# Swindon Locality Patient and Public Engagement Forum Deep Dive meeting notes (draft)

# Wednesday 7 April 2021 | 1-2:30pm | Zoom virtual meeting

**Present**

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| **Name** | **Initial** | **Job title /role** |
| Julian Kirby | JK | Lay Member (PPE) Chair, BSW CCG |
| Ruth Atkins | RA | Head of Public Engagement and Insights BSW CCG |
| Ruth Jones | RJ | Quality Manager BSW CCG, BaNES locality |
| Emma Frost | EF | Public Engagement and Insight Manager, BSW CCG |
| Sara Marriott | SM | PA to Emma Frost, BSW CCG |
| Susanna Jones | SJ | Chief Executive, Swindon Carers Centre |
| Sue Carvell | SC | Consultant with Brunel Federation Group |
| Siddharth D Patel | SDP | Chairman of Hindu Samaj Swindon |
| Amanda Webb | AW | Swindon Locality Clinical Lead |
| David Freeman | DF | Swindon Chief Operating Officer |
| Ian James | IJ | Swindon Borough Council, Head of StreetSmart |
| Joe Backshell | JB | Healthwatch Swindon Volunteer |
| Steve Barnes | SB | Trustee of The Care Forum / Healthwatch Swindon Volunteer Advisory Board / Chair of PPG, Taw Hill, Swindon |
| Harry Dale | HD | PPG Chair North Swindon / Member Healthwatch Swindon Volunteer / Member Primary Care Committee BSW CCG |
| Roy Worman | RW | Member of the public / Medvivo Group of 50 |
| Vanessa Scott | VS | Manager Healthwatch Swindon & BaNES |
| Moya Pinson | MP | Healthwatch Swindon Volunteer & Member of PPG Forum at Ashington Way Surgery |
| Nazma Ramruttun | NR | AWP, Swindon Counselling Service |

**Apologies:**

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| Name | Initial | Job title /role |
| Jo Osorio | JO | Development Officer, Healthwatch Swindon |
| Amanda Du Cros | ADC | Acting Deputy Director Community Transformation Swindon locality BSW CCG |
| Alison Fielden | AF | Administrator/Secretary,  Swindon SEND Families Voice |
| Michelle Coleman | MC | Patient Engagement Coordinator, Medvivo |

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|  | **Welcome, Apologies, Introductions** (JK) |
|  | JK opened the meeting and thanked everyone for attending. Apologies were given. |
|  | **Declarations of Interest** (JK) |
|  | There were no declarations of interest. |
| **2.** | **Presentation on the Swindon Integrated Care Alliance**  David Freeman Swindon Locality Chief Operating Officer, BSW CCG Amanda Webb Highworth GP & Swindon Locality Clinical Lead, BSW CCG  Speakers introduced themselves and gave an onscreen presentation  (To be shared) |
|  | **Highlights**  The focus of today’s presentation is on individuals, place base systems, and neighbourhood, and how we’re making things happen in Swindon.  **Introducing the NHS White Paper** (DF) With partners from across Swindon, developing new ways of working. DF spoke about the NHS White Paper, context in which we are trying to take forward the development of the Integrated Care Alliance in Swindon.   Very detailed paper, but the fundamental purposes are:   * Improving population health and healthcare * Tackling unequal outcomes and access * Enhancing productivity and value for money * Helping the NHS support broader social and economic development   **The Challenges we face and opportunities available** (AW)   * AW spoke about high levels of inequality, deprivation, poverty, education and the increasing population in Swindon. Adding that there is opportunity in Swindon regarding new housing, green spaces, business hubs outside of London, and a growing number of business enterprises.   **Why are we doing this?** (AW)   * Swindon is diverse, multi-faceted, with unique characteristics and challenges, which we need to address in order to have a positive impact on the health and wellbeing of the population in Swindon. * NHS focus on quality and offer of healthcare is 10%, not just treating illness, but the bigger picture, the underlying causes of ill health.     **Existing model of care isn’t working** (AW)   * AW advised that the current model is too fragmented, too medicalised, too hospitalised; amongst other things and based on historical models. * Significant increase in demand has meant issues with sustaining health care outcomes, need a whole system approach. Support good health rather than ill health, bring health creation back in the heart of our communities.   **What does it mean for in house services?**   * Transforming models of care * Focus on people, systems and partnerships * Quality, performance, money and sustainability. * Reality and complexity of genuine transformation takes time.   **Where are we trying to get to?** (DF)   * Working with and within our communities. * Accelerate areas we are already working in. * Takes time, change exists within our communities. DF referenced The King’s Fund.   **Vision statement** (DF)   * Everyone is welcomed, inclusive and safe. * Going above and beyond, with high quality services. * Whole system care and support in self-care.     **How we will get there?