

Healthwatch Portsmouth Board Meeting

8th December 2021

Report from Healthwatch Portsmouth Manager



Coronavirus pandemic

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

Following the sharing of the health and social care and science and technology committees' [report](#) on the Government's handling of Coronavirus, the commentary by the HWP Advisory Board and comments made by Board members, HWP Chairperson raised the questions posed to two local and significant Health & Social Care Boards in Portsmouth:

As HWP sits on both the Local Outbreak Engagement Board and Health & Wellbeing Board we raised the following questions at these meetings in November:

"Coronavirus: lessons learned to date

The Health and Social Care, and Science and Technology Committees have recently produced their latest report on Coronavirus: lessons learned to date.

The report had a lot of media coverage, mainly focused on shortcomings in the approach taken. These are presented in the context of needing to learn and not letting similar issues happen again.

The recommendations are important and highlight some issues that will be important to the network, many of which you will recognise locally. Some consistent themes are identified:

- a) the UK's response, with the notable exception of vaccine development and deployment, has for the most part been too reactive as opposed to anticipatory;
- b) there has been too little explicit learning from the international experience, as illustrated in the approach to non-pharmaceutical interventions and test and trace;
- c) the right combination needs to be struck between centralised and localised measures and in certain cases implementation of pandemic containment measures was too centralised when it ought to have been more decentralised; better engagement with relevant sectors and interest groups was needed to understand on-the-ground experience and inform decision making, particularly for social care; and

d) the response has lacked speed in making timely decisions

The importance of action being locally-focused is one which Healthwatch England (HWE) heard about regularly from the national Healthwatch network.

Two sections are particularly relevant: Social Care and At-risk communities.

They set out how people who are more vulnerable can be better served. The recommendation about better data on people with learning disabilities reflects an issue which many Healthwatch's raised with Healthwatch England. Likewise, the recommendation on Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) notices is one where Healthwatch Portsmouth (HWP) would hope systems are already putting this into practice.

HWP hopes that much of the content will be recognised at both a local and a national level. Locally, systems may find it useful to ask how this reflects local learning - and what actions have been taken.

As we enter the winter period, HWP feels this Board may want to check out how well we have taken account of the learning from this and other reports.

HWP asks whilst national government directive was slow and reactive, the question arises what could/should have taken place locally in hindsight."

At Healthwatch Week 2021 in early November we heard that:

NHS England have gone all out to develop a plan to address the health inequalities that have been reported to them (from local Healthwatch) and they are determined to do something about it rather than wring their hands.

[intro slides on CORE20PLUS5 health inequalities at HW Week-2021](#)

Essentially NHS England (NHSE) want to help the 20% of the population that they already know face health inequalities * by bringing about change in access to services to providing this sector with equitable access to health care and then to offer them an exceptional quality of health care to optimise their health outcomes.

*the 'core' 20% of the population already facing health inequalities (exacerbated by the pandemic)

- have disabilities
- are from ethnically diverse communities
- have mental health conditions
- are or face homelessness

NHSE will work on how to help this sector of society to better access care in:

-Maternity services

-Serious Mental Illness services

-Chronic Respiratory Disease services

-Early Cancer Diagnosis services

-Hypertension Case-Finding services

NHSE want the new ICSs to identify the next 5% most deprived communities to learn from this segment of society about what works, who's making progress and partner up with them to find out how they are facing fewer health inequalities?

The Hampshire and Isle of Wight Integrated Care System (HIOW ICS), which will formally come into being in April 2021, will want to work with local Healthwatch to identify 'Connectors' in the community. These Connectors will be able to identify and inform the agencies that can bring about change to describe what works for this segment of the population and has reduced their health inequalities. HWE is currently working with NHSE on the mechanics of resourcing this new 'voluntary workforce' with sufficient recompense such as expenses reimbursement (at the very least I gather) . In the meantime, health professionals working in the field of health inequalities and non-NHS professionals and lay staff were consulted on the general thrust of the Core20Plus Approach with an eye to developing the initiative early in the New Year when the results are in. Here is the preliminary information that any responder to the survey was required to read.

The essence of the strategy, which NHSE recognise is not 'new' but a means to deliver on the NHS Long Term Plan and the development of ICSs, is a community asset and strengths based approach.

Initial information about how the NHS would like to develop the initiative has been circulated to health professionals and non-NHS professional staff involved in health inequalities work. Local Healthwatch have been asked to contribute to a survey generated by NHS England. I have submitted a response already. We will see the initiative develop in the next couple of months reading for the start of the programme in 2022.

Access to NHS Dental services

Portsmouth residents continue to contact HWP in large numbers asking about how they can register with an NHS dentist in the city. The situation has not improved since the autumn with the Cosham based surgery only at the stage of recruiting for dentists now that planning permission achieved but remains unopened. We are chasing for information about the planned opening date of the surgery. As soon as we hear we will publish details on our website and post onto our social media.

In the meantime we are providing information about available services to enquirers and have published recently information about dental surgeries in Alton and Basingstoke who are offering NHS appointments outside of their standard operating hours to provide a course of urgent treatment to patients who have not been able to register with a dentist and need urgent treatment.

Healthwatch Portsmouth

We heard from a patient registered with Medika Dental Surgery in Southsea, Portsmouth that they had been informed that the surgery will only be offering private dental appointments from 1st April 2022. We asked the NHSE Dental Commissioning Committee how many Units of Dental Activity Medica provide annually for appointments bookable by residents of Portsmouth to gauge the

impact of the change? We were told that Medika provide 4000 UDAs a year, which equates to just over half the hours of (0.57 WTE) of a full time NHS dentist. The contract will end at the end of the financial year, 31 March 2022, so the practice must complete any ongoing treatment and continue their NHS services until then.

We were also told that the Dental Commissioning team is in the very early stages of preparing a next round of Mandatory Dental Services procurement for the South East Region and any contract reductions or terminations will be taken into consideration when the team and colleagues in Dental Public Health determine where services will be located. When concrete information is available, we will be engaging with all stakeholders including Healthwatch.

HWP also received information from another caller in November informed us that Cosham Orthodontist Centre has gone out of business and patients are trying to find out what to do next. NHS England have now been made aware of the problem and are monitoring the situation to find out how patients are to be supported and advised where they can seek alternative orthodontic care in the city. We had heard that Patients with appointments had been trying to contact the Orthodontist Centre earlier in the year and found no one there or no one answering the phone. The Dental Commissioning Committee told us in November that NHS E/ were aware of the current situation and that the practice had a contract for completion of treatments only; no new patients are being accepted so there is no "loss" as such of Units of Orthodontic Activity from this closure. The dental commissioning the team is working with the provider to facilitate the transfer of ongoing care to alternative providers. Patients will be contacted directly with further information.

