

Healthwatch Portsmouth Advisory Board Meeting Minutes

Date: 5th December 2024

Venue: Buckland Community Centre, Malins Road, PO2 7BT 2pm – 4pm

Attendees:

HW Portsmouth Advisory Board members: Roger Batterbury, Chairperson (RB); Anthony Knight, Vice Chairperson (AK), Jason Oakley (JO), Jan Dixon (JD); Mary Amos (MA); Graham Keeping (GK); Jennie Bent (JB).

HW Portsmouth: Siobhain McCurrach (SM); Sunitha Rajeev (SR); Gaynor Lennon (GL)

Apologies: Ram Jassi; Jonathan Crutchfield.

Speakers: Lesley Stevens, Director of Quality Improvement and Engagement, HIOW NHS Foundation Trust. Matt Gummerson, Asst. Dir. Strategic Intelligence & Research Public Health, Portsmouth.

Item 1. Welcome, Intro to AB and declarations of interest .

RB welcomed all to the meeting, quoting the routine of the meeting. He mentioned that it was International Volunteers' Day, and thanked the volunteers present. He advised that there were still a couple of vacancies on the Advisory Board. Since the last meeting RB had continued to support the many societies he is involved in representing HWP and the general public. No progress has been made with HIOW Healthcare NHS Trust re disabled parking at St. Mary's Community Health Campus. A new system had been implemented with no consultation/publicity and poor signage. RB had passed the duty number for CAMHS to a family awaiting a Children/Adolescent Mental Health assessment. RB had also been made aware of long in-patient delays for transfers to University Hospital Southampton (UHS) for cardiac surgery. Both Southampton and Oxford are full so Brighton was suggested. RB had an internal letter on this matter to share after the meeting. RB asked if any Advisory Board member had any Declaration of Interest to raise in relation to the agenda. None were stated.

Item 2. Minutes of HWP Advisory Board Meeting of 25.9.24

The minutes of the last meeting had been previously distributed. Just one action for HWP to offer to help with community mental health stocktake. SM reported that she had written to Ron Shields, offering this help but had yet to have a reply. The Minutes were declared accurate and proposed by GK and seconded by JD.

Item 3 Lesley Stevens, Dir of Quality Improvement and Engagement, HIOWNHS Healthcare Foundation Trust – guest speaker

Lesley said that she wanted to talk of the wider context of the organisation. We are aware the new government is developing a 10 year plan for the NHS. They are very focussed on three areas. From Hospital to Community, from Sickness to prevention model and moving from analogue to digital.

The Trust is very much focussed on community provision on intervening earlier. Lord Darzy's report highlighted that on quality and services we have actually gone backwards in recent years. In terms of hospital to community, more NHS resources are spent in hospitals than communities. How do we get to turn it around? We need to change because demands on the NHS have changed hugely, the population is living longer, with poorer physical and mental health. Primary care and mental health services experience the biggest demands. People with Serious Mental Illness die 15/20 years earlier, and that is due to poor physical health not suicide. Darzy also reported that people with MH issues wait longer for other services too. So, a lot has to be done to support people with MH issues, as proven by serious criminal incidents committed by MH patients released from care. We need to look holistically, as most people who have MH issues also have social care needs. We are one of the biggest MH organisations in the country and we want to take advantage of our scale.

The organisation started on 1.10.24 after a two-year plan. We have a new Hospital Trust Board. The HIOW Integrated Care Board (HIOW ICB), which commissions services, is keen to support my role, proving the importance of "lived experience". I am also responsible for a Clinical Transformation Programme which will apply to a small number of important priorities across the whole organisation.

Another part of my role is about strengthening the voice of people with lived experience in our organisation. We need to coproduce service planning with them. We know there are people who would benefit from, but don't access our services.

The Trust wants to move to a "do with" rather than a "do to" service contract. When a nurse sits down with a patient to develop a treatment plan, they need to do that WITH. When our Trust Board sits down to make decisions about how we spend our money, we need to talk WITH the people who use our services. They are likely to ask specific questions that an NHS Trust Board member may not.

1. Leadership. How do we get people with lived experience into the Governance meetings and train them? They should be involved in recruitment, staff development and be equal to everyone else on the interview panel.

2. Experience of Care. We do “Friends and Family” tests which are not the best tests at measuring experience of MH in-patient services. We need more robust understanding of people in care in the community.

3. Lived experience/Clinical model. Peer workers who have lived experience and use it to support people. It improves outcomes and reduces restrictive practices in MH services. We have had people who have had MH experiences, recovered and become volunteers, then got paid roles and they are very affective in those peer worker roles. We need to create a strong infrastructure for these peer roles, so people can progress into more senior roles.

JO praised Lesley’s presentation and asked about diversity in Portsmouth. Lesley feels that Portsmouth is good and could teach other areas. Portsmouth used to have one adult acute MH Inpatient ward, and now they have six.

SM asked if HWP could take up the offer to do a critique of her coproduction model, to look at the methodology they plan to use. Regarding experience of care the HIOW IC Board do have a health complaints oversight group that HWP sit on. How will the Trust deal with this? Lesley says they are in partnership with the ICB which their Chief Nurses sit on, who she plans to work with.

RB referred to “assertive outreach” and thought it would be good if Portsmouth could get involved in that, also whether HWP would be involved in the place/neighbourhood planning.

