

Healthwatch Portsmouth Advisory Board Meeting

Date: 5th March 2024

Venue: Eastney Community Centre

Attended:

Healthwatch Portsmouth Advisory Board: Roger Batterbury Chairperson (RB), Jan Boucher (JB), Jason Oakley (JO), Graham Keeping (GK), Anthony Knight (AK); Jennie Brent (JB)

Online: Mary Amos (MA)

Apologies from: Ram Jasi (RJ)

Healthwatch Portsmouth: Siobhain McCurrach (SM), Jonathan Crutchfield (JC) Sunitha Rajeev (SR) and Gaynor Lennon (GL)

Guests: Andrew Strevens (speaker), Amanda McKenzie, Public Health Commissioner

Item 1: Welcome, Introduction to the Advisory Board, Declarations of Interest

RB introduced himself and welcomed everyone to the Eastney Community Centre and also participants online. He explained that we were having another hybrid or blended meeting both face-to-face, and virtually using Teams. He also explained that the meeting was being recorded, to keep a record of the meeting and also to help with the minutes, in particular for those not present.

Since the last Advisory Board, Healthwatch Portsmouth (HWP) had been very active on behalf of patients, carers, and the people of the city, just what you'd expect from a Patients Voice Organisation.

HWP have had regular sessions in a community partner meeting about the future of community and mental health, learning disabilities and autism called Project Fusion and can now report that the new regional Trust will be called "Hampshire and IOW Healthcare NHS Foundation Trust" and the new CEO Ron Shields has given assurances that from day one; the 1st April 2024 all services will continue to run as they are now. We will hear more about this and the start date from our guest speaker.

As this Healthwatch Portsmouth Advisory Board Meeting was being held in public, RB, as Chairperson, would allow questions from anyone attending, during the meeting if they would raise their hand, but that preference would be given to the HWP Advisory Board members as a matter of process. RB asked anyone with a question to state their first name initially.

RB asked the HWP Advisory Board members to introduce themselves.

- Anthony Knight – our Vice Chairperson

- Graham Keeping
- Jan Boucher
- Jennie Brent
- Dr Jason Oakley
- Mary Amos

Since the last HWP Advisory Board meeting RB had accepted the resignation of Advisory Board member Peter IZard, RB expressed his sincere thanks for everything Peter had done with the varied roles he took on at HWP, including The Portsmouth Adults' Board Safeguarding and Portsmouth Learning Disability Partnership Board; he also kept an eye on all matters relating to mental health. RB wished him well and hoped that he might be able to rejoin us one day. RB took the opportunity to mention that there were a couple of vacancies for HWP Advisory Board members and invited anyone interested to speak to himself or one of the Advisory Board members.

RB then introduced the new HWP Lead Officer, Sunitha Rajeev who had joined the HWP Team since the last Board meeting. He asked Sunitha and the rest of the team to say "Hello". Team being Siobhain, Area Director for HWP and HWH, and Jonathan HWP Senior Engagement Officer.

RB asked the Advisory Board for any declarations of interest for the agenda. None was recorded.

Agenda Item 2: Approving Minutes of Previous Meeting (11th December 2023)

Attendees were requested to review the minutes from the previous meeting held on December 11th, 2023. No actions were required. After reviewing the minutes, GK proposed the approval of the minutes, which was seconded by JB. The minutes were unanimously approved.

Agenda Item 3: Guest Speaker Presentation

The guest speaker was Andrew Strevens, CEO, Solent NHS Trust. He was talking about Project Fusion, which aims to bring together health organisations across Hants and IOW. All services of Southern and Solent Health Foundation Trust, and NHS Trust adolescent mental health and community services within Portsmouth as well as Autism services in Hampshire. It was working well so far, the benefits being a seamless, proactive rather than reactive service. It was bringing care more into the community, and away from the acute sector. He admitted it was a long title, (Hampshire and Isle of Wight Healthcare NHS Foundation Trust) but that it was thoroughly consulted on.

