

Healthwatch Portsmouth Board Meeting

September 2021

Report from Healthwatch Portsmouth Manager

Coronavirus pandemic

Healthwatch Portsmouth (HWP) has continued to provide information to the public through our [website](#) pages, on the telephone and via email on the support that has been provided to the public from the NHS and social care services.

We have continued to gather feedback on the impact of COVID-19 on people accessing GP appointments, accessing secondary care, routine and urgent dental care services.

Healthwatch Portsmouth was busy raising awareness over the summer of the locations, dates and timings of pop-up COVID-19 vaccination clinics, encouraging young adults to have both doses of the vaccine to help themselves and others stay safe.

Antibody Treatment Drug approved by UK Drug Regulator to be used to fight COVID

Ronapreve - used by President Trump in 2020 and hailed as a wonder drug in the fight against the impact of the virus has been approved for use in the UK by the NHS. Charlotte to provide digital story

<https://www.healthwatchportsmouth.co.uk/news/first-drug-to-fight-covid-19-gets-approved/>

Restricted access to blood specimen collecting tubes

Healthwatch Portsmouth learned at the end of August that the supply of blood specimen collection tubes to NHS Trusts will be constrained over the coming weeks. We received an update from NHS England/Improvement (NHSE/I) that the position will improve from the middle of October but have cautioned primary and secondary care providers that overall supply is likely to remain challenging for a significant period. The impact on patients, who perhaps may have very recently been advised by a clinician that they require a blood test, who are now being told that unless clinically urgent they will have to wait, is likely to cause stress for many. We asked both Portsmouth Hospitals University Trust and Solent NHS Trust what action they were going to take in response. We asked Portsmouth CCG what action they would take to inform patients. Trusts are making informed clinical decisions about reducing the frequency and type of blood tests they request during

the time of shortage. We were told that safety remains paramount. On discharge from hospital, Trusts have agreed that any requests they make for GPs to do blood tests are minimised to those clearly indicated by clinical need. Both Trusts have mitigation plans consistent with the other Trusts across Hampshire & Isle of Wight. Treatment plans will be agreed with patients. Communication is taking place with each patient affected.

We have heard that GP surgeries are not getting involved currently in organising blood forms for patients, this needs to be organised by the patient directly with the hospital. Portsmouth CCG told Healthwatch Portsmouth that they would be putting together guidance for GP surgery reception staff to advise patients on what is happening currently with the supply of blood collection tubes to ease concerns.

Continuing cancellation of GP and dental appointments if COVID virus in patient's household

The media reported at the end of August that GPs and dentists have had to turn away patients after being ordered to continue with Covid-19 restrictions despite the Government relaxing self-isolation guidance earlier this month.

The move by the NHS is understood to have led to thousands of patients seeing appointments being cancelled if the virus enters their homes.

In a letter from the NHS England and NHS Improvement - primary healthcare providers across England are instructed to continue with "infection protection and control procedures" to prevent the spread of Covid, which GP and dental unions claim is forcing surgeries to cancel a patient's appointment if someone in their household contracts coronavirus. In the wake of "freedom day" on 19 July, when almost all Covid lockdown restrictions were lifted, the requirement for people to self-isolate if a member of their household caught the virus was lifted on 16 August as long as they were double-vaccinated, under 18 and six months, and were not showing any symptoms.

The letter, which was sent to GPs, dentists, pharmacists and regional public health officials, orders them to ensure that they "continue to maintain appropriate infection prevention and control processes as necessary and this will be continually reviewed. Guidance will be updated based on the latest clinical evidence this summer". We have not to date received an update on this.

Oral Health Needs HIOW

NHS England/Improvement South East (NHSE/I SE) dental team started their oral health needs assessment of Hampshire and the IOW (HIOW) on 21st September. The NHSE/I SE dental commissioner was asked to attend the Isle of Wight Health Overview and Scrutiny Committee (HOSC) on 20th Sept to describe how it would be meeting the recommendations in Healthwatch Isle of Wight's Dentistry report .

NHSE/I commissioner informed HOSC that the oral health needs assessment should take 6 months, engaging with NHSE colleagues and Public Health England. NHSE/I

SE will then be re-procuring services, starting with the general dental contracts, then going on to the more specialist services. HW Isle of Wight stressed to the dental commissioner in the HOSC meeting the importance of engaging with the public. The 4 local Healthwatch will write to the dental commissioner to reinforce.

Long COVID

Healthwatch Portsmouth has been invited to join the Portsmouth City Council Long COVID Working Group which is to be chaired by the Director of Public Health, Helen Atkinson. HWP Chairperson will attend monthly meeting to hear of the impact of Long COVID on the city. HWP is asking Portsmouth residents about the impact of Long COVID in our survey: What Matters Most to you Now. We will provide this intelligence to the Working Group to help inform future service planning.

There is a recognised link between Long COVID and ME (Myalgic Encephalomyelitis) otherwise known as Chronic Fatigue Syndrome. Healthwatch Portsmouth will be working with Portsmouth City Council to review feedback provided by residents who have experienced or continue to experience Long COVID and consider the impact on clinical and non-clinical service provision.

Health Inequalities

Healthwatch England provided a briefing:

“The Office for Health Improvement and Disparities (OHID) will officially launch on 1 October with the aim of tackling health inequalities across the country. It will be co-led by newly appointed Deputy Chief Medical Officer (DCMO), Dr Jeanelle de Gruchy (currently Director of Public Health in Tameside and President of the Association of Directors of Public Health), alongside Director General, Jonathan Marron.

Although the announcement focuses on lifestyle factors (smoking, exercise etc), the new body will also coordinate with government departments to address the wider drivers of good health, from employment to housing, education and the environment.

Although the terminology may raise an eyebrow or two, OHID does provide a real focus on health inequalities, with a commitment to tackling the wider determinants of health.

Where we will be particularly interested is that part of the approach will be looking at “improving access to health services across the country” which is already high on our agenda.”

Strategic Matters

Future board meeting dates

For information, we will be hold the remaining 2 HWP Board meetings of this activity year on the following dates. Board members please note these in diaries

8th December 2021 (The formal part of the meeting will last for 1 hr followed by ‘a thank you and seasonal refreshments to all our HWP Volunteers and Board members’)

10th or 16th March 2022

We will confirm the specific date for the March meeting as soon as possible. We hope to offer these meetings in venues while retaining online access to each one.

