

Health and Wellbeing Board

Thursday 12 March 2020

PRESENT:

Councillor McDonald, in the Chair.
Dr Shelagh McCormick, Vice Chair.
Councillor Laing.

Apologies for absence: Councillors Mrs Bowyer and Kate Taylor, David Bearman (Devon Local Pharmaceutical Committee), Matt Bell (POP+), Ann James (University Hospitals Plymouth NHS Trust), Ch Supt Tamasine Matthews (Devon and Cornwall Police), Craig McArdle (Plymouth City Council) and Dr Adam Morris (Livewell SW).

Also in attendance: Professor Sube Banerjee (University of Plymouth), John Clark (Plymouth Community Homes), Ruth Harrell (Director of Public Health), Nick Pennell (Healthwatch), Imogen Potter (POP+), Gary Walbridge (Plymouth City Council), Alison Botham (Director of Children Services), Jean Kelly (Service Director for Children, Young People and Families), Siobhan Wallace (Head of Service Children, Young People and Families), Oliver Mackie and Shelly Shaw (NSPCC) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 11.38 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.

29. **Declarations of Interest**

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

30. **Chairs urgent business**

Ruth Harrell (Director of Public Health) proposed an extension to the Health and Wellbeing Board membership to include a representative from the Wellbeing Hubs.

Agreed to invite a representative from the Wellbeing Hubs to be a member of the Health and Wellbeing Board.

31. **Minutes**

Agreed that the minutes of 9 January 2020 were confirmed.

An update was provided on the following minutes:

Minute 24 (2) - Dental Health Select Committee took place on 27 February 2020 and made a number of recommendations. The recommendations were endorsed by Cabinet on 10 March 2020.

Agreed that the Dental Health Select Committee recommendations to be circulated to the Health and Wellbeing Board.

32. **Questions from the public**

There were no questions from members of the public.

33. **Marmot Report Update**

Ruth Harrell (Director of Public Health) provided a verbal update on the Marmot Report 10 years on. It was highlighted that life expectancy for the most deprived groups of women in particular was dropping and that inequality was continuing to grow and this was outlined in the Director of Public Health's Annual Report. Also the reduction in funding and impact on health inequalities and that there was a clear correlation that funding cuts had impacted on the poorest in our society.

The Board noted the Marmot Report update.

(The order of the agenda was changed to facilitate good meeting management).

34. **COVID-19 Verbal Update**

Ruth Harrell (Director of Public Health) provided the Board with a verbal update on COVID-19. It was highlighted that the World Health Organisation have announced that COVID-19 now a pandemic with areas of Europe a particular concern. This was a new virus impacting the elderly and those with long term condition and was much worse than seasonal flu for these groups of people. This was a rapidly moving situation and were looking at national guidance which can be accessed on gov.uk and NHS.uk.

The Board noted the Covid-19 update.

(The order of the agenda was changed to facilitate good meeting management).

35. **Children and Young People's System**

Alison Botham (Director of Children Services) was present for this item and referred to the report in the agenda pack. It was highlighted that:

- (a) they were in the process of agreeing the priorities for the coming year which included the new plan Bright Futures. They agree the priorities and ensure that they were right for children and young people in Plymouth;

- (b) the Children and Young People Partnership which includes key stakeholders, from this partnership operates a number of steering groups:
 - Children with special educational needs
 - Maternity and early years
 - Plymouth Education Board
 - Safeguarding
 - Early Help
- (c) it was expected by the end of this month to have agreed the new Bright Futures and priorities and the Partnership itself would be refreshing the priorities going forward;
- (d) most of the priorities would continue such as education and attainment; narrowing the disadvantaged gap and inclusion; early help and prevention; ensuring that the needs children with complex needs were met appropriately; children in care; sufficiency of appropriate placements and increasing capacity within the in-house fostering.

In response to questions raised, it was reported that within the Council and across the partnership it was an area of strength in how they involve children and young people such as the Junior and Senior Listen and Care Council for care leavers. The safeguarding partnership have young safeguarders and the recent joint targeted area inspection which took place at the end of last year and the inspectors commented very positively across the partnership on the way in which we do engage children and young people.

