

## Health and Wellbeing Board

**Thursday 27 January 2022**

### **PRESENT:**

Councillor Nicholson, in the Chair.  
Councillor Dr Mahony, Vice Chair.  
Councillors Dr Buchan and James (substituting for Councillor Downie) and Mrs Aspinall (vice chair of scrutiny).

Apologies for absence: Councillor Downie, Ruth Harrell, Ann James and Michelle Thomas.

Also in attendance: Alison Botham (Director of Childrens' Services) – joined the meeting virtually, Rob Nelder (consultant Public Health), Craig McArdle (Director for People), Tony Gravett MBE (Healthwatch), Dr Sarah Wollaston (Chair, ICS Devon) Jo Turl (Devon Clinical Commissioning Group), Mandy Seymour (Livewell South West), Jo Colin (Active Devon) Kevin Baber and Sue Wilkins, Plymouth Hospitals NHS Trust (UHP) and **Louise Higgins (Livewell SW)**

*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.*

66. **Declarations of Interest**

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

67. **Chairs urgent business**

There were no items of Chair's urgent business.

68. **Minutes**

Agreed that the minutes of 7 October 2022 were confirmed.

69. **Questions from the public**

There were no questions from members of the public.

70. **Update from Board Members**

### **Healthwatch**

- Healthwatch Devon, alongside Healthwatch Somerset carried out a survey on the NHS 111 service provided by Devon Docs. The report will be released during February.

- As groundwork for overview and scrutiny review of mental health. An analysis of patient feedback from April 2020 has been carried out. Further work will be carried out to review the issues around access and children's services which were identified.
- How Healthwatch integrates and works with the Integrated Care System will be a key priority for the coming months.

**Rob Nelder, Consultant Public Health, Plymouth City Council**

- As of the 26th of January have been a total of 59,169 Plymouth residents who have tested positive since the start of the pandemic.
- The Plymouth rate was considerably higher than the regional and national averages.
- The Omicron variant was the dominant variant and a significant number of care settings were in outbreak.
- 85% of Plymouth residents aged 12 plus have received one dose of their vaccine, 79% of received two doses, 58% of received a booster.
- Outreach vaccination clinics were taking place every day more than 100 people were attending the vaccination clinics when held.

**Craig McArdle, Director of People, Plymouth City Council**

- Winter pressures were being experienced in addition to Covid-19. Services were experiencing high outbreaks of COVID in care settings resulting from high prevalence rates generally.
- New care home guidance around visiting was being implemented, but infection control measures in care settings will need to remain for the foreseeable future.
- Delayed discharges and flow through the hospital continue to be a problem.
- Campaign around recruitment was still ongoing and a second round of the Recruitment and Retention Fund was a further 1.6 million worth of investment in the sector.
- The Clinical Commissioning Group have provided additional funding for the voluntary and community sector during winter which has enabled additional befriending services, carers services and new carers groups.
- Adult social care reform will begin this year (2022), which will require further discussions at the Board. The Care Quality Commission will be moving towards OFSTED style inspection of local authorities and adult social care functions.

**Kevin Baber and Sue Wilkins, Plymouth Hospitals NHS Trust (UHP)**

- Maternity services, like all services, have been hugely impacted by Covid.
- Pandemic impact on the birth rate became visible in January 2021 and saw the lowest number of births seen at UHP. The rate has gradually increased since January 2021 and has returned to normal with an increasing trajectory
- Interruptions to supply chain, continual changes to the availability of PPE, and getting used to providing care to families wearing PPE were all impacts of the pandemic felt in maternity services.

