

Health and Wellbeing Board

Thursday 7 October 2021

PRESENT:

Councillor Nicholson, in the Chair.

Councillor Dr Mahony, Vice Chair.

Councillors Dr Buchan and James (substituting for Councillor Downie).

Apologies for absence: Councillor Downie, Anna Coles, Ann James, Dr Shelagh McCormick and Michelle Thomas.

Also in attendance: Alison Botham – joined the meeting virtually, Ruth Harrell – joined the meeting virtually, Craig McArdle, Tony Gravett MBE, Jane Elliot Tonic (Strategic Safeguarding Lead (Adults)), Emma Crowther (Strategic Commissioning Manager), Sarah Lees (Consultant in Public Health), Ian Biggs, Tess Fielding and Dr Lou Farbus (NHS England and Improvement) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.30 am and finished at 1.32 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.

55. **Declarations of Interest**

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

56. **Chairs urgent business**

There were no items of Chair's urgent business.

57. **Minutes**

Agreed that the minutes of 24 June 2021 were confirmed.

58. **Questions from the public**

There were no questions from members of the public.

59. **Health and Wellbeing Board Terms of Reference**

The Chair reported that the Terms of Reference have been updated to reflect organisational names changes and includes additional posts.

Councillor Dr Buchan proposed an amendment to the membership in 4.1. The Lead Opposition Member for Health to be changed to The Opposition Lead Spokesperson for Health or member nominated by the Main Opposition Party.

Following a short discussion it was felt that the Lead Opposition would be an easier amendment.

It was agreed to note the changes and to include that change at 4.1 The Lead Opposition Member for Health to be amended to The Lead Opposition and recommend for approval at Audit and Governance Committee in November. Audit and Governance Committee to recommend to Full Council in January.

60. **Adult Safeguarding Briefing**

Jane Elliot Tonic (Strategic Safeguarding Lead (Adults)) was virtually present for this item. Apologies were given for Andy Bickley (Independent Safeguarding Chair) who was unable to attend today. It was highlighted that the approach to safeguarding in the city with our stakeholders cover the 4 main priority areas:

- Partnerships
- Engagement
- Assurance
- Learning

- The Annual Report produced during a difficult year. They have changed meetings for the partnerships to be conducted virtually and continued with strong oversight on what was impacting the city especially with less professional visits taking place leading to less visibility on people they may have concerns over;
- The voice of service users was important and engaging with people at the end of the safeguarding process to see whether needs have been met. Also looking at common themes locally and regionally from safeguarding reviews;
- Ongoing piece of work on SAR Quality Markers for safeguarding review reports to now have a national quality marker;
- The partnership undertook a review of the partnership structure which is included with the report;
- Issues raised to us as referrals has increased to 135 per week and ensuring that these referrals are appropriately investigated;
- Business Plan incorporates the work for the partnership and links with other partnership boards such as homelessness, domestic abuse, and transitional work with young people. Ensuring that that the Business Plan financially viable and has the right resources and engagement and ensuring we have a trained and competent workforce across the city;
- The Chair thanked Jane for the update and stated that this was a hugely important responsibility for the local authority and gave thanks to Andy Bickley and the partnership for they work they undertake in keeping people safe.

Questions from the Board related to:

- Domestic abuse and who takes on that responsibility and what intervention and prevention was in place to support families?
- The increase due to self-neglect was this due to Covid or demographics?
- 80 percent of referral concerns move on. Where do they go?
- As a Ward Councillor residents face different challenges and it's difficult to know where to signpost people. Never clear to me on what else I can do and where these people go?
- What constitutes capacity and how do we track these people. Was there a need to look at the broader framework on where people go and have a tracking system to look at that as part of work programme?
- Are there any gaps in the partnership workforce and how do you ensure they was no duplication in providing these services. Was the same technology, data care planning used across the partnership?
- The gaps in the workforce would this have an adverse effect on the people we were trying to protect?

The Chair wanted it recorded the Board's appreciation to those involved in safeguarding and the protecting of our most vulnerable in the city.

The Health and Wellbeing Board noted update on Adult Safeguarding.

