

Health and Wellbeing Board

Thursday 29 September 2022

PRESENT:

Councillor Dr Mahony, in the Chair.

Councillor, McDonald, Vice Chair.

Councillors Mrs Aspinall, and Ms Watkin (Substitute for Councillor Nicholson).

Apologies for absence: Councillor Nicholson, Ruth Harrell (Director of Public Health), Anna Coles (Director of Integrated Commissioning), Sharon Muldoon (Director of Children's Services), Tony Gravett (Healthwatch).

Also in attendance: Craig McArdle (Strategic Director for People), Rachel Silcock (Community Empowerment & Operational Lead), Rob Nelder (Civil Protection Support Officer), David Bearman (Devon Local Pharmaceutical Committee), Sara Mitchell (Livewell SW), Emma Handley (Citizens Advice), Jaroslava Hurtikova (Citizens Advice), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 10.00 am and finished at 12.30 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.

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

The Chair, Councillor Dr John Mahony, proposed Councillor Sue McDonald for Vice-Chair. This proposal was seconded by Councillor Mary Aspinall.

- 1) The Board agreed to appoint Councillor Sue McDonald as Vice-Chair of the Health and Wellbeing Board for the remainder of the municipal year 2022-23.

15. **Declarations of Interest**

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

16. **Chair's urgent business**

There were no items of Chair's urgent business.

17. **Minutes**

The Board agreed the minutes of 30 June 2022 as a correct record.

18. **Questions from the public**

There were no questions from members of the public.

19. **Pharmaceutical Needs Assessment**

Rob Nelder (Consultant, Public Health) delivered the Pharmaceutical Needs Assessment to the Board, and highlighted the following points-

- a) Producing the Pharmaceutical Needs Assessment (PNA) had required a large amount of work and cooperation between council staff, health organisations, and the Devon Steering Group, for which all were thanked;
- b) The PNA was a comprehensive assessment of the current and future pharmaceutical needs of the local population, community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas;
- c) Plymouth's Health and Wellbeing Board had a legal duty to ensure the production of a PNA for Plymouth, as set out by the Health and Social Care act 2012. These were produced in 3 year cycles, with Plymouth's last PNA published in 2018. Due to the Covid-19 Pandemic, the PNA due to be published in 2021 had been put on hold, and was required to be published by 1 October 2022;
- d) All pharmacies or dispensing appliance contractors wishing to provide pharmaceutical services had to apply to NHS England to be included in the pharmaceutical list, making reference to the PNA and how their service would meet current and future needs;
- e) The PNA would be used by NHS England to inform decisions on which NHS services community pharmacies should provide, the location of them, and any need for additional pharmacies;
- f) The PNA contained 'locality summaries', providing an overview of the 4 areas within the city. For each locality, this detailed-
 - I. a map of pharmacies within the area;
 - II. the demography;
 - III. an overview of the health needs;
 - IV. housing growth and development;
 - V. current pharmacy provision;
 - VI. accessibility of services;
 - VII. a gap analysis from the previous PNA, and this one.
- g) The PNA had identified that there appeared to be sufficient access to pharmaceutical service in Plymouth as a whole however, there remained a need for pharmacy services in Barne Barton due to the deprivation and isolation of the community;
- h) The PNA had considered extensive housing developments proposed across the city in areas such as Woolwell, Shirford, and Saltram meadow however, determined that

the pharmaceutical demand from these developments would not be likely to outstrip supply and create a gap within the 3 years covered by this PNA. It was likely that a future PNA would need to take these developments into consideration;

- i) The PNA recognised increasing demand pressure on primary care services, with potential for significant change over the lifetime of this PNA. Supplementary statements could be issued to the PNA over the next 3 years as required, to address significant changes to service provision, housing, or other factors;
- j) A 60 day public consultation period was held for the PNA, with 5 responses received. These identified that the PNA met its requirements, gave accurate information, identified correct current and future gaps in provision, and had not excluded any gaps.

In response to questions from the Board, it was reported that-

- k) The Health team, in partnership with the Health and Wellbeing Board, were able to make representations to NHS England regarding potential pharmacy closures, mergers or start-ups; this helped ensure adequate provision;
- l) Community pharmacy faced significant financial and staffing pressures, leading to increased fragility. There was often little or no warning when pharmacies closed, requiring work to increase the resilience of the system;
- m) While pharmacies reduced demand on GP services, this had caused an increase in the volume and acuity of patients presenting at pharmacies;
- n) It had been disappointing that another PNA had revealed a pharmaceutical deficit in Barne Barton. This was primarily due to poor financial viability, with previous pharmacy applications left to expire;
- o) NHS England tended not to be proactive in encouraging applications for community pharmacies however, from 1 April 2022, commissioning of pharmacy services would be handed over to local Integrated Care Boards (ICB);
- p) Pharmacy staff were required to complete compulsory professional development and structured training programmes to demonstrate competency and keep up to date with the latest medical developments.

