Luke Pollard MP

PLYMOUTH WHITE PAPERS

An initiative by Luke Pollard MP

Health

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Designed to challenge, reflect and inspire

The Plymouth White Papers are an initiative by Luke Pollard MP. The hope is that each set of White Papers will contribute to the energy, direction and passion around Plymouth.

The White Papers are designed to be political and challenge established thinking, but they're not designed to be party political.

These submissions have been written by people across Plymouth. They have been free to voice their own opinions and these are their own words.

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Towards a plan for a healthier Plymouth

Luke Pollard MP

MP for Plymouth Sutton and Devonport

Plymouth is getting sicker. People are telling me that it is harder to see a GP and it is almost impossible to get an NHS dentist. Ambulances queue outside Derriford Hospital's Emergency Department because there aren't enough beds in the hospital. Dozens of people who should be discharged occupy beds - due to a broken social care system which means they can't access the care they need at home. There are NHS vacancies at every level and morale is on the floor. The NHS has been run on goodwill for a decade but Ministers have exhausted staff and maxed them out.

The aftershocks of the pandemic continue to cause pain and misery. Waiting lists are growing and thousands struggle with the consequences of Long Covid. If you live in a poorer community, you're more likely to die earlier, have poorer health, worse teeth and struggle more with mental health problems than if you live in an affluent community. It doesn't have to be like this.

I'm sure I speak for the whole of Plymouth when I say how grateful we are for NHS and social care staff. They work their socks off. The problem is we need more NHS and social care staff and they need to be better supported and valued. After a decade of neglect, privatisations and the pandemic, the NHS has been broken. It is time to fix it.

This set of White Papers explores how we can fix our NHS in Plymouth and the far South West. We know the problems, but the solutions are often less clear.

In 1997 Tony Blair's government had to rescue the NHS. Billions were invested into a renewed health service that by 2010 had the highest

patient satisfaction levels in its history and some of its lowest waiting times too, in Plymouth and nationwide. It worked: the NHS was saved. 13 years later, our NHS is broken and in need of rescuing again.

I don't believe the same solutions used in 1997 will work in 2023 or 2024. We need a new approach to health and wellbeing. That means a greater focus on prevention, system change, adoption of new technology, blended care for physical and mental health, and valuing the staff more who work keeping us all well. It is arguably a larger and more profound challenge than Blair faced. It is one we must not shirk or dodge. It will be hard, but through acting swiftly and thoroughly lives can be saved.

For this White Paper, I challenged some of our city's leading health figures to look critically at healthcare in our city. The next two years will define the policies that will dominate the next General Election and our voice as a city must be heard. As a city and a region, we do not get our fair share.

Some would have us believe that the solution to our NHS crisis is a 'new hospital'. While I welcome the extension of the Emergency Department at Derriford, accident and emergency is just one area which needs further support. We need a plan to address every part of our failing system before it breaks beyond repair.

These essays do not in themselves represent a single plan for health and well-being in our city. Indeed, some deliberately have friction with others. We have a short window to build this plan and that means marrying ambition with practicalities, our local expertise with new timely and clear requests for support.

For me, the plan needs to start in our communities and work towards the acute hospital. As doctor surgeries and dentists close in our communities, we need to reimagine what primary care looks like, where it is located and how it is provided. A new approach to prevention and prescribing is needed. The plan to extend Derriford is welcomed but needs to be incorporated into more ambitious, wider-reaching plans instead of as a stand-alone solution.

Since being elected in 2017 I have been vocal about the need for a new model for primary care. My championing of the Super Health Hub project is the embodiment of a new approach to NHS services and a genuine attempt to address the inequalities in our healthcare system. The Super Health Hub's funding has been taken away by Ministers but I don't believe the project is dead. Indeed, I believe the concept of new Super Health Hubs on Britain's high streets should be the anchor policy of a revitalised primary care sector.

In Plymouth, I want the Super Health Hub to be the heart of a new health village: the bottom end of town given a new purpose with new homes surrounding new health facilities. Plymouth has a North Pole for health at Derriford and I want the new health village to be a new South Pole in our city centre supporting a network of community services. If the answer is more Derriford, then I'm afraid we are asking the wrong question. We should be helping people avoid going to Derriford, partly by incorporating care, prevention and non-emergency services into this new model. It's a big change, but one where Plymouth is further ahead of many of our peer cities.

Physical infrastructure is the critical path in our journey but we must not lull ourselves into believing that buildings provide the solutions. It is the people inside them that matter more and that means a new model of training and staffing. Controversially, I believe the national roll out of the Super Health Hub model shouldn't be GP or dentist led. We should have enough dentists and doctors for them to do the expert work only a doctor and dentist can do, but we need more empowered skilled staff at every level and that means a new model for primary care where GPs oversee teams of senior nurses, paramedics, physiotherapists, nutritionists and nurses. Applying that to dentistry we need more dentists, but let's have them leading teams of dental therapists and hygienists. Dental therapists take nearly half the time to train and can deliver, professionally, 85% of the services a dental practice delivers. I simply do not believe we can repair the NHS - so thoroughly broken - by applying the same tactics or making good the damage. We need a new approach.

MPs only have two powers. The first is the power to convene: to bring people together. The second is the power to be gobby: to amplify and advocate.

These white papers seek to do both: to curate thoughtful contributions from a wide range of people to challenge, provoke and inspire.

We all rely on the NHS and it is time we had a proper plan for its recovery in Plymouth. I hope these White Paper is a good contribution to that debate.

Why Plymouth needs a Super Health Hub

Cllr Mark Lowry

Shadow Cabinet Member covering Health Hubs, Plymouth City Council

So why a Super Health Hub?

