



Locality Engagement Forums (LEF) Spring Engagement Sessions Report - March 2021

Introduction

In March 2020 all community activities and engagement meetings stopped due to Covid 19 lockdown. This had and continues to have a huge impact on HSCP participation and engagement activities and opportunities. Limited online Locality Engagement Forum (LEF) meetings and focus groups resumed with members who had IT skills, equipment and access to the internet in May 2020. With the second wave of Covid 19 and the resumption of restrictions it became clear that online or telephone engagement was the only option for LEFs for the foreseeable future.

In February 2021 a questionnaire was circulated to LEF members, networks, community groups and the 3rd sector, in order to reconnect with the wider community, generate interest and shape the focus of the LEF Spring Engagement Sessions planned for March 2021. A summary of all the information gathered from the 104 responses to the questionnaire is available in appendix 1.

These sessions provided opportunities for patients, service users and members of the community to engage in the work of the HSCP, highlight and get 'real time' responses to any concerns. Over 80 members of the community or third sector representatives registered and participated in the three sessions.

Session 1: North West Locality, Adult Services and Mental Health Services – 16 March 2021

Jackie Kerr (Assistant Chief Officer – Adult Services and North West Locality) welcomed over 25 online participants to the first session providing an overview on how the HSCP had responded and adapted Adult Services during the Covid 19 pandemic in order to continue to meet the needs of patients and services users.

She emphasised that community services focussed their efforts on ensuring the most vulnerable and high risk patients and service users could continue to quickly access services, including those with urgent clinical and care needs. Jackie highlighted a number of ways the pandemic restrictions had changed the way services are delivered by greater use of telephone and video appointments, online support, staff 'home-working' as well as continuing to provide safe face-to-face community services.

Both Learning Disability Day Centres closed during the pandemic, however an outreach service was introduced to continue to provide support to services users, carers and families. A HSCP priority is to safely re-open at least one day centre for people with a learning disability.

Alcohol and Drug Recovery service had consolidated services into a reduced number of sites and the Recovery Communities have continued to delivery daily support, telephone contact and online support. The Enhanced Drug Treatment service unfortunately was shut during the early stage of the pandemic, however opened in the summer and has continued to deliver heroin assisted treatment. The City Centre Outreach Team engaged with people to deliver harm reduction, needle exchange and naloxone throughout the pandemic.

Sexual Health Services, Police Custody and Prison Healthcare

Rhoda MacLeod (Head of Sexual Health Services) detailed how the Prison Healthcare and Police Custody Services adapted to provide services over the last year. She advised that Sexual Health Services consolidated their service to operate from fewer bases across the Greater Glasgow and Clyde area and introduced many online and remote support services.

Mental Health In-patient Services

Colin McCormack (NW Head of Mental Health Services) started his presentation by acknowledging the impact that COVID 19 and the lockdown restrictions has had on everyone and the whole community. In terms of hospital services the restrictions have had a huge impact on visiting, affecting both patients and relatives. To keep the wards safe, staff were tested twice a week, activities and social opportunities were reduced and patients had to isolate at point of admission. Colin advised that at the start of the pandemic the number of beds occupied was relatively low, however the demand has increased significantly over recent months.

Community Mental Health Services

Isobel Paterson (NW Head of Adult Services) noted that there had been an increase in referrals due to the pandemic and emphasised that face to face community services with service users continued throughout the pandemic, where a risk assessment determined this as necessary. Online platforms enabled the HSCP to provide assistance and treatment, employability opportunities and meaningful activity services throughout the pandemic. Patients and service users were also given support to access digital opportunities to combat isolation and loneliness through the purchase of phones or tablets.

Staff have also promoted the use of mental health and wellbeing community supports via social media in order to support individuals, families and carers through this difficult period.

