

Healthwatch Portsmouth Public Board Meeting
17.04.2018

Held at St Mary's Community Room

Present: Roger Batterbury (RB) Vice Chair, Jane Bailey (JB), Trish Bailey (TB), Ken Ebbens (KE), Steve Glennon (SG), Ram Jassi (RJ), Brenda Skinner (BS), Luke Evans (LE), Patrick Fowler (PF), Siobhain McCurrach (SM)

Apologies: Graham Heaney (Chair), Amanda McKenzie.

Item 1: Welcome, apologies and Declarations of interest.

Healthwatch Portsmouth Vice Chair Roger Batterbury welcomed everyone to the meeting and explained the purpose of the [jargon buster document](#) that was distributed with the meeting papers. He also explained the purpose of the yellow cards on everyone's seats which were to be raised if speakers used jargon, an acronym or other phrase that was not understood.

Healthwatch Portsmouth Board members and staff introduced themselves. There were no new declarations of interest

Item 2: Minutes of last meeting (27.02.2018) and matters arising:

The minutes of the previous meeting were noted and approved.

Item 3: Operational update

Siobhain McCurrach introduced the [Healthwatch Portsmouth Project Manager's report](#)

Highlighted items

- The first draft of the [2018/2019 workplan](#) has been published based on work done and the results of the members' priorities survey in early 2018.
- Luke Evans started on 1 March 2018 as new Community Engagement and Projects Officer.
- The GDPR regulations come into force at the end of May - Healthwatch Portsmouth will be contacting all members to gain permission to hold their details to comply with the regulations.
- [Healthwatch England's new five strategy](#) has been published - it will shape Healthwatch England's strategy in three main ways (see Project Manager's report)
- The [terms of reference for Wessex Voices PPI](#) (patient and public involvement in commissioning) collaboration have been published.
- SM has circulated to Board members a [briefing note on the financial and clinical performance of Portsmouth Hospitals NHS Trust](#) (PHT) released by the Trust's Chief Executive.
- The Third Walk Through of urgent care at QA Hospital, focussing on discharge and support for carers, is due later in the year.
- Training for the Patient Led Assessment of the Care Environment (PLACE) visit to QA Hospital at the end of April will take place this week.

- Solent NHS Trust has asked Healthwatch Portsmouth to comment on the [Quality Accounts review document](#) - comments should be sent by the end of the month.
- Healthwatch Portsmouth will work with Portsmouth City Council's new Turnaround Team to offer service user experience insight for the 48% of PCC-run care homes which were judged by the CQC to be inadequate or requiring improvement. This will be one of the discussions undertaken at the Health Overview and Scrutiny Panel meeting on 14 June 2018.
- Involvement with the Multi-speciality Community Provider model of care discussions is ongoing.
- Healthwatch Portsmouth will be promoting involvement in Southern Health's series of workshops looking at how people in Portsmouth and South East Hampshire access mental health services.

Question

RJ) Can we have a regular updates on Portsmouth Hospitals' finances in the manager's report?
SM) Yes

Item 4: Update from Patrick Fowler

Pat updated Board members on his activities since the last meeting . He explained his role at Learning Links in supporting Healthwatch Portsmouth and developing health and wellbeing projects across Learning Links.

Recent meetings and projects

- Personal budgets - the report has been submitted to Portsmouth Clinical Commissioning Group (CCG) and is awaiting feedback. Once feedback has been received it will be published. A workshop may be organised to discuss the findings. Portsmouth's *The News* featured the report.
- Safeguarding - the adult safeguarding board is working to address QA Hospital improvements; the next meeting is in May.
- CCG - discussion on GP surgery mergers. Healthwatch Portsmouth's role is to ensure that patients are involved, and to encourage a discussion on a review of the promised benefits in 12 month's time.
- Wessex Voices - five local Healthwatches have been working with Healthwatch Portsmouth partner Learning Links to offer training on patient engagement and scrutiny.
- Patrick will be attending the next Health and Wellbeing Board meeting

Questions

RJ) What is the size of personal budgets, ie what real choice do people have?

PF) We are looking at the quality aspects of personal budgets rather than the financial side.

RJ) Is there an optimum size of GP surgeries to population ratio?

PF) Yes the CCG does have an optimum size for practices but often has to work around this as mergers are proposed as a result of GPs retiring or moving away rather than matching population sizes.

Item 5: Guest speaker: Suzanne Hogg, Urgent Care and Resilliance Lead, NHS Solent

Suzanne Hogg was joined by NHS Solent Operations Director Mandy Sambrook and Simon Nightingale, Adult Social Care Senior Business Manager at Portsmouth City Council to outline progress in the Integrated Discharge Scheme.

Suzanne introduced her presentation on the Integrated Discharge Scheme (IDS) and Discharge to Assess (D2A) - [IDS & D2A - Progress Update April 2018](#)

Questions

RJ) Have readmission dates been plotted? This is important as too quick a discharge could lead to readmission.

SH) No this hasn't been plotted yet - the Trust will you look at working collaboratively in preventing avoidable hospital admissions and readmissions.

RJ) Have you calculated the money saved?

SH) Work is ongoing on this to calculate a return on investment ratio figure.

RJ) Can't you initially calculate the number of bed days saved?

KE) Have the telephone system problems been resolved?

SH) These were slightly outside the scope of the scheme, feedback has not been received.

KE) Have safeguarding issues been looked at? The issue is usually raised too late and then creates blockages in the discharge process.

SH) Safeguarding is being taken into account in the system level review.

KE) How can families be involved?

SH) Families can raise safeguarding concerns at point of admission. One advantage of having the IDS is the breadth of the professional expertise available and so it is easier to address safeguarding concerns.

