymouth to be a healthy city and to ensure there is housing fit for the needs of the population.

- Safer communities: public health approach to tackle serious violence with a focus on prevention and multi-agency working to tackle the issue.

We have a strong Safer Plymouth partnership; trauma-informed practices will support the prevention agenda around serious violence.

- Loneliness: loneliness strategy: will publish annual reports on loneliness agenda.

We have a loneliness Action Plan, in support of a Pledge to tackle loneliness throughout our communities.

2.3.3. Healthy ageing

2020 to be the decade of active ageing

- Develop a Consensus Statement on Healthy Ageing

2.3.4. National action

- Develop and launch a new Composite Health Index, which can be tracked alongside other top-level indicators like GDP
- Expand PHE's capacity to project and model the impact of future trends in health
- Improve the quality and coverage of health impact assessments of non-health policies.
- Develop a new Sexual and Reproductive Health Strategy for England.

Rates of sexually transmitted infections in Plymouth are high when compared to England averages and rates in nearest neighbour areas. Rates of teenage conceptions in Plymouth are slightly above the England average but the lowest when compared to nearest neighbours. Sexual Health in Plymouth operates as part of a broader system of sexual and reproductive healthcare services commissioned by the CCG and NHS England that include abortion services, HIV treatment and care services, a Sexual Assault Referral Centre and cervical screening programme. Plymouth City Council also commissions General Practice and Community Pharmacies to provide long acting reversible contraception, emergency contraception and chlamydia screening and treatment.

2.3.5. Local action

- Health and wellbeing boards should form a key part of the local infrastructure on prevention, working with integrated care systems.
- Want the NHS and local authorities working more closely with more collaborative commissioning, making the best use of health and wellbeing boards.
- Local authorities will continue to be responsible for commissioning sexual and reproductive health, health visiting and school nursing services.

3. APPENDIX I CONSULTATION QUESTIONS

Prevention Green Paper : Advancing our health – prevention in the 2020's

The Green Paper is available here;

<https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document>

Consultation responses can be made here;

<https://consultations.dh.gov.uk/prevention/a09d31b8/consultation/subpage.2019-07-02.2217589679/>

The specific questions in the consultation are as follows;

1. Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups?
2. Do you have any ideas for how the NHS Health Checks programme could be improved?
3. What ideas should the government consider to raise funds for helping people stop smoking?
4. How can we do more to support mothers to breastfeed?
5. How can we better support families with children aged 0 to 5 years to eat well?
6. How else can we help people reach and stay at a healthier weight?
7. Have you got examples or ideas that would help people to do more strength and balance exercises?
8. Can you give any examples of any local schemes that help people to do more strength and balance exercises?
9. There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?
10. Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?
11. We recognise that sleep deprivation (not getting enough sleep) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?
12. Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?
13. What should the role of water companies be in water fluoridation schemes?
14. What would you like to see included in a call for evidence on musculoskeletal (MSK) health?
15. What could the government do to help people live more healthily:
 - In homes and neighbourhoods
 - When going somewhere
 - In workplaces
 - In communities

16. What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?
- Support people with staying in work
 - Support people with training to change careers in later life
Support people with caring for a loved one
 - Improve homes to meet the needs of older people
 - Improve neighbourhoods to meet the needs of older people
 - Other [specify]
17. What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3
18. How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?
19. What more can we do to help local authorities and NHS bodies work well together?
20. What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?
21. What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

3.1. Heading 3

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3.1.1. Heading 4

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Health and Wellbeing Board



Date of meeting:	03 October 2019
Title of Report:	Health and Wellbeing Hubs update
Lead Member:	Councillor Kate Taylor (Cabinet Member for Health and Adult Social Care)
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:	Yes
Confidentiality:	Part I - Official

Purpose of Report

To provide an update on the progress of implementing a programme of Wellbeing Hubs

Recommendations and Reasons

To note the report

Alternative options considered and rejected

N/A

Relevance to the Corporate Plan and/or the Plymouth Plan

The Wellbeing Hubs support the Council's Value as a Partner, because they are being developed as a partnership between the Council, Commissioned Services, the wider Voluntary Sector and other organisations such as Livewell Southwest and University Hospitals Plymouth NHS Trust.

The Hubs also support our vision of Caring Plymouth, working with residents towards happy, healthy and connected communities where people lead safe and fulfilled lives. The focus of activity in the hubs is on early intervention and prevention and the promotion of both physical and mental health and wellbeing. A range of services and opportunities are being developed to keep adults and whole families safe and through the targeted provision of health improvement and information and advice, there will be a reduction in health inequalities.