The Board thanked Rob Nelder and all involved in the creation of the PNA and agreed-

- 1) To formally accept the Plymouth Pharmaceutical Needs Assessment for 2022-2025;
- 2) To the Publication of the Pharmaceutical Needs Assessment on the Health and Wellbeing Website;
- 3) To recommend that 'should there be any change to pharmacy provision in Plymouth, the Chairs of the Health and Wellbeing Board, and Health and Adult Social Care Overview and Scrutiny Committee should be informed, to allow consultation with NHS England & the ICB'.

20. **Mental Health Services during, and post COVID**

Sara Mitchell (Livewell SW) delivered a report on 'How citizens with Learning Disabilities (LD) and Serious and Enduring Mental Illness (SEMI) had fared during Covid, and the projected increase in demand for mental health services post Covid' to the Board, and highlighted the following points-

- a) Livewell had not suspended any of its mental health or learning disability services during the Covid-19 Pandemic. Instead, every patient on a caseload had been risk-assessed to ensure they received the most appropriate care, and additional services had been provided such as the 24 hour 1st response crisis line, and an expansion of the primary care offer;
- b) In the first wave of the pandemic, there had been 4 deaths across the whole of Devon, 2 of which were known to Plymouth services and were housed in residential homes. People with learning difficulties had been 6 times more likely to die from Covid during the pandemic than the rest of the population, largely due to pre-existing health conditions;
- c) Livewell had initiated the Restore2 programme to train care staff to better identify deterioration in patient physical health and Covid. Meanwhile, annual health check work had continued, and there had been an ongoing push to encourage vaccine take-up for those with LD & SEMI. Livewell had also instigated the creation of Learning Difficulty Champions, targeted to reduce inequalities and promote the understanding of the needs of people with learning difficulties;
- d) In July 2021, Livewell established the Autism Service, which had been proactively engaging with people with learning difficulties. There was also ongoing work to set up a Learning Difficulty Partnership;
- e) Demand for mental health services had been increasing since the start of the pandemic however, the Primary Care Mental Health Team remained in a positive position. The 1st Response Team had been established to ensure people were seen before crisis point, thus reducing the need for referral to secondary care services, and averaged around 90 calls in any 24hr period. This had resulted in a high number of referrals, with 23,000 accepted, compared to 12,500 pre-pandemic. However, while referrals were high, the service had greatly contributed to a decline in demand for traditional services such as the community mental health service;
- f) The ongoing expansion of Livewell's preventative 'primary care services' were praised as one of the greatest successes;

The Board praised the ongoing expansion and development of Livewell's primary care services and health teams. Following questions from the Board, it was reported that-

- g) The Out of Hours Mental Health Team provided a 24/7 service;

- h) There had been a noticeable rise in referrals of young people since the start of the pandemic, including referrals to the Child and Adolescent Mental Health Services (CAMHS).

The Committee agreed to note the report.

21. **Cost of Living Update & Citizens Advice**

Rachel Silcock (Community Empowerment & Operational Lead) delivered an update on the Council's Cost of Living Taskforce, and highlighted the following points-

- a) The City Council had recently established a Cost of Living Taskforce, which included organisations such as Citizens Advice, Plymouth Energy Community, Food Plymouth, the Churches, and Community Connections;
- b) The recent economic downturn, combined with the ongoing impact of Covid 19 and other geopolitical events had severely increased the Cost of Living. This had created a renewed focus for the Council on its ongoing work around debt, poverty, and financial wellbeing;
- c) The Impact of the cost of living had disproportionality effected households on low incomes, those in social housing, the homeless or vulnerably housed, single person households, and the elderly/ young population;
- d) The reduction in peoples 'disposable income' had forced tough prioritisation decisions for people over heating, eating and paying debts. Poverty was closely intertwined with health and wellbeing, with financial pressures having negative impacts though poor nutrition, mental health, and cold/ damp homes;
- e) Many avenues of support were already in place across the city, such as-
 - i. 6 Wellbeing Hubs, providing advice, information and health support;
 - ii. Complex Needs Alliance, providing support to those facing homelessness, substance misuse and mental health issues;
 - iii. Plymouth Energy Community, providing advice on energy efficiency;
 - iv. Food Plymouth, providing coordination of food aid and food supply.
- f) The Cost of Living Taskforce aimed to provide urgent support those in crisis, support the emerging needs of those identified as most at risk, and build long-term resilience through working with communities and the voluntary sector. This was organised around 3 core themes-
 - v. Managing Finances;
 - vi. Managing at home (housing, heating and eating);
 - vii. Mental health and wellbeing.