Healthwatch Portsmouth Board to Healthwatch Portsmouth Advisory Board

Work has continued during the summer further to The Advocacy People addressing the June HWP Board meeting to provide information about the process of transfer for HWP Board members to become HWP Advisory Board members. A draft of the new HWP Terms of Reference Advisory Board Handbook was produced further to a comprehensive re-drafting activity undertaken between the HWP Manager and The Advocacy People. A draft Terms of Reference was circulated to HWP Board members, ready for a discussion on 21st September. The meeting of HWP Board members was held online on 21st September 2021 in which the transfer process was completed and the draft Terms of Reference were discussed, amended and in principle approved. Here is the most recent version of the [Draft Terms of Reference](#) . I am awaiting approval by The Advocacy People of a few updated policy documents relating to Privacy and Complaints. Appointments to HWP Advisory Board roles were agreed by the newly appointed HWP Advisory Board. Pl see attached link below for meeting notes.

[Notes of HWP Board internal meeting Governance 21.09.21](#)

Operational Matters

WE have found an office: The Bradbury Centre, 16-18 Kinston Road, Portsmouth PO1 5RZ. Some of you may know that Bradbury Centre is where Age UK Portsmouth is based. We have been offered an extremely warm welcome there!

Charlotte Mair, the Healthwatch Portsmouth Officer resigned in August to take up an Events Manager role at Havant Rugby Club. Charlotte will be missed by all at HWP and The Advocacy People. We are in the process of assessing our staff needs.

HWP Volunteers

HWP review of GP surgery websites in Portsmouth - follow-up

Following the publication of Healthwatch Portsmouth’s review of GP surgery websites in January we were asked by Portsmouth Clinical Commissioning Group to

do a quick review at the end of March to see if any changes had been made to websites, in line with our recommendations since the start of the year. We found that 17 changes had been made and have reported on this and published a [report](#) .

We are now going to look again in October at the websites to see if more changes have been made and look at the key topics of information displayed by surgeries as we move towards a post-COVID/ living with COVID era. There will be a team from Healthwatch Portsmouth looking at the websites, using a set of questions that we will co-produce between staff and volunteers on what we think are the key topics that patients need to be able to easily find out about from the surgery home page.

Social Media reach of Healthwatch Portsmouth

Month	April	May	June	July	August
Facebook Page views of our page	50	87	73	47	37
FB new followers (liked page)	5	5	4	5	2
FB post reach (People see our posts)	1831	1652	8137	4138	4607
Fb post engagement: people who interact with post	1892	1268	1103	2625	3991
Twitter Impressions (People see our posts)	5525	12,600	17,000	15,100	15,000
New Twitter Followers	7	3	16	8	4
Twitter Retweets (shared our posts)	12	24	46	23	12
HWP Twitter page visits	1296	1363	2433	1415	612
Our social media presence	10618	17002	28812	23361	24265

Hampshire and Isle of Wight Integrated Care System (HIOW ICS) - from April '22

Information for the public about what is happening to health care planning systems across large geographical areas is now being made available. Here is an [explainer](#) .

Portsmouth will be linked to the ICS via the more local Integrated Care Partnership which covers Portsmouth and South East Hampshire. Pl see link to [local chart](#) and separately a description produced by NHS Confederation about [what ICPs will do](#)

In early September Healthwatch Portsmouth joined other local HW colleagues across Hampshire and the Isle of Wight to meet with the Chief Operating Officer of the Integrated Care System (ICS), Maggie Mclsaac and ICS Chair Lena Samuels.

It was fortunate timing that Government [guidance](#) was issued 02.09.21 formalising the setting up of Integrated Care Systems across England just before we met with the Chief Accountable Officer, Maggie Mclsaac of the HIOW ICS for an update. The guidance includes a change in activity for Healthwatches, which [currently advise and inform Clinical Commissioning Groups, to advise and inform the ICS.](#) A small change of wording that has big implications. The 4 local Healthwatch will discuss this change soon on what it means for health system planning in our local area.

During the early September meeting Maggie McIsaac gave the following update: the Integrated Care System for Hampshire (excluding NE Hants) and the Isle of Wight area (including Portsmouth) will become a statutory body on 1st April 2022. Operating budget £3bn

It will have 4 purposes:

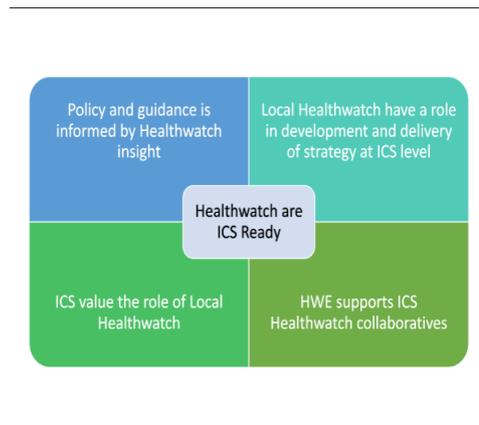
- To improve health outcomes and population health (not sure totally correct)#
- To tackle health inequalities in health outcomes
- For the health and care system to be more productive and give good value for money
- To generate broader social and economic development

NHS dentistry for Portsmouth will be commissioned by the HIOW ICS, details about how this will be done are yet to be provided but Healthwatch Portsmouth was encouraged at the ICS commitment and drive to resolve the issues facing patient access to NHS dentists.

Specialist Commissioning (the low volume, highly technical support services) will be organised from April 2022 by the HIOW ICS. More details to follow on this.

Working at 'place' (for us that means Portsmouth City Council) will be a key feature of health and care planning within the HIOW ICS. How this is organised is being clarified by local partners, including Healthwatch Portsmouth which has a seat on the Health and Wellbeing Board.

Healthwatch England had a session on 23rd September for local Healthwatch to indicate how they are working with the NHS England team organising the involvement of communities including local Healthwatch in the future ICS framework. There will be more information available towards the end of the year. Healthwatch England aims to support local Healthwatch to be 'ICS ready'



ICB configuration : details received in August

Lena Samuels has been named by NHS England and Improvement as Chair Designate for the Hampshire and Isle of Wight Integrated Care Board, subject to the new statutory body coming into being on 1 April 2022.

