

## Healthwatch Portsmouth Board Meeting 5.2.2019

### Held at Frank Sorrell Centre

**Present:** Graham Heaney (GH) Chair, Roger Batterbury (RB) Vice Chair, Ken Ebbens (KE), Steve Glennon (SG), Luke Evans (LE), Siobhain McCurrach (SM)

Apologies: Jane Bailey, Ram Jassi, Amanda McKenzie, Brenda Skinner

### Item 1: Welcome, apologies and declarations of interest.

Healthwatch Portsmouth Chair Graham Heaney welcomed everyone to the Board meeting. He explained the purpose of the yellow cards on people's seats which were to be raised if a piece of jargon was used.

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

### Item 2: Minutes of last meeting (11.12.2018) and matters arising

The minutes of the last meeting on 11 December 2018 were approved as being an accurate record.

Matters arising

Item 3) SM clarified that there was actually provision for up to 13 Board members, not 12 as previously stated.

Item 4) Gordon Muvuti was unable to attend the meeting as anticipated.

The question about dental treatment for mental health service users was raised at Wessex Voices.

Item 5) KE update) A representative from B&Q has been invited to the next forum meeting but so far there has been no reply.

### Item 3: Appointment of new Board members

Following on from the advert on the Healthwatch Portsmouth website and in the email newsletter in October and November 2018 four applications for the Board were received. After review by the current Board all four applicants were approved. All four were appointed to the Board for a three year period.

New Board members Mary Amos (MA), Jan Dixon (JD), Graham Keeping (GK) and Philippa Pringle (PP) then joined the Board table for the rest of the meeting. GH

thanked and welcomed all four new Board members to Healthwatch Portsmouth. A Board training session will be arranged as part of the induction process.

#### **Item 4: Healthwatch Portsmouth Project Manager's report**

SM presented the [Healthwatch Portsmouth Project Manager's report February 2019](#)

The Board approved the additional paragraph and this has now been incorporated into the [Healthwatch Portsmouth Governance Handbook](#)

There were no questions.

#### **Item 5: Carers' Centre update**

Clare Ratchwell (CR) of the Carers' Centre gave an update on developments at the Centre.

- The Carers Service, based at the Carers' Centre in Orchard Road, supports anyone in Portsmouth who looks after someone else in an unpaid capacity.
- It is estimated that there are 16,000 carers across Portsmouth - 4,000 of these are known to the Carers' Service.
- The results of the recent survey of carers had identified the issues faced by carers including problems with contacting adult social care services and accessing the named social worker, complex situations where carers themselves had health problems and financial difficulties resulting from carers having to give up their jobs to become full time carers.
- The council currently has one respite bed available for carers, efforts are currently being made to secure funding for a second bed to begin to meet demand across the city. It is proving hard to find a setting which will meet all needs.
- The NHS Long Term Plan has good recognition of carers' needs.

Public) Does the Carers Service offer support for child carers?

CR) No the service only supports adult carers

GH) Are you not surprised that financial problems are not faced by more carers?

CR) This survey was not completed by all carers -only people who Portsmouth's adults services team are in touch with- so the survey results are likely to underestimate the number of carers facing financial problems.

Public) Is there nothing in the survey about the age and health of the carers?

CR) Yes these issues are covered by the survey and will be given when the full results are released.

JD) Can I have a look at the survey questions and results?

CR) I will send across the whole report which includes the questions asked.

JD) I will be interested to see it - there seems to be lots of multiple choice questions with not much scope to provide comments.

GH) Is there scope to provide feedback on survey questions?

CR) The questions are set by NHS Digital, there is little scope for varying them.

GH) Could you find out if there is a mechanism to feedback on the questions?

CR) Yes I will do.

Public) Is the report publically available?

CR) It will be available on the council website in time, there can be a gap of up to six months between internal publication and general distribution.

Public) I have found that the problem is that the carers can't find out the help that is available, carers need to make a noise to get help.

CR) As part of social care we are reliant on carers self-referring or being referred. Ideally if a GP knows they are carers they will refer on. Some departments at the hospital are better at identifying carers than others, we are trying to make sure all departments know to refer on carers to us.

Public) How are people referred to the Carers' Centre? Many people don't seem to know - is the information available to GPs?

