Healthwatch Portsmouth (HWP) Public Board Meeting 27.06.17

Held at St Mary's Health Campus, Portsmouth.

Present: Graham Heaney (GH) Chair, Roger Batterbury (RB) Vice Chair, Sameen Farouk (SF), Ken Ebbens (KE), Mike Baker (MB), Ram Jassi, (RJ), Brenda Skinner (BS), Jane Bailey (JB), Amanda McKenzie (AM), Siobhain McCurrach (SM), Alison Nicholson (AN).

Item 1: Welcome and apologies.

Introductions: GH welcomed all to the meeting and invited the Board to introduce themselves to the members of the public present.

Apologies: Patrick Fowler (PF), and Steve Glennon (SG),

Item 2: Declarations of interest

No interests were declared.

Item 3: Multi-Speciality Community Provider (MCP)

A presentation was given by Jo York (JY), Director of Better Care, Portsmouth CCG, Jo Gooch (JG), Strategic Projects Director, Portsmouth CCG, Sarah Austin (SA), Chief Operating Officer, Solent NHS Trust and Martyn Dorey, Programme Director, Solent NHS Trust. Mark Stubbings (MS), Director, Portsmouth Primary Care Alliance and David Barker (DB), Head of Communications and Engagement, Portsmouth CCG were also in attendance.

Points to note included:

- Multi-speciality community providers (MCPs) will be the new care delivery model in Portsmouth which will form part of The Blueprint Portsmouth for Health & Care.
- Community services will be tailored to meet the needs of the population.

Questions:

RB: Care homes are a shrinking market.

Response: The current pattern of care in homes has GPs and Community Nurses visiting every now and again. Rather than wait for a call regarding a patient fall or their needing extra support we will have one team that will make regular visits. Residents may have falls or feel unwell which would traditionally lead staff to call for an ambulance followed by a trip to A&E and an admission to QA Hospital. The MCP will be able to provide a proactive rapid response team working with the ambulance service to support care staff which could prevent admittance to QA. There are pilots running and we would like to roll this out across the city.

RB: We know IT is an ongoing issue, Solent and most GP practices in the city are using System One but QA use lots of different systems that don't talk to each other. How is this going to be addressed?

Response: Adult Social Care is in the process of purchasing System One but PHT is addressing IT internally with other acute trusts. There is an option for PHT to also join System One.

KE: The plan of support in care homes looks like it works in a very routine way but a crisis is unplanned, how will this be addressed.

Response: The MCP covers both ends. The routine work can prevent the crisis from occurring but the rapid response team can support in the event of a crisis.

KE: What plans are there to improve respite care in the city?

Response: There are currently 3 Homes funded by Portsmouth City Council with 2 respite beds in each. Capacity of respite beds are not addressed as part of the MCP.

KE responded saying that this oversight will be of great concern to carers in the city. What is to be provided and how and when to request the service.

BS: Will every care home in the city have access to the rapid response team? Most care homes are residential, not nurse-led so they need to know what is to be provided and how and when to request the service.

Response: There needs to be a planned approach to educate the homes so they are confident to use the services. There will be a "red bag" scheme. We are some months away from that point. We plan on rolling it out one home at a time. The acute visiting service can be in attendance within one hour. The plan is to start with two homes next month, we have five more in line and we will review progress after 3 months. We think it will take around one year.

SF: Thinking about what things will look like, who will employ the nurses and how many nurses will be needed to meet the needs of 5 care homes?

Response: For now employers will remain as they are. Solent NHS Trust has an available workforce of around 800-900 nurses in the city. We can redirect our current staff or recruit new staff. SA confirmed there are currently no problems recruiting into community nursing and unfilled vacancies are only currently running at 7%. Part of the reason to move to an MCP is to make the service more sustainable.

SF: Where is the evidence that this would reduce repeated admissions?

Response: The service currently offered is fragmented but this MCP model will bring the elements together. Both community and out of hours services will have the same access to the same level of information. When this MCP model was piloted a few years ago there was a 17% reduction in unplanned care. Kings Fund research identifies 5-7% savings potentially using the MCP model.

SF: What will happen if someone is in a care home and their physical condition is deteriorating and they are waiting for diagnostics test information?

Response: There will be more localised diagnostic services with nurses making decisions rather than having to wait for decisions to be made in the hospital based service.

SF: It is critical to identify where carers fit in. What feedback have you received from carers and young carers regarding:

1. Extended GP hours
2. Triaging urgent same day access
3. Joint working between community and primary care nursing?

Response: We have only just started and we need to have the right level of input on a project by project basis. We have had specific carer input on particular projects but the MCP is only one part of the overall bigger piece of work. The care home project is specific to those residents in homes. There are other pieces of work looking at step-up and respite care. We may need to be clearer on what the project is for.

KE: I feel Healthwatch should have been involved sooner.

Response: Yes the next step is now for us to work with Healthwatch.

KE: It would be better if patients, carers and families are included from the start.

Response: We are looking at broader engagement now with local testing and operational testing.

SM: Regarding slide 10, why isn't the voluntary sector in a shape overlapping with the MCP community services shape if closer working in the community is being encouraged?

Response: Yes this may be a better way of illustrating the potential opportunities for working with the voluntary sector.

RJ: Change is based on trusting relationships; I'm not seeing what the proactive change is. How do you get that holistic change to work? How are you engaging with Healthwatch and the general public.