Implications for the Medium Term Financial Plan and Resource Implications:

Following some initial pump priming from the improved Better Care Fund in 2019/20, the Hubs will be cost neutral or potentially make some savings in terms of commissioned services. The important point about efficiencies is that as the Hubs develop they should take pressure from health and social care services. Hubs are essentially about prevention and early intervention and the evidence shows that ultimately if we spend money downstream in this way, savings will be made in more costly upstream or specialist services.

Carbon Footprint (Environmental) Implications:

Providing services locally in neighbourhoods saves people from having to travel, which should reduce traffic flow into the city centre for example to visit advice services or Derriford.

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 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.						
		1	2	3	4	5	6	7
A	Briefing report title							
B	Equalities Impact Assessment (if applicable)							

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 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.						
	1	2	3	4	5	6	7

Sign off:

Originating Senior Leadership Team member: Ruth Harrell
Please confirm the Strategic Director(s) has agreed the report? Yes
Date agreed: 23/09/2019
Cabinet Member approval: Councillor Kate Taylor approved by email
Date approved: 24/09/2019

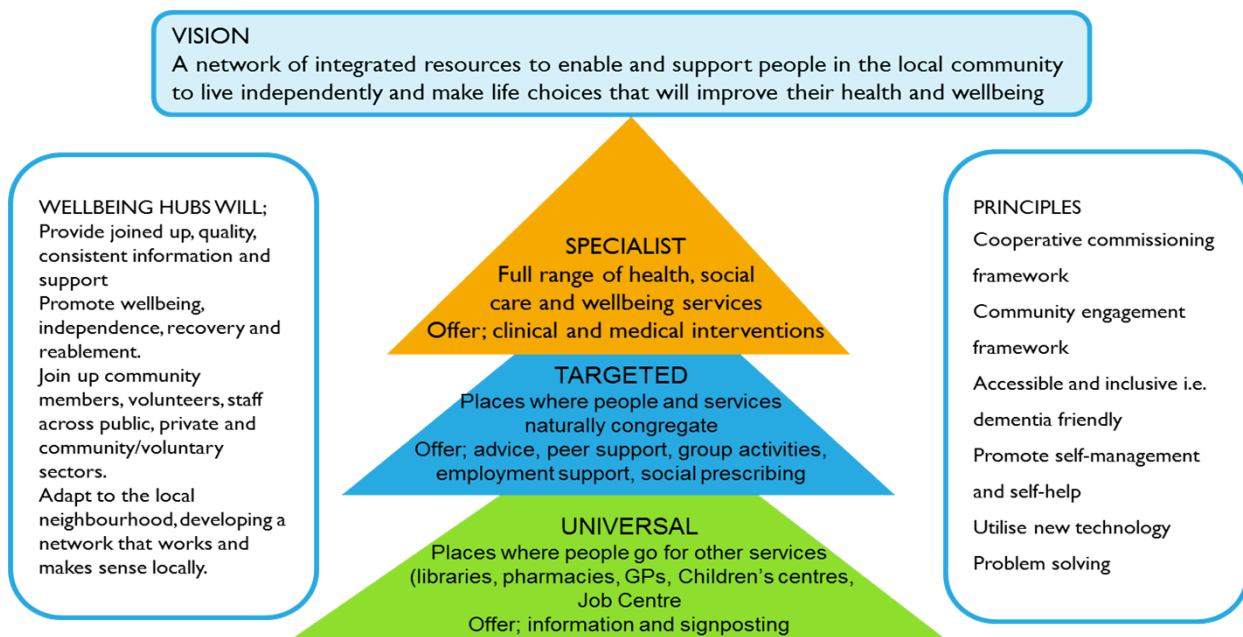
WELLBEING HUBS

Integrated Health and Wellbeing

Wellbeing Hubs have been identified as a priority for our system through the Commissioning Intentions, and by the current administration (pledge no. 54 of 'Our 100 Pledges for a Plymouth to be Proud of').

The aims of the Wellbeing Hubs are to:

- Align services so that they work better for people, giving them a coherent 'journey' through the services that they may need to improve and promote their own health and wellbeing. This is particularly aimed at helping people to find services that are more appropriate for their need than a GP/A&E.
- Help people and communities to support each other, by bringing the current CVS services together and enabling people to better support themselves.



