

Board members present:

Roger Batterbury Chair (RB), Anthony Knight (AK), Mary Amos (MA), Jennie Brent (JBr), Jan Dixon (JD), Steve Glennon ISG), Peter Izard (PI), Graham Keeping (GK)

Advisors present: Isobel Ryder (IR), Amanda McKenzie (AM), Emma Leatherbarrow (EL)

Speakers: Dr Linda Collie, Clinical Leader, Chief Clinical Officer Portsmouth Clinical Commissioning Group
Fiona Wright, Public Health Consultant Portsmouth City Council

Healthwatch Portsmouth: Siobhain McCurrach (SM) Healthwatch Portsmouth Project Manager
Charlotte Mair (CM) Healthwatch Officer
Avril Adams-Baxter (Minute taker)

Apologies:

Apologies were received from Ram Jassi (RJ) and Jane Bailey (JB)

Item 1: Welcome, apologies and declarations of interest.

RB welcomed everyone to the Healthwatch Portsmouth Board Meeting in Public., the second “virtual” meeting this year. He reminded everyone that as this was a Board Meeting in Public, he would try to ensure that we the public can ask questions but meeting etiquette is Board members first.

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

Since the last Board meeting it’s been a busy period, HWP Board members have been involved in so much including the ‘111 First early movers’ project at the Emergency Department at Portsmouth Hospitals University Trust, known as “QA A&E” .

Also HWP has a seat at the table of the newly formed Local Outbreak Engagement Board, a sub group of the Portsmouth City Council Health & Wellbeing Board actively reviewing representing the patients, carers, families and public, the City’s response to COVID-19, plus all regular meetings with health & social care providers and commissioners, all this virtually.

So the demand is constant on Board members’ time, and Roger reminded us that the Board who attend a vast number of our meetings are all volunteers, and we also have a group of volunteers who support our research, and he gave a big THANK YOU to everyone.

The budget is tiny and allows HWP to have a full time Manager - Siobhain and a part time Engagement Officer - Charlotte

There were no declarations of interest.

Item 2: Minutes of last meeting 29 April 2020 and matters arising

The minutes of the last meeting of 29 April 2020 were approved and matters arising part of today’s agenda. Proposed by Graham Keeping and seconded by Jennie Brent.

Item 3: Operational update on Healthwatch service

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

Strategic matters - HWP Board members have been busy representing the views of patients and the public of Portsmouth in a wide range of strategic level meetings across the city. They have made an impact with the Shared Assurance Improvement Programme, Mental Health Military Alliance, COVID-19 Mental Health Alliance and its Community Engagement Sub Group, Positive Minds steering group, the Learning Disability Partnership Board, Portsmouth Adults Safeguarding Board, Portsmouth University’s graduate health and social care recruitment programme, the University’s Patient and Service User Forum, Portsmouth City Council’s Health and Wellbeing Board, Portsmouth City Council’s Local Resilience Forum, the Health Protection Board’s Local Engagement Board, Portsmouth Clinical Commissioning Group’s Primary Care Commissioning Committee, Solent NHS Trusts’ Community Engagement Committee and the Patient Family Carer Collaborative (PHT).

- Operational matters: Healthwatch Portsmouth have been active in the following areas and topics:
- Healthwatch Portsmouth Operating Framework 2020
- Healthwatch Portsmouth Officer
- Investing in Volunteers - Help and Care's application for approved status
- Healthwatch Portsmouth Volunteers
- Community Research projects
- Calls to Healthwatch Portsmouth
- Independent NHS Complaints Advocacy Service local community.
- Mental Health
- COVID-19 Mental Health Alliance for Portsmouth and South East Hampshire
- Update from Portsmouth Clinical Commissioning Group's Primary Care Commissioning
- Positive Minds
- Community
- Portsmouth CCG MCP Board update:
- Dental Services in Portsmouth
- Primary Care
- Primary care services during covid-19 period - an update from the CCG
- Providers - details in full report
- Portsmouth (University) Hospitals Trust
- Portsmouth Hospitals Trust awarded 'University Trust' status: 29.07.2020
- Portsmouth Hospitals Trust Emergency Department (ED) Transformation Plan
- Solent NHS Trust
- Chief Executive Secondment to NHS England and Improvement
- Chief Medical Officer (Solent NHS Trust) introductions meeting
- Solent Trust Community Engagement programme
- Southern Health NHS Foundation Trust
- Portsmouth City Council
- Senior Management changes in Portsmouth Health and Care:
- Care homes
- Homelessness
- Hampshire and Isle of Wight Sustainability and Transformation Partnership - transition proposal to become an Integrated Care System

Item 4: Presentation and discussion on proposed changes to Health and Care's operating model

Dr Linda Collie, Clinical Leader and Chief Clinical Officer of Portsmouth CCG reported that a great deal of progress has been achieved by Portsmouth Clinical Commissioning Group (PCCG) and Portsmouth City Council (PCC) in the past year:

Integrated roles and teams for adult's & children's strategic and operational functions, loosely aligned teams for Public Health, pending the substantive appointment of a Director of Public Health dedicated to Portsmouth.