Back in June, the Board and a Chair and CEO had been selected. Non-executives will be selected over time. Andrew's own role will be Chief Integration Officer. It can take five years to feel integrated. This is one part in the system which includes hospitals, G.P. surgeries and local authorities. He was hoping for the transfer to happen on 1st April, but it may be delayed. The regulator must follow its own procedures, to say that they think the organisations are ready to proceed. There was to be a meeting on 12th March, and once the go ahead is given, it needs to go through the Secretary of State

for Health. The team have been working together for two years now and they have ten clinical transformation streams for service areas that they are looking at. The transfer has taken up an awful amount of time to the detriment of “business as usual” services, and they needed to get back to the services providing “business as usual”.

In terms of our local system, Portsmouth and SE Hampshire is seen as one that needs support and is not seen as one that is not actually achieving what it needs to achieve. Principally, because of ambulance handover delays in the QA (Queen Alexandra Hospital), you will see in the press that there is a problem, and we are on weekly monitoring, but to be fair, all systems now are on weekly monitoring. A letter has been sent out to all acute providers around the country. Portsmouth has issues with Emergency Departments, but it concerns us all, there are too many people in hospital who don't need to be. This is a widespread concern throughout the country. Solent has opened up an 11 bedded unit which can stretch to 13. Sheerwater care home is operating on the top floor as a rehab unit to try and relieve the pressure on the QA hospital. This is opened until the end of March 2024. The Care Quality Commission had recently done an inspection on the Emergency Department of the QA, but the results have yet to be published. They are currently having “Fire Break Weeks” where they have daily meetings and raise the issues and ask how they can resolve the issues. Andrew's team is working with the QA team, Southern Health, and the local authority. There will be feedback and Andrew suggested Healthwatch may be interested in this feedback. Although a peak for hospital admissions was forecast for March, they had had an uptick already, locally and nationally and all hospitals were struggling for capacity.

The financial year 1/4/24 to 31/3/25 we have a £105million deficit, mostly in the acute sector. The Integrated Care Board (ICB), who are commissioners of healthcare need to save £150million to break even, so some services will need to be transformed or reduced and there are active conversations as to what those services may be. We at Solent received notice of one of the services we provide which is musculoskeletal (MSK), we provide a triage service, and GPs refer to it, we triage to see if they can be treated in the community, by our specialist team or if they need the acute services in Portsmouth hospitals, which means that patients get treated fairly quickly, although there are still waiting times. The acute sector has capacity for 2,000 treatments per year, but we get 5,000 referrals, so one wonders how they could cope without triage. Proposals will have a detrimental impact on patients that we deal with so Healthwatch will need to have scrutiny over this.

Action: HWP to find out about Musculoskeletal (MSK) services.

Local authorities are under significant pressure. Southampton LA is teetering on a 114 resolution, which means bankruptcy, so they have to cut their services right back to the bone which means providing only essential services, and non-discretionary services get cut. Birmingham Council is in the same situation. Many authorities are in the same place, and Portsmouth Council is under pressure. The national picture of the NHS is that money is tight, and decisions need to be made.

There is something called Patient Led Assessment of the Care Environment (PLACE) and, across the SE region, Solent came top in four categories, namely Food, Privacy and Dignity, Dementia and Disability, some scores we need to improve on like

Cleanliness, but I think that is just a factor of our estate. Also, in a Staff Survey done by the NHS which measures the level of engagement with staff, we came top in one category and joint top in two other categories, which is very satisfying. All our scores were either the same or improved on last year. Andrew asked for questions at this point.

SM asked with reference to the ten workstreams for Fusion, what is the method of engagement that will be offered to Healthwatch and what timeframe will it be provided in? Andrew couldn't answer this but promised to get back to SM and meanwhile mentioned that Sue Bickler was due to attend a Primary Care Alliance Board.

Action: SM to chase for response.

SR asked how you make sure prevention projects would not be given less importance, due to the deficits of transferring organisations. SR also felt that along with effective strategies, we need to focus on capacity building through training and improved motivation of outreach and front-line staff.

