

Health and Wellbeing Board

Thursday 30 June 2022

PRESENT:

Councillor Dr Mahony, in the Chair.

Councillors Laing (Substitute for Councillor McDonald) and Ms Watkin (Substitute for Councillor Nicholson).

Apologies for absence:

Councillors Mrs Aspinall, McDonald and Nicholson.

Craig McArdle (Strategic Director for People), Ruth Harrell (Director of Public Health), Michelle Thomas (Chief-Executive Livewell SW).

Also in attendance: Tony Gravett MBE (Healthwatch Plymouth), Anna Coles (Service Director of Integrated Commissioning), David McAuley (Programme Director- Strategic Cooperative Commissioning), Robert Nelder (Consultant, Public Health), Julie Frier (Consultant- Public Health Medicine), Ross Jago (Head of Oversight, Performance and Risk), Kevin Baber (Virtual), Dr Shelagh McCormick (Virtual), Sharon Muldoon (Virtual), Sara Mitchell (Virtual), Bethan Page (Virtual).

The meeting started at 10.00 am and finished at 11.45 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.

1. **To note the Appointment of the Chair**

The Health and Wellbeing Board noted the appointment of Councillor Dr John Mahony as Chair for the municipal year 2022/23.

2. **To appoint a Vice-Chair**

The Chair, Councillor Dr John Mahony proposed a motion to defer the appointment of a Vice-Chair until the next Board meeting on 29/09/2022.

Councillor Laing seconded this motion.

The Board passed this motion.

3. **Declarations of Interest**

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

4. **Chairs urgent business**

The Chair, Councillor Dr John Mahony read a statement to the Board as follows:

“Following the debate at the City Council meeting on the 20th June, it has become more apparent that there are major issues with the performance of the 111/ Out of Hours Service. These issues are being discussed at high levels in the city and beyond between stakeholders, with the aim of improving the service for our residents. There will be a full presentation around Urgent Care and issues involved at the Health and Adult Social Care Overview and Scrutiny Committee on 13th July 2022, followed by questioning by Councillors and others. We are all committed towards improvement in all the inter-related areas of the health service, for the benefit of patients in our city, and the wider area”.

Councillor Laing supported the statement and future opportunities for scrutiny, recognising the quick response to her motion at City Council on 20th June 2022.

5. **Minutes**

The Chair, Councillor Dr John Mahony, proposed that amendments be made to the formatting of the ‘Apologies for absence’, for the minutes of 03/03/2022.

This was seconded by Mr. Tony Gravett MBE.

Subject to these amendments, the Board agreed the minutes of 03/03/2022, for the record.

6. **Questions from the public**

There were no questions from members of the public.

7. **Devon, Cornwall & Isles of Scilly Health Protection Committee Annual Report 2020 - 21**

Julie Frier, Consultant Public Health Medicine, delivered the Devon, Cornwall & Isles of Scilly Health Protection Report 2020-21 to the Board, and highlighted the following issues:

- a) A significant part of the report was focussed on the COVID-19 response, but other communicable diseases had been present;
- b) Good practices in the COVID-19 response had included:
 - A large amount of new advice and guidance was distributed to provide support- webinars, checklists & risk assessment tools;
 - Contract tracing was set up, with Test and Trace. New advice was continually interpreted as it evolved and a regional testing strategy was created. This included targeted community testing at fixed and mobiles sites;

- There was a continuing effort to increase vaccine take-up through vaccination programmes and analysis of outreach models to ensure maximum public engagement and vaccine confidence;
 - Devon was fortunate to have recently commissioned a Community Infection Management Service. This was designed for other infections but was realigned to support COVID-19 management, developing good areas of new practice such as in care homes. This strongly enhanced infection prevention control;
 - A significant amount of work was undertaken regarding Personal Protective Equipment (PPE) as well as providing support to businesses and settings to manage outbreaks. New relationships and ways of working were developed, with Local Outbreak Engagement Boards employing Covid-19 champions, neighbourhood support, and voluntary systems to ensure a good response across the system.
- c) Meanwhile, normal surveillance and monitoring was continued to ensure screening for other infectious and communicable diseases;
- d) Many screening programmes were ceased and had to be re-started during this period. NHS South West and service providers worked to restore these programmes in line with the HNS recovery programme timetable;
- e) The Childhood Immunisation Programme did not cease during this period and performance was maintained. The School-Age Immunisation Programme was, however, severely impacted due to the closure of schools. The Devon programme was now continuing, with catch-up and additional clinics;
- f) The Flu vaccine programme worked well, with a new system across Devon combining Covid-19 and Flu as a seasonal programme. Uptake was therefore maintained;
- g) The Emergency Planning response was tested but continued assurance activities were carried out during this period;
- h) The work programme priorities centred on continuing the Covid-19 response, as well as developing the recovery system. Lessons were learnt regarding inequalities identified through experiences such as the outreach vaccine programme.

