



#healthyplym

Oversight and Governance

Chief Executive's Department
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HEALTH AND WELLBEING BOARD

Thursday 4 March 2021

10.00 am

Virtual Committee

Members:

Councillor Kate Taylor, Chair

Councillor Laing, Vice Chair

Councillors Allen and Nicholson.

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

Non-statutory Members: Livewell SW, University Hospitals Plymouth NHS Trust and the Voluntary and Community Sector.

Members are invited to attend the above virtual meeting to consider the items of business overleaf. This meeting will be broadcast and available on-line for playback once the meeting has concluded. By joining the meeting, councillors are consenting to being filmed during the meeting and to the use of the recording for the online viewing.

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 - <http://www.plymouth.gov.uk/accesstomeetings>

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 - 4)

To confirm the minutes of the meeting held on 7 January 2021.

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. Vaccination Rollout Programme - Verbal

7. Dental Health (Oral Health Needs Assessment) (To Follow)

8. Trauma Informed City (Pages 5 - 10)

9. Plymouth Local Care Partnership (Pages 11 - 14)

10. Community Mental Health Framework (Pages 15 - 26)

11. Children's Mental Health and support packages (To Follow)

12. Update from Board Members - Verbal

13. Work Programme (Pages 27 - 28)

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

Health and Wellbeing Board

Thursday 7 January 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), Ann James (University Hospitals Plymouth NHS Trust) and Dr Adam Morris (Livewell SW).

Also in attendance: Ruth Harrell (Director of Public Health), Craig McArdle (Strategic Director for People), Dr Shelagh McCormick (NHS Devon CCG), Nick Pennell (Healthwatch, Devon, Plymouth and Torbay), Claire Hill (Deputy CEO Mannamead Wellbeing Hub), Gail Wilson and Abenaa Gyamfuah-Assibey (St Luke's) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 11.55 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.

21. **Declarations of Interest**

In accordance with the code of conduct, the following declarations of interest were made.

Name	Subject	Reason	Interest
Councillor Allen	Minute 28 – Feedback from Mental Health Workshop.	Daughter a resident at Greenfields at Mount Gould.	Personal.

22. **Chairs urgent business**

There were no items of Chair's urgent business.

23. **Minutes**

Agreed that the minutes of 8 October 2020 were confirmed.

24. **Questions from the public**

There were no questions from members of the public.

25. **COVID-19 Health Protection Board Update**

Ruth Harrell (Director of Public Health) provided an update to the Board. It was reported that:

- the changes over the last month have been significant however the Plymouth picture was more positive than the rest of the country but were still seeing a higher rate of cases;
- the new variant causes very rapid increase in cases and more transmissible and reported that there have been no positive samples of the new variant in Plymouth;
- they would be monitoring the impact of the national lockdown on areas with the new variant;
- the hospital hub was focusing on the vaccinations for the over 80s and healthcare staff. There were 3 sites run by the primary care networks to work through the prioritisation list;
- conversations were taking place for more sites and was being led by NHS England;
- it was important for people to wait to be contacted for their vaccination.

Dr Shelagh McCormick added that they were off to a good start with the vaccination programme. Logistics were still being addressed and have in place for all 500 care home residents to be vaccinated by the end of January.

Questions from the Board related to:

- the vaccination programme and the need to have more dialogue on the best facilities to use within the city;
- Carers UK have raised that unpaid carers should be vaccinated as priority 6. A huge amount of calls received and how this system would be undertaken and shared with this cohort;
- whether there were appropriate systems in place at Derriford with regard to the vaccination programme.

The Board noted the COVID-19 Health Protection Board update.

26. **Update from Board Members**

The Chair invited Board Members to provide an update:

- Alison Botham (Strategic Director of Children's Services) reported that the schools response to the changes had been remarkable. Attendance rates for last term were above average and they were working with schools to understand virtual learning and now have a detailed picture of children being able to access learning at home. It was also reported that schools were in the process for ensuring vulnerable and critical workers children were attending school. Children's Social Care had seen an increase in demand with 490 children in care and have seen a steady increase in vulnerable children requiring services.

- Claire Hill (Deputy CEO Mannamead Wellbeing Hub) reported that the voluntary and community sector were running to regulations and raised that the biggest issue for service users was anxiety and worry with regard to lockdown.
- Ruth Harrell (Director of Public Health) reported that the rates were low compared to other areas and this was down to people of Plymouth. This was an incredibly difficult time and would take a while before we were through this fully.
- Nick Pennell (Healthwatch Devon, Plymouth and Torbay) reported that this was a challenging time for Healthwatch. They have looked at new ways to engage with people, however, feedback was significantly lower. They now produce quarterly themed reports which include people's experience of primary care services and were reviewing the public's concerns around NHS dentists. They were also revising the local forum and asked for expressions of interest from this group to participate in this new forum.
- Craig McArdle (Strategic Director for People) reported that they were in the response mode and supporting care homes. Day centres to remain open and shielding programme had been stood back up and running. The urgent care system very busy and supporting discharging from hospital.