Both of these aims should result in finding the most cost-effective intervention for the person when they need it and support the systems ambitions of an Integrated Care Model for Plymouth which:

- Promotes health through integration
- Empowers communities to take active roles in their health and wellbeing
- Offers locality-based care model design and implementation
- Shifts resources closer to home, or in people's own homes
- Facilitates health and social care integration

There are currently four Wellbeing Hubs open across the city; Jan Cutting Healthy Living Centre, Four Greens Community Trust, Improving Lives and Cumberland Centre (specialist hub), with a Sports and Community Hub at Manadon linked to the Four Greens Hub.

WELLBEING HUBS MODEL

Wellbeing Hubs have been developed through the Wellbeing System Design Group, with input from the evidence base and a detailed review of need and assets in each area of the city.

There is clear evidence that social prescribing can offer efficiencies and is effective at linking people to services and other forms of support that can help them to improve or better manage their health, reducing the use of healthcare services as well as improving their health and wellbeing. This service is therefore pivotal to the success of Hub. It is essential that the social prescribers can link people into the right range of services and opportunities, providing that support to get them back on track through supporting any immediate concerns (‘what matters to me?’) and then supporting and promoting their health and wellbeing in the future through building their resilience, and making links to their community. These services are partly commissioned by the Council or CCG, but the vast majority are provided in the area by the VCSE, and we are helping to ensure that the right person accesses these opportunities when they need it.

The System Design Group is comprised of partners across the city who have some role in the health and wellbeing system; GPs, community and hospital service providers, commissioners, and the VCSE. Through the SDG we have developed and tested the model, but more importantly we have developed and built relationships between different people who often work with a similar cohort of people but were not aware of each other, or how to work together for those people.

Target Operating Model

The target operating model details how individuals are signposted from community and statutory services to a range of preventative services.