KE) Are the figures on the first slide the true figures? Do they take into account the backlog?

SH) Yes these figures show that new demand is being managed and that the backlog is being addressed.

JB) Are you seeing benefits at the front door?

SH) We are seeing improvements to performance as a result of the IDS across the Trust - hard to isolate individual factors.

JB) Is it only due to co-location?

SH) Co-location is only one part of the jigsaw - we want to develop the assessment system so that patients only have to face one assessment.

PF) Are there common factors that limit improvements?

SH) The key factor to emerge has been enabling discharge to happen as soon as possible, it gets harder the longer the person stays in hospital. It is important to talk to the patient and their family to find out support needs as soon as possible and how to sustain this. We need to understand the patient journey and what led to the admission in the first place.

RJ) Where are the family and community organisations in this model?

SH) In many key areas the IDS involves community organisations, looking at how they interact with the model. We use existing networks to enable them to respond to people's needs. Project

Bridge, the voluntary sector social prescribing teams are involved in the IDS.

PF) Is there evidence of improvements to the patient experience?

SH) We receive feedback from patients - good and bad. Portsmouth reablement team will gather feedback and assess how the quality has improved and will include families and patients.

Simon Nightingale offered to present later in the year to Healthwatch Portsmouth on these links and networks.

Question from public) How are you finding that care agencies are working with the discharge?

SH) One of the delays in discharge was the availability of care -Solent commissioned extra care home beds to ensure that no-one waits for the package of care.

Comment from public: Quality of care at the home is key rather than simple number of days the patient stays.

SH) There have been blockages but there has been a change in demand for packages of care. CCG now commissions care support workers to support patients if they want to leave hospital and go straight home.

Item 6: Update from Carers' Centre

Clare Rachwal, Manager at the Carers' Centre gave an update.

- The Centre is trying to move away from rigid targets to ensuring that they deliver what people want.
- The centre has improved the time taken from initial enquiry to delivering support - formerly it took on average 37 days, early indications are that with the new ways of working this has been reduced to on average four days.
- Support now starts with a conversation rather than filling in a form - the reduction in time is largely due to getting rid of the forms.
- The service is moving towards a flexible -rather than one size fits all- approach to supporting carers.
- Feedback so far is good but it has only been operating for a limited time - Clare will supply a fuller update at a future Healthwatch Portsmouth meeting.

Item 7: Feedback to Nick Brooks

KE presented Healthwatch Portsmouth's feedback to Nick Brooks (NB), Senior Communications and Engagement Manager, Portsmouth CCG on the four future scenarios that have been circulated

- [Supporting someone with several long-term illnesses](#)
- [Supporting someone with several mental health problems](#)
- [Supporting someone who is extremely frail](#)
- [Supporting someone who occasionally needs same-day care](#)

The CCG is currently engaging with patients receiving mental health services and their carers and people with long term conditions. Nick is happy to come and talk to groups and other interested parties.

Healthwatch Portsmouth has previously circulated the four scenarios to gather feedback from our members.

Questions

RJ) Where are we starting from?

NB) We want to start the conversation early - using the broadbrush to identify themes.

RJ) What are the drivers of change?

NB) The main drivers are increased demand, decreased funding which results in resourcing gaps.

RJ) How does the patient know they will get a good service?

NB) The reorganisation is to ensure that people get what they need within the resources available, ensuring that everyone is satisfied. There will be metrics used over the next six months - for example with early diagnostic services.

RJ) What is the effect on the other patients who are not in the long term condition pilot Hub surgeries?

NB) Other patients will not be worse off.

RJ) Is it risk assessed?

NB) Yes - risk assessments have been undertaken - these can be supplied to Healthwatch Portsmouth.

JB) It doesn't seem that there are many details. What is the background to the engagement?

NB) The CCG has been looking at seven care homes and how to reduce their 999 calls.

Public) I think the GP hubs are good for patients. Today is the first I have heard of it. Has the decision to proceed been made?

NB) No we are still in the early stages, finding out what is important to people, a formal consultation will be undertaken to include the views of patients, carers and clinicians before the final decision is taken.

JB) Has the CGG considered St James rather than St Mary's as the location for the hub?

NB) Yes St James was considered but St Mary's is better placed.

Item 8: Update from Board members

BS) Has been involved in PLACE inspection at Priory Hospital, Havant and is preparing for PLACE at QA Hospital shortly.

KE)

- Attended a dementia event as part of the Older Person's Network.
- Attended QA Hospital Executive Board meeting.
- Attended Dementia Alliance meeting.
- Been involved in producing health related posters.
- Shaping Portsmouth Carers' involvement work.
- Attended Solent NHS Trust Patient Experience Forum.
- Spoken to Wessex Voices regarding pharmacies.

- Attended Carers' Executive Board - had queries regarding people using independent payments, PCC taking over control of Harry Sotnick House, mental health section 117 if person is in a home - means tested/non-means tested is the difference of £900 for the council to pay.

RB) Has attended the PHT Quality Improvement Oversight Group looking at the Trust's Quality Improvement Plan. He also sits on the PCCG Primary Care Committee - looking at how GP mergers are being run. He will be attending the PLACE inspection at QA Hospital.

RJ) Has been sitting on the Solent NHS Trust Complaints Review Panel.

SG) Has been using NHS services which have been excellent and wanted to say thank goodness there is an NHS.

Item 9: Any other business

There was no AOB.

Item 10: Questions form the public

There were no additional questions from the public as these had been dealt with through the meeting.

Roger thanked everyone for attending and reminded them of the date of the next meeting: Wednesday 27 June 2018: 6-8pm at the Civic Offices. This will also include Healthwatch Portsmouth's AGM.