

## Healthwatch Portsmouth Board Meeting 17 December 2020 - via Teams

### Present:

Roger Batterbury Chair (RB), Anthony Knight Vice-Chair (AK), Mary Amos (MA), Jennie Brent (JBr), Jan Dixon (JD), Peter Izard (PI), Jane Bailey (JB) Ram Jassie (RJ) Graham Keeping (GK)

Advisors: Amanda McKenzie (AM), Emma Leatherbarrow (EL)

Speakers: Sharon George (SG) - PCC Homeless Unit, Alan Koble (AK) - PCC Housing Team, Ben Muller (BM) - Carers Centre

Healthwatch Portsmouth: Siobhain McCurrach (SM) Healthwatch Portsmouth Project Manager

Charlotte Mair (CM) Healthwatch Communications Officer

Avril Adams-Baxter (Minute taker)

Salma Ahmed - Board member applicant

### Apologies:

Apologies were received from Isobel Ryder (IR), Steve Glennon (SG)

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

RB welcomed everyone to the Healthwatch Portsmouth Board Meeting (HWP) in Public. The third "virtual" meeting this year. He reminded everyone that as this was a Board Meeting in Public, he would try to ensure that the public can ask questions, but meeting etiquette is Board members first.

He reminded everyone that for all matters regarding HWP to please look at the Facebook and/or Twitter pages plus the website, always lots there on about a variety of local and national stories about health & social care.

No declarations of interest were received, although JB declared that in her role as a Non-executive Director of Southampton University Hospital Trust that she was involved in the COVID vaccination programme delivery.

RB commented that Portsmouth had moved into Tier 3 from Tier 2 in December.

RB stressed that it was important that, with the busy schedule of strategic level meetings across the city, all board members should attend at least one meeting representing HWP and that new board members should be aware of what HWP is all about.

### Item 2: Minutes of last meeting and matters arising

The minutes of the last meeting of 9<sup>th</sup> September 2020 were approved and matters arising part of today's agenda. Proposed by JD, seconded by JB; agreed by all

Matters Arising - SM reported that MECC (Make Every Contact Count) online training had been participated in by the Board, volunteers and staff and recommended this complimentary training for all.

SM reported the A&E 111 First survey produced by PHUT, critiqued by HWP, had been amended. SM said a full report of HWP's involvement in the 111 First initiative at QA Hospital was in her December report.

### Item 2a: Election of new HWP Board member

RB recommended Salma Ahmed (SA) to be voted in as a new board member. SA made a short presentation and stated that she had 30 years + experience in the local authority and housing association sector, was an informal carer and had experience of working in various housing associations. She was voted unanimously to the Board.

### **Item 3 Presentation by SG - PCC Homeless Unit and AK - PCC Housing Team**

This was a joint presentation without slides. SG advised that full details of the Rough Sleeping strategy is available on the PCC website.

AK and SG introduced themselves and gave an outline of their roles.

SG reported rough sleepers and homeless provision at the start of March 2020 was 57 beds available from 21:00hrs to 08:00hrs, plus a day service providing help and guidance. Rough sleeping was increasing with demand higher than supply (even with 57 beds). Calls had been made to update the rough sleeping strategy.

Government direction in March was to provide emergency accommodation for all rough sleepers - estimated 100 places would cover this. A hotel was organised to take in the rough sleepers, but more people came forward. Another hotel was commissioned, 444 individuals were accommodated. All work was overseen by the Rough Sleeper Partnership Board (RSPB). In September the Ministry of Housing and Local Government opened up The Next Steps Accommodation Programme and extra funding was secured for emergency and interim accommodation. Everyone was moved out of hotels into 3 accommodation blocks (2 former Student accommodation and the night sleeping centre was reconfigured). This offers a 24 hrs support service all in one building, people have their own self-contained rooms. From this, a housing needs assessment was organised for the homeless person to move into private rental or family placement to provide a more settled arrangement. PCC now has £4.2m for 3 yrs and are starting to see real improvements for homeless people.

PI asked a question regarding out of area catchment placements; SG responded that they catered for all as required by the conditions and did not distinguish the area the service user originated from.

RJ asked how does Portsmouth compare to the national picture with regard to Rough Sleepers? SG responded that it was very difficult to compare Portsmouth with the National statistics due to Portsmouth's popularity in multiple avenues. Manchester which had 900 Rough Sleepers at the start of the pandemic for example. RJ asked is Portsmouth seeing an increase in Rough Sleepers due to our popularity or supportive arrangements? SG responded that no this had not been evidenced.

