Health and Wellbeing Board

Thursday 14 September 2023

PRESENT:

Councillor Aspinall, in the Chair.
Councillor Dr Mahony, Vice Chair.
Councillors Laing and Harrison (Substitute for Councillor Carlyle).

Co-opted Representatives: Gary Walbridge (Interim Strategic Director for People), Ruth Harrell (Director of Public Health), Tony Gravett (Healthwatch), and Chris Morley (NHS Devon ICB).

Also in attendance:
Rob Smith (Improving Lives, Plymouth), Lee Sewrey (Improving Lives, Plymouth), Emma Crowther (Interim Head of Commissioning), Michelle Thomas (Livewell SW), Dafydd Jones (GP), Rachel Silcock (Community Empowerment and Operational Lead), Sue Dann (Cabinet Member for Customer Services, Sport, Leisure & HR, and OD), Gary Wallace (Public Health Specialist), Dave Schwartz (Public Health Specialist), Rob Nelder (Consultant, Public Health), Kate Lattimore (Commissioning Officer), and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 10.00 am and finished at 1.30 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.

45. **Declarations of Interest**

There was one declaration of interest in accordance with the code of conduct:

Name	Subject	Reason	Interest
Councillor Natalie Harrison	Item 7, DPH Annual Report	Employee of Four Greens Community Trust	Registered

46. **Chairs urgent business**

There were no items of Chair's Urgent Business.

47. **Minutes**

The Board agreed the minutes of 29 June 2023 as a correct record.

48. **Questions from the public**

There were no questions from members of the public.

49. **Carers Action Plan**

Lee Sewrey (Improving Lives Plymouth), Emma Crowther (Interim Head of Commissioning), Kate Lattimore (Commissioning officer), and Michelle Thomas (Livewell SW) delivered the 'Carers Action Plan' to the Board, and highlighted the following points-

a) The 2021 Census revealed that 23,956 people in Plymouth provided care to others, and the hours of care provided per annum had increased. Across the UK, unpaid care was valued at around £162 billion per year;

b) The majority of carers were of working age (26-64) however, there were carers of all ages. Around 70% of unpaid care was provided by women;

c) Unpaid carers often reported higher levels of stress, depression and anxiety, and were often more vulnerable to other pressures such as the cost of living crisis and relationship stresses;

d) An estimated 3/5 people would become carers at some point in their lives, although many people did not recognise when they were. It was important that the health and care system was 'Care-Aware' and able to recognise carers, as these individuals could benefit from additional support and services;

e) Local Authorities and the NHS had duties under law, to assess and provide services for carers. The new assurance framework for Adult Social Care (ASC) had a significant policy regarding unpaid carers, upon which Plymouth City Council and partners would be assessed;

f) The Carers Strategic Partnership Board (CSPB), consisting of the key stakeholders in Health and Care organisations across Plymouth, engaged with carers and supported the implementation of the Plymouth Carers Action Plan;

g) Many support measures had been introduced including the creation of a Carers Passport, a hospital-based carers support service, contingency planning, and the 'Mind the Gap' programme. Support was also being provided to all GP practices to establish a Carers Quality Marker self-assessment and action plan;

h) The Caring for Carers service was provided by Improving Lives Plymouth, providing support to carers over 18 years old. Funding had been received from 'The Carers Trust' to run the Young Carers Service (18-25 year olds) however this was due to expire in March 2024;

i) Once registered as a carer, Improving Lives Plymouth provided training opportunities, regular assessments, advice, and support groups for those providing care. There was also considerable work undertaken in partnership, to promote training and awareness of carers for health services and providers.

(A 'Young Adult Carers' video was played: https://vimeo.com/849086170/9b139b4a28)

Following questions, the Board discussed-

j) The significant impact and strains experienced by individuals who became unpaid carers, particularly for those living with the person they cared for;

k) Potential links between low 'Female Healthy Life Expectancy', and the high proportion of female carers;

l) Promotion of services and support available to unpaid carers, by the City Council and this Board;

m) The value of social events and interaction for carers' mental health and wellbeing, particularly socialisation with those experiencing similar circumstances, roles and responsibilities;

n) The importance and value of offering various methods of accessing advice and support, including telephone, digital, and written media;

o) The launch of a Healthwatch survey allowing insight into the wellbeing and isolation experienced by Plymouth carers;

p) The likely under-recording of carer figures in census data, and the impact on school attendance and performance.

