

Health and Wellbeing Board

Thursday 10 January 2019

PRESENT:

Councillor Tuffin, in the Chair.
Councillor Mrs Bowyer, Vice Chair.
Councillor McDonald.

Carole Burgoyne MBE (Strategic Director for People), Ann James (University Hospital Plymouth NHS Trust), Dr Adam Morris (Livewell SW), Ruth Harrell (Director of Public Health), Professor Bridie Kent (University of Plymouth), Craig Downham (Devon and Cornwall Police), Sue Shaw (Plymouth Community Homes – substituting John Clark), Anna Coles (Strategic Commissioning Manager) and Justin Robbins (Healthwatch substituting for Nick Pennell).

Apologies for absence: David Bearman (Devon Local Pharmaceutical Committee), Alison Botham (Director of Children's Services), Craig McArdle (Director of Integrated Commissioning), Dr Shelagh McCormick (NEW Devon CCG), John Clark (Plymouth Community Homes) and Nick Pennell (Healthwatch).

Also in attendance: Sarah Ogilvie (Consultant in Public Health), Dan Preece (Advanced Public Health Practitioner), Gary Wallace (Public Health Specialist) and Amelia Boulter (Democratic Support Adviser).

The meeting started at 10.00 am and finished at 11.52 am.

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.

61. **Appointment of Vice Chair**

Agreed to appoint Councillor Mrs Bowyer as Vice-Chair for this meeting.

62. **Declarations of Interest**

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

63. **Chairs urgent business**

There were no items of Chair's urgent business.

64. **Minutes**

Agreed that the minutes of 4 October 2018 were confirmed.

65. **Questions from the public**

There were no questions from members of the public.

66. **Chair's Report**

The Chair (Councillor Tuffin) presented his report to the Board and highlighted the following key points –

- (a) attendance at the National Children and Adult Services Conference (NCASC) in November and the opportunity to share learning and innovation with other local authorities;
- (b) that the CQC Local System Review, Beyond the Barriers report now published. They would monitor the report against the local system plan and once finalised by the CQC at a future Health and Wellbeing Board meeting;
- (c) the recent LGA publication 'Shifting the Centre of Gravity' launched at the NCASC references the innovative work that had been delivered in the City;
- (d) the Motor Neurone Disease (MND) Association would be facilitating a workshop with Members in February this follows an agreement to adopt the Charter across the city;
- (e) NHS published the 'NHS 10 Year Plan' and the Chair invited Ann James (Chief Executive, University Hospital Plymouth NHS Trust) to provide an overview. It was highlighted that –
 - the plan includes 9 domains of improving health and wellbeing outcomes;
 - the work of this board aligns with the plan;
 - Summary of the plan can be provided;
 - Board to look at this at a future meeting.

67. **STP Update**

Carole Burgoyne MBE (Strategic Director for People) was present for this item and referred to the report contained within the agenda.

In response to questions raised, it was reported that -

- (a) at an operational level locally they work very closely with the fire service but were unaware of the fire authority's involvement at an STP level. Carole Burgoyne and Ann James would feed this back to the STP Board;

- (b) three health and wellbeing hubs had already opened with a further two opening over the next couple of months. It was reported that fantastic work and case studies were coming out from the hubs;
- (b) there was a real appetite for the fire authority to work more closely with the police. This had resulted in a project which included a PSCO teaming up with a fire officer undertaking community visits to start addressing joint risks;
- (d) the Chair reported that he had met with the Chairs of the Devon and Torbay Health and Wellbeing Boards to look at shared issues.

Agreed that the Health and Wellbeing Board to receive a report summarising the work of the Health and Wellbeing Hub's first 12 months including case studies.