Changed financial planning and management so they are more closely aligned than ever before.

Integrated the teams for key functions such as HR, complaints and communications and engagement.

The benefits of this integration:-

PCCG responded to and supported the response to the epidemic in the care sector, to testing, to the supply of PPE and infection control support. Rapid establishment of community support, alongside the voluntary sector and HIVE Portsmouth to support the most vulnerable people to access food, medicines and welfare support. Handling of the COVID-19 funding and grants, ensuring it got to the services and people who needed it. Rapid redeployment of CCG and PCC staff across a range of health and local authority functions. The whole range of our 'business as usual' switched rapidly to new and often very testing ways of working.

There is a strong commitment to continuing the 'Health & Care Portsmouth approach' into the future. As the integration between PCCG and PCC strengthens, they have also been considering how they then work

across the local Portsmouth and South East Hampshire (PSEH) system, as well as more strategically across Hampshire and the Isle of Wight (HIOW) and in particular the developing Integrated Care System (ICS). They are working together with the CCGs in HIOW to achieve this, as they also think about their own operating models. Through working with their Boards and working groups, by March 2020 partner CCGs had arrived at a preferred model of operating that intended to establish delivery at 3 levels:-

- at a HIOW level focused on functions such as strategic commissioning, planning, prioritisation and financial strategy (ICS);
- at a 'place' level based on the 3 Local Authorities of Hampshire, Southampton and the Isle of Wight, building these in partnership with each LA and;
- at the level of the developing Integrated Care Partnerships based predominantly on acute hospital catchment areas (ICP)

As part of establishing this operating model, the Hampshire and Isle of Wight Partnership of CCGs, Southampton City CCG and West Hampshire CCG will be considering proposals to form a single CCG for Hampshire, Isle of Wight and Southampton (excluding Portsmouth).

NHS England (NHSE) has been clear throughout that CCGs in HIOW are expected to reach an agreement and implement a model of working together. NHSE has been supportive of a configuration of CCGs that includes the integrated model in Health & Care Portsmouth. However, they have also been clear that they expect a single shared Accountable Officer (AO) for commissioning across HIOW, and that this AO would also be the chief executive officer (now appointed) of the HIOW Integrated Care System.

NHS Portsmouth CCG Governing Board agreed:

- it remains strongly committed to further integrated working with Portsmouth City Council under the executive leadership of the PCC Chief Executive, clinical leadership of the CCG and elected leadership of the Council
- that retaining NHS Portsmouth CCG as a legal entity, with its Board, associated dedicated functions and resources - and based within the city - was the more significant priority and thus PCCG will not be proposing a merger with other HIOW CCGs
- that it would support the delegation of CCG functions to the PCC chief executive officer to lead and continue delivery and development of Health & Care Portsmouth, including the further integration of executive roles across PCCG and PCC
- to propose the appointment of a shared CCG AO with other CCG(s) in HIOW for strategic commissioning across HIOW and as the chief executive officer of the HIOW ICS and;
- to continue to work with partners in Health & Care Portsmouth and the PSEH Integrated Care Partnership to agree arrangements to deliver system working at PSEH level

Consultation and engagement:

NHS Portsmouth CCG is undertaking consultation and engagement to seek the views of GP member practices (for which this represents a formal constitutional change), staff, Portsmouth Health and Well Being partners and other partners in order to understand the impact of the model. This consultation and engagement will run from July to September 2020 with the PCCG Governing Board receiving any feedback and considering any revisions to the model in October. As with previous proposals regarding the Health and Care Portsmouth operating model we also intend to bring the amendment to the proposals to the Portsmouth Health & Wellbeing Board.

Clr Rob Wood: have the timelines for progression to further integration been affected by the COVID-19 pandemic?

