

Healthwatch Portsmouth (HWP) Public Board Meeting 07.02.17

Held at St Mary's Health Campus, Portsmouth.

Present: Graham Heaney (GH) Chair, Roger Batterbury (RB) Vice Chair, Ken Ebbens (KE), Sameen Farouk (SF), Steve Glennon (SG) Jane Bailey (JB), Brenda Skinner (BS), Ram Jassi (RJ), Holly Easlick (HE) Patrick Fowler (PF) Fergus Cameron (FC), 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: Tony Horne (TH) and Amanda McKenzie (AM),

Item 2: Declarations of interest

No interests were declared.

Item 3: The Hampshire & Isle of Wight (HIOW) Sustainability & Transformation Plan and Health & Care Portsmouth (Blueprint)

Mark Smith (MS), STP Programme Director explained that Hampshire and the IOW is one of the larger STP areas, it is multi-centred with 8 CCGs and 21 partners so the approach will be very different to smaller areas. He emphasised that it is still early days but the focus of the evening was about how to move into engagement and/or consultation where necessary, with stakeholders and the public and that success of the STP will not be just about cost efficiencies but about delivery and outcomes for patients and staff working together more efficiently as professionals.

MS gave a short presentation - slides attached. Portsmouth & South East Hants is one of 5 Local Delivery Systems. There will be 6 'core' programmes:

- Prevention at scale
- New models of care
- Effective patient flow and discharge
- Acute Physical Alliance
- North & Mid Hampshire configuration
- Mental Health Alliance.

These will be supported by 4 'enabling' programmes:

- Digital Transformation
- Workforce
- Estates

- Commissioning.

By 2012, the aim is for good health for longer, world class care provision, people having control of own health information, pro-active / age related services provided closer to home.

Current aim is to link with the local plan ('Health & Care Portsmouth' - also known at the 'blueprint').

Suzannah Rosenberg (SR), Head of Integrated Commissioning gave an overview of Health & Care Portsmouth (Blueprint) and explained that the plan was to build an integrated health and care system that fits with the STP. Key themes are:

- Integrated health and care services
- Out of hospital services
- Improving discharges
- Early intervention and prevention
- Working with the voluntary sector.

Questions from the board:

GH - Could you clarify the £300m figure invested?

MS - Figure is a mix of capital and revenue costs but with exact amount not yet confirmed.

RJ - How do they close the £577m gap in the financial data?

MS - Not clear yet. Figures are based on best endeavours over 5 years. The £300m is to invest to save. We have submitted bids to the Sustainability & Transformation Fund (STF) which gives monies around central themes. We are awaiting the outcome but the £119m mentioned in the plan was an estimate of our allocation.

SF - In the plan for estates there is a saving of £20m. Is this all back office savings?

MS - There will be some estate rationalisation (reduction) and some spending assumptions bringing GP together in hubs.

SF - Is the £20m of savings based on market value?

MS I would need to defer to estates for an answer to this question.

SR - St James Hospital is the only site in Portsmouth with the exception of relocation of some GP Practices. The sale of St James site will be a capital receipt to Solent NHS Trust.

SF - What services are currently being duplicated?

MS - Back office functions in particular IT. In clinical areas it is too early to tell as the 13 clinical services reviews (eg: into different cancers) will be looking at this and the work is ongoing.

KE - Is there an alternative plan if the £119m STF is not awarded?

MS - The bid is looking positive so confident it will be successful. The £119 is an estimate based per capita on number of people in the city.

RJ - What is the methodology for the Quality Impact Assessments (QIA)?

MS - They are used across STP, built in from the start. All formal service changes will have a QIA and Equality Quality Impact Assessment (EQIA) attached. We are trying to be robust on this - plans need to be transparent and we need to ensure Healthwatch and the voluntary sector are part of the quality forum. **Action: MS**

SF - There are far too many health inequalities in the city. The EIAs from the Blueprint and the STP need to be integrated.

RJ - Does the £577m gap factor in 7 day working?

MS - As 7 day working will be a requirement yes it is built in.

SR - however, there are issues re workforce levels, so there will be different problems to tackle.

JB - Prevention at scale is difficult to deliver. How achievable is this?

MS - We ought to share our plans to get input. The wider determinates are to come. The early emphasis is on capturing what we aren't doing. **Action: MS**

JB - My biggest worry is it's easy to say and push onto the public but not so easy to deliver.

MS - The model of supported self-care needs support and has to be stress tested.

SR - In all probability it will take 10 years to see outcomes from preventions.

KE- Of the aims for 2021 what systems are in place to measure progress?

MS - We are just starting with dashboard reporting programmes. It would be good to share these with Healthwatch and get an opinion. It will be easier to monitor the financial changes but we will also monitor quality. **Action: MS**

RJ - You have raised system flow as an issue, are you looking at cause & solution?

MS - Work is being done nationally on a number of initiatives and performance is variable across the patch. There are 8 good practice guidelines to measure progress against - need to measure performance as part of this STP. However, these 8 points do not solve all the issues - for example housing not included.

