

26 November 2024

FAO Think Insight and Strategy

West Wing
Somerset House
London
WC2R 1LA

By email to: changenhs@thinksinsight.com

Dear Colleagues,

Re: 10 Year Health Plan

Thank you for inviting us to provide our comments.

1. What does Healthwatch South Tyneside want to see in the 10 year plan and why?

The Healthwatch South Tyneside operational team stress the importance of communication between service providers, particularly in relation to hospital discharge. This is so important for inpatients.

These sentiments reflect the views of the board who hope that the government's plan will aim to link up services. To ensure that adult social care and health care services collaborate effectively and that there is a multidisciplinary approach taken with regards to the provision of care for those with complex needs, dependencies or are homeless.

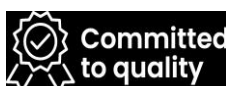
We consider that services often work best where person receiving care or treatment is put at the heart of plans and supported to optimise their health and wellbeing.

For example, we would encourage the government to plan for a greater role for social prescriber and care navigators.

We also recognise that people's health and wellbeing is inherently affected by a range of social, economic and environmental factors and therefore recommend that consideration be given to ensuring that outreach and community groups (including warm spaces) are funded and supported and increasing support for unpaid carers.

The importance of diet, nutrition and exercise should be factored into the 10-year plan. The government could consider taxation and regulation in relation to the provision of food as well as initiatives to promote improvements to diet and lifestyle choices. This

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may also involve consideration of the extent of the provision of food at schools and government facilities.

The government may also consider acknowledging that seeking medical help is not free as, in order to access help, people often have to take time off work, incur travel expenses to attend appointments and spend lengthy amounts of time on the telephone or require access to the internet. We would urge the government to consider remedying such barriers, including by considering the importance of accessible community services and outreach services, public health initiatives and through immediately practical measures such as free access to public transport for those attending certain medical appointments.

Healthwatch South Tyneside consider that the government should take all reasonable steps to help people look after their family, friends and community. Achieving this may involve considering supporting those with unpaid care responsibilities with employment rights, tax incentives and through reform of the welfare benefits system to ensure that adequate and fair allowances are provided.

Care of the elderly must not be neglected in the 10 year plan and, given our aging population, given very significant attention. We would hope that this would include support for services that are likely to improve quality of life and those intended to address acute health needs. We believe that the healthcare plan should include provision for GP 'ward rounds' in care homes. It may also include support for services that combat loneliness and help people engaged with their community such as a dance groups or community gardening etc, helping people maintain their driving licence (where that is safe) and supporting volunteering. The government could also consider options available for ensuring that elderly people are warm in their homes.

We also consider that innovative steps to provide proactive mental health support could have great benefit and should feature in government planning. For example, the introduction of mental health champions in schools and the provision of safe spaces/ quiet rooms in schools

2. What does your organisation see as the biggest challenges and enablers to move care from hospitals to communities?

Healthwatch South Tyneside consider that people often look to specialists based in hospitals for the provision of care needs.

Acute facilities have a concentration of specialist services that may not always be easy to match in the community. Some potential patients may have greater confidence in inpatient/ hospital based care than community based services.

We consider that those with complex vulnerabilities (including dependencies and social isolation) may be far less likely to engage in a community rather than a hospital setting.

It would also be crucial to ensure that communications barriers are considered - such as deafness, autism, issues with English language interpretation.

As noted above, improving discharge processes would help enable a shift towards community based care. Social workers based in the hospital may be able to contribute to a better discharge process.

It is important to ensure that there is adequate provision for services in community settings - we understand that the community staff workforce is already stretched. There must also be adequate monitoring of engagement in the community and we wonder whether inpatient engagement consistency can be monitored with greater ease.

3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Access and ability to use digital technologies is variable.

We stress that it important that efficient and effective communication systems are in place to ensure that information arrives promptly (including discharge and clinic letters) and via a means appropriate to the recipient. For example, it is important that communications barriers are appreciated, recorded and addressed. Communication must come in a format that can be understood by the recipient. Where possible digital communication should be utilised but not without consideration of the recipient on a case-by-case basis.

The effective use of technology requires significant investment in maintenance and education. For it to be used effectively, it must monitored, continually improved and feedback sought. This must be factored into the governments plans.

It would be helpful if people had access to NHS app blood test results so that patients can see their own results and can take immediate action.

We would also champion people being able to get blood tests done anywhere in the region rather than just at local surgery.

Where people are called by healthcare services (eg. Accurx), if that person cannot answer their phone then should be sent a text message so they still are able to get the information they need

4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

We acknowledge pressures on primary services and suggest that there may be benefits to promoting continuity of GP service, improved and shared primary care record keeping and increasing access to screening tests and reducing waiting times.

As indicated above, it is important that the government's plan acknowledges the wider social, economic and environmental factors that play a part in health and social care. For example, access to services is not necessarily free and the cost of transport or taking time off work can present a barrier. Likewise, economic hardship and other factors such as dependencies, mental health and isolation can adversely affect engagement with health initiatives.

5. Specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in, for example:

A number of these have been identified above including:

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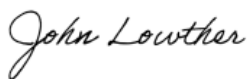
- Long term aims - such as ensuring the coordination of services (which we envisage to be an ongoing project).
- Medium term aims - such as the reduction of barriers to engagement with health and social care providers and the promotion of preventative mental health services.
- Short term aims - such as offering immediate support for unpaid carers, funding community groups and ensuring that there is adequate provision of community services.

Specifically, short term suggestions include:

- Better access to GP and dentist appointments, including through digital telephony.
- Considering GP, dentists' opening times and appointment availability (many opening hours are not conducive to universal accessibility)
- More care navigators to ensure a smoother patient journey.
- Traditional models of access and care to remain alongside digital methods.
- Involvement of patients in designing new technological solutions.
- Built-in patient education (tutorials, how-to guides, digital community champions) with any new digital healthcare rollouts.
- Funded, accessible community courses or training for those with low digital literacy.
- A universal right to internet access, with cross-government action to work towards this.

Healthwatch South Tyneside would like to take this opportunity to thank you for inviting these submissions and the work you are doing.

Yours sincerely,



John Lowther
Chair
Healthwatch South Tyneside