

## Health and Wellbeing Board

**Wednesday 29 January 2025**

### **PRESENT:**

Councillor Aspinall, in the Chair.

Councillor Ms Watkin, Vice Chair.

Councillors Laing and S.Nicholson (Substitute for Councillor P.Nicholson).

Statutory Co-opted Members: Professor Steve Maddern (Director of Public Health), Emma Crowther (Service Director for Integrated Commissioning, Substitute for Gary Walbridge), Siobhan Logue (Safeguarding Business Manager, Substitute for David Haley), Chris Morley (NHS Devon), and Tony Gravett (Healthwatch Plymouth).

Non Statutory-Members: Michelle Thomas (Livewell SW), Karen Pilkington (VCSE Rep, substitute for Matt Bell), Rob Smith (Improving Lives Plymouth), Laura Alexander (UoP, substitute for Professor Bob Fern).

Also in attendance: Rob Nelder (Public Health Specialist), Zoe Sydenham (Community Empowerment and Operational Lead), Andy Bickley (Independent Chair, Adults Safeguarding Board), Theresa Cullip (Public Health Specialist), and Elliot Wearne-Gould (Democratic Advisor).

Apologies for absence: Councillor P.Nicholson, Mark Hackett (UHP), David Haley (Director of Children's Services), Matt Bell (VCSE Rep), Gary Walbridge (Strategic Director for Adults, Health and Communities), Dafydd Jones (GP Rep), Professor Bob Fern (UoP), Tracey Lee (Chief Executive, PCC) and Sue Taylor (Pharmacy Rep).

The meeting started at 12.00 pm and finished at 3.01 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.*

### 19. **Declarations of Interest**

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

Councillor	Interest	Description
S.Nicholson	Private	Family member employed by Livewell Southwest

### 20. **Chairs urgent business**

There were four items of Chair's Urgent Business:

1. The Chair welcomed the recent news that the Peninsula Dental School Social Enterprise (PDSE) had recently taken over the contract for a Council building, in which it would establish the Plymouth Dental School. It was hoped that the ambitious project would be live from September 2025;
2. Given the significant changes to community pharmacy in Plymouth, the Health and Wellbeing Board had accepted the proposal to 'go early' with the publication of the next Plymouth Pharmaceutical Needs Assessment (PNA) at the January 2024 meeting, aiming for publication in April 2025 as opposed to the October 2025 deadline. However, as a result of the July General Election, the publication of the NHS Devon Community Pharmacy Strategy had been delayed until November 2024. This strategy outlined the direction of travel for community pharmacy in Devon and therefore provided essential context for the PNA. As a result, production of the Plymouth PNA had been delayed, and it was hoped publication would take place in July 2025;
3. Consultation was ongoing as part of the NHS 10 Year Plan. A series of engagement sessions were scheduled at the Methodist Central Hall in Plymouth, and Board partners were encouraged to promote public awareness to maximise engagement from residents in Plymouth;
4. The Chair welcomed Professor Steve Maddern to the Board, who had recently taken over as the Director of Public Health.

## 21. Minutes

The Board agreed the minutes of the meeting held on 12 September 2024 as a correct record.

## 22. Questions from Members of the Public

There was one Public Question received:

Question	On 14th October 2024 Plymouth City Council issued a news release, 'NHS Devon has a moral obligation to address Plymouth health funding issue'. What are your plans to engage with NHS Devon about your concerns through the Health & Wellbeing Board which has a statutory role for this purpose?
Response	<p>Thank you for your question. The Health and Wellbeing Board has eight core statutory functions:</p> <ol style="list-style-type: none"> <li>1. Conduct Joint Strategic Needs Assessment (JSNA) to evaluate local health and social care needs;</li> <li>2. Develop Joint Health and Wellbeing Strategy (JHWS) (part of the Plymouth Plan);</li> <li>3. Encourage integration between health and social care commissioners;</li> <li>4. Ensure consultation with Healthwatch and local community;</li> <li>5. Respond to health scrutiny committee recommendations;</li> </ol>