Dr Linda Collie: PCCG have lost a few months' progress due to the pandemic but are on track to be able to make arrangements for a change in the constitution by April 2021.

RB: are there likely to be cost savings from further integration of functions between PCCG and PCC such as in the Communications function?

Dr Linda Collie: We want to spend any savings made wisely; to free up resources for preventative work, more children's support and to communicate shared learning.

Clare Rachwal: I'm pleased to hear that there is to be an increase in prevention work which could reduce fragmentation and possible duplication in the system.

Dr Linda Collie: Yes, we plan further streamlining resources including working with Portsmouth HIVE.

RB: mental health was integrated with social care a little while ago, then there were additional changes made to the service. The CCG needs to be mindful of the impact on patients when their named health professional is replaced with a different clinician then looking after their care.

Dr Linda Collie: Health and Care Portsmouth is to be responsible across the patch for mental health.

AM: (PCC) Public Health is going to be increasing its operational level of working to integrate further with PCCG to achieve a formal level of working.

PI: regarding integration, can we have assurance that patients receiving mental health services are not going to experience negative consequences of these structural changes? How will it be described and demonstrated to patients that the integration of services will work? Will there be patient stories of improved care, better access to services and an improved experience of care if you want to increase public engagement in order to gather feedback?

Cllr Matthew Winnington: It is the view of PCC that this is integral to the role of the Council and PCCG. We want to adopt new ways of structural working in the HIOW Adult Social Care and Portsmouth CCG: the Head of Health and Care Services, the Director of Public Health for both PCC and PCCG and the Director of Children's Services for both PCC and PCCG. The Deputy Chief Executive of Portsmouth City Council is a PCCG staff member, indicative that services work together to get the best outcomes for Portsmouth.

MA: I was a Healthy City Co-ordinator and we had a 'Healthy City Plan' which focussed on prevention rather than treatment and care. There was duplication due to badly defined role descriptions. For PCC's obesity prevention strategy you need skill-specific workers.

Dr Linda Collie: Yes, obesity (inc. children's obesity) prevention is a priority of the current Health and Wellbeing Strategy.

SM: How is the patient voice (a key stakeholder) in the evolving integrated service to be included.

Dr Linda Collie: I will give formal feedback about the proposed arrangements and would welcome Healthwatch Portsmouth's advice on how best this could be achieved.

Item 5: Presentation and discussion: How Public Health has dealt with the COVID-19 pandemic and the role they play locally:

Fiona Wright, Consultant in Public Health (PH) provided an update:

Early in the pandemic response, we ensured that statutory responsibilities were being maintained and PH's service delivery as well as supporting the council around specialist advice for preventing the spread of infection. This work included providing advice and interpretation of the national guidance into HR plans for staff including use of PPE, social distancing, resident home visits, volunteering and infection control in care homes, schools, sheltered housing and our homeless accommodation. PH set up a daily rota to reply to queries that came in from the HR team and other senior managers in the council via our generic emails address. PH also supported, via our Communications lead, much of the internal and external facing communication messages on our intranet and internet sites.

The Public Health Team in Portsmouth City Council are core members of several of the groups and provide specialist input to the work of the Local Resilience Forum (LRF) and the Portsmouth COVID-19 Mental Health Alliance response to the pandemic. Closer working across the area has improved during the pandemic.

PH are also involved in regional and national work as members of the Association of Directors of Public Health (ADPH). To mention two examples of this work - the SE Association of Directors of Adult Social Services (ADASS) Recovery Reference Group and the Dept of Health and Social Care (DHSC) Whole Care Home Testing Task and Finish Group.

The aim of the SE ADASS Recovery Reference Group is to

- identify issues relating to whole population health and wellbeing for consideration in the recovery phase of COVID 19
- set out a whole systems approach to health and wellbeing recovery based on available evidence and learning from previous pandemics, disasters and emergencies

- collate / generate resources that PH teams can use to feed in to their local recovery plans/systems which will all be different

Whole Care Home Testing - this program, along with the Test and Trace program will allow us to get a better understanding of where our local community infection 'hot spots' and outbreaks are so that we can direct effective prevention measure to reduce the spread of infection.

Public Health Intelligence and COVID-19

Public Health Portsmouth has worked in partnership with colleagues across Hampshire and the Isle of Wight (HIOW) to develop a range of Covid-19 Intelligence products that are being used to inform the local response and recovery efforts.