Plymouth is ranked 72 out of 326 (1=most deprived; 326=least deprived) in local authority ranking.

Plymouth is being poorly served when is come to health funding. It is well documented that the extent of poverty, deprivation and inequality that exists in Plymouth is strongly linked to poor health outcomes across the city The average life expectancy is much lower than national average, particularly in the St. Peter and the Waterfront ward, where the new Super Health Hub is proposed.

There are some key issues that exist with Plymouth's health provision and the Super Health Hub is looking to address them:

- The need for services, and communities, to work together to support residents to live more healthily and well;
- Services are currently poorly coordinated and not sufficiently collaborative or integrated to meet people's needs;
- There are some large service gaps with insufficient capacity to meet demand; particularly access to dentistry
- Much of the existing health and care estate in Plymouth is not fit for purpose;
- The need to take a whole system approach and ensure investment across the city is fully joined up

Furthermore, there are national workforce issues, with lack of suitable qualified and experienced health professionals significantly impacting on

patient health outcomes and, as a side-effect, the effective utilisation of the health and care estate. In Plymouth, the difficulty with recruitment of GPs and dentists is a particular issue. GP recruitment in Plymouth has been identified as a longstanding issue.

So what's going in the New Super Health Hub?

It specifically aims to strengthen the local community and address health inequalities. It is proposed to be high quality and a welcome space, thus encouraging locals to use the facilities. It will offer "a one stop shop" approach to health right on the high street.

The "one stop shop" model has been shown to work in many parts of the world and it is clear that simply making all the needed services available under one roof would transform the patient experience.

So the principle is to do as much as possible in health care nearest to the community. In visiting the Super Health Hub, patients can see the GP, dentist, get an X-ray, have blood tests, see a mental health specialist. It will have a community kitchen, a pharmacy and even a café

These are aims to help people live longer with healthier lives, supporting self-care and empowering people to manage their own health conditions, thus tackling inequalities.

Are there other benefits?

The proposed area where the Super health is proposed to be located in is very much in need of regeneration and this project would be the catalyst. It is estimated that the construction phase of 20 months could support an estimated 170 gross full-time equivalent (FTE) construction jobs per annum, Once operational the health hub is anticipated to generate 200 on-site jobs and expected to generate a net additional £4.0 million per annum to the local economy.

The Health Hub will generate 520,000 visitors a year, which would increase the footfall in the West End of Plymouth by 46%. This would increase the footfall of shoppers by 14% (156,000 people), and would result in an increased expenditure of up to £2.2 million per annum. It is estimated that the new retail expenditure introduced into the area as a result of the development will support jobs

All in all, the idea of a Super Health Hub, routed in the community, presents a key opportunity: to deliver much needed improved health outcomes for the local community and the wider Plymouth population.

Healthy Lives

Ann James

Chief Exec, Plymouth Hospitals NHS Trust

Everyday amazing things happen in healthcare in Plymouth. New babies are born, lives are saved, new treatments are given, new drugs and approaches trialled, people are supported in living their best possible lives with long-term or life-limiting conditions, families are supported in saying goodbye to dying loved ones. Staff and an army of volunteers show tremendous compassion fused with immense skill and professionalism in caring for our local population when they need it most.

I am hugely privileged to witness this day-in, day-out working at the heart of Derriford Hospital and to hear patients and their families talk about what it means to receive wonderful care and also to learn about the impact on individuals and families when things don't go well.

It has been incredibly hard for us, as #1BigTeam at University Hospitals Plymouth NHS Trust, to watch ambulances waiting outside our Emergency Department or talk to people who have been waiting many months for an operation. This is not what we come to work to do. This is not what motivated us to join the NHS. We want to give people the best possible care as quickly as possible.

That desire and drive is what brought our staff to work during the pandemic, when fear weighed heavily in the eerily quiet streets and public spaces and they responded with such resolve to treat and discharge more than a thousand patients in the first year alone and deliver the COVID-19 vaccination programme to many hundreds of thousands more.

The desire to always do their best is what fuels our continuous improvement movement – our ethos here is that all our improvement work puts people first and is team-driven with everyone being invited and able to share their ideas for improvement in their areas, whatever their role. With the support of our Quality Academy expert staff, frontline teams continually make small improvements that add up to big things. Recently our improvement work in Urgent and

Emergency Care has meant we have improved services for people with cancer and halved ambulance delays – which means reducing the time people and ambulance crews are waiting to get into the Emergency Department. I'm pleased to say we're now sustaining this improvement.

Reducing ambulance delays seems like it should be such an easy thing to do, but it's not. As the Major Trauma and Specialist Centre for the peninsula, we have to be there for patients needing very specialist care, often flown in from far outside Plymouth, and we are an organisation which can never close its doors. Our difficulty is in trying to balance the needs of many different people: those people needing urgent and emergency care (anywhere between 250-300 people per day); those people already patients in our hospitals (around 1,000); those people waiting at home in discomfort because they are on a waiting list and need a hospital bed or clinic for their operation; those patients wo are ready to go home or onto their next place of care but can't because of limited capacity to support them in the community. We can't bring more people into our hospitals if we are already full and so balancing everyone's needs is extremely difficult, especially with a population that has an increasing number of older people as part of it, who may have a number of long-term conditions or needs. Health needs are changing with the shape of society.

So what's the answer? What should we do to support people in living healthy lives? It's complex – of course we need more NHS staff and we are investing in major new developments like a new Urgent and Emergency Care Centre, a new orthopaedic ward and urology suite, more wards at Mount Gould etc. You can find out more about these new developments online here: https://www.youtube.com/watch?v=xyRb6K9HFY0&feature=youtu.be

I will always argue for those things. The quality of care people receive when they are unwell is critical. But health is determined by so much more. In fact around 80% of health is attributable to factors other than healthcare.