	<p>6. Maintain the Pharmaceutical Needs Assessment;</p> <p>7. Work with Integrated Care Boards and local authorities;</p> <p>8. Review and comment on whether local health commissioning plans align with JHWS.</p> <p>While funding distribution is not explicitly part of these statutory functions, the board addresses fair funding issues through appropriate channels alongside the council's health scrutiny function. The Board receives regular update reports from NHS Devon, including financial spend, and the Health &amp; Adult Social Care Scrutiny Panel recently considered an item on NHS Devon ICS Finance.</p> <p>Historically it was felt that NHS Devon had not invested its resources equitably when compared to a fair share allocation of resources at a locality level. Following previous discussions between council officers, NHS Devon, and elected members, the Devon system recognised the challenge facing health services in Plymouth and the Western locality of Devon in its fair shares analysis. In 2019, the then Devon Clinical Commissioning Group took the decision to take steps to begin to address the inequity at locality level. Through this decision, £5 million of recurrent funding was allocated to Plymouth, however, no further changes were made during the Covid pandemic.</p> <p>Plymouth City Council and NHS Devon have remained engaged in discussions to understand the history of health resource allocations, going back to 2013/14. The outcome of this work is hoped to be presented to the Integrated Care Board at its meeting on 27 March 2025. Elected members have, and will continue to advocate on this matter, and I as Chair of the Health and Wellbeing Board will be scheduling an item to examine the outcome of the ICB, 27 March meeting, on work programme.</p>
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23. **Thrive Plymouth: A decade of impact, a future of possibilities (Director of Public Health Annual Report)**

Professor Steve Maddern (Director of Public Health) introduced the Director of Public Health Annual Report and highlighted:

- a) It was a statutory requirement for the Director of Public Health to produce and publish an independent annual report;
- b) As Professor Steve Maddern was new to the post of Plymouth's Director of Public Health, thanks went to Dr Ruth Harrell for her years of leadership as Plymouth's previous Director of Public Health;
- c) A celebratory event was held in November 2024 to reflect on the past 10 successful years of the Thrive Plymouth programme, as well as setting the future priorities for the next 10 years.

Theresa Cullip (Public Health Specialist) delivered the report and highlighted:

- d) The Thrive Plymouth programme was initially launched to tackle some of the inequalities in life expectancy that Plymouth was experiencing, aimed to harness collective effort across the city;
- e) Originally, the programme was focussed on specific behaviours that were attributed to chronic diseases, responsible for 54% of deaths across the city. However, the programme had evolved in response to emerging challenges such as the Pandemic, cost of living and an ageing population;
- f) Over the last 10 years, annual themes had included mental health and wellbeing, housing and living environments, and dietary and health environments;
- g) The programme had created a network of partners, working across the city in collective effort to tackle the wider determinants of health;
- h) Health indicators demonstrated that improvements had been made since the programmes conception in 2014 however, challenges remained, particularly around healthy weight and obesity, mental health and wellbeing, and health inequalities;
- i) The refreshed approach would continue to target physical health (smoking, alcohol, diet, exercise and activity) while also focussing on the wider determinants of health (mental health, complex lives support, communities, social cohesion and loneliness);
- j) The Action Plan highlighted the importance of building a framework for monitoring and evaluating the progress of the Thrive programme, which was nearly complete;
- k) Following voting by partners at the launch event in November, 'preventing ill health' was selected as the primary theme for the next phase of the programme. The Thrive team were now developing a programme for prevention of ill health.

In response to questions, the Board discussed:

- l) The role of the Voluntary and Community Sector (VCSE) and Health and Wellbeing Hub Network in promoting and working alongside the Thrive Plymouth programme;
- m) Partner's support for the direction and strategy of the programme, and alignment with the core principles;
- n) Healthwatch's recent focus on health inequalities, and the ability for Healthwatch surveys, feedback and reports to inform the Thrive Plymouth programme;

- o) The programmes link into the Integrated Care Board (ICB) and Integrated Care System's (ICS) Long Term Plan, and opportunities for its integration into the Joint Forward Plan, which would be refreshed this year;
- p) The accessibility and inclusive approach of the Thrive Plymouth programme for city partners and residents, and consideration of future digital capabilities;
- q) The importance of investigating and understanding changes in disease rates and life expectancy, and the challenge of identifying causal effects;
- r) The potential role of the University in conducting research projects to understand changes in the data, and their ongoing investigations into cardio-metabolic health.