68. **Aspiring Integrated Care System - Population Health Management**

Ruth Harrell (Director of Public Health) provided a verbal update to the Board, it was highlighted that -

- (a) this was a programme led by NHS England around helping the STP in their preparations in becoming an integrated care system;
- (b) there were three work streams; finance, governance and population health management and they were currently focussing on population health management;
- (c) population health management aims to understand the health needs across different segments of the population. Their ambition was to look at the person as a whole and to align with the triple aims of improving the patient experience, improving health outcomes and ensuring that the system was cost effective;
- (d) as part of the ambition was to look at the data flows across the city and across all partners focusing on health and wellbeing. This would allow us to understand and predict the needs at a patient level enabling us to intervene earlier. For example, identify people that were 'pre-frail' and putting interventions in place at a lower level before becoming acute.

In response to questions raised, it was reported that Public Health would be meeting with Plymouth Community Homes (PCH) to undertake collaborative work around identifying people that were 'pre-frail' as part of the population health management.

Agreed that the Health and Wellbeing Board at a future meeting receive a progress report on Population Health Management.

69. **Thrive Plymouth Update - People Connecting through Food**

Sarah Ogilvie (Consultant in Public Health) provided a verbal update. Due to technical difficulties a video clip was not shown but would be emailed to the Board. It was highlighted that -

- (a) the theme for Thrive Year 5 was people connecting through food. They were working in partnership with Food Plymouth as the connecting platform for all things food related across the city;
- (b) they were focussing on achieving the silver award for sustainable food cities. They currently have the bronze award and if successful Plymouth would be one of only four local authorities to achieve this;
- (c) the award was designed to recognise and celebrate the success of places taking a joined up holistic approach to food and achieving significant positive change on a range of food issues;
- (d) to achieve the award an action plan had been developed against 6 key areas and have asked partners to pledge their support –
 - promoting healthy and sustainable food to the public;
 - tackling food poverty, diet related ill health and access to affordable healthy food;
 - building community food knowledge;
 - promoting a vibrant and diverse sustainable food economy;
 - transforming catering food procurement;
 - reducing waste and illogical footprint of the food system.
- (e) they would be hosting a number of events over the year and have developed a training package to enable partners to encourage and support local action within the community.

In response to questions raised, it was reported that –

- (f) it had been challenging working with the large supermarkets, however Food Plymouth work closely with the food retailers particularly around sugar smart, promoting healthy options and calorie labelling. They were also looking to undertake a project working with takeaway outlets to reduce calorie content and portion sizes. Also lobbying larger organisations to take action against sugar and healthier options;

- (g) they were fully evaluating the local impact of the sugar smart programme and Thrive Plymouth they would report on progress against Year 5 as part of the Director of Public Health's Annual report.

70. **Vaping and E-Cigarettes**

Dan Preece (Advanced Public Health Consultant) was present at the meeting and referred to the report in the agenda. A presentation was also provided, it was highlighted that –

- (a) smoking was in decline both in England and Plymouth with an estimated 10,000 fewer smokers in Plymouth since 2011;
- (b) of the remaining people that do smoker (around 39,000 people) still suffer from the devastating harm that tobacco causes and was the primary cause of ill health and health inequalities within the city;
- (c) the annual costs of smoking in 2018 for Plymouth was £63 million;
- (d) Plymouth's approach to tobacco –
- enforce regulations to disrupt illegal and under age sales;
 - reduce starting through positive peer influence;
 - support people to stop smoking;
 - enable people to stop smoking;
 - provide information.
- (e) that the most effective way to quit smoking was to use expert behaviour support such as the Stop Smoking Service combined with nicotine replacement and/or using e-cigarettes;
- (f) Public Health England's position on e-cigarettes was that they were 95% safer than tobacco. An e-cigarette doesn't contain any tobacco.

In response to questions raised, it was reported that -

- (g) 5% harm would come from breathing in hot vapour and the ingredients used, however, the scale of harm was much lower than a cigarette. There were health benefits for a smoker switching from cigarettes to e-cigarettes;

- (h) a response would be provided on the amount of people in Plymouth living with a significant smoking related illness which impacts on their quality of life and of that cohort what was the increased rate in unplanned admissions into acute services?
- (i) e-cigarettes were the same as using a nicotine replacement patch and can be affective to help people quit smoking.