CR) Carers' Centre leaflets are almost everywhere -in GPs, pharmacies, at QA etc and we have had articles in Flagship and other council publications. We have found that people don't know about us - we need the GPs to refer on. We find that lots of carers don't think of themselves as carers, we try not to label and reach out to everyone.

GH) Are you linked in with the Hive?

CR) Yes we are linked with the Hive and the social prescribing service.

## **Item 6: Hampshire and Isle of Wight Sustainability and Transformation Partnership**

Dr Tim Cotton (TC), Clinical Transformation Director for the Hampshire & Isle of Wight STP and Sue Harriman (SH), Chief Executive of Solent NHS Trust gave an update on the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP).

- Since the last time the STP team gave a presentation at the February 2017 Board meeting there has not been much engagement with patients, they are now looking to engage and involve patients in shaping the STP.
- The STP brings together 21 health organisations across Hampshire and the Isle of Wight to work in partnership.

- The STP is organised around six care partnerships or ‘places’ across the STP area - Portsmouth, Southampton, Isle of Wight, North and West Hampshire, South East Hampshire, South West Hampshire,
- Planning for the STP is taking place around neighbourhoods or clusters - in total there are 36 clusters across the Hampshire and Isle of Wight STP area. Each cluster has a population of around 55,000 and is aligned to a natural community area.
- In Portsmouth there are three clusters -North, Central and South- covering the city council area.
- In Portsmouth planning for the STP is more advanced than across the rest of Hampshire and the Isle of Wight.
- In terms of patient and citizen participation the STP has so far funded 10 places via Wessex Voices’ Empowering Engagement programme for health and care staff to work on improving mental health crisis services.
- The STP has recruited a panel of 3,000 members of the public from across the area, representative of the demographics of the area.
- The panel is surveyed monthly to gain feedback - there is an expected response rate of 30-50%. Non responsive participants are removed. The panel will be refreshed every three years.

#### Questions

RB) Has anyone in this room been involved in the panel?

(No response from the room)

KE) What were the criteria for appointment to the panel?

SM) We were given information about the panel at the end of January - we were surprised as we had heard nothing about recruitment to the panel.

SH) First I heard was today.

TC) We will get back to you with details of the recruitment.

KE) My concern is that recruitment is of people already known who will not challenge.

TC) Hampshire Healthwatch is working with the STP on behalf of all Healthwatches in the area.

GH) There was a meeting in November and we contributed our views on public and patient involvement in shaping the STP.

#### STP work programme

- The STP have had a review of work programmes and matched them to the NHS long-term plan.
- Three quarters of cancers to be detected is the goal- we are a long way behind Europe at picking up cancers earlier. Groups of GP practices will be funded to work together to improve detection rates.

- Social prescribing will now be funded 60-70% by NHS England, 30% by practices.
- Redesign of the out-patient model
- Promoting self-care; digital technology to support this
- The STP is looking at ways of using the ambulance service to help people to travel to hospital for appointments.
- The STP will be looking at using virtual working.
- In primary care everyone will move to integrated care services by 2021.
- CCGs will become leaner and work with providers more closely.

#### Questions

RB) Leaner is always smaller?

TC) We are coming from a health economy with adversarial contracts - providers are paid by the number of patients. We hope to change to better pathways to support people. The CCGs will have a smaller role.

CR) The new arrangements mean that the Carers' Centre doesn't have provide such detailed information to the CCG.

TC) The new system's focus is on outcomes - we need to make meaningful outcomes.

RB) The key is engaging public.

SG) The key is taking the public with you? I am feeling that the public is not engaged. The first impression is the need to talk to the people more so that they know what is going on.

KE) Communication within and without seems to be missing.

TC) We were told that we shouldn't go out to consultation when the STP was introduced since the other priorities have prevented consultation. Just before Christmas a new way of working was introduced.

KE) The 10 year plan highlights the role of carers - only now are they being involved. Time and again consultation only starts once plans have been made. Carers are cynical about their involvement.

TC) The STP is 22 organisations talking with people. The STP is a process. STP communications is limited. It depends on communications staff in different groups.

KE) Two years ago we were asked what you should do. We said talk to people now. Two years on you are still talking about talking to people.