The Board agreed to:

- 1. Ask the Director of Public Health to liaise with the University of Plymouth in respect of potential research projects to aid the Thrive Plymouth Programme, including the effectiveness of weight management interventions;
- 2. Support the recommendations and reiterate their, and their organisations' support for the Thrive Plymouth programme.

## 24. **Dental Access and Oral Health Improvement in Plymouth**

Rob Nelder (Public Health Specialist) delivered the Dental Access and Oral Health Improvement in Plymouth report and highlighted:

- a) While dental access was not the responsibility of Plymouth City Council (PCC), the Council had worked hard over many years to improve access to dental services for Plymouth's residents;
- b) The Dental Task Force had been established in July 2023 to help tackle the high number of people awaiting allocation to an NHS Dentist, as well as poor childhood dental health;
- c) The first priority of the Dental Task Force had been to develop a new dental facility in the city, run by the Peninsula Dental School. The University had announced today that this facility would be opening by the end of the year, in the city centre;
- d) The second aim of the taskforce had been to attract additional funding for utilisation by PCC to enable it to enhance the oral health improvement offer available in the city. Following the submission of proposals, NHS Devon ICB had granted three years of £900,000 of annual funding to PCC to expand the existing Supervised Tooth-brushing Scheme, expand the Fluoride Varnish Scheme, and to expand the 'Open Wide, Step Inside project';

- e) The third aim of the Dental Taskforce had been to use the annual ICB underspend to commission new services for high priority groups and those who don't have access to an NHS Dentist. This work was ongoing with the ICB;
- f) The Peninsula Dental Social Enterprise (PDSE) now offered free dental treatment for children aged 1-11 years in the city, who were not registered with an NHD Dentist;
- g) The Dental Taskforce was working towards a pilot 'consent scheme', enabling greater access to dental care for children who may have previously struggled to access treatment during their parents/carers working hours;
- h) The NHD Devon ICB Steering Group had been established to help prioritisation of work streams, and PCC would be submitting new proposals for funding, directed towards groups who experience severe and multiple deprivation;
- i) Community Water Fluoridation was conducted often in areas where fluoride contained in drinking water was lower than the recommended levels (one part per million). While Plymouth's fluoride levels were lower than this target, Plymouth did not add fluoride to its drinking water, and no new fluoridation schemes had been initiated in the UK for around 40 years. Plymouth would monitor proposals and ongoing engagement in the North East, which were currently underway.

In response to questions, the Board discussed:

- j) Recognition of the success of the Dental Task Force, and the vast work undertaken across the city to drive oral health improvement;
- k) The geographical inconsistencies in dental provision, and challenges recruiting and retaining NHS Dentists in Plymouth;
- l) Potential roles for the Health and Wellbeing Hubs in contributing to the Oral Health Improvement programme;
- m) The additional health factors from poor oral hygiene, including mental health, confidence, socialisation, speech and language, and school attendance;
- n) Student dentists, and the potential for sponsoring student placements to boost recruitment and retention;
- o) The interconnected relationship between child poverty and oral health.

The Board agreed:

- 1. To ask the Dental Task Force to consider issues around 'gaps in dental placements and workforce' at its upcoming meeting, with the ICB;

2. To circulate the Devon Stakeholder Dental Briefing to Board members;
3. To note the report, and continue to support the Corporate Plan priority of 'Working with the NHS to provide better access to health, care and dentistry'.