The Committee agreed to-

1. Request further information regarding the gender dynamics of people cared for;

2. Request further information regarding the numbers of people who lived with those they cared for, and the number who visited to care;

3. Request that the Young Carers video was shared with partner organisations and key stakeholder to ensure organisations were 'care aware';

4. Request that the Healthwatch carers survey is made available on the PCC website;

5. Note the report.

50. **Director of Public Health (DPH) Annual Report 2022**

Ruth Harrell (Director of Public Health) delivered the Director of Public Health (DPH) Annual Report 2022, and highlighted the following points-

a) Plymouth had a City-wide plan to tackle health inequalities. It was recognised that to tackle inequalities in life expectancy and healthy life expectancy, it was important to look at the wider determinants of health such as genetics, age,

lifestyles, communities, the economy, the built environment and social activities. There were however, some external factors that were beyond Plymouth's control such as the global Covid-19 Pandemic and 'Cost of Living' pressures;

b) Life expectancy had been on a gradually improving trend however, this had plateaued and dropped during the pandemic. Male life expectancy remained lower than female life expectancy, and life expectancy showed direct correlations with deprivation levels;

c) The Pandemic had reduced access to early preventative care, discouraged many people from seeking early advice, and created significant pressures for the NHS. As a result, it was likely that there would be an increase in the severity and length of illnesses, and ongoing challenges for life expectancy performance recovery. During 2023 thus far, there remained excess deaths of around 6%;

d) While life expectancy was easy to measure, it was often slow to respond to changes in policy and lifestyle. While Plymouth's life expectancy remained below the England average, it performed well against comparable neighbours with similar levels of deprivation;

e) Healthy life expectancy for men in Plymouth had improved, reaching the England average however, healthy life expectancy for women had not changed. A priority focus for next year would be to examine what successes had been achieved for male healthy life expectancy, so that these could also be applied for females. Investigations would centre around access to health services, risk factors, economy and jobs, and lived experience;

f) Thrive Plymouth had been launched in 2015, and a large amount of work had been undertaken with many partners across the city. Following consultation with key partners, Thrive Plymouth would be going to Cabinet in Spring 2024 to set out the plan for future activity.

Following questions, the Board discussed-

g) Current excess deaths were largely attributed to heart, respiratory and circulatory problems. Cancer deaths were not currently in excess. Excess deaths in Plymouth were currently below the England average, at 4%;

h) Long-Covid was responsible for many ongoing health issues, and the true effects of Covid would not be known for some time.

The Board agreed-

1. To note the contents of the report, and in particular, the concerning impact of the cost of living crisis on health and wellbeing;

2. Require the DPH to return to Cabinet in the Spring with a proposal for the future of Thrive Plymouth.

Change to the Order of Business

The board agreed to bring forward item 9, Cost of Living Action Plan.

51. **PCC - Cost of Living Action Plan**

Councillor Dann (Cabinet Member for Customer Services, Sport, Leisure & HR, and OD) gave an introduction to the PCC Cost of Living Plan and highlighted the following points-

a) Labour were aware of many rising cost pressures across the city, including food, fuel, energy and health, and recognised the need to offer help and support to those entering and experiencing crisis; many of these households had never required support before. Labour had launched the Cost of Living Action Plan in August, and had established the Cost of Living Hub, incorporating support offered by key stakeholders across the city;

b) A workshop had been held in July to coordinate support available across the city with over 70 organisations in attendance, including banks, employers, and the voluntary and community sector;

Ruth Harrell (Director of Public Health) and Rachel Silcock (Community Empowerment and Operational Lead) delivered a presentation on the Cost of Living Action Plan and highlighted the following points-

c) The Cost of Living Action Plan included 4 main pillars; Offers and discounts, making money go further, crisis support, and asks of Government.

d) Considerable communication and signposting had been undertaken to ensure support was available and visible across the city. The Cost of Living Hub detailed how to access support for finances, energy, food, families, housing, employment and skills, mental health, and warm spaces;

e) In August alone, 2,000 people had accessed the online Cost of Living Hub, and social media posts had been viewed over 200,000 times, receiving 7,000 engagements. A media toolkit had been distributed to partner organisations to ensure their support and advice was communicated;

The Board agreed to-

1. Note the Cost of Living Action Plan;

2. Thank partner organisations for the continued support, and encourage all organisations across the city to continue striving to offer cost of living support.