Answer: Andrew explained that within the Integrated Care System, there is also an Integrated Care Partnership, which is a collection of bodies of which Healthwatch is a part. The integrated partners have a five-year strategy committed to prioritising resources into prevention in 2024/2025. The Chief Executives of the local health system agree that we cannot continue as we have done with more patients in hospital, and capacity out of hospital not being covered. Andrew feels we have missed a trick ref prevention. Money has been spent in the wrong places, and we need a serious intervention for change.

Questions from RJ. Does the new Hampshire and IOW Healthcare/NHS Foundation Trust have a forward strategy plan with key milestones over next 3/5 years and is it possible to highlight the key strategy levers and how they have been formulated in developing the forward looking plan, and, in due course, could the strategy plan be shared to understand and promote discussion?

Answer: The plan is publicly available, and you can see what we've written. Clearly one of the big steps we need to take is the milestones over the next 3 to 4 years, and we will be doing that over the next few months. Our regulators have asked for more clarity about that too. Regarding key strategy levers, we need to consult with you and others, and I commit to that. You should find it on the website Solent or Southern Health, type in "business cases".

Action: HWP to circulate to Advisory Board members

RJ what are the top risks of the new organisation, and how are these being managed going forward? A: The top risks are the standard ones for any health organisation, demand capacity and the workforce. We need more nurses and doctors. NHS say (nationwide) we have recruited too many, but we need to do this to replace leaving staff.

JB asked What is the criteria for Spinnaker Ward beds and is it a quick turnaround. A: It is used to create additional capacity from QA, but they come from other units too. It is a quick turnaround as they do not have things like hoists.

JC shared experience of transferring treatment to the community. It was more popular with the patients because there were no parking fees, and consultants preferred it from an Emergency Department point. It was difficult to achieve the transformation due to money transferring from Secondary into Primary, and potentially into community as well. Andrew feels there is more of a willingness these days. There is additional money for elective treatment. Services are paid a lump sum now, not a tariff as previously.

AMcK in terms of transformation, is the intention to “future proof” services to prevent having to keep going through the transformation. Answer: Yes. Also Artificial Intelligence will help us to predict which of our patients we need to be prioritising.

Edward asked how the new trust would affect patients after six months. Answer: A more streamlined service blending teams from other hospitals. One discharge process instead of currently loads. Banishing the postcode lottery selection, levelling up within six months to a year hopefully.

Stan: Heart and Orthopaedic patient. Has offered to go to talk to cardiac wards to talk positively to them. Had suggestions for saving money. Andrew agreed on the power of communities, especially in MH services.

Lucky: As the trust covers four different geographical regions, Lucky was worried about patient care being closer to home. What if a Portsmouth patient were to end up in Andover? Cost of travelling for e.g. Answer: It would be in Portsmouth/SE Hampshire footprint, it should be extremely rare for that to happen. Obviously, there will be rare exceptions (e.g. Mental Health) we want that care to be within the communities they live in.

RB said you talked about the MSK and Healthwatch being involved, we'd like to be.

RB thanked Andrew.

Agenda Item 4: Advisory Board Members Update

Jason Oakley (JO):

No updates to report?

Graham Keeping (GK):

Had helped HWP run a community outreach information stall in the Cascades Centre, which was very successful lots of questions asked and answered and had a couple of offers for volunteers.

Jan Boucher (JB):

No updates to report.

Anthony Knight (AK)

Represents veterans' health. Last year it was identified that the top 3 of 26 identified priorities for Veterans are housing, education and health. The three main concerns are

1) how can access to urgent MH care be improved for veterans experiencing mental health crises? 2) what kind of treatment and support would benefit partners, children and family members caring for Veterans?. 3) How can the NHS and charity services work more collaboratively to provide joined up care that better meets the needs of veterans? This was followed by a meeting at the Marriot Hotel in December. I got to meet Hugh Mudford who has offered to give us a brief on Sir General Gordon Messenger and Dame Linda Pollard's leadership review. I also met Jonathen Giemza Pipe, who is lead practitioner with OpCourage, which has moved from NHS Solent to NHS Berkshire, and he has offered to give us an update on what OpCourage has been doing with their services. We should take that up. There is an update brief due at the end of this month. Things have developed considerably with Veteran services there is now OpNova which looks after Veterans in the justice system, OpCommunity which is about collaborative working in supporting NHS Trust, and OpRestore which is a veterans' Trauma Network. I was invited to do MH first aid training, so I have now requalified. Run by Cathy Turlent who will be running a course for 15 in April should any Board members wish to take up the chance. She is also planning one day courses which may be done by volunteers.