Mental Health Specialist Services

Kelda Gaffney (NW Service Manager Addictions) and Gillian Reilly (NW Service Manager Specialist Services) advised that all of the specialist services such as Esteem (Early Intervention Psychosis) Service, Adult Eating Disorder Service etc have adapted and continued to provide services over the last year. The Perinatal Mental Health Community Service continued to provide a range of medical, psychological and social interventions either face to face and/or online depending on the individual's needs. Services and teams have used digital technology to provide a range of online groups aimed at supporting recovery.

Staff continued to offer treatment both from home and within the service bases adhering to all guidance around social distancing. Mother and Baby In-patient Unit (MBU) had to adhere to similar restrictions as other in-patient facilities, however every patient could nominate one relative/carer to visit for one hour per day by appointment following strict guidance.

The Adult Mental Health Liaison Service maintained a face to face service across all acute hospitals over the pandemic. It has no waiting list, runs 7 days a week and patients are seen and assessed within one hour or up to 72 - dependant on the needs of the patient.

Two Mental Health Assessment Units (MHAU), one in Leverndale Hospital and one at Stobhill Hospital were set up as a direct response to protect the emergency departments and transmission rates of Covid 19. They provide a direct response for patients presenting in mental health crisis/distress to Emergency Departments, Police Scotland, Scottish Ambulance Service, OOHs G.P service and NHS 24 for specialist mental health assessment. The MHAUs see people within 15 minutes and over the year have provided services to 7495 people.

A number of participants commented in the 'comment box' that the MHAU and Peer Support Workers were a very welcome development during this very difficult time.

Discussion and Questions

Q. Ann Souter (Chair of NE LEF) asked how will staff consult and treat service users if they don't have access to the internet.

A. It is very difficult to engage with services users in treatment who do not have access to digital equipment. Services have had to adapt and use a risk assessment to determine when a face to face is needed, bring service users into clinics etc. using PPE and safe practice for both service users and staff.

Peer workers from the Recovery Communities have been providing face to face support adhering to social distancing measures. Some mobile phones have been purchased for service users in order to provide online support. An application for more funding for this initiative has been submitted.

Q. A Parkview service user is no longer able to attend the Day Centre and depends on a weekly phone call from HSCP staff. Because of the demands on staff time the calls are kept short. The person felt very isolated and just wanted to have a friendly chat about things in general which are not medically related to their condition. Might there be an opportunity to have a group of volunteers who would be willing to contact service users to have general conversation this would free up staff time?

A. As Older Peoples Day Care is the focus of the South Engagement Session on 31/3/21 it was felt this question would be address then.

Q. Question regarding NHS 24 services - in particular the GP Out of Hours service for mental health services. What was the referral process taking into account safeguarding concerns - is it still the same as before?

A. NHS 24 is a telephone service that provides access to nurses or trained care workers. The chargeable 0800 number was removed and the service is more accessible as it is free of charge. If someone phones NHS 24 they will be triaged by a call handler and then transferred to staff nurses or senior charge nurses. If they are unable to offer appropriate support they will be referred to the mental health assessment unit.

Q. When there is going to be the opportunity for the third sector to refer into the Distress Response Hub?

A. The Compassionate Distress Response service is provided by GAMH - just now referrals to this services come via first responder services including the Scottish Ambulance Service, NHS 24 and the Police. The HSCP is also exploring the possibility of extending the operating hours of this service.

Q. How soon will the sexual health clinics re-open services in the community as it is especially difficult for young people from areas such as Drumchapel to attend the limited sites that are open?

A. There has been concerns regarding slow STI testing due labs prioritising Covid testing however they are now making good headway in meeting demands from all service areas. Opening up buildings will be done in line with recommendations of the Government guidance – the Govanhill clinic will be the priority unit to open the city. The Youth Health Services are looking to establish a Saturday afternoon clinic for young people.

Q. Will face to face services and in person group work opportunities resume once the pandemic and restrictions are lifted?

A. Face to face services have continued for the most vulnerable throughout the pandemic but going forward it is likely that the HSCP will look at a mixed model of service delivery – online and face to face. There has been a reduction in cancelled appointments as it easier for some people to attend appointments online and over the last year there has been some real advancements to deliver group work online.