27. **Compassionate Cities**

Gail Wilson and Abenaa Gyamfuah-Assibey (St Luke's) provided a presentation to the Board on Compassionate Cities: It was reported that -

- End of life care everyone's responsibility;
- Referral increasing;
- Seeing late presentations with patients dying sooner;
- Patients sicker and with more complex needs;
- Covid bereavement line has been set up;
- Covid has left the hospice struggling financially which has resulted in the transformation of their services;
- Now need more than ever the support from the community;
- 697 compassionate friends and 436 within Plymouth;
- Compassionate schools: -
 - 8 schools on the programme
 - 238 school staff trained as compassionate friends
 - 360 pupils trained as compassionate buddies
 - 25 compassionate champions trained
 - 25 schools within the most deprived areas of Plymouth waiting to be trained
 - Seeking funding from the University for a Schools Programme Coordinator
- Outcomes
 - Staff and pupils felt more confident
 - Impact on children

- Objective 2 – working with 13 organisations
- Compassionate cafes - 8 across the city
Compassionate communities during COVID with 33 compassionate patient networks.

Questions related to:

- How many GPs, opticians, pharmacies, dental practices aware of Compassionate Cities and links with these organisations?
- Access to youth centres?

The Chair thanked Gail and Abs for the presentation and would take back the point the communications team to share the Compassionate Cities work.

The board noted the Compassionate Cities update.

28. **Feedback from Mental Health Workshop**

Ruth Harrell (Director of Public Health) provided feedback from the Mental Health Workshop. It was reported that they had gathered the themes from the workshop and worked with colleagues to identify a lead officer for each of the themes.

- Theme 1 – formal and informal services and looking at the provision, the gaps, demands from Covid and how services should be delivered.
- Theme 2 – communications and ensuring people were aware of these services. Access to self-help for short term support rather than a more formal support structure. The work of the HWB Hubs and the fantastic work in getting the messages out. POD used and pushing social media around self-help. Promoting the campaign be kind.
- Support for carers and supporting their wellbeing.

29. **Work Programme**

The Board noted the work programme and agreed that the following items added to the March agenda -

- Community mental framework
- Vaccination rollout programme within the community
- Trauma Informed
- Dental Health

TRAUMA INFORMED PLYMOUTH

Charter Update – Towards a Kinder Plymouth

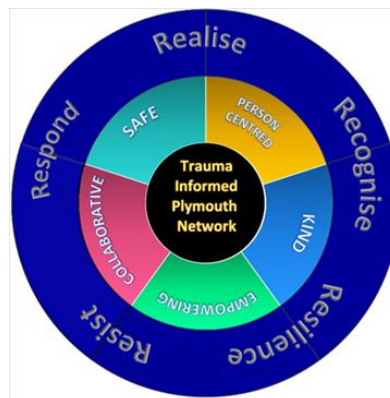
Anna Moss, Shelley Shaw and Simon Hardwick



I. Overview

The Trauma Informed Plymouth Network has now been running for over two and a half years. Our membership has grown from a handful of curious and committed founders 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. Our network objectives are:

- To review and reflect upon the emerging evidence regarding trauma informed approaches & 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 & 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.



2. Recent Developments

- Members from Plymouth University are exploring setting up an internal UoP network, trauma informed practice is being embedded in a range of courses and we are working alongside doctoral students to evaluate the impact of the network
- Members at the Peninsula dental school are developing their trauma informed response to adults with complex needs having launched a service for vulnerable young people
- Trauma informed sports 'Pathfinder' project with Sports England/ Public Health for young people – co-ordinator has joined network and will be attending TI training in March. There is also a 'Safer Streets' project funded by OPCC that will embed TI principles.

- The Wolsley Trust have advertised for a Trauma Informed Co-ordinator to support social prescribers to champion the approach in our primary care networks. The network will be delivering trauma informed training to the social prescribing team in March (STP Prevention funding)
- Our Lived Experience group have been working with Headspace to develop a set of reflections on sharing voice including written and video based work. This will form an important component of the TI website we are in the process of developing. Our sub-group lead has been sharing best practice with the new OPCC Lived Experience Group, providing training and consultancy. They have also identified representation for Plymouth's homelessness prevention forum.
- The network is collaborating with the Frontline network to connect with PIE link (psychologically informed environments) to look at whether Plymouth could pilot the new Abacus self-assessment tool. We think the city would be well placed to do this given the TI system change we have been promoting and the focus this has within the Alliance.

3. Background to the Charter

- The network began looking at developing a statement of key principles or charter at the beginning of 2020 but the conversation was overtaken by the community trauma of COVID 19
- The Domestic Abuse Systems Leadership Group identified a Trauma Informed Quality Mark as a potential tool for embedding learning from the Listening Project
- The concept of a charter was reignited in a conversation with Craig McArdle over the summer about looking at how the wider system could respond to the network and its approach document
- We have developed the Charter over the last two network meetings in consultation with the full membership and with specific reference to our Lived Experience Group.

4. Charter Principles : Including examples of the network response

- Our Plymouth workforce will be Trauma Informed, Adverse Childhood Experiences aware and able to use our trauma lens to inform their on-going reflective and responsive practice.

The network has developed a free training offer which defines trauma informed practice and our Plymouth approach. Resources include an ACE awareness webcast, self-directed learning resources and a webinar (PSCP hosted). Network members will be training 30 people per week between January and March. We have already trained 65 Safer Plymouth partners and a team from Barnardo's.

- Our Plymouth work places will be trauma informed. We will always use the trauma lens to support the health and well-being of our workforce, who we recognise and celebrate as the cornerstone of our trauma informed approach.

