

Health and Wellbeing Board

Thursday 24 June 2021

PRESENT:

Councillor Nicholson, in the Chair.
Councillor Dr Mahony, Vice Chair.
Councillor Buchan.

Apologies for absence: Councillor Downie (Cabinet Member for Children and Young People), Alison Botham (Director of Children's Services), Ann James (Chief Executive, University Hospital Plymouth NHS Trust), Michelle Thomas (Acting Chief Executive Officer, Livewell SW) and Tony Gravett MBE (Healthwatch Devon, Plymouth and Torbay).

Also in attendance: Craig McArdle (Strategic Director for People, Plymouth City Council), Anna Coles (Service Director for Integrated Commissioning, Plymouth City Council and NHS Devon CCG), Michelle Seymour (Acting Chief Operating Officer, Livewell SW), David Kincross (Healthwatch Devon, Plymouth and Torbay) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 12.28 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.

42. To note the Appointment of the Chair and to Appoint a Vice Chair

The Board noted the appointment of Councillor Nicholson as the Chair and agreed the appointment of Councillor Dr Mahony as the Vice Chair for municipal year 2021-22. Proposed by Councillor Nicholson and seconded by Councillor Dr Buchan.

43. Declarations of Interest

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

44. Chairs urgent business

The Chair gave thanks to Nick Pennell (Healthwatch Devon, Plymouth and Torbay) and to the previous Chair, Councillor Kate Taylor for their valued contribution to the Health and Wellbeing Board.

45. Minutes

Agreed that the minutes of 4 March 2021 were confirmed.

46. **Questions from the public**

There were no questions from members of the public.

47. **GP Surgeries**

Siobhan Cambridge (NHS Devon CCG), Dr Steve Harris (Clinical Lead for Primary Care Devon), Jo Turl (NHS Devon CCG) were present for this item and provided an update to the Board. It was highlighted that:

- it has been a very challenging 18 months with far fewer patients seen face to face and more critically the demand for primary care significantly increasing;
- they were currently offering a combination of face to face, home visits, virtual consultations and eConsult;
- they were continuing to develop and improve eConsult to be more accessible and to address the issues where needs were not being met;
- telephone consultations have been effective but some patients would still need to be seen face to face;
- majority of patients have been satisfied with access to primary care;
- they were working with the Local Medical Committee to gather data on the volumes of appointments and demand on primary care;
- they were working more closely with partners to address these issues and for scrutiny to look at this in more detail;
- Thanks was given to staff who work within primary care for their continued hard work over the last 18 months.

Questions from the Board related to:

- the Mayflower Group and to be reassured that the issues were being addressed;
- the elderly population being unable to access services and cannot cope with virtual or eConsult;
- whether the figures within the survey were reflective on Plymouth regarding on-line consultations;
- whether GP receptions were open or whether patients had to ring to make an appointment?
- the focus group and how this group was represented;
- fully understand the challenges but hundreds of people were struggling to book a face to face and/or follow up appointment. People lie on eConsult just to see the GP and eConsult problems have existed more than 18 months ago.
- what were the timescales for improving eConsult?
- when would chronic management clinics be delivered at full scale?;
- A suggestion was put forward that part of this board's role was to make this service better and that a refresh of the Plymouth Prospectus and the responsibility of everybody to make Plymouth a more attractive place to live and work. There was a need to attract GPs to this city.

The Board agreed to –

1. Note the report.
2. Refer the issue of GP access to the Plymouth Health and Adult Social Care Overview and Scrutiny Committee as the statutory body responsible for the scrutiny of health services in the local authority area.
3. Request that the scrutiny committee consider a joint scrutiny approach with Torbay and Devon Local Authorities and make recommendations to relevant bodies. Such an approach should include, but not be limited to –
 - A review of the available primary care delivery models, to include national and international exemplars;
 - A review of the impact of the pandemic response to traditional models of Primary Care delivery;
 - The differing requirements of urban and rural communities;
 - A review of the impact of Primary Care Networks and the identification of where further development / support / funding may be required.

The Board also agreed that:

4. A Part II Paper on the Mayflower Group to be shared with the Health and Adult Social Care Overview and Scrutiny Committee and Ward Councillors.

48. **Mental Health Needs Assessment**

Kamal Patel (Public Health Speciality Registrar) was present for this item and referred to the report in the agenda pack. It was reported that:

- Mental health and wellbeing worsened at the start of the pandemic in Spring 2020;
- This was followed by a recovery in the Summer 2020 as lockdown eased but not to pre-pandemic baselines;
- A further decline in mental health in the Winter 2020/21;
- There were no changes in rates of self-harm or suicide.
- Groups that were disproportionately affected:
 - Young adults and females
 - Black, Asian and Minority Ethnic men;
 - Adults living with children, in particular lone mothers;
 - Adults with pre-existing mental and physical health conditions;
 - Older adults and who were recommended to shield;
 - Older adults with multi-comorbidities;
 - Adults who were socially isolated;
 - Adults with low household income or relative socio-economic position;
 - Adults who experienced loss of income, especially the self-employed;
 - Adults with financial worries;
 - Carers (formal and informal) and frontline health and care staff.

- The changes in mental so far may not be the full extent because –
 - It is too early to see some of the impacts;
 - The on-going challenge of the pandemic;
 - The pandemic may have environmental, cultural and socio-economic impacts which in turn would continue to impact mental health.
- 8.5 million adults in England would need new or additional mental health support with the majority would be people who have existing mental health conditions;
- In Plymouth these figures equate to almost 27,000 of the estimated 39,000 people with common mental health disorders requiring additional support and over 17,000 from the general population requiring new support for moderate-severe depression or anxiety.
- Asking partners to sign up the Prevention Concordat for Better Mental Health:
 - The concordat provides a cross-sector focus on public mental health approaches;
 - Acknowledges the important role of people with lived experience of mental health problems;
 - Sets clear direction to the local health and social care system that all should work towards a tangible increase in the promotion of mental health and wellbeing and the prevention of mental ill health;
 - The public health team to continue to provide system leadership, working within the existing multi-agency groups and networks within the city to co-develop a strategy and action plan for increasing work to promote mental health and wellbeing and prevent mental ill health across the system.