TC) The involvement of the public in care organisations is part of being involved with the STP.

SM) Healthwatch Portsmouth has been involved in responding to initiatives but it was unclear what the overall purpose was.

SH) Tim has given an account of what has happened over time. The 10 year plan is

new. What you highlight is the old way of working. Now we are moving to a new place way of working - based on need, not on contact.

TC) Sue has been bringing together Southern, Solent, Portsmouth City Council and CCGs. We have built relationships together working on challenges such as urgent care. The approach works very well with a focus on outcomes. The Board meetings over the last 18 months are bringing everyone together. My role as system convenor of the new unified executive is making sure services are in the right place - outside of hospital, not necessarily NHS. We don't assume to know what people want.

We want to create a citizens' assembly involved in redesigning services.

All parts of the NHS are having to change and adapt. We now know what the funding is.

There have been tensions about behaving differently at the Chief Executive level across the area. The first two years of the STP have been a learning curve for Chief Executives to change the way of thinking so that they think about outcomes and people, not services. The 10 year plan changes the way of working.

SM) Each local Healthwatch is to engage with the local population. A national Healthwatch England survey will be produced. The HIOW STP are working with Healthwatch Portsmouth and Healthwatch Hampshire to consult local people. The questions need to be meaningful - the local Healthwatches will work together on the questions. The number of different plans are mind boggling.

PP) I'm glad to be here as it seems very complicated - people, places and services. We need to be agile to meet the needs of people.

TC) The most powerful engagement is at the 30-50,000 people level

SH) Would it be useful for Healthwatch Portsmouth to be part of the unified executive to create partnerships?

SM) Yes please.

Public) It is good to see the STP taking shape and integration. I attend workshops on support for carers in Southampton. I was impressed by a presentation by admiral nurses. I was informed that in Portsmouth admiral nurses are only provided to service families, how can we get them more widely available?

SH) I will talk to Sarah Austin . There are differences between Portsmouth and Southampton. Sarah works across all organisations.

TC) The advantage of a larger area is that resources can be shared and we can learn from good practice in different areas.

## Item 7: Board updates

Roger Batterbury

- I went to a Portsmouth Hospitals NHS Trust quality review meeting. They have done a mock CQC inspection and will repeat again, inviting Healthwatch Portsmouth.
- There is a Primary Care Committee meeting coming up.
- Care UK are keen to establish a Patient Participation Group - this is coming up in the next few weeks.

Stephen Glennon

- I had an opportunity to comment on the Solent Complaints procedure, including places when in breach of legislation.
- I had an informal meeting with Jackie Andley. She has been invited to the April Healthwatch Portsmouth Board meeting to talk about quality. The Quality Account has sometimes not included the Healthwatch comments in the final version of the report that is published.

Ken Ebbens

- I have been to a meeting of the Audiology Department at QA - I had query about the backlog. Mark Cubbon has pledged to reduce the waiting time to 52 weeks.
- I attended a Wessex Voices social capital workshop.
- I attended the QA walk-through and saw the continued improvement on the ground level. We forget that 95% of the time they do a good job.
- I am working with the university looking at men's failure to acknowledge health problems.
- I am concerned that the autism forum's discussion of employment doesn't have any involvement from employers. We need a business perspective.
- I have been attending meetings of the Gosport Hospital Learning Board on behalf of Portsmouth and Hampshire Healthwatches. The Board is looking at how the changes can be sustained.
- The Dementia Alliance is asking is what is wanted in Portsmouth in terms of provision.
- At St Marys Hospital a new transports strategy has been produced dealing with parking for staff. There are serious concerns among staff.

Graham Heaney

- I have attended the first meeting of HLOW Healthwatch Chairs and Chief Officers, which has agreed to meet quarterly to promote the better

coordination of activities between chairs and managers of local Healthwatches in the Hampshire and Isle of Wight area.

**Item 8: Any other business**

There was no other business.

**Item 7: Questions from the public**

There were no further questions from the public.

**Next Healthwatch Portsmouth Board meeting**

The next Board meeting is on Wednesday 3 April 2019 4-6pm at the Buckland Community Centre, Malins Road, Portsmouth PO2 7BT.