RB forwarded a question. “With the withdrawal of the Community Dementia Nurses by the Trust, was an Equality Impact Assessment carried out before this and if so what was the result. He understood that Lesley would not have time to answer this now. RB also noted that the Trust had assured HWP that nothing would change for patients, but this was not so regarding complaints with it proving difficult to know what happened to a complaint raised during the transition to the Trust. RB had visited the Dorset MH coproduction team and was impressed and felt that the new Trust could learn from them. Dorset MH Forum has a one year contract with HIOWTrust. Should they have a Mental Health Forum for peer workers to feel that they can work in a safe space? Could the HIOW Trust Board co-produce this support?”

RB finished by noting that Southern Trust had no free beds whereas Solent/Portsmouth beds could easily accommodate MH patients.

Lesley did respond saying that they have a contact with the Dorset group to have their support for the first year. They have an “assertive outreach” team in Southampton, and an “assertive outreach” approach in IOW so have a foundation to build on.

AK talked about one of his veterans who had entered the OpCourage system, but had been passed on to Walking Wounded, rather than Crisis services, who

dropped him as they didn't have the facilities. AK asked that this be looked at as staff need to know where to forward people to, rather than drop them. Lesley felt that this was happening because demand has increased dramatically, and resources have not. SM suggested coproduction with patients who are wanting to access/currently accessing services may give some great insight.

Item 4: Advisory Board member updates

Due to lack of time in the meeting, RB said he would send his notes of updates for the minutes and asked others to submit theirs to him.

AK is supporting a veteran through transgender process, who wrote to Baroness Newham, she has answered that NHS are looking at having a review to consider the operation and delivery of allied gender services clinics.

Item 5: MATT GUMMERSON, ASSIST.DIR. STRATEGIC INTELLIGENCE AND RESEARCH PUBLIC HEALTH PORTSMOUTH – guest speaker

Matt was here to introduce the new Health Determinants Research Collaboration (HDRC) in Portsmouth. It is funded by the National Institute for Health and Care Research (NIHCR). Matt introduced Zoe White, a project manager. There is new funding to grow research. Local Authorities do not apply often enough for money. There is a big infrastructure that supports research in the NHS and academia, but not in local government, so they don't see bids from the services that are largely responsible for public health that impacts on peoples lives. Centres of Excellence are needed to understand what infrastructure is needed to make more research happen in our areas. Matt works in collaboration with HIVE Portsmouth and University of Portsmouth. The programme starts on 2.1.25 and they have five years' worth of funding in Portsmouth.

HDRC does not supply the funds for research but funds the infrastructure to enable research to happen. HDRC embeds community involvement and peer researchers who can examine and address challenging and complex problems. It is aimed at researchers doing research in the community they live in. This builds internal capacity in research skills and applications and produces intelligence that is useful in informing Local Authority decisions/actions. It creates a culture of research that can be sustained beyond a five-year programme. Historically he has concentrated on Southampton and feels Portsmouth may have missed out on access. Essential to have public involvement.

JO asked how he will report on outcomes. Answer: with a formal Annual Report, and at least one event to celebrate achievements.

SR asked if there was any available funding for voluntary organisations. Answer: he said HDRC couldn't fund it but could perhaps sign the way to funding.

SM feels that the consultation loop, (to feed back to people who gave you their experience), is so important to close when you have shown an outcome from gathering feedback. SM was also pleased that the Solent Academy, which does great PPI research is still in existence. Matt confirmed that he is linking in with that group. AK feels that HWP should be involved.

Item 6. Healthwatch operational and strategic activity

With a 21-page report and just ten minutes SM highlighted key parts and asks that the rest is read by the Board. There are some key resources, on the difference we make, for use by volunteers and AB when out and about. SM thanked attendees of the Volunteer Away Day.

In the event of complaints about HWP, the Advocacy People ask that we use their policy that they are drafting for use by Healthwatch and Advocacy services. AB members agreed to this.

Change NHS consultation: there is still time for members of the public to give their views. HWP have done a critique of the quality, as it was felt it was not encouraging those who do not usually access decision making opportunities. The House of Commons Health and Care Select Committee currently have an inquiry so SM felt we should feed into it. An update meeting was due to be held by HWE, details of which will be forwarded when received. New info on Dentaaid bus that appointments can start in February for people who have been unsuccessful in getting an NHS dentist appointment so far. HWP is calling for more dental buses to help stabilise patients' oral health.

HWP are still awaiting/chasing action on the Spinnaker Ward Enter and View Report of June 2023, as stated in our recommendation for a patient information booklet.

HWP Health inequalities research project – we are making very dramatic progress on getting those topics from community conversations in Portsmouth to the Health and Wellbeing Board. The Director of the Adult Social Care is looking at what can be taken forward by partner organisations in the city. We are recommending that the HLOW ICP joint committee follow this good example of feedback gathering across HLOW.

The MH Hub have a three month trial of an online chat, details available on Mental Health in Hub website. HWP are still waiting to be part of the drafting of

a strategic plan for Primary Care. Will the Advisory Board specifically request it? RB agreed.

Homestart Parent Board connected with young families and have some intelligence about how things are affecting childrens' MH access to services.

Finally got responses from Portsmouth Hospitals University Trust about questions raised on many subjects including accessible information as standard.

There is a self-assessment framework that the Trusts need to fill out to show how they are complying. They are going to add info on accessible information standards is on the H1OWICB website.

Posters for Martha's Rule. A check to be done on these.

We need a representative for the Adult Safeguarding Board. Requesting a member of the Board to nominate themselves for it. Thanked all volunteers.

Item 7. Questions from the public

None

Item 8: Any Other Business

None

Item 9: Close of HWP Advisory Board Meeting

RB thanked Buckland Community Centre for hosting us. He thanked everyone for attendance.

Next meeting to be held on 20th March 2025 at Eastney Community Centre , Bransbury Park, from 4.p.m. to 6 p.m.