HWP will keep a watching brief on what is provided for orthodontic care in city as part of the dental services procurement programme that will take place in 2022. I

Healthwatch Portsmouth was approached by ITV news to talk about the issues that Portsmouth residents are experiencing in trying to register with a dental surgery in the city.

<https://www.itv.com/news/meridian/2021-09-29/catch-up-itv-news-meridian-westac>

The dental story starts at 1.30 minutes into the news programme.

Long COVID

As well as Healthwatch Portsmouth being invited to join the Portsmouth City Council Long COVID Working Group we were made aware of the following:

[NHS service to help patients with Long COVID - Portsmouth CCG](#)

In November we received information through the Healthwatch national online network about 'Long Covid Support', a national group, that took part in a local Integrated Care System event recently. Jo of www.longcovid.org asked details with you all.

There's a simple information leaflet -

<https://www.longcovid.org/resources/information-leaflet>

Signposting is also available to their support groups and various other affiliated groups including www.longcovidkids.org email: jodainow@longcovid.org

#LongCovid



To learn more visit www.LongCovid.org

Health Inequalities

Further to the Healthwatch England 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.”

Healthwatch Portsmouth spotted that

[Chris Whitty published a paper: Serious health challenges in coastal communities must be tackled \(msn.com\)](#)

Healthwatch Portsmouth raised the topic at Portsmouth’s Health and Wellbeing Board on 24th November. The Board agreed to consider the issues raised in the report further to HWP tabling this an agenda item at meeting.

HWP appeared in an article published on 19th October in The News

<https://www.portsmouth.co.uk/health/stark-poverty-divide-in-portsmouth-laid-bare-as-data-shows-people-can-live-eight-years-longer-in-different-postcodes-3424683>

Strategic Matters

Future board meeting dates

We are now in the position of confirming the date and location of the March 2022 HWP Board meeting in public.

We are delighted to announce that Jo York, Managing Director of Health and Care Portsmouth will address the HWP Advisory Board meeting on 22nd March 2022 which will take place in the Training Room in the Learning and Development Centre, Block C, St Mary's Community Health Campus, Milton Road, Portsmouth PO3 6AD

In addition we are very fortunate to be addressed by Sally Rumfitt, Community Psychiatric Nurse at Solent NHS and her colleague Sabrina Davis, Manager at the Society of St James to update us on the work they are doing in conjunction with Solent NHS Trust. We will retain online access to this Advisory Board as well.

Healthwatch Portsmouth Workplan 2021 - 22

It has been an extremely changeable activity year so far with many adjustments required as a result of the transfer of Healthwatch Portsmouth service provider from Help and Care to The Advocacy People. Our external audience saw a seamless transition between the operations on 31st March 2021 and 1st April 2021. This was due to the many activities that took place in the background by the staff team. The Healthwatch Portsmouth Workplan for 2021-22 reflects the activity that has taken place relating to the service transfer from 1st April to the end of October 2021 and then the planned activities for the remainder of the activity year, albeit with the need to be flexible due to the enduring COVID pandemic.

[HWP Annual Workplan 2021-22](#)

Operational Matters

Healthwatch Portsmouth staff

We are in the process of recruiting for staff members at Healthwatch Portsmouth.

HWP Volunteers

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

During October as we have been building our questions based on the current issues facing patients, including the usage of eConsult which has been accessed a lot more since the easing of social distancing restrictions and patients who wish to

contact their GP surgery are not able to reach them by phone are accessing via e-Consult instead.

We learned about the development of an accessibility guide for people with learning disabilities to use eConsult. We have liaised with our partners at the Learning Disability Partnership Board (LDPB) to organise some user testing of the prototype with the marketing department of eConsult before it is launched on the webpage for patients to access. The first meeting between eConsult and LDPB took place in mid November at which agreement was made to take things forward and organise for the draft materials to be reviewed by members of the Learning Disability Partnership Board. We are clarifying if the materials are then to be used on the national platform for eConsult or whether they will be for use with the eConsult package linked to Portsmouth GP surgeries.

Healthwatch Portsmouth Fourth Walk-Thru: QA Emergency Dept

With many thanks to our HWP Volunteer team 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 have written up our findings and send a draft of these, including recommendations to the Interim Matron at QA Hospital Emergency Department as well as the Director for Communications.

NHS England Clinical Priorities October 2021 - March 2022

NHS England and Improvement (NHSEI) issued their operational guidance on 1st October for the second half of the year. (Six areas set out in March '21 remain priorities):

- Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (EDs), improve timely admission to hospital for ED patients and reduce length of stay.
- Working collaboratively across systems to deliver on these priorities

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 Integrated Care System (ICS) for Hampshire and the Isle of Wight area via the more local Integrated Care Partnership (ICP) 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 McIsaac 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 McIsaac of the HIOW ICS for an update. The guidance includes a change in activity for local Healthwatch, 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:

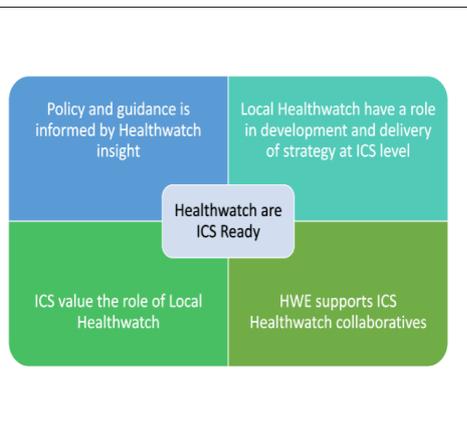
- To improve health outcomes and population health (not sure totally correct)#
- To tackle health inequalities in health outcomes
- For the health and care system to be more productive and give good value for money
- To generate broader social and economic development

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'



Further to the introductory information on the HIOW ICS in the last Board meeting report a survey has been done by Healthwatch England to find out how well local Healthwatch are working with the Integrated Care System for their area.

Healthwatch findings on local Healthwatch relationship with their ICS

Healthwatch England recommend that local Healthwatch do the following:

- Developing and presenting a strong, clear, evidenced-based case to ICS leaders**
 This would demonstrate the value of Healthwatch, supporting the ICS to place Healthwatch appropriately in its governance framework during their consultation on their constitution.
- Formalise agreements**
 Multiple local Healthwatch organisations within a single ICS boundary should develop formalised agreements on the terms of their collaboration at ICS level. These agreements should set out joint working arrangements and data sharing agreements as well as clarity on key contacts for ICS engagement, ideally via a single point of contact.
- Working with the voluntary sector**
 Healthwatch and the voluntary sector have a strong track record of working in partnership. This can be built on by local Healthwatch and the voluntary sector collaborating closely to ensure the public's views inform the decisions made by the ICS. Local Healthwatch should explore this further to establish a form of collaboration and intelligence sharing with the voluntary sector and agreeing channels for representation of people's views to ensure that they have maximum impact.
- Proactively offer support**
 Local Healthwatch should proactively approach their ICS to support the development or revision of the people and communities engagement strategy, its delivery and in supporting the reporting back on its performance through ICS assurance processes.
- Establish governance responsibility**
 Local Healthwatch should also engage with their ICS to establish who will have governance responsibility for engagement with people and communities.