Q. It is hoped Day Centres will open but some people have been seen and given support by outreach workers and many have been enjoying this 1 to1 support – will this carry on in the future?

A. The HSCP recognise that carers are exhausted and hope to open at least one day care centre as soon as possible. All the safety procedures need to be in place and additional guidance was issued by the Scottish Government only last week. The outreach service was OK in the summer with better weather but not during poorer weather and shorter days. Outreach has been very good for some people and in the future it may be a mixed model of service provision – online, outreach and day centre based.

Final Comment

Jackie Kerr advised that a report for all three LEF Spring Engagement Sessions will be sent out in April and thanked everyone for their attendance and interest in the session. It was agreed to organise another North West Locality session in 3 or 4 month's time.

Session 2: North East Locality, Children's Services and CAMHS (Children and Adolescence Mental Health Services) – 24 March 2021

Mike Burns (Assistant Chief Officer - Children's Services and North East Locality) welcomed participants to the session giving an overview of Children's services and highlighting the impact of Covid 19 on children, young people, families and our communities. Our services have had to adapt delivery methods and working along with 3rd Sector and local groups to help and support families through the pandemic.

During the past year Connect Scotland has provided 1100 devices with access to the internet which has allowed services to stay connected with young people and their families. The health visiting service continued throughout the pandemic and social care staff have maintained connection with vulnerable families, carers and kinship carers in order to keep children and young people safe at home.

There has been £4.2 million from the Government to support families with clothing, digital inclusion, fuel, food as part of an anti-poverty approach - a humanitarian response to the pandemic. Individuals, families and communities across Glasgow have shown so much strength and resilience throughout this pandemic and HSCP staff have provided much support to get everyone through the crisis.

Staff have been as flexible as possible offering support to families via the phone, online, putting in place 3rd sector support and working on 'The Promise' - an ambition to reduce the number of children and young people being taken into care through earlier support and intervention. Over the last five years Glasgow has reduced the number of children and young people in care by 41%. There is also going to be investment in school counselling – looking to support families' and young people as early as possible.

Older Peoples Mental Health (OPMH) Services

Margot MacLennan (Service Manager, Older People and Primary Care) advised that initially as lockdown was imposed people were not keen for staff to enter their homes so referrals reduced in April and May but are now referrals back to normal. Some OPMH clinics had to shut initially however health and safety measures were put in place and clinics have restarted. Staff used 'Near Me' virtual appointments and the telephone to carry out initial assessment with face to face option being place as necessary.

The focus for staff was for people with cognitive problems, no or limited family support and carers.

Rehabilitation services support people to get home from hospital and prevent admissions to hospital via the telephone, Near Me and limit interaction in a person's homes. Teams work closely with Respiratory Teams, Homecare, Community Occupational Therapy service etc. – very much a multi-disciplinary approach to reduce footfall in a person's house.

Community Occupational services staff have been contacting service users at point of referral which resulted in a positive outcome. With risk assessments in place there is more or less a normal service in relation to Rehabilitation, Occupational Therapy and OPMH

services. The 'ASK SARA' website has been devised to support people who may be struggling with everyday activities at home. It gives people advice, directs them to equipment, signpost to supports giving people the opportunity to self-manage.

Children's Services and Children and Adolescence Mental Health Services (CAMHS)

Karen Dyball (NE Head of Children's Services) advised the audience that staff have used 'Attend Anywhere' and 'Near Me' – virtual platforms - throughout the pandemic so children, young people and families were still able to receive support and services.

Research shows that 67% of children between 13-25 years old believe the pandemic will have a long term impact on their mental health. The HSCP want to do more research into how digital apps and platforms can be used to meet the need of young people.

There are ambitions to offer counselling in every school and where these are not meeting the needs of a young person, the HSCP will look at what they can provide in addition to the support offered in school.