The network has produced an information pack for managers which is circulated to everyone who attends one of our training sessions. We developed a vicarious trauma resource for use with the workforce during COVID (PSCP website) which a group of volunteers have offered to run with the wider Plymouth workforce to support through the latest lockdown.

- Plymouth will be united in being courageously prevention focussed, taking a public health approach to tackle childhood adversity and trauma in all its forms. We recognise that trauma can impact on the full life course and across generations.

The network leadership training includes developing understanding of the public health approach (informed by our public health membership). Safer Plymouth has embedded public health based prevention as a main area of focus, particularly in developing our partnership work to upcoming legislation and new responsibilities to prevent serious violence. We are members of the WHO Trauma Informed City network where we share national best practice and showcase the Plymouth approach.

- Plymouth will base its emerging trauma informed practice on the best available evidence. This will always include actively listening to the voices of people with lived experience across all services and organisations. We will develop a reflective and supportive learning culture, where we feel safe to innovate and challenge what needs to be changed. This will include being open in sharing what has worked and what hasn't.

Our Lived Experience Group has been funded by the OPCC to develop a resource on good practice around safe sharing of lived experience. The project is being coordinated by our partners at Headspace and will be made available through a range of media from April 2021.

- Our services will develop a trauma informed leadership culture based upon kind relationships that are safe and collaborative. Our leaders at all levels will support the Plymouth workforce to implement the Plymouth trauma lens into daily practice.

Network members have developed a leadership training workshop which has been delivered to National NSPCC senior leadership, The National Working Group CSE, Plymouth BCU and the South West Reducing Reoffending Partnership. We make an open offer to support trauma informed leadership development with our partners.

- Envisioning Plymouth as a trauma informed city requires a long-term commitment to our journey, progressing from being trauma informed to responsive and specialist as appropriate to each relationship and setting. We will work together to record and celebrate the real changes we achieve and support the people who champion our Trauma Informed Plymouth Network.

The Trauma Informed Workforce Development Group provides advice and support to partners who wish to develop their more advanced training offer, including working with Livewell and the Alliance. Our recording is informal and appropriate to the network – through our newsletter, meetings and, once it goes live, our website.

- Plymouth as a trauma informed city is about 'all of us'. We will take an inclusive approach which recognises the strengths and supports the resilience of our community. We will seek to collaborate with all organisational sectors, to foster empowerment and work towards more equal power relationships.

The new TIPN 'Inclusion and Resilience' sub-group has been working alongside Plymouth City Council representatives to consider how we can develop a trauma informed approach to equality and diversity impact assessments. We have supported a trauma informed approach to the Mind the Gap project with young carers from asylum seeker/ migrant backgrounds. The group will be developing a set of guidelines for good practice using the trauma lens. This will include adopting use of appreciative enquiry as a preferred methodology within the network whenever possible.

- We will share responsibility for communicating and actively promoting our Trauma Informed Approach across Plymouth. We will work within our communities, aiming to reach people of all ages and backgrounds. We will champion and look to encourage public debate, influence local policy and inform national and international conversations on trauma informed approaches.

Arrangements are in place to develop a Trauma Informed Plymouth Network website this spring. We continue to engage in promoting the network e.g. Will be delivering to the next annual NWG conference in April.

5. Next Steps

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

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

Priority Areas	Key Activities 2021/22
Engaging with communities	<ul style="list-style-type: none"> • Development of Trauma Informed Plymouth Website • Developing accessible resources about the TI approach for wider public use (young people, families)
Embedding trauma informed approaches into practice	<ul style="list-style-type: none"> • Continued roll-out of Trauma Informed Practice Training (OPCC and PSCP supported) • Adding 'Sharing the Brain Story' to the PSCP training portfolio • Supporting projects which test the trauma informed approach (e.g. Social Prescribers in Primary care) and sharing their learning
Supporting system change	<ul style="list-style-type: none"> • Workshops introducing concepts around trauma informed leadership • Act as critical friend as the system that adopts the trauma informed lens through open network and sub-groups
Charter development	<ul style="list-style-type: none"> • Scoping Quality Mark – trauma informed quality assurance / accountability
Listening to the Voice of Lived Experience	<ul style="list-style-type: none"> • Key tasks include liaising with WHO, Plymouth University Researchers , OPCC, providing high quality peer support and co-production of Charter

Deepening our learning	<ul style="list-style-type: none">• Invite external experts to have conversations with the network to challenge our thinking and the Plymouth approach draws on the best national and international evidence (Lisa Cherry will be coming to our next network meeting)• Engage with our University partners to look at how we can build upon current local research undertaken to support network understanding
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Shadow- Plymouth Local Care Partnership

“Together for Plymouth”

Update Report February 2021

General

This report provides an update on establishing the Shadow Local Care Partnership as Devon moves towards becoming an Integrated Care System from April 2021.

Governance

The Together for Plymouth Executive Board has now been established and is meeting monthly. The Board has executive representation from:

- Devon CCG
- Livewell Southwest
- Plymouth City Council
- Primary Care Network Representation
- University Hospital Plymouth

It has been agreed that Tracey Lee and Ann James will respectively be Chair and vice-Chair of the Executive Board and they will rotate roles on a six monthly basis. As part of the governance arrangements the Executive Group will report back to the Health and Wellbeing Board on a quarterly basis.

