

Healthwatch Portsmouth Advisory Board Meeting

Date: 25th September 2024

Venue: Paulsgrove Community Centre, Marsden Road, PO6 4JB 4pm – 6pm

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).

HW Portsmouth: Siobhain McCurrach (SM); Sunitha Rajeev (SR); Jonathan Crutchfield (JC).

Apologies: Ram Jassi, Jennie Bent

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

Since the last meeting Roger, Siobhain and Sunitha have met the new MP for Portsmouth North, Amanda Martin. We had a discussion on health and care topics, primarily about dentistry. Roger is still awaiting news from Solent NHS Trust senior management regarding the challenge he raised on the usability of the new system for Blue Badge holders to register for their parking at St Mary's Hospital. A new process started without consultation or publicity, with poor signage displayed in the car parks and letters being sent about the new parking arrangements which didn't explain well what the new process was or the penalties.

There are still a couple of vacancies on the Advisory Board for new members.

Declarations of Interest for HWP Advisory Board members was sought, none declared.

Item 2. Election of Advisory Board members.

With three years having been served since September 2021 by 6 of the 8 members of the HWP Advisory Board, an election was required for the 6 places that were now vacant. The two Advisory Board members who had served less than 3 years from September 2021 (JD and JO) were asked by SM to assist with the election process. Advisory Board members' who places were now vacant (MA, GK, AK, RB, RJ, JB) were asked to register their intentions of whether to stand again. All agreed to nominate themselves to stand for election to the Advisory Board. For each Advisory Board member offering to stand, SM asked that JD and JO made a decision about whether

to accept each of the nominations and whether to elect them to serve for another three years on the Advisory Board. All nominees were elected to serve on HWP Advisory Board.

Item 3. Election to role of Chairperson and Vice Chairperson

SM sought nominations for the role of Chairperson and Vice Chairperson of the HWP Advisory Board.

RB's nomination for Chairperson was supported by GK and unanimously agreed by Advisory Board members.

AK's nomination for Vice Chairperson was supported by GK and unanimously agreed by Advisory Board members. Congratulations to all was given by SM.

Item 4: Minutes of the HWP Advisory Board meeting 09.07.24

The Minutes from July were found to be accurate, JD proposed acceptance and GK seconded.

Item 5: Guest Speaker, Ron Shields, Designate Chief Executive, Hampshire and IOW Healthcare NHS Foundation Trust (HIOWHFT)

Ron Shields (RS), Chief Executive of the new Hampshire and Isle of Wight Healthcare NHS Foundation Trust (HIOWHFT) addressed the Advisory Board, introducing himself as the Designate Chief Executive of the new Trust. Ron explained that while the new NHS Trust became formalised by the new Government's Health Secretary he was Acting Chief Executive of Solent NHS Foundation Trust (since May) and Chief Executive of Southern Health NHS Foundation Trust.

The NHS Trusts have been looking at how to improve services in the Portsmouth area for Community and Mental Health services, GP services and a range of specialist services. Young people needing secure accommodation and dental services. The new organisation HIOW Trust has received money to provide services, working in partnership with Local Authorities. Currently 5 separate CAMHS (Child & Adult Mental Health Services) providers in Hampshire. Both Southern and Solent operate inside the QA (Queen Alexandra Hospital), with bed allocation based on postcodes of Portsmouth and Hampshire. The purpose of bringing them together is to have a single NHS provider of those services for young people, whether it is work in schools or secure accommodation. Bringing services together, around 11,000 people will be working in the organisation with a budget of approaching £800m,

considerably less than allocated to the Acute provider. The new organisation needs to build from the needs of neighbourhoods, upwards. Portsmouth has a high level of integration of its staff. Services are to be provided on an equitable basis. There was no definite date for the formal start date of the new NHS Trust at the time of the meeting. (It has since been signed off by the Secretary of State for Health on 1st October 2024).