Action: HWP to invite OpCourage to address Advisory Board Meeting.

RB reported that there is to be more funding for Veterans' Clubs, regionally.

Roger Batterbury Chairperson (RB)

Since the last HWP Board meeting these are the other meetings, I've attended, representing HWP: –

- Project Fusion/Towards a New Organisation the community partners meeting and the planning meeting with the various Trusts engagement leads as one of the co-chairs.
- PCOG – what was the PCCC, the Primary Care Operational Group for the ICB Portsmouth
- Regular meetings with Siobhain and Anthony
- PHUT Mental Health Board – unfortunately I missed the recent one.
- PSAB Engagement Subgroup
- Attend the monthly regional HW Meetings with the other HW chairs and managers.
- Attending the Portsmouth Health Protection Forum
- Attended the Combatting Drugs Partnership meetings.
- Attend the Portsmouth Health and Wellbeing Board meetings.
- Having heard about potential changes to Podiatry services within two GP Practices, I have since heard that there is some availability at EHC for podiatry one day per week from April, a win for podiatry patients.
- Met with OPMH Service Lead again about proposed service changes and Dan from the Commissioners for Mental Health Services – ongoing process about proposed service changes.

- I've sat on several interview panels for potential nursing students at the UofP and some placement meeting for the new masters' degree courses for both adult and MH nurses. Plus, I did a teaching interactive session about patient voice and engagement with the University Radiography students and I've got another session booked with the University Operating Department Practice students with a similar focus.
- I've now got a tour booked at Jubilee House in Wymering to see the provision of Musculoskeletal (MSK) Services there and the changes they have made from being a residential unit.

Plus, I've been attending my own GP Surgery/Partnership PPG where I'm Vice Chair, plus I also Chair the UTC PPG where we are looking for additional members.

At the last HWP Advisory Board meeting I spoke about taking on a new role with South Central Ambulance Service who were appealing for people to join their Patient Panel. Following an interview with their Patient Engagement Team I am now the Chair of the SCAS Patient Panel, and I spent a day at their Otterbourne HQ on the 18th December and on 21st February chaired the first SCAS Patient Panel.

Item 5: Operational Manager's update on Healthwatch Portsmouth since the last Advisory Board meeting in December 2023

Siobhain provided highlights from her report that she presented to the Advisory Board.

Covid spring booster vaccination programme for a small number of eligible groups. We'll be looking into the take up. We have talked to PHUT about Martha's rule, that allows patients or families to appeal for a second opinion on in hospital care. We did a critique on the standard of the info for patients on a poster and a leaflet by PHUT, which was acknowledged but so far, no comment. I think they plan to display from 1.4.24.

Accessible Information Standard project which is a review by four Healthwatches across Hampshire and IOW about people's experience of trying to access information. So far, experience hasn't been very good. We shall be recommending improvement in compliance with NHS guidance and we hear that Hampshire and IOW Integrated Care Board there is soon to be a Lead for the accessible standard, where we can then alert where there are deficiencies in Trusts being able to provide support to access information for patients. We're also going to be working with ICB to get compliance with the Standard included in future contracts, thus enabling more likelihood of compliance in the future.

Access to Dental services. There has been a National Dental Recovery Plan which I have commented on what we find sensible and also where there are still requirements for change. Up to three dental buses are currently serving Portsmouth. More services need to be provided in the city. Healthwatch have been invited by NHS England to talk about the content of dental recovery plan which I will attend.