The 'upstream' impact of good housing, education, employment opportunities, social networks, access to green spaces and active living has been shown to be far more influential than the 'downstream' effects of healthcare. We have to address inequalities in wider society and also in accessing healthcare. Our role at University Hospitals Plymouth NHS Trust is absolutely to be there when people need us – but we also have a wider role than that, especially as part of a city which has high levels of deprivation in some wards. With nearly 10,000

staff, we are one of the biggest employers in the region and in providing employment, supporting education and raising aspirations, using local businesses as suppliers etc to contribute to the local economy, investing in research and development, working towards delivering net zero by 2030, we have a role to play in contributing towards the health of our local population before they even reach our doors.

When we take action on this agenda, we improve not just healthcare provision but, in its widest sense, health itself.

Mental Health Provision

Michelle Thomas

Chief Exec, Livewell Southwest

Why wait for a MH crisis?

Plymouth based mental health services are currently provided by Livewell Southwest CIC (LSW). LSW work in a collaborative with Devon Partnership Trust working together to have a stronger voice for people suffering with mental ill health, learning disabilities and neuro-diversity.

The population of Plymouth is fortunate in many ways as the provider for mental health services also provides physical health care, social care and as well as providing statutory functions. LSW also have great partnerships with other organisations and the voluntary sector. LSW children's services work alongside all providers of children's services and education.

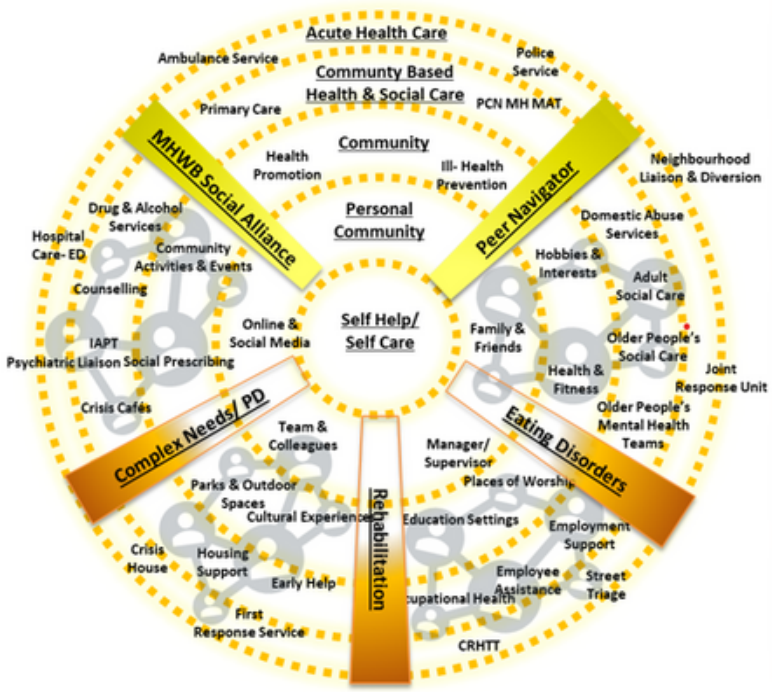
We are aware services need to change and are continuing to evolve and services needed to be accessed at the earliest opportunity in the easiest way possible. We don't want adults children and young people to get to crisis before they ask for help and we don't want people to have to jump through hoops to get support. Through this document you will see frameworks we are working with and services that have evolved and the ease of access to them.

The Community Mental Health Framework (CMHF)

The CMHF has helped enable us to build on the work we started with LSW Primary care model with transformation funding from NHSE. A Devon-wide model was submitted with significant amount of work completed to be successful for £15 million of funding across Devon.

The model had 5 key areas of focus for the transformation:

- Eating Disorders
- Rehabilitation
- Complex Needs/Personality Disorders
- VCSE
- Core Mental health teams (CMHTs)



Self Care: At the centre of our core model is the person and their capacity to care for and help themselves.

Personal Community: When a person has a problem, the first people they turn to are those in their personal network- their family, friends, colleagues and online network

Community: People exist in a communities, a persons community will include the people and places where they contact others, at the school gate, in their place of work, through community events, hobbies and interests etc

Community Based Health and Social Care: Within communities, but not often part of our daily lives are a range of community based health and social care offers which aim to help us when we are unwell.

Acute Health Care: within our wider communities we have a more specialist range of health, social care and other community services which help us when our needs are more urgent and acute.

The model promotes a no wrong door with a trauma informed approach and an offer for everyone.

Developed a Multi-Agency Team (MAT) to ensure primary care and the VSCE can access professional support for more complex people who need support.

Our Primary Care Mental Health model has been established to develop innovative ways to support and care for those with mental wellbeing or health needs. The focus of the model is to join up mental health care by merging primary and secondary care, giving patients an experience of seamless care and enable professionals to share knowledge and benefit from best practice expertise, they can offer each other.

The model is for individuals with mental health difficulties who are currently managed by their GP where advice and support is required from specialists, including help to prevent the need for secondary care referral.

The model provides GP based telephone triage to people calling into GP surgeries requiring same day support for mental health and wellbeing issues.

Each person will receive telephone triage, to gather information and signpost if appropriate. Following telephone triage, people can be booked in for a face-to-face assessment, signposted or referred to other services if appropriate.

People may then receive relevant follow up support which could include, psycho-educational work, brief interventions such as Mindfulness, anxiety management, crisis planning & WRAP formulation.

The model helps the liaison with secondary care when needed, referring onto secondary care services when clinically required.

The offer provides psycho-educational skills-based groups. Emotional skills groups, carers groups.