MA asked, from a 'health equality' point of view, if money will come from Portsmouth Hospitals University Trust into the community mental health provider to do preventative work. RS answered that he was optimistic things would be better on two counts. 1) the people working in the organisation are passionately committed to early intervention, and prevention of people having to go to hospital or, if hospitalised, returned home asap.

JO asked what the time frames are for getting the money. RS spoke of needing to recruit more staff and cease paying agencies. The acute hospital needs to spend money to cope with patient demand in hospital but hopefully more funding will be available for community based care soon. Southern Health/Solent NHS Trusts had a break-even/small surplus in their annual accounts for last year which will enable HIOW ICB balance sheet to achieve break-even by the end of this financial year.

The Children and Adolescent Mental Health Service (CAMHS) provider organisations will be coming together within the new HIOW Trust. Currently a CAMHS diagnosis can only be provided by a hospital consultant which means patients are waiting 2 years for a diagnosis via GP referral to a specialist. Southern Health want to change that now to enable patients to get a diagnosis via CAMHS. There is to be a stocktake of community mental health services soon regarding waiting lists for ADHD patients. RS would welcome HWP support in this in light of the Care Quality Commission report into the homicides in Nottingham in the summer which suggested that there is a need for intensive support for significant community based services such as the Assertive Outreach Team (AOT). Funding was previously cut for AOT but RS feels it needs reinstating across HIOW. Currently only Southampton has AOTs.

Action: for HWP to offer to help with community mental health stocktake

AK asked if the new HIOW Trust was to be an amalgamation of the 4 acute trusts providing services to HIOW residents? RS said no PHUT will remain. The HIOW Trust will have joined up IT systems offering a safe service from day #1.

SM spoke of a project on Health Inequalities, to be presented to the Health and Wellbeing Board in November, and wondered how the new HIOW Trust can link in with that work. RS said the new draft Trust strategy which is to be presented to communities in the autumn will be aligned with the HIOW Integrated Care Partnership Strategy's 'health inequalities' priority.

Item 6. Advisory Board member updates

No updates from JO, JD, MA.

GK spoke of attending QA with JC meeting the public and getting “What matters most” forms filled in. GK also attended the ‘Community Kettle’ in Cosham where the NHS was offering health checks. There were people attending with a variety of needs.

AK met with PHUT at executive level. They are not following up on initiatives within the city. AK felt that the “Veteran Awareness” status for the Trust should be taken away because PHUT had downgraded the role of the Armed Forces Council Lead Nurse. AK raised his concerns with the Armed Forces Network which supports diversity and inclusion.

MA introduced herself, said she had been doing health inequalities work for 40 years and is keen for the Healthy Living Centre for Paulsgrove to be more supported. It’s not a new idea but has failed due to the ‘preventative services’ budget being too small to support ideas such as this.

RB gave a report of the strategic level meetings he had represented HWP at since the last Advisory Board meeting and the training he had attended.

Representing both HWP and the public/patient and carers, including some portfolio checking with the University of Portsmouth for their new Nursing Masters Course, is all part of the opportunities when volunteering with HWP, see one of the team afterwards if you’re interested in volunteering with us.

Meetings attended since July:

- Project Fusion/Towards a New Organisation the community partners meeting and the planning meeting with NHS Trust engagement leads as one of the co-chairs.
- Regular mtgs with Siobhain and Anthony
- The Health & Wellbeing Board this morning with an agenda of almost 100 pages at which I spoke about the HLOW NHS paper with just a short paragraph on veterans and I said it didn’t include anything on the Portsmouth work with veterans
- Attended a conference in London, hosted by Imperial College and funded by the British Red Cross, entitled “Towards Equity in Health” with many prominent speakers such as Lord Darzi and Sir Michael Marmot – where I got to ask questions and participate in debates
- Meeting the executive team at PHUT
- Met with my counterpart from HWH – Liz Butterworth for a conversation about the role of a HW Chair
- Went to the Health & Care Portsmouth Partnership Board
- Attended the Combatting Drugs Partnership mtg

- Went to the combined Solent & Southern NHS Trusts AGM on the 24th Sept at which | Andrew Strevens offered to attend a future HWP Advisory Board
- Had some PLACE training deferred by Solent in preparation for their PLACE visit
- Attended the PHUT Mental Health Coordinating Group/Board
- Attended the monthly regional HW Mtgs with other HW chairs and managers from IOW, Southampton and Hampshire.

