

Health and Wellbeing Board

Wednesday 24 January 2024

PRESENT:

Councillor Aspinall, in the Chair.

Councillor Dr Mahony, Vice Chair.

Councillors Laing and Mrs Watkin (Substitute for Councillor Carlyle).

Co-opted Representatives: Gary Walbridge (Interim Strategic Director for People), Ruth Harrell (Director of Public Health), Tony Gravett (Healthwatch), and Chris Morley (NHS Devon ICB).

Also in attendance: Michelle Thomas (Livewell SW), Sue Taylor (Community Pharmacy Devon), David Bearman (Community Pharmacy Devon), Rob Nelder (Consultant, Public Health), Louise Barnes (Eldertree), Kate Smith (Memory Matters), Sarah Carlson (UHP), Nicole Quinn (Livewell SW), Emma Crowther (Interim Head of Commissioning) and Elliot Wearne-Gould (Democratic Advisor)

Apologies for absence: Councillor Carlyle.

The meeting started at 10.02 am and finished at 1.04 pm.

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.

58. **Declarations of Interest**

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

59. **Minutes**

The Board agreed the minutes of 14 September 2023 as a correct record.

60. **Chairs urgent business**

There were no items of Chair's Urgent Business.

61. **Questions from the public**

There were no questions from members of the public.

62. **Vaping Working Group, Progress Update** (Verbal Report)

Dave Schwartz (Public Health Specialist) delivered a verbal update to the Board regarding the Vaping Working Group, and discussed-

- a) The H&WB had updated its Vaping Position Statement on 14 September 2023;
- b) There had been a notable increase in vaping uptake amongst children and young people. The Board had requested that a Working Group was established with key partners in the city, to examine prevention and response approaches;
- c) Disposable vapes were particularly prominent amongst young people;
- d) An agenda scoping meeting had taken place on 02 January 2023;
- e) Key areas for consideration included: regulation, enforcement, environmental issues, marketing, schools, and health;
- f) Government vaping policy was under consideration, and was expected to change shortly;
- g) The working group would be held in the new municipal year, and a report brought back to this Board.

The Board agreed-

- I. To receive an update paper following the Vaping Working Group in the new municipal year.

63. **Healthwatch 'Patient Experiences of Pharmacy Services' Report**

Tony Gravett (Healthwatch) delivered the Healthwatch 'Patient Experiences of Pharmacy Services' report to the Board, and discussed-

- a) Earlier in the year, Healthwatch England had identified national Pharmacy concerns relating to shortages of medication, repeat prescription delays, staff shortages, and pharmacy closures. Healthwatch Devon, Plymouth and Torbay had now undertaken a local survey between 1 April 2022 – 30 September 2023;
- b) 109 of 141 (77%) experiences collated by Healthwatch were negative, with 75% of feedback relating to pharmacies in Plymouth, particularly Lloyds pharmacy at Derriford Hospital;
- c) Common themes of feedback were: medication, staff, administration and access to services;
- d) While Boots had closed several pharmacies, all staff had been re-deployed to other locations, and opening hours had been extended;

- e) Healthwatch had submitted the feedback report and subsequent recommendations to NHS Devon for consideration in the development of a pharmacy strategy for Devon.

In response to questions, the Board discussed-

- f) Mobility and accessibility issues for patients using the pharmacy at Derriford;
- g) The implications of pharmacy closures and reduced hours of opening;
- h) Limited resourcing for pharmacy provision, with 'flat cash' contracts for five years, despite inflationary pressures;
- i) The hard work and dedication of staff, facing a challenging and high demand environment;
- j) The benefits of pharmacy services for integrated working, early intervention, and enhanced system capacity;
- k) Significant financial and demand pressures for pharmacies in the South West;
- l) Diagnostic/clinical advice and qualifications held by pharmacy staff.

The Board agreed to note the report.

64. **Pharmacy and Pharmaceutical Needs Assessment update.**

Rob Nelder (Consultant, Public Health), David Bearman (Director of Strategy, Community Pharmacy Devon) and Sue Taylor (Chief Officer, Community Pharmacy Devon), delivered the Plymouth Pharmacy and Pharmaceutical Needs Assessment (PNA) update to the Board, and discussed-

- a) The PNA was a comprehensive assessment of the current and future pharmaceutical needs of the population. The H&WB had a legal duty to ensure the production of a PNA for Plymouth;
- b) The last PNA had been published in September 2022, and was not set for renewal until September 2025;
- c) The PNA was used by NHS Devon to inform decision making around pharmacy provision, location, needs/gaps, and the commissioning of locally enhanced services;
- d) There were seven pharmacies in Plymouth which had closed, or announced intention to close, since the production of the last PNA. Superdrug had also recently announced the intention to consolidate two pharmacies into one site in the City Centre;
- e) Supplementary Statements 'of fact' could be issued to the PNA when changes to pharmacy provision occurred;

- f) Due to the level of pharmacy closures in Plymouth, it was considered that there was adequate need to re-assess pharmacy provision through the production of a new PNA;
- g) The production of a PNA took around 9-12 months to produce, and included a 60 day consultation. It was recommended that work should begin now on the production of a new PNA, with a target of completion by March 2025;
- h) A separate session with NHS Devon would be arranged for the H&WB to input into the wider NHS Devon Pharmacy Strategy;
- i) Nationally, it was anticipated that there would be further pharmacy closures;
- j) There were opportunities to maximise existing pharmacy services to reduce demand in the wider health system, as well as the introduction of new services such as 'Pharmacy First', which would enable pharmacies to offer clinical pathway consultations for seven conditions;
- k) Pharmacies would also begin the contraceptive service and prescribing Pathfinder programme, allowing pharmacists to prescribe medications. Medicine supply was being centralised and automated to enhance efficiency and supply.