Modelling - Coronavirus is a newly emergent virus and much remains to be understood about COVID-19 transmission dynamics. Its precise impact on individuals is not fully known. Through the Local Resilience Forum (LRF) Modelling Cell, The aim is to distil the emerging evidence and try to infer from that to what it may mean for us and the impact on our area for capacity and demand planning.

Portsmouth Gold Dashboard - As well as data and analysis at LRF level, they have produced a local dashboard for GOLD that highlights key information about the progression of COVID-19 in Portsmouth. An updated Dashboard (Appendix 1) is presented weekly to GOLD, summarising key data into charts covering:

- Infection rates for Portsmouth, HIOW authorities and comparators
- Epidemiological care of Portsmouth new cases
- Deaths in Portsmouth Hospitals NHS Trust from COVID-19
- Excess deaths each week in Portsmouth compared to previous weekly averages

Recovery timelines - Public Health Intelligence supports the LRF Recovery Coordinating Group through the Recovery Intelligence Cell.

Additional information and analysis - Response to local demand for new information and analysis around COVID-19 e.g. working closely with Adult Social Care, Children, Schools and Families and the Clinical Commissioning Group to provide an intelligence-led approach to the challenges in the local health and care sector.

Next phase of the COVID-19 response including Test and Trace, local outbreak plans and local health protection and engagement boards.

Local Outbreak Control Plans (CoVid-19) to be developed to reduce local spread of infection and for the establishment of a Member-led Covid-19 Engagement Board.

Work is continuing within the national test and trace programme, which was launched on Tuesday 26th May.

Local Outbreak Plans

- Planning for local outbreaks in care homes and schools (e.g. defining monitoring arrangements, identifying potential scenarios and planning the required response).
- Identifying and planning how to manage other high-risk places, locations and communities of interest including sheltered housing, dormitories for migrant workers, transport access points (e.g., ports, airports), detained settings, rough sleepers etc. (e.g. defining preventative measures and outbreak management strategies).
- Identifying methods for local testing to ensure a swift response that is accessible to the entire population. This could include delivering tests to isolated individuals, establishing local pop-up sites or hosting mobile testing units at high-risk locations (e.g. defining how to prioritise and manage deployment).
- Assessing local and regional contact tracing and infection control capability in complex settings (e.g., Tier 1b) and the need for mutual aid (e.g. identifying specific local complex communities of interest and settings, developing assumptions to estimate demand, developing options to scale capacity if needed).
- Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook (e.g., data management planning including data security, data requirements including NHS linkages).
- Supporting vulnerable local people to get help to self-isolate (e.g. encouraging neighbours to offer support, identifying relevant community groups, planning how to co-ordinate and deploy) and ensuring services meet the needs of diverse communities.

- Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the public

A National Outbreak Control Plans Advisory Board has been established

Directors of Public Health (DPH) have led the development of Local Outbreak Plans and worked with PHE local HPTs to lead the work on contact tracing and managing outbreaks in complex settings and situations.

Test and Trace - contact tracing

COVID-19 App: This is an innovative, but largely untested approach to using technology to support people to identify when they are symptomatic, order swab tests, and send tailored and targeted alerts to other app users who have had close contact.

National Contact Tracing Service (NCTS): This incorporates a significant scaling up of the tried and tested contact tracing approach and has 3 tiers:

1. Complex Contact Tracing with:

Potentially complex settings (for example: Special Schools, Homeless Accommodation; DV refuges; Police stations; HMO's; day centre provision; NHS settings; social care settings; statutory service headquarters; residential children's homes

Potentially complex cohorts (for example: rough sleepers; faith communities, asylum seekers

Potentially complex individuals and households (for example: Clinically shielded people with learning disabilities; diagnosed mental illness; rough sleepers; victims of domestic abuse; complex social-economic circumstances

2. Providing direct support to those identified through contact tracing for whom adherence to self-isolation measures may be challenging, including links locality hub pathways for our shielded and vulnerable cohorts.

3. Consequence management as a result of managing an outbreak in a complex setting or within a complex cohort

The role of the Local Resilience Forum

The Strategic Co-ordinating Group of the Local Resilience Forum has responsibility to agree and co-ordinate strategic actions by Category 1 and 2 responders.

The role of the Integrated Care System (ICS)

Just as the Public Health "system within a system" is necessary to a strong Local Outbreak Plan, so the Capabilities of the whole system

Questions

MA- Test and trace (T&T) nation target 80% - actual 50% - can local teams improve?

FW: local statistic indicates better than national target

MA- Is there a role for the voluntary sector to help reach higher rates of tracing building on their work with homeless shelters and hard to reach groups, any other progress? If no sick pay then people won't isolate.