** (DF)   * Real change takes place in real work, acting now to make sure these things take place. Learning how to work together. * Process we use to get to the future is the future we will get.   **Swindon Integrated Care Alliance** (DF)   * Building on years of progress in Swindon. The White Paper comes at a great time for us; trying to go in the direction we are travelling. Focus on place. Removing the barriers that made it difficult to work together. * Using strength-based approaches, and Swindon’s assets.   **What does this mean for commissioning?** (DF)   * Will change how we work; shift of emphasis, working more with partners, and discussing any issues that arise along the way.   **The whole system improvements we want to see** (AW)   * Scope of where we need to see things improved:  7 E’s - Economy, Education, Employment, Environment, Estates, Equality, Extra Years of Healthy Life. Key aims of reducing inequality and increasing healthy life expectancy.   **Where are we today, Professional Leadership Network (PLN) and the Integrated Care Alliance (ICA)** (AW)   * Build collaborative approach to health and wellbeing. * PLN, to provide the forum for health and care services; informs the work we are doing. Bring together key people from organisations. Supported by ICA delivery group. Links across the BSW wider system.   **Current progress** (DF)  Three areas, aspirational and building on existing work, the priorities and focus born from PLN events:   * **Improvements,** priorities, capacity and resilience, new models of care. * **Working with our communities,** get more involved, tackling inequalities, strength-based approach, pilots set up at Penhill and other wards around Swindon. * **Enablers,** develop with partners across BSW, develop our workforce over the longer time period. Whole system, integrated approach, not just BSW CCG partners.     **Governance** (DF)   * Within Swindon, way of working with Swindon Borough Council to join up commissioning. Working as a coalition; we can only make recommendations.   **Next steps** (AW)   * Delivering real work and further developing the ICA. Key point that the ICS and ICA development go hand in hand. Awaiting further details because of this, and respond to new guidance, adapt and explore along the way. * ICA next steps: committed to a single Swindon Strategy, a working group to unify the strategies. One unified strategy, so the whole system is jointly accountable. ICA development program with Swindon and alongside BaNES and Wiltshire ICAs. * Timeline has changed, pushing us towards where we want to go but a lot faster.   **Questions and comments**   1. **SB:** Asked, where is the patient (Terry) in all of this, regarding ‘people taking responsibility and accountability for a patient’s care’? Surely a patient has a deep involvement in what happens to them; seems that you're doing to the patient rather than involving the patient and coming to the outcome.  **DF:** Fundamental part of what we’re trying to do here, is make it about the individual (Terry), and organise our care and ways of working for our population across Swindon to be more effective partners in their health and wellbeing. Making sure that care responds to their individual circumstances and requirements. DF agreed with SB’s point on this, that individuals are not done to, DF will make sure this is properly reflected. 2. **RW:** Asked, who is the customer? It could be a recipient of an output, but they’re not part of the organisation who supplies it. How would you relate to that?  **AW:** Responded by saying, we’re trying to move away from organisations and moving instead towards the integration of health and care, explaining that the individual is a core part of this.   Key goal is to put health back into the communities, we don’t want health services just to be about ill health; instead, the individual takes responsibility for their own health, health creation. About health prevention, wider determinants and about early intervention. Health services will be there when they are really needed when there is no other option. We want people to take responsibility for their own health, preventing ill health, enabling all of our population to be healthier for longer.   **RW:** Responded by saying to carry out these actions for the future will involve a lot of people, a lot of money and reorganisation. Could we not get back to the basics first; to put pro-active action on peoples’ health, we need to sort out the doctor’s surgeries; difficult to get an appointment. Are we running before we can walk?  **AW:** Challenge what RW means by the basics, adding that doctors are a long way down the line. Instead, getting people to be healthier, by getting back to exercising and eating healthily and looking after themselves, creating health. AW added the importance of playing to people’s strengths, giving them purpose, and making them connected in their communities. AW believes these are the basics.    