Following questions, the Committee discussed-

- l) Pharmacist training, workforce recruitment and retention;
- m) Out of hours provision for pharmacy services;
- n) Implications of a new PNA, and the likelihood of identifying gaps in provision across the city;
- o) The unprecedented level of change in pharmacy provision experienced during this PNA in comparison to previous iterations;
- p) Proactive measures and support offered to pharmacies to prevent them from withdrawing services/ closing practices;
- q) The importance of pharmacies for community access, early intervention and prevention;
- r) The need to monitor the location of pharmacy closures and provision, to ensure inequalities were addressed;
- s) Pharmacy consultation and engagement events with the public, key stakeholders and providers.

The Board agreed-

1. To record their concern at the rate of Pharmacy closures in Plymouth (approximately 20%), and to engage with NHS Devon ICB's resilience planning;
2. To accept the proposal to 'go early' with the publication of the next PNA (no later than March 2025, as opposed to September 2025);
3. To support and engage in the development (in the coming months) of the NHS Devon ICB Pharmacy Strategy (which in turn, would inform the 2025 version of the Plymouth PNA).

65. **Dementia Care**

Louise Barnes (Eldertree), Kate Smith (Memory Matters), Sarah Carlson (UHP), Nicole Quinn (Livewell SW) and Emma Crowther (Interim Head of Commissioning) delivered a presentation on Dementia Care, and discussed-

- a) Dementia diagnosis were on the rise. It was estimated that by 2040, there would be over 5,000 people in Plymouth with dementia. A half of the population would be affected by dementia at some point in their lifetime;
- b) Symptoms of Dementia included memory loss, difficulty concentrating, confusion, and difficulty conducting everyday tasks, among others. There were more than 100 types of dementia;
- c) Following diagnosis, patients were automatically referred to the Livewell SW Dementia Advisor Service. There were currently 850 patients, with each reviewed at least twice a year;
- d) Memory Matters and Elder Tree were the predominant VCSE organisations in the city who provided Dementia support;
- e) Elder Tree supported over 200 people through weekly befriending groups and one to one sessions. There were also support groups for carers to allow 'breathing space', peer-support and respite;
- f) A significant challenge faced by the VCSE sector was the late-stage of referrals, with most patients presenting with moderate-severe symptoms. This was largely due to delays in attaining a Dementia diagnosis;
- g) Memory Matters was the only VCSE organisation in Plymouth with a sole focus on Dementia. Services were designed around peoples 'lived-experience', and time-limited funding had been secured from Livewell SW to provide and teach Cognitive Stimulation Therapy;
- h) Carer breakdown was a significant challenge, and it was therefore important that support and signposting was given to carers, as well as patients;

- i) One in four patients in an acute trust had Dementia. As part of the John's Campaign, UHP had introduced numerous measures to provide Dementia friendly environments, as well as Dementia-aware care;
- j) The Plymouth Partnership Dementia Alliance brought partners across the city together to enable collaborative working, thinking and planning for current and future Dementia needs in the city;
- k) System challenges included high demand for services, delays for Dementia diagnosis, carer breakdown, and people waiting too long to seek support or advice;
- l) Funding had been attained to provide a pilot 'waiting-well' service, allowing patients access to support and advice while awaiting a Dementia diagnosis;
- m) While there was good Dementia care provision in Plymouth, funding and dementia diagnosis times were the primary concerns.

In response to questions, the board discussed-

- n) The role of Community Builders, and the lack of an "older person's" representative;
- o) Partner connections;
- p) The development of a Devon Dementia Strategy;
- q) The role of the new Community Diagnostic Centre in reducing diagnosis waiting times;
- r) Communication of services and support;
- s) The recent Healthwatch survey of unpaid carers cross Devon, focussing on carer isolation and wellbeing.

The Board agreed-

1. To Recommend to NHS Devon that options be explored to commission a dedicated older people's Community Builder;
2. To recommend that the Heathwatch Carers survey is shared with Dementia focussed VSCE organisations, to inform carer support;
3. To recommend that a coherent communication strategy is developed for Dementia support;
4. To recommend that Councillors become more aware of Dementia, and the support available;
5. To note the report.

66. **Update from NHS Devon**

Chris Morley (NHS Devon ICB) delivered an update on behalf of NHS Devon, and discussed-

- a) While it had been expected that hospitals nationally would face significant winter pressures, this increased demand had coincided with industrial action. As a result, University Hospitals Plymouth (UHP) had entered a period of 'critical incident';
- b) Through the joint work and preparation undertaken, there had been significant improvements to discharge performance at UHP;
- c) Numerous initiatives had been introduced to increase capacity including Virtual Wards, and the Acute Respiratory Infection Service.

In response to questions, the Board discussed-

- d) Significant delays to I I I and out of hours care, as well as ambulance response times;
- e) The metrics used to assess performance of the delivery of primary care;
- f) Significant variation in the working practises of GP surgeries across the city;
- g) National recognition of the importance of Primary Care and out of hours services in alleviating demand at ED, as well as for early prevention and intervention.

The Committee agreed-

1. To request that future reports contain updates regarding dentistry;
2. To request further information regarding the performance of the I I I service;
3. To note the report.

67. **Tracking Decisions**

The Board agreed to note the progress of the Tracking Decisions Log.

68. **Work Programme**

The board agreed to add the following items to the Work Programme for the next meeting, subject to their readiness:

1. Devon Community Pharmacy Strategy Development;
2. Plymouth Suicide Prevention;

3. Dental Taskforce Update;
4. Vaping Working Group Update.