The Board acknowledged a very difficult year and paid tribute to the agencies, services, organisations and workers who had kept the country running. Following questions from the Board, it was reported that:

- a) Breast Screening- The impact on uptake and coverage was not yet determinable however, NHS SW had programme boards overseeing the screening programmes and KPI's scrutinising how the system works on a regular basis;

- b) Covid-19 Vaccine Programme- There was no further detail regarding future vaccination programmes. Julie Frier agreed to update the board when specifics were announced;
- c) Polio- Plymouth was one of the lower performing areas for the teenage Polio booster programme however, there was no immediate risk as the primary programme was strong. Measures were being taken to boost staffing and vaccine programmes through additional clinics and resource allocation;
- d) Monkey pox- The risk and procedure for a Monkey pox outbreak was being surveyed by UKHSA, who would lead any response. Systems and processes were in place if necessary.

The Board noted the report.

8. **Director of Public Health Annual Report 2021 Annual Report & Thrive Plymouth Year 7 (2022/23) Listen and Reconnect**

Robert Nelder (Consultant Public Health) delivered the DPH Annual Report on behalf of Ruth Harrell (Director for Public Health), highlighting the following key points:

- a) The DPH Annual Report normally focuses on the previous year of the Thrive Plymouth programme. The past years programme (Year 6: Culture, Heritage and Health) had to be put on hold due to a diversion of resources towards the Covid-19 response;
- b) Thrive Plymouth was adopted by Plymouth City Council in November 2014, and forms the city wide approach to reducing health inequalities and improving health and wellbeing, utilising three approaches:
 - Population based prevention (If everyone makes a small lifestyle change, there are large cumulative effects);
 - Common risk factor approach (A singular unhealthy behaviour can lead to many adverse effects + Issues should be observed holistically);
 - Context of choice (The healthy behaviour isn't always easy or encouraged).
- c) Thrive Plymouth was constructed based on four behaviours (smoking, drinking, eating & moving), that lead to four diseases (coronary heart disease, cancer, stroke, & respiratory problems), that were responsible for a large number (54%) of deaths in the city. Although mental wellbeing was not part of the initial construct, it is prevalent throughout Thrive Plymouth and is a significant component of personal wellbeing;
- d) The first case of Covid-19 was detected on Friday 13th March 2020, shortly followed by the first national lockdown on 23rd March 2020. This had many impacts:

- Direct impacts- Infection with covid-19, short-term illness, Long-Covid, and deaths;
 - Indirect impacts- Impact on the four health behaviours (smoking, drinking, eating and moving), mental health, vulnerable groups, and peoples' lived experiences;
 - Other impacts- Access to healthcare, income, school and education, access to the built and natural environment.
- a) The Covid-19 Pandemic had particularly highlighted inequalities, discriminating through disproportionate effects on those with underlying health conditions, disability, lower incomes, & certain ethnic groups;
- b) A mental health needs assessment had been produced and presented to the Health & Wellbeing Board, which highlighted what was known nationally and locally about the impacts of the pandemic on mental health. The impact of the pandemic had been significant for mental health and had highlighted the importance of tackling mental in-health. Board members had previously signed up to Mental Health Concordat in recognition of this;
- c) Covid-19 was still present, with numerous variants and increasing cases. There was considerable economic uncertainty which was likely to further exacerbate inequalities. In May 2022, Thrive Plymouth Year 7 had been launched, specifically to regroup and retackle inequalities in the city.

Following questions from the board, it was reported that:

- a) Junk Food- Plymouth City Council had influence upon retailers as to what they sell, through the Planning Department and Place Directorate. The Joint local plan incorporated restrictions on hot food takeaways being opened within 400m of secondary schools. Any new applications for 'fast food' takeaways were scrutinised with regard to Public Health. It was difficult to influence what was sold once a takeaway has permission however, the Public Health team had been successful at restricting takeaways opening in parts of the city through the planning mechanism;
- b) Clinically vulnerable- Many people within the city, especially the 'Clinically Vulnerable' were uncomfortable returning to face-face as the country unlocks. The Public Health team were acutely aware of this issue and recognised the challenge of ensuring this group weren't left behind. It was essential that society work collectively to recognise the struggle of this group. The Community Connections Team had, and continued to work with vulnerable groups across the city;
- c) Pandemic Impacts- Future Thrive Plymouth years would likely focus on post-pandemic impacts such as 'Long-Covid', and those 'shielding'. These issues could be incorporated into future years of the Thrive Plymouth Programme due to its adaptability and lack of a fixed agenda.

The Board noted the report.