The link provides information from the NHS Confederation on the [ICS Design Framework | NHS Confederation](#) on ICS NHS Boards published on the 1st July

Extracts from the guidance to note: 'representatives of patients and carers' are mentioned more than 'Healthwatch' - 'All members of the ICS NHS board (referred to below as "the board") will have shared corporate accountability for delivery of the functions and duties of the ICS 20 | Integrated Care Systems: design framework and the performance of the organisation. This includes ensuring that the interests of the public and people who use health and care services remain central to what the organisation does. The board will be the senior decision-making structure for the ICS NHS body.' (p.19)

- 'Boards of ICS NHS bodies will need to be of an appropriate size to allow effective decision making to take place. Through a combination of their membership, and the ways in which members engage partners, the board and its committees should ensure they take into account the perspectives and expertise of all relevant partners. These should include all parts of the local health and care system across physical and mental health, primary care, community and acute services, patient and carer representatives, social care and public health, with directors of public health having an official role in the ICS NHS bodies and the Partnership.' (p.21)
- The ICS NHS body will want to agree with local partners the membership and form of governance that place-based partnerships adopt, building on or complementing existing local configurations and arrangements such as Health and Wellbeing Boards. At a minimum, these partnerships should involve primary care provider leadership, local authorities, including directors of public health, providers of acute, community and mental health services and representatives of people who access care and support. (p.24)

The 4 local Healthwatch are working hard to produce a Memorandum of Understanding to present to the ICS Board to formalise Healthwatch as a key stakeholder, amplifying the voice of the patient, service user, family and carer.

Health and Social Care White Paper July 2021 - public engagement

Amongst all the other strategy documents released over the summer the long awaited Health and Social Care White Paper was published with an opportunity for the public to have their say

Here is a briefing prepared by Healthwatch England on the Health and Social Care White Paper. [20210819 Health and Care Bill - HWE briefing.pdf](#)

Health and Disability Green Paper - published 20th July



shaping-future-sup
port-the-health-and

The Green Paper explores how the benefits system can better meet the needs of disabled people and those with health conditions. It was informed by extensive

engagement with disabled people, people with health conditions, and their representatives, to hear about people's experiences of DWP services and priorities for future change.

The consultation includes changes which could:

- Enable independent living and testing the role of advocacy so people who need extra help to navigate the benefits system get the right level of support and information first time.
- Review how assessments are carried out including exploring the potential for longer-term use of telephone and video assessments and looking at how reassessments work including testing a new Severe Disability Group (SDG) for people with severe and life-long conditions that will not improve. This could see those who meet the criteria experiencing a more simplified application process, without the need for an assessment to receive financial support
- Improve support for disabled people to help them start, stay and succeed in work through the Work and Health Programme, Access to Work and on personalising employment support, recognising that one size does not fit all.

HLOW ICS - public engagement plans

Further to the work that the 4 local Healthwatch (Hampshire, Southampton, Isle of Wight and Portsmouth) have been doing to encourage the leadership team of the incoming Hampshire and Isle of Wight Integrated Care System (HLOW ICS) to meaningfully engage with their local populations there was a workshop in late June to start the discussion. Findings from the [workshop](#) were shared by the Communications Team of the ICS on 23.09.21 . The next steps were discussed to look at how to engage communities in formulating the way forward. A HLOW ICS engagement strategy is anticipated in the spring.

HLOW ICS - catch up with elective care

Further to the 4 local Healthwatches (Hampshire, Isle of Wight, Southampton and Portsmouth) writing to the Chair of the ICS to ask about how the funding for the catch up on elective care was to be organised we received a response explaining deployment plans.



Letter to Hampshire
Isle of Wight Portsm

We were not fully satisfied with the level of detail to Further to the reply we received in mid July, so the 4 local Healthwatch co-produced a letter in August to find out more about the local Elective Care Accelerator fund. We await a response.



HIOW ICS Local
Healthwatch items f

The Care Quality Commission has just published a 'State of Care' report on recovery of hospital services. It shows a wide variation in Trusts' recovery from the pandemic.

Healthwatch England have just published a report containing research from The Kings Fund showing individual Trusts' waiting times. Here are downloaded stats for Portsmouth

Healthwatch England report that people living in the most deprived areas of England will face almost twice as longer waiting times than people living in the most affluent areas.

Representation of local Healthwatches (Hants, S'ton, Portsmouth and IoW) in ICS

Further to the request made at the June Board meeting for Board member approval that Healthwatch Portsmouth joins the new 'Involving People' as Wessex Voices as an entity is wound down, we received, over the summer, agreement to this from HWP Board members and communicated the decision to Wessex Voices.

Involving People is to be the conduit for information between what individual Healthwatch in the Hants and Isle of Wight ICS area want to inform the ICS about on services from feedback and research conducted and encouraging best practice in the ICS' patient and public engagement and communication strategy relating to health service planning and decision making.

There was a meeting in September with the project manager of 'Involving People' and the ICS to start discussions about the nature of the future relationship that the 4 local Healthwatch across Hampshire and the Isle of Wight will have with the ICS.

Healthwatch England National Director to step down

Imelda Redmond announced in July her plan to step down as National Director at Healthwatch England. This is a message from Imelda:

During my four and a half years at Healthwatch England, I have seen us grow and transform into a powerful and independent voice for people using health and social care, influencing local and national policies alike. It is great to see more people are coming forward to share their experiences of care and services are increasingly acting to make care better.

I have really enjoyed working with our Committee, staff at Healthwatch England and all of you across the network and I can't thank you enough for your continued support and contribution. I'm not leaving for any specific role, but I have decided to take some time away from full-time employment to enjoy other aspects of life.

With Sir Robert Francis position as Chair secured for the next three years, and the work we have done to date, I feel that we are now in a good position to look for

my successor. We will be starting the recruitment process now but I will stay until conference in November if the new National Director is not yet in post.

Primary Care

GP surgery website review

HWP will be doing a review of GP surgery websites this autumn, further to our work in August 2020 and this March 2021 to review, comment and make recommendations for changes to improve the information provided for patients who are increasingly turning to GP surgery websites to seek information about access to primary health care.

Healthwatch Hampshire are co-ordinating a piece of work across Hampshire and the Isle of Wight regarding access to GPs. We will contribute the feedback we receive from Portsmouth residents to our What Matters Most to you Now survey which will include questions about patient access to primary care as we move towards the post-COVID pandemic era despite the virus still being very much with us in the UK and abroad.

