

**Healthwatch Portsmouth (HWP) Public Board Meeting 27.02.2018**

**Held at Portsmouth Training and Learning Centre.**

**Present:** Roger Batterbury (RB) Vice Chair, Jane Bailey (JB), Trish Bailey (TB), Patrick Fowler (PF), Siobhain McCurrach (SM), Alison Nicholson (AN), Ken Ebbens (KB), Amanda McKenzie (AM),

**Item 1: Welcome, apologies and Declaration of interest.**

**Apologies:**

- Graham (Chair)
- Ram Jassi
- Steve Glennon

**Item 2: Minutes of last meeting (4.12.2017) and matters arising:**

The minutes of the previous meeting were noted and approved.

Patrick Fowler had two comments in order to provide accuracy for the December minutes which were duly noted and will be included as amendments in the December Board meeting minutes. The (updated) minutes for the December meeting were given approval.

Pat Bailey (PB) had a question relating to the presentation by Mark Cubbon, Chief Executive of Portsmouth Hospitals Trust (PHT); are we better engaged with the Trust now?

Roger - Since Mark Cubbon arrived as Chief Executive we have been better engaged. We have transparency in our reports of activity published by Healthwatch Portsmouth on our website.

Trish Bailey (TB) asked if 'involvement with Portsmouth Hospitals Trust' was included in the Healthwatch Portsmouth workplan for 2018/19?

Siobhain McCurrach (SM), Healthwatch Portsmouth Project Manager said yes it was going to be.

**Item 3: Update from Carers Centre.**



Carers Service New  
Way of Working - Pre

Clare Rachwal, (CR) Manager of the Carers Centre delivered a presentation from the Carers Centre to provide information about the way they now carry out assessments in order to support carers.

Questions from the presentation were:

Member of the Public: Was the old system not fit for purpose and reduced carers' confidence to use the (new) service?

Clare Rachwal (CR) said that the early indicators were that people thought the service was ok. CR offered to present to the Healthwatch Portsmouth Board the Carers' Centre findings one year on.

KB: - if we wait for carers to 'present' to the Carers Centre some may be in denial/not know about the new style of assessment service? If the Carers Centre doesn't have a formal review process any more what could trigger a review?

CB: Most people do ask for a review but only a few have to have a review and are given an option of 6 - 12 months in which start their review.

PF: if it's a new way of working - in terms of structure with fewer process stages - is staff training required to support it, such as listening skills, looking out for what matters (to build a relationship with the carer)?

CR: We ask open questions but have a checklist of "must ask" questions as per the Care Act. 2014.

RB: What monitoring processes/measuring tools does the Carers Centre have to obtain feedback on the new assessment process? Does it ask questions about whether the questions focus on supporting the carer?

CR: There is a social care record system to complete - a template with 4 questions.

RB: With the fluidity of the new system, is there a consistency in decision making and a named support worker for carer on a 9am-5pm basis? KE added that carers also need help 5pm-9pm.

CR: The Integrated Personal Commissioning department in the council have links with NHS England and will set up staff training regarding recording information to improve the system.

#### **Item 4: Operational update**

Healthwatch Portsmouth Project Manager's operational report to February Board meeting.



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Portsmouth Board N

Powerpoint slides with headings to support the Project Manager's operational report



HWP Project  
Manager Presentati

Board members and members of the public were invited to ask questions about the update. It was agreed by the Board in response to comments from a member of the public about how difficult it was sometimes to follow what is being said when acronyms are used in reports. PF suggested that a summary sheet explaining the most frequently used acronyms in health and social care could appear as the back page on the Project Manager's report for the meeting.

It was also discussed that a 'jargon yellow card' could be placed on each chair for the public and Board members to wave to ask for an explanation if an acronym was used in the meeting.

