

## **Minutes of the Health and Wellbeing Board**

**22 June 2023**

**-: Present :-**

Tara Harris, Pat Harris, Matt Fox, Jo Williams, Nancy Meehan, Lincoln Sargeant, Tanny Stobart, Paul Northcott, Roy Linden, Councillor David Thomas, Jess Slade and Chris Winfield

(Also in attendance: Councillor Hayley Tranter)

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### **16. Apologies**

Apologies for absence were received from Councillor Nick Bye, Cabinet Member for Children's Services Alison Hernandez, Police and Crime Commissioner and Lee Tozer, Partnership Manager, Devon and Cornwall District, Partnership and Provision Team, and Sarah Newham of Department for Work and Pensions, Adel Jones, Torbay and South Devon NHS Foundation Trust who was represented by Chris Winfield and Pat Teague, Ageing Well Assembly who was represented by Jess Slade.

### **17. Minutes**

The Minutes of the Health and Wellbeing Board held on 9 March 2023 were confirmed as a correct record and signed by the Chairman.

### **18. Urgent items**

The Board agreed by general consensus to appoint Councillor Hayley Tranter, Cabinet Member for Adult and Community Services, Public Health and Inequalities to the Board, in accordance with Article 15.03(g) of the Council's Constitution and with immediate effect.

### **19. Update on Membership and Terms of Reference**

The Board received a verbal update from the Chairman and noted that the membership of the Health and Wellbeing Board together with Terms of Reference had been approved at the Council meeting on the 25 May 2023.

### **20. Torbay Joint Strategic Needs Assessment 2023/24**

The Board received a presentation from the Public Health Specialist, Torbay Council, who explained that the Joint Strategic Needs Assessment (JSNA) was an assessment of the current and future health and social care needs of the local

community. The JSNA was divided into nineteen subject areas which was a change from previous years.

The 2021 census showed that the population who were over 65 years of age had increased by 21% since 2011. This meant that a quarter of the population of Torbay are over 65 years of age.

The Board were informed that:

- Torbay is the most deprived local authority area in the South West and is fiftieth from bottom for EPC Certificates at Grade C or better out of 331 local authorities;
- The average full time salary in Torbay was significantly lower than the rest of the South West and England so that the economy is ranked as relatively weak;
- There was consistently higher rates of children in care and with special educational needs, but it was positive news that there had been a gradual fall in the rates of children in care since 2019;
- In terms of Adult Social Care, Torbay has seen a steady increase, compared to the rest of England, in the rates of long-term support for those with a primary support reason of mental health compared to a small decrease across England;
- In relation to unpaid carers, the 2021 census showed around 14,900 unpaid carers in Torbay which is significantly higher than for the South West and England;
- It was also acknowledged that Torbay has one of the highest suicide rates in England but there has been a declining trend over the last few years. Hospital admission rates for females were much higher than for males in terms of self harm and it was recognised that this might not be a true reflection as only a small number of individuals will be reflected in hospital admission numbers;
- There continues to be high rates of hospital admissions related to alcohol which is generally double the rate for males as opposed to females, but in terms of under 18's that trend is reversed;
- It was found that one in six Torbay residents smoke and the rates were highest for those individuals who have never worked or were long term unemployed;
- Six out of ten adults in Torbay self reported as overweight and one in four reception children were classified as overweight and there was an increase in that trend;

- There were also high rates of hospital dental extractions in Torbay due to tooth decay although the rates had fallen since 2018/19 but were significantly higher in deprived areas of Torbay. It was acknowledged that the overall decrease could be due to the effect of Covid.

The Board welcomed the fact that the data reflected some key areas in which downward trends were becoming apparent and recognised the continuing work around children, suicide prevention and self harm for instance which included in depth work around understanding patterns of behaviour and the response to mental health services.

The Board recognised that attendance duties in relation to persistent absences for child protection have now reverted back to local authorities rather than resting with schools. This meant that the local authority had greater oversight but that a partnership approach to levels of non attendance were still key in reducing the levels. Torbay continued to be an outlier for Education, Health and Care Plans (EHCP) and the continuing work with the Safety Valve Intervention Programme meant that there had been a reduction year on year since 2014 so that there were less EHCP plans this year than any other year.

The Board acknowledged that the potential change in primary care provision in Torbay could have a significant impact on smoking cessation, for example and that GP's within the Torbay area were due to meet to discuss how access to mental health services could be improved within Torbay.

By consensus the Board resolved:

That the Torbay Joint Strategic Needs Assessment 2023/24 be noted.

## **21. Torbay Drug and Alcohol Partnership Report**

The Director of Public Health, Lincoln Sargeant outlined the submitted report which was designed to familiarise the Board with the new Drugs and Alcohol Partnership.