Staff are working hard to keep families together through intensive family support services and working in partnership with the 3rd and community sector which is often a 'better fit' to meet the needs of young people. We have a Mental Wellbeing – £5.4M - tender to develop work with the 3rd Ssector to provide family support in the community at a neighbourhood level. Looking at investing in all aspects to support children and young people – art, drama, afterschool childcare, holiday clubs, homework clubs etc.

Comment from participant: *Really valuable update. Just wanted to flag up the important role that school aged childcare services play in this. Conscious that you commented on thinking about drama, arts and outdoor sessions and the fact that Glasgow already has a very strong network of school aged childcare services who are positioned very well to support this.*

Some of our young people have not managed to attend school over the last year and the HSCP plan to invest in services to support young people to get to school.

Q. What is the waiting time for CAMHS?

A. There has been a huge increase in urgent referrals (38% of all referrals) to CAMHS over the last year and there is a waiting list but there has been a lot of work to reduce this using digital platforms. Urgent referrals are seen within 4 weeks however the increase in demand has meant that those young people seen on a routine basis have had to be 'pushed back' due to the number of young people being referred on an urgent basis. There is an increase of referrals relating to suicide concerns and eating difficulties.

80% of referrals to CAMHS come via GPs and are working with GPs to support early intervention strategies

The HSCP has produced a report around families undergoing an autism diagnosis and children with complex needs, looking at who is best to respond, access to services, process

and working with 3rd Sector and Community Planning partners in order to 'Getting it Right for Every Child'.

Q. With the increase in urgent referrals, has this impacted on how you categorise referrals? For example if a young person would previously have been classed as an urgent referral will the threshold have been changed?

A. The criteria for urgent referrals won't change but over the last year the HSCP has looked at the referral process and streamlined it. Also throughout the pandemic there has been more financial investment in schools and support in our communities i.e. distribution of food, online mental health support etc. to support families cope with lockdown restrictions, furlough, stress etc. There is a focus to keep families connected by co-ordinating and streamline services for families.

Comment for participants: *Seems like it is becoming more joined up but glad it is coming from top down re funding and planning.*

Q. With the increase in urgent referrals has there been concerns that some of the needs identified by GPs when referring to you have been social care needs that should have been met through Children and Families SWS teams instead of CAMHS?

A. We need to ensure there is good communication with GPs in order that they know what support and care services the HSCP provide and how to access them, in order that families get access to the right service at the right time. Social prescribing is about children, young people and families accessing services through their GP.

Comment: *I would definitely agree, it is definitely about how children and young people have access to services when needed and hopefully social prescribing will be used more and more but at the right time and the right place.*

Q. Will there be input from families and service users in the planning of services?

A. The HSCP have consulted with over 100 children and young people with 'lived experience' in developing plans and strategies demonstrating the benefit of listening to the voices of families and children.

Comment by two participants: A clear guide for parents seeking diagnosis (ASD & ADHD) and services would be most helpful. A guide for parents because there is a significant increase in ASD coming through both from our early years and school aged children services.

A. This is a priority area being looked at currently. There are young people in our paediatrics and CAMHS and we are looking at ensuring the correct information is made available at the beginning to ensure the family are on the right journey from the start. There is a recognition that families need support - pre and post diagnosis – recognising the process can be quite long and stressful.

Comment: *I would highlighted the complete lack of understanding of the pathway they are going through when they enter the diagnosis process and then post diagnosis.*

Comment: *Involving service users at the start of the planning or restructuring is crucial re design. Shared guide to improving services.*

Comment: *I completely agree from the point of view of families access to services remains hard to navigate. For example when they see their child in a crisis and they are placed on a routine waiting list and have no idea where to go whilst on this list. I am a Community Links Practitioner and often pick up this work however my service is not available across all GP Practices. I'm happy to hear this is being focused on*

There were a number of offers from participants to help progress a parent's guide to services around ADHD/ASD and CAMHS.

