

Health and Wellbeing Board

Thursday 7 March 2019

PRESENT:

Councillor Tuffin, in the Chair.
Dr Shelagh McCormick, Vice Chair.
Councillors Mrs Bowyer and McDonald.

Craig McArdle (Interim Strategic Director for People), Anna Coles (Director for Integrated Commissioning), Cath Farrin (Devon and Cornwall Police for Tamasine Matthews), David McAuley (Livewell SW for Dr Adam Morris), Professor Bridie Kent (University of Plymouth), David Bearman (Devon Local Pharmaceutical Committee), Nick Pennell (Healthwatch), John Clark (Plymouth Community Homes), Ann James and Dr Ian Higginson (University Hospital Plymouth NHS Trust) and Ruth Harrell (Director of Public Health).

Apologies for absence: Tamasine Matthews (Devon and Cornwall Police), Dr Adam Morris (Livewell SW) and Alison Botham (Director of Children's Services).

Also in attendance: Rachel Silcock (Strategic Commissioning Manager), Paul O'Sullivan (NEW Devon CCG), Sarah Ogilvie (Consultant in Public Health), Paul Elliot (Low Carbon City Officer) and Amelia Boulter (Democratic Advisor).

The meeting started at 10.00 am and finished at 11.42 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.

73. **Appointment of Vice Chair**

Agreed to appoint Dr Shelagh McCormick as Vice-Chair.

74. **Declarations of Interest**

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

75. **Chairs urgent business**

There were no items of the Chair's urgent business.

76. **Minutes**

Agreed that the minutes of 10 January 2019 were confirmed.

77. **Questions from the public**

There were no questions from members of the public.

78. **Chairs Report - Verbal Update**

The Chair (Councillor Tuffin) provided a verbal update to the Board and highlighted the following –

Health and Social Care Committee – Sexual Health Inquiry visit 11 February 2019

The Health and Social Care Select Committee's (HSCSC) role is to scrutinise policy, administration and expenditure of the Department of Health and Social Care and its associated bodies. This visit was part of an inquiry into sexual health and provides the Committee with an opportunity to hear first-hand experience from those working in the field.

In acknowledgement of the risks of service fragmentation the partnership of University Hospital Plymouth NHS Trust, Livewell SW, Eddystone Trust and the Zone worked with NEW Devon Clinical Commissioning Group, NHS England and public health commissioning leads from neighbouring areas to overcome geographical and commissioning boundaries and promote clear pathways and improved access.

The Committee praised our approach to the joined up Commissioning and Delivery of services but acknowledged that recent cuts to Public Health grant created challenges.

Local System Reviews

Local progress and action plan had been subject to a Monitoring visit, the findings were on the agenda but the good progress made as a system had been noted.

Wellbeing Hubs

The next Hub at Cumberland would be opening on 22 March 2019. In order to support the Hubs the new Advice and Information on line directory would be launched in June 2019. This would enable people to access the right accurate information about services across the City and would replace the existing Plymouth Online Directory (POD). They have hosted a number of visits to the Hubs and these facilities were continuing to provide support to people out in the local communities.

Developments in patient services

In February 2019 waiting times for patients needing cardiology diagnosis and treatment started to be addressed with the opening of a third specialist lab in the grounds of Derriford Hospital. Currently there are two cardiac catheterisation (cath) labs for cardiology patients at the hospital, which does not give sufficient space to see and treat all the patients needing planned procedures as well as those patients coming in as emergencies. Some patients had been waiting for 40 weeks for

angiogram tests and up to 52 weeks for artery-widening treatment, called angioplasty.

In a bid to secure extra capacity to treat patients in a timely way, [Regent's Park Healthcare](#) RPH), a private provider of cardiology services, was building a specialist centre at the back of the hospital, just behind the South West Cardiothoracic Centre's Terence Lewis building. In a partnership arrangement, the new centre would offer services for NHS patients three days per week initially.

This week major building works were taking place within the Resus area at Accident and Emergency enabling further improvements to the local emergency department facility.

79. **Loneliness Action Plan**

Rachel Silcock (Strategic Commissioning Manager) was present for this item and referred to the report in the agenda. It was highlighted that extreme loneliness could have an impact on health and wellbeing and the following were key in providing support -

- five ways to wellbeing;
- generational volunteering;
- the Elder Tree;
- social prescribing;
- Wellbeing Hubs.

The Board supported the Loneliness Action Plan which highlights the good work taking place and the support provided by The Elder Tree across the city.

The Board agreed to adopt the Loneliness Action Plan and to receive further progress updates.

(This item was moved to facilitate good meeting management.)

80. **Care Quality Commission Action Plan**

Craig McArdle (Interim Strategic Director for People) was present for the item and reported that this now concludes the local area review for Plymouth. Significant progress had been made around the system flows and pathways.

The following comments were made in response to the report -

- (a) relating back to the loneliness agenda and picking up people in hospital much earlier;
- (b) linking to the skills of the growth board around a new model of care and workforce.

The Board noted the report and update and agreed to set up a sub working group to discuss workforce development.

