

HEALTH AND WELLBEING BOARD

2026/7 priority setting



INTRODUCTION

Following a recent Health and Wellbeing Board workshop, several potential priorities were discussed by Board members for 2026/7. Board priorities are intended to guide the work of the Board and provide a focus for health activities across Plymouth in coming years. Whilst these priorities align with the current Plymouth Plan, the Board will also contribute to longer term priority setting as part of the refresh of the Plymouth Plan during 2026.

The priorities discussed by the Board, and proposed for 2026/7 are:

1. Oral health, including dental health
2. Cardiovascular disease prevention
3. Plymouth as a Marmot City
4. Integrated Neighbourhood Teams
5. Falls and Frailty prevention
6. Culture for Health

This paper provides a summary justification for each of these topics as a priority for Plymouth and provides an outline of opportunities for work in this area. A more detailed action plan will be brought for the Board to consider once priorities are formally agreed.

I. ORAL HEALTH

SUMMARY OF ORAL HEALTH CHALLENGES IN PLYMOUTH

- Good oral health is important as it allows us to eat, talk and express emotions. Having poor oral health can significantly impact on self-esteem, as well as physical and mental health.
- Almost 1 in 4 five-year-olds experience dental decay in Plymouth
- Over 700 of children are awaiting tooth extraction under general anaesthetic, many of whom have no dental home
- Poor oral health outcomes are notably worse in Plymouth's more deprived communities.
- 51% of children in Plymouth have not accessed dental services in the last 12 months, and 72% of adults have not accessed dental services in the last 24 months.
- Urgent care provision is unable to meet demand, with many calls going unanswered

- Oral Health needs of adults in care homes are not being adequately met. This issue is likely to extend to other adults receiving care.
- Risk factors associated with poor oral health (such as smoking, excess alcohol and poor diet) are high in Plymouth, and greatest in our most vulnerable communities.
- Prevention programmes, funded through high street dental underspend, are currently focused only on our younger children.

ORAL HEALTH OPPORTUNITIES

A. Prevention: Build a stable, life course prevention infrastructure

- Evaluate the impact of current prevention programmes to inform future activity
- Consider expansion of the fluoride varnish scheme for children and vulnerable adults
- Embed oral health promotion consistently across community settings

B. Vulnerable adult groups: Improve oral health outcomes for vulnerable adults

- Develop a programme of work to support adults with their oral health needs, notably adults receiving care and people experiencing multiple disadvantage
- Evaluate the wider impact of poor oral health in vulnerable adult groups
- Strengthening system leadership by engaging with stakeholders

C. Developing the oral health workforce: Grow capacity across professions.

- Continue to support and encourage increased dental training provision locally
- Expand oral health champion training for non-dental professionals to expand the workforce

D. Access to dentistry for children: Reduce the number of children without a dental home

- Collate and analyse data on children who do not have a dentist
- Implement a Dental Therapist-led pilot focused on improving access and routine care for children

The Dental Task Force, a multiagency task force, will lead this work. The task force meets quarterly and will report to the Health and Wellbeing Board on an annual basis.

2. CARDIOVASCULAR DISEASE PREVENTION

SUMMARY OF CARDIOVASCULAR DISEASE CHALLENGES IN PLYMOUTH

Cardiovascular Disease (CVD) is the second leading cause of death in Plymouth, accounting for 24% of all local deaths. This includes significant premature or preventable mortality, especially among men

and residents in our most deprived neighbourhoods. Clinical, environmental and behavioural risk factors, such as smoking, obesity, hypertension, and high cholesterol are high in many communities and frequently cluster in Plymouth's most deprived neighbourhoods. There is a clear need for targeted, place-based early prevention and robust secondary prevention, such as cardiac rehabilitation, to break the cycle of recurring events.

By shifting our system toward prevention and optimising clinical support, there are substantial opportunities to improve outcomes for Plymouth residents. High-level modelling indicates that optimising detection and improving treatment pathways has the potential to avert at least 150 major CVD events per year. The potential financial savings are significant, conservatively estimated at saving at least £750,000 in acute NHS treatment costs alone, alongside significant reductions in long-term social care needs. This is in addition to the individual benefit, preventing long-term ill health and supporting people to maintain healthy lives.