Vaccination Programme

Marie McEwan (NE Locality Nurse Team Lead) advised the Covid 19 vaccination programme was going well completing the first vaccination for the top 4 priority groups – 80+ years and frontline health and social care workers, Older People's Care Homes residents, 75+ years and 70 – 74 year olds and very clinically vulnerable and staff are now starting to carry out the second dose for these groups.

At the same time covid 19 vaccination was progressing well with first jags for the next priority groups – 65 to 69 year olds, 60+, vulnerable adults (16 – 65) with underlying health condition and we are on track to complete first jags for all adults over 50 and carers by the middle of April.

Testing Centres, Track and Trace, Community Vaccination HUBs and National helplines have also been set up over the last year to combat the impact of Covid 19.

Q. How do people under 65 who are housebound get onto the housebound list for future vaccination programmes?

A. Person should contact their GP who will complete a form to get that person on the housebound list.

Comment: *Barr Street vaccination feedback has been rated 4.78 out of 5. A very positive response*

Comment: *I had interviewed volunteers who operated the Barr Street clinic in NW and they were very pleased to take part and support the service.*

Final Comment

Mike Burns thanked everyone for their participation in this session and advised that a report summarising all three LEF Spring Engagement Sessions presentations and discussions will be sent out in April to all participants.

Session 3: South Locality, Older People's, Dementia and GP Services - 31 March 2021

Stephen Fitzpatrick (Assistant Chief Officer – Older People's Services and South Locality) opened the third Spring Engagement Session with an overview of how the HSCP community services over the last year had focussed their efforts on ensuring the most vulnerable and high-risk people could continue to quickly access services, including those with urgent clinical and care needs.

The pandemic has necessitated a change to the way in which services are delivered with many staff 'home-working', a greater use of telephone and online appointments. Staff still see people face-to-face if necessary.

Stephen described the work undertaken by the HSCP to ensure the hospital discharge and patient 'through flow' was efficient. He informed participants of the support given to Care Homes over the pandemic balancing infection control, managing risks, family and residents needs for contact and staff resilience. He highlighted the efforts to reduce unscheduled hospital admissions by supporting people in their own home with emergency homecare packages, specialist respiratory services outreach and community support. Supporting people with dementia was particularly challenging due to social distancing, staff having to use masks/PPE, limited footfall in homes, closure of day centre etc.

Positive developments over the last year include the successful roll out of both the flu and Covid 19 vaccination programmes, establishing the Urgent Care Resource Hub which will improve co-ordination of Out of Hours Services and the development of online resources and practical support for carers. The 3rd Sector has made an invaluable contribution to supporting families over the last year and the HSCP will be providing a further £1.5M investment in the 3rd Sector through the Maximising Independence programme.

The HSCP provided some funding for Hospices and end of life care services as it has been a particularly challenging year for these services with an increase in demand, managing services and a reduction in fund raising activities and funds.