### **Item 5: Update from Pat Fowler, Head of Health and Wellbeing Partnerships**

Pat updated Board members on his activities since the last Board meeting. He has completed his research project on Person Centre Care and Use of Personal Budgets. The draft of the full report has been sent to the council and a summary of the findings is being produced which will include the following:

- For most people receiving personal budgets they felt supported
- For most people receiving care they felt it was 'person-centred'
- All people surveyed thought reducing bureaucracy was important

In addition, Pat had attended a Portsmouth Hospitals Trust (PHT) scrutiny meeting at Queen Alexandra (QA) Hospital to hear about progress being made to improve safeguarding for patients. The scrutiny group has had 2 meetings now to identify:

- 1) Terms of reference
- 2) Issues to cover - based on the action plans drawn up from the Care Quality Commission (CQC) observations on required improvements

Pat attended a meeting with the Healthwatch Portsmouth (HWP) Chair, Graham Heaney, with the Portsmouth Clinical Commissioning Group (P CCG) chair and the Joint head of Adult Services and P CCG, Innes Richens. The meeting the first in a series to discuss overall health and care and how Healthwatch Portsmouth could support P CCG to improve health services.

Pat met with P CCG's Primary Care Relationship Manager to discuss the how the agreed process of involving Healthwatch Portsmouth in the public engagement process regarding proposed mergers GP surgeries in Portsmouth and whether a 'benefits realisation review' could be undertaken 12 months after a merger has taken place to provide learning for future decision making.

Pat had a meeting with the council's Deputy Director of Social Care to discuss the quality of care homes in Portsmouth. The Deputy Director is spending 3 days a week leading the Turnaround Team, comprising a manager, social worker and a nurse to support care homes whose CQC Inspection rating had been issued as 'inadequate'. They will be referring to a 'Southampton based model' for support. In addition there will be an Independent Visiting Team undertaking 'mock inspections' to support care homes improve the quality of care.

There is an opportunity for Healthwatch Portsmouth to link in with the quality improvement project using the feedback we have gathered during our Enter and View visits to care homes.

#### **Item 6: Guest speaker: Dr Jason Horsely, Director of Public Health, Portsmouth City Council**

Dr Jason Horsley addressed the Healthwatch Portsmouth Board with a summary of public health over the last century and what public health was trying to do in the current day.

The aim of public health has been to help people- “Live longer lives” but didn’t focus necessarily on the quality of people’s lives. The Sir Michael Marmot review (2010) and Dame Carol Black’s report (2008) highlighted the need to make health wellbeing more equitable as people live longer.

“Living longer” opportunities are usually taken up by those with more resources which means there is an even more inequality as a result.

Life expectancy since 1740 has doubled: mostly this has come about from better nutrition and sanitation; a quarter has come from improvements in healthcare and that people’s jobs became safer.

After World War I public health priorities were to improve health but now need to look at the broader picture of people’s lives. Since the 1970s public health has went from being in the local authority to the NHS to focus on lifestyle problems. Since 2013, on returning to public authority the issues focused on ‘population scale health’ on smoking, drinking, exercise and diet. Now the focus is on the individual patient, looking at working with people to change their lifestyles - but it is effective? Is it an efficient use of resources? Jason feels it is not.

Local authority budgets are being reduced by 5% each year which means they need to review their approach - currently the ‘nudge’ theory to encourage healthier behaviours - to do that which is deemed to be “normal” to be the easiest thing which is also the best for your health. Physical inactivity is an area in which we have tried to encourage people to make lifestyle choices but really it’s ended up that we have just made it easier for people to drive their cars.

So it’s a question of balance and a policy shift for both Portsmouth City Council and the Government. There is a “Public Health Grant” - for the local authority to use to improve the health and wellbeing of the population it serves. There is a range of services that Public Health is mandated by the Government to provide.

Jason would like Healthwatch to review the list and comment : are they the right ones? Is this a good use of public money?

- Sexual health
- Health visiting 0-5 year olds; Reception year at school through to Year 6
- National Child Measurement Programme
- NHS health checks
- Dental epidemiology survey

The above list of mandated universal services stop public health from innovating. For example, Drug and Alcohol (abuse), smoking cessation, weight management and lower level alcohol addiction services are not actually mandated but Public Health spends a lot of their time on them.

Amanda McKenzie (PCC) will send a link to Healthwatch Portsmouth Manager to send out to



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Board members to seek their comment.

Jason went on to describe future opportunities for health and wellbeing in the city. What does it look like when you are planning a city? Relates to population, health and housing policy. For the longer term the local authority should promote employment to improve people's health rather than their economic share.

