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

# Thursday 3 June 2021 | 1-2:30pm | Virtual meeting via Zoom

**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 Officer of Swindon Carers Centre |
| Steve Barnes | SB | Trustee of The Care Forum / Healthwatch Swindon Volunteer Advisory Board / Chair of PPG, Taw Hill, Swindon |
| Nazma Ramruttun | NR | Healthwatch Swindon Volunteer and member of Victoria Cross PPG |
| Norma Thompson | NT | Chair of Swindon Seniors Forum (SSF) / Healthwatch Swindon Volunteer / Chair of Eldene Surgery Patient Participation Group |
| Roy Worman | RW | Member of the public / Medvivo Group of 50 |
| Julian Jones | JJ | Swindon resident |
| Moya Pinson | MP | Healthwatch Swindon Volunteer & Member of PPG Forum at Ashington Way Surgery |
| Dr Sarah Blaikley | DSB | Mental Health Clinical Lead BSW CCG, GP, Medvivo |
| Dr Georgina Ruddle | GR | Assistant Director for Mental Health, Learning Disabilities and Autism with BSW CCG |
| Joe Backshell | JB | Vice Chair of Swindon Equality and Access Group / Healthwatch Swindon Volunteer |

**Apologies:**

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| Name | Initial | Job title /role |
| Steve Hemmings | SH | Moredon Medical Practice PPG |
| Lee Rockingham | LR | Public Engagement Officer, BSW CCG |
| Ian James | IJ | Swindon Borough Council, Head of StreetSmart |
| Jo Osorio | JO | Development Officer, Healthwatch Swindon |
| Harry Dale | HD | PPG Chair North Swindon / Member Healthwatch Swindon Volunteer / Member Primary Care Committee BSW CCG |
|  |  | Swindon SEND Families Voice |
| Sue Carvell | SC | Consultant with Brunel Federation Group |
| Siddharth D Patel | SDP | Chairman of Hindu Samaj Swindon |

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|  | **Welcome, Apologies, Introductions** (JK) |
|  | JK opened the meeting and thanked everyone for attending.  Attendees introduced themselves, and apologies were given. |
|  | **Declarations of Interest** (JK) |
|  | There were no declarations of interest. |
|  | **Presentation on mental health, learning disabilities and autism** |
|  | **BSW All Age Mental Health, Learning Disability and Autism Updates: Stocktake & 21/22 Roadmap**  Dr Sarah Blaikley, Clinical Lead for mental health, BSW CCG  Dr Georgina Ruddle, Assistant Director Mental Health, Learning Disabilities & Autism BaNES Swindon and Wiltshire CCG  **Mental health; where are we now?**   * Dramatic impact in what happened with mental health, escalated during lockdowns and following the easing of lockdowns, as a GP and access to services. * Need to improve access and referral to mental health services. Impact across the globe, social issues as well as mental health. * Hotspots: children and young people, LD, eating disorders, autistic spectrum disorders and early psychosis presentations. * Workforce fatigue, national shortage of psychiatrists and mental health workers.   **Mental Health Focus, performance measures**  Snapshot view of the performance of a number of services against the nationally set by NHS England. Access, outcomes, improvements through services. Focussed on making improvements where needed.   * National and local dementia diagnosis rates have been in the red for the last year; undergoing remote memory assessments is really difficult. * 18 people in BaNES who are not in a bed at the moment which is high for our region.   **IAPT - Improving access to psychological services therapy**   * Primary care located therapy team; decline in access rates over the past year. Nationally all services had to convert from face to face to remote working. * One to one as well as group interventions proved difficult at the beginning of the pandemic. Starting to open back up and using full PPE. * A welcomed £1.5 million investment in IAPT over the next year across BSW.   **Children’s access rates**   * Really challenged for the same reasons as IAPT. * Success stories: early interventions for early psychosis are in the green; working with individuals age 14+.   **Perinatal access**   * Showing as green but national targets have now increased pushing us into the red. Specialist team who work with women in this group.   **Individual placement support service**   * Support people to maintain or gain employment or education. Remained active throughout the pandemic.   **Overview of worry areas; children and young person’s access rates**   * Not just about CAMHS; have 40 services that collectively provide access to mental health support. Decline across the providers but an increase in the more severe needs. * People have presented as lock time eased, expecting a further surge in the future. * Looking at how we can support more people, particularly with workforce pressures; Workforce pressures; recruitment and retention plans are in place – consultant and trainee roles.   **What have people told us?**   * Listening event and questionnaires in October 2020, including staff, patients with lived experience and mental health concerns; we audited families, carers and supports.   **Results**   * Current mental health platform is inconsistent and one size does not fit all. * Good bits, bad bits and patients miss the face to face sitting in a room interaction with healthcare professionals. * People feel like it’s their responsibility to continually reach out for mental health response. * Referrals from clinicians for patients to instigate the next step by phone, video, Zoom communications have impacted patients’ during the pandemic, producing very difficult situations for those who don’t want to use these forms of communication. * Individuals and providers not talking to each other, so patient history is being taken numerous times; in difficult times, individuals not sure who to turn to for support. * GPs finding that appointments with patients are not to discuss medical matters but more about social aspects of people’s lives. * Digital aspect has been tricky for clinicians and patients; staff want to be flexible and resilient for patients.   **Strategic plans: BSW collaborative approach in dealing with this feedback**   * Including: AWP, Oxford Health, CAMHS, third sector charities involved with children, young people, adult mental therapies and local authorities. * Regular meetings to try and come up with a new collaborative ask from the NHS to recommission the whole of the mental health service. Once in a generation redesign opportunity, it will be a three-year programme (started in 2020) and hoping to see big changes moving forward. * Meet twice a month to look at referrals, and audit every 3, 6, 12 months. Ask by NHS England that by the end of year three, every referral in for mental health rehabilitation, back out into the community within four weeks. * Responsible for designing Serious Mental Illness Health Check, which is the only one in the country; every GP in BSW wants to be part of this programme, the uptakes have been outstanding.   Comment from SJ:  **We have seen a big increase through Covid of the need for mental health support for young carers - many have taken on even more caring responsibilities over the past 18 months.**   DSB agreed and that the impact has affected young carers’ wellbeing, their approach to schooling, and towards their friends. DSB spoke about how they thought as a surgery they were excellent in naming their young carers, but a carers’ pilot within their surgery highlighted many other young carers that the surgery didn’t have on their list. This was evidence that there needs to be a lot more joined-up approach for carers.  **CReST model** a demand and capacity tool   * DSB explained that this helps to model and plan services; providing the method to say this is what we need funding for.   **CAMHS recovery**   * 16 to 25 pathway, an ask from NHS England, with a focus on young people who are struggling with mental health and who are not transitioning well into adult care. * DSB will be chairing a committee of about 32 people across BSW, looking at how we can address and improve the transitions, and implement a better service.   **What are we doing together; what do we want our new vision to look like, asked of each CCG?**   * 10 million pounds, over the next three years to deliver our wish list:   + Early and timely access to the right support.   + Open access for the individual.   + Consistent and inclusive across the boundaries of BSW.   + No wrong front doors   + Assessment to intervention and support very quickly.   + Strength based support; great wealth of development in individuals.   + Community resilience   + No silo working   + Outcome focussed   **SMI Annual Health Checks initiative with NHS England**   * For people to review their health and wellbeing. Address any decline with an aftercare programme of support. Usually carried out by GPs or a practice nurse: challenge in the past 12 months. * Uptake so far: (March 2021) 428 individuals have had their checks. Picked up some really serious issues; life-saving in some cases. Significant changes have been made. Looking from a person perspective. Will share report from Bristol University.     **BSW Learning Disability (LD) and Autism; local context**   * 4,713 on the LD register and 1431 on the autism register. * Interested in people who are not on the register and what support they need. * Plan is to have a LDA Roadmap, with significant funding that will mean we can make changes.   **Learning Disabilities and Autism Roadmap**   * Moving people into the community and reducing reliance on inpatient care. * Better start in life for Children and Young People. * Autism Diagnosis for Children and Young People and Adults. * Workforce & Employment * Improving Health Inequalities * Improving Quality of Services     **Questions & Comments for DSB and DGR**   * RW: **Thanked the speakers for the presentation but asked if it would it have been nicer to have this presentation upfront to digest before this meeting?**  RW added that a list of acronyms on the first slide would also be beneficial.   DGR apologised that the presentation was not available to forum members prior to this meeting, and DGR will amend the slides before sending out. DGR acknowledged the use of a lot of acronyms within the slides, adding that they are trying to improve the way in which they talk about their services. * **RW referenced the shortage of beds spoken about in the presentation and wanted to know how many and for how long this has been going on?**   DGR: In terms of beds, the pressures were due to closures of a number of beds to allow for social distancing on the wards, ensuring suitable space between patients. This happened across the country and also allowed for spaces for staff to remove or change into the required personal protective equipment (PPE). * RW: **Referred to the NHS 111 service mentioned in the presentation** RW stated that there are limitations on this, giving the example of his GP surgery that wasn’t taking any calls, so RW had to ring the 111 service, which he said was very good but frustrating as the NHS 111 clinician had to then refer back to the GP who wasn’t taking any calls. RW said that this situation might affect people with mental health problems. * RW: **Stated that the slides on what people have told us is absolutely brilliant;** it’s the first time he had seen those admissions in writing and reflecting the needs of where we need to go. * RW: **Asked a further question with the focus on how charities (mentioned in the presentation) are funded?**   DGR responded saying that they have contracts with the providers with allocated funding through BSW CCG. The charities are not relying on charitable donations, we are commissioning them. * RW: **Asked who are the seven PCNs mentioned by DSB and DGR?