The Board was informed that it was a requirement for each local authority area to have a drugs and alcohol partnership to support delivery of the national strategy, "from harm to hope" and that Torbay chose to have the drug and alcohol partnership because of the close relationship between the two substances.

The Strategy would be delivered against priority areas that focus on both adults and young people:

- Breaking supply chains;
- Delivering a world class treatment and recovery system;
- Achieving a generational shift in demand for drugs and understanding the underlying drivers for demand.

The delivery plan was underway and was bringing together the work "on the ground". A better than average take up on treatment had been seen and it was recognised that there was still huge scope to engage.

The Board acknowledged that the Drug and Alcohol Partnership would feed into public key strands of the Health and Wellbeing Strategy.

By consensus Members resolved that:

The report Torbay Drug and Alcohol Partnership Report be noted.

## **22. Smokefree Devon Alliance Strategy 2023 - 2028**

The Public Health Practitioner for Torbay Council outlined the submitted report which took into account the progress under the last Strategy together with updates and details of the new Strategy which had been launched and which would span the next five years.

The Alliance strategy and plans were based on the national Tobacco Control Plan for England and were informed by local need through the Joint Strategic Needs Assessments.

The Board was informed that the Devon Smokefree Alliance was a partnership across Public Health teams, the NHS, Trading Standards, Environmental Health, children's centres, schools, youth settings, fire services, police, housing, Community Safety Partnerships, and the voluntary sector. The Alliance was committed to reducing the prevalence of smoking in Devon and was a member of the Smokefree Action Coalition.

The partnership of key organisations meant that efforts could be consolidated and activities directed with impacts monitored against emerging issues and trends.

The Board was informed that under the last Strategy which spanned 2018 to 2023, the key areas concentrated on protecting children and young people and reducing inequalities with thought given to creating smoke free organisations, discouraging smoking and finding support for individuals to stop smoking.

The Board was asked to note the key achievements which were:

- Treating dependents which was part of the NHS long term plan commitment and had provided pathways and resources to supporting pregnant women, for instance, to stop smoking and towards people coming into hospitals who were identified as smokers, encouraging these individuals to stop smoking and ensuring that they were provided with a package of support. This had taken huge investment and an allied effort and was just the beginning in terms of delivery;
- Reducing inequalities would always be a priority and it was recognised that the investment of the NHS long term plan was most welcome. The 'stop smoking' services prioritised working with the population affected by health and inequalities and aligned themes to ensure access from different services at different points of time;

- Supporting a smoke free culture which encouraged working broadly with organisations around the culture of smoking.

The Board heard that:

- There was some voluntary sector representation within the Alliance itself and how to move that forward would be considered at the next meeting in terms of forming stronger links;
- There were also environmental challenges around vaping and hopefully there will be greater regulation introduced around minimum pricing. At present, the way in which vaping devices are manufactured meant that they were not recyclable;
- There had been a recent systematic review of evidence although there was not a conclusive view on the longer term health implications of vaping;
- Most young people and children did not seem to think that vaping was harmful or a bad thing and so it was really important to think about how to get the message across that it is not “ok” and should be seen as an aid to quit smoking;
- There was now national work underway around regulations such as enforcement in respect of access by children and young people;
- There was a concern that individuals have limited access to support if they only wish to quit either smoking or vaping;
- There was awareness of ad hoc incidents of illicit vaping but not necessarily local to Torbay;

By consensus Members resolved that:

The report on the new Smokefree Devon Alliance Strategy 2023 – 2028 and priority areas be noted.

### **23. Devon Integrated Care Joint Forward Plan**

The Director of Public Health, Lincoln Sargeant outlined the submitted report.

Members were reminded that they had received, at a previous meeting of the Board in March 2023, a draft of the One Devon Integrated Care Strategy and had been provided with the opportunity to comment on the content. Health and Wellbeing Board chairs in Devon were also invited to provide their input into the Strategy and the developing Joint Forward Plan at an event held on 23 March 2023.

The Board was informed that the final Joint Forward Plan was approved by NHS Devon on 7 June 2023 and was now being shared with Health and Wellbeing Board members for information.

The Board acknowledged that the Joint Forward Plan represented an attempt, as a whole system, to identify the issues that needed to be addressed and that the Plan was very much a work in progress.

Members commented as follows:

- Whilst it was recognised that 30% increase in prevention of households becoming homeless was a great objective, this was a local authority duty in the main and it would cause difficulty for the local authority to use its resources to achieve that and so there was a need to align the local authority services to discuss that further;
- It would take significant investment to get 65% of households above EPC Band C with minimal government intervention;
- The Strategy gives a systematic framework for doing things across Devon and contains a huge amount of detail. It will take some time for the major work programmes and local care partnership to mature;
- Housing is part of the Health and Wellbeing Strategy and it is important to advocate for local issues;
- It was important to monitor Torbay within the framework rather than just at Devon level.