What is the role of PCC Councillors, for example in their attendance at the Health and Wellbeing Board (HWB) and the Health Overview and Scrutiny Panel (HOSP)? To hold health services to account. How can these bodies co-exist and complement each other?

HWB - is the custodian of health care services but should be looking at the wider determinants of health rather than just health services.

Multi-speciality Community Provider (MCP) - This is the new approach to thinking how to provide care in the community rather than expecting patients to go to hospital.

Health and Wellbeing Service (HWS) - Joins up providers and commissioners. There is an opportunity to change this - international examples show that it's not really working. The HWB should be looking at the 'quality of care' over the 'commissioning of care'. The commissioner/provider split in the professions will take a long time to bridge.

The Health and Wellbeing Strategy ratifies the process in train now. It gives permission to deliver the work which is broad enough hopefully but also requires commissioners and providers to have due regard to health and wellbeing.

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Questions were invited from the Board or members of the public:

KE: 2016 was the last time that the Wellbeing Service Scrutiny Board last met. Has it been replaced? Has it disappeared?

Jason is happy to start the Scrutiny Board again which will provide the external scrutiny.

KE: The Wellbeing Service (WB) is being scrutinised internally but who is scrutinizing externally?

Jason said the WB Service had problems when he arrived last year, it couldn't account for the money it was spending - data issues and poor recording.

Jason instigated a re-design of the WB service due to reduced budgets (and to provide democratic accountability) which was applied by external consultant reporting to a Councillor. The 'vanguard methodology' was used to review the service, just like the Cares Centre used. There has been a systems review - what is of value to a person accessing the service? Jason wants a broader approach - public money being used to improve value but also to raise people's outcomes, not just a 'usability' test. The re-design started June just it had to pause in August when the service had to re-structure in August due a reduction in the Public Health Grant. The re-design has now been completed. It is an experimental learning process now - 'what would services look like if we could re-design it?' they looked at the rate of 'Did Not Attend' appointments - a waste - services were not appealing to patients. It needs to be more responsive to people being referred. It needs to offer an immediate contact after a GP referral (could be by phone call rather than having to organise and appointment).

Jason felt the 'holistic approach' of looking at the whole person is not necessarily working for the Wellbeing Service. Jason wants to see if the co-existing services to support people's problems with smoking, alcohol and drugs could be split so that a person is supported with one service at a time. Jason finished by saying the Better Care scrutiny panel is not meeting either.

TB: If Public Health wants to allocate more time to transport and environment how will you do that when you are also focusing on drugs and obesity?

Jason wondered if the Wellbeing Service does indeed have the capacity (with shrinking budgets) to re-design the service to support the things that will make the most difference. Jason felt it would be best to make most of the opportunities to improve public health. The will not necessarily be popular changes to policy e.g. the transport commissioner to look at public health issues demonstrating outcomes, for example there is a commissioner review of the maternity service contract - HWP was asked to comment but the deadline was in 2 weeks. Amanda McKenzie (PCC) will send for the minutes. <https://www.surveymonkey.co.uk/r/8GGC792>

#### **Item 7: Board member updates:**

RB: providing content for Healthwatch Portsmouth social media pages and encouraging increased interaction with the community on our social media platforms of Twitter and Facebook. To attend forthcoming Patient Led Assessment of the Care Environment (PLACE) visits at Queen Alexandra Hospital and St Mary's Hospital. To attend a Quality Review at Portsmouth Hospitals Trust.

BS: Community engagement activities, PLACE visit to Spire Portsmouth Hospital and ST Mary's as well as Enter and View visits as an Authorised Representative to Portsmouth care homes.

KE: Will send his update to the board of adding to the minutes.

**Item 8: Any other business (OAB)**

No items were raised

**Item 9: Questions from the public**

There were no further questions from the public since these had been covered during the presentations.

The meeting closed at 6.20pm.

Next Board meeting is April 17<sup>th</sup> 2018 4pm - 6pm at St Mary's Community Room (St Mary's Lodge, St Mary's Road, Portsmouth, PO3 6BB)