25. **Community Empowerment Programme and Wellbeing Hubs Briefing Report**

Zoe Sydenham (Community Empowerment and Operational Lead) delivered the Community Empowerment Programme and Wellbeing Hubs Briefing Report, and highlighted:

- a) The Community Empowerment Programme was established in 2018, in partnership with the voluntary and community sector, to bring empowerment to communities around their health needs and priorities, transitioning from 'aid to agency';
- b) The programme delivered targeted funding to populations who were historically underinvested, building capacity within communities, reducing health inequalities, and reducing the demand on primary and social care;
- c) The core themes of the programme included engagement, enabling community resilience, empowerment through the VCSE sector, the volunteering support scheme, and leadership and cultural change;
- d) 13 community builders had been established across the city, and were integrated within communities to provide an asset based, and trauma informed approach;
- e) Community builders acted as a catalyst for community self-help, providing advice and signposting, and had supported 791 residents to lead their own community based activities;
- f) An evaluation of the programme by the University of Plymouth had demonstrated success in reducing isolation, increasing friendships and enhancing a sense of connection, which were key factors underpinning mental health and wellbeing;
- g) Community builders had organised outreach programmes with Citizens Advice, delivering financial support and advice to over 300 clients in the first half of the year;
- h) Utilising the Low Income Families Tracker (LIFT), the Community Empowerment Programme was able to selectively target households who may most benefit from support. This had included sending letters out to those eligible for Pension Credit who had not yet registered for support;

- i) The Good Neighbour Volunteer Scheme provided 40 visits per week to residents who were unable to leave home, delivering mental and physical benefit both to those volunteering, and those in receipt;
- j) Around 50 digital volunteers had been trained through the programme, who provided digital support to residents in need, and over 300 residents had participated in a GP hosted session, facilitating use of the NHS digital app;
- k) As part of the Food Security project, six food cooperatives had been established, enabling communities to run and deliver their own food support to those in need;
- l) 11 Wellbeing Hubs had been established across the city, offering walk in support and responding to the specific needs of their community;
- m) Future priorities for the programme would include consolidating, developing the network, prioritising the work, improving strategic work with partners, raising visibility of the network, and enhancing the specialisms within the hubs.

Councillor Chris Penberthy added:

- n) The importance of reaching isolated individuals and groups, where small interventions could result in significant positive long term outcomes;
- o) The efficiency of helping people and communities to help others, delivering long term better outcomes for all;
- p) While there were challenges attaining data to prove causal improvements from the programme, there were many stories of proven success, and positive feedback from those who had engaged with the programme.

In response to questions, the Board discussed:

- q) Potential gaps in the provision of Health and Wellbeing Hubs across the city, and ongoing work to identify sites for future resource. While Plymstock remained a site of interest for the development of a Wellbeing Hub, no viable building had yet been identified;
- r) The success of the Community Empowerment Programme in delivering two of the NHS reform priorities: From 'hospital to community' and from 'treatment to prevention';
- s) The use of data to target specific vulnerable groups and individuals, enabling early and efficient intervention, to ensure the best possible outcomes.

The Board agreed:



- I. To endorse the Council's approach to the delivery of the Community Empowerment Programme and Wellbeing Hubs Network, and the direction of travel proposed for 2025.

26. **Plymouth Safeguarding Adults Partnership, Annual Report**

Andy Bickley (Independent Chair, Adults Safeguarding Board) delivered the Plymouth Safeguarding Adults Partnership Annual Report, and highlighted:

- a) The partnership undertook prevention, engagement, learning and assurance work to uphold the safeguarding needs of adults within the city;
- b) The importance of connectivity and accountability in safeguarding;
- c) The roles and hard work undertaken by multi-agency partnerships to ensure oversight and safeguarding standards;
- d) The partnership operated with a comprehensive business plan, and various subgroups focussed on different aspects of safeguarding;
- e) A peer review had recently been undertaken, offering a valuable assurance and improvement opportunity;
- f) Data indicated that nationally, and in Plymouth, there were high levels of cases with self-neglect. A deep dive review had been commissioned to explore this issue, alongside referral rates for safeguarding;
- g) Priorities for future work included a focus on ensuring safeguarding services were accessible to diverse communities, utilising data to drive prevention and understanding of demographics, and addressing the need for dedicated resources to support the partnership's work;
- h) 7,525 safeguarding referrals had been received this year. While this was positive, demonstrating the success of engagement and training efforts with partner agencies, it delivered capacity challenges, and highlighted concerns;
- i) While safeguarding concerns were identified in over 1,000 of the safeguarding referrals, only 469 went to a statutory safeguarding enquiry. The remaining cases were successfully dealt with through risk mitigation or through Care Act Needs and Support Needs Assessments.