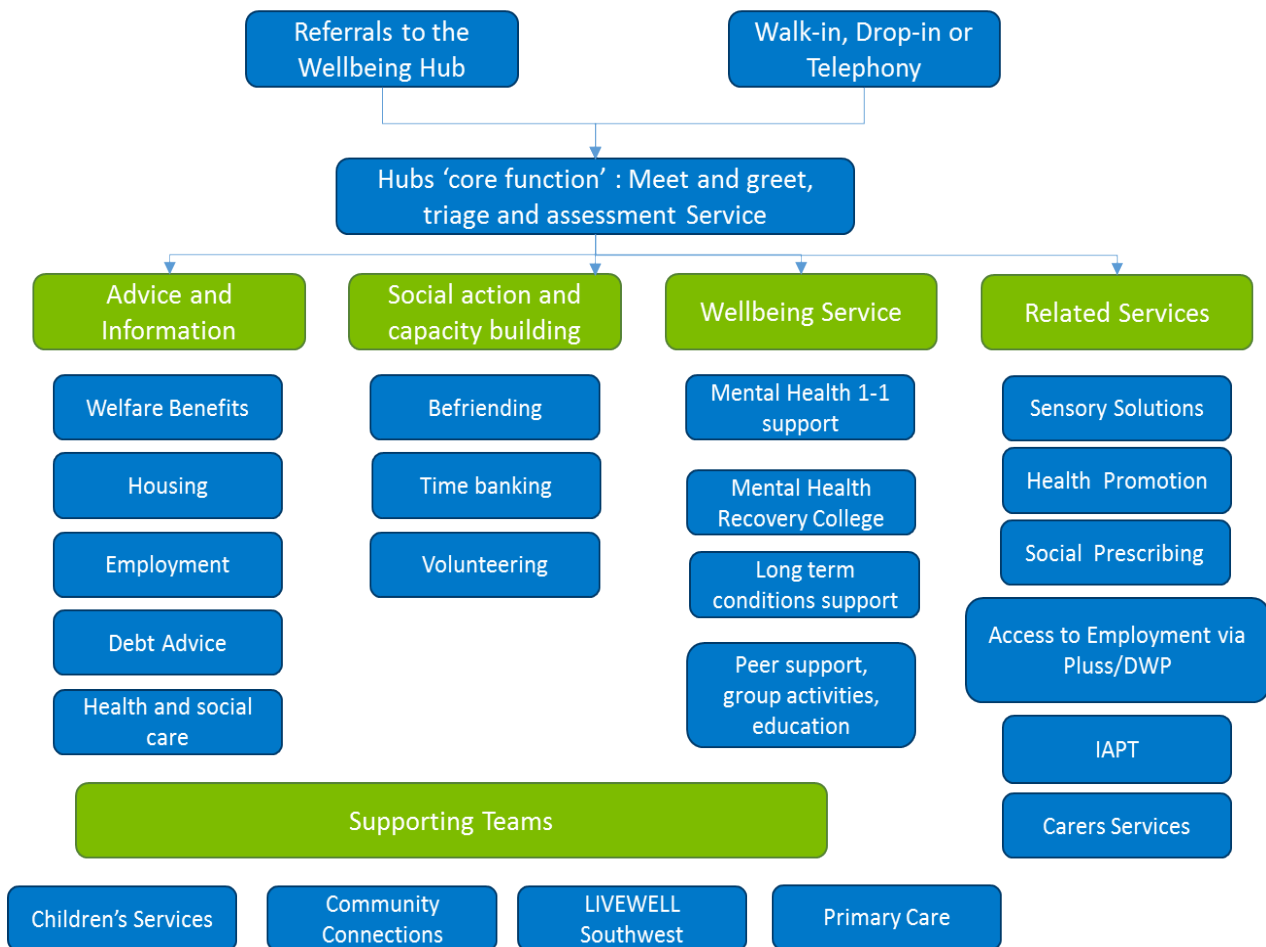


Figure 1 Services supporting Wellbeing Hubs

Commissioned Services

The physical Wellbeing Hubs are the enablers to improve accessibility to services. There is currently an annual commissioning spend of £2,495,456 on Advice and Information, Wellbeing and Health Improvement services. These commissioned services are being remodelled to meet the requirements of the Wellbeing Hubs model.

The new contracts will shape the way in which people experience support in their communities and for many will act as a gateway to receiving more appropriate support closer to home. The contracts are:

Health Improvement – Awarded to Livewell Southwest (2017)

Advice and Information – New contract start date Oct 2020

Wellbeing Services – New contract start date Oct 2020

Social Prescribing Service – Awarded to the Wolseley Trust in January 2018, from July 2019 the direct contract with the Council has reduced with the majority of the service being picked up by Primary Care Networks

Workforce development

The new way of working needs to be strengthened by the skills and knowledge of the staff and teams involved. Many of the organisations that make up the Wellbeing hub networks have an excellent knowledge of local services and understand the cultural changes required. We have been working with the current Wellbeing Hubs to assess the skills gap and have started to roll-out training to both the Universal and Targeted tiers of the Wellbeing Hub model, including MECC (Make Every Contact Count) and Information and Signposting training using the Plymouth Online Directory. Currently we are developing common key job roles for the hubs and agreeing on the associated training linked to each role.

The lead organisations for the Hubs are working with the Leadership Centre, as well as commissioners, to develop the model, share learning and to push the boundaries of what is required; it is a shared ambition that the whole will be greater than the sum of its parts.

WELLBEING HUB PROGRESS

There are currently 4 Wellbeing Hubs opened across the city with three more opening within the next few months (Stirling Road, Plympton and Mount Gould). The existing hubs cover more deprived areas of the city, as well as one hub with specialized remit to support a number of key groups city-wide (carers, sensory impairment, learning disabilities and veterans).

The hubs have fallen into two categories; ones where a physical location already exists which has capacity and willingness to host the Hub, and ones where there is a need for redevelopment. The four hubs currently open, plus the next two hubs to open (Stirling Road GP surgery and Plympton Rees Centre) fall into this first category and this has enabled them to be up and running.

For the remainder, there is a requirement for capital build to fully implement the vision; however, given the complexity of this, we are already working with partners in these areas and are developing an 'interim' offer which will provide the communities with a Wellbeing Hub in their area utilizing current community buildings. We will therefore be updating these timelines shortly with a date in the near future for this interim offer, while we continue to plan for the full capital builds. It should be noted that connections have been made around different sites that involve; children's centres, libraries, primary care facilities, youth centres as well as VCSE owned sites.

In addition, the Manadon Sports and Community Hub which is run by Argyle Community Trust and is a sub-hub of the Four Greens Wellbeing Hub and is already demonstrating the importance of improving the links between Wellbeing services and opportunities for physical activity.

The table below summarises progress to date.

City Centre Hub

Progress has been made towards the development of a city centre Health and Wellbeing Hub which will meet the needs of a range of people; from local residents, to people in the wider areas of Plymouth who work or visit the city centre. Current plans include, as well as a Wellbeing Hub, a GP practice, a dental practice (providing additional dental capacity to the city) as well as a range of other services such as long term conditions currently under consideration.