**   DGR replied with: Heart of Bath, Trowbridge, Bath Independent, Calne PCN, Salisbury; in Swindon there is Brunel and Wyvern. Surgery staff will work closely with us. Looked at populations and willingness and their available time. Diversity of urban and rural. Increase by year two and three. * RW: **‘Meet with GP’ is quite a statement; how do you get pass the triage and receptionist?**   DSB: In the surgery they are piloting they triage (50 people) in the morning. Well over 100 want access to a GP, unbelievable numbers. Concern that RW’s comment about GPs not taking calls. RW advised that this was after a bank holiday; DSB said this maybe could then not be a generalisation. DSB also said that she hopes RW appreciates that they have explained the acronyms as we have used them during the presentation. * MP: **Group of people that we haven’t discussed yet; people released from prison, how are you dealing with these, they are trapped in a cycle?**   DSB: Get them registered back with a GP surgery near to where they will be living: I bring individuals in within two weeks after being released, including housing and mental health concerns, feeding these in to our brilliant social prescriber. Looking at any diagnosis or medication they have received while in prison; with the majority of individuals rehabilitated quite quickly.   DGR: Wider CCG approach, even before Covid, complex situations and pathway as individuals move around to different prisons. Sometimes not known until the day before release where they will be going. Safety nets are in place and also work with police commissioners and mental health police liaison officers. How we can support people, educate them and address their emotional wellbeing issues that might be playing into their offensive behaviours. * NR: **Houses for people with learning disabilities and mental health; do we have any of these houses in Swindon and do you do assess before people go to the houses?**  DGR confirmed that there is crisis accommodation in Swindon provided by Rethink (4 to 5 beds), and they support people with mental health needs, autism, and learning disabilities. There is always a risk assessment carried out. * NR: **Other people not mentioned is people on drugs: anything done for these people, big impact on their mental health?**  DGR: Drug and alcohol support, the commissioning of services is complicated, drug and alcohol support is commissioned by Public Health, such a complex interplay. We make sure that people don’t feel these complications, making sure that services work together using integrated pathways. A joint working model between mental health and the specialist drug and alcohol services.  DSB added that there is a big problem across the country, that if you have a drug and alcohol abuse problem you will not be taken on by the secondary care service providers until you get over this problem. Some people may take drugs and alcohol because of undiagnosed ADHD or insomnia, stress and anxiety. The new service that we are putting together will not be a threshold for treatment, so rehabilitation for both drug and alcohol dependency and mental health will happen alongside each other. Currently this service does not exist across the country. * NR **said that she is looking forward to having face to face consultations again at her surgery,** having experienced phone and video consultations during the pandemic. Highlighting that there has been mid-diagnosis in her family, reflecting that these methods of consultation are not appropriate in every situation. * NR made a further comment regarding her work as a Mental Health Act Manager with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP); stating that when people are coming out of prison suffering with their mental health, there are quite a lot of services that get involved in their care, care community treatment and be monitored and helped. * SB: **Thanked DSB and DGR for a very good presentation.** * SJ: **Just picking up on one of RW’s points regarding access to GP appointments**, one of the PCNs that you mentioned is part of the pilot project. We know there are problems in accessing appointments because they are using an online questionnaire as a triage, so even if you phone the surgery directly (may have waited a long time to get through) you are then directed to the online questionnaire, which is the symptom checker. At the ned of the questionnaire, you might be told that you don’t need an appointment, so unless you are prepared to keep going and fight your corner or have somebody advocate for you, potentially you might not get an appointment even though you might need one.   Appreciate this is the start of the project, definitely not all in the excellent state that your surgery is in regarding triage and answering the phone calls, think this is worth saying. * SJ: **Huge pressures on staff, dealing with this influx of mental health; what measures are in place to support the staff across your systems delivering this service?**   DGR: Service transformation piece that I didn’t mention before, national requirement is a Staff Wellbeing Hub providing therapeutic support and assessment for NHS staff across BSW, but we have also included key workers including care home staff and third sector.   Mobilising at the moment, starting off with telephone support and triage and an interactive resource web library and it will develop into a therapeutic service. we know this is much needed. In the interim we have set up targeted support for providers and parachuted in support where needed.   DGR also spoke about retention of staff, mentioned IAPT, also particular initiatives around staff wellbeing; recruiting more staff to ensure that staff already in place have capacity to do reflective practice and to engage in their own development as therapists.   