

Health and Wellbeing Board

Thursday 3 March 2022

PRESENT:

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

Apologies for absence: Councillor Downie
Dr McCormick and Michelle Thomas.

Also in attendance: Ruth Harrell, Alison Botham, Craig McArdle, Tony Gravett MBE, Anna Coles, Louise Higgins, Matt Garrett and Ann James.

The meeting started at 10:00 and finished at 12:02.

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.

75. Declarations of Interest

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

76. Chairs urgent business

There were no items of Chairs urgent business.

77. Minutes

Agreed that the minutes of 27 January 2022 were confirmed.

78. Questions from the public

There were no questions from members of the public.

79. The Alliance (Presentation and verbal update)

Matt Garrett, Service Director for Community Connections delivered a presentation to the Board on Homelessness and highlighted the following key points:

- a) There had been an increase in the number of households accommodated in temporary accommodation from 163 in April 2019 to 284 in February 2022. The number of households in a Bed and Breakfast increased from 43 to 113 in the same time period. The number of families in a Bed and Breakfast had

increased from 2 to 34;

- b) 9,00 households had been recorded on the housing register for alternative accommodation;
- c) For the year 2021 – 2022 the Council had been approached by 3,000 households, this increased from 2018 where 2,500 households approached Plymouth City Council for alternative accommodation;
- d) Demand had increased due to a number of contributory factors and included; relationship breakdown, impact on physical and mental health, end of furlough, end of the Universal Credit uplift, increased utility costs, end of the eviction moratorium and an increase in private sector rent costs;
- e) Plymouth City Council had been working to create a single, structured, multi-agency programme of work with the aim of reducing and preventing homelessness in Plymouth;
- f) In recognition of the crisis a taskforce had been created to seek a reduction in the number of households in Bed and Breakfast with a focus on reducing families within this accommodation;
- g) The Plymouth Alliance worked alongside Plymouth City Council to provide a range of housing and homelessness prevention and floating support. The Alliance took a whole system approach in supporting people with complex needs and provide support for problematic substance use, mental health and offending;
- h) The Plymouth Alliance had been working to reduce the number of people in temporary accommodation by; adding temporary accommodation, working with other accommodation providers; securing and using funds to help people remain in tenancies where they had been at risk or to secure new tenancies, providing additional support to families;
- i) Plymouth had been awarded funding from the Department of Levelling up, Homes and Communities and National lottery. The Changing Futures Programme sought to deliver a whole system transformation for people experiencing multiple disadvantage. The Programme received funding of £2.4 million across three years.

Members of the Board discussed:

- a) There had been a range of accommodation for people that Plymouth City Council provided on an emergency basis and then on a longer term basis. The housing market in Plymouth had changed dramatically in the 6-9 months prior to March 2022 which had included an increase in private sector rents, an increase in home ownership and people finding it difficult to access accommodation. There had been a recognition that there were too many people in bed and breakfast accommodation and for too long. Plymouth Alliance had been co-ordinating efforts with the private sector

to address the number of families in B&B accommodation;

- b) The Board and Officers had not been aware of any national action to reduce the increased costs for those using pre-payment meters. It was acknowledged that the poorest people in the country would be in the majority for using pre-paid metres;
- c) The Local Housing Allowance (LHA) which had been paid by the Department for Work and Pensions would not be increasing, however landlords would be able to charge whatever they wanted. This had been decreasing the number of landlords willing to rent to those in receipt of LHA. It was acknowledged that the LHA had not kept up with inflation with National Government not seeking to increase the allowance as it had been believed that this would move the private sector rental market in an upward trend;
- d) There needed to be a focus on homelessness for the Board into next year;

80. **Safer Plymouth Partnership (Presentation and verbal update)**

Matt Garrett, Service Director for Community Connections delivered a presentation to the Board on Safer Plymouth and highlighted the following key points:

- a) Safer Families which had been led by the NSPCC and Hamoaze had priorities for 2022/23 which included; healthy relationships, substance misuse and hidden harm, reduction in the risk of causing harm and improved alignment through new family hubs and Bright Futures;
- b) It had been Safer Plymouth week which started on 28 February, it had delivered various sessions and groups around the themes for Safer Plymouth;
- c) Safer Communities led by Tracey Naismith (PCC) and Inspector Andy Smith had developed a new ASB case review policy. There had been a use of appreciative enquiry to inform understanding of community cohesion. Prevent training would be re-developed for partners. Funding had been received for Safer Street 1 and 3. Safer Plymouth had supported the roll out of the Adolescent Safety Framework;
- d) Serious Violence Prevention led by Laura Juett (PCC Public Health) had aimed to; develop local serious violence definition and to establish new partnerships and to develop Safer Plymouth spend plan for the new OPCC serious violence prevention funding.
- e) Domestic Abuse and Sexual Violence led by Lyn Gooding (Firstlight) and Hannah Shead (Trevi) had: provided significant support and evidence to the VAWG Q&A session in December 2021 and also to the Violence Against Women and Girls Commission (VAWG); Safer Streets 3 funding provided investment in Bystander Training and work with Beyond

Equalities to progress understanding; Developed Domestic Abuse Safe Accommodation Strategy; A new Peninsula Project 'SPARK' had been funded by the tampon tax and would look to improve system response to working with highly vulnerable women; There had been an increase in the number of Domestic Homicide Review referrals;

- f) Youth Justice Service which had been led by Jean Kelly had a Plymouth Youth Justice HMIP inspection and had received a positive performance summary against all 5 key performance indicators; The Impact Project which had been running for 6 months had gained recognition as a model of trauma informed practice; Emerging themes included concern at a lack of parental support available to reduce re-offending in cases of violence, increased reporting of young people carrying knives and a need to look at disproportionately/diversity issues in the Youth Justice caseload.

Members of the Board discussed:

- a) The Domestic Abuse, Stalking and Honour Based Violence (DASH) Risk Identification, Assessment and Management Model had been implemented by SAFER Plymouth and most of its organisations;
- b) Once the VAWG Commission reports its recommendations, SAFER Plymouth would look to deliver its service based on those recommendations;
- c) The Plymouth Children's Safeguarding Partnership had maintained effective links and safeguarding with a Strategic and Operational Group that had been reviewing arrangements and intelligence arrangements around any form of exploitation;
- d) There had been no further updates in relation to the Keyham events, however once the report had been published, the SAFER Plymouth partnership would look at those recommendations;
- e) The Board noted the improvements from the outcome of the Youth Justice inspection and specifically the improvements in Governance arrangements which had been highlighted as an issue in the Joint Targeted Area Inspection (JTAI).

81. **Admission avoidance services across physical and mental health (CCRT, acute nursing service and First Response)**

Louise Higgins (Livewell Southwest) presented members of the Board with a presentation and members discussed:

- a) The Emergency departments should not be used by members of the public to access NHS support in response to mental health and should use other services. This pathway had been regularly communicated to patients in order to prevent an overload on the Emergency Department;

- b) There had been concern that there had been a gap in patients being signposted and whether patients had received the service they required after being signposted, this would be taken away by NHS staff and looked at;
- c) The CCRT had not been limited to the frail/elderly and would include frail and an inability to cope young people;
- d) Livewell Southwest had been less joined up with Cornwall counterparts due to the services provided spanning across the West Devon area and Plymouth. Work had started to reach out to Cornish colleagues and a lot of the work sits under the Western Urgent Care Board;
- e) The ARP role function could be used flexibly and those employees go through a robust education and training programme to elevate their senior skills and experience. They have the training and skills in order to use more holistic skills that had been in a physical and mental health crisis. Where there had been issues within Primary Care, the service had been able to use ARP's within the surgery to respond to visits where the GP had been asked to respond initially. This would've been triaged properly to ensure that the ARP's would've been the best person to respond to that patient and would thereafter work closely with GP colleagues for the benefit of the patient;

82. **Transformation in Enhanced Primary Care (community MDT and care home support)**

Louise Higgins (Livewell Southwest) gave a presentation to the Board and Members discussed:

- a) The GP surgeries that declined to take part had been due to capacity issues as the programme to set this up would be intense. GP surgeries would need to be able to commit to having clinicians as part of the setup;
- b) All care homes are in scope to be a part of this, all care homes are keen to be engaged in this. Patient and client stories would be circulated to members of the Board outside of the meeting to bring to life the feedback that had been received;

83. **Work Programme**

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

1. The Impact of COVID-19 (as one of the first in the new municipal year)
2. South West Ambulance Service – response times and delivery service
3. Connection between SAFER Plymouth and the Plymouth Safeguarding Board (Efficacy)