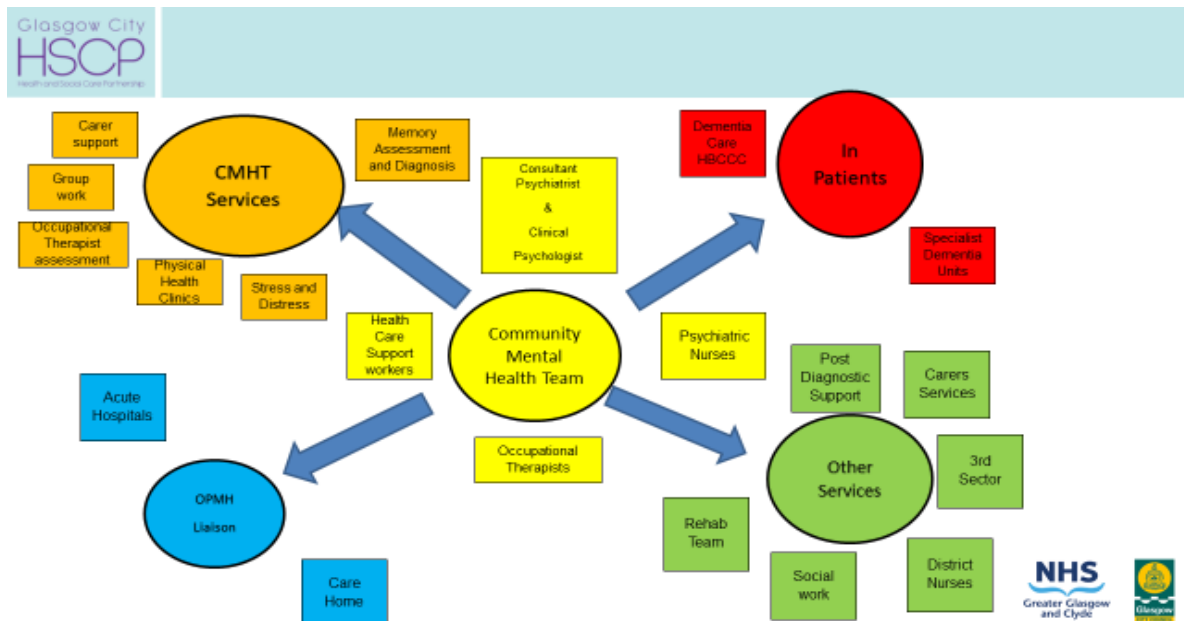
Q. John Ferguson felt that older people were receiving a poorer level of care for example podiatry foot care/nail clipping and ear treatments that had previously been free and carried out by the HSCP are no longer available and people have to pay for them.

A. Due to the pandemic some services had to be temporarily suspended this was due to need for social distance measures, safe working environment and unable to provide aerosol procedures such as ear irrigation. Podiatry services no longer do routine nail clipping for people over 65 years old – this was as a consequence of a national change in the role of podiatry services introduced some years ago. However some local voluntary organisations offer this service to older people. On ear treatments as the situation improves and more clinic space is available we hope to be able to offer ear micro suction.

Comment: *Bill from the Nan McKay Hall in East Pollokshields explained they provide a toe nail clipping service with staff trained and supported by Podiatry staff. Similar services are available elsewhere in the city*

Dementia Services

Christine Murphy (Service Manager Older People and Primary Care Services) described the four different strands of work for the Community Mental Health Team:



She highlighted the challenges over the last year working with very vulnerable service users and finding new ways of working – telephone appointments, Attend Anywhere, continuing with face to face appointments with social distancing measures, PPE and risk assessments. Group work activities had to be put on hold as it can be very difficult for people with dementia to understand social distancing and temporarily this has been replaced with one to one outreach support.

Getting a dementia diagnosis has also been very difficult as it requires a CT scan and these have been limited as we have been trying to reduce footfall in our hospitals. We have purchased ECG machines for our clinics and blood pressure machines for patients and carers to allow them to self-manage and monitor their medication.

Q. Are patients from Scottish Asian Ethnic communities accessing dementia services?

A. The breakdown of the ethnic background of patients accessing dementia was not available at this meeting but we would follow up and provide this information.

Q. Are service user's cultural customs still being met during the Pandemic?

A. There are no restriction to accessing services and all our staff are fully aware of the need to provide a service to the whole community respecting people individual beliefs and customs and that these standards were being maintained during the Pandemic.

Q. Do you have a date when Elderly Day Centre and Learning Disability Day Centres are opening?

Q. A Parkview service user is no longer able to attend Day Centre and depends on a weekly phone call from HSCP staff. Because of the demands on staff time the calls are kept short. The person felt very isolated and just wanted to have a friendly chat about things in general

which are not medically related to their condition. Can we make more use of volunteers who could fill that role and would have more time for just general conversation and this would free up staff time?

A. Day centres were closed as part of the Government's response to the pandemic. We are working to re-open them as a priority but no confirmed date yet. Day centre staff continue to provide outreach to service users to keep in touch and offer support.

