Health and Wellbeing Board

Thursday 26 January 2023

PRESENT:

Councillor Dr Mahony, in the Chair.
Councillor McDonald, Vice Chair.
Councillors Aspinall.

Apologies for absence: Sharon Muldoon (Director of Children's services)

Also in attendance: Anna Coles (Service Director for People), Ruth Harrell (Director of Public Health), Gary Wallace (Public Health Specialist), Lincoln Sargeant (Director of Public Health, Torbay), Alison Wilkinson (Associate Director of Transformation, NHS Devon ICB), Annie Gammon (Interim Service Director for Education, Participation and Skills), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 10:00 and finished at 12:30.

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.

24. Declarations of Interest

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

25. Chairs urgent business

There were no items of Chair's urgent business.

26. Minutes

The Board agreed the minutes of 29 September 2022 as a correct record, subject to minor grammatical changes.

27. Questions from the public

There were no questions from members of the public.

28. Local Care Partnership

Dave McAuley (Programme Director, Strategic Co-operative Commissioning) delivered the 'Local Care Partnership' update to the Board, and highlighted the following points-

a) Community researchers had now been recruited and trained, and were in place to begin working with local residents to gather data which would help alleviate social isolation and loneliness. This helped address the first priority, 'building a compassionate and caring city';

b) There was now GP telephone support available to Care-Homes. While this had initially been targeted towards care homes which were frequent users of the Emergency Department (ED), this had now been expanded to all. Furthermore, the Cost of Living Taskforce had been established to monitor household support funding outcomes. These measures helped meet the second priority of 'developing a sustainable system of primary care';

c) Plymouth had been awarded £1 million for 2022/23 through the SEND Innovations Grant, (1 of only 7 authorities successful nationally), the Peninsula Fostering Tendering Programme had now progressed to contract award stage, and the Children's Home Treatment Service was now operational. This helped address the priority of 'Ensuring the best start through a Bright Future';

d) Despite considerable investment and additional capacity, there remained significant operational pressures surrounding the target of 'Homelessness prevention', with continued reliance on temporary accommodation such as bed and breakfast;

e) The Extra Care Hotel was opened in November 2022, delivering an extra 40 beds across the system to help alleviate stretched capacity. The William and Patricia Venton Centre was also open, providing a short term care facility with 24 beds. This aimed to address the target of 'Integrated care';

f) The Eating Disorder, Personality Disorder and Rehabilitation Mental Health models were now in place. Two additional ARRS roles had been recruited, and PCC had been commended for making good progress at implementing the Community mental health framework. The Virtual Walls programme was also nearly operational;

g) PCC was involved in a pilot to develop and approach to recruiting international staff to Adult Social Care, with the first recruit set to join in the forthcoming weeks. PCC had also established the Strategic Health and Care Skills Partnership, developing a focus plan, which had already led to successful recruitment;

h) A new Acute Mental Health Unit was now available at the Glenbourne Unit, consolidating all acute mental health provision in the city to one site;

i) Key risks included: risk of poverty and homelessness, fostering and residential capacity, the care market, workforce, the urgent care system, and primary care.

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

a) The Community Builders programme had now started, linking with Communities and ensuring available resources within communities were directed to those in need;

b) Healthwatch had seen little change in feedback received regarding GP services. There was considerable variation across the city, with some practices receiving better feedback than others;

The Board agreed-

1. To note the content of the report, acknowledging progress and successes;

2. To acknowledge the considerable system wide challenges and pressures that exist within Plymouth, noting strategies to address these in the short, medium and longer term;

3. To acknowledge and note system wide, enabling work relating to Estates and Workforce that aims to address some of the wider system challenges;

4. To add an update on Warm Spaces, Cost of Living, the Carers Strategy, and ICS Primary Care to the work programme.

29. **Integrated Care Strategy**

Ruth Harrell (Director of Public Health), Lincoln Sargeant (Director of Public Health, Torbay), and Alison Wilkinson (Associate Director of Transformation, NHS Devon ICB) delivered the 'Integrated Care Strategy' to the Board, and highlighted the following points-

a) The Health and Care Act 2022 had established Integrated Care Boards, along with the requirement to set out a joint committee for Integrated Care Partnership. NHS Devon was the Integrated Care Board, and One Devon was the Integrated Care Partnership;

b) The Integrated Care System was focussed on integration, population health and tackling health inequalities, shifting away from isolated views of the different components of health and care;

c) This Integrated Care Strategy was founded upon the health and wellbeing strategies of each local authority in Devon, and combined with population engagement to identify common regional themes and targets. These were then developed into a broader strategy across One Devon and NHS Devon;

d) The NHS was mandated to respond to the strategy through the 5 year Joint Forward Plan. The Integrated Care Strategy was not a new plan, but instead a collation of strategies and plans at local level, which were then aligned to the Integrated Care System, focussing on delivery and milestones;

e) The purpose of the Integrated Care Strategy was to identify and set the overall aims of the system, incorporating the voluntary sector, social care and

wider partners that influenced healthcare, beyond just the NHS. This aimed to produce more preventative and patient centred care. Once finalised, this strategy would inform the Joint Local Plan, detailing how the NHS would need to deliver on the strategic aims in partnership with other organisations. This was due to be published by the end of March 2023;

f) To produce the Integrated Care Strategy, detailed analytical work had been conducted towards the strategic needs of the population, and consultation with local people to understand their health and healthcare priorities;

g) 12 challenges had been identified to be addressed throughout the strategy across Torbay, Plymouth and Devon. While many of these challenges were shared by local authorities, Plymouth was unique in having a statistically younger population, with people dying younger than national average. Plymouth also experienced high levels of deprivation, with 9 of the most deprived 10 GP practice populations in Devon;

h) The Integrated Care Strategies' vision was for 'equal chanced for everyone in Devon to lead long, happy, and health lives'. The strategic aims were to 'improve outcomes in population health and healthcare', 'address inequalities', 'improve access, experience and outcomes', 'enhance productivity and value for money', and to 'help the NHS to support broader social and economic development';

i) The deadline for the publication of the final Integrated Care Strategy was 30 June 2023. Specific guidance stated that Health and Wellbeing Boards must be consulted and engage with the development of this strategy, and must submit an opinion before finalisation. The Joint Forward Plan and Integrated Care Strategy would then be combined into the Devon Plan.

