

Health and Wellbeing Board

Thursday 12 September 2024

PRESENT:

Councillor Aspinall, in the Chair.
Councillor Ms Watkin, Vice Chair.
Councillors Laing.

Co-opted Representatives: Ruth Harrell (Director of Public Health), Gary Walbridge (Strategic Director for Health, Adults and Communities), David Haley (Director of Children's Services), Chris Morley (Plymouth Locality Director, NHS Devon ICB), Rachel O Connor (Director for Integrated Care, Partnerships and Strategy, University Hospitals Plymouth), Bob Fern (Executive Dean, Faculty of Public Health, University of Plymouth), Michelle Thomas (Livewell Southwest), Dafydd Jones (Clinical Advisor, NHS Devon / GP Rep), Matt Bell (VCSE Rep), and Tony Gravett (Manager, Healthwatch Plymouth).

Also in attendance: Liz Davenport (NHS Devon), Jane Harris (NHS Devon), and Elliot Wearne-Gould (Democratic Advisor).

Apologies for absence: Councillor P.Nicholson and Mark Hackett (UHP).

The meeting started at 10.04 am and finished at 12.01 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.

11. **Declarations of Interest**

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

12. **Chairs urgent business**

There were no items of Chair's Urgent Business.

13. **Minutes**

The Board agreed the minutes of 24 July 2024 as a true and accurate record.

14. **Peninsula Acute Sustainability Programme (PASP) Draft Case for Change**

Liz Davenport (NHS Devon) and Jane Harris (NHS Devon) delivered the Peninsula Acute Sustainability Programme (PASP) Draft Case for Change to the Board, and discussed:

- a) The recent publication of the Darzi review would likely lead to new programmes of work and priorities, which would influence the PASP presented today;
- b) The strategic shifts in the Government narrative matched the priorities for change from the Devon health and care system: moving from 'sickness to prevention', 'analogue to digital' and 'hospital to community';
- c) The PASP aimed to develop a sustainable health and care system, focussing on 'health and happy lives', 'equal chances for health and wellbeing', 'supporting independence' 'enabling choice', and promoting 'lives free from harm';
- d) The key challenges that the PASP sought to overcome were workforce and value for money: There were five hospitals across the peninsula but only enough staff to operate four of them, and services cost more to provide than the peninsula received in income;
- e) Engagement workshops with communities had been undertaken, and feedback centred around: long waiting times, concerns for staff workload, frustrations with lengthy process and bureaucracy, lack of integration between health and social care, inequality of access to services, lack of an electronic record, and staff fatigue;
- f) The Darzi report identified a 17% increase in workforce since 2019-2024 however, productivity had declined;
- g) The PASP focussed on establishing a sustainable acute service model, starting at the 'front door' with assessment and diagnostic functions;
- h) Having established a shared understanding of the problems in phase one, the PASP would now move into phase two – developing the 'case for change';
- i) The One Devon Elective Pilot had shown significant successes, using the Nightingale hospital to optimise capacity and reduce waiting times;
- j) Early indications suggested that the Government was likely to commission an extensive engagement programme with the public, staff and key stakeholders towards the challenges and future of health services.

In response to questions, the Board discussed:

- a) The challenges of engagement and need to mitigate digital exclusion: The Board urged NHS Devon not to rely exclusively on digital engagement, and offered the use of existing resources and networks to assist with future engagement;
- b) The role of the Nightingale hospital in providing efficient clinical pathways, and its utilisation by Plymouth's consultants. Patients' positive feedback and

the ability for rapid same-day treatment demonstrated the benefits of joint working across the peninsula;

- c) The importance of including children and young people in the PASP engagement;
- d) Concerns around the exclusion of patients who were not able to travel for care, particularly relating to disability and financial exclusion. It was reported that ensuring equity of access and outcome was a central priority for the PASP;
- e) The requirement for a long term commitment to engagement and consultation with communities, and the fundamental importance of addressing health inequalities;
- f) Potential utilisation of existing structures and networks for the PASP engagement, particularly for children and young people. Plymouth City Council had a number of community engagement activities underway, which could be utilised by NHS Devon when developing the 'case for change';
- g) The role of the University of Plymouth in delivering trained professionals to assist with the NHS workforce plan, and challenges faced by centrally allocated placement numbers;
- h) The need to coordinate separate programmes of action and engagement across the peninsula into one central strategy and consolidated effort;
- i) The need to recognise and address the barriers people faced to engagement, access to care, and care outcomes;
- j) The cumulative effect of waiting lists and delays to accessing care on productivity and medical deterioration.

The Board agreed:

- 1. To endorse the approach being undertaken by NHS Devon in engaging with local people;
- 2. To support raising awareness locally and to encourage local people to take part in the engagement;
- 3. That the PASP returned to the Board at a future date, following analysis of the implications of the Darzi report.