The Board were encouraged to look at their own workplace policies on smoke free and vaping. Guidance was available for organisations to help them develop their policies to encourage people to switch from tobacco to e-cigarettes.

It was agreed that the Health and Wellbeing Board adopt the following position on vaping and e-cigarettes –

1. We recognise that e-cigarettes have a key role in driving down rates of smoking in Plymouth.
2. Vaping with e-cigarettes is estimated to be 95% less harmful than smoking tobacco.
3. 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.
4. Stopping smoking is the best thing a person who smokes can do for their health. Our advice to smokers is to consider switching from smoking tobacco to vaping with e-cigarettes.
5. Ongoing surveillance and research is crucial to detect long-term impacts on individuals and communities. If any new risks emerge, or guidance from Public Health England changes, we will revise our position on e-cigarettes. In the meantime, we have a vital responsibility to communicate the evidence that is emerging and currently that which is sufficiently robust to help guide us.
6. We need clear and consistent messages to the public. There is widespread public confusion about e-cigarettes and research shows people's perceptions have become less accurate. The evidence tells us e-cigarettes are less harmful than tobacco, but a growing number of people believe e-cigarettes are at least as harmful as tobacco, or say they don't know. This inaccurate view could be preventing smokers who have never tried e-cigarettes from quitting. We have a duty to provide clear messages to the public, based on the evidence. E-cigarettes carry a fraction of the risk of smoking and can help even some of the most addicted smokers to quit and smokers who switch to vaping reduce the risks to their health dramatically.

71. **Avoidable Deaths Approach**

Gary Wallace (Public Health Specialist) was present at the meeting and referred to the report in the agenda. A presentation was also provided, it was highlighted that –

- (a) 29 services working together as a whole system approach around shared risk, learning and integrated care, common approach, dispersed leadership and transparency;
- (b) there are two key structures and both groups generate learning –
 - System Optimisation Group – strategic level
 - Creative Solutions Forum – operational group
- (c) our aim to reduce future deaths and focussing on alcohol and drug related deaths, suicide, domestic abuse leading to homicide, homicide by a person with mental health and death by fire;
- (d) they want to develop the integrated approach at a strategic level and that the Health and Wellbeing Board becomes the strategic approach. At the operational level have proposed to convene an expert group to adopt methods that look at deaths within a systems context, backward looking, audit and review of the death and project those findings for future learning;
- (e) they have developed a humane end of life pathways for marginal groups and have set up an designated area for homeless people to have a dignified death with support;
- (f) the number of drug related deaths were at their highest and have identified bereavement training for staff exposed to their clients dying. Also providing better aftercare for relatives of suicides and drug overdoses.

In response to questions raised, it was reported that –

- (g) they contact the Coroner to track where a person had died and if there was learning on the Coroner's files they would contact the relevant people within the hospital. Currently there was no systematic way of tracking this, an offer from the hospital was put forward to meet to discuss this;
- (h) they were aware of the gaps in the system and were in talks with the NHS and Clinical Commissioning Group to expand and include working with the mental health providers and GP.

It was agreed that the Health and Wellbeing Board endorse the new approach because it will significantly improve understanding of the overlaps between avoidable deaths and thereby improve prevention across the system.

72. **Work Programme**

The Chair asked for feedback on a challenge set for the Board on people with learning disabilities finding employment. Carole Burgoyne MBE (Strategic Director for People) reported that Plymouth City Council (PCC) were currently operating a supportive internship in conjunction with the City College and have 7 people working in a variety of roles. Ann James (University Hospital Plymouth NHS Trust) also reported that have a very active programme and happy to link with PCC and Livewell SW and bring back a report to the Board.

The Board noted the work programme.