By consensus Members resolved that:

The update on the Devon Integrated Care Joint Forward Plan report be noted.

#### **24. Integrated Care Board and Local Partnership Business Programme Update**

The Board noted a verbal update provided by the Director of Public Health, Lincoln Sargeant, on behalf of Derek Blackford, Locality Director, South & West, NHS Devon Integrated Care Board.

The Board were informed that the Integrated Care Partnership brought together all key partners and that the local focus in Devon was around local care partnerships. Devon has five partnerships and each reflects its respective priorities identified through the Strategy which very much looked at the architecture of resource alignment and the road map for delivery. The operating model had been developed to support each component of the system to play a role and provide accountability and responsibility for delivery.

There were financial and performance challenges in Devon so the Integrated Care Board needed to deliver 30% savings and because of NHS Devon's historical challenges this would be more like 40%. Local Care Partnerships were developing their building plan and local priorities, working through focussed membership and engagement to deliver for local communities and neighbourhoods.

The next meeting of the Local Care Partnership will be on the 27 June 2023 and the Health and Wellbeing Board will receive an update on that at its next Board meeting in September.

Members commented that:

- The Local Care Partnership framework still needs to mature;
- By comparison, there had been a lot of work in the North and East but this was because the North, for example, probably had a really good partnership already prior to the Integrated Care Strategy and already had work in place around linking up patient pathways. Therefore, it was able to step into the Local Care Partnership easier than the South;
- It was recognised that Devon is a strange hybrid because there are two local authorities being Torbay Council and Devon County Council;
- There was a need to take care not to duplicate work and make sure that Torbay does not “miss out”;
- It was important not to lose historical knowledge of cross working and that knowledge should be embedded into the Local Care Partnership.

## **25. Turning the Tide on Poverty and Cost of Living Work Programmes Update**

The Board received a presentation and noted a verbal update provided by Lincoln Sargeant, Director of Public Health and Becky Morgan, Partnership Development Manager, Community Engagement.

The Board had received a report previously which detailed some really good partnership working carried out over the winter around response to the Cost of Living crisis and protecting people over the winter. One of the key parts of that was understanding underlying vulnerability and building resilience in families and communities in respect of the latest Cost of Living crisis.

There had been pro-active targeting of households who were not eligible for Cost of Living help but were in work and struggling financially.

Social supermarkets had benefited from Council funding and there were six sites across Torbay. Individuals contributed towards the cost of food and had a shopping experience. There were a lot of people accessing social supermarkets that would not have accessed food banks because of the stigma. However, the cost of food has increased significantly and a lot of providers were having to purchase 50% of the food and in the long term this was not sustainable. In addition, the Household Support Funding would run out if it continues at its current rate.

The Board were informed that there were some really good interventions, but these were short term and some of the issues were national issues outside of the Council's control. Therefore, efforts were very much concentrated on trying to break the cycle on the front line. The degree of mental health issues was a concern

and the Council had done its best to try and support partners but there was a lack of support services. It was recognised that even if economic circumstances improved there would still be a long-term impact on some people in other ways.

Members commented as follows:

- There was concern about individuals not getting their prescriptions for medical conditions and a high percentage of people not attending GP appointments;
- There was a lack of pharmacy schools south of Bristol and so this had an impact on pharmacists available in the South West area in general. There was also difficulty in employing pharmacists in chains;
- It was easy to obtain a prescription from GP's as this could be done electronically and so the problem is very much community pharmacy based together with certain medications not being available;
- There was an incident management approach over the winter and it is important for partners to share intelligence;
- A key area was around accessing mental health programmes through the NHS and DWP;
- One of the key drivers behind the level of unemployment is physical and mental health disabilities;
- It was important to better understand how working affects income for those on benefits. This may affect the choice that people make in choosing not to work;
- Some individuals who are working have less monthly income than those in receipt of benefits and are not eligible for free school meals;
- Helplines had seen an increase in calls from people over the age of 60 who are struggling to pay bills, so this was not just a difficulty faced by deprived young families;
- In terms of preventative services, it was important to identify further funds available otherwise a lack of funding would mean an increase in A&E admissions and suicide rates for instance;
- Safe and warm environments should be part of the winter plan;



## Delivered - Household Support Fund 3

**£1.13m provided to 30,553 vulnerable households Oct '22 – Mar '23**



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- **£196,000** in shopping vouchers distributed to FSM eligible families via schools
- **£20,000** in shopping vouchers distributed to households via VCSE partners
- **£100,000** to Torbay Food Alliance providers (14 organisations) to supply food and essentials to all households in need, including approx. 20,000 meals each month via food parcels.