Stonehouse 'Complex Lives' Hub

Our partners, Shekinah, have been working towards a move of site and co-location of a range of services tailored around people with more complex needs (clearly linked to the Alliance contract). This would also involve Adelaide GP practice, who deliver outreach services for complex lives patients. Whilst this is a variation on the model for a Wellbeing Hub, there are similarities and we have included this under the Hubs Programme Board for information.

Phase I		Estimate Opening
Jan Cutting Healthy Living Centre	A Wellbeing Hub in a deprived area, providing full range of support to the local community. Includes Head Space, an out-of-hours service for people who consider that they are approaching a mental health crisis. This runs in a non-clinical setting with a safe, calm and structured environment, with the goal of de-escalating crises.	OPENED March 2018
Four Greens	A Community Economic Development Trust in a deprived part of the city covering Whiteleigh, Manadon, Honicknowle and Ernesettle. It already includes a Children's Centre and community activity; is now developing an offer for people with long-term conditions including time banking, education, peer support; is a target area for the National Diabetes Prevention Programme.	OPENED 12th October 2018
Manadon Sports and Community Hub	This is a partnership with Plymouth Argyle Community Trust and forms part of the Four Greens Hub 'family'. As well as football and cricket pitches it provides a range of indoor and outdoor physical activity for people who have difficulty accessing some of the more mainstream offers, for example people with mental health issues, older people and sight impaired	OPENED 28th June 2019
Improving Lives, Mannamead	A Wellbeing hub with a specific remit to work across the city to promote and improve the health of some specific groups in the population who are in need, including veterans, carers, people with learning disabilities and those with Sensory disabilities, whilst also serving their immediate communities.	OPENED 27th October 2018
Stirling Road Surgery	Stirling Road Surgery is a GP Practice in a deprived area. The Wellbeing element of the hub will be delivered across 3 locations in a hub-and-spoke manner; the GP practice, the local library (St Budeaux) and in Barne Barton (Barne Barton is an isolated deprived area). We are working with Access Health Care to launch the Wellbeing Hub, building works have led to a slight delay to the formal launch.	OPENING SHORTLY; Autumn 2019
Cumberland Centre	The Cumberland Centre is an Urgent Treatment Centre including locality mental health teams and a large GP Practice and	OPENED

	a pharmacy within the same complex. Work is underway with Livewell Southwest to launch a Specialist Wellbeing Hub in March 2019. There are existing good relationships with some community organisations, the challenge will be to make the Cumberland Centre as a community venue as well as the Minor Injuries Unit.	22nd March 2019
Rees Youth Centre, Plympton	There are two components to the Rees Youth Centre; utilisation of existing building to establish a Wellbeing Hub and development of a Targeted Health and Wellbeing Hub which sees a review of the whole site. The first component was scheduled for March 2019, but has been postponed to enable consideration of a number of other potential connected developments.	OPENING SHORTLY: Winter/Spring 2020
Phase 2		
Efford	Council owned Youth and Community Centre, OPE plan to redevelop site as a health and wellbeing hub including a GP practice and pharmacy, youth and wellbeing facilities. In discussion with local primary care and youth teams to understand their requirements.	March 2020
Estover	Building yet to be identified, will work with GPs and Livewell Southwest to identify a building. Smaller known community offering which could prove a challenge.	March 2020
Southway	Building yet to be identified, the local youth and community centre is already a hub of local activity providing support to mainly children and young adults. We are to review this and other public sector buildings to understand viability.	March 2020
City Centre (Colin Campbell Court)	In early stages of planning, it is hoped to develop a GP practice, Dental surgery and Wellbeing Hub in a city centre building which is about to undergo comprehensive refurbishment. The area in the city centre is easily accessible and regularly used by our most in-need communities; it is also close to other facilities such as pharmacy, Council 'First Stop Shop', a Memory Café (dementia support) and the local market. We are also working to develop a dental practice led by the social enterprise connected with the Peninsula Dental School.	TBC
Stonehouse	A 'Complex Lives' hub, based in one of our most deprived areas, which will provide services for people and families with significant health, social and wellbeing challenges (such as the homeless and those with substance misuse issues). This will include a GP practice with specialist skills working with this group. Being led by CVS. Not an original Wellbeing Hub, but similarity between the schemes means this work now benefits from the oversight of the Wellbeing Hubs programme board and will prevent duplication in neighbouring hubs.	TBC
Mount Gould Local Care Centre	Mount Gould is subject to a master planning exercise which will result in more acute services being delivered here and will include GPs and wellbeing services.	TBC

IMPACT SO FAR

The benefits across the system have been considered, and will be evaluated, using a logic model approach; there are a number of outputs which will lead to short term outcomes, which will build into longer term outcomes. We will be taking a formative evaluation approach, which is appropriate for a set of services that are responsive to local need and will be developed iteratively.