SF - If someone accesses crisis care out of area, who has access to their records and who is responsible for sharing this with GPs & psychiatrists? And who ensures confidentiality is respected?

MS - I feel it would be beneficial for Healthwatch to receive a presentation on the Local Digital Roadmap and the common integrated care record which covers Hampshire and the IOW. **Action: MS**

SR - We are fortunate that in Portsmouth 90% of GP practices use the same system as Solent NHS Trust and both can look at your records. We are working with our GP out of hours service colleagues regarding their level of access. During our data sharing consultation many people

already assume the different NHS services talk to each other so in Portsmouth individuals have to opt out if they don't want their records shared. Lisa Franklin from Southern Health is the lead for Hampshire Care Records.

GH - The STP as a whole is difficult to get your head around with large figures albeit with good intentions. There is a fear that it means more. Will there be bed cuts in Hampshire?

MS - This might need to happen but this is predicted on the success of other indications - eg: good patient flow and discharge mechanisms.

GH - Given the capacity of the NHS and current occupancy (approx. 85%) how can you make sure the assumptions in the STP are correct?

MS - We have to model as best as we can. We are getting better at it but we're not there yet. It's an ongoing process. For example, workforce assumptions not included yet.

GH - Is it fair to say this is not a finished plan but more a work in progress?

MS - Yes. It was a plan as at October 2016, a point in time, but we know it will change as it develops.

GH -Over the past 20 years a fragmented system has been created. Is this an attempt to bring them back together?

MS - Yes

GH - Is this a real change of direction? Does it have political backing or is it what the NHS wants?

MS - STPs mean we can find the right solution for our area.

BS - We know workforce is an issue. Are there any proposals to increase this?

MS - Yes the 10 projects there will be new roles such as care navigators. There needs to be an increase of care workers and a range of interventions. What is different is we are thinking about one workforce.

SF - Does one bed mean a bed, or is it one person using the service?

MS - What matters is there is currently too much activity is happening in an acute setting and this needs to change.

Questions from members of the public

Question - When you commission services will you be paying high salaries which could be reinvested in the salaries of nurses and doctors? Do we have the capacity in the voluntary sector in the city or should we be employing health promotion workers?

Response - The cost base of services seeks to put maximum proportion of spend on contracts on front line staff. We are trying to do this. There has to be a movement around the STP and we need to unlock the power and ability of people, carers, families and the voluntary sector. We are in deficit in terms of communication and we need to catch up.

Comment - I am gravely concerned at the crisis in social care. It should be noted that Leonard Cheshire have nationally given notice on all domiciliary care contracts and the Red Cross has described the NHS as a humanitarian crisis. The STP is a vehicle for cuts and should be more appropriately named slash, trash & privatise.

Question - Have hospitals closed wards due to staff shortages?

Response - We are utilising acute hospital settings when we shouldn't. It's not just a staffing issue but also the workloads of staff.

Submitted Question: What obligations or expectations are there on Portsmouth City Council (PCC) or other local councils with respect to additional social care provision as part of these plans and consequent reduced hospital bed numbers?

Response - We have to get the best out of our money and we don't want to pass the problem around. We will work on the problem together through the Portsmouth Blueprint.

Comment - Equality Impact Assessments need to be in an accessible format. Other services such as Transport, Environment, Leisure need to be part of the holistic approach as they have explicit health outcomes as a part of the STP.

Question - Has the sustained cost of empowering the community been factored in?

Response - No but it needs to be. We need to engage how we do this. **Action: MS**

Comment - Dementia is a growth industry and there are issues also re cancer, heart, diabetes - but there is the constant argument on who pays; Health or social care? If services more respectful of voluntary sector organisations things would be easier.

Response - We are not reaping the benefits of the STP yet but there is already a sense of collaboration on this between health and the voluntary sector.

Question - There are 10 major projects, with spend to save predictions offering amazing deliverables. We need to see the project plan on how this is to be achieved. Where is the Quality Assurance, reporting and responsibility?

Response - The governance arrangements will provide transparency to the public. There are 3 levels of board that are reported to. The Operation Delivery Group, the Executive Delivery Group who report to the Joint Health & Wellbeing Committee made up of the 4 Health & Wellbeing Boards.

Question - If I were to ask a question via Freedom of information (FOI) request who should I direct it to?

Response - Your local CCG can answer FOI questions related to the STP.

Comment - Using the term "Change" is misleading as its more a 'progression'. Collaborative working has always been a problem removing obstacles. When you are deciding to trim and what to progress it needs to be clear.

Question - Is an impact assessment happening on the distribution of GP practices so there is fair distribution across the city?

Response - There is a legal duty to consult on any service change. The key is the right care in the right place.

Question - I have a background in IT. Measuring and recording are my main concerns. There is a £35m cap on expenditure and there are no costings for maintenance or training on new IT systems. Given it states it will take 2 weeks to train an individual and the current work force issues how will this be achieved?

Response - We are still at the planning stages and this process has to go through rigorous cost analysis before approval.

