

Health and Wellbeing Board

Thursday 4 March 2021

PRESENT:

Councillor Kate Taylor, in the Chair.

Councillor Laing, Vice Chair.

Councillors Allen and Nicholson.

Apologies for absence: Anna Coles (Service Director for Integrated Commissioning) and Nick Pennell (Healthwatch Devon, Plymouth and Torbay).

Also in attendance: Ruth Harrell (Director of Public Health), Craig McArdle (Strategic Director for People), Alison Botham (Director for Children Services), Dr Ann James (University Hospital Plymouth NHS Trust), Adam Morris (Livewell SW), Claire Hill (Mannamead Health and Wellbeing Hub), Tony Gravett MBE (Healthwatch Devon, Plymouth and Torbay substituting for Nick Pennell), Dr Shelagh McCormick (NHS Devon CCG), Darryn Allcorn and Sue Wilkins (NHS Devon CCG), Councillor Mrs Aspinall (Chair of Health and Adult Social Care Overview and Scrutiny Committee), Ian Biggs, Dr Lou Farbus and Tessa Fielding (NHS England and Improvements), Simon Hardwick (Devon and Cornwall Police), Anna Moss (Plymouth City Council), Sara Mitchell (Livewell SW), Tracy Clasby (Livewell SW), Emma Crowther (Plymouth City Council), Louise Arrow (NHS Devon CCG) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 12.50 pm.

Note: At a future meeting, the committee will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

30. **Declarations of Interest**

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

31. **Chairs urgent business**

There were no items of Chair's urgent business.

32. **Minutes**

Agreed that the minutes of 7 January 2021 were confirmed.

33. **Questions from the public**

There were no questions from members of the public.

34. **Vaccination Rollout Programme**

Darryn Allcorn and Sue Wilkins (NHS Devon CCG) provided a verbal update to the Board. It was reported that the vaccination programme started in early December and University Hospital Plymouth NHS Trust was the first of the 4 trusts to commence the programme. The vaccination rollout programme was running well and a high percentage had received their first dose.

Questions and statements from the Board related to:

- Devon was the shining light in terms of performance in this area.
- The roles of the other organisations and volunteers in Plymouth in delivering the vaccination programme;
- Echo the thanks on behalf of the whole system delivering vaccines across the city. The Community Champion Programme would help spread the word to increase the vaccine uptake;
- That it was likely that the vaccination programme would continue in the future. The suitability of premises and meaningful dialogue for Plymouth to ensure the best sites were being used and that local knowledge may help with the local delivery.

The Board noted the update on the vaccination rollout programme and agreed for a conversation to take place in May 2021 to discuss the long term estate strategy for the vaccination rollout.

35. **Dental Health (Oral Health Needs Assessment)**

Ian Biggs, Tessa Fielding and Dr Lou Farbus (NHS England and Improvement) were present for this item and they referred to the Oral Health Needs Assessment within the agenda pack. It was reported that:

- Oral health and access to dental services was a priority for NHS England and NHS Improvement;
- Access to dental services exacerbated by Covid-19;
- The commencement of a dental reform programme to identify priorities and roadmap to ensure they commission the right services in the right areas;
- Collaboration with local authorities and communities to remove barriers and tackle other determinants of poor oral health;
- The top ten local authority areas with the highest levels of LSOA (lower level super output area) and with high IMD Scores were include Plymouth;
- In 2019, the overall proportion of five-year-old schoolchildren in Plymouth with tooth decay was 22.6%, which was below the national average of 23.4%;
- Twelve-year-old schoolchildren Plymouth was above England's average levels for decayed teeth;
- The incidence of mouth cancer in Plymouth (19.1/100,000) was higher than the national average (14.6/100,000);
- Plymouth (55.6%) compared to England (52.9%) for access for children to NHS dentistry;

- For adult patients, Plymouth (45.1%) was below the average levels of access for the region per head of population and comparing to England (47.9%).
- Prioritising areas of greatest deprivation: West and centre of Plymouth (particularly St Budeaux, Devonport, St Peters and Waterfront Wards);
- There was a need for additional support of dental care services in line with the increasing numbers of older people in the area with the over 65s increasing by 21% in Devon by 2028;
- There was a need to support the recruitment and retention of dentist working in NHS Dentistry and practice feedback a priority;
- There was evidence that dentists were experiencing difficulties in meeting their contractual targets;
- Targeted interventions could include joint interventions with local authority partners such as:
 - Supervised toothbrushing programmes for nurseries and primary schools in areas where children are at high risk of poor oral health.
 - Provision of toothbrushes and toothpaste from health visitors.
 - Targeting of oral health programmes for key vulnerable groups in the community including the substance misusing population, the homeless, the traveller and gypsy community, older people and migrant communities.
 - Developing the capacity of the oral health improvement workforce and health, social care and educational professionals.
 - Re-orientating the dental practices towards prevention.
 - Multiagency working to develop and strengthen healthy eating policies in school and preschool settings.

