

23 June 2020: Community First (Winchester)

Facilitator	John Boyman - Head of Public Relations – Strategic Projects	Engagement Team	SE
Speakers	Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust Dr Lara Alloway – Chief Medical Officer, Hampshire Hospitals NHS Foundation Trust Dr Clare Harris – GP and Clinical Director for Children and Families, West Hampshire CCG		
Registered participants	7	Participants on Zoom	5
Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]: <ul style="list-style-type: none"> I am interested in the potential location of the proposed hospital in connection with other strategic planning considerations (spatial) that will be influenced by any decision that is taken. Interested in the development of community palliative care in the Winchester area 			
Questions/Comments raised during online event: <p>QUESTION FROM CHAT: Do we envisage HHFT hospitals becoming teaching hospitals?</p> <p>ANSWER: We do have opportunities and we are already working with Winchester University and their nursing students so we have an opportunity to take that further. We know there are not enough nurses coming through so we will look at universities to see how to provide more opportunities by supporting students, and through apprenticeships.</p> <p>QUESTION FROM CHAT: Might we manage to use Econsult etc in Winchester prison to facilitate better access for prisoners?</p> <p>ANSWER: now we've moved on with digital technology to be able to provide remote consultations, this is an opportunity to reach out to more of the population. Lots of this project will be looking at innovation and digital innovation. Empowering people to look after themselves and find support when they need it.</p> <p>QUESTION: The homeless people we work with often have so many complex needs that the departments can't easily talk to each other, so when perhaps someone is suffering from an addiction and having to have their scripts moved over to hospital care from community care, that can often take quite a bit of time which results in the person in the hospital self-discharging or becoming tricky to manage. In terms of prison-leaving as well, when they've been under physical or mental health care in the prison system it often takes</p>			

quite a while for those records to be transferred. So there seems to be a gap in meeting their needs. I don't know if this is unique to homeless people but it's certainly what we witness. Is there a way of transferring files more easily between departments and centralising care? Most of the guys we see going frequently into hospital have mental health issues plus addiction plus a criminal background so they've gone through many systems and it just seems complicated to get some of their most basic needs met. It's not a criticism of the hospitals, it's just the systems they're working within.

ANSWER: This is a significant problem. Our IT systems are not speaking to each other and it needs to be sorted out. Historically we've worked in silos, and this is another level of complexity. Hopefully we'll be able to find a way to make this easier with each person having one set of records. It is the key to unlocking accessibility and speeding things up. Also we need more understanding about their needs and what is challenging for them, and which services they come into contact with.

COMMENT: We did a trial - a pilot of Homeless Healthcare