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

j) While the strategy was highly detailed and complex, there had been a very short timeframe in which to draft it. It was recognised that further work and drafts would need to be published;

k) While all of the targets and goals set out within the strategy were desirable, there were many questions surrounding the practicality of their timeframes and methods for achievement. It was however, key to include them within the strategy to set out the needs, aspirations and desires of the system;

The Board praised the work that had been undertaken and ambitions of the strategy however, recorded significant concerns surrounding the practicality and achievability of many of the ambitions. It was suggested that further work should be undertaken regarding objective prioritisation and timetabling, and that this Board would need greater engagement with the strategy development.

The Board agreed-

1. To note the report;

2. To request that a workshop or working group be established for further consultation and engagement with the strategy's development, before the Board could respond to the recommendations contained within this report.

30. **Plymouth Substance Misuse Needs Assessment** (To Follow)

Gary Wallace (Public Health Specialist, PCC) delivered a presentation on the 'Plymouth Substance Misuse Needs Assessment' to the Board, and highlighted the following points-

a) There had been a tight timetable set by national Government to produce a quantitative Substance Misuse Needs Assessment as part of the new national strategy 'From Harm to Hope', which Plymouth had met however, Plymouth was are it needed to conduct further qualitative research to understand the anomalies it had revealed;

b) While still in draft format, the report had identified that Plymouth's cohort of people in treatment or in need of treatment were older, sicker and required longer term treatment, than the England average. This was largely due to Plymouth being a greater deprived area than the national average however, Plymouth's performance was relatively in-line with its statistical neighbours;

c) There was a particular issue within the peninsula, with the estimated prevalence of Primary Crack Cocaine use;

d) 53% of new presentations had reported behavioural and emotional disability, and 11% had reported progressive disability, compared to the England average of 17% and 4% retrospectively. Devon had also reported similar statistics, but the cause was still unknown;

e) People entering treatment for prescription and 'over the counter' use drugs in Plymouth was high above the England average, recorded at 52% and 14% retrospectively. While this included addiction to drugs legitimately prescribed by a doctor, there had been a significant increase in 'grey market' purchases';

f) 'From Harm to Hope' was launched nationally in 2021 as part of a 10 year strategy in response to Dame Carol Black's report findings. It had been found that treatment had significantly contracted in the past decade, specialist roles had been lost, caseloads and demand were high, capacity could not meet demand, drug related deaths were at record levels, and that the current provision for prevention, treatment and recovery was not fit for purpose;

g) While the strategy required many targets to be met by local authorities, Plymouth would be receiving an additional £2.4 million over 3 years to undertake the work. There was a national target to increase the number of people in treatment by 20% by 2025;

h) A new Local Drug Partnership had been established to set local plans, oversee performance and evaluate progress to provide a local strategic focus;

i) Plymouth was recognised as having a higher than average penetration of the problem cohorts, which would lead to increased difficulty attaining the 20% target increase set nationally. Plymouth was therefore reliant on targeting cohorts who were not currently as well served, such as people in treatment for non-opiates, people in treatment for alcohol, and young people;

j) By 2025, Plymouth would have 55 new posts in the drug and alcohol treatment system, including more doctors, pharmacists, nurses, drug workers, alcohol workers, dual diagnosis workers, recovery workers, peer workers, and trainers for workforce development;

k) Plymouth scored double the England average for drug related deaths, at 10 per 100,000 and double for alcohol deaths in treatment at 3.27 per 100,000;

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

l) Everyone in Plymouth who injected opiates was offered free Naloxone and provided education and training on its use, to combat the effects of opioid overdose. This offer was extended to relatives, recognised drug using groups, hospitals and emergency services. Plymouth was above the national average for Naloxone provision;

m) There was a single point of contact through the alliance, for Councillors to contact for advice and out of hours signposting for residents. Signposting of relevant services was also available through the Plymouth Online Directory;

The Board thanked Gary Wallace for the report, and agreed to-

1) Note the contents of the report;

2) Note the formation of the Plymouth Drug Strategy Group;

3) Invite biannual updates on the progress of the strategy implementation.

31. **Terms of Reference Update**

Ruth Harrell (Director of Public Health), and Elliot Wearne-Gould (Democratic Advisor) outlined the Health and Wellbeing Board Terms of Reference update, and highlighted the following points-

a) Minor amendments had been made to the Board's Terms of Reference were necessary to bring them in line with the latest Government advice, following the publication of the Health and Social Care Act 2022;

b) There would be future training and development provided to the Local Care Partnership, and Health and Wellbeing Board, through the Local Government Association.

The Board agreed-

1. The updated Terms of Reference for the Health and Wellbeing Board;

2. To refer the Terms of Reference to the relevant Council body, for approval;

32. **Tracking Decisions**

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

33. **Work Programme**

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

1. Warm Spaces Update;
2 Cost of Living Update;
3 ICS Primary Care Update;
4. Carers strategy;
5. Integrated Care Strategy – Workshop and Feedback.

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