

Health and Wellbeing Board

24 May 2023

Accessibility of health and care services

Recommendations

That Health and Wellbeing Board:

- 1) Notes the current picture of health and care service challenges and opportunities related to access; and
- 2) Considers how the Health and Wellbeing Board, and its constituent organisations, can engage with improving the accessibility of health and care services for residents.

1. Executive Summary

1.1 This paper sets out the context for the discussion item on access to services. It aims to draw together a number of papers that relate to access and are scheduled for discussion at Health and Wellbeing Board (HWBB) in May 2023. The following papers relate to the discussion item on access:

- Item 2 - overarching paper providing the context behind issues with access to services
- Item 2a – what we have done so far - Health Overview and Scrutiny Committee paper following the completion of the General Practice Services Task and Finish Group (GPTFG)
- Item 2b – what we plan to do next - Integrated Care Board (ICB) Joint Forward Plan (JFP)
- Item 2c – what research we are carrying out - health inequalities research into access of community diagnostics centres (CDCs)

1.2 For the purposes of this paper, the associated papers and the subsequent discussion item, we consider that issues in accessibility of health and care services may include transport and travel costs, opening hours of services, and the ability to secure an appointment via phone/online booking systems as well as the capacity of a service.

1.3 Access to effective and sustainable services is a key ambition within Warwickshire's Health and Wellbeing Board Strategy 2021-26 (HWBB Strategy). Within the Strategy, Board members agreed to "*seek to develop accessible, responsive, and high-quality services that are designed in a way that seeks to reduce inequalities in health*". This ambition is echoed in the Coventry and Warwickshire Integrated Care Partnership Strategy (ICP

Strategy) which aims to improve both access to, and trust in, health and care services. In addition to this, a core purpose of the Integrated Care System is to 'tackle inequalities in outcomes, experience and access.'

- 1.4 In both key strategies for Warwickshire, health and care services are referred to in the broadest sense and include those services considered as the 'wider determinants of health'. These include employment and education, housing and leisure, as well as those provided by the community and voluntary sector.
- 1.5 In addition to the HWBB Strategy and ICP Strategy, accessibility was further raised in Warwickshire's Director of Public Health Annual Report 2022, which focused on the impact of the rising cost of living on health. A recommendation within the report was for key anchor organisations and service providers to consider opportunities to increase accessibility to healthcare services for those who will experience the impact of the cost of living most acutely. This is most likely to be people who already experience inequalities in health such as inclusion health groups, people living and working in poor conditions and those on lower incomes.
- 1.6 An example of a group whose access can be disproportionately affected by the rising cost of living includes children living with 'life limiting conditions' (LLC). Children with an LLC are highly vulnerable to less visible challenges to accessing care. Children with an 'LLC' are more likely to need specific access to transport as the risks of pathogens, space requirements for equipment and other individual needs are likely to vary. The increased quantity of medical appointments and the specific needs of transportation can jeopardise a child's access to services as factors such as transport availability, cost, and caregiver demand all contribute to this service access challenge. Through the child death review process in Coventry and Warwickshire, the need of children with an LLC to be highly contingent on the availability of, or access to, transport has been identified. Without clear routes to access transportation, awareness of familial circumstances or equity planning; a child with an LLC may not be able to access health services and may 'not be brought' to appointments.
- 1.7 Healthwatch Warwickshire's research into the rising cost of living and access to services found that the rising costs of medication, phone calls and internet access to booking systems, as well as increased travel costs have been adversely affecting people across Warwickshire. Similarly, at a national level, Healthwatch England reported that the proportion of people avoiding an NHS appointment due to the rising cost of living had almost doubled from 6% in October 2022 to 11% in December 2022. Healthwatch England also reported an increase in people avoiding dentistry check-ups because of the anticipated costs. Accessibility to pharmacy services was not picked up as a theme from the research, however with a number of pharmacy closures across Warwickshire, there may be implications for any patient pathway seeking to divert people from primary care to pharmacy based support.
- 1.8 Item 2a reports the findings from the 2022 GP Services Task and Finish Group. Issues in accessibility were raised as part of the work of this Group, alongside the contextual challenges leading to issues in access. These

include a doubling of demand over the previous 10 – 20-year period and a reducing GP workforce in real terms, when compared to population growth. There is a recommendation within the report of the Task and Finish Group for HWBB members to support communications activity with communities to explain the revised primary care service delivery rationale.

- 1.9 The ICP Strategy has been informed by engagement undertaken with local residents across Coventry and Warwickshire (appendix A). Access to services was a key theme reported throughout the engagement process. More specifically, access to General Practice was of most concern as it was seen as the gateway to all other health services. Access to, and availability of, dentistry appointments were also raised as a significant concern, which aligns to findings from previous research Healthwatch Warwickshire had undertaken. As of April 2023, the ICB has taken over commissioning responsibility for dentistry, which may provide greater opportunity to influence the services as a more localised level.
- 1.10 The ICP Strategy recognises the need to focus on access across five different areas: mental health, elective care, learning disability and autism and primary care. Item 2b on the ICB Joint Forward Plan sets out how this will be achieved cross Coventry and Warwickshire. Implementing the Fuller Stocktake is a key to improving primary care access. Research by the King's Fund fed into the Fuller Stocktake and highlighted that the ways in which policy has sought to improve general practice is often poorly evidenced and has the potential to exacerbate inequalities in health. For example, payment by results and other target setting practices often inadvertently favour GPs in more affluent areas, where targets can be more easily reached. In turn, more resources become available to those in affluent areas, whilst those in least deprived areas potentially fall behind.
- 1.11 Reasons for inequality in accessibility to community diagnostic centre (CDC) services are currently being explored across Coventry and Warwickshire. The aims of the research, led by the ICB and Coventry University, are to:
- Increase our understanding of the barriers faced by local population groups in accessing diagnostic services; and
 - Explore how these can be overcome such that these populations feel better supported to access necessary diagnostic tests in a timely manner
- 1.12 The findings from the research and opportunities for improvements to access for specific groups will be shared across the system to support and influence change.

2. Financial Implications

- 2.1 None arising directly from this Report. Any initiatives or activities arising from discussion of the Report will need to be met from existing budgets.

3. Environmental Implications

3.1 None arising directly from this report.

Appendices

None.

Background Papers

None.

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The report was circulated to the following members prior to publication:

Local Member(s): None

Other members: Councillors Bell, Drew, Golby, Holland, and Rolfe