CVD PREVENTION OPPORTUNITIES

A. Improve Equity: increase case finding

- Identify high-risk, low-uptake groups and identify ways to support individuals in their communities, for example establishing Community Appointment Days
- Review the impact of NHS Health Checks on prevention in Plymouth, and work across partners to deliver a model that works for our communities
- Ensure that support for all risk factors, such as smoking cessation and healthy lifestyles, is available to all communities, especially those at greatest risk

B. Improve clinical prevention: Continue to scale 'treat to target'

- Work with primary and secondary care to optimise treatment for CVD clinical risk factors (Atrial Fibrillation, Hypertension, Lipid Control), especially amongst those at highest risk
- Scale patient-led care to enable resident to manage their own cardiovascular health

C. Community led recovery: Manage CVD conditions closer to home

- Embed CVD prevention into Integrated Neighbourhood Teams and extend secondary prevention to meet current needs
- Extend secondary prevention, including Cardiac Rehabilitation, into community settings to meet current needs, using local settings and community assets alongside digital models

D. Work in partnership on CVD and all Long-Term Health Conditions

- Establish a unified approach to CVD prevention across all stakeholders, including clinical providers, NHS Devon, public health and VCSE partners
- Align resources, work collaboratively and drive accountability across our system

We propose to work on this topic within existing frameworks of the Local Care Partnership and Integrated Neighbourhood Teams but maintain the flexibility to adapt to the needs of Plymouth partners and residents.

3. PLYMOUTH AS A MARMOT CITY

SUMMARY OF CURRENT CHALLENGES IN PLYMOUTH

Plymouth continues to experience stark health inequalities. Life expectancy differs significantly across neighbourhoods, with residents in our most deprived neighbourhoods living markedly shorter lives than those in less deprived areas. Healthy life expectancy is particularly concerning for men in Plymouth who live just 57 years of good health, and women 55.7 years, meaning that many Plymouth residents live 20–30 years in poor health.

MARMOT CITY OPPORTUNITIES

The Marmot Principles offer an approach to improve health equity for all our residents. The principles are:

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination and their outcomes.
8. Pursue environmental sustainability and health equity together.

Becoming a Marmot Place offers Plymouth a strategic, system-wide mechanism to accelerate progress on health equity. Key opportunities include:

A. Embedding health equity in all policies and programmes

By formally adopting the Marmot Principles, Plymouth commits to ensuring that health equity is intentionally considered in policy, programme design, and service delivery. This also aligns strongly with existing work, particularly the *Building Bridges to Opportunity* framework on reducing poverty and enhances coherence across all council activity.

B. Strengthening system-wide collaboration

Thrive Plymouth's existing network of over 300 organisations provides a strong foundation for collaborative working. Marmot Place status offers a way to grow this momentum, aligning wider city systems—public, private, and voluntary sectors—through shared principles and consistent approaches. The Plymouth Charter and Civic Agreement frameworks offer further opportunities to embed health equity across multiple sectors.

C. Expanding community-led and asset-based approaches

A key commitment of becoming a Marmot Place is ensuring that work is *led by communities*. This means empowering residents, recognising and strengthening community assets, and ensuring co-design rather than top-down delivery. The Thriving Communities Framework provides a route for structured engagement with our communities and Marmot status would enhance and formalise this approach.

D. Joining a national network and sharing best practice

Over 60 local authorities have already become Marmot Places. Joining this movement would allow Plymouth to benefit from shared learning, comparative data, and access to expertise from the Institute of Health Equity. Although the South-West is already a Marmot Region, Plymouth becoming a Marmot Place would elevate our leadership role and demonstrate the city's commitment to long-term, system-wide change.

4. INTEGRATED NEIGHBOURHOOD TEAMS

The NHS 10-year plan articulates three shifts:

- from hospital to community with more care to be available on people's doorsteps and in their homes
- from analogue to digital: new technology to liberate staff from admin and allow people to manage their care as easily as they bank or shop online
- from sickness to prevention: to reach patients earlier and make the healthy choice the easy choice

The NHS system sees Integrated Neighbourhood Teams (INTs) as a way to embed and deliver the shift from hospital to community as well as contribution to other shifts. Whilst Neighbourhood Teams guidance is still pending, this delivery approach is key to future NHS organisation and delivery. NHSE policy (Jan 2025), the most recent guidance on INT working, asked systems to focus on specific areas in preparation for a move to Neighbourhood Health, namely population health management, modern General Practice, standardising community health services, neighbourhood multidisciplinary

teams for adults and children, integrated intermediate care with a 'Home first' approach, and urgent neighbourhood services.

Whilst INT development is still a work in progress in the Plymouth system, there is significant engagement ongoing, with a maturity matrix being delivered to structure work towards INT development. There is a clearly articulated role for the Health and Wellbeing Boards in the oversight and governance frameworks for INTs, and in setting local priorities for neighbourhood working through the Neighbourhood Health Plan. Any priorities for the Health and Wellbeing Board should align directly with those of INTs.