The Jan Cutting Healthy Living Centre, through the Wolseley Community Economic Development Trust, has put in place a much greater range of wellbeing activity as follows:

- Launch of Headspace – Mental Health crisis café with evening and weekend cover
- Advice Plymouth doing specialist advice outreach in the building
- Pluss worker – delivering their Building Better Futures (Lottery programme) in the building to support people to move nearer to employment

They report that there is also much better partnership working between statutory and voluntary sector services, for example Plymouth City Council housing staff and Livewell Southwest health and social care staff working together through the Wellbeing Hub.

These approaches have then been adopted by other Hubs, as well as developing their own approaches. Four Greens, for example, has been at the forefront of the development of Multi Disciplinary Teams, led by a local GP and involving a wide range of providers who can come together to offer support for individuals and families in need.

Four Greens Community Trust was the second Wellbeing Hub launched in October 2018 and covers the neighbourhoods of Honicknowle, Manadon, Whitleigh and Ernesettle. They also provide Wellbeing activity at the Manadon Sports and Community Hub.

A snapshot of activity at Four Greens found that during the week of the 16th to 22nd September 2019, there were 244 attendees at the Hub of which 166 were unique users. Outreach Sessions supported by Four Greens Community Trust at Honicknowle Phoenix Centre, The Space Centre Ernesettle and the Manadon Football Development Centre were provided to 101 attendees of whom 96 were unique users.

As part of the evaluation and monitoring week general information requests received either face to face or by e mail / telephone to ascertain the variety of information being requested and during the week included: where someone could access local first aid courses, wanting support in giving up smoking, times of local buses, where the local GP practice was, what age do you have to be to attend the street dance classes, wanting information about Barnados sessions that run from the Centre, information about the work of Timebank, times of the Podiatry Service appointments and information about the community garden that is being created at FGCT

As well as compiling the quantitative data above people were asked about their experience of the Four Greens Community Trust and asked one basic question: had the Wellbeing Hub made a positive contribution to their wellbeing? From the responses received (148) 91% said the Wellbeing Hub had supported them in their Wellbeing, 5% said they had not been coming to the Centre long enough to provide a fair assessment, 2% did not answer the question. 2% said it had not made a difference to their wellbeing.

Comments Received:

- Although coming to a medical appointment it is great to come to a building that is welcoming and does not feel like a hospital / medical centre
- Friendliness of the staff they make me feel welcome and nothing is too much trouble.
- Quality of the building and the rooms available for hire
- Needed some first aid after feeling faint and the staff were so professional and caring when helping me
- My son loves the street dance and so good not to have to travel out of area to get to the sessions

- Reception staff knowledgeable and informative
- Attending the Eat Well and Long Term Conditions Programme has made me realise why I have to change my Lifestyle
- Without Four Greens and the agencies that have helped me I would not be now getting myself out of debt and feeling positive about my future.
- I come to the Centre to pick up food for the weekend and this really helps me to feed my family.
- Not only can you come and see specialist services but you can come and do fun activities and I have attended community Barbeques and table top sales at the Centre
- Thought my playing days were over but Walking Football has made me realise you are never too old to become actively involved
- Tea and Toast is the highlight of my week, I look forward to being part of a caring group that just wants to support me and other members of our community

Mannamead Hub has had 1799 visitors from June to August 2019, including carers, people with learning disabilities, people with mental health issues and families.

Social prescribing

In April 2018, social prescribing was made available to 19 practices across Plymouth, focussing on the more deprived areas of the city. This was very much welcomed by GPs, and demand was high from the beginning and has increased.

An objective measure of wellbeing, the Warwick-Edinburgh Mental Wellbeing Score, is routinely used to measure wellbeing at the start of the intervention as well as at the end. The majority of patients are seeing a significant improvement in score by the end of the intervention (10-12 weeks). Longer term follow up is attempted, but fewer people engage with this. Those that do are very positive about the service and the changes that they have been supported to make to their lives.

The Wolseley Trust have also received some funding from the DOH for evaluation which is being used to fund a University Researcher in Residence, to track the longer term outcomes. This evaluation will also look at the people who did not attend or who didn't take up the options offered to find out why.