Enabling people to access support from other agencies using peer support workers. Since April 2019 we have deployed our PCMHT across all PCNs in Plymouth and grown our offer from 6 to 25 staff which includes peer support workers.

13 of these roles are joint posts 50/50 funded by Livewell and the relevant PCN, allowing us to have a shared workforce to ensure our population receives expert mental health support.

Since April 2019 the offer has delivered the following:

- 5643 referrals
- 4961 of these received support by PCMHT the remainder were supported by the VCSE
- 90% of all these interventions have resulted in people being able to self-manage their mental health and not require support from their GP within 3 months of their intervention.

Teams have also worked with housing partners to continue to support people to stay in their own homes

Children and Young People

The iTHRIVE model enables children, young people and families to access services at the earliest opportunity promoting prevention to risk support, delivering services in a flexible and support the ability to respond to an individual's needs rather than fitting the needs around service delivery.

Focusing on prevention and early intervention there are a range of service that will support our children, young people of the city, we are also able to support parents' carers and professionals. Supporting our children to access services early to get the best out- come rather than feeling that they must get to crisis before they can access service.

Mental Health support team is a good example of early intervention and supporting young people before they need to access CAMHS

- In 2017 the Green Paper Transforming Children and young peoples' mental health, was published. The commitments from this paper are delivered through a joint collaborative programme.
- NHS E&I are leading delivery to establishing Mental Health Support Teams (MHSTs) in education settings, jointly delivered with the Department for Education. As part of the MHST workforce structure, new roles called Educational Mental Health Practitioners have been created and clinicians are being trained in evidence-based interventions.

- MHST have 3 Core functions;
  - To deliver evidence-based interventions for mild-to-moderate mental health issues
  - To support designated mental health leads (where established) in each school or colleges with developing a whole school or college approach to mental health
  - To give timely advise to school and college staff, and liaise with external specialist services to ensure children and young people get the right support earlier.

The offer for education in Plymouth is currently limited to some schools but our aim is to role out across the city as funding becomes available.

Children and young people focused support include:

- Cognitive Behavioural Therapy interventions
- Group interventions
- Decider skills
- Understanding and managing low mood
- Exam stress
- Resilience and dealing with change.
- Sleep hygiene
- Understanding and managing anxiety
- Transition
- psychoeducation group
- Understanding the teenage brain
- Mental health workshops

Support to education staff:

- Trauma awareness and behaviour management
- Awareness of mental health
- Consultation
- Understanding the teamage brain
- Promoting a mental health environment

Parent and cares support include:

- Understanding children's mental health
- Supporting transitions
- Understanding and managing anxiety workshop
- Parents evening stand/ transition stand / open evening
- Supporting your child through exam stress
- From Timid to Tiger intervention
- 1-1 and group parent-led interventions
- introducing MHST workshop
-

Feedback form young people and parents has been positive and made a real impact on the outcome of the young people who have access the service which is what we are all striving to achieve.

CYP families and carers can self-refer to our Plymouth CAMHS service, we have a phone line 5 days a week where a clinician can offer support, advice and access to the CAMHS service for CYP and families and this also supports professionals.

Self-referrals stop the need for CYP and families having to access their GP when they need mental health support. There is also a 24/7 crisis line where support and be access in times of crisis.

Conclusion

As described above you can see how mental health services whilst still providing crisis care and inpatient care are focusing on developing services to support people at the earliest opportunity before they get to crisis.

The MH teams also recognise the need to support the wider networks that work across Plymouth to have the biggest effect on the individuals their families and those around them.

Harbour's work

Julie Howes

Chief Exec, Harbour Centre

I am very privileged to be the Chief Executive of Harbour, an incredible charity in Plymouth supporting families, individuals, and young people to recover from substance misuse issues. Harbour work in partnership with the Plymouth Alliance.

I guess what I want to highlight is that recovery from problematic substance use is possible. Evidence suggests that the perception of society around people who use substances is often misguided and misinformed.

As a community, we need to work together to change a perception that exists that people struggling with their substance use are to blame for their life difficulties, that they have ‘brought this upon themselves,’ that they ‘deserve everything they get,’ and ‘they should be moved on or locked up.’

This perception invites marginalization and discrimination which promotes rejection, social isolation, low self-esteem and therefore increases the cycle of harm caused by substance use.

I agree that behaviours displayed by some people who use substances problematically can be disruptive or frightening or be a nuisance to the community. There is unmistakable evidence available however, that links problematic substance use to poverty, deprivation, adverse childhood experiences, trauma, and mental health.

As a society we tend to focus on the behaviours in front of us rather than trying to understand the underlying issues that exist for these people and working out how best to empower them to work through their difficulties and come through the other side into a healthier, more productive life for themselves.

No one sits in their careers interview at school and when asked the question ‘What do you want to do for a living when you are older? replies ‘I thought I might start taking drugs or drinking heavily, be unable to stop, lose my home, my family, my security, my mental health, my dignity and then hopefully end up in prison or lose my life.'

Very few people choose this way of life. It is often a pre-determined set of factors that contribute to this potentially devastating outcome.

How many of you increased your drinking during Covid?

How many of you take pain relief for health issues?

How many of you have had a particularly painful loss in your life and used alcohol as a crutch?

How many of you have a friend or family member who relies on alcohol or prescribed medication?

Many people experience struggles at points in their lives and can pick up substances to relieve their physical or emotional pain and some then find they cannot stop. Their life and the lives of those around them can then change beyond recognition and it can be hard to come back from.

This happened to me. Some of my early childhood experiences were too painful to bear, so I turned to substances as a teenager and it took me to some very dark places. I could not see a way out and as a young adult, I nearly lost my life.