Questions from the Board related to:

- Green subscribing;
- Long Covid;
- Community cohesion and how we can support that and encourage funding;
- Reaching into schools and the children's agenda.

It was agreed that:

1. The Health and Wellbeing Board endorse this mental health needs assessment.
2. The Health and Wellbeing Board and its constituent members sign the Prevention Concordat consensus statement to set a clear direction to the local health and social care system that all should work towards a tangible increase in the promotion of mental health and wellbeing and the prevention of mental ill health.
3. The Health and Wellbeing Board confirm their support for the Public Health team to continue to provide system leadership for the promotion of mental health and wellbeing and the prevention of mental illness.
4. The Health and Wellbeing Board confirm that the existing multi-agency groups and networks should be the basis for taking forward the Prevention Concordat.

5. The Health and Wellbeing Board ask that Public Health oversee the development of a local strategy and action plan for increasing work to promote mental health and wellbeing and prevent mental illness across the system, building on the good work already in place.
6. The Health and Wellbeing Board receive an update on progress in 12 months' time.

49. **Opting out of NHS Patient Data**

The Chair reported that a Motion on Notice went to the last Full Council meeting on Opting Out of NHS Patient Data. The Government have now extended the deadline to September. The Chair proposed to invite NHS England to attend a whole council meeting and to extend the invite Health and Wellbeing Board members.

50. **Healthy Communities Together**

Rachel Silcock (Strategic Commissioning Manager, Plymouth City Council) and Matt Bell provide an update to the Board. It was reported that following a successful bid to the Lottery Fund and the Kings Fund to help strengthen our partnership with health partners and the voluntary and community sector to improve health outcomes. Loneliness and self-isolation had a major impact on people during the pandemic. The Local Care Partnership would be overseeing this project co-designing solutions with our communities. They would be recruiting Plymouth residents to be trained to have community conversations and to get residents to speak to other residents and to build up to a strategic level. To harness that intelligence to make strategic decisions and to keep a focus on decision making and action. The voice from the people in strategic decision making.

It was agreed that the Board:

1. Publicly recognise the co-design process (and similar work happening elsewhere) as a vital stage in developing services in Plymouth. This will achieve two significant benefits:
 - Show shared commitment to work together across the health and care system.
 - Give added credibility to the process and help to recruit community researchers.
2. Formally support the Social Isolation Conference on the 6 October 2021 as a significant and complementary piece of work.

51. **Together for Childhood**

Oliver Mackie (NSPCC) was present for this item and provided the Board with an update on Together for Childhood. It was reported that:

- the 10 year Together for Childhood programme commenced in Plymouth 3 years ago to prevent child abuse;

- the ambition was to bring communities, organisations, individuals together to test new ways of working to stop abuse in the first place and to provide services in Plymouth to families and children to receive the right support;
- they have embedded local campaigns such as 'Talk Pants' and would welcome the board's support;
- a virtual conference took place in March which attracted over 1000 people.

The Board noted the update on Together for Childhood.

52. **Update from Board Members - Verbal Update**

The Chair invited partners to provide an update from their service area and to share good practice/lessons learned.

Councillor Nicholson (Chair) reported that the new administration has a 100 day plan of commitments which include expediting the disability grant and the reform of funding of adult social care. A high priority also was access to GPs and dental health. The Integrated Care Partnership has been signed off and would become effective from 1 July 2021.

Craig McArdle (Strategic Director for People, Plymouth City Council) reported that the Integrated Care Partnership (ICP) had been in development for a number of years and was back in 2013 by this Board. It was highlighted that the whole system was currently sustaining a lot a pressure. Welcomed the commitment from the Chair to push forward on the reform of adult social care. Due to pressures within the city they were looking to increase the capacity at the Care Hotel.

Mandy Seymour (Interim Chief Operating Officer, Livewell SW) reported that ICP has been a focus over the last few weeks and to be signed off by the Livewell SW Board next week. Also highlighted the pressure in the system with high volumes of people not well wanting to access services. They were looking at other solutions and working across the whole system to address these high volumes.

David Kincross (Healthwatch Devon, Plymouth and Torbay) reported that they were watching from the side-lines with regard to the ICP so that they could join the cohesive partnership working.

Anna Coles (Service Director for Integrated Commissioning, Plymouth City Council and NHS Devon CCG) reported ICP was key to the city and one of the priorities was around integrated care. Residents want to know what will be different to them and they would be working with Healthwatch to communicate this to the wider public.

53. **Devon and Cornwall and the Isles of Scilly Health Protection Annual Report**

Ruth Harrell (Director of Public Health) referred to the report in the agenda pack which was for noting by the Board.

The Board noted the 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 2019 – 2020.

54. **Work Programme**

Board members were invited to forward items to populate the work programme. It was agreed to add the following items:

To be scheduled to the October meeting:

- Suicide prevention.
- Dental Health.
- Bright Futures.
- Response to GP Access from Health and Adult Social Care Overview and Scrutiny Committee.
- eConsult.
- Primary Care Prospectus.

Livewell SW to provide a timeline for work programme items to be scheduled.

Work programme items to be added:

- Reduced face to face contact in maternity services and how Covid has affected maternity services.
- Long Covid and the strategy for providing care.