Healthwatch Portsmouth can report back that it has, along with the local Healthwatch for Southampton, Hampshire and the Isle of Wight done all of the above.

HWP was invited to sit on the interview panel in late October for the new Associate Director of Community involvement for the Hampshire and Isle of Wight ICS (HIOW ICS)

In late October it was also agreed that the following would be organised between the 4 local Healthwatch that cover the HIOW ICS area:

- We will set up 3 meetings a year with the ICS Chair and CX and we will try to tag them on to our regular meetings (that Ann is currently trying to set up)
- The work on Long Covid is being led by Southern Health (who we are meeting soon so can ask more then). She will send through info she can find.
- They are developing their ICS website and would welcome HW help as a critical friend over the coming months
- Emma is keen to work with us on Dentistry - Surrey are taking the lead on the transfer from HWE to ICSs and they will know more in February.
- Aiming for an introductory “Steering group” before Xmas then set up fully in January - awaiting potential dates from them
- She will see what can be shared with us on their ICS Constitution (Paul Gray, Head of Strategy is leading on this) - deadline for draft to NHS E 19/11
- I invited her / a colleague to attend the HWE Conference sessions on ICS / HW on 11th November

Details of how the 4 local Healthwatch covering the Hants and the Isle of Wight ICS area will be represented in meetings with the HIOW ICS have been provided. Wessex Voices Project Manager, Sue Bickler will be our 4 local HW’s rep on the HIOW ICS Quality and Ethics Boards. This is our access point to the governance arrangements of the HIOW ICS. There will be an opportunity for each local HW to scrutinise and comment on the papers going to the next HIOW ICS Quality Board and Ethics Board meetings. Sue will then take the collective voice of the 4 local HW to the HIOW ICS meeting which seems to be the most efficient and effective way that local HW can influence the development of the ICS in our area. The 4 local HW have worked very well together on many projects and topics so far. I think the ICS Board members will be very impressed at how the patient voice in our areas is channelled.

Further to HWP’s involvement in the Stakeholder Panels in September to select Director level appointments to the new HIOW ICS we have been informed of the two key posts which have been recruited now with the post holders starting in their roles in January:

Isobel Wroe: ICS Director of Transformation,

Sofie Nottingham: ICS Development Director.

Readers may find the following information provided by the Kings Fund of use:

Kings Fund explainer on ICSs

Integrated care systems (ICSs)

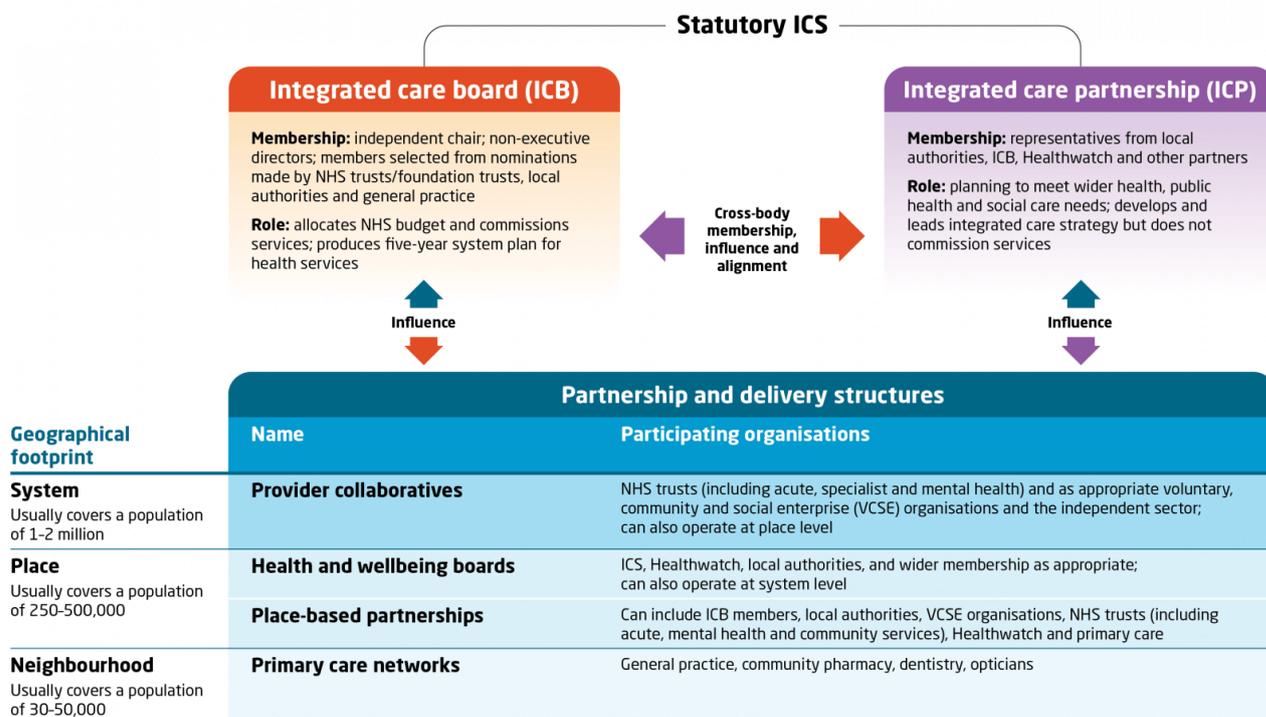
Key planning and partnership bodies from April 2022

NHS England

Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission

Independently reviews and rates the ICS



TheKingsFund

Integrated care systems - governance arrangements

The statutory ICS will be made up of two key bodies - an integrated care board (ICB) and integrated care partnership (ICP).

Integrated care boards

Integrated care board (ICBs) will take on the NHS planning functions previously held by clinical commissioning groups (CCGs) and are likely to absorb some planning roles from NHS England. ICBs will have their own leadership teams, which will include a chair and chief executive, and will also include members from NHS trusts/foundation trusts, local authorities, and general practice, selected from nominations made by each set of organisations. In consultation with local partners, the ICB will produce a five-year plan (updated annually) for how NHS services will be delivered to meet local needs. In developing this plan and carrying out their work, the ICB must have regard to their partner ICP's integrated care strategy and be informed by the joint health and wellbeing strategies published by the health and wellbeing boards in their area. Additionally, each ICB must outline how it will ensure public involvement and consultation.

ICBs will also contract with providers to deliver NHS services and will be able to delegate some funding to place level to support joint planning of some NHS and council-led services.