In order to support the development of the Local Care Partnership a Delivery Group has now also been established with the first meeting held in February. The group has wider representation and includes both statutory agencies, the voluntary and community sector and Healthwatch. The aim of the group is to:

- Provide system leadership and coordination across the LCP
- Oversee the development of an integrated work programme to deliver the greatest health outcomes, social benefit and financial value for our local population
- Monitor and drive delivery of the system work programme.

Work Programme Update

A number of initial priorities were set down by the LCP Executive Group during July 2020 (Appendix One). Recently much of the Health and Care System's time and resources have been rightly focussed on responding to the pandemic and the National Lockdown. This has meant that progress on developing the LCP has been less rapid than originally planned. However progress is continuing to be made with some key pieces of work either completed or underway.



Devon Clinical Commissioning Group has led on the completion of a Locality Profile that sets down our population needs, the current provider landscape and our emerging local commissioning priorities. In addition an overview of current health and wellbeing estates priorities and associated projects has been completed. Both these documents will form key planning documents for the Local Care Partnership going forward.

In terms of progress against priorities, achievements have included:

- Development of the Homelessness Prevention Plan-which aims to build on the success of "Everyone In"
- Development of the Community Mental Health Framework across Devon.
- Supporting discharge arrangements through the provision of additional Care Hotel Beds and additional Home First capacity.
- Supporting Care Homes through a multi-agency response to infection, prevention and control.
- Continuation of support for the Primary Care Hot Hub for the remainder of the year.

Next Steps

As we again move out of response towards recovery, during the next quarter a review of the LCP priorities will be undertaken and a new programme of works developed. Running alongside this will be a Locality Performance Scorecard to track impact and outcomes.

Appendix One

Local Priorities (2020)

The Plymouth Plan remains the City's overarching Strategic Plan setting the vision, ambition and our direction until 2034. These priorities align to this plan and represent the Local Care Partnerships first tranche of priorities emerging from our COVID-19 response phase towards reset and restoration. They will form the focus of our joint endeavor whilst we develop our wider framework for tackling inequalities.

1. Building on Caring for Plymouth develop a single front door for care and support
2. Develop enhanced support for care homes
3. Strengthening out of hospital care through the Integrated Care Model with a focus on:
 - a. Admissions Avoidance- provision of additional multi-disciplinary community crisis response to provide wraparound support for individuals in crisis.
 - b. Improved access to step down provision to support hospital discharge arrangements including provision of additional beds with on-site therapy offer
 - c. Further development of placed based Mental Health Support aligned to community multi-disciplinary offer wrapped around individual PCN's and supported by the voluntary sector.
4. Ensuring homeless people are housed in appropriate accommodation, have their needs fully met and as few people return to the streets as possible.
5. Working with Primary Care to build on learning from "Hot Hub" approach to ensure sustainable multi-disciplinary provision for COVID and non COVID residents.
6. Collectively and pro-actively support the City's *Resurgam* Programme, with a specific focus on the Health and Care Sector Plan, Skills, Building Plymouth, Spend-4-Plymouth and City Centre Renaissance.
7. Locally support a number of enabling programmes such as digital, workforce and infrastructure and estates. An initial priority in relation to estates will be seeking to maximise the HIP2 and One Public Estate Programmes to facilitate service change and develop new opportunities.

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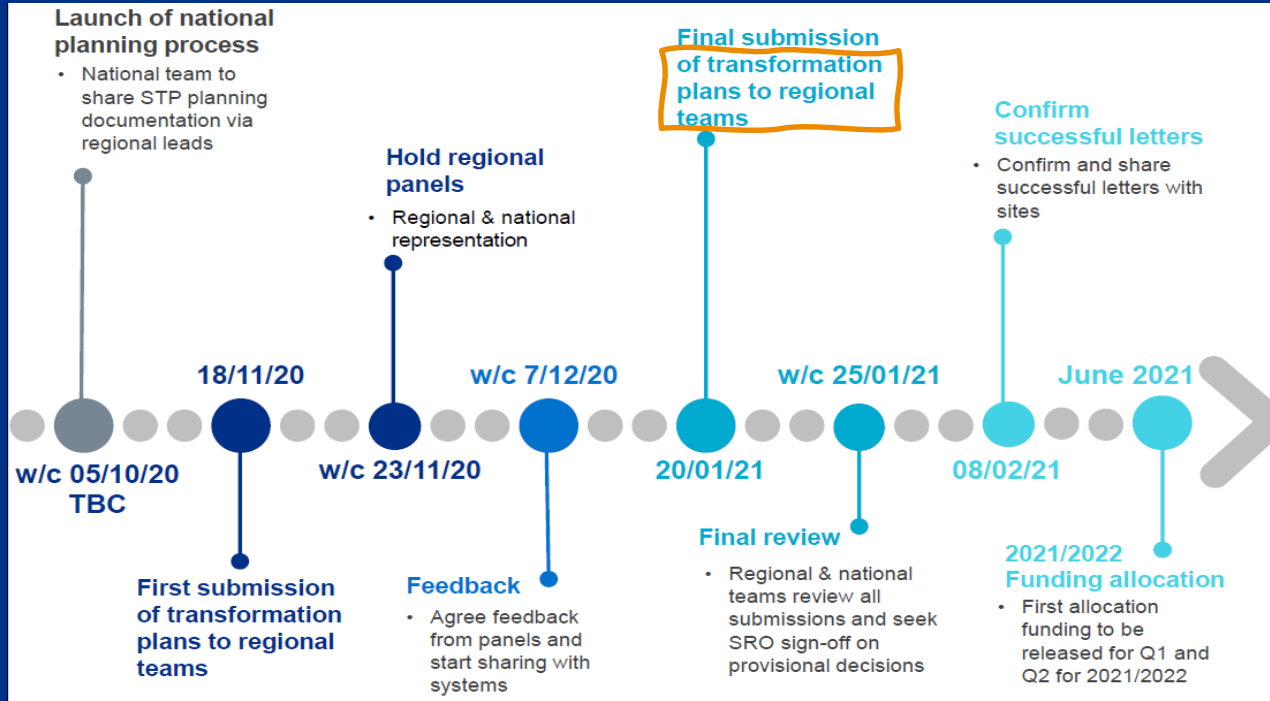
COMMUNITY MENTAL HEALTH FRAMEWORK