AW also said that it’s about enabling people to access the right health care professional when a patient needs it. When people have an urgent health issue there is health care available.  **RW:** Responded by asking to consider whether these systems could operate 24/7 health care, instead of five days working that GP surgeries do at the moment?  **AW:** Responded by saying this is not something in the scope of this work; instead offering a personal reflection that it would not be an efficient use of health resources. 24/7 is required for urgent health care and health purposes. Adding that evidence shows when extended hours, weekends and evenings are offered, the appointments by and large don’t get filled.   **RW:** How do Medvivo fit into this system? Such a vast subject, RW advised JK that he had sent an email through to RA, suggesting a deep dive on this subject.   **JK:** Advised that this item could be added to the list on item 6 of the agenda. 3. **SC:** Referred to slides in the presentation that spoke about working with communities and enablers and asked where does the engagement and communications and using the expertise within the CCG sit within these slots? What input have they into the ICA work and where we’re moving forward now?  **DF:** Advised that the professional support comes from Ruth Atkins, who is very helpful in this space and attends a number of our meetings. DF also advised that Shaun Dix is involved in some of our communications work. Not just about CCG, communications support also comes from various partner organisations. Adding that they are also exploring new ways of working together with partner organisations. Numerous workstreams, various people from organisations. Engaging with communities, a lot of activity, engagement and feedback to inform new, specific new ways of working (pilot work in Penhill). 4. **HD:** How many patients have been involved in assuring your work, patients done unto rather than a true spirited cooperation. Really needed in your communications, patients will feel like that. There is a barrier. How are you communicating with your PPGs? Suggestion of an uphill battle, in convincing people to live better.  **JK:** Agreed that this was a fair point to make and responded by saying to be fair to the executive colleagues we are still waiting for primary legislation. 10 months away, this will all suddenly happen. Trying to go as fast as we can to put good things in place locally. 5. **JB:** Working with communities my whole life; applaud what people are trying to do. The hub of the matter is the community. Swindon, people think the town centre; better to say the borough (of Swindon). Involved in equal rights of disabled people, Boulevard Project, re-designing of the bus station. Need to realise, people need to be equal, an inclusive society. Borough of Swindon inclusive, work at the words that we are using to describe the community. Trying to develop an inclusive society. Can only do this through planning and health. 6. **SJ:** Referred to where the patient in all of this; saying that we have to start somewhere. A lot of representative organisations working with the CCG on this, liaising with people in different communities. The Community led support pilot project in Pinehurst, where residents are asked what they need and what can happen there.   SJ added that it is important that everybody has the opportunity to be part of this process, but that we have to start somewhere. Asking for feedback on something is a starting point, rather than asking every resident in Swindon. We have to start somewhere, otherwise we may never get started.   Agreement that we need to start somewhere from other forum members. 7. **IJ:** Wider determinants of health, for example the provision of libraries and early learning centres, we get into political issues, how to deal with that aspect?   **AW**: By working with the council, important integrating health and social care, local authority counterparts have more experience, so we trust and rely on them to negotiate through these areas. Don’t traditionally get involved in this but doesn’t mean we shouldn’t start, but these areas have a huge impact on peoples’ health. 8. **RW:** Many definitions of quality, meeting the customers' expectations, needs to be fit for purpose.   JK: Thanked the speakers for joining and presenting at today’s deep dive meeting. |
| **3.** | **Sharing the new Bath and North East Somerset, Swindon, and Wiltshire Partnership website** (Ruth Atkins) |