SA asked how much funding had been secured up to March '21. SG said that it was in the region of £1.5M. SA also asked how long do Rough Sleepers stay in the temporary arrangement before they move on. SG stated that there was no time frame, it was individualised to the service user.

Cllr Rob Wood (Lord Mayor of Portsmouth) made a statement about the diversity of need of the service user.

SM asked a question about the funding awarded for the 3 year period. Answer was £4.2m for the three years.

AK then spoke about the support services provided. Health issues for this user group, and developments to help this service group. Av. age at death is 47. 72 % have mental health issues. 56% have long term physical health conditions, 25% would have recently used drugs and 50% + would have some sort of substance abuse problems. They face barriers to access services - they are least able to express their need, often use A&E.

Portsmouth has received funding from Public Health England in Feb 2020 to provide some aspects of support, a mini health centre in the Day centre was established. The pandemic hit and services delivery changed. The Homeless Unit has been working in the hotels and longer term accommodation, supporting people to access regular health services: 66 were now registered with a GP, 74 had been assessed by a mental health nurse and receiving support and 54 had been assessed for their long-term condition and receiving support. TB screening was undertaken in the hotel environment. Medical issues were identified and this enabled treatment to commence. Rapid Needs assessment was undertaken to improve the process of identification and provision of needs to the service user. Pilot Covid testing was trialled due to the proximity of subjects requiring tests. Self-tests were trialled successfully. Bid awarded £682,000 for 15 months to develop drug and alcohol treatment with peer involvement for this group. Improved funding helps longer rehab periods, increasing the chance of treatment success. Funding requested for mental health support to rough sleepers.

Questions:

CM Asked - Does (incorrectly stated need by some GP surgeries) for 2 forms of ID to register with a GP an obstacle for this client group. AK responded - Yes, they are looking to overcome with the healthcare team. SM said that GP surgeries still incorrectly stating they require 2 forms of id are to reported to the CCG in an attempt to stop this practice.

RJ - How do they reduce the activity? What would be required to reduce activity flow? Where does AK see the solution given the stats provided?

AK responded - Employment, decent wages, decent housing, reducing poverty and child abuse (in care), completing their education are all factors in turning the tap off. Sustained period of austerity has contributed to the current situation. The Marmot Review states health inequalities are key to the solution.

SA - Asked - If any of the service users become C-19+ve are all the systems to support the Rough Sleepers to treat and isolate in place?

AK - Yes - An outbreak plan for the Rough Sleepers covering some of their dependencies is in place.

#### **Item 4: Update from Carers Centre: Support for carers in the city**

BM from the Carers Centre - provided an update.

As much as possible all the services re up and running. Despite working remotely since March.

Data indicates that contact numbers in April were down 86% on previous year. By Aug/Sep demand significantly above from 2019. Significant increase in people *new to caring*. Has dropped off once more. Sitting service still running. Self- Isolating people are happy for volunteer carers to come in wearing PPE to give full-time carer a break. Isolaters are encountering issues with getting food deliveries including appropriate items for their food allergies ; the Hive has been supporting. Carers can be supporting multi-generational members of the family. Access to the GP service and surgery is challenging, technology not always suitable for the service user. Carers Break fund - has been impacted as it is more reliant on face to face encounters. Purpose for Carer Break fund has had to be imaginative - alternative ways of providing 'break'. Groups are returning in a Covid-secure manner, some are more keen than others.

CM - commented - Unpaid Carers Survey - response indicated that many people don't see themselves as carers - it is their duty. They heavily rely on respite centres. CM wanted to share data with BM to improve support for carers with needs who had responded to the survey. BM welcomed to enable visibility of issue.

#### **Item 5: Operational update on Healthwatch service**

The full report is available on the HWP website - please see bullet points below:

Report covers Sept - early Dec, previous reports cover previous periods

- Large number of initiatives undertaken
- Thanks to HWP Board for support
- Major success - service changes
  - Emergency care standards, trialled by NHS in 2019 - A&E patient views - report issued by NHS England - consultation out at present on proposed changes, mirrors what patients said
  - A lot of intel reports avail in Managers report
  - Vaccination news - where how and when - QA was one of the first hospitals providing vaccine. Info about what surgeries will be providing the vaccine
  - Tier 3 on Saturday - current cases were advised
  - PCC created Infographic is being put on HWP website
- We Said - You did section in report
  - Shielding advice in Lockdown #2 issued by Government with pressure from HWP to NHS Eng
  - Regular testing for Supported Living environments - changed from one-off test to regular testing. Health inequality identified by HWP raised by HWE with NHSE - additional funding requested to those in Supported Living and Extra Care environments.
  - NHSE responded to feedback provided by HWP to the NHS 111 First trial site relating to potential for a 'double-triage' experience. Persons arriving at A&E without 111 booked appt

will not now be directed to call 111 but will be seen, one exception being Portsmouth Hospitals University Trust in not following new NHSE issued national guidance. Can HWP Board give approval for Mgr to raise non-compliance by PHUT of new guidelines. Yes.

- 77,254 individual engagements with Healthwatch Portsmouth between March and December- we are seen as a reliable source of information on social media. Thanks to CM for the work on the website!
- Supporting clients with complaints
- To raise with Hanway Road Surgery merger causing negative outcomes for patients; i.e. inability to access surgery telephone system. Agreed by all. Action to be taken by HWP Mgr.
- Involved with care home: decision making for the benefit of residents been encouraged throughout.
- HWP Board members encouraged to read HIOW Integration report - on back page of SM report.

#### **Item 6: HWP Volunteers showcase: celebrating their activities during 2020**

AA provided a 'Top 5' favourite activity list. 5 - the zoom volunteer meetings. 4 - minute taking at the September Board meeting. 3 - the HWP annual golf tournament, which did not take place this year and was sadly missed. 2 - the Make Every Contact Count zoom training. 1 - Mystery Shopper Survey on GP surgery websites, good to have physical proof of efforts via resulting report. Board is v involved with HWP too.

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

Most meetings Board members have attended are listed in SM's report.

RB reported on those he had supported.

- Portsmouth Clinical Commissioning Group Primary Commissioning Committee
- Local Outbreak Engagement Committee - sub-group of health and wellbeing board, plans relating to Covid.
- Nursing interviews at Portsmouth University - rolling out to HWP board and volunteers to expand experience.
- Non-executive Director (NED) interview with Solent NHS trust
- 111 First meetings with Portsmouth Hospital University Trust
- Ports & SE Hants ICP Quality Committee
- Positive Minds Operational Board Portsmouth
- Portsmouth COVID-19 Mental Health Alliance
- Brunel Primary Care Network - East Shore Surgery is part of this

HWP's reach and influence has grown, we're being asked to participate, engagement with HW Eng improved.

Anthony Knight (AK) reported

- Portsmouth Mental Health Alliance - started back in April in response to Covid-19
  - Community engagement (10 workstreams)
  - Trauma informed care - aspiration for Portsmouth to have a Trauma Informed Care service
- Portsmouth Military Mental Health Alliance now Hampshire and IOW Military Mental Health alliance
  - NHS Solent won tender to set up organisation
  - Only one of its type at the moment
  - High intensity Service (HIS)
  - 2 year study
  - Seen as (High Intensity Support) HIS 'lite' approach, need intensive support across HIOW
  - A National Trauma Centre is being called for (to match plans for National Disability Centre)

EL - Quality Framework - Mostly complete - requested to bring outcome to closed Board meeting early in New Year to discuss next steps. RB agreed and this will be arranged by HWP Mgr.

HWP Governance Handbook needs updating since it was devised in 2015, despite a few amendments since.

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

SM - In her report Page 7 - volunteers section - did not want to steel thunder - delighted that Avril had volunteering on GP surgery survey project was her number 1 activity. Report on surgery websites being finalised and will be shared to drive improvements.

RJ - Asked how much is Board sighted by providers on Brexit impact ref risk management on healthcare.

RB - Not seen any info

SM - There had been talk earlier in the year when things were expected to change significantly, also impacted by Covid. Expect communications early in New Year.

RJ concerned that impact is unsighted.

RB - agreed that there were concerns about availability of some medications

SA - Contingencies plans of critical medicines at Brexit - being added to above discussion.

Action: HWP Mgr to ask PHUT and Solent Hosp Trust to identify what contingencies, if any, have been made.

RB thanked everyone and wished everyone a Merry Christmas and Happy New Year.

RB Welcomed SA to the board.

**Item 9: Questions from the public**

There were no questions

**Item 10: Close of Board Meeting**

The meeting closed at 3:55pm

The next Board Meeting: will be held on 11<sup>th</sup> March 2 - 4pm , via MS Teams