DSB said that issues relating to patient participation with GP surgeries is not something to do with CCG mental health across BSW and suggested taking this matter directly to your GPs. Adding that COVID has dramatically upset how GPs want to access their patients; giving the example of DSB’s own surgery that has grown five times bigger since the pandemic began. Today’s meeting is about how we manage mental health moving forward, which DSB says GPs are doing an absolutely outstanding effort.   SJ has no doubt that GPs are doing an outstanding effort but that she is hearing carer feedback that they can’t access GP appointments and it is mental health related. Swindon Carers Centre are able to take this up with GP surgeries directly to advocate on behalf of carers. Adding that someone who is need of dire need of mental health support but perhaps doesn’t have advocate support or online access and digital knowledge, then that potentially could be a problem with equity of access to care. Hopefully this situation will improve as the rollout happens and recognises that these things take time and completely notwithstanding the pressures on services which SJ understands and feels for every member of staff who is working so hard day in day out. There will be issues and these need highlighting.   DSB: Advised that this is across the board, and not going to be an overnight fix and has happened in the midst of Covid so putting the focus where it needs to be had and try to tackle the issues. DSB would question any surgery that is not allowing access for those patients with mental health; either issues with the access system or with the triage; doesn’t know of a surgery that would say come back in a few days.   JK: Good points made from each person there, thank you. JK now knows that there is a problem with some GPs in Swindon, and will pick this up and ask these questions in another place. * SB: **What assistance are you giving to families of people with mental health issues; partner/work could be impacted for example and employers may take a dim view of it?**   DGR: Responded by saying in terms of support for families and partners dependent on the individual’s age and situation.   CAMHS perspective; DGR joined participation engagement group with young people, to discuss how to further improve a recently commissioned crisis service. The young people also asked for more familial support at the same time that they are receiving their own support. Requests were also made for family therapies.  DGR then spoke about the perinatal team; highlighting the enormous amount of requirement to support partners, as often it is the partner who comes forward. Looking at how the partners supports the individual which can create enormous pressures on them and if not supported, things may fall apart. We are therefore putting more resources into the perinatal team and service.   DGR referred to secondary mental health teams and the Triangle of Support, which recognises all the individuals that are involved in a patient’s care. Important to be mindful that in adults if they have capacity, there needs to be consent; it is their decision who is involved in their care.  DGR spoke about other sources of support and information that are available giving the example of third sector providers have support lines into twilight hours. * NT: **Self-harm due to loneliness is rife in the age group 65+, and has been made worse by the pandemic. Admission cases are rising in some hospitals; who can these individuals turn to if they can’t see their GP?**   DGR: Advised that if someone enters an acute hospital, which is the worse-case scenario, if they have harmed themselves or something awful has happened, there will be a Mental Health Liaison Team. The team is led by a psychiatrist, and includes mental health nurses responsible for support people both in A&E and patients admitted to hospital. Their responsibilities include patient assessment and also looking at their longer-term needs, in terms of connecting back into or referring into the community teams, so the support is ready when discharged from hospital.   One of our main focus of the Community Services Transformation, is on how can we get support in earlier, so we don’t get to the point of escalating. Important that the individual is supported with the interventions that they want to receive.   Also, Places of Calm, community spaces to receive informed support; a listening ear to build and co-ordinate a plan, delivered by the third sector. Crisis accommodation is also available when individuals get to a higher level of need.  DSB added that MDT (multi-disciplinary team meetings) take place bi-weekly, that brings together GPs, mental health workers, community matrons and district nurses. Joined up work within these meetings, discussing different cases; mention to Chris Wall, CIT worker in BaNES PCN, grateful for his work with these teams. |
|  | **Future meetings** (JK) |
|  | * RA proposed that the Swindon PPE Forum meetings happen bi-monthly for the time being as the engagement team have reduced capacity, with EF leaving in July 2021.   Also want to review what the structure of engagement will look like moving forward into the development of the integrated care system (ICS).   We want to put all of this forward to people, not to impose, but this is our current position.  JK asked if there were any objections if the regularity of these meetings were adjusted for the next few months, while RA recruits a new Public Engagement Insight Manager?  JB had no objections, and said let’s carry on with the meetings.  No other objections were put forward during the meeting.   RA advised that there will be a meeting in July and then the next one will be in September 2021. |
| **4.** | **Any other business** (JK) |
|  | JK thanked EF, as this was her last Swindon PPE Forum meeting. |
| **5.** | **Closing remarks and date of next meeting** (JK) |
|  | JK thanked everybody for attending.  **Date:** Wednesday 14 July 2021, 13:00-14:30  **Type:** Business meeting |