52. **Healthwatch - Cost of Living**

Tony Gravett (Healthwatch) delivered a presentation on the 'Cost of Living', and highlighted the following points-

a) At the beginning of the Cost of Living Crisis, Healthwatch England had started tracking 2,000 people over a 4 month period, to analyse the impact of rising costs on people's health and wellbeing;

b) The analysis had identified a significant impact for those who were disabled or on means-tested benefits, particularly the 18-24 age bracket. Many people had become more likely to avoid vital health and care services due to their associated costs, including prescriptions, transport to hospital, and dental treatment. Furthermore, access to GP services was largely conducted through telephone and online systems, which were more difficult to access for those on tight budgets, due to internet provision, and call charges;

c) Following their findings, Healthwatch England had recommended to the Department for Health and Social Care, that Primary Care teams make patients aware of pre-payment options, Dental teams offer check-ups based on individual needed to free up capacity, and more people were made aware of the healthcare travel cost scheme;

d) Healthwatch England had identified that around a half of respondents had avoided attending or booking a dental appointment due to the cost, a third had cut down on or stopped attending private services such as physio and counselling, and half of the respondents had identified that these changes had negatively affected their ability to manage an ongoing condition. A third of people also identified that their mental health and wellbeing had deteriorated since making these changes;

e) Healthwatch Plymouth, Devon and Torbay had conducted a local survey, which demonstrated similar results to national findings. Many people were therefore avoiding attending or scheduling medical appointments, due to the rising associated costs.

Following questions, the Board discussed-

f) The role of Wellbeing Hubs in coordinating services for increasingly complex needs and tackling interlinking, holistic factors caused by the Cost of Living;

g) The meaning and significance of the 'Cost of Living' as 'the cost to survive and maintain health' rather than a luxury;

h) The integration of Pharmacists into Primary Care settings to monitor prescription uptake and collection performance.

The Board agreed to-

1. Note the report;

2. Request further information regarding the uptake of prescriptions, and how many were never collected;

3. Recommend that the ICB work closely with Primary Care to raise awareness of financial challenges and barriers to accessing healthcare, particularly accentuated by the Cost of Living.

Change to the Order of Business

The Board agreed to bring forward item 11, Plymouth Health Determinants Research Collaborative.

53. **Plymouth Health Determinants Research Collaboration (HDRC)**

Gary Wallace (Public Health Specialist) and Ruth Harrell (Director of Public Health) delivered a presentation on the 'Plymouth Health Determinants Research Collaborative' (PHDRC), and highlighted the following points-

a) The PHDRC was a 5 year project between Plymouth City Council (PCC), the University of Plymouth (UoP) and the Plymouth Octopus Project, funded at £4.7 MM by the National Institute of Health Research;

b) The project had started in October 2022, and focused on facilitating and building capacity for research, to ensure evidence based decision-making was undertaken;

c) While PCC already extensively utilised appreciative enquiry and research based decision-making, this partnership would enable broader research to inform service provision and targeting, thus ensuring maximum effectiveness. The partnership helped analyse and overcome the complex interconnected factors affecting health and wellbeing, rather than treating each issue in isolation;

d) As part of the collaboration, PCC were currently working to develop partnership agreements, oversight and governance strategies, communication plans, evaluation and success measurement criteria, consultation, and recruitment;

e) It was anticipated that this research could have early, positive impacts for informing the commissioning of services however, there were considerable challenges to overcome regarding 'ethics' of research, with a need to develop an ethical process which did not infringe on the right of the council to engage with its citizens.

Following questions, the Board discussed-

f) The PHDRC would be regularly reporting into the 'Change Board' and would provide an annual summary of their work to the Health and Wellbeing Board;

The Board agreed-

1. To receive an annual update from the 'Plymouth Health Determinants Research Collaborative' (PHDRC);

2. To note the report.

54. **Vaping Report: Children and Young People**

Ruth Harrell (Director of Public Health), Dan Preece (Public Health Specialist), and Dave Schwartz (Public Health Specialist) delivered the Vaping: Children and Young People report to the Board, and highlighted the following points-

a) The last Vaping Position statement had been brought to the Health and Wellbeing Board (H&WB) in 2019;

b) Vaping had an important role to play in supporting people to stop smoking, and had proven a valuable tool however, it was recognised that many young people were vaping who had never smoked initially. While vaping was highly encouraged as a safer alternative to tobacco smoking, there were still risks associated with their use, and there were considerable unknowns;

c) A consultation and review had been carried out over the summer, and it was expected that there would soon be changes to national legislation regarding vaping;

d) Nationally, smoking rates for children and young people had declined to an all-time low however, vaping rates were increasing;

e) Research had demonstrated that many young people started vaping 'to try it', and to experience the flavours however, many young smokers had transitioned to vaping for harm reduction, and to assist tobacco cessation. There was also a minority group of young people that used vapes for controlled/illegal substances;