15. **Healthwatch Annual & Highlight Reports**

Tony Gravett (Healthwatch) delivered the Annual Healthwatch Report to the Board, and discussed:

- a) Healthwatch was an independent organisation established to listen and collate people's feedback from health and care services, and to work with providers to drive improvements;
- b) Healthwatch had a primarily volunteer base, with 26 volunteers and 15 employed staff across Devon, Plymouth, and Torbay;
- c) In the last financial year 3,395 people shared their experiences with Healthwatch and 620 people received advice and signposting. Healthwatch had produced 10 major reports during this period, with focusses including 'emergency department attendances', 'unpaid carers', 'the cost of living' and 'pharmacy provision';
- d) The majority of feedback received related to GP and dental services however, pharmacy feedback had significantly increased during the period of announced closures;
- e) Healthwatch had conducted focus groups across the region to feed into phase one of the PASP;
- f) Healthwatch had worked in close partnership with NHS Devon, Livewell SW and UHP to provide feedback, inform priorities and influence future improvement projects;
- g) Priorities for Healthwatch work within Plymouth in the next financial year would be health, social care, children and young people, mental health and digital health.

In response to questions, the Board discussed:

- h) The development of the Pharmaceutical Need Assessment and influence of public feedback;
- i) The need for clear communication of service offers and appropriate treatment locations, including GP, ILL, urgent treatment centres, and the emergency department;
- j) The value of Healthwatch's work in producing patient feedback for Livewell, UHP and NHS Devon;
- k) Ongoing work in Plymouth between Healthwatch and care homes, with the planned re-establishment of a 2019 programme to provide care home visits. These visits would engage staff and residents to ascertain their experiences and drive improvement and assurance work.

The Board agreed to:

- I. Request further information from Healthwatch England as to Plymouth's performance in relation to its comparator neighbours;

2. Note the report.

Tony Gravett (Healthwatch) delivered the 'Missing Millions - Exploring hidden and unmet social care needs for disabled people' report to the Board, and discussed:

- a) The Healthwatch England report aimed to address lack of data, investigating who was and wasn't accessing care, and why. The survey used a sample of 1,504 disabled adults aged 18-64;
- b) Key findings indicated 1.5 million disabled adults could be eligible for social care support, but had not requested it. This could be due to personal choice, lack of knowledge, or lack of ability to apply for care;
- c) Care services received positive feedback, with 78% of people in receipt of care agreeing that 'care enabled them to live the lives they want to live';
- d) Social care enabled people to stay healthy, conduct the activities they wanted to, look after themselves and their homes, as well as work and volunteer;
- e) The survey identified that access to social care was a challenge, with 28% of the sample never accessing any care despite identifying as eligible;
- f) The majority of those waiting for care assessments received adequate information and support, including waiting times and what to expect. The survey identified however, that 10% of people waiting received no support;
- g) As a result of the report, Healthwatch England had set out recommendations, available here: [Missing millions: Exploring unmet social care need for disabled adults | Healthwatch](#).

In response to questions, the Board discussed:

- h) Efforts to broaden engagement and awareness of care eligibility;
- i) An increasing number of people under 65 entering the care system, driving increased demand;
- j) The importance of young carers and need for further surveys to be undertaken to assess the impact of care provision on the under 18 population;
- k) The importance of prevention and 'self-help'. Not all people entitled to social care would necessarily require it, with support available from friends, family, and the voluntary, community and social enterprise sector;
- l) The recent adoption of a data system by Public Health which enabled identification of people on low incomes who may be eligible for benefit support, but who were not claiming them. A pilot had been launched to test methods of communication, and Citizens Advice would be providing individual support to enable them to apply.

The Board agreed:

1. To ask Healthwatch Devon, Plymouth and Torbay to work with Plymouth City Council to include Young Carers in the next phase of their unpaid carers work.
2. To note the report.

16. **NHS Devon Update**

Chris Morley (NHS Devon) delivered the NHS Devon Update to the Board and discussed:

- a) The NHS Devon annual accounts report had been published, concluding the first full year of NHS Devon ICB's operation;
- b) While there were many challenges and pressures within the report, including an £80MM financial deficit position, there were areas of progress across the system including elective care waiting lists and urgent and emergency care;
- c) There was a savings requirement for £213MM next year;
- d) NHS Devon was part of an 'organisational change process', with a national requirement to reduce running costs by 30%. The process was entering its final phase for implementation;
- e) General practise collective action had been ongoing nationally since August. While difficult to predict, management and response plans were in place and stakeholders received regular communication;
- f) Winter planning was ongoing with partners to ensure adequate preparation for 'surge' periods, as well as vaccination programmes and communication engagement;
- g) End of life care review work was ongoing, to create a sustainable, consistent and equitable offer across Devon.

In response to questions, the Board discussed:

- h) Seasonal immunisation programmes including Covid and Flu. Eligibility for the Covid Autumn booster had been released;
- i) The 'Pharmacy First' programme including community pharmacy consultations and impact on GP services demand;
- j) Communication and engagement plans for winter, and the importance of clear messaging to inform patient decisions and service access.

The Board agreed to note the report.

17. **Tracking Decisions**

Elliot Wearne-Gould (Democratic Advisor) delivered an update on the Tracking Decisions Log and discussed:

- a) NHS Devon had clarified that dental recalls / routine check-ups had resumed however, some NHS providers were working through a backlog created during the Pandemic;
- b) Suicide prevention training session had been scheduled for 15 October 2024;
- c) The Healthwatch Carers survey had now been published.

The Board agreed to note the report.

18. **Work Programme**

The Board agreed to schedule the following items for the next meeting:

- a. Thrive Plymouth Relaunch;
- b. DPH Annual Report.