Health and Wellbeing Board

Thursday 4th March 2021

Sara Mitchell, Strategic Mental Health Lead

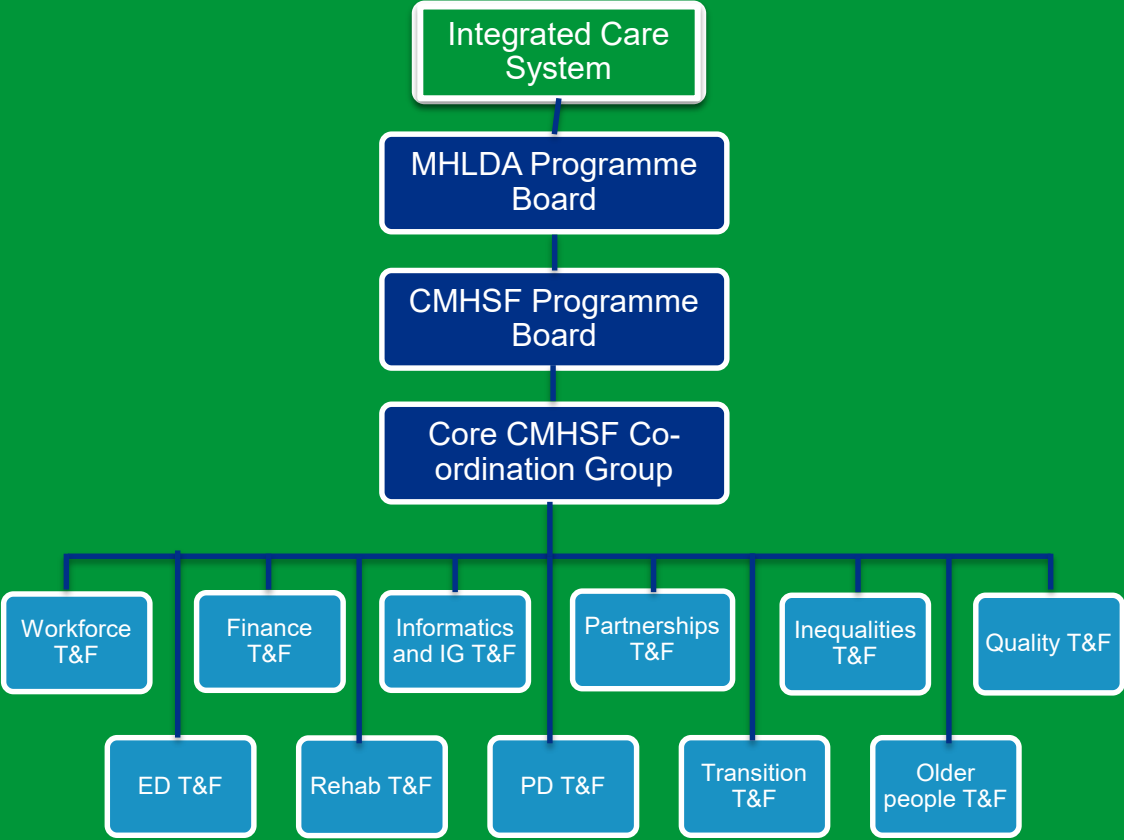
National Timeline



This proposal is important as it will enable Devon to receive its fair share of transformation funding:

- 2021/22- £2,449,694
- 2022/23- £5,974,167
- 2023/24- £7,407,456

Governance & Process: Development Structure



Community Mental Health Framework



Self Care: At the centre of our core model is the person and their capacity to care for and help themselves.

Personal Community: When a person has a problem, the first people they turn to are those in their personal network- their family, friends, colleagues and online network

Community: People exist in a communities, a persons community will include the people and places where they contact others, at the school gate, in their place of work, through community events, hobbies and interests etc

Community Based Health and Social Care: Within communities, but not often part of our daily lives are a range of community based health and social care offers which aim to help us when we are unwell.

Acute Health Care: within our wider communities we have a more specialist range of health, social care and other community services which help us when our needs are more urgent and acute.

Our Model: What it means for people

I am severely unwell. I can't keep myself safe. I've withdrawn from my friends and family. Community Services and Acute/ Emergency service need to keep me safe.