Integrated care partnerships

Integrated care partnerships (ICPs) will operate as a statutory committee, bringing together the NHS and local authorities as equal partners to focus more widely on health, public health and social care. ICPs will include representatives from the ICB, the local authorities within their area and other partners such as NHS providers, public health, social care, housing services, and voluntary, community and social enterprise (VCSE) organisations. They will be responsible for developing an integrated care strategy, which sets out how the wider health needs of the local population will be met. This should be informed by any relevant joint strategic needs assessments (see below). In developing its integrated care strategy, the ICP must involve the local Healthwatch, the VCSE sector, and people and communities living in the area. ICPs will not directly commission services.

Partnership and delivery structures

A number of partnership and delivery structures will operate within an ICS at system, place and neighbourhood level.

NHS providers will work together at scale through provider collaboratives, new partnerships operating across ICSs to improve services. Provider collaboratives, which may involve voluntary and independent sector providers where appropriate, are expected to be operating across England by April 2022 and will agree delivery objectives with partner ICSs.

Health and wellbeing boards (HWBs) are formal committees of local authorities that bring together a range of local health and care partners to promote integration. They are responsible for producing a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

Place-based partnerships operate on a smaller footprint within an ICS, often that of a local authority. They are where much of the heavy lifting of integration will take place through multi-agency partnerships involving the NHS, local authorities, the VCSE sector and local communities themselves.

Primary care networks (PCNs) bring together general practice and other primary care services, such as community pharmacy, to work at scale and provide a wider range of services at neighbourhood level.

National bodies

The NHS organisations within ICSs, including ICBs, NHS trusts and foundation trusts, will be accountable to NHS England for their operational and financial performance. The Care Quality Commission (CQC) will independently review and rate the quality of partnership working within ICSs, alongside its existing responsibilities for regulating and inspecting health and care services.

Full details here

[Integrated care systems: how will they work under the Health and Care Bill? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/integrated-care-systems-how-will-they-work-under-the-health-and-care-bill/)

New organisation launched to improve involvement of people in social care - IMPACT

A new organisation called IMProving Adult Care Together (IMPACT). It's a new £15 million UK centre for implementing evidence in adult social care.

They are looking for organisations like local Healthwatch to get involved. By clicking on the link below you can register your interest in being involved in how IMPACT works and to shape their activities (I have registered as Manager of HWP):

[database-english - IMPACT \(bham.ac.uk\)](https://www.bham.ac.uk/impact/database-english)

Health and Social Care

Social Care Plan - December 2021

Further to the public engagement activity in the summer on the Health and Social Care White Paper ([20210819 Health and Care Bill - HWE briefing.pdf](#)) the Government issued in early December their Social Care Plan. Healthwatch England has written a briefing on the main elements of the Government's new Social Care Plan [Healthwatch England response to Social Care Plan](#)

Healthwatch England National Director

Healthwatch England appoints new National Director

We're delighted to let you know that Louise Ansari has been appointed as our next National Director and will take up the role from 14 February 2022.

Louise comes to Healthwatch England with a strong background in health communications, social policy and local services. For the past five years, Louise has been Director of Communications and Influencing at the Centre for Ageing Better.

She has previously held senior leadership roles at Diabetes UK and Lambeth Council, and has also worked as a media specialist at Which? Magazine, the Food Standards Agency, and the Health Education Authority.

We hope you'll join us in welcoming Louise to the Healthwatch family. She is really looking forward to meet you all when she starts next year.



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 (see item below). We will be promoting this survey to gather feedback from Portsmouth based GP surgeries. We will also contribute any feedback we receive from Portsmouth residents to our What Matters Most to you Now survey which we yet to develop and publish but will include questions about patient access to primary care while the COVID virus is still very much with us in the UK and abroad.

Healthwatch Portsmouth were alerted in mid November that a patient had been told by a GP surgery they are now at capacity and not able to accept new patients. We have queried this with Portsmouth CCG who have confirmed that only Kirklands GP surgery have so far made a successful application to the CCG to close their list to patients who wish to register there.

The CCG has contacted GP surgeries asking that prior to making an application to close their list to new patients they have a discussion with the CCG about what other support measures might be needed and could be provided by the CCG as well as to consult within their Primary Care Network. The CCG is keen to avoid a ripple effect of new registered patient list closure applications. We were informed by the CCG that if a surgery does submit an application to close their list then the primary care contract review group conducts a review and takes a decision on whether to approve / reject the application. Furthermore, that a formal list closure can only take place for a minimum of 3 months - maximum of 12 months. Where a list closure is approved the CCG would also ask the practice for an action plan on what actions they are taking to rectify the situation and discuss any further support required.

The CCG had been surprised to learn through Healthwatch that two other surgeries in the city have verbally told patients that they are not accepting registrations for new patients. The CCG have looked into this further to our local intelligence provided because we were concerned about the accessibility and geography of the decisions by 2 surgeries to consider closing to new patient registrations. The CCG has confirmed that it is definitely only Kirklands that has (hopefully temporarily) closed its list to new patients. The CCG is working with Kirklands to find ways of supporting the surgery to, as quickly as possible, re-open their patient list.

The CCG has offered to speed up implementation of Push Doctor (for more information click on this link) [How-to Guide | Push Doctor](#) to help surgeries in the city remain resilient over Winter. Where it has been used before it has prevented

a surgery from having to close its patient list. GPs are available for NHS video consultations as long as the patient's GP surgery is registered with Push Doctor.

Government publish Access to GPs and support for Primary Care

The Government announced in mid October their requirements for GP surgeries to offer more face to face appointments as a proportion of the total number offered to patients [NHS plan for improving access for patients and supporting primary care](#)

Hot off the press HWP asked a number of questions of Portsmouth CCG about the local impact of the guidance. The timeliness of HWP's questions means that the CCG hope to incorporate their answers to us in the comms piece that they are planning to issue shortly to the public in response to the new guidance :

Questions to Portsmouth CCG on 'improving access for patients and supporting general practice'

Regarding the following sections, Healthwatch Portsmouth would like to know:

14 (i) Nov - March Winter Access Fund

Will the plan to increase patient access to same day urgent care appts (preferably) at the patient's own surgery using extra GPs +/- or appointments impact on the existing Extended Access Service offered at Lake Road?

14 (ii) same day Urgent Care for Type 3, Type 4 (minor injury unit, Walk-In Ctr Urgent Tr't Ctre)

With the plan to increase same day urgent care capacity through other services in primary and community settings what is planned for Portsmouth?

14 (ii) Urgent Treatment Centres (UTCs)

For the recently introduced UTCs in Gosport and Petersfield are there plans to extend opening hours? Is the (Portsmouth based) Respiratory Hub ready to increase capacity for city's patients?

18 Expanding the range of primary care professionals

Will Portsmouth PCNs plan to expand the available skills mix by using an ever wider range of primary care professionals (such as nursing associates or trainee nursing associates) than currently?

19 Cloud based telephony

What proportion of GP practices are currently using cloud based telephone systems for patient calls? Any GP practices in Portsmouth planning to take part in the short term winter push to get more on?