Extended Access Service (EAS) offered at Lake Road GP Surgery

We had heard from recent patient feedback that the Extended Access Service (EAS) offered at Lake Road does not seem to be operating. We had been under the impression that the EAS had been continued during the pandemic so we decided to find out more. Healthwatch Portsmouth conducted some straightforward community-based research on the presence of the city-wide hub, based at Lake Road GP surgery which had been offering the Extended Access Service (EAS). We visited Lake Road surgery in mid September and could find none of the previous signage (such as was displayed on the front door at Lake Road in 2019/2020 when we conducted research in 2019 /20 into patient awareness of EAS.

HWP spoke with reception staff at Lake Road who only knew of the Lake Rd Out of Hours service offered and nothing of the EAS citywide Hub that had been previously based in the surgery. We asked Portsmouth CCG if the serviced closed. They have responded saying it is still going. They are going to find out if there is a misunderstanding at surgeries about the EAS and whether patient information or information for surgery staff needs to be clarified.

Closure of Guildhall Walk Surgery

Portsmouth Clinical Commissioning Group (CCG) has contacted Healthwatch Portsmouth to inform us to confirm the closure of Guildhall Walk Surgery (Practice code: Y02526 I am emailing today to confirm that, whilst the practice itself is closing, the code they have been operating under (Y02526) is going to be repurposed and reused for The Special allocations Scheme*, covering the areas of

Portsmouth, Isle of Wight, South East Hampshire South West Hampshire and North Hampshire. The Special Allocations Scheme service name will be: **PHL SAS Service**

*Further context around what the Special Allocations Scheme (SAS) service is: This local Special Allocations Scheme is for patients who have been assigned to the service. The national NHS Regulations allow a GP practice to immediately remove a patient from their list following any incident where a GP or member of practice staff has feared for their safety or wellbeing, resulting in the incident being reported to the police. Special Allocation Schemes were created to ensure that patients who have been removed from a practice patient list can continue to access healthcare services at an alternative, specific GP practice.

Community based services

Dental care

Further to our receiving very frequent feedback on the problem that residents are having in making a routine appointment for NHS dental care we booked a place on the 'mid July Healthwatch England hosted meeting with NHS England's Chief Dental Officer. Local Healthwatch up and down the country reported poor patient experience of accessing NHS dental care. The Chief Officer committed to looking at the commissioning arrangements as soon as possible for a systemic improvement but noted that in anticipation of the implementation of the Health and Care Bill, NHS England has written to ICS leads officers and chairs about arrangements for commissioning. It is expected that by April 2023 or possibly April 2022 Integrated Care Boards will have taken over commissioning for dental services (primary, secondary and community) and general ophthalmic services. Delegation of dental commissioning to the ICS level will help with local are tailored decision making.

Healthwatch England produced an insight report on the problems people have been facing during the COVID19 pandemic in accessing NHS dental care

Healthwatch England produced a briefing in August on current problems faced

Diabetic eye clinic @ QA Hospital relocation

We are asking for information on how PHUT engaged with patients to discuss options, prior to their taking a decision to move the eye clinic from QA to Havant without appearing to have contacted patients first to find out their views on the proposal.

Cosham Plans - public information events 14 - 15 Sept, Cosham Library

Here is a video of footage taken at the event

Portsmouth City Council and their partner organisations involved in developments around Southampton Road / Spur Road junction in Cosham were delighted at the turnout of the public and their interest in the redevelopment plans for the area. Cosham Fire Station, Edinburgh House (a new extra care facility for people with

dementia) and the King George V Playing Fields pavillion and sports pitches are being redeveloped along with road arteries. Healthwatch Portsmouth was invited by the Council to have a stall at the open day and had approximately 30 visitors.

We were asked about the relocation of Cosham Health Centre and the Fire Station, the proximity of which next to Edinburgh House. We were also asked about plans for healthcare provision to support 850 new houses across the city. Portsmouth Clinical Commissioning Group have told us that they have been looking closely at the impact on primary care health services from the addition of small clusters of houses and are working with local services to provide the right care in the right place.

We found out about Cosham Health Centre plans and heard that the CCG will raise with GPs the idea of surgeries promoting the offer in advance to at-risk patients of receiving the shingles and flu jabs. Cosham Health Centre is being moved as part of the re-development of the area. The reason given by North Harbour Practice to its patients in a letter announcing forward plans to move was to new premises on the Highclere site by Treetops, PO6 3EP, new premises which would be more modern than current facilities with good on-site parking facilities and improved access. The new location is a short distance from Cosham Health Centre, further along London Road and is well served by public transport. The Health Centre have not yet applied but if planning was granted for a new practice to be built then the move for both patients and staff would only happen once the new premises were ready. Continuity of patient list and care will be retained with the move just a short distance up London Road to the Southampton /Spur Rd roundabout.

We are waiting to hear about the rationale behind citing the new Cosham Fire Station next to the new purpose built Edinburgh House extra care home facility for people with dementia. We hear that there is a Noise impact assessment which will be submitted with the planning application. Portsmouth City Council did confirm that blue lit appliances will be exiting the fire station site at the opposite side of the site from Edinburgh House, with sirens only used if traffic should be blocking the way.

Pharmacies

As a full member of the Portsmouth City Council Health and Wellbeing Board we were asked in early August for our response to a proposal for a consolidation of two pharmacies in the city: Rowlands' pharmacies on Highland Road and Albert Road in Southsea, retaining the Highland Road site.

Healthwatch Portsmouth looked at the proposed Health and Wellbeing Board's response, produced by the Director of Public Health and could see that consideration has been made regarding the distance between currently operating pharmacies in the area (with the location of the proposed closure site being less than 0.5 kilometres to another pharmacy on Albert Road), access to the facility, services offered and proximity to existing GP surgeries. We agree with the proposed Health and Wellbeing Board response that the consolidation did not raise contentious issues, having assessed the likely impact on the local population that the two pharmacies currently serve. There is also the provision in the recommendation that should a gap in provision be discovered with the consolidation that it will be possible for a standard application to be made to

meet a current or future need for pharmaceutical services and/or improvement to services or access to services.

Mental Health

Portsmouth Hospitals University Trust Mental Health Board

HWP were invited to join the PHUT Mental Health Board since joining in the summer we have asked a range of questions in relation to patient experiences in the city on the compatibility of the Outpatient Mental Health Out of Hours service cover with Adult Mental Health? Patient experience should be that the service is seamless regardless of provider when in need? We asked with which mental health patient groups the Board is networking. We asked what arrangements were in place to cover where there were trained staff gaps in the system. We also asked about Portsmouth suicides and how this related to mental health long term conditions and what support they had received from Community Mental Health teams. There is currently a review of the service that Healthwatch Portsmouth is taking part in.