- There had been no maternal deaths as a result of Covid infection, however there have been women in labour with Covid. On an average day this was approaching half the women in labour. The red zone on labour ward demonstrated it was possible to have a red zone in any environment within the hospital and care teams were able to operate effectively in that environment.
- Visiting was probably the most complicated and tricky issue to manage throughout the pandemic. The guidance from the NHS and professional colleges differed which led to difficult conversations with colleagues on the differing approaches across the health service. Restrictions in birthing companions and visiting has impacted on patients' emotional support. It increased vulnerability of birth and the post-natal period and there had been no antenatal/post-natal groups providing emotional and practical support, and these are a lifeline for many.
- Interruptions in programs of workforce education will take many years to rebalance.
- Staff fluctuations alongside rapidly changing guidance, both local and national, had led to difficult decisions being made to balance both actual and perceived risk. There is a risk women have made choices that they wouldn't have made pre-pandemic such as birthing at home against medical advice.
- Exemplary teamwork has been seen across the organization. People have supported each other to deliver the very best for families.
- Mass vaccination programme - half a million vaccines have been administered at home park and 200,000 at the hospital site.
- During the pandemic the trust treated 2728 Covid in-patients there were sadly 358 deaths in that group.
- The burden on intensive care has decreased and that 171 patients is the highest number throughout the whole pandemic. The numbers of people waiting for treatment at Derriford now is in the region of 40,000 just over 3000 have been waiting over a year for their treatment and there are 461 patients who've now waited over two years for their treatment.

**Louise Higgins (Livewell SW)**

- Working through staff groups in relation to mandatory vaccination and identified 34 staff members that have not and will not have a vaccine. To ensure that we have the flexibility to move staff to the most vital service delivery areas and to support UHP with managing flow, keeping people out of the hospital and in the community as long as possible collaborative work with UHP and the voluntary sector is ongoing.
- Mental health services are busy post-christmas and not particularly because of the COVID pandemic. There has been an overall increase in use of our services and people seeking support and help across the pathway
- Flow is being managed across mental health beds so that people are staying in those beds for as little time as possible.

**Alison Botham, Director for Childrens' Services, Plymouth City Council**

- COVID impact was predominantly in primary schools, advice was being well received and schools were working well with public health and managing well in the circumstances.
- There were major capacity issues within children social care services. They were being addressed but the Council were facing the same national issues around recruitment as other neighbouring authorities in the region as well as nationally.
- Enormous pressures was being felt and there continued to be placement sufficiency issues.
- The Competition and Market Authority were looking at the market and how it was meeting the needs of children in care. Officers were that national strategies in relation to both workforce and placement sufficiency were brought forward.

71. **Towards an Active Plymouth**

The Health and Wellbeing Board were provided a presentation on the work underway to integrate and connect physical activity, sport and leisure to play a role in supporting action on health inequalities.

In response to questions from the Board it was reported that –

- The approach was an appreciative enquiry looking at the strengths of what was already in existence across Plymouth, engaging with stakeholders, community groups and internal staff to identify opportunities and gaps.
- There were great things happening in Plymouth, with examples in the City's green space and investment in blue space as part of the National Marine Park.
- People in Plymouth who are generally active are served very well. The underserved, those who are active for less than 30 minutes a week, are not being connected to opportunities for active lifestyles.
- The City was the 5th most active of the English coastal cities based on activity rates.
- The next step was to agree draft outcomes and begin work with partners and stakeholders to position the city for investment from bodies such as Sport England.

The Board thanked Jo for the presentation.

72. **Primary Care Strategy Refresh**

Dr Sarah Wollaston and Jo Turl (ICS Devon / NHS Devon CCG) provided the Board with a presentation concerning a refresh of the Primary Care Strategy for Devon. It was reported –

- There were six main pillars in the strategy, these overarching themes would remain but the situation has changed since the initial strategy development.

Learning from the pandemic would inform how different primary care could and should be.

- There had been an extraordinary increase in pressure on system and the opportunity to take stock and revise the strategy was now, to prevent the implementation of a rigid model going forward for many years.
- The new strategy would recognise what works for Plymouth, which may be completely different to what works in small isolated coastal communities or even isolated rural communities. It was accepted that one size would not fit all.
- Through the Integrated Care System there would be a greater focus on co-design and all stakeholders would be involved in the development of the strategy.
- Workforce pressures and skill mix meant that primary care would not look the same in the future and would be delivered through a model that works for all the areas dependent on the type of community being served.

The Board agreed to continue to support the development of the Primary Care Strategy refresh.

73. **Work Programme**

The Board noted the work programme and were requested to email Ross Jago to add items to the work programme.

74. **Exempt Business**

Members of the Board passed a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business (Mayflower Group of Practices) on the grounds that it involved the likely disclosure of exempt information as defined in paragraph(s) 1 and 3 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.