f) It was likely that Plymouth had a higher rate of vaping uptake for young people than the national average of 9% however, current figures were unreliable. This was largely due to Plymouth's levels of deprivation and wider substance misuse. Vaping rates among women and girls were higher than rates for men and boys;

g) While it was illegal to sell or advertise vapes to anyone under the age of 18, it was not illegal for under 18s to use them;

h) The Enforcement Team had carried out numerous test purchases of vapes in Plymouth, and had seized over 1,653 illegal vapes in 2022/23, and 166 in 2023/24;

i) Vaping was by far the most popular and successful method of smoking cessation however, there were many misconceptions around the risk of

vaping. Following a systematic review, the Government had placed the risks from vaping on a similar level to those of regulated nicotine replacement therapy;

j) All suspected UK adverse reactions to vaping were recorded by the Medicines and Healthcare products Regulatory Agency. From January 2010 to July 2023, there had been 958 reactions, 347 reports, and 5 fatalities associated with vaping.

Following questions, the Board discussed-

k) The importance of clear, consistent and evidence based messaging/ communication regarding the benefits and risks of vaping;

l) The waste and environmental harm associated with the disposal of vapes;

m) Online sales of nicotine and flavour–based vapes was low in comparison to store sales however, this differed for illegal and controlled substances.

The Board agreed-

1. To adopt the following position on vaping and e-cigarettes:

   i. We recognise that vaping has a key role in driving down rates of smoking in Plymouth;

   ii. Vaping with regulated e-cigarettes is estimated to be 95% less harmful than smoking tobacco;

   iii. Consumers and the public deserve protection from potential harms of vaping and the use of e-cigarettes through restrictions on their sale and marketing to children and controls to ensure safety and quality;

   iv. Stopping smoking is the best thing a person who smokes can do for their health. Our advice to people who smoke tobacco is to consider switching from smoking to vaping with e-cigarettes;

   v. Vaping is not risk free, so our advice is: if you don't smoke, don't vape;

   vi. Ongoing surveillance and research is crucial to detect long-term impacts on individuals and communities. If any new risks emerge, or guidance changes, we will revise our position. In the meantime, we have a vital responsibility to communicate the reliable evidence that is emerging and use it to help guide us;

   vii. A Working Group is to look at agreeing an approach involving a wide range of partners;

   viii. While the risk profile of vaping has not changed significantly since 2019, we are seeing a recent increase in vaping among young people and increases in

the use of unregulated illegal vapes, which have a lack of control and in some cases are harmful to people's health;

ix. We need clear and consistent messages to the public. There is widespread public confusion about vaping and research shows people's perceptions have become less accurate. The evidence tells us vaping with regulated products is substantially less harmful than smoking with tobacco, but a growing number of people believe vaping is at least as harmful as tobacco, or say they don't know. This is important because this misperception could be preventing people who from stopping. We have a duty to provide clear messages to the public, based on the evidence. Vaping can help people who are most dependent on smoking to quit and smokers who switch to vaping reduce the risks to their health considerably.

55. **Dental Task-force Update**

Rob Nelder (Consultant, Public Health) delivered the 'Dental Taskforce' update and highlighted the following points-

a) There were currently over 22,000 Plymouth residents on the waiting list for an NHS dentist. Around 600 children in Plymouth had a combined 4,000 teeth removed every year;

b) The first priority of the Dental Taskforce had been to identify sources of funding. It was known that NHS Devon ICB had an annual dental underspend, and it was hoped that Plymouth's share could be retained within the city;

c) The Dental School had held an ambition for over 4 years to establish a City Centre Dental Practice, which could support 3,500 residents on the dental waiting list. Efforts to enact this were ongoing;

d) 5 dental chairs had been planned for the Cavell Centre. Although the Cavell Centre was not going ahead as initially intended, there was hope that funding for these chairs could continue at an alternative location;

e) PCC were working with existing providers of dental care in the city to see if they had capacity to increase their provision;

f) NHS Devon had arranged a Plymouth Dental Investment meeting with providers in the city, and outcomes would be monitored, and reported to this Board.

Following questions, the Board discussed-

g) The dental underspend was likely to be in excess of £2 MM however, NHS Devon had been asked to provide exact figures;

h) The need for a new NHS Dental Plan;

i) There was cross party and organisation support for the need to resolve Dental pressures;

The Board agreed -

1. To note the content of the report and continue to support the Council's Corporate Plan priority of 'working with the NHS to provide better access to health, care and dentistry'.

56. **Tracking Decisions**

The Board agreed to note that 3 tracking decisions had been completed, and 2 remained in progress. The Board would receive a further update at the next meeting.

57. **Work Programme**

The Board agreed to note the work programme.

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