On 17th September a remote crisis support service called *The Harbour* opened to people aged 18 + living in Portsmouth, Gosport, Fareham, Havant and East Hampshire to access support 4.30pm - 11pm on Fridays, Saturdays and Sundays. The service is being trialled for one year and is supported by Solent Mind, Havant and East Hampshire Mind, Solent NHS Trust and Health and Care Portsmouth. The Harbour aims to reduce the number of people who use the emergency and acute mental health services by preventing people reaching crisis point. The service is designed for people who feel they are at breaking point and need empathetic and positive support to get them through their self-defined crisis. People will be supported by a team draw from Solent NHS Trust and Solent Mind peer volunteers. WE look forward to hearing how the service helps where it is needed.

Dementia

Portsmouth Hospitals University Trust (PHUT) is building ideas from the community to include in a new dementia strategy. We publicised a survey that had been produced by PHUT to find out what people thought should be included in the domains for a future dementia strategy for PHUT.

PHUT was interviewing for an 'Admiral Nurse' in early September. In addition to their developing a Dementia Strategy which is due to go out to consultation late September early October, PHUT have a dementia champion network running in which members of staff from each care group come together to "champion" best

practice in dementia care. The Trust is running a quarterly face-face day for the champions with monthly supervision and updates in hope that these individuals can disseminate and act as a lead within their clinical areas. The champions are also working on quality improvement initiatives such as the implementation of the 'this is me' document. The Tier 2 training module is in development.

End of Life care - online discussion forum 3rd October 1 pm - 3pm

The Hampshire and Isle of Wight End of Life Care Board includes people from local health and care teams. The Board want to understand more about what really matters most to people at that time. The Board invite patients, families, carers, and groups that support them to join a community conversation to hear about what is important to them. The theme for this conversation is: How can we improve how and when we identify people who are moving towards the end of their lives, to ensure that PHUT care and support them and their families in the way they would wish.

Autism

A [national strategy](#) for autistic children, young people and adults was launched at the end of July . Reassuringly, the key aims of the strategy chime very well with many of the areas that Portsmouth Autism Community Forum has been prioritising recently.

Largest study of Autism in the UK - launched in August

A research team comprising leading academics in autism and clinical specialists based at the University of Cambridge the Wellcome Sanger Institute, University of California and a team at the Autism Research Centre have launched the study to find out how autistic people's biology and experiences shape their wellbeing. HWP have promoted this study through our social media. Participants are encouraged to provide a DNA saliva sample (via a posted sample test kit) and complete a series of questionnaires about their condition over time or can provide their response in one session. The research study appears to be open ended.

[Spectrum 10K - The largest study of autism in the UK](#)

Learning Disabilities

[Care for people with a learning disability during the pandemic](#) 1.7.21

CQC's new insight report focuses on care for people with a learning disability. It discusses the CQC's upcoming provider collaboration review (PCR) which looks at people with a learning disability living in the community, and how services have worked together to meet people's needs. The report also provides more information on the CQC's year-long programme of work to improve the regulation of services for people with a learning disability and autistic people. Finally, this insight report updates data on deaths in care homes and of people detained under the Mental Health Act.

On 14th June the Learning Disability Partnerships Board took place - here is video of the meeting's minutes.



LDPB 14 June 2021
minutes.pdf

Here is the agenda for the September meeting



LDPB agenda 20
September 2021.pdf

Also published around the time of the September meeting was circulated the



Portsmouth LD
newsletter 11.pdf

newsletter for September.

Carers

Further to publishing the findings from HWP's What Matters Most to Unpaid Carers survey we have been working with Portsmouth Carers Centre to identify key elements that could be included into the Carers Strategy for Portsmouth. We attended the first two meetings of the Carers Strategy Oversight Group in early August and September in which we discussed the initial draft of the strategy, the terms of reference and ensured that the issues of most concern to carers who completed our survey (access to short breaks, access to information, better carer identification by GP surgeries) were included in the action plan.



Portsmouth Plan
for Carers DRAFT V :

Here is the [newsletter](#) for September we have received from the Carers Centre

Breast screening

Wessex Voices' 'Systematic review of people's experiences of breast screening: a rich and diverse picture', published today. Read here the full [report](#) with recommendations.

Commissioned by Public Health Commissioning NHS England and Improvement (NHSEI) South East, this report consolidates over 100 academic papers and other sources on this subject; painting a vivid picture of how people from diverse backgrounds experience and view aspects of the screening process. The intelligence is being shared with key stakeholders involved in the screening programme to be used to inform the recovery of breast screening services, as well

as influence evidence-based improvements to existing services. This is one of the final pieces of research work to be published by Wessex Voices.

Wessex Voices have presented the evidence as people experience this screening, starting with their understanding and attitudes to their health, breast checks and screening.

The findings highlight that so many moments associated with screening can have positive or negative longer-term impact on people's attendance, based upon a single personal experience.

The report also identifies that providing equitable access to breast screening needs to be a priority, greater awareness raising and understanding of breast health and screening, and an improved experience of screening. Full report with recommendations

Care Quality Commission

CQC Launch new strategy

New CQC strategy champions regulation driven by people's experiences of care

Today we launch an ambitious new strategy based on extensive consultation with the public, providers of health and social care services, charities and partner organisations. CQC's purpose of ensuring high-quality, safe care won't change, but how it works to achieve this will.

The new strategy is set out under four themes:

- **People and communities:** regulation that is driven by people's needs and experiences, focusing on what is important to them as they access, use and move between services.
- **Smarter regulation:** a more dynamic and flexible approach that provides up-to-date and high-quality information and ratings, easier ways of working with CQC, and a more proportionate regulatory response.
- **Safety through learning:** an unremitting focus on safety, requiring a culture across health and care that enables people to speak up and in this way share learning and improvement opportunities.

Accelerating improvement: encouraging health and care services, and local systems, to access support to help improve the quality of care where it's needed most.

Read more on our website.



From July 2021 the Care Quality Commission (CQC) have introduced an internal monthly review of the information they have on the services they regulate to help prioritise CQC regulatory activity

The review will continue to focus on safety and how effectively a service is led. Where required we will have structured conversations with providers focusing on

safety and leadership and the review will enable us to target inspection activity where we have concerns.