81. **Integrated Commissioning Next Steps**

Anna Coles (Director of Integrated Commissioning) was present for this item and reported that this paper builds on the ambition of this board. It was reported that over the last two years the local authority had worked closely with NHS partners to provide the strategic direction and develop the long term plan with local planning around the local population. It was further added that there would be a greater focus on health and wellbeing putting prevention at the heart of the Sustainability and Transformation Partnership.

The Board noted the progress and supported the Integrated Commissioning Next Steps for Health and Wellbeing as being in line with the original ambition set by Health and Wellbeing Board in 2013. Further updates will be provided to the Health and Wellbeing Board on progress.

82. **NHS Long Term Plan**

Paul O'Sullivan (NEW Devon CCG) was present for this item and provided a presentation to the Board and invites the Board to assist with the development of the local response to the long-term plan.

The following comments were made -

- (a) the need to continue to focus on prevention and mental health. In Plymouth are doing a lot of things right and really important to get the right outcomes for Plymouth and for this plan not to take us off course;
- (b) welcome the broader engagement and how this would feed down to the grass roots and communities. The three Healthwatch's across Devon whilst operating individually also work together in a strategic alliance to address the Devon wide issues;
- (c) taking health and care at it broadest level gives us a real opportunity to think significant growth and emphasis in all areas that determine health and wellbeing. There are two opportunities around supporting people and to look at economic growth in jobs that are sustainable. Locally making sure our population can access services locally that they currently have to travel away for and as well as careful attention to the language we use locally;
- (d) that locally too many adults and children were waiting to see a dentist which has an impact on future health;

- (e) the Integrated Care System (ICS) model within the long term plan talks about primary care network being a fundamental building block of that system and this was to be welcomed;
- (f) be more innovative around the health students and looking at other opportunities on how we provide care;
- (g) the need to put children at the centre of this plan was fundamental. It was highlighted that there was additional funding at the STP for prevention. This Board needs to have visibility of this funding and how it's used to meet local priorities.

The Board approved the local plans in respect of the NHS Long Term Plan.

83. Tackling Physical inactivity in Plymouth - update

Sarah Ogilvie (Consultant in Public Health) provided a report and it was highlighted that 23.3 percent of the population of Plymouth undertake less than 30 minutes of physical activity per week and around 36% of children and young and people undertake less than 30 minutes of exercise a day. Those living in the more deprived areas were more inactive and most Plymouth residents do want to be more active. Plymouth was in a good place to undertake a whole system approach to physical inactivity and they were working closely with Sport England, Active Devon and the community and voluntary sector to promote physical activity in the city.

The following comments were made in response to the report -

- (a) that there was an opportunity for this board to get behind the park runs held within the city and to actively promote this;
- (b) to have a bigger presence within GP surgeries on the importance of being physically active and for the primary care networks to start having this conversation.

The Board to note the report.

84. Impacts of Poor Quality Housing on Health

Sarah Ogilvie (Consultant in Public Health) and Paul Elliot (Low Carbon City Officer) were present for this item and referred to the report in the agenda. The report provides a brief review on the current housing stock in Plymouth and how this can lead to poor health outcomes for residents in the city. Councillor Tuffin and Councillor Penberthy called a meeting to discuss the impact of poor quality housing on health and wellbeing.

The following comments were made in response to the report -

- (a) that there were issues with social housing with not enough homes and overcrowding. There were a significant number of people that live in fuel poverty and do not use heating or fans

which attracts damp and welcome the focus on this for the city and for all partners to come together to get the right outcomes and improving the quality of homes;

- (b) to promote more widely the Buy with Confidence Scheme to homeowners that have issues with their home and to be able to source a reliable company;
- (c) the Plan for Homes 3 was signed off this week by Cabinet and a suggestion put forward to the Board to champion this plan.

The Chair thanked Sarah Ogilvie for her contribution to the Board and wished her well for the future.

The Board –

1. Further acknowledged the importance of housing as a major determinant of health across all representation of the Health and Wellbeing Board.
2. The establishment of an officer group of relevant stakeholders across the city to look at:
 - Scale and mapping of the challenge – building on or existing understanding of local hazards, risks and assets
 - Production of an action plan based on the Sustainable Transformation Partnership (STP) housing challenge paper
 - More innovative commissioning of services which includes preventative measures.

85. **Health Protection Report for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council and Cornwall and the Isles of Scilly Councils 2017-2018**

Sarah Ogilvie (Consultant in Public Health) was present for the item and referred to the report in the agenda. It was reported that there was a requirement that the report annual report is presented to each of the Health and Wellbeing Boards for information and consideration and covers –

- communicable disease control and environmental hazards;
- immunisation and screening;
- health care associated infections and anti-microbial resistance

NHS England and Public Health England have the lead responsibility for the commissioning and performance of the screening and immunisation programme as well the management of outbreaks. The Local authority has an assurance role specific responsibility for working with Public Health England on the uptake of the immunisation programme as well as a role in emergency situations.

The Board noted the report and that a more detailed presentation on the Health Protection 2018/19 report to be provided the Board at a future meeting.

86. **Work Programme**

Board members were invited to forward items to populate the work programme. It was agreed to add the following items –

- I. Learning disabilities.