Support, care and treatment help me meet my biopsychosocial needs. We look at my strengths and my needs and spot the gaps in my networks.

My support, care and treatment helps me to develop and sustain long term connections which will help me self care, get support from my personal network and connect me to my community.

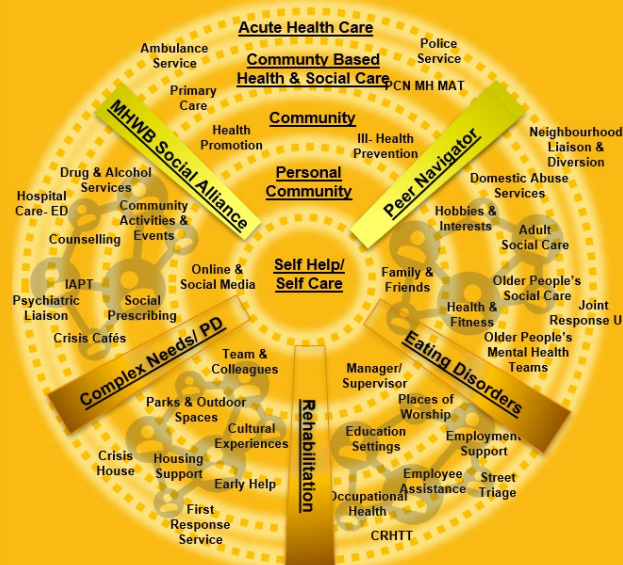
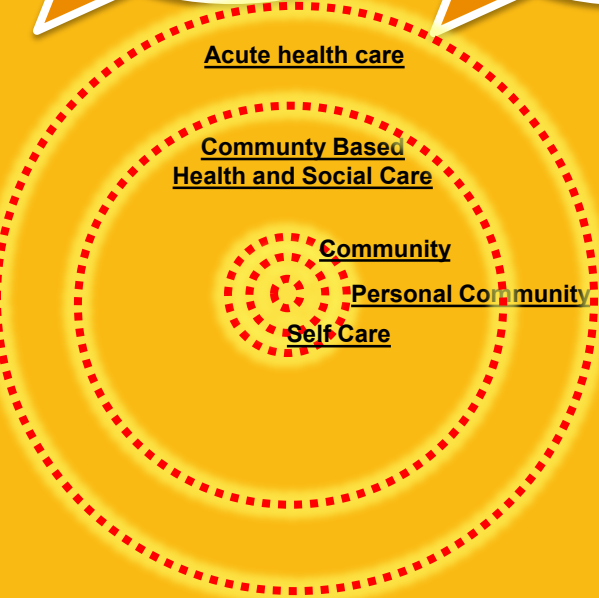
Integration and co-ordination across the rings and sectors

Balanced rings reflected in commissioning, care planning and support, care and treatment.

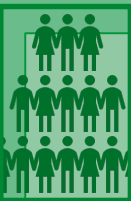
Building self, personal network and community capacity

Rings are not solid, they are permeable allowing connection and support to move between

Built on CMHT foundations, building Mental Health Social Alliance offer.



Our Model: Principles



All resource, will be as close to home as possible, in neighbourhoods (PCN MH MATs and MHWB Social Alliances)



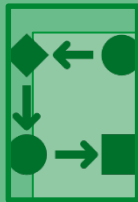
Anyone can access urgent and crisis support for their mental health when they need to.



PCN MH MATs are aligned to PCNs and in regular contact. Support is provided at organised at neighbourhood level



Dedicated Place Based Support is aligned to PCN MH MATs and they are in regular contact. Support is provided at neighbourhood and organised at place.



There is less focus on caseloads, more on flow and outcomes.



Person centred care informs all support, care and treatment; it is co-produced, strengths based, holistic and needs led



Where it is needed every person to have a named Peer Navigator who walks alongside them even as their needs change



Delivery of intervention based care not generic care coordination



Every member of staff is committed to supporting the physical health needs of their service users