Response: This is one element bringing community and primary care together. Many of the programmes have taken a holistic approach; we have a good history of engagement. MCP is just one part of a wider programme and we need to look at how best we work with Healthwatch. This is the first steps of the journey; the longer journey could look very different. It is important to allay fears and engage at different levels. The plan will be very complex and we need to ensure we engage with the right communities at the right times.

MB: Are you talking to manufacturers about equipment for this project? Something has happened to the district nursing service, it can take up to 8 hours for them to arrive.

Response: The way we have deployed nurses in the past has been inefficient. Communication has not been good and this is something we are working on. You should be given either a morning or afternoon appointment and if the nurse is running late you should always receive a phone call. With regards to equipment, the NHS definitely drives industry to change.

JB: Fundamental challenges in the NHS are around patient involvement and broader engagement, not everyone will be happy. Broad public engagement is widely used but wouldn't more deeper discussions be more meaningful?

Response: We would welcome this. The Big Conversation is the first step in this journey. We need to learn for the example of Fareham & Gosport CCG as they are getting great engagement results relating to outcomes. We also need to map who we've engaged with.

SM gave an overview of how Healthwatch have been involved so far.

Questions from the members of the public

Question: On slide 13 it says you plan to increase GP hours, I don't see how this is possible given the crisis primary care is in.

Response: We are looking very closely at remodelling the way we provide care, focusing on "patients' needs" not "patients' wants". GPs currently spend around 65% of their time seeing patients that could be seen by someone else. If we use a team of GPs, Associated Health Practitioners, Physios, Mental Health Workers and the practice nursing staff we will be able to deliver care Mon-Sat 8am to 8pm. We may need to ask patients to use acute care hubs for primary care needs rather than only using their GP practice.

Question: Organic growth should lead to change but it appears as if nothing ever gets fully implemented so it cannot evolve.

GH brought the questions to a close by agreeing the need for another conversation around the wider picture with information on formal feedback to date. Board members were requested to submit any further questions in writing. **Action: Board**

Action: SM to organise meeting between Board and MCP group

<u>Item 4: Minutes of last meeting (18/04/17) and matters arising:</u>

The minutes of the previous meeting were noted and approved.

Matter arising:

- Page 1 – Outstanding action - SF to circulate a copy of his notes from the 07/02/17 meeting to the board. **Action: SF**
- Page 4 – SM confirmed she has been in touch with Katie Hovenden at Portsmouth CCG who provided additional information and has pledged a review of how the process of closing Queens Road surgery went. There will be a review in September. SM was asked

to clarify if an impact assessment was completed; if any review would be taken on how the move had impacted on the patients; and how many patients were still not registered with alternative GP surgeries by September and how many GP surgeries had to accept additional patients due to the closure of Queens Road Surgery. It was agreed that this was something Healthwatch could look at as part of our engagement work. **Action: SM**

Item 5: Operational update:

Due to time constraints from the time taken up with the MCP presentation (Item 3) SM introduced briefly her update to the board.

Points to note included:

- **2017/18 Work plan:** SM explained this is based on initial discussions and the public survey. SF asked if the 'activities identified by stakeholders survey could be labelled alphabetically rather than numerically so they can be linked to the projects in the work plan.
- **Annual Report:** As this had already been circulated to the board for comment. SM asked for approval. Comments received from the board were are follows:
    - SF asked that in the Chairs report the word 'we' was changed to 'the board'
    - RJ asked that the demographics of the population of Portsmouth were included as there was no mention of equality & diversity.
    - SF asked that the dates for the financial year were included.
- **Request from Healthwatch England:** Healthwatch England have requested feedback on their future focus with a very quick turnaround. SM suggested a survey to gather feedback given the short timeframe but also suggested we challenge Healthwatch England on their strategy to gather quality feedback in this way. SF asked that we forward the survey to all Portsmouth councillors and MPs. **Action: SM**

Item 6: Board member elections

All board members were given copies of the updated election pack and a list of their current status. It was agreed that as in previous elections applications would be reviewed against the criteria by the chair and board members not up for election. The elections would be publicised via all the normal channels. Deadline for applications Monday 24th July.

Action: SM

Item 7: Board member updates:

RB notified the board he had attended 2 more PLACE visits for PHT and Solent NHS and a quality visit to the Portsmouth Rehabilitation and Reablement Team service, feedback of which had been sent on to the Healthwatch team.

KE asked if his update could be attached to the minutes.

Action: KE to provide after the meeting

RJ was unable to attend the last Solent NHS complaints but will attend the next one. He has received positive feedback from the Chief Executive when taking part in interviews on behalf of Healthwatch as he gave all the candidates a grilling.

BS reported that she continues to support the Healthwatch Team with community engagement activities.

MB has followed up his work raising the profile of Healthwatch with his local PPG.

Item 8: Any other Business (AOB)
There were no issues raised.

Item 9: Questions from the public:
As questions were covered during the meeting there were no further questions from members of the public.

Item 10: Dates of next public meeting:

- 5th September 2017 – Frank Sorrell Centre, Prince Albert Road, Portsmouth. **2pm – 4pm**.
- 24th October 2017 – Garden Room, Cosham Community Centre, Portsmouth **6pm – 8pm**
- 5th December 2017 – St Mary's Health Campus, Portsmouth **6pm – 8pm**

GH thanked everyone for attending and the meeting closed.