27 Community Pharmacists Consultation Service with local pharmacies?

Are any Portsmouth GP Practices involved in this scheme

30 Ratio of face to face to remote GP appointments - what' the average rate across the PCNs ?

35 New patient reported real-time GP appt satisfaction measuring (via post appt messaging)

How does this (digital?) real-time satisfaction reporting work for patients without mobile phones?

36 Access Improvement Scheme

Are any Portsmouth GP surgeries receiving/will receive help with the intensive support scheme?

47 Proportion of face to face appointments compared to remote - is there a national target?

HWP promoting broader H10W based HW survey to GP practice staff to find out their views

GP practice staff invited to share views

Healthwatch is the independent champion for people who use health and social care services. We listen to people's experiences of these services and make sure NHS leaders and other decision makers use this feedback to improve care. This autumn, local Healthwatch from across the south of England are working together on a project looking at access to GP practices.

Part of this work will be to gather feedback from GP practice staff to understand:

- How their role has changed during the Covid-19 pandemic,
- What practices do well and
- What challenges they face.

If you work in a GP practice, please share your experiences in our 10 minute survey: smartsurvey.co.uk/s/I5OD4B/

All feedback is anonymous, so we can safely share our learning with local people, commissioners and primary care providers. This will help us develop resources to support practices and the public in the future.

This survey has been developed in partnership with GP practice staff across the south of England.

Find out more about Healthwatch at healthwatch.co.uk

Healthwatch Portsmouth have been invited to support Portsmouth CCG in developing a '**Practice and Patient Charter**' for GP practices across Hampshire and the Isle of Wight.

The CCG introduced the concept:

'While the majority of patients are being supported by GP practices in a timely way, we recognise there have been some frustrations with how practices have been working, and will continue to work, as a result of the pandemic. The charters have been suggested by practice managers across Hampshire and the Isle of Wight, and so NHS Portsmouth Clinical Commissioning Group and Hampshire, Southampton and the Isle of Wight Clinical Commissioning Group are working together to host a number of sessions to help co-design a Patient and Practice Charter.

While we might not be able to address everything, we can work within principles that encourage practices to be open and transparent. We want the charters to be simple and informative; to act as a set of guidelines/commitments that both the patient and practice can make, and that we can promote to patients and in practices as we head towards the busier winter months.'

Further to the meeting the stakeholder group have been asked to respond to some draft questions that will be included in a survey to be published to gather feedback on the idea. More information in 2022 on this activity.

Flu Vaccination at GP surgeries

Healthwatch Portsmouth spotted some patient feedback on what happened in Mid October when a drop-in flu vac was offered on a Saturday between 8.30 - 12.30. A seemingly unmanaged queue was forming outside a surgery and getting longer as the morning progressed. Healthwatch Portsmouth contacted Portsmouth CCG to ask if each surgery had discussed with the CCG how they would be offering these drop-in flu vaccination clinics and any contingencies to be put in place should there be very large numbers attending? Portsmouth CCG has taken action to discuss what happened with the team co-ordinating the flu vaccination clinics in the city. With the weather worsening it is not a good prospect for possibly vulnerable patients wishing to attend future vaccination drop-in clinics to be queuing for hours outside, without access to toilet facilities, seating or shelter. We are pleased that the CCG took action from this feedback.

We looked at the availability of finger nail service where there was an apparent gap in provision and have been working with Portsmouth to find out what can be done to take this work forward.

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 staff needs to be clarified.

Healthwatch Portsmouth has been monitoring the situation since September to find out if patients were being informed by GP surgeries about the chance to book a same day urgent appointment or a routine weekday evening or Saturday appointment with a GP that was available through the Extended Access Service, if the patient's own GP surgery is not able to provide an appointment. Anecdotal feedback seemed to suggest that patients were not being informed about the Extended Access Service. We have raised the matter with Portsmouth CCG and Portsmouth Primary Care Alliance who had informed Healthwatch Portsmouth that during the ongoing pandemic the Extended Access Service is still available for patients if they contact 111. Urgent same day GP appointments are available to patients and offered at Lake Road Health Centre on weekday evenings and at weekends but routine appointments are not available during this pandemic period.

Portsmouth CCG agreed in late November to Healthwatch Portsmouth's request to inform/remind GP surgery receptionists and Care Navigators to inform and offer (where appropriate) access for patients to urgent same day GP appointments through the EAS.

Our Extended Access Service (EAS) operates 18:30-22:30 Monday to Friday and 08:00-22:30 Saturday and Sunday. It also covers Bank Holidays and Target sessions. The service offers acute appointments booked following triage by our clinicians. We will also visit those patients unable to attend the hub. All on the day appointments and home visits are for acute problems and will be telephone triaged by a GP in service. The patients access the service via 111 and will receive a call for one of our clinicians.

Processing of electronic repeat prescriptions

We received feedback from patients in early October who have their medication dispensed at a pharmacy registered with a local GP surgery who are not able to collect their medication and are being told to contact their surgery with repeat

prescription queries. The surgery was not responding to their queries about delays in processing. The pharmacy staff were experiencing a lot of pressure from patients who are asking for their medication relating to repeat prescriptions that they expect will be ready for them to collect. The problem was raised with the CCG Medications Optimisation Unit who discussed the problems with both the surgery and pharmacy. It has been resolved that the Prescription Hub Manager will contact the pharmacy/store manager at the pharmacy concerned to try and rectify these issues

NHSE has sent a notification to local stakeholders to inform them of their consideration of an application made by JCL (UK) Ltd to relocate from 162-166 Fawcett Road, Southsea, Portsmouth, Hampshire, PO4 0DW to 151 Fawcett Road, Southsea, Portsmouth, Hampshire, PO4 0DW. Having looked on the map the impact of the proposed change of location involves moving the chemist slightly further along Fawcett Road from the street corner premises where it is. This does not appear to be a significant change in location in Southsea. NHSE say that they will consider if the proposed move will make it difficult for any patient to access the new location. We will be notified of the decision by NHSE in due course.