61. **A Bright Future**

Emma Crowther (Strategic Commissioning Manager) was virtually present for this item. It was reported that:

- A Bright Future was the partnership plan for children and young people. With Plymouth City Council as the lead the plan has been shaped and informed by our partners to move forward with our vision that we were all agreed to ensure that all children in the city are safe, healthy, happy and aspire and achieve;
- They wanted to recognise the impact of Covid and how they worked flexibly as a partnership;
- Refresh of the 10 Wishes and that they still hold really true and the young people wanted professionals to continue to follow;
- Underpinned by iThrive and Trauma Informed City to capture the key projects to ensure that the plan would be relevant for a long time as well as being ambitious for the city's children.

The Plan underpinned by following principles:

- Prevention is a fundamental aspect of provision
- Early help will be embedded across the system
- Innovation and evidence informs our interventions with families
- Systems should be responsive and accessible, not waiting for crisis to happen before help is offered

- Approaches must build on the strength and resilience of individuals, families and communities
- We explore the root causes of disadvantage and improve inclusion and improve opportunities for inclusion
- Raising attainment is critical to reducing the impact of poverty
- We listen to what children, young people and families tell us and use this to drive change
- We challenge ourselves to make sure we have the right support available at the right time and in the right place to support families
- We ask ourselves whether we are working together as well as we can
- We consider whether we are taking into account all the factors/context in the life of a child, including both resilience and risk

Next Steps:

- Establishing a Strategic System Leadership Board
- Creation of a new Healthy and Happy group
- Plymouth Education Board = Aspire and Achieve
- Plymouth Safeguarding Children's Partnership = Safe
- Ceasing the CYP System Design Group
- Clarity on where key projects cross more than one governance group, e.g. Emotional Health and Wellbeing Steering Group
- Visibility of reporting into Local Care Partnership

Questions from the Board related to:

- Young Carers and that these children have huge responsibilities at the expense of their education. How are these children supported?
- The physical health of children and taking exercise during Covid taken forward and other ways of dealing with mental health rather than taking a prescription?

The Health and Wellbeing Board noted the Bright Future Report.

62. **Suicide Prevention**

Sarah Lees (Consultant in Public Health) was present this item virtually. It was reported that:

- Suicide was a major societal issue;
- In England ~ 6,000 deaths by suicide each year;
- Average cost to society of each death ~ £1.67 million;
- Leading cause of years of life lost;
- Leading cause of death in men <50 years, in young people and in new mothers;
- 70% of those people who die by suicide were not in receipt of mental health services;
- 3 times more men than women die by suicide;

- England average age-standardised rate [2017-2019] = 10.1/100,000. Plymouth rate 11.7/100,000;
- Suicides are not inevitable, they are preventable;

Impact of the COVID-19 Pandemic:

- They know that risk factors for mental illness have increased during the pandemic;
- They were seeing increased demand for mental health services (especially for anxiety and depression);
- National data shows no evidence of an increase in suicide deaths to date;
- No local evidence of an increase in suicide deaths to date;
- Coroner services closed for 6 months in 2020;
- Delays to finalised data for 2020;
- 2020 and 2021 likely to be unrepresentative years (due to coroner delays).

Questions from Board Members related to:

- How was the Coroner dealing with the backlog?
- Does the audit data get retrospectively adjusted or does this happen when the coroner gives their verdict?
- How can we improve preventing suicides in some of these categories where we know there is a problem?
- How do we integrate the data on the RTS with the mental health services? Are people known or already in the system?
- What were the Triage pathways through MH services?
- Whether a separate report could be provided to drill down on how the services provided when people were identified at risk? Oversight of the pathway and how we were serving people at are present? It was reported that a Select Committee would be taking place looking at mental health provision within the city;
- Asked whether the Plymouth Suicide Prevention Action Plan when available could be shared with the board?

The Health and Wellbeing Board noted the Suicide Prevention update and for the Suicide Prevention Action Plan to be circulated to the Board when available.