At all these public meetings and those behind closed doors our role is to use the feedback we receive from patient experiences, plus people who speak to us at events and give to those health and care professionals in the room to inform their decision making and help shape local services.

Plus, I've usually have been attending my own GP Surgery/Partnership PPG where I'm Vice Chair and although it was paused we did have a meeting and now await future dates from the GP Partners.

I also Chair the PPG at the Urgent Treatment Centre at St Mary's Community Health Campus.

I'm still involved with South Central Ambulance Service as Chairperson of their Patient Panel. Pending are more Patient Panels with a focus on MH & LD and a chance to feedback into the SCAS Quality and Governance Meeting every quarter.

Item 7. Guest Speakers updating on OpCourage service

Jess Lewis, Psychologist deals with 70% of her clients online. Jon Giemza-Pipe is a lived experience practitioner lead, who served 22 years in the army. The youngest veteran they have supported is 17, the oldest over 100. Created a special veterans' badge which can be worn after just 24 hours in the army. Just under 89,000 veterans are believed to reside in Hampshire. OpCourage covers five counties and IOW. Started as South Central Veterans' Service, Jon started work in TILS (Transitional Intervention Liaison Service) and then CTS (Complex Treatment Service) Deemed somewhat confusing, the name OpCourage covers them all. They also cover reservists who are not currently employed, and Merchant Navy who have been deployed on official government operations. One of the main problems is when a veteran has to transition to "no longer serving and wearing a uniform". It covers all ages. Other concerns are substance misuse and mental health issues. OpCourage do not deal with physical injuries, but OpRestore can help with this. OpRestore needs a GP referral. OpCourage does not. OpNova helps with criminal justice. Relationships are often affected by someone leaving the forces. Employment can be problematic especially if on a medical discharge. OpFortitude is there for homelessness, they try to help single

veterans with housing. OpCourage also help with the differing language between military speak and NHS speak. "Discharge" as an example of a word with different meanings. Basically, they will get the best service possible for the veterans. Anyone can refer a veteran for help but must have the veteran's consent.

Item 8. Operational update on Healthwatch Service

SM offered the quarterly report on Healthwatch Portsmouth. There is a lot of information, so SM provided highlights which included Accessible Information Standard Project, Health Inequalities, information about the new HLOW Trust and access to primary care - information received from Commissioners in Portsmouth that overall, the number of GP appointments had been increased by 27% since last July. This increase was queried when presented at the PCC Health Overview and Scrutiny Panel in September. The Integrated Care Board in Portsmouth offered to come back and provide detailed information about each GP surgery. The Joint Forward Plan published by Health and Care Portsmouth will be gone through to see where we can provide patient insight to help shape future services. HWP continues to try and find NHS dental appointments in the city. More information is available on our HWP website, Facebook, X and Instagram platforms.

Item 9: Any Other Business

RB is involved with REBOUND a substance misuse charity. It has a hard-hitting video called Young Bucks about "county lines" drugs. To be shown on Premier on 10th Oct at 6pm. RB encouraged young people to watch. Maybe it could be used in schools.

Item 10. Questions from the public

Since questions had been asked by the public throughout the meeting it was not necessary to ask for questions from the public at the end now.

Item 11: Close of HWP Advisory Board Meeting

RB thanked Paulsgrove Community Centre, and all the volunteers and staff involved. Encouraged use of HWP website.

The next Advisory Board meeting to be held on 5th December 2024 from 2-4 p.m. at Buckland Community Centre, Mains Road, Portsmouth PO2 7BT.