The key system outcomes are;

- Reduced levels of frequent attenders at traditional services
- Reduced levels of prescribing of anti-depressants for mild to moderate depression
- Reduced prescribing of other medication, e.g. opioids and gabapentinoids in patients with chronic pain
- Reduced numbers of referrals to secondary mental health services

In addition, an Ernesettle GP has been carrying out an audit of patient records to look at their use of healthcare services before and after social prescribing. This has shown very promising results both for GP and emergency hospital attendances, but is currently based on small numbers:

Sample of Ernesettle patients

Review at 6 months before accessing Social Prescribing and 6 months after:

Patient	1	2	3	4	5
GP visits before	11	13	4	2	3
GP visits after	2	4	8	1	3
ED visits before	1	0	0	0	0
ED visits after	0	0	0	0	0
Out of hours before	0	1	5	0	0
Out of hours after	0	0	0	0	0

Patient 1 , 39 yr old male , low mood , chronic pain , out of work

Patient 2 55 yr old male anxiety , chronic pain

Patient 3 68yr old male . low mood . physical disability

Patient 4 50 yr old male social problems, Learning disability

Patient 5 58 yr old female pain issues

GP feedback

“I have found having a new resource very useful. It works extremely well being co-located. Very positive feedback from clients referred.” Dr Marc Epps, Southway Surgery.

“We have been working with the Wolseley Trust since April time so a relatively short period. Feedback from clinics is that they have appreciated another avenue in where to send patients and the uptake has been higher than expected.” Kerry Alkins, Efford and Laira Surgeries.

“Excellent service & staff are aware that they need to use it more.” Alison Shelton, Friary House Surgery.

Conversation with Elaine Boardman, Budshead surgery: “The staff at the surgery find the project very valuable and have had no problems with referring to the service. It’s difficult to say whether it has helped reduce pressure on GPs as the project is still young and cases are only just starting to be closed with positive outcomes. Feedback generally from staff at a recent Sound Health Alliance meeting was that it’s a valuable resource and they would like to see it continue and develop”.

Advice and Information

Our advice and information service, Advice Plymouth, has been running for many years. The service will be accessible via the Wellbeing Hubs (as well as other contact methods).

The service deals with some 2500 enquiries every month: around 80% of these are managed digitally, a significant number over the telephone, but the more complex are dealt with face-to-face. Numbers vary significantly, from around 50 - 150 per month.

Benefits advice is a key topic; typically in a three month period, the team support people in accessing over £1 million of benefits that they are eligible for, but not claiming.

Debt, fuel bills, housing and employment are also significant numbers of enquiries.

Head Space for mental health crisis support

Head Space offers an out-of-hours service for people who consider that they are approaching a mental health crisis. The service was initially run from the Jan Cutting Healthy Living Centre, which provides a non-clinical setting with a safe, calm and structured environment, where individuals can go to access peer support.

Staff and volunteers are on hand to provide support in both 1:1 and group settings, with the goal of de-escalating crises, setting achievable goals and (where appropriate) working with the Wellness Recovery Action Plan. Onward referrals/signposting will take place as required.

Clients do not need a formal appointment, and can also self-refer to Head Space by attending during our opening hours. Partners such as the Police are able to offer this in appropriate circumstances, offering an alternative to the hospital. Unusually, intoxication (as long as this is in the absence of violent behaviour) is no barrier to being supported.

Following the success of this model, Head Space is now also available at Four Greens Wellbeing Hub and at the Rees Centre in Plympton.

CASE STUDIES

Below are a variety of short case studies summarising the issues raised by people attending the hubs.

The arrival of a new volunteer created the opportunity of starting a new music group for people with learning disabilities. Having experimented with some music sessions with the WEA previously we knew this would be popular but did not expect it to be quite as successful.

In January 2019 our volunteer offered to run two weekly sessions and each group is now attended by between 8-14 members. Each person has chosen a favourite song and all members have now developed the confidence to sing using a microphone to the rest of the group. Studies have widely proven that music can reduce stress, improve memory and concentration, help people express feelings and boost mood. Music has not only achieved these things, it has boosted confidence and self-esteem and brought life to the building at Mannamead, being enjoyed by visitors, members and staff alike.

Compton Primary School were going to have to stop their popular Service Families Coffee Morning due to a lack of venue. We offered space in the Mannamead Hub and they continue to deliver their Service Families coffee Morning on a weekly basis to families in need from the Hub.