5. FALLS AND FRAILTY PREVENTION

SUMMARY OF FALLS AND FRAILTY CHALLENGES IN PLYMOUTH

- Falls are the number one reason older people attend emergency care, with 5% of falls resulting in fractures and around 1 in 3 adults over 65 falling yearly, rising to 1 in 2 adults over 80.
- Of 29,069 emergency hospital admissions of Plymouth residents in 2022/23, 54% were in adults over 50 years, with falls and fractures the largest cause for admission in older people. Outcomes are worse for those living in more deprived communities
- Frailty is rising with our ageing population, leading to loss of independence, higher hospital use, and increased need for supportive care
- Risk factors such as social isolation, poor strength and balance, and unsafe homes cluster in our most vulnerable groups.
- A shift to prevention could avert admissions, save acute costs and extend healthy years.

OPPORTUNITIES FOR FALLS AND FRAILTY PREVENTION

Key opportunities to support ageing well across Plymouth include:

A. Strength and balance offer

- Deliver a citywide offer of evidence-based strength and balance programmes to improve mobility, confidence and independence.
- Focus on embedding accessible programmes in everyday community settings to promote lifelong activity and resilience.

B. Connecting people and communities

- Use falls and frailty prevention to build stronger community connections, so older people stay active, valued and independent for longer.
- Support social elements within prevention efforts to combat isolation and foster belonging.

C. Safer homes and communities

- Scale up home hazard checks and adaptations so homes and neighbourhoods are safer for older residents.
- Prioritise proactive environmental improvements alongside health checks to create supportive living spaces.

D. System leadership

- Establish a unified approach to align Public Health, NHS Devon, primary and secondary care and VCSE efforts.
- Drive coordinated action to ensure equitable prevention at scale.

6. CULTURE AND CREATIVE HEALTH

There is growing international recognition of the value of culture and creativity in improving health outcomes. Studies have shown that people can have health and wellbeing benefits both from engaging in arts and cultural activities as leisure, and from active enrolment in creative activities aimed at achieving specific health outcomes. Examples of artistic interventions that can improve health and wellbeing include music and singing, drama and storytelling, dance and movement, clown interventions, reading and writing, photography and film, visual arts, architecture and design, heritage sites and museums, many of which have a significant role in Plymouth life.

An EU Culture for Health¹ report found that art related cultural activities had a range of health outcomes ranging from health promotion, management and treatment of a range of health conditions, increasing social engagement and individual empowerment, building personal resilience and confidence and improving overall wellbeing.

Plymouth has a strong and growing foundation of creative health activity, developed organically over many years through community, cultural and health-led practice. Plymouth's network of 20 Wellbeing and Family Hubs provides a powerful platform for embedding creative health within community-based prevention. A partnership between Plymouth Culture and Plymouth Wellbeing Hub Network (WBHN) led to the Plymouth Creative Health Network (CHN) set up in 2025 – a network of around 20 different organisations from arts, culture and wellbeing voluntary and health organisations across the city, supported by the national Creative Health Network. [National Centre for Creative Health](#)

There is already a wide range of creative health activity taking place across the city, much of it rooted in communities and led by artists, cultural organisations, VCSE partners and informal groups. This includes projects such as Sea for Yourself (a partnership between Plymouth Culture and Plymouth National Marine Park), creative activity embedded within wellbeing hubs, arts-based mental health support, community-led cultural activity, and creative approaches to social connection,

¹ [Final_C4H_FullReport_small.pdf](#)

physical activity and environmental engagement. Plymouth's decade-long investment in its cultural sector has positioned the city as a national leader in cultural placemaking, with creativity increasingly recognised as a driver of inclusion, wellbeing and community renewal.

Plymouth's network of 20 Wellbeing and Family Hubs provides a powerful platform for embedding creative health within community-based prevention. Together, the hubs see over 25,000 people every quarter, generating more than 78,000 attendances. This consistent footfall reflects both their reach and the trust residents place in these neighbourhood spaces. The Hubs collectively manage a wide range of commissioned health and care services.

OPPORTUNITIES FOR CULTURE AND CREATIVE HEALTH:

A. Build a Creative Health community

- To establish a formal role in Creative Health to drive this agenda at community level
- Focus on creative health across agencies linking partners into opportunities to improve access to culture and creative health
- To ensure that the focus of creative health is community led and celebrates the best of Plymouth and its communities and residents

B. Improve access to cultural and creative health opportunities

- To develop an understanding of the scope of the creative health and cultural offers in Plymouth and ensure that these are publicised across the system
- To include cultural and creative health opportunities into Integrated Neighbourhood Teams as a key part of the health and wellbeing system
- To build community led access to cultural and creative health opportunities, focussed on our Wellbeing and Family Hubs across Plymouth

CONCLUSION

In summary, we propose 6 priorities for the Health and Wellbeing Board for 2026/7, spanning the breadth and challenges of health and wellbeing in Plymouth.