Community based services

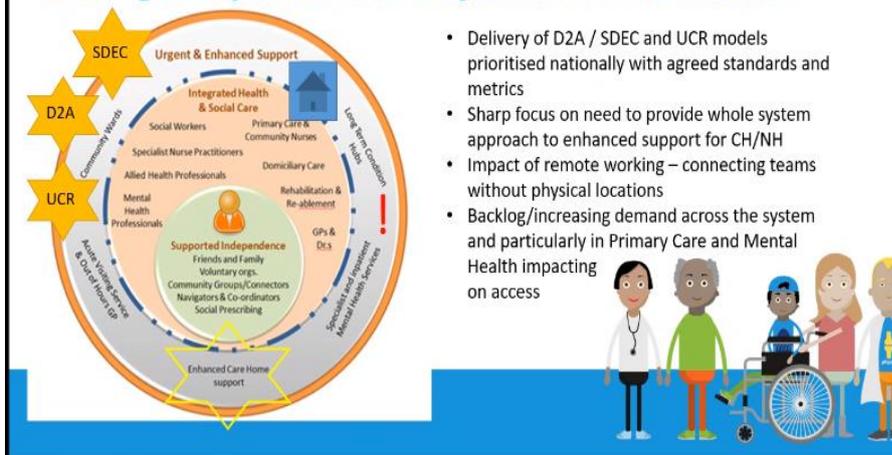
Black History Month - October

Healthwatch Portsmouth took part in the presentation and web based chat of local community members and organisations in mid October which was organised by Portsmouth Hospitals University Trust, inspired by the Black Lives Matter protests of 2020, this year's Black History Month theme invited Black and Brown people of all ages in Portsmouth and nationally to share what they are 'Proud To Be'. The presentations and discussion offered a detailed insight into the key roles that Black people had had in Portsmouth stretching back hundreds of years. Healthwatch Portsmouth will be developing its connections with those organisations and communities that took part to raise awareness of our support for all residents in Portsmouth.

Portsmouth Primary Care Provider Partnership (P3) Board

During pandemic P3 Board has worked to organise and fund programmes to improve care for patients in the community, focusing on urgent and same day care.

During the pandemic response we've seen...



- Delivery of D2A / SDEC and UCR models prioritised nationally with agreed standards and metrics
- Sharp focus on need to provide whole system approach to enhanced support for CH/NH
- Impact of remote working – connecting teams without physical locations
- Backlog/increasing demand across the system and particularly in Primary Care and Mental Health impacting on access

Community and primary care providers will be working with P3 Board members (including Healthwatch Portsmouth) and HIVE Portsmouth to look at producing a communications piece to help better inform the public on where to get help for their health needs in the health system to try to improve the way it works for all.

Will be health inequalities work - looking at what is being seen in each GP surgery, grouped by PCN to generate at a neighbourhood level, intelligence to inform prioritising of work to take forward in the city from March '22.

An Additional Roles Reimbursement Scheme (ARRS) pilot to relieve system pressures in primary care will be started in January '22 to look at how people with a range of mental health needs can be supported by a specialist triage and pathfinder service to support their needs who otherwise would have needed a GP appointment. The additional health professionals who would make up a multidisciplinary team would be piloted in one area of Portsmouth (within a Primary Care Network (PCN) which has offered to trial the service) with a view to expanding the service across the remaining 4 PCNs once the early trial has identified any service improvements that are needed before offering more widely.

Wheelchair service for Portsmouth residents

In response to media coverage at the end of November about the delays in wheelchair provision in the city HWP contacted the new provider service for the city. Far longer waits in the city (40% compared to the national average of 13%) of new patients had been waiting beyond the NHS target of 18 weeks to receive their wheelchair. We asked if there were plans in place to speed things up? AJM Healthcare, the providers for the Portsmouth contract contacted Healthwatch Portsmouth straight away to explain that there had been big problems due to supply chain issues with parts for the wheelchairs on order. Since they won the contract in April 2020 AJM have told HWP that they been doing lots of work to reduce the very lengthy waits that some wheelchair users had been experiencing (up to 2 years). Management has been restructured to improve customer care so that they will be in a position in soon when adults will be waiting for less than 18 weeks (the national target) for their chair. Delivery dates have now been set for

wheelchairs for those children who had been waiting for more than 18 weeks. We were told children will have been waiting between many weeks for their chairs.

Care pathway for needle assault victims in Portsmouth night clubs

Healthwatch Portsmouth were contacted in late November by a distressed parent who was concerned about the lack of information and a clear pathway for her son and friend who had been assaulted by a person who injected a needle into their legs in a city nightclub. The youngsters followed the instructions displayed on the digital screen in Guildhall Square only to be told by the local pharmacy they sought help from that they were not able to provide assistance. The teenagers were signposted to St Mary's Hospital, who signposted them to QA Hospital who told them to seek help from the sexual health clinic back at St Mary's. The information provision and support for the young people affected by this new type of assault was not a clear for either the patients or service providers approached. QA Emergency Department said to the patients that they had had 4 other young people present earlier that day with the same questions and concerns. HWP has asked Portsmouth CCG to look into developing a clear patient pathway to enable patients who have been assaulted in this way to access rapid treatment and information.

University of Portsmouth School of Health and Care Professions - Paramedic students

The University of Portsmouth has set out a new initiative for Paramedic admissions and wants Healthwatch Portsmouth's views on questions to be posed in part of the initial application stage assessment. We have been asked to critique a series of 25 questions which cover a potential paramedic student's approach and actions during their training. We may also be asked to join the interviewing panel for admissions.

The Board members have provided further feedback on the scenario setting. A really great initiative that I hope will continue and grow next year.

University of Portsmouth - Postgraduate degree in nursing MSc course design

Healthwatch Portsmouth has been invited by the University to get involvement in designing the MSc Nursing postgraduate degree course.

The discussion was about a new proposed course, a post grad nursing degree, and for Adult & Mental Health pre-registered and post-graduate nurses.

Potential candidates would have a degree already and could apply for this 2 year nursing degree. The course headlines have been approved now, having had stakeholder input. UoP is awaiting approval from Health Education England for both the mental health and adult care sections. UoP are working on the curriculum plan and are hoping for approval soon from the Nursing & Midwifery Council. It is hoped the course might start in Jan 2023 with 10 students, then annually from September 2023 with about 20 students hopefully international students too. A service user event will be organised in early February 2022 to

gather feedback from a range of viewpoints. Other University courses in the school of Health and Social Care Sciences may also want to take advantage of the co-production event.

Pharmacies

Further to the report we gave in the September Board meeting regarding a proposed pharmacy consolidation NHS England has now considered the above application and granted On 18th October a Consolidation onto the site at 1a Festing Buildings, Highland Road, Southsea, PO4 9BZ of Rowlands Pharmacy, already at that site and Rowlands Pharmacy currently at 15 Albert Road, Southsea, PO5 2SE.

Mental Health

Portsmouth Hospitals University Trust Mental Health Board

In early October we asked the Mental Health Board:

With regard to the plans shaping up at ICS level, Place Based level with the Portsmouth Health and Wellbeing Board and PSEH ICP I wondered if the PHUT Mental Health Board had mapped how they will integrate with these (often) overlapping structures and what outcomes there will be for patients in Portsmouth with mental health conditions - acute or enduring?

In the plans for Place Based health and care, we understood that there would be plans to improve the pro-active management of children and adults' health and care needs to prevent them ending up in crisis. In this overall aim of pro-active management there would be:

- An integrated crisis response
- No wrong door
- Managing increases in demand (post COVID) through the Positive Minds and ARRS model

Within these broad objectives (above) sit the following strategies, all with workstreams

- (Community Mental Health Transformation Plan
- Older Persons' Mental Health Dementia Intensive Support Team
- Improving access (children and adults) to mental services at all stages along the pathway
- Adult Mental Health Strategy
- Children's Social, Emotional and Mental Health Strategy

How does the Mental Health Board at PHUT relate to these objectives and strategies?