The Board noted the Children and Young People's system update and to add Bright Futures to the work programme.

36. **PAUSE Plymouth**

Jean Kelly (Service Director for Children, Young People and Families) was present for this item and referred to the report in the agenda pack. It was reported that:

- (a) many local authorities experience recurrent care proceedings for one family where we are removing more than one child and wanted to find a solution and to support families to break the cycle;
- (b) Pause a national programme that seeks to break the cycle. It was started in Hackney in 2013 and now live in 20 local authorities across the country. Plymouth went live in September 2019;
- (c) they were using the trauma informed approach which fits with the approach that the city was taking;
- (d) this work offers women an opportunity to pause and think about how they want the direction of their life to progress. Trevi House have been contracted to lead on this and work directly with the women;

- (e) the first cohort or community as they liked to be called has 23 women and have had no women withdrawal from that programme which was significant because these women have struggled to trust professionals and practitioners and have a range of complex difficulties in their lives that make engaging with services difficult;
- (f) they have not seen any or new care proceedings from this first cohort;
- (g) the next phase was to commence with a further 25 women which would take the numbers up to 48 with the potential of additional funding for a further 24 or 25 women.

In response to questions raised, it was reported that they work very closely with the different co-ordinators across the country to ensure that the learning from all the projects was taken into account in Plymouth.

The Board noted the PAUSE Plymouth report.

37. **Together for Childhood**

Siobhan Wallace (Head of Service, Children, Young People and Families), Oliver Mackie and Shelly Shaw (NSPCC) were present for this item and referred to the report in the agenda. Following the video it was highlighted that:

- (a) this project was started in Plymouth and was chosen as one of four pilot sites across the country to support the community to prevent harmful sexual behaviour and sexual offending;
- (b) the project was about increasing confidence in preventing child sexual abuse particularly amongst professional groups and community leaders trying to increase the knowledge and evidence base about what works in terms of prevention;
- (c) they undertook a survey within the community to understand what people know about preventing sexual abuse within the community as a baseline study;
- (d) they were developing a multi-stranded evaluation approach embedded within the project and to look at what they can learn, the impact and how this project could be implemented within other communities;
- (e) they wanted to create projects across the city but wanted to learn what works in one community first so to be absolutely sure about its efficacy before going further afield with the aim of create lasting change within a community;
- (f) they have developed a training package based on early conversations with the different communities where there was still a lot of misconceptions around the prevention of sexual abuse. This training has

been delivered to 114 members of staff;

- (g) the city was moving to become more trauma informed and the together for childhood was fundamental part of that. It was about creating the conditions for wanting to be more proactive around prevention work and so we're really seeing again multi-agency partners involved and currently have 159 different people as part of the Trauma Network;
- (h) they were also delivering a programme called sharing the science so that staff have a common language when talking to families around brain development. Other programmes include the pants campaign and they have co-designed a healthy relationships campaign. They were also looking at peer to peer relationships and were working with 25 young people from Marine Academy;
- (i) they have secured additional money to undertake work around harmful sexual behaviour over the next four years. This ambitious preventative programme was significant for the city in terms of preventative work and should be celebrated because it has given the city opportunities to intervene on a whole range of levels.

In response to questions raised, it was reported that:

- (j) Ernesettle was the finally selected because of the strength of the community networks and they were a group of people who were already very concerned about the issues and wanted to work with us. The messaging was about positively addressing the issue of sexual abuse rather than saying that there was a problem within that community. This was about preventative work and using the strengths of the community;
- (k) the Trauma Informed Network has actually been part of the building blocks to learning and have commissioning colleagues involved at a strategic level and operational level to share the learning. This also has to be business as usual and not about parachuting in and putting additional resources, it's about how do we as a system work together better to keep our children safe;
- (l) it was very clear that a different community they wouldn't take the same approach which had worked well in Ernesettle. They would look at the differences and build on the learning to ensure the right outcomes.

The Board noted the Together for Childhood Update.

38. **Work Programme**

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

- Bright Futures
- PAUSE Plymouth Update
- PNSA