- g) The role of the taskforce was to coordinate the ongoing work of individual organisations, voluntary groups and authorities in providing clear, coherent and accessible support.

Emma Handley and Jaroslava Hurtikova delivered a report on the 'Cost of Living' on behalf of Citizens Advice Plymouth to the Board, and highlighted the following points-

- h) Britain was facing one of the greatest Cost of Living challenges in decades, forcing people into hard financial decisions. Since April 2022, over 2,500 Plymouth residents had contacted Citizens Advice for support, with 69,000 searches being made for Citizens Advice Plymouth support, online. Of these, over 63% of requests for advice were made in relation to the cost of living, and 60% of people lived with a long-term health condition;
- i) An estimated 19% of Plymouth's Children already lived in 'poverty', with fuel price increases and upcoming winter conditions predicted to further worsen standards of living;
- j) Citizen's Advice research showed that the cost of living had been gradually increasing since early 2019, with a peak reached in July 2022;
- k) Within 2 weeks of opening the 'Household Support Fund', Citizens Advice had received over 700 applications and was forced to close the application period early;
- l) Statistics showed an increasing demand for foodbanks, fuel vouchers, and other charitable grants. There had also been a sharp increase in demand for support with Personal Independence Payments (PIP) and disability benefit applications;
- m) Within 2 weeks of opening the 'Household Support Fund', Citizens Advice had received over 700 applications and was forced to close the application period early;
- n) Statistics had shown an increased demand for foodbanks, fuel vouchers, and other charitable grants. There had also been a sharp increase in demand for support with Personal Independence Payments (PIP) and disability benefit applications;
- o) While Citizen's Advice Plymouth's statistics had shown a drop in demand for debt advice, this did not reflect a true picture, but was instead the result of contract changes and the reduction in specialised debt relief advice staff from 4, to 1. Plymouth had one of the highest insolvency rates across the country;
- p) There had been a significant increase in evictions for both private and social housing over the past couple of months;
- q) Citizens Advice statistics showed that 1/3 of households reaching out for support were classified as 'disabled', with a further 19% classified as 'unemployed'. The largest group seeking support were single person households, particularly those with dependent children. Furthermore, there were statistically more females seeking cost of living support through Citizens Advice Plymouth, than males. There had been a rise in the number of areas across the city living with 'deprivation', with St. Peter

and the Waterfront, Devonport, Stoke, Efford and Lipson, and Honicknowle being impacted the greatest.

In response to questions raised by the Committee, it was reported that-

- r) The Cost of Living Taskforce worked directly with schools to provide support and education around the cost of living, including the provision of free meals for families in hardship over the school holiday periods, through the Household Support Fund;
- s) There had been a spike in 'no-fault evictions' after the pandemic due to a temporary hold put on them during lockdown. This had become one of the most common causes of homelessness, and had resulted in unprecedented levels of temporary Bed and Breakfast accommodation used by the Council;
- t) The Cost of Living Taskforce was an action focussed group that collectively identified key issues to be addressed and used smaller sub-groups to coordinate actions;
- u) The Cost of Living Taskforce, chaired by Councillor Rebecca Smith, did not currently have representation from the opposition (Labour). An invitation had been sent out, and further work would be conducted to bring together cross-party working;
- v) The Cost of Living Crisis was a city-wide agenda, with every individual, organisation and authority responsible for working together to create meaningful change and support.

The Committee thanked Citizens Advice Plymouth for their comprehensive report, and agreed to-

1. Note the report;
2. Refer the report and recommendations contained within, to the Cost of Living Taskforce for consideration and integration into their wider strategy.

22. **Tracking Decisions**

The Board agreed to note that all tracking decisions had been actioned.

23. **Work Programme**

The Board agreed to add the following items to the work programme-

- a) Integrated Care Strategy (NHS Devon);
- b) Local Care Partnership, progress update;
- c) Revised Terms of Reference.

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