Luckily, I found myself in a service like Harbour where people saw beyond my behaviour, they saw a human being who was struggling, who needed to be loved, listened to, and believed in and I was able to find a different way of life. I have not used any mood-altering substances for 26 years.

This shows that given the right conditions, environment, opportunity and support, a better life is not only possible, but it is more likely.

Harbour helps people just like me. It is committed to its vision of a world where every person is empowered to make positive changes and live a healthy, fulfilling life.

Substance misuse services in Plymouth have recently been awarded a supplementary substance misuse treatment grant to improve our treatment offer to the most vulnerable people in our city over the next three years.

Our intention in Plymouth is:

- To increase the number of people we support, who use substances, particularly problematic alcohol users
- To increase our offer to young people using substances
- To help prevent drug related deaths
- To eradicate Hepatitis C
- To visit all new parents at home for prescribing appointments
- To improve our digital offer, offering more virtual appointments rather than face to face
- To go into the community and see people where they live, in wellbeing hubs and community clinics
- To employ more staff

- To reduce the caseloads of our staff so that they can spend more dedicated time with those who need our help
- Increase Needle exchange opportunity and training
- Increase the use of and training for Naloxone (lifesaving drug reversing effects of opiate overdose)

As you can see, we have a busy few years ahead.

I would invite all readers to support us in this venture by remembering that primarily, the people we work with are human beings, just like you and me who would benefit from our understanding rather than our judgement.

Our work in promoting a healthy lifestyle through sport

Isobel Bradley-Ray

Argyle Community Trust

Professional football clubs find themselves in both a fortuitous and rare position in the fact that during a time of financial scarcity, they have a stand-alone sport-for-change charity that supports their local club to undertake social good across its local neighbourhoods. This model creates an opportunity to put football front and centre to support local and national policy agendas. Whilst it has been used to good effect within some local priorities (increasing social capital, community/facility development and sport-for-crime prevention), to date, it has been somewhat under-utilised within the broader public health context.

Argyle Community Trust (ACT) is the official charity of Plymouth Argyle Football Club (PAFC). Like other CCOs, our projects are funded by local and national organisations or public-sector grants that allow us to deliver projects to those most in need. We use the power of football and our affiliation to PAFC to inspire, engage and help individuals all ages, genders, races, and socioeconomic statuses. Our vision is to 'provide opportunities to all people within our local communities by inspiring and empowering them through sport'. We deliver projects that we design and adapt to meet the changing needs of our local community, identified through an ongoing process of community research and engagement. In 2021/22, we worked with over 69,000 people and delivered over 57,000 hours of sport and community development sessions that maintain a focus on supporting disadvantaged and isolated communities, underrepresented groups, and at-risk children, young people, and adults. Indeed, in the 2021/22 season, 68% of our participants lived in the top 50% most deprived areas. Through this work, we aim to break down barriers to healthy lifestyles (including pre-existing physical and mental health conditions, education, employment, low levels of physical activity and high deprivation), whilst building more cohesive and employable communities.

Our city faces a multitude of challenges with regards to both physical and mental health. Plymouth has a higher mortality rate from all preventable causes, compared to the national average (Sport England Area Reports (2016-2018)). More specifically, mortalities in under 75s caused by preventable cancers and cardiovascular and respiratory diseases are higher in Plymouth than the national average. These higher mortality rates correlate with higher city-wide levels of obesity and smoking and a lower percentage of people consuming the recommended '5-a-day' portions of fruit and vegetables. Along with physical health, mental health statistics show that there is a higher rate of emergency hospital admissions for intentional self-harm in Plymouth than the national average. These statistics all highlight need for physical and mental health interventions in England

as a whole, and Plymouth in particular. This necessity for physical and health programmes in Plymouth aligns with our strategic aims to empower people and promote physical participation.

We currently deliver several health and well-being-themed Sport Development programmes. These combine formal and informal football, sport and physical activity sessions, informative workshops, and social prescribing, and all are tailored to meet the needs of each target audience. Our programmes include Argyle Fans in Training and FIT Fans; both weight-management and behaviour change programmes, It's a Goal; a mental health and physical activity support project, and our Extra Time Hub which aims to reduce social isolation and increase activity levels of people at retirement age.

We also deliver Active Through Football (ATF), a 5-year Sport England programme which is funded by The National Lottery and is delivered by local partners on behalf of the Football Foundation. The project was designed through a community engagement process and aims to engage target audiences who face some of the greatest inequalities and barriers to being physically active. Using a 'place-based approach', ATF aims to increase physical activity levels and create sustained behaviour change through a suite of recreational and informal small-sided football activities. We have chosen to align our project aims and outcomes to the local Public Health strategy, Thrive Plymouth – a 10-year plan to improve health and wellbeing, with focus on reducing health inequalities in deprived areas. In doing so, we seek to reduce the link between community deprivation and four key negative lifestyle behaviours; poor diet, lack of exercise, tobacco use and excessive alcohol consumption. These specific behaviours are prominent risk factors for four diseases (coronally heart disease, stroke, cancer, and respiratory problems) which collectively account for 54% of all deaths in Plymouth. Since the programme started 18 months ago, we have worked with 151 participants, 79% of whom live in the top 30% most deprived areas. In these groups, we have witnessed several positive outcomes which include 93% of participants increasing their physical activity levels (with 95% improving their physical health), 89% of participants improving their confidence and mental health, and 50% reducing their use of alcohol, smoking or drugs. We anticipate that in supporting people in achieving these outcomes, we will contribute to tackling health inequalities. By aligning our 5-year delivery plan to these Public Health issues, we demonstrate our ongoing commitment to the well-being of local people.

As an organisation we will continue to adapt our delivery output to meet local and national policies, trends and needs. We will also use and build upon our unique connection with local people to work with them to positively impact their lives. Whilst 'football' may not be the most 'traditional' or recognisable' service called upon to support public health, it is one of the most innovative and engaging to the 'everyday person'.