Abenaa Gyamfuah-Assibey (Advanced Public Health Practitioner) delivered the Thrive Year 7 Listen and Reconnect Report, highlighting the following key issues:

- a) The Covid-19 Pandemic had impacted people's ability to live well, their way of working, and how they connect with people and spaces. People had experienced personal losses such as relationships, contact time, and trauma, and Thrive Plymouth Year 7 therefore needed to listen and reconnect with these people;
- b) While the pandemic had caused widespread difficulty and suffering, it had also inspired positive behaviours such as the strength and coming-together of communities, individuals own efforts to stay well & connected, and others which Thrive Plymouth Year 7 looked to capture;
- c) Thrive Plymouth Year 7 was launched online in May 2022 with a concerted effort to include health & social services, the voluntary sector, businesses, and schools;
- d) Thrive Plymouth Year 7 was based on 'offer & ask'.
Offer: Free training & workshops, resources & tips, Thrive Plymouth network meetings, support with 'listening and reconnecting'.
Ask: Join the Thrive Plymouth network, attend training and workshops, promote safe spaces for conversation, share tips/ support, and take awareness sessions into local settings;
- e) The next steps for Thrive Plymouth were to bring the network back together and overcome challenges of changed ways of working, provide trauma informed approaches training, the health checks project, and continue collating people's stories.

The Board then discussed:

- a) The Board recommended that additional training should be provided by the Public Health team for councillors to engage with the Thrive Plymouth programme, to enable them to be ambassadors for Thrive within the community. This was agreed to be incorporated into the councillor's programme of personal development;
- b) Thrive Plymouth does not have a specific social media presence however, stories and messages are dispersed through trusted community organisations and partners who are more effective at reaching the community audiences.

The Board noted the report.

9. **Health and Care Skills Partnership Update**

David McAuley (Programme Director, Strategic Co-Operative Commissioning) delivered the Health and Care Skills Partnership Update and highlighted the following key issues:

- a) Workforce presented a huge challenge to the health and care system both in Plymouth, and nationally. Plymouth had established a health and care skills partnership group to address local issues with broad membership including the CCG, Livewell SW, City College, University Hospitals Plymouth, care homes, domiciliary care, and Plymouth University. This aimed to develop a system wide plan to tackle these challenges;
- b) There had been several key successes to date, particularly surrounding recruitment and retention, with the launch of a recruitment campaign for social and domiciliary care. Furthermore, a forum had been established with local unions to engage with retention issues, as well as the addition of two Health and Care coordinators who had successfully recruited 50+ staff to health and care roles in approximately 4 months;
- c) Plymouth had worked closely with staff at the Lighthouse Lab (Covid-19 testing facility) who were at risk of redundancy, and promoted roles within health and care;
- d) A Plymouth Prospectus was being developed combining and learning from the strengths of partner organisations;
- e) There were 5 Priorities for the future: Gather intelligence, retention and recruitment, develop a sustainable pipeline, communication, & enabling programmes to be delivered.

Following questions from the board, it was reported that:

- a) Workforce shortages across the industry were present pre-pandemic however, Covid-19 had increased and further reduced the workforce, worsening historic problems. While there was no quick fix identifiable, Plymouth was actively promoting health and care as a hugely rewarding career with many opportunities, as well as Plymouth's vibrant city location which offered a great place to live and work in;
- b) There were many schemes and initiatives identified to incentivise recruitment including electric scooters, electric bikes, and parking permits, however the Public Health team welcomed any other suggestions from the Board.

The Board noted the report.

10. **Integration White Paper Update**

David McAuley (Programme Director, Strategic Co-Operative Commissioning) delivered the Integration White Paper and highlighted the following key issues:

- a) The Department for Health and Social care published a white paper in February titled: 'Joining-up care for people places and populations'. This aimed to develop partnerships at 'place level' (Plymouth), with an ambitious

programme of work: Shared outcomes, leadership accountability and finance, digital and data, health and care workforce and carers, impact on people;

- b) Plymouth would need to strengthen its local leadership, with an individual being placed accountable for health and care delivery and planning. Autonomy would be delegated by Integrated Care Board to Plymouth, which would become responsible for its own self-audit. Digital presented a challenging area for Plymouth, which aimed to develop its own health and care record.

The Board noted the report.

11. **Health and Care Act 2022 Briefing**

The Health and Care Act Briefing was taken as read, with the board discussing the following key points:

- a) The Integrated Care system was due to become operational from tomorrow, 01/07/2022, bringing a close to the CCG. This represented one of the largest changes in many years, and would significantly change the context in which Health & Wellbeing Board operates under.

The Board noted the report.

12. **Terms of Reference Review**

The Terms of Reference Review was outlined by Ross Jago (Head of Governance, Performance and Risk), with the board discussing the following key points:

- a) Future meetings of the Health and Wellbeing Board would need to undertake a review of its Terms of Reference in accordance with the changes to the ICS/ CCG at national level. This would likely incorporate a review of the Board's role, scope, and membership.

13. **Work Programme**

Board members agreed to add the following items to the work programme:

- a) Pharmaceutical Needs Assessment
- b) SW Ambulance Service
- c) Revised Terms of Reference
- d) Mental Health
- e) Primary Care Strategy - CCG