CQC will focus on these areas:

- safe care and treatment, including medicines management and IPC
- staffing arrangements
- protection from abuse
- consent and capacity, involvement in decision making
- personalised care, including end of life care
- governance process, partnership working and continuous learning

For each area, the CQC will informally explore and discuss some short questions with the manager or provider.

Secondary Care Services

Here is a briefing from Healthwatch England (24.6.21) on new NICE guidance on Shared Decision Making

NICE has published guidance on shared decision-making. This is aimed at 'everyday healthcare' rather than emergencies. As with a lot of guidance, a lot of what is in there is not new but this should help embed good practice.

Interestingly, it emphasises the need for 'high level leadership' and suggests

Consider appointing a patient director (from a healthcare service user background) to work with the senior leader and be responsible for:

- **raising the profile of the service user voice in planning, implementing and monitoring shared decision making, especially from those in under-served populations**
- supporting the embedding of shared decision making at the highest level of the organisation

The guidance is expressed in quite general terms - terms like 'chunk and check' and 'teachback' are used but the techniques may need to be part of training.

The section on *Discussing numerical information* is really helpful - and an area where practitioners can be variable, in my experience.

There are five recommendations for future research which look reasonable:

- Differing intervention effects in different groups
- Measuring shared decision making
- Sustaining shared decision making
- Acceptability of shared decision making
- Shared decision making in remote discussions

Providers

Supply of blood specimen collection tubes: primary + secondary care

Healthwatch Portsmouth learned at the **end of August** that the supply of blood specimen collection tubes to primary care and secondary care NHS Trusts will be constrained over the coming weeks. We understand that NHS England/Improvement (NHSE/I) anticipate the position will improve from the middle of September but have warned primary and secondary care providers that overall supply is likely to remain challenging for a significant period. The impact on patients, who perhaps may have very recently been advised by a clinician that they require a blood test, who are now being told that unless clinically urgent they will have to wait, we think will cause significant stress for many.

We asked Solent NHS Trust and Portsmouth Hospitals University Trust if they are aware of any implementation date for the use of alternative (validated) products to alleviate the impact of the instruction from NHSE/I to reduce its demand for collection tubes by at least 25% until 17th September. There were none but a stock take had been done to find out what immediate availability the Trusts had.

We asked Portsmouth CCG (PCCG) what action it will take in response to the instruction from NHSE/I that, unless clinically urgent, primary care providers can't undertake any blood testing until after 17th September? We asked if there was any mitigating action possible in the next few weeks and months that the CCG will be advising primary care providers to take?

We asked the Trusts and PCCG how will the changes in access to blood testing be communicated to patients? Trusts and CCG said that patients would be communicated individually and a clinical decision about the risk of not requesting a blood sample during this time based on whether it is clinically urgent.

After a conversation with Portsmouth CCG it was agreed that the CCG would contact the GP surgeries to provide a script from which the reception staff can provide information to patients contacting the surgery. Healthwatch Portsmouth are keen for the information being provided during this confusing and worrying time to be consistent across the city as much as is possible.

Portsmouth Hospitals University Trust (PHUT)

Healthwatch Portsmouth Fourth Walk-Thru: QA Emergency Dept

We undertook the Walk-Thru on 27th August and looked at the 'patient journey' and considered from the patient perspective if the service could be improved. We will be writing up our findings and recommendations.

Maternity services

<https://www.cqc.org.uk/news/stories/cqc-briefing-improving-safety-nhs-maternity-services>

Further to the above national story [national story](#) that a HWP Board member highlighted in the summer and the Care Quality Commission [report](#) published on 28th July we have organised for HWP to submit a question on maternity servs at the next PHUT Shared Assurance and Improvement Programme meeting in the autumn:

When will PHUT undertake to do the following: “relevant maternity policies and guidelines are reviewed, reflect current guidance and updated within their agreed timeframes. “ (this was the ‘Must Do’.) Specifically:

1. When will PHUT ‘consider improving staff awareness regarding reporting incidents and near misses’. (this was a ‘Should Do’)
2. How is the workforce capacity to service demand met cognisant of the National Resourcing Standards and required staff skill profile?
3. How is the skills shortage being met? What is the workforce strategy for this discipline therefore ensuring that suitably qualified and experienced personnel are being deployed to match current and future demand.
4. How are staff being empowered to speak up and address near misses by learning from experience? Is there a change in culture strategy supporting any staff empowerment? What evidence exists for this and who is held to account for this change?
5. Is PALS data available for this service to track types of complaints and learning put into practice?
6. To show clear commitment on improvement, a SMART plan of action with regular monitoring ought be generated to provide assurance to the SAIP committee.

At the early Sept mtg of SAIP the issue of the CQC ‘s report which contained one ‘Must Do’ – relating to Regulations and Policy actions and 12 ‘Should Do’s’ was addressed. It was reported at the meeting that the Trust faces the continued reality of a lack of staff across all areas – in the case of maternity services the senior staff members who would normally complete investigatory work have been needed to undertake practical roles in maternity. We will continue to press for the above questions to be raised at next month’s SAIP meeting.

In the meantime....

The Care Quality Commission has just issued a report on maternity services relating to [safety, equity and engagement](#) in maternity services.

Healthwatch England have welcomed the content of the report, citing the commitment to equity and engagement. Safe, high-quality maternity care is not an ambitious or unrealistic goal. It should be the minimum expectation for women and babies - and is what staff working in maternity services across the country want to deliver. This report identifies areas for action with the aim of helping to accelerate the current pace of change and to support maternity services, along with their trust boards and stakeholders, to focus on the steps they can take now to ensure that women and babies get consistently good, safe care

This follows a briefing last year Getting safer faster: key areas for improvement in maternity services which highlighted concerns that had been raised about the service.

“Opening Doors” to Perinatal Mental Health Services in Portsmouth

Local health systems (a partnership of NHS England and Wessex Voices) across Hampshire and the Isle of Wight are wanting to find out the issues that are affecting mums who have recently given birth and who may need help with their mental wellbeing. The NHS England and Wessex Voices want to understand the barriers that new mums in deprived areas are facing if they are trying to access perinatal mental health services. Healthwatch Portsmouth has been promoting this initiative widely.