|  | * RA shared on screen the new BSW Partnership website, which went live on 1 April 2020.   **Action RA:** To send out the link to the [BSW Partnership website](https://bswpartnership.nhs.uk/) requesting any observations or feedback to be sent to either the [BSW CCG engagement team](mailto:BSWCCG.engagement@nhs.net) or the [BSW Partnership email address](mailto:bswccg.partnership@nhs.net). * Already had feedback from Jo Osorio from Healthwatch. Change the acronym ICA, which appears on the BSW Partnership website to Integrated Care Alliance, don’t just use ICA. * RA spoke about the [Get involved](https://bswpartnership.nhs.uk/get-involved/) section of the BSW Partnership website, and advised that it will need input from people, including forum members. * RA advised that the BSW CCG website will be in use for the next year, therefore will be two websites running together, and will include a transition period. |
| **4.** | **Update on COVID-19 vaccinations, in general** (RA) **and 18–30-year-olds** (EF)   * RA spoke about BAME communities, seldom heard communities and COVID-19 vaccinations. Swindon has lowest uptake in the BAME communities, NHS roving vaccinations bus will be travelling into these areas. Opportunity for people to ask questions and also have their vaccination. * On target in the Swindon area, second doses being administered, but first vaccinations paused due to vaccine supply. * Any issues in communities, please let us know.   **Questions and comments**   1. **NB:** People are worried about the AstraZeneca vaccine and blood clots, anxious and fear about having the vaccination. More education out there to encourage people to have the vaccine. 2. **SP:** Who is a volunteer at Steam Museum; interesting to see the BAME community reluctance, some refusing (20%) to have the AstraZeneca vaccine. 80% accept the vaccine after an explanation. Media has publicised the blood clot issues, alongside European reluctancy to have the AstraZeneca vaccine. Suggestion that more convincing needs to be done publicly.   **18 – 30 (40) age cohort** (EF)   * EF spoke about the 18-40 cohort, preferences of this cohort and any nuances around hesitancy. EF highlighted BSW CCG’s Citizens’ Panel survey, and the initial CCG 18-30 COVID-19 survey, further interviews with Healthwatch volunteers; alongside the work being done with local universities, including engagement with the student community. |
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| **5**. | **Planning for future deep dives**   * RA advised that regarding the Integrated Care Systems (ICS); further sessions will take place across BSW. These are being planned, but further information is still required, and legal aspects are not yet in place. Further opportunities will be available to discuss the ICS. * Possible future discussion on the BSW Partnership Communications and Engagement Strategy.  **Action RA:** To share the strategy when available.   **Questions and comments**   1. **RW**: Advised that he has seen two similar presentations on the ICS/ICA. Suggested including any presentations as an appendix; therefore, able to read before forum meetings and get an understanding of the topic, giving members knowledge in advance would help.   **Action RA:** Take this onboard for future meetings. 2. **IJ**: Requested a deep dive meeting on the current mental health situation and highlighted the increase in self-harm and eating disorders. 3. **HD:** Could we ask further questions and raise observations on the ICS. People need some kind of explanation; what is an ICS and how does it affect patients now with their current healthcare.   A personal example was shared; waiting 28 hours for an appointment from my GP surgery; people are not happy with what they are getting at the moment, need to think about this now. 4. **MP:** Agreed with previous points made. Further examples were given, one of a neighbour who died; if he had of been sooner maybe could have been saved. Mistakes are happening and issues regarding telephone appointments with GPs; people are feeling insecure. Anything we can discuss on this in a deep dive meeting could make a difference. MP recognised that surgeries have had a tough time as well during the pandemic. 5. **RW:** Shared the following phrase:  Public confidence and knowledge = good communications. 6. RA requested that any further topics or ideas be sent by [email to the engagement team](mailto:BSWCCG.engagement@nhs.net). These may form a program of work for the next 12 months. |
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| **6.** | **Any other business**   * **SB:** Asked about the recording of forum meetings; shouldn’t you put a warning prior to the meetings, please include in the agendas. * **NR**: Spoke about the term BAME being used, NR had seen on television that the term shouldn’t be used anymore. Asking for information from the CCG and discussion on what should we be using?   **Action RA:** To put this on the next meeting’s agenda, lots of discussions taking place, can bring these to a future meeting. |
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| **7.** | **Closing remarks and time, venue for the next meeting** (JK) |
|  | JK thanked everyone for attending and advised members of the next meeting.  **Standard business meeting** Date: Thursday 6 May 2021 Time: 1-2:30pm  Venue: Virtual via Zoom |