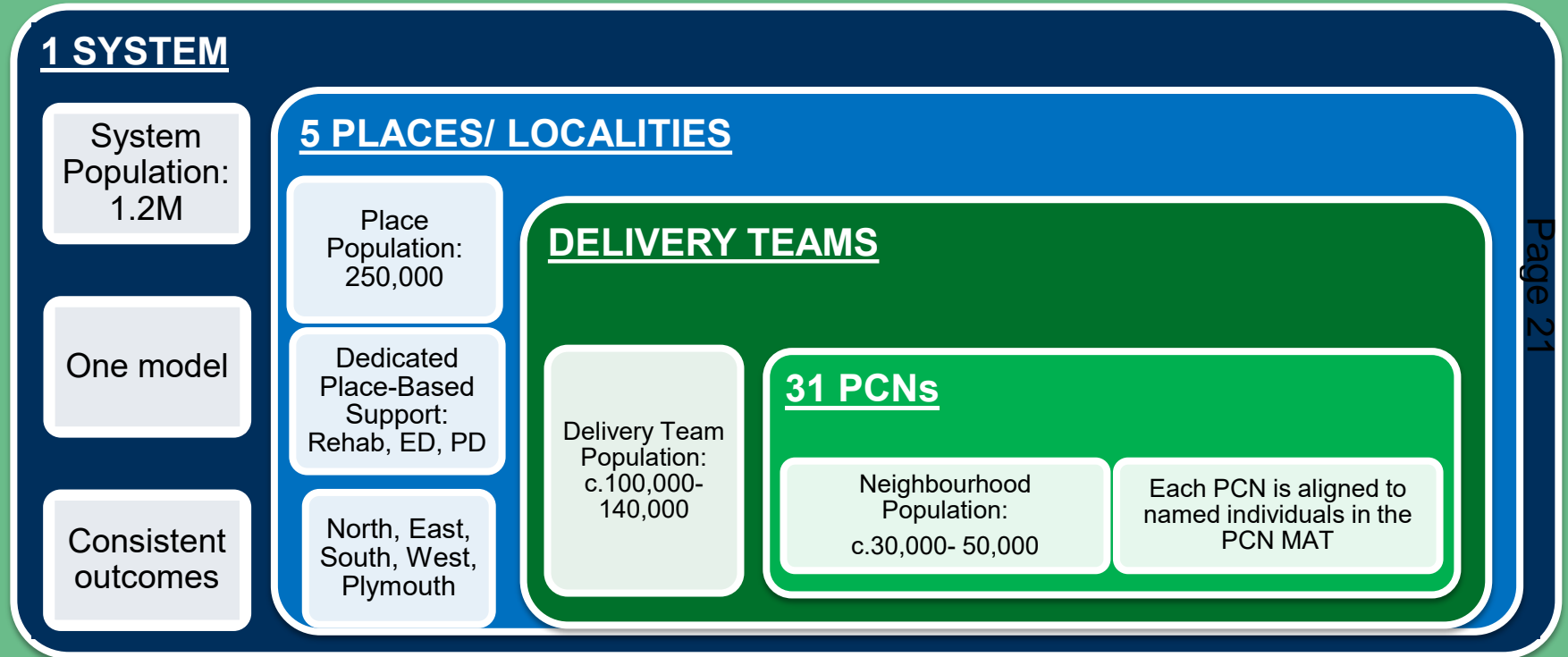


Support is available for young adults and older people with age appropriate support, care and treatment



Trauma informed practice will be embedded across the support, care and treatment.

Our Model: Components



Our Model: In Action

SYSTEM: Model for Young Adults, Adults and Older Adults

PLACE BASED:

NEIGHBOURHOODS:

Urgent Care: FRS

Person centred care and planning across all support, care and treatment:
co-produced, strengths based, holistic and needs led

**Place Based:
Dedicated Support**
(reaching out assertively-
providing support)

**Neighbourhood Based:
PCN MH MAT (Core Team)**

IAPT

Initial Enquiry via:
Self or any supporting
professional i.e. GP,
Social Worker, others

I need urgent
help! (OOH)

I need
help!

Rehabilitation and IPS

Assess & Consult

Advice & Guidance

Self-Help

Signposting

Eating Disorders

Complex Needs/ PD

Sometimes
help needs
to reach
out to me

INDIVIDUAL
(in their community and
personal network)