Question - As a user of mental health services I find a complete lack of respect of some service users. How do you find good quality mental health staff?

Response - It's about bringing parity of esteem and this will be a big issue for the Mental Health Alliance. It needs to be built in to Care Plan Models.

Comment - The service seems to be top heavy. Need more CPNs in place.

Question - £577m versus £300m = £277m cuts?

Response - No. If we carry on and don't change, it will cost us £577m more by 2020. We are therefore planning to invest £300m to save us having a deficit of £577m by 2020.

Question - It feels dishonest to say this is a £300m investment. Should be saying this is the best we can do with what we've got.

Response - That would be true if the system we have today was efficient but it isn't. We don't prevent, we treat. It's about making efficiencies.

GH - NHS has to consult on service changes and the Health and Overview Scrutiny Panel (HOSP) will scrutinise change. How do we engage with the public?

Response - Nick Brooks, Senior Communications and Engagement Manager, Portsmouth, Fareham and Gosport and South East Hants CCG - We're not proposing significant service change currently. Starting tomorrow we will be engaging across 3 CCGs. We will be starting with some of the bigger questions raised in the Blueprint before moving on to the specifics. This will run over the next couple of months when we will then look at what the emerging themes are. We will then conduct a more targeted engagement. We will look to Healthwatch to help us identify which groups this may be. The process will be on our website and social media from tomorrow. We want people to be involved.

SF - During purdah what engagement can take place?

Response - Purdah doesn't mean we have to stop but we will use the time to pause and evaluate what we have been told.

RJ - Commented that it feels that this has been a Top Down not Bottom Up approach. Have there been enough engagement opportunities for members of the public to understand the STP? Has it been adequately presented to the public in simple, lay terms?

Response - No we have probably not been doing that enough. We need to catch up.

Comment - I would suggest when you get stakeholder groups together all of the protected characteristics are included.

RJ commented that the engagement is not currently visible.

JB - There is a dynamic between senior level cuts and the level of "let's make this work". How transparent will the engagement be? What will be the real sphere of influence?

Response - We need to have a reality based discussion. The NHS should/could have better conversations - be more realistic and honest - eg: growing population, less GPs - if we don't have enough GPs what are we going to do? Choices have to be made and we will have to try and frame it with the choices.

KE - How are you going to get the numbers involved in the engagement?

Response - This is the start of the engagement process.

Comment - You need to use groups to target audiences you are missing.

Response - We will need a methodology to work with Healthwatch and other groups.

Action: NB

GH - Engagement has to be meaningful and Healthwatch is there to press and hold accountable.

Question - I'm confused as to how you are going to consult and inform or give the community delegated power. There was very little consultation in the draft.

Response - The STP will look and feel like the Health & Care Portsmouth. The STP is not driving the blueprint. There will be discussions with lots of groups.

Question - timescales are very tight. How meaningful will the involvement be with a deadline of June 2017?

Response - not aware of a June 2017 deadline. Not a fixed plan.

SF - I'm concerned that any decision will be taken out of hand as funding or staffing may be unavailable.

Response - This isn't a fixed point. The engagement will start tomorrow and there is no point when the engagement must be finished by.

GH closed the discussion by emphasising the importance of making the process accessible to all and that this would not be the last time the board would be talking about the STP. Engagement is to go on with tonight's meeting only one part of it. Like steering a tanker through stormy seas. Healthwatch Portsmouth will aim to be a voice for the public, helping the conversation about how the public want to be engaged. It is important that the public are given something they can understand.

MS agreed to come back to Healthwatch Portsmouth when there is more detail in the plan to review, and involve others.

Action: MS

Item 4: Minutes of last meeting (6/12/16) and matters arising:

The minutes of the previous meeting were noted and agreed.

Matters arising:

- Page 1 - Portsmouth Counselling services. HE informed the meeting that there was currently no update.

Action: AM

Item 5: Operational update:

PF informed the meeting that the quarterly update had been circulated to the board prior to the meeting. He asked that any queries were raised outside of the meeting.

SF expressed his thanks for the advocacy service and raised the concern at the large proportion of complaints were around confidentiality.

QA urgent Care pathway:

PF reported that along with GH & RB he had met with the Director of Nursing at QA and the Healthwatch report would be published shortly. **Action: PF**

Contract re-tendering update

PF notified the meeting that Learning Links had been successful in retaining the Healthwatch contract for the next 3-5 years. As part of the new contract Learning Links will be recruiting a full time manager. PF also told the meeting that Healthwatch would be linking with CAB Portsmouth to widen reach of the service and updating the Healthwatch Website.

Item 6: Board member updates:

There were no updates from board members

Item 7: Any other Business (AOB)

There were no issues raised.

Item 8: Questions from the public:

As questions were covered throughout the meeting there were no additional questions at this point.

Item 9: Dates of next public meeting:

- 18th April 2017 - Cosham Community Centre, the Garden Room.

Meeting to take place 6pm-8pm.

GH thanked everyone for attending and the meeting closed.