Plymouth Fusion's work

Aaron Blyth-Palk

Chairman, Plymouth Fusion Wheelchair Basketball

Growing up I was always an outdoors active person, taking part in a variety of sports and activities. After having an accident in 2005, I found that there were not that many opportunities to play disability sport locally, in and around Plymouth, and also found this to be the same issue with others in a similar situation to myself. Sport and being active had always been a big part of my life so it was key to try and regain that again in my life. I started playing wheelchair basketball in 2008/09 at Exeter Otters which was the closest team to me at the time. After having my accident I didn't know whether I would get back into sport and if so would I get the same feeling of playing sport as before my accident, thanks to wheelchair basketball, I DID. Starting wheelchair basketball opened my eyes to what was possible and it also had a positive impact on me to be around other people that were in a similar situation, and also reassuring that I wasn't alone. After a couple of years it became evident that there was a need for a wheelchair basketball club in Plymouth (after the old one disbanded) so that people could once again have the opportunity to play wheelchair basketball. And this would then give them the chance to be able to stay active and healthy both physically and mentally within their local area.

In 2011 I started up a wheelchair basketball club in Plymouth, (Plymouth Storm originally) to be able to create opportunities for people with physical disabilities/injuries to play a disability sport and be able to interact with others and stay healthy at the same time. Fast forward a decade and things have progressed amazingly at our club, now known as Plymouth Fusion. We have constantly strived to create more opportunities and to break down barriers and perceptions around physical disabilities/injuries that affect people in day to day life. The club now has people attending its sessions from as young as 5 years old and our members both being disabled and non disabled with the club trying to reinforce the fact that wheelchair basketball is an inclusive sport that everyone can play.

One of many positive impacts the club has had is our junior sessions that we started back in 2021. It has allowed those members attending the session with a disability to bring a sibling or friend along and allow them to play together, again something that might not happen often outside of the wheelchair basketball club. We know that it can be extremely daunting for individuals to start a new club or attend a session and be a new face in the crowd, so being able to attend with someone can really help overcome that barrier and help relieve that anxiety some might have. As a club we believe that it is important to showcase the fact that wheelchair basketball should be seen more as an inclusive sport that helps break down barriers around disability, inclusion and equality. This allows more people to play and enjoy the sport whilst interacting with others that they might not necessarily do so because those with disabilities/injuries might not be able to participate in an able-bodied sports club. I strongly believe that the club should be accessible to everyone whether they have a physical disability or not as it's a great way to stay fit and healthy and to socialise with other people in a fun and friendly environment. I have found this to be the case with the newly formed Plymouth Marjon University Wheelchair Bucs team that I coach where 80% of its members are those with no physical disabilities or injuries, but love playing the sport and the health benefits they get from it both physically and mentally.

The other area that I have found to have a positive impact is within the schools I have recently engaged with. Over the past year I have been into multiple primary schools to deliver wheelchair basketball to children in both key stage 1 and 2. Over 1000 young people from around Plymouth have now tried wheelchair basketball, and the feedback that I have received has all been highly positive. We have had schools/teachers say that the children that normally don't show an interest in sports or P.E have actually loved wheelchair basketball and really enjoyed participating in it and cannot wait to try it again.

Our aim moving forwards is to continue pushing and promoting wheelchair basketball as an inclusive sport, and try to create as many opportunities as possible for people of all ages and abilities to help them both physically and mentally through playing the sport.

Integration and inclusion

Dr Ben Jameson

People in Plymouth should be able to enjoy full and healthy lives. This requires a supportive and safe environment, good jobs and education, healthy lifestyle and access to quality healthcare. We know that access to treatment and outcomes vary depending on where you live. There is a 10-year difference in life expectancy between the most privileged and most deprived parts of the city. Outcomes are even worse for those experiencing homelessness or with multiple disadvantage, with life expectancy 30 years below what is expected.

We need to acknowledge the crisis around recruitment to primary and secondary care for Plymouth. This pressure results in some partial solutions that may work against an overall design that is in the city's best interest. There are some initiatives such as supporting portfolio working that help attract young doctors to our region, develop special interests and bring generalist skills into secondary care.

Our hospital provides compassionate care despite sustained pressure, particularly around emergency access. The impact of delivering unscheduled care for people facing multiple disadvantage is disproportionate, resulting in worse incomes and excess use of resources.

The city is committed to address health inequalities- but how do we do this? If we get care delivery right for those experiencing the most challenge and complexity, care across the population will benefit.

Primary Care remains essential to coordinating care. The electronic patient record builds understanding and continuity and the full multidisciplinary team in general practice can respond sensitively and swiftly to meet patient needs. Changes in GP capacity and the use of new technology has produced potential for digital exclusion and worsening access for those most at need.

Acknowledging some of the perverse impacts of rationed healthcare is one step towards addressing the inverse care law. We need to invest in active intervention to manage this, with digital champions to improve access to GPs and other health services.

The environment where care is delivered shapes how people feel about their treatment and the ability of doctors, nurses and the wider team to provide services. Many of our GP practices are no longer fit for purpose with inadequate space to host teams, deliver teaching and to enable partnership working across health, social care and the third sector. The failure to develop the Cavel Centre in the West End has deprived several practices of a new home that brought capacity for better care delivery. Travel to Derriford is often impractical and services are not concentrated where most people live.

As a trauma informed city, we recognise the consequences of traumatic experience and the potential for healing.

“Not why the addiction but why the pain.” — Gabor Maté

One potential consequence of trauma is addiction. Do we have a therapeutic community that can meet the needs of people with addiction? Do we offer the best experience to treat addiction and a compassionate approach when people are not yet ready to access treatment? How do we reduce the antisocial behaviour, violence and crime associated with drug use and prohibition?

