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### Notes of Glasgow LEF Zoom Meeting held on 23/9/20.

**Present:** Robert Smith, Alan Gow, Lilian Woolfries, Muriel Anderson

**In Attendance:** May Simpson (NW Locality, Community Engagement Officer) and Tracy Buchanan (HSCP – NW Service Manager)

#### Introduction

May Simpson introduced Tracy Buchanan, Glasgow City HSCP – NW Locality Service Manager who was going to advise members of the Recovery Plan for Mental Health services in the community.

#### Mental Health Services Recovery Plan

Tracy advised that throughout lockdown a Mental Health service continued to provide services to patients and services users. The only service that shut for a short period of time was Psychotherapy services as staff were required to be diverted to other areas of work at the start of lockdown.

- **Community Mental Health Team** focus is on priority patients:
  - Red - very vulnerable patients – have been and are being seen face to face/house visit – staff have full PPE kit and patient have masks. Socially distancing rules etc
  - Amber – significant level of concern but OK/have period of good /managed health – staff provide face to face service as required and patient can use services via – ‘attend anywhere’.
  - Green – have concerns but have good family/other supports in place –staff keep in touch with these patients by telephone. However if the individual's health deteriorates they will move to amber or red category depending on the person's health.

Tracy emphasised all patients have the ability to access services when they are required to.

- **Crisis Team** – operating as normal – staff use PPE/social distance etc. If patients come into any of our buildings and don't have masks etc - we provide them.
- **Primary Care Team** – operating as normal but no longer provide groupwork opportunities. A lot of the material, courses and support that previously took place in a group setting have been digitalised and are now available online. IT staff working on a system/application that will allow the team to deliver groupwork online but all the safety and security measures have to be in place before this happens.

Q. What happens if a patient can't afford or can't use or choose not to use digital equipment?

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A. In some case we hope to provide (once we have receive them) a simple tablet to patients but Tracy agreed not everyone could or wished to access services online. She assured the meeting that if a person required a service they would receive it. Staff stayed in touch with patient using the phone.

- **OT Service** – operating as much as possible focusing on functional assessments, extra support at home etc. Its difficult put in place social support as we are no longer allowed to carshare so access social opportunities that are within walking distance. It was noted that many community social support are no longer operating/not operating to capacity.
- **SW Teams** – are not operating their services from buildings – but still providing a service via phone or in the person home using PPE and social distancing etc. All SW staff have the ability to provide a service from their own home.

The main focus of work is priority cases, statutory work, Adult Support and Protection etc. Mental Health Officers are still going out to service users (with PPE) and the Resource Allocation groups (allocate resources for respite, support, third sector support etc)are still operating. The Section 12 payments (emergency payment for gas bill, lost purse, no money etc) are still being processed.

Q. Roberts asked about the letters received by patients earlier on during lockdown that informed they were no longer getting a service.

A. Tracy assured meeting that all patients were telephoned by staff as follow up/kept in touch.

It was noted that often services and teams receive worried phone calls from families and carers but not every patient /service user wishes their health concerns shared with their loved ones.

All Mental Health Teams work closely with 3<sup>rd</sup> sector support services – Lifelink, GAMH etc for additional support as sometimes the supports they provide are more local/appropriate or there is reduced capacity of Mental Health teams due to increased demand. It was acknowledged that 3<sup>rd</sup> sector were working a reduced service/capacity due to COVID and sometime funding.

Q. What has happened to the Mental Health 5 year plan aim to reduced inpatient beds and re invest this saving in community supports?

A. The reduction in inpatient beds is not a main focus of work presently and there has not been a reduction in beds. Members were advised that there were no cuts in funding for mental health services.

All expressed concerns that due to Covid impact - social isolation, raised anxiety, increase in alcohol, family pressure, bereavement etc - that there would be an increase in demand for mental health services. Alan emphasised the need for face to face contact for patients as during a crisis as online or distant support is not

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appropriate in that situation. There is also a need for ongoing support for people with long term conditions to stop a crisis developing.

Muriel highlight the recent GDA report on the difficulties experienced by patient and services users due to the reduction in support service and restrictions due Covid/lockdown.

- Mental Health Assessment Units – two assessment units were created (one in Stobhill and one in Leverndale) during lockdown to divert patients with mental health concerns away from Accident and Emergency services. The Assessment Centres have been uniformly welcomed with positive feedback from patients (less waiting times, seen by the right person, positive/welcoming atmosphere, be referred on to an appropriate service for follow up the next day if that is required etc), staff and emergency service - A & E, Police and Ambulance services (less time in A & E, improved access to services and support).

The service operates 24hr and funding has just been agreed to continue their operation for a further 6 months. The centre tends to be busier at night and at the week end – as expected.

It was noted there is no self referrals to the Assessment Centres. Alan hoped that a walk in service would be a future HSCP development. Tracy agreed to highlight this to the relevant managers as a concern raised by the group.

- GAMH Distress Service (operates from 6.00pm- 3.00am) started providing a service just as lockdown started and again it offers additional support to individual and families in crisis or experiencing distress outwith normal working hours.
- Links with GPs have improved over the lockdown period – more telephone referral, less barriers to services and assessment etc

Members thanked Tracy for her input and felt well informed on the Mental Health Services recovery plans and services.

### Online Engagement

May Simpson advised members that the HSCP will no longer allow Zoom as a platform for engagement as it has been found to be unsecure. The HSCP will be using Microsoft Teams for all online business and engagement. It was noted that many people with older equipment were unable to use MS teams and so insisting on MS Teams was a barrier to engagement and participation.

May advised that the HSCP were looking at a variety of solutions including supplying simple tablet with MS Teams (however the individual would need to have access to wifi), creating rooms/booths in HSCP buildings where people could use online services/attend meetings/clinics and using webinars for larger scale engagement.

The HSCP did acknowledge for a significant number of people in the community that online services /communication/ engagement was not suitable or accessible.

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