A gentleman with long term brain damage, a learning disability, depression and chronic insomnia was referred by his GP because he has been prescribed multiple medications by multiple GPs, but none of these had helped and so they have been stopped. His GP believed he may benefit more from social prescribing. Sleep hygiene was discussed with him and the link worker explored what had/had not helped in the past and his activity levels during the day. He was referred to a local walking group, 'Walk & Talk', to help with increasing his physical activity levels and social interaction. He has now attended 4 times, going along most weeks and enjoying the local walks. He was supported to access Plymouth Mind, where he is now attending workshops on Managing Insomnia and Mindfulness to help him with his depression and to be able to relax at night times. He was also referred to Advice Plymouth for support with his benefits as his financial situation puts him under stress and this contributes to the insomnia and low mood. There has been a noticeable increase in his WEMWBS scores so far, particularly in terms of a reduction in his isolation, his ability to deal with problems and make decisions himself.

A lady in her late 60's has been looking after her two Grandsons for the last ten years. One has left home and the youngest has started an apprenticeship. This has left her in financial uncertainty due to certain benefits being stopped. At assessment she explained that she wasn't sleeping, was extremely anxious and couldn't see a way out. She was initially referred to Advice Plymouth and, in the meantime, went on the Turn2us website with her link worker to provide reassurance about her benefits. Advice Plymouth gave her an emergency appointment 2 weeks later and helped her sort out her finances and assisted her in claiming what she was entitled to.

The lady expressed deep gratitude at not only being shown a way forward with the situation, which she said she wouldn't have been able to work out herself, but also for emotional support and a listening ear. She said this empowered her to act and lifted her from a 'very dark place.'

A 45-year-old male was referred by his GP. He lives alone, is separated from his wife and two children and not working. He was struggling with bills, food and lives in a flat with no fridge or bed and told us he often felt suicidal and alone. He was uncomfortable about asking for help.

He was given information about the following organisations:

- The Salvation Army for a food parcel, support with job hunting, CV writing, men's club and somewhere to visit if he feels lonely and isolated.
- Time Bank to meet other people and offer his gardening and technical skills to others while he received support for himself by building up his Timebank hours.
- Tea and Toast at Four Greens for an opportunity to meet others.

- Advice Plymouth helped with debt including water debt.
- Shekinah for further support for food, training opportunities, clothing, community support and volunteering.
- Freecycle to help him furnish his flat.
- He engaged with the Salvation Army and attended regular appointments and spoke to Time Bank about groups and activities he could start with. At his last session his goal was to attend Shekinah and access some of the courses and activities they offered.

All this was offered whilst working through 8 sessions with him. He was supported and encouraged to take steps at his own pace to get involved with the above and discussed his barriers and confidence levels. He was made aware that he could re-refer himself to the service at any time if he felt he would like further support to access some services when he is ready.

HEALTH AND WELLBEING BOARD

Work Programme 2019 - 2020



Date of meeting	Agenda item	Responsible
11 July 2019	NHS Long Term Plan	Anna Coles/Ross Jago
	Plymouth Plan	Rob Nelder
	Trauma Informed approach/network	Julie Frier/Shelly Shaw
3 October 2019	Director of Public Health Annual Report	Ruth Harrell
	Green Paper on Prevention	Ruth Harrell
	Health and Wellbeing Hubs	Ruth Harrell/Rachel Silcock
	Safeguarding Adults Board Annual Report	Andy Bickley
9 January 2020	Update from Safer Plymouth Partnership	Matt Garrett
	Oral Health Needs Assessment	Rob Nelder
	Mental Health Programme Plan	Lin Walton/Anna Coles
	Local Care Partnership – Progress Report	Craig McArdle/Anna Coles
12 March 2020	Outcomes Framework – Progress Report	Rob Sowden/Anna Coles
	Local Care Partnership – Progress Report	Craig McArdle/Anna Coles
Items to be scheduled	Sexual Violence	Laura Griffiths
	Health Protection Report	Ruth Harrell
	SEND Access	Judith Harwood
	Working Together Update	Judith Harwood
	PAUSE	Jean Kelly/Emma Crowther
	Together for Childhood Update	Jean Kelly, Siobhan Wallace, Ollie Mackie (NSPCC)
	Barnado's Care Journey Partnership	Jean Kelly, Nick Cook (Barnado's)
	Dementia Diagnosis	Livewell SW, Primary Care
	Impacts of Poor Housing on Health Progress update	Ruth Harrell
	Substance Misuse and Impacts on the City	

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