5 approaches to improve access to primary care and reduce health inequalities are:

1) Invest in primary care by developing premises and workforce together with wider system partners

- Active management of access for people who experience digital exclusion
- Portfolio roles that can be promoted outside of our region

2) Commit to coordinate across health, social care and the third sector to develop new ways of working

- Develop a framework for collaboration and data sharing for patient care.

3) Develop a systematic approach to the management of alcohol dependence, including funded alcohol detox, harm reduction and a palliative approach when necessary

4) Work with criminal justice to adopt a public health and harm reduction approach to drug use

- Reduce barriers to access treatment.
- Work towards delivering safer injecting facilities within current legal framework

5) Make secondary care services more available to people in the city rather than concentrated in the hospital.

- Data sharing between primary and secondary care.
- Adequate facilities to host specialist clinics and investigations away from Derriford

Dr Ben Jameson is a GP, working in Plymouth for the last 16 years. He specialises in acute medicine and addiction and was clinical lead for the Acute Assessment Unit at Derriford. He works in primary care at Adelaide St Surgery and at our GP outreach clinic for people experiencing homelessness. He is now clinical lead for the Health Inclusion Pathway, Plymouth (HIPP). This is a new collaboration between NHS Devon, University Hospitals Plymouth, Livewell, Plymouth City Council, the Plymouth Alliance and primary care. HIPP supports people with multiple disadvantage when admitted to hospital. We can help to avoid admission and make plans for safe discharge. The views expressed in this article are his own.

Improving children's oral health is everyone's business

Prof. Robert Witton

Professor of Community Dentistry, Peninsula Dental School

John F Kennedy wrote that children are the world's most valuable resource and its best hope for the future. Everyone therefore has a responsibility to ensure all children have a happy heathy childhood. Yet poor oral health blights the lives of so many children in Plymouth and while oral health is improving for many children in the city, for others it is sliding backwards causing significant misery, pain and family disruption. Today's children are tomorrow's light; they will be the future teachers, nurses, engineers, entrepreneurs, business and civic leaders of the city and we therefore must do all we can to give them the best start in life which includes a healthy mouth for life.

Poor oral health in children has been a concern in Plymouth for many years. Regular surveys reveal that on average, one in four children has tooth decay by the age of five and tooth extraction is the number one reason young children are admitted to hospital across the UK. It is shocking to think that in Plymouth each year, thousands of teeth are removed from children in Derriford hospital under general anaesthetic due mostly to tooth decay, which is largely preventable. For example, in the year 2019/20 shortly before the Covid-19 pandemic hit almost 4,000 teeth were removed from 620 children. This is an expensive service to deliver for the NHS with each procedure under general anaesthetic costing around £2,000, in addition to the emotional costs to the child and their family.

Baby teeth do matter and tooth decay in children is not a trivial disease. Baby teeth play an important role in dental development throughout a child's life and contribute to a child's social and psychological development. We want all children to be proud and confident of their smiles as it forms a big part of who they are, how they see themselves in the world and how they socialise. Tooth decay is more than just holes in their teeth; it can also have a significant impact on their self-esteem, confidence, general health and school performance. Pain and infection can result in difficulties with eating, speaking and sleeping.

Local research carried out by Plymouth City Council and the University dental school has estimated that 3,565 days of missed education are lost per year due to children needing a general anaesthetic for removal of decayed teeth. On average, it takes five days for children to recover from this traumatic experience and return to school. That is almost 10 years of missed education lost each year and if parents and carers also need to take time out of work to look after their child, a similar number of working days are lost each year to businesses and the local economy. The ripple effect of poor children's oral health is therefore much wider than the child themselves and impacts across the entire city.

Now the good news – if we all work together we can solve this. Parents and carers are key to establishing good dental habits in the home as early as possible. The recommendations are to brush twice per day with age appropriate fluoridate toothpaste, always before bed and at one other time, to spit out after brushing and avoid rinsing the mouth with water, to limit sugary foods and drinks to mealtimes only and to visit a dentist regularly. All parents know that brush time can be a battle, particularly before bedtime when everyone is tired. However, this is the most important time to brush. Making brushing fun can help, using a 2-minute timer and sing songs can help to establish routines and brushing/ sticker charts are helpful motivators. There are also some great tooth brushing apps.

With three children myself in a busy house I know how challenging it can be at times to put these simple measures into place, and saying no to treats can be one of the most difficult areas for parents to navigate, particularly as children grow older and they are influenced by their peers, social media advertising and influencers. Sugar is the enemy of good children's oral health and many of the multinational food and drinks companies have very successful promotional strategies that draw children (and adults) into their brands, influencing their food and drink choices by offering quick, 'trendy', cheap and convenient products. Public Health England has highlighted the average 5-year-old child consumes their own body weight in sugar each year reinforcing the need for much stronger action on sugar, and according to the British Dental Association, 40% of teenagers get their calories from sugary soft drinks. Cutting out the fizz is not only good for teeth but overall heath and will reduce the risk of obesity and other chronic health conditions later in life.

So, while parents and carers have a responsibility so does the Government, the food and drinks industry, the NHS, public health, local authorities and many other bodies to create an environment whereby parents and carers are supported to better choices by limiting the influence of the sugar industry and making healthy food and drinks accessible and affordable for all.

The soft drinks levy, restrictions on junk food advertising, better food labelling, making drinking water available in public spaces, healthy food and drink polices in education settings and workplaces, and restrictions in promotions and direct to children advertising are just a few examples of interventions that can help.