FW: huge role, important to engage with community to make people aware of testing, isolation and available support to enable people to self-isolate and make testing more culturally appropriate.

AK- Mental health side said that a more balanced approach was indicated prior to the COVID crisis, currently seems to be all about physical issues, is there any national guidance about mental health?

FW: a new report from Public Health England (PHE) summarising data about mental health funding, through MIND for mental health reveals that there is a major concern - and that it will always need more funding

CLlr M Winnington: - Portsmouth T&T figures consistently above national rate @ 82%-85% never below 80%

SMc - Need to flag issues of MH at strategic meetings to keep it to the forefront in decision making processes. Could include the phrase 'Parity of Esteem' which was adopted by statutory services as a goal to aim for.

FW: Fiona said that she would take that idea forward.

AK - ref the aspiration to reach 80% of city via T&T: could this also be a target to use to get mental health awareness messaging included in conversations that key workers have with patients? Can't MECC be used?

FW - 'Make Every Contact Count' (MECC) may be appropriate to use to achieve this.

RB - Healthwatch could possibly help

AM - MECC is very important, will look at training opportunities for the wider Public Health workforce to access online and learn remotely (as there is Health Education England - Wessex developed training online.)

Clare - Pavan, the MECC lead working on COVID intervention is a good contact for this. Dan Williams too.

IR - Suggested that newly trained Health and Care students at the University of Portsmouth could get involved in this when on placement, as they are the future, to have the conversation with people they are supporting. IR to link with FW to develop this idea. All connections will be explored.

Action: AM/FW discuss and plan for MECC. RB thanked FW for her input with this.

EL- attended Southern Health meeting with senior staff who reported that they expect a 10- 20% increase in take-up of psychological support (due to COVID stress difficulties in accessing care) by people who have not previously been known to the service which will need to be supported by the acute system. The Hampshire Adults Safeguarding Board said that there is an increase in pressure sores and falls due to care home residents not having as an active lifestyle as they had prior to the COVID-19 pandemic.

Item 6: Board member updates:

RB - Meetings attended are in SM's report

AK - Portsmouth Military Mental Health Alliance Board, lots of activity, large groundswell of support, good funding some from government. On target to set up good High Intensity Service for veterans later this year. Other mental health organisation meetings attended indicate that non-military mental health is not being so well supported (lack of funding, less visibility) AK is trying to introduce MECC and get local business involved to support the local workforce returning to work post-government guidance to work from home.

RB - asked the board to get active on this lack of parity.

SM - Business and voluntary sectors can support under the umbrella group called "Shaping Portsmouth".

JD - Portsmouth Hospitals University Trust (PHUT) Patient, Family and Care Collaborative meeting attended - discussed 'ED 111/Healthwatch survey' and reported not a great number of people filled in the survey. - PHUT suggested a volunteer needed to be at ED to help complete the survey. Keith Malcolm Armed Forces Covenant Lead Nurse gave an interesting talk.

RB - overall difficulty in getting people to complete surveys, an on-going issue

SM - the 'ED111/Healthwatch' survey mentioned was initially sent from PHUT to HW which we considered was of poor quality, HWP critique was supplied, PHUT promised there would be a refresh. Lack of take up is interesting. SM it was not a good time for patients leaving A&E to be asked for input to a survey. Will go back to PHUT University regarding this. **Action:** SM to find out what changes were made following critique.

PI - would not consider a good idea to supply volunteers for this.

PI - Some improvements have been made in mental health services, but more is needed. Domestic abuse is an important issue as is Adult Safeguarding. RB has handed over attendance at PHUT's Shared Assurance and Improvement Programme meeting to PI.

RB - ICP Quality committee meeting attended. Tour of Fort Cumberland with Forgotten Veterans Association. Involvement in Student Nurse Interviews, IR said delighted to continue this association,

SM - role playing course element for student nurses could be an opportunity for HWP Volunteer involvement.

Item 9: Any other business (AOB)

No previous approaches for this have been made

AM introduced Paul Hudson a new team member to the group

Item 11: Close of Board Meeting

The meeting closed at 1903hrs

The next Board Meeting: will be held on 17 December 2020 1400 to 1600 hrs, provisionally booked for Conference Room A, Portsmouth Civic Offices, Guildhall Square, Portsmouth PO1N 2AL - to be confirmed if meeting is to be held in this venue or via MS Teams.