Opening the Door
flyer(1).pdf

Healthwatch Portsmouth Board meet new Chief Exec PHUT 01.07.21



Notes from HWP
meeting w CE PHUT

Draft Equality Diversity and Inclusion strategy

PHUT approached Healthwatch Portsmouth in August inviting us to become involved in developing their Equality Diversity and Inclusion Strategy. We have been invited to get involved at the very beginning of the process which is extremely welcome. We will be encouraging patients and the public to get involved in this initiative to develop the Trust’s Equality, Diversity and Inclusion Strategy. A link to the scoping survey is [here](#), closing 8 th October.

The Trust has invited Healthwatch Portsmouth to participate in the co-production meetings due to be organised later in the year. Board members would be welcome.

PHUT is also running two virtual workshops in early October at which they wish to gather views

- Wednesday 6 October, 5.30pm - 7pm.

Zoom meeting ID: 651 5202 5544

Password: 100040

- Friday 8 October, 9.30am - 11am.

Zoom meeting ID: 637 4795 5494

Password: 597212

Quality Account 2021

PHUT

In July HWP received a response to our comments on the Quality Account in which they welcomed our questions and provided comprehensive answers.



Healthwatch
Portsmouth Questio

Solent NHS Trust

We have had our comments published in the QA for 2021 with a commitment to change the format. HWP were invited to attend a community based event in July to start the process for prep for 21/22 edition. Items agreed were:

- that A summary document is required to highlight the key points from the main documented to ensure community are involved at every step
- We should ask what the community feel are the important areas to ensure we are focusing on the right areas
- We should state how many areas of the progress achieved as this was hard to locate in the current account and also state where things have been superseded. What has been the impact etc.
- Need to engage with Children and Young people
- Jargon buster is required

HWP attended the first Solent community engagement workshop on designing the 2022 Quality Account in a way that is accessible and useful for the local community. Further meetings will take place in October.

Children and Families Service

In addition, Solent's Children and Families Service are running an engagement opportunity in late September to understand what matters most to people who use their services and their families and carers. Two areas of focus for the engagement exercise is complaints handling relating to children and families and data gathering processes. HWP have signposted the Portsmouth Down Syndrome Association (PDSA) children and families support group to the initiative to encourage insight sharing further to our work earlier in the year with Solent and PDSA regarding access to Speech and Language Therapy services for children with Down Syndrome. Healthwatch Portsmouth has fed back intelligence received from the Independent Health Complaints Advocacy Service on children and families' experience of making a complaint to Solent.

Young People and Sexual Health

We have been promoting that Solent are looking for a diverse group of young people (13-20-year-olds) to share their thoughts, ideas & experiences with Solent NHS Trust to help improve their sexual health website (<https://www.letstalkaboutit.nhs.uk/>).

Solent is running two workshops at Portsmouth Guildhall on Saturday mornings on either 9th or 16th October for up to 10 young people. Full details about the workshop can be found on the poster below.

Poster: <https://bit.ly/SolentPoster>

Application Form: <https://bit.ly/SolentNHSApply>

Electronic prescriptions

Solent NHS Trust are moving to electronic prescriptions for patients this autumn. This will happen first for inpatient wards around the end of September, then outpatients at a later date.

Electronic prescribing is already being used in other Trusts in the NHS. It will make the prescribing, administration and supply of medicines safer and more efficient.

Healthwatch Portsmouth attended the community engagement event in which patients discussed their ideas about electronic prescriptions and felt reassured with the new electronic prescriptions.

Access to children and young people with learning disabilities including Down Syndrome to Speech and Language Therapy (SLT) services in Portsmouth

We took action after patient feedback we had received at our HWP Board meeting in public in February 2020 at our first opportunity to speak with Solent NHS Trust (providers of SLT to children and young people)

After an introduction to the service via Dr Jonathan Lake, Clinical Director for Adult Services at Solent NHS Trust, Healthwatch Portsmouth met with Solent senior managers for the speech and language service in early July: (the Clinical Director for Child and Family Services, Operations Director and Interim Quality and Service Lead) to provide the feedback that we had received from families of children with Down Syndrome and to discuss opportunities for service review and improved access to the service for these children and their families.

We also met the Participation Lead for Children and Family Services at Solent NHS Trust with an eye for closer working in the future.

In August the Primary and Early Years Team Manager of Portsmouth Down Syndrome Association met with Solent's Operations Director, Interim Service and Quality Lead and Senior Occupational Therapist along with Healthwatch Portsmouth. The senior management service team for the Speech and Language Therapy service heard from Portsmouth Down Syndrome Association the perceptions that parents and families with Down Syndrome children had of the service and their experiences. Solent informed the meeting that they have been putting in place many initiatives to improve pathways and create clear

communication for patients and families. Solent recognised during the feedback sharing meeting that there is plenty more that could be done with improvements in information provision for parents and families in the very short term. There will be a continuing feedback channel available for the Portsmouth Down Syndrome Association with Solent as well as co-produced service transformation and patient information and education quality improvements. (check this chimes with Richard Brown's email after 26th Aug mtg.)

Special Dental Care Service offered at Eastney Health Centre

We spotted via a Wheelchair Forum social media posting that the Special Dental Service that is run by Solent NHS Trust and provided at Eastney Health Centre is to be moved to Somerstown Hub. A patient meeting was held on 8th September to discuss the move and hear of any problems that patients may have as a result of this planned move.

Board members may recall that we supported Solent during 2019/20 with a patient engagement exercise they organised in response to the challenge from HWP and from the Health Overview and Scrutiny Panel on Solent's decision to move the location of the 5 podiatry clinics across the city to one centralised point before finding out patients' views on the service change. The patient engagement exercise resulted in Solent changing their plans on the locations of the clinics across the city in response to patient feedback that they had gathered.

<https://www.portsmouth.co.uk/health/more-than-600-patients-to-be-affected-by-the-move-of-a-dental-practice-in-portsmouth-3371265?fbclid=IwAR2da7wSVOVu0seZftbKofAQCwtsM4XthTkWuBVI1U3TQcDqQfBsXSoUkdE>

Solent say 'we have had quite a few responses back and the majority of patients are happy to move to Somerstown and have commented that the Eastney clinic is not suitable for their needs. Solent has had many comments from patients to say they are happy to move as long as they keep the dentist they are currently seeing at Eastney - which is the plan to relocate the dentist so continuity of care stays with that dentist for the patients. 2 out of the 10 patients who had registered an interest to attend were in the patient forum. A presentation was given at the



meeting
Relocation of
Eastney-Somerstown

The concern raised from a patient attending the meeting was that the Special Care Dentist service keeps moving. Solent agreed that there had been a move from Lake Road to Eastney Health Centre several years ago and now the latest proposal is from April 2022 for the service to be centralised at Somerstown Hub. The Clinical Lead for the service said that they hoped now with the purpose built facilities and additional rooms being provided for the service that this would be its long-term base.