We have welcomed Sunitha and we have been doing great work together and we have looked at the annual work plan. Despite being down in numbers of staff over the last year, we did a lot of work. I congratulated them on it. I reported this in December

meeting. In June we will see the full report and highlights of the year, but we are already seeing the survey results of the priorities for the 24/25 work plan: GP services, NHS Dentistry, Adult Social Care, Residential Care and Adult Mental Health Services are going to be the key areas we are looking at.

Healthwatch Portsmouth Volunteers have been exceptionally busy, having spoken to over 500 people at events since January. A big thank you to all our volunteers. I have also asked how Healthwatch can get involved in the 10 priority workstreams as mentioned by Andrew Strevens. In January Solent had a meeting of the ten priorities and the ten clinical leaders were given five minutes each to present to community groups what they had been doing. They had spoken to patients and worked out what needs to happen and were able to give some reassurance that they were engaging with patients in the community. We plan to keep reminding them once they are operational, about how patients need to be included in shaping services, they can be so informative.

Access to Primary Care this is the biggest issue that people talk about. We have ever increasing demand and the staff are very tired and can't cope, is what they are saying to the Primary Care Local Medical Committee. This will continue so we need to look at including more Care Navigators and Social Prescribers to navigate the patients to the services that can best suit their needs, rather than direct them to a clinical appointment. We are told by a report produced by HIOW ICB that 85% of patient calls to GPs' surgeries do not need a clinical response. These people could be navigated to alternative services. A new Primary Care Task Force Planning programme and Healthwatch will get involved in this work. It looks at how available resources work best and looking at doing things differently.

GP Access by phone. I'm happy to report that recruitment issues at Craneswater have now been solved, so patients are not facing the surgery being closed when it should have been open. There are still several ongoing problems with delays on getting phone calls answered, most of the surgeries in Portsmouth now use cloud-based telephony. We want data unmet demand? Cloudbase can give us the answer to that.

Stroke Services. I have a meeting on 20th April with the Service Managers at the QA Hospital to talk about what they see is the opportunity for those future service improvements and redesign. We want to look at what's available for the community-based provision going forward.

Heartened to hear of a review of urgent and emergency care pathways. We haven't been able to do it due to low HWP staff resources. We need to be involved with that discussion regarding the pathway, because patients often have solutions that are not necessarily obvious to clinicians who are dealing with it. We have stats to discuss with PHUT on 20/3/24 and Solent will be transferring into the new regional Trust so they may be the last figures we see.

PHUT engagement session. Domain 1 We were concerned about the scoring, not being based on stakeholder engagement. We will look at it further and challenge the results.

South Central Ambulance Services (SCAS). The service has improved performance.

Health inequalities research UofP. Very nearly completed. All conversations done. 17 people had one hour in depth interviews. Finding out about Access to Services, Networks, Employment, Housing and Wellbeing and how they think things need to change. This report will be published at the end of March, Variety of formats will be made available in April. We have been invited to address the Health and Wellbeing Board of Portsmouth City Council, the Cabinet, and the Integrated Care Partnership Assembly in June to explain this to a big audience of very strategic partners who I hope will reflect on the fact that these same issues are affecting their populations as well, it is not just Portsmouth. If we are successful with funding from Wessex Health Partnership, we could see a Phase 2 where we discover from the public, how they think things could be changed and what they think needs to be considered.

Any Other Business

AK queried recent messages to HWP Advisory Board members from “HWP’s host organisation” about training. There is increased pressure to do five courses instead of two. He felt that volunteers should choose two of the five in such a way that between them they would cover all the five courses. He also asked about an away day for HWP Advisory Board. Was there funding? He requested overnight. RB said he wished to have a full board first, but it was on the agenda. It would have to be from the normal budget not extra funding.

Michael in the audience appreciated the chart in the Manager’s report showing the public’s priorities for HWP to work on next year. He was very encouraged.

Close of HWP Advisory Board Meeting

RB thanked everyone for their attendance and looked forward to the next meeting.