Questions from Members related to the public being failed by the lack of access to dental care and collectively there was a need to use the claw back to ensure vital services were being delivered.

It was agreed:

1. To write a cross party letter to ministers to highlight work undertaken by the city to identify the gaps and the proposals to bridge these gaps whilst ensuring that we represent all our residents.
2. To invite NHS England to attend the Health and Wellbeing Board in September to report back to the Board following the publication of their proposals.

36. **Trauma Informed City**

Simon Hardwick (Devon and Cornwall Police) and Anna Moss (Plymouth City Council) were present for this item and referred to the report in the agenda pack. It was reported that the Trauma Informed Plymouth Network had now been running for over two and a half years. In that time membership had grown to over 230 members. The network has a diverse membership which includes people with lived experience of trauma and interested professionals from public, private and voluntary sector backgrounds. Their objectives are:

- To review and reflect upon the emerging evidence regarding trauma informed approaches and Adverse Childhood Experiences, and continue to define an approach that envisions Plymouth as a Trauma Informed city.
- To promote the Trauma Informed Plymouth approach (*Envisioning Plymouth as a Trauma Informed City*), within city communities, agencies and partnership systems.
- To promote the Plymouth Trauma Lens as a consistent, universal and transformational narrative for a trauma informed city, that aspires to be courageously prevention focused.
- To work alongside and support communities, agencies, and partnership systems in becoming trauma aware and trauma responsive.
- To promote a system level response to the Trauma Informed approach and to support system change as a critical friend.
- To ensure the voice of lived experience is respected, valued and placed at the centre of trauma informed practice.

Since its inception the Trauma Informed Plymouth Network has managed most of its activity within existing resources. With the development of the Charter they recognised that they were reaching the limits of what could be achieved without some dedicated resource. They approached Plymouth City Council for support to take the network ambitions to a new phase, and received a very positive response. Funding offered would enable the NSPCC to employ a full-time development worker for the city for the next 12 months. They would also be able to fund additional consultancy work, including from people with lived experience, to enhance our system learning.

In addition they have been offered funding by the STP Prevention fund 'Whole Systems for Whole People' to develop our website and communication plan. Priority Areas include:

- Engaging with communities
- Embedding trauma informed approaches into practice
- Supporting system change
- Charter development
- Listening to the Voice of Lived Experience
- Deepening our learning

The Board noted the Trauma Informed City update.

37. **Plymouth Local Care Partnership**

Craig McArdle (Strategic Director for People) provided an update to the Board and referred to report in the agenda pack. This was a quarterly update and they were making significant progress in terms of governance, building great links and the establishment of a delivery group. They were focussing through a series of work and learning from Covid.

The Board noted the Plymouth Local Care Partnership update.

38. **Community Mental Health Framework**

Sara Mitchell (Livewell SW) was present for this item and referred to the presentation within the agenda pack.

Questions from Members related to:

- Significant workforce and recruitment across the 31 primary care network and the plans to mitigate against this;
- Patient and public involvement lacking within this process and was this covered;
- Transition from children and young people services into adult mental health services had this been considered as well?

The Board noted the Community Mental Health Framework presentation and update.

39. **Children's Mental Health and support packages**

Tracy Clasby (Livewell SW), Emma Crowther (Plymouth City Council) and Louise Arrow (NHS Devon CCG) were present for this item and referred to the presentation within the agenda pack. The report provides the Board with an update on provision and support for children and young people in Plymouth for emotional health and wellbeing. The Covid 19 pandemic has placed significant strain on some children and young people, with their usual support disrupted and reduced opportunities to be able to connect with peers and professionals, formally and socially.

The emotional health and wellbeing of children and young people in Plymouth forms a key part of the Bright Future vision for Plymouth. This emerging approach was currently in draft form and will form the partnership approach to meeting the needs of children and young people in the city over the next four years with the following priority areas:

- Healthy and Happy
- Safe
- Achieve and Aspire

Initial forecasting indicates a potential increase in demand of around 77% for children and young people's mental health, across the range of need from emerging issues to more serious concerns. This demand forecasting has been based on a number of known risk factors for mental health (including experience of domestic abuse, sexual violence and other safeguarding concerns, as well as parental mental health and the impact of loss of income). This forecasting is being used to identify additional capacity and resource allocation.

The Board noted the Children's Mental Health report and requested that Bright Futures is added to the work programme.

40. **Update from Board Members**

There were no updates from the Board.

41. **Work Programme**

The Board noted the work programme. The Board took the opportunity to give thanks and appreciation to the Chair for Chairing of the Board and wished her all the best for when she retires from the Council.