Comment: *Glasgow Life are now delivering online services for people with dementia and their carers – happy to share information.*

Comment: *Glen Oaks Housing Association have supported 55 vulnerable tenants to access digital devices with free Wi Fi to improve support at home. They are also working to take forward the Healthcare Improvement Scotland (HIS) Framework to respond and support tenants and families affected by dementia. Christine Murphy agreed to follow this up.*

Primary Care Services

Anne Mitchell (South Locality Head of Older People and Primary Care) firstly advised the audience that it is expected that by 2033 the number of people over 75 is likely to have increased by almost 60%. There will be a continuing shift in the pattern of disease towards long-term conditions, particularly with growing numbers of older people with multiple conditions and complex needs such as dementia.

She described the full range of Older People and Primary Care services and teams and how they are organised and managed – attached to GP practices, geographically, Board wide etc. Services and teams include District Nursing, Care Home Liaison, Treatment Room, Rehab Teams, Phlebotomy service, School and Special nursing, OPMH Teams, Respiratory Team, Diabetic Nurses, Vascular Physiotherapy, Podiatry, Dietetics, Occupational Therapy, Continence Services, Speech and Language and Pharmacy services. Many of our teams, such as the Rehabilitation team are multi- disciplinary providing a range of services.

Some of the challenges over the last year have been to keep our core services running, working with reduced space and staff at times (staff ill or self-isolating), reacting to the challenges of Covid 19 and supporting people with more complex needs at home.

GP Services

Richard Groden (HSCP South Locality Clinical Director) started by reminding participants that GPs were independent contractors. In March 2020 GPs had to quickly move from open consultations to telephone appointment to ensure that they were working in a safe way. They rolled out 'Near Me' videoing consultations, started working from home and had to manage capacity and availability of clinic space. They stopped doing routine tasks such as screening, seeing patients to manage long term conditions, repeat prescriptions etc. to focus on sick patients and those in need of immediate care. He reminded us that at the start of the pandemic one of the fears was that hospitals would be overrun and so there was a drive to keep and treat patients at home. The 'norm' changed overnight for all of us.

During the Pandemic there was a separate pathway for patients with Covid 19 or suspected Covid 19 who were referred to the Covid 19 Assessment Centre at Barr Street which was staffed by GPs. Also GPs had a significant role to play in the vaccination programme providing the services to patients over 75 years and those shielding with underlying health conditions.

Richard advised that screening programmes, support to patient's with long term conditions and disease management have now restarted. Some of the legacy of the pandemic is an increase in the number of people presenting with mental health issues and patients have 'stored up' health problems so GP practices are very busy just now.

Q. When will face to face appointments with GPs resume – people have been putting off going to GP as they are not online and don't find the telephone call (when you can get an appointment) very satisfactory.

Q. Some NW LEF members are worried that ailments are being missed due to online or telephone GP consultation. Example given was sore feet getting worse and worried about it getting to the point of not being able to live independently.

A. Face to face appointments have never stopped - what has changed is how you access them – mostly using remote appointment system. Some patient like remote appointments as they find them more convenient and Richard believed how we access GP services will not go back to the way it was before the Pandemic.

Comment: One participant described his experience with his GP service - waiting twenty minutes on the phone before getting through to the G.P. reception, no one available for 4 days and was frustrated just trying to get an appointment.

A. Richard said it was down to the individual GP Practices and how they managed their appointment system and response times. He encouraged participants if they had a complaint to raise it with the practice concerned directly.

Q. What support do you provide for those which English is not a patient's first language?

A. Language Line now provides a quick and responsive service that is proving to be popular with practitioners and patients.

Q. Will Housing Associations be able to access the new out of hours Urgent Care Resource Service Hub (UCRH)?

A. The UCRH is a health and social care staff professional to professional resource launched this week however there are plans to involve GP Out of Hours in this Hub in the future.

Final Comment

Stephen Fitzpatrick thanked everyone for their participation and contributions and advised that a report summarising all three LEF Spring Engagement Sessions presentations and discussions will be sent out in April to all participants.