In response to questions, the Board discussed:

- j) The transition period between children and adults safeguarding;
- k) The need for enhanced partnership working and coherent priority setting across the children and adults safeguarding partnerships, which were both experiencing similar trends.

The Board agreed to:

1. Request the Cabinet Member for Health and Adult Social Care, and the Cabinet Member for Children's Social Care, Culture and Communications, liaise with the relevant Service Directors to discuss communication issues occurring during the transition period for children and adults safeguarding;
2. Note the report.

27. **Children's Safeguarding Partnership Board, Annual Report**

Siobhan Logue (Safeguarding Business Manager) delivered the Children's Safeguarding Partnership Board, Annual Report, and highlighted:

- a) In December 2023, 'Working Together to Safeguard Children' national guidance had been updated, setting out clearer expectations for partners around safeguarding children;
- b) The priority areas for the partnership were; neglect, safeguarding adolescence, child sexual abuse, and domestic abuse. For each priority, a strategy, practice guidance and toolkit had been created for frontline practitioners;
- c) Four multi-agency, quality assurance audits were conducted each year. The learnings from these audits were then fed into the working groups for action;
- d) Child Safeguarding Practice Reviews were conducted following a serious incident or death of a child relating to neglect. Learning from reviews was fed back into the quality assurance and working groups, as well as the partnership board;
- e) The partnership delivered safeguarding training courses to multiple agencies within the city. A level one and two course were currently being developed, which would be available free of charge;
- f) Work had been undertaken with Somerset, who were Department of Education leads in information sharing, to create a tier one information sharing agreement. A tier 2 information sharing agreement around the integrated front door and MASH was now in progress, which would enhance information sharing across partners;
- g) An ambitious scrutiny plan had been developed, with multiple independent scrutineers responsible for specific topic areas of the partnership, as well as the inclusion of young people to provide a 'young persons' perspective;
- h) Future priorities for the partnership included recruitment of a data analyst, creation of a data dashboard, and a focus on online harm. Work was also ongoing within the partnership to increase inclusivity, including seeking attendance from faith groups.

The Board agreed:

- I. To note the report.

28. **NHS Devon Update**

Chris Morley (NHS Devon) delivered the NHS Devon update, and highlighted:

- a) Kevin Orford had been confirmed as NHS Devon's permanent chair, following his interim appointment;
- b) It had been a challenging winter period for hospitals across Devon. Partnership work was ongoing to enable timely discharges, provide care within the community, and return to normal activity;
- c) Work was ongoing with Primary Care to support GP practices experiencing pressures, and help build capacity;
- d) Engagement events were underway for the 10 year plan. A dop-in session was being hosted in the Central Library, as well as workshops in the Methodist Church;
- e) There had been a significant increase (150%) in the performance of Discharge Pathway One, allowing patients to be discharged directly home to a community setting, and alleviating capacity.

In response to questions, the Board discussed:

- f) Challenges with vaccine uptake in Plymouth, both amongst staff and residents, as well as the importance of planning ahead for next year's winter pressures;
- g) Strong partnership work across NHS Devon, Plymouth City Council, UHP and other partners to promote timely discharges and prevent unnecessary delays.

The Board agreed to note the report.

29. **Tracking Decisions**

The Board agreed to note the progress of the Tracing Decisions Log.

30. **Work Programme**

The Board agreed to add the following items to the Work Programme:

- I. One Devon Joint Forward Plan;
2. Suicide Prevention Annual Update;
3. Plymouth HDRC Annual Update.