63. **GP Access Scrutiny Report**

The Chair to ask Councillor James, Chair of Health and Adult Social Care Overview and Scrutiny Committee to provide an update on GP Access. It was reported that:

At the last Health and Wellbeing Board meeting on 24 June 2021 the Board received a report on GP surgeries. The Board recommended to refer the issue of GP access to the Health and Adult Social Care Overview and Scrutiny Committee and a Part II paper on the Mayflower Group to be shared with scrutiny and ward councillors.

The report attached to the agenda today went to the health scrutiny on 28 July 2021. NHS Devon CCG were in attendance and provided an update and the following areas were raised and discussed by the Committee:

- Face to face contact and when this would re-commence;
- The number of patients that fail to get through/make contact with their GP surgery;
- Support provided to patients on the modern ways to access GP practices;
- Continuing issues with specific practices within the city;
- Negative experiences with eConsult and NHS III;
- Impact on the Emergency Department;
- Recruitment and retention of GPs in the city.

The Committee noted the report and requested further updates at the next meeting on 22 September. The Committee had a further meeting with NHS Devon CCG on the Improvement Plan and this meeting was held in Part II.

Committee members and relevant Ward Councillors attended a Part II briefing session with the Mayflower Group which took place on 9 September 2021. The session was well attended with a good debate with member's raising issues their residents had faced and put forward suggestions on how to address the issues raised.

Discussions were taking place for committee members and relevant Ward Councillors to receive regular updates from the Mayflower Group.

Questions from Members related to:

- When face to face consultations would commence;
- The survey data and questions around the virtual panel;
- Continuing issues with eConsult;
- The overall patient experience and addressing performance of GP surgeries;
- Whether report produced by Healthwatch highlighted areas where the CCG were not delivering;
- The closing of the Estover practice.

It was agreed that the improvement plan discussed in Part II at the Health Scrutiny meeting in July to be shared with Health and Wellbeing Board Members.

64. **Dental Access for Adults and Children in Plymouth, September 2021**

Ian Biggs, Tess Fielding and Dr Lou Farbus (NHS England and Improvement) were present this item and joined the meeting virtually. It was highlighted that:

- Primary care and dental services had been impacted by the pandemic;
- Continued focus on urgent care and for the medium and long term goal for everyone to access a dentist;
- The Dental Reform Programme looking longer term at the oral health needs assessment. This open to members of this board and would address oral health improvement and workforce;

- Reinvesting into practices that can deliver more as well as providing practices that were struggling with advice and support;
- Oral health of children vital in reform programme and identify children that were in need of help;
- Coordinated approach to attract dentists similar to the GP prospectus.

Questions from Members related to:

- The Cavell Centre;
- The opportunity to use the loss of funding being given back when dental practices haven't been able to deliver and to reinvest back into the community
- The fluoride varnish scheme in which 24 primary schools benefit from and whether the provision of fluoride varnishing could be extended across the city so that every child be able to access this service.
- Action plan being prepared and this would be available?
- What kind of short term strategy was being brought in and timelines?
- The Board requested further information on the Dental Reform Programme and the timescales
- The fluoridation of water process and whether this could be looked at by Health Scrutiny.

Ian Biggs added that NHS England and Improvement were working really hard to address the problems that they know exist within the city and gave assurance that the Dental Reform Programme was really important vehicle to address this.

The Board noted the update and requested that NHS England and Improvement:

1. The Board to have sight of the action plan when available and to receive further information on the Dental Reform Programme.
2. To continue to work with the city to achieve the level of improvement that the city aspires to be.
3. To look at extra investment into the Cavell Centre to include NHS provision to maximise dental provision within the city.
4. Collectively work with the city to expand the supervised tooth brushing scheme and fluoride scheme in all city primary schools.

65. **Work Programme**

The Board agreed the following items for January and February meetings:

January:

- Admission avoidance services across physical and mental health (CCRT, acute nursing service and First Response);
- How citizens with learning disabilities and severe mental illness have fared in Covid;
- Projected increases in demand for MH services linked to economy and post Covid;

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

March meeting:

- Safer Plymouth Partnership;
- The Alliance;
- Maternity Services;
- Health Inequalities.