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**BUT these are “sticking plaster” interventions - short-term relief for households with an on-going need**

## Delivered - Household Support Fund 3

**£1.13m provided to 30,553 vulnerable households Oct '22 – Mar '23**



**£693,000** direct to households via Torbay Council Welfare Support Team:

- Proactive targeted support to households, using DWP and in-house data (e.g. Pension Credit recipients and low-income households who were not eligible for government cost-of-living payment)
- Applications for support with energy, water and other essentials – majority in receipt of welfare benefits although open to all
- Welfare Support Scheme for fuel with focus on people on prepayment meters or in HMOs

**BUT demand this year is even higher as living costs continue to go up**

## Delivered - Household Support Fund 3

### Additional Community Support Oct '22 – Mar '23



**£75,500** in grants to VCSE partners to provide Warm Spaces:

- 27 locations across Torbay
- Hot drinks, food, activities, support, signposting
- Directory and interactive map
- Energy Saving Advice drop-in clinics (ECO-E)
- Energy saving items e.g. slow cookers, thermal blankets
- 19,666 visits between Nov '22 and March '23
- Funding prevented some providers having to cut opening hours.

**BUT need unlikely to change this winter unless energy and general living costs reduce significantly**

## Delivered - Household Support Fund 3

### Additional Community Support Oct '22 – Mar '23

**£100,000** enabling 6 new Social Supermarkets/Affordable Food Clubs to open across Torbay, allowing creation of a food aid pathway

- Individuals contribute approx. 25% towards the cost of their grocery items and choose what they want
- Prevent crisis, reduce dependency
- More choice and control, less stigma and shame
- More sustainable alternative to food banks
- 125+ households have joined a social supermarket since March
- All provide wraparound support and signposting



**BUT the food aid pathway remains fragile due to escalating costs of delivery**

## Delivered - Additional Targeted Support



Additional £300,000 to Discretionary Housing Fund to prevent homelessness

BUT £8,000 a week is being paid out in advance rents via Housing Options at present, with no sign of demand slowing - equivalent to £416,000 FYE

**Increasing sustained homelessness and a shortage of affordable housing available, private rents have increased disproportionately in Torbay**



## Delivered - Additional Targeted Support



**£500,000** ASC Precept Funding to build VCSE partner capacity and resilience in the Advice & Information Sector (8 core providers plus partners) to deliver support around:

- Benefits
- Debt
- Housing
- Energy/Warm Home
- Advocacy

**BUT much of this was to continue existing services non-recurrently funded. There is very little increase in system capacity and growing need due to inflationary pressures on households**

## In progress – Household Support Fund 4

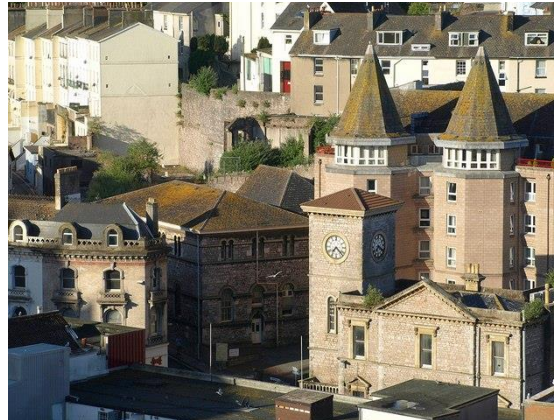
### £2.3 million support for vulnerable households Apr '23 – Mar '24

- £1.55million cash support direct to households via Council Welfare Support Team (applications and proactive targeting) - **April to June - £554,000 already distributed – FYE in excess of £2m**
- £440,000 to VCSE providers (Food Banks, Social Supermarkets, Baby Banks, Home Store etc)
- £127,500 additional capacity for VCSE providers (benefits, debt, employability etc)
- £46,000 targeted financial support for Care Experienced Young People
- £46,000 supermarket vouchers to be distributed via Family Hubs

## In progress – Additional targeted support

**£2 million** has been allocated from within Council budgets to be spent on preventing homelessness (excluding staff).

Additional contribution to DHP (Discretionary Housing Payment), but current projects at Q1 is will not be sufficient to meet increased need.





## A robust response, but significant challenges remain...

- Most of these interventions are still “sticking plasters”. Poverty is now endemic – many of the key issues are **national and structural**.
- BUT we can have local impact – **whole system, partnership approach** needed to address root causes of poverty and help **break the cycle**.
- Food aid pathway is fragile due to **escalating costs** of delivery and **complexity** of client need. Trajectory of demand is unsustainable unless root cause issues tackled. Prevalence of more severe **mental health concerns** including suicidal ideation.
- **Public health** impacts of hunger and poor nutrition, cold and damp housing, stress and poverty trauma are yet to be fully seen
- Even if economic situation improves, the **legacy of this crisis** will remain with most vulnerable