Solent have contacted the Kestral Centre, the Child and Adolescent Mental Health Service at St James' Hospital and community paediatricians at Battenburg Avenue clinic but have not received any comments yet.

A key element of Solent's proposal for the patients being affected by the centralising plan is that they retain their dentist as if they had continued attending at the Eastney clinic. This supports what patients have said they want and was mentioned in the patient forum.

Healthwatch Portsmouth have been informed that Solent will present to Portsmouth City Council's Health Overview and Scrutiny Panel (HOSP) their proposal to re-locate the Special Care Dentistry service which includes feedback from patients, gathered during their initial assessment of the potential for the proposal to be drawn up. Healthwatch Portsmouth have supported Solent with their engagement activity on this service change. Based on positive patient feedback to the plan and a positive response from HOSP the plan is to confirm the plans for centralising to take place from April 2022.

Help Solent understand how they are doing – a community conversation

Solent asked the public in late September to share their experiences and views and join one of two sessions, which will be facilitated by the Solent NHS Trust Community Engagement and Experience Team, with colleagues from AuditOne^[1], an external partner managing the review process, in attendance.

Healthwatch provided input relating to the importance of Solent engaging with the patient support groups who have insight into the patient experiences in order to respond to the things that matter most to patients, their families and carers.

Southern Health Foundation Trust

We have heard that the Chief Executive of Southern Health Foundation Trust, Ron Shields, recently announced that the Trust will respond fully to NHS complaints submitted by patients within 10 days.

Here is the newsletter issued by Southern Health for September **Southern Health Update**

Portsmouth City Council

Rough Sleeping Support Service from October

Portsmouth City Council received £4.6m for the Rough Sleeping Accommodation Programme, lasting for 2 ½ years to start from October 2021, funded by the Ministry of Housing, Communities and Local Government. Within this fund is £2m for the purchase of 3 accommodation blocks and £500,000 for homeless day support services. In April, Portsmouth City Council invited bids to tender for the Rough Sleeping Accommodation Programme. Society of St James' won the tender. PCC have stated in their slides (above) that it may be possible for this programme to be run for a further 5 years if funds are made available by the Government.



The new Rough
Sleeping Support Se

Public health consultation - Hampshire CC consultation:

Whilst this is 'out of area' there could be implications for services and staff teams, sometimes using a shared workforce to provide services which border Portsmouth City. Services which Hampshire CC are consulting on are:

- Substance misuse treatment;
- Stop smoking
- Sexual health;
- 0-19 Public Health nursing, which includes health visiting and school nursing.

Healthwatch Portsmouth submitted a question to the Director of Public Health at Hampshire CC asking what the impact for these changes will have on the residents of Portsmouth and to current services to Portsmouth residents with a focus on the overall and often shared workforce across boundaries. HWP has received a response regarding the next stage of the consultation: HWP's question is being included in the county-wide consultation, the results of which will be provided to the Council Executive in late 2021 to help inform decisions made on proposed changes to Public Health services. We will monitor HCC publications relating to proposed changes to Public Health services. We have been invited to join the wider public discussion to be organised by HCC on the implications of the Executive's decision. Prior to our joining the discussion we will be gathering Portsmouth residents' feedback on the proposals for changes to the 4 public health services and channel the public's views into the local discussions.

Portsmouth Health and Wellbeing Board 7th July

The Board heard from Health and Care Portsmouth an update from the Place based partnership event on 16 June (see slides).



HWBB place based
partnership event.ppt

HWB agreed the priorities to be further worked up in more detail. Here is the detailed discussion and output from the conversations held on 16th June with Health and Wellbeing Board partners.



Portsmouth Place
Workshop 16 June 2

At the Health and Wellbeing Board meeting on 7th July it was felt the strategy needs to focus on a small number of drivers which have a high impact - "the causes of the causes", poverty and housing. Poverty is part of a broader issue along with economic development. There was a strong consensus on the link between the capacity to build positive relationships and happy, healthy lives.." Some groups

such as care leavers and the elderly are over represented in social isolation and difficulties with maintaining relationships. The importance of early language development was emphasised as it has a long-term impact on improving outcomes, poor air quality and lack of physical activity which contribute to issues including respiratory disease and obesity.

A combination of hyper-targeting approaches and systemic work was suggested to tackle them. Members thought the strategy was the most important strategy the council would ever do and that the HWB needs to drive local government and health organisations so that they centre their priorities around it.

From the point of health, the NHS and CCG agreed that the priority is to work on the wider determinants of health to tackle inequalities. Supporting and resourcing the strategy is linked to future place-based arrangements with local delegation of NHS budgets held by the ICS. Portsmouth Hospital University Trust (PHUT) saw the outcomes of health inequalities as key, with Portsmouth a pivotal moment coming out of Covid. PHUT welcomes conversations and will use their influence to help.

This set of slides shared at the HWB meeting on 7th July gave the detail from the discussions Placed Based Partnerships meeting held in June.



Portsmouth
HWS_2021_HWB_Pre

Slides 12 and 14 of 15 are particularly interesting to see the ideas for health and wellbeing

Health and Wellbeing Board members were due to meet again in July to discuss the next stages of developing the Health and Wellbeing Strategy but due to local system pressures it was decided to delay meeting until September but for local teams to discuss the questions asked in the attached slides and respond online. Here is the presentation we received as a Health and Wellbeing Board member.



place workshop 2 -
4th August 2021 rev

Responses to the questions raised will be presented to the Health and Wellbeing Board meeting on 22nd September.

For details of information provided at the Health and Wellbeing Board meeting on 22nd September please see the [HWB reports pack](#)

Care homes

The Care Quality Commission published at the end of July a national report on all COVID related deaths in care homes. The Portsmouth figures are in the link below

[Care Quality Commission report on Portsmouth care home deaths due to COVID](#)

Ends. 29th September 2021

Siobhain McCurrach, Healthwatch Portsmouth Manager
Siobhain.mccurrach@healthwatchportsmouth.co.uk