Recovery Navigators

Peer Support

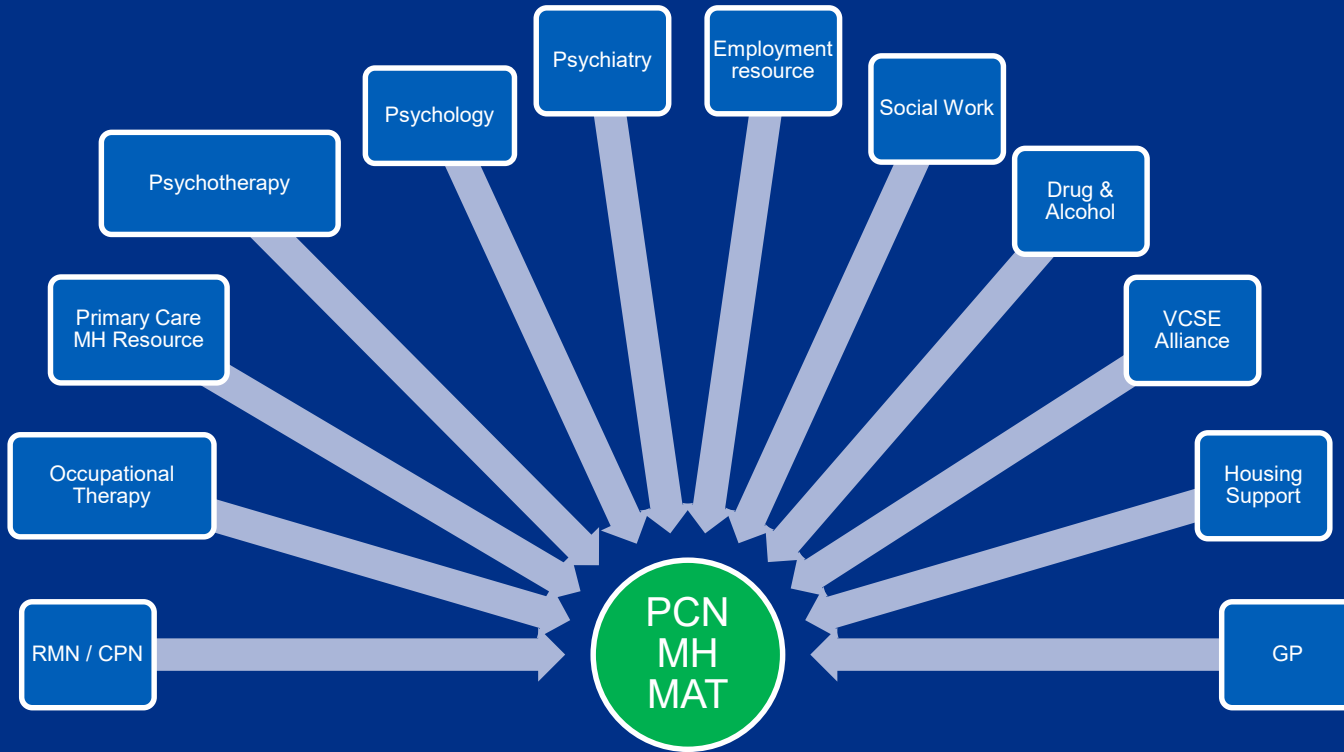
MHWB Social Alliance

MHWB Social Alliance

Implementation Timeline

Roll Out Timetable				
<u>Need</u>	<u>21/22</u>	<u>22/23</u>	<u>23/24</u>	<u>Notes</u>
VCSE				
Core	33%	66%	100%	10 PCNs in 2021/22, 20 in 2022/23, 31 PCNs in 2023/24
Rehab	100%	100%		Pan-STP roll out of new model 2021/22
ED	0%	100%	100%	Pan-STP roll out of new model 2022/23
PD	100%	100%		Pan-STP roll out of new model 2021/22

Core staff



Implementation: Finance

Roll Out Timetable			
Need	21/22 £	22/23 £	23/24 £
VCSE	526,623	1,266,898	1,588,112
Core	379,831	1,573,893	2,632,283
Rehab	849,331	1,444.138	1,577,799
ED		479,725	479,725
PD	617,662	1,048,945	1,069,924
Co-production	66,247	120,000	45,000
Inequalities	10,000	40,568	15,000
TOTAL	2,449,694	5,974,167	7,407,456

Implementation: Challenges

Risk Title	Risk Summary	Mitigation
Recruitment:	<ul style="list-style-type: none"> •Some roles made be difficult to recruit 	<ul style="list-style-type: none"> •Phased delivery approach •Workforce development model, includes a significant volume of band 3 and band 4 PSW roles and incorporates a career development pathway so that we can 'grow our own workforce •Recruitment plan will include recruiting challenging roles early- ahead of the need to allow for protracted processes •Devon People plan aims to promote Devon STP as a positive place to live and work
Covid related impact:	<ul style="list-style-type: none"> •Covid may prevent the progress of our normal engagement activities •It may limit the capacity of key partners to be involved 	<ul style="list-style-type: none"> •We will ensure flexibility in the phasing of our communications and coproduction activities to support broader engagement •We will learn from best practice about how to maximise digital engagement and co-production
VCSE Alliance:	<ul style="list-style-type: none"> •Devon's VCSE sector is inconsistently developed, engaged and commissioned 	<ul style="list-style-type: none"> •Delivering a series of open engagement opportunities for the VCSE sector to support development of the sector relationships. •We will consider the readiness of the VCSE sector as part of our roll out decision making. •We will deliver focused engagement activities in areas where we will be rolling out the core model

HEALTH AND WELLBEING BOARD

Work Programme 2020 - 2021


PLYMOUTH
CITY COUNCIL

Date of meeting	Agenda item	Responsible
30 July 2020	COVID-19 Update from Board Members	All Board Members
	Plymouth COVID-19 Local Outbreak Management Plan	Ruth Harrell
	Health Protection Report for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council and Cornwall and the Isles of Scilly Councils 2018-2019	Julie Frier
	A Framework for COVID19 Inequalities	Ruth Harrell
8 October 2020	CQC Collaboration Report	Craig McArdle
	Transforming Cities – Mobility Hubs	John Green
	Update from Board Members	All Board Members
	Integrated Care System Update	Craig McArdle
	Loneliness Action Plan	Rachel Silcock
7 January 2021	COVID-19 Health Protection Board Update	Ruth Harrell
	Update from Board Members	All Board Members
	Compassionate Cities	Gail Wilson and Abs Gyamfuah-Assibey – St Lukes
	ICS Verbal	Ruth Harrell
	Feedback from Mental Health Workshop	
4 March 2021	Update from Board Members	All Board Members
	ICS	
	Children's mental health and the support packages	Tracy Clasby/Emma Crowther/Sara
	Dental Health	Ian Biggs/Tessa Fielding/Dr Lou Farbus/Cllr Mrs Aspinall
	Vaccination rollout programme	Darryn Allcorn/Sue Wilkins
	Trauma Informed	Anna Moss/Simon Hardwick/Shelley Shaw
	New community mental health framework	Livewell SW
Items to be scheduled	Food Insecurity	
	Growth Board/Resurgum Board	
	Admission avoidance services across physical and mental health (CCRT, acute nursing service and First Response)	Livewell SW
	How citizens with learning disabilities and severe mental illness have fared in Covid	Livewell SW
	Projected increases in demand for MH services linked to economy and post Covid	Livewell SW

Date of meeting	Agenda item	Responsible
	Transformation in Enhanced Primary Care (community MDT and care home support)	Livewell SW
	A bright future	Emma Crowther (June meeting)