IN addition, we asked for a copy of the Standard Operating Practice for the Mental Health Board

If PHUT is now getting used to having a balanced budget (for 2 successive years we heard last night) are they still using students to fill up vacant posts (for trained MH staff) We asked if PHUT still needs rely on bank staff for Mental Health wards. WE are concerned that patient may not feel they have continuity of care.

A new service for informal carers for people with mental health conditions

New online
wellbeing courses with Solent
Connexions



We're excited to start offering new creative and wellbeing courses through our Solent Connexions Online Hub. These courses will cover a variety of topics including improving sleep, dealing with worry, mindfulness, and opportunities to try new arts and crafts activities. Solent Connexions is a free virtual service, set up to offer mental health and wellbeing support to informal carers. Befriending, one-to-one sessions and signposting is also available through the Online Hub. We've recently updated our Solent Connexions page with a new video and Hub tour, sharing what the service can offer - take a look [HERE!](#)

An online drop-in was started in October. Look for details of more drop-ins on Solent Connexions website.

Dementia

In October Healthwatch Portsmouth looked at the draft Dementia Strategy doc that PHUT have been developing and circulated to various community groups to inform the Trust's early plans to develop their support for people with dementia.

Here is a link to the information that they provided so far for public comment:

commitments of care and the delivery plan.

Healthwatch Portsmouth have fed back to PHUT the comments that it had received and are awaiting news if there is to be any update to the final draft.

Community Mental Health Framework

Work has been progressing by Portsmouth City Council to find out people's views on the draft Community Mental Health Framework that is being developed locally to respond to the national guidance. The eventual Framework will be introduced across the HIOW ICS area in co-operation with the 4 Integrated Care Partnerships (ICPs) that comprise the HIOW ICS (these being: Portsmouth and SE Hants ICP, Southampton ICP, Hampshire ICP and the Isle of Wight ICP)



The Community Mental Health Framework is designed to support adults aged 18+

The Framework uses a 'Placed Based Approach' (looking at the needs of the local population) and will be working closely with the city's 5 Primary Care Networks to deliver community based mental health support.

The national aims of the NHS Mental Health Implementation Plan are:

- to locally re-organise Community Mental Health teams
- develop the workforce, increase recruitment and expand the multi-disciplinary approach but the availability of extra staff in this field could be tricky? Patients don't want volunteers.
- to develop pathways of care for people with complex mental health difficulties/personality disorder and serious mental health conditions
- to measure and monitor the change in patient outcome experience

These objectives will be included in the local plan for Portsmouth and SE Hants.

Patients and carers have been consulted in a series of Discovery Events with more planned to reach out to students, older people, people living in ethnically diverse communities mental health support groups, LGBTI communities and faith groups.

Healthwatch Portsmouth has provided best practice engagement support to broaden discussions even further across the city.

Once the initial discussions have been held and feedback processed into a draft plan there will be a co-produced activity inviting people with lived experience to look at remaining gaps in services and the reality on the ground of how patients have been able to access the pathway of care. Healthwatch Portsmouth will be invited to provide input during the co-production stage.

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

Creative sessions for autistic adults in Portsmouth

HWP promoted the offer of 6 creative sessions being run by a Portsmouth resident entitled KoCreate which started in November and run until mid December 2021. Another two series of KoCreate workshops will be run in the New Year (2022).

Sessions are being promoted by local social prescribers through GP surgeries and are available to people aged 18 and over who are registered with a Portsmouth GP surgery. Members of Portsmouth Autism Community Forum (which Healthwatch Portsmouth are a member of) were invited to sign up directly to the sessions.



KoCreate leaflet.pdf

add in link from website



PACF Minutes
28.09.21.docx

add hyperlink when on website library

Learning Disabilities



LDPB minutes 20
September 2021.pdf

Here are the minutes for Sept mtg of LDPB

As mentioned above we have generated an opportunity for user involvement in the development of an accessibility guide for people with learning disabilities to use eConsult. When we heard that the user guide was not yet available and there was time to get involved in the development of such we liaised with our partners at the Learning Disability Partnership Board (LDPB) to organise some user testing of the prototype with the marketing department of eConsult before it is launched on the webpage for patients to access. The first meeting between e-consult and LDPB took place in mid November.

Carers

Something which has just been sent over to Healthwatch was the following support aid 'the Herbert Protocol' for carers of people with dementia is known about? We are finding out how well this is known about in GP surgeries.

<https://www.hampshire.police.uk/notices/af/herbert-protocol/?fbclid=IwAR3Zoj66gZvbRLDpaPVduB1ReCgmCNRLvD-RD8ttfn0aePToP7ZUSdTfcmk>

Care Quality Commission

Healthwatch Portsmouth has regular meetings with the Hants and Isle of Wight and Frimley Inspector for Primary Care Services in which we exchange intelligence about services for patients in Portsmouth. Along with HWP's update on feedback we had received about access to GP appointments and dental surgeries in the city the Inspector informed HWP that CQC is due to do a quick review of bespoke access to primary care and the risks that are apparent for patient access to the services. Included in this review will be the proportion of complaints received by GP surgeries and the number of face to face GP appointments each surgery offers.

Secondary Care Services

National news story (4.11.21) : mortuary abuse at Maidstone and Tunbridge Wells Hospital

Further to the harrowing news of sexual abuse committed on dead patients carried out by a member of staff of the Maidstone and Tunbridge Wells Trust [David Fuller: MPs call for public inquiry into mortuary abuse - BBC News](#) Healthwatch Portsmouth has written to both NHS trusts serving Portsmouth.

We have asked if both Portsmouth Hospitals University Trust and Solent NHS Trust are going to be doing a review of their security arrangements regarding access for staff and agency support staff to the Trust's mortuary and any other locations where perhaps very recently deceased patients from either Spinnaker Ward or Jubilee House are looked after.

Penny replied: We received the request to review our mortuary access and post-mortem activities as a result of the tragedy. This included: access requirements to the mortuary, CCTV provision, security risk assessments, health and safety risk assessments and employee DBS status.

A review was undertaken, and a risk assessment was completed with board oversight to assure ourselves that we have the right security and management in place.

Solent NHS Trust has replied as follows:

Solent NHS Trust does not have any mortuaries or body stores within our estate and therefore no further action was required. For our services on Spinnaker and Jubilee, we work with local funeral directors who will retrieve the patient's body directly from the wards.

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 have written up our findings and draft recommendations and sent to PHUT.

Maternity services

In early October HWP received responses to questions that Healthwatch Portsmouth had raised about maternity services at the Trust which covered the range of questions we asked.