Plymouth City Council and its partners have prioritised community-based oral health improvement work for children across the city by bringing together key partners into a strategic group. This multiagency group has representation from Plymouth City Council, public health, the University dental school and Peninsula Dental Social Enterprise (PDSE) CIC, Livewell Southwest, a local dentist, various health professionals, and community and voluntary groups to develop a work plan to tackle the issue of poor oral health. The work plan is a mixture of projects that already existed and some that have been developed new through the group.

Current projects in the city include supervised brushing clubs in schools and nurseries, fluoride varnishing of children's teeth in selected schools in Reception and Year One applied by specially trained dental health educator nurses twice per year and the Open Wide and Step Inside education programme, available to all schools. First Dental Steps is an oral health promotion initiative, embedded into the Healthy Child Programme and Health Visitors have been trained as 'Oral Health Champions,' enhancing their ability and confidence in providing families with evidence-based oral health advice on when to attend the dentist, diet, feeding regimes, oral hygiene practices and signposting to local dental services. In addition, they distribute toothbrushing packs to vulnerable families in need.

Our ambition in the group is that every child grows up in Plymouth free from tooth decay and by working together; we can make this aspiration a reality. If you would like more information about any of these programmes or would like to get involved please contact https://peninsuladental.org.uk/services/dental-outreach-team/

Robert Witton is a General Dental Council registered specialist and Consultant in Dental Public Health. He is Professor of Community Dentistry in the dental school at the University of Plymouth. Robert is the current Chief Executive of Peninsula Dental Social Enterprise (PDSE) CIC, which is the main clinical placement provider for students from the dental school. Robert is passionate about preventing oral disease and promoting oral health in the UK and internationally, and about the aim of making quality oral healthcare affordable, accessible and available for all.

Plymouth's National Marine Park: Critical for Health and Wellbeing

Cllr Richard Bingley

Leader, Plymouth City Council

During 2022 the UK's very first National Marine Park, here in Plymouth Sound, launched a 12-month engagement plan of activities. This included free access for families to our renowned National Marine Aquarium, the use of innovation labs to create a 'digital park in the sea', which uncovered our underwater world, as well as practical 'give it a go' sessions around Plymouth Sound. These sessions helped people into the sea, with appetisers for swimming, kayaking, sailing, surfing, and lots more.

It's a sad and humbling statistic that, despite having a population of some 265,000, a lot less than half of our city use our 12-mile coastline, either for leisure or work.

Increasingly, we are using our prized natural environment, to understand and explore how we can intersect our National Marine Park delivery, with improved mental health and wellbeing outputs.

In recently released data from the ONS, less than 50% of the population were mostly or completely satisfied with their health. Mental wellbeing is declining and loneliness is increasing. According to the recent 'Improving Access to Greenspace Report', poor mental health is estimated to cost the UK some £105 billion each year.

Our societal understanding about the benefits of proactively providing access to 'blue space' is underdeveloped to date. But we're not too troubled by the lack of empirical data. Investing in our coastline has many other benefits, including community-based environmental protection. It seems rather obvious to us that the community creation of our National Marine Park is about bringing people and our ocean water closer together. Then when people value something highly, they want to look after it much better.

Yet, in terms of mental health and wellbeing, there is a small but growing evidence base that describes the beneficial impacts that blue space can yield. And – here at the NMP – we've developed our plans beyond the sea into surrounding shoreline, rivers, canals, lakes, ponds, streams and fountains.

Most of us can guess that rather a lot of evidence already demonstrates that water, generally, is found to have a clear psychologically restorative effect, linked in part to the pleasant sound of water moving.

Many other studies demonstrate that interfacing with the coastline and water spaces impacts in reduced personal stress, mood improvements, breathing improvements, as well as the encouragement of physical activity and of social interaction.

Moreover, sea-based activities have been demonstrated to have positive therapeutic effects when used as an intervention in the treatment of specific conditions, in particular PTSD and addiction. This positive impact upon PTSD is of significant importance for a city with more than twenty thousand military personnel and veterans domiciled.

Recreational visits to blue spaces have increased following the city-wide engagement with Plymouth Sound Marine Park, which targeted schools, community centres and key local stakeholders, including councillors, MPs and the business community. The latter, happy to be used as marketing and promotional channels.

There are, however, barriers to participation in water based activities, that we still need to address. Typically, obstacles include a perceived lack of access to equipment, transport and some physical fears in relation to safe swimming, sailing and coastal exploration. Walking tours that immerse participants in Plymouth's less explored history – around our several quaysides and hospitality zones (!), are beginning to reawaken people's imagination as to how they could get involved with direct activities within our National Marine Park.

For those enjoying a little less kinetic ambition, blue spaces are identified as also delivering social wellbeing benefits. In particular encouraging quality time with family and friends, resulting in enhanced social relationships and pro-social behaviours, which also deliver economic benefits across our wider city. Some 5.5million visitors travel to and through Plymouth every year, therefore our National Marine Park brand does need as wide and inclusive 'wellbeing appeal' as possible. Especially, because our funding and concept was catalysed by public money.

Initial indicators here at Plymouth Sound, are that our blue spaces do generate positive health and wellbeing impacts across the human spectrum, from psychosocial benefits to physical health improvements.

Rather interestingly, US President Kennedy (a keen sailor but plagued by poor health from early childhood) stated: "Physical fitness is not only one of the most important keys to a healthy body, it is the basis of dynamic and creative intellectual activity."

My own view is that the long-term creation and community co-creation of our National Marine Park should work hand-in-glove with unleashing and unlocking artistic and entrepreneurial excellence. After all, van Gogh once wrote that "the heart of" a person "is very much like the sea, it has its storms, it has its tides and in its depths it has its pearls too."

PLYMOUTH WHITE PAPERS