PHUT responses to HWP questions on maternity services

PHUT announced that due to current operational pressures the HIOW system they will be working in critical incident mode in November which requires a refocusing of meetings with senior staff required to be clinically facing rather than attending the Shared Assurance and Improvement Programme meeting. We have been

informed that Portsmouth CCG attends the Maternity Committee and have been assured of the current improvement plan processes that are in place. We will maintain a watching brief on this service.

Healthwatch Portsmouth attended the PHUT Patient Family Carer Collaborative in mid November at which the new Nursing and Midwifery Strategy was shared. The strategy includes support for staff as well as support for patients to ensure service improvements.



screen shots from
slides shown at PHL

Draft Equality Diversity and Inclusion strategy

Here are the notes from the meeting on 8th October



Community
Engagement Notes :

Further to the meeting in October at which access for deaf people to QA Hospital was reported to be very poor by service users we received a call at Healthwatch Portsmouth in late November from the Portsmouth Deaf Club. The members would like HWP to arrange for members of staff at QA Hospital to meet with members of the Portsmouth Deaf Club to explain how deaf people can access services at QA Hospital. The meeting was requested to take place for early in 2022. I can report back to the March Board meeting on progress.

Solent NHS Trust

We were informed in early November that Sue Harriman, Chief Executive of Solent NHS Trust will be leaving the Trust in February 2022 to become Chief Executive of the NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (ICB). Andrew Strevens, Acting Chief Executive and Chief Financial Officer of Solent NHS Trust will be seconded into the role of Interim Chief Executive while recruitment to the substantive position has been completed.

CQC report on St Mary's Hospital from inspection visit conducted 17th August, published 19th November 2021

<https://www.cqc.org.uk/location/R1C17/inspection-summary#overall>

No action required on all 5 categories of the inspection

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 have now met on a couple of occasions with Solent senior managers for the speech and language service to discuss opportunities for service review and improved access to the service for these children and their families.

Further to the progress made so far regarding the work that Healthwatch Portsmouth and the Portsmouth Down Syndrome Association (PDSA) had been involved with key service managers of Solent's Children and Families and Speech and Language Therapy services it was agreed in November that information and training resources provided by PDSA would be made available to the Children's Therapy Team to help improve the staff members' actions, culture and language used when supporting patients and their families. The need for this was reinforced from feedback provided by PDSA saying they were still hearing of families being upset at some staff members' actions and language used during consultations.

It was agreed that training materials would be made available to the training session in early December for aligned therapy teams who support children with Down Syndrome. Materials in development, such as the patient's roadmap to care will be finalised soon and sent to HWP and PDSA to critique from a patient perspective. Training for future staff is embedding the care needs approach rather than clinical diagnostic approach which will include holistic assessment, personalised care planning and a patient outcomes focused staff team.

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.

Further to our discussion in May with Solent NHS Trust's Chief Medical Officer, Dr Dan Bayliss regarding organising a 'Healthwatch summit' between Solent and the relevant local Healthwatches and discussions in October with Solent's Engagement and Experience Managers about keeping in touch we have come up with a solution.

We suggested in October to our local Healthwatch colleagues who work with Solent NHS whether they would like to receive an update from Solent NHS at one of our regular HW Chair and HW Lead Officer meetings. Colleagues have now agreed to this. HWP has invited Solent Engagement and Experience Managers to address our

January meeting at which they can give a brief update on forthcoming engagement and patient involvement at Solent NHS Trust. In addition, at future meetings of the local Healthwatch solent Trust's Engagement and Experience Managers have been invited to attend on a regular basis or when they have details to share.

Portsmouth City Council

Public health consultation - Hampshire CC consultation:

Consultation on proposed savings to Hampshire's Public Health budget

You will recall that in June, the County Council undertook a public consultation regarding proposed savings to the Public Health budget in Hampshire. The recommendations relating to this are set out in a report now available on Hampshire County Council's website:

Outcome of the Transformation to 2021 Public Consultation

Following detailed analysis of the findings from the consultation, and further clarification from Public Health England on the use of the Public Health ringfenced grant, the service has revised its recommendations and these are set out below:

Substance misuse services

To save £60,000 by continuing to provide an open access substance misuse service in Winchester from a more cost effective venue.

Stop smoking services

To save £168,000 by stopping 'unsupported prescribing' - reducing the number of prescriptions written by GPs for stop smoking medication and nicotine replacement therapy that are not accompanied by a support referral to Smokefree Hampshire. Evidence shows that the combination of both, leads to better long-term outcomes.

For sexual health services

To save £8,000 by removing a duplicated HIV and syphilis self-sampling service.

For Public Health Nursing

The proposals which were included in the public consultation are **not** being taken forward.

(The Hampshire 0-19 Public Health Nursing Service comprises two functions; health visiting and school nursing to deliver the Healthy Child Programme.

Health visiting supported ages 0 -7. School nursing supported ages 5 -19

HCC plan had been to reduce the Public Health Nursing Service budget by £2.09 million (10%) per year by: • reducing the number of staff posts available to support families by approximately 47 (12.5% of the current workforce); • only providing school nurse support to children and young people over the age of 11 years through the digital offer. HWP is pleased that these cuts are no longer included in the public health budget savings plan. We were concerned that there could have been an impact on services received by Portsmouth residents who live in areas bordering Hampshire.)

Portsmouth Health and Wellbeing Strategy 2022 - 30

Click here for [Health and Wellbeing Strategy](#)

Here is a link to public consultation [survey](#) which is now live.

Deadline for comments 21.1.22

A summary draft document [Health and Wellbeing Strategy.pdf \(portsmouth.gov.uk\)](#) of the refreshed Health and Wellbeing Strategy (HWS) for Portsmouth was presented to the Portsmouth City Council Health and Wellbeing Board on 24th November. The Board was asked to agree the draft document and enable the Health and Wellbeing Board (HWB) to progress to wider consultation on the strategy, with the objective of completing the refreshed strategy in February 2022. HWB welcomed the offer from Healthwatch Portsmouth to support residents who may wish to make their own submission to the consultation process but may need help some help doing so.

In addition, it was stated in the presentation to the Health and Wellbeing Board meeting that Healthwatch Portsmouth had highlighted that the Chief Medical Officer recently released a report about health outcomes in coastal communities. Portsmouth was highlighted as one of England's six coastal cities (along with Plymouth, Southampton, Liverpool, Brighton and Hull) and identified as having additional challenges arising from geography, demographic and economic factors.

The report puts forward two key recommendations:

- A national strategy to improve the health and wellbeing of coastal communities
- Future detailed research into the health needs of coastal populations

The presentation to the Health and Wellbeing Board stated that this clearly resonates with the work that is being carried out locally. It recommended that the HWB indicate support for these. This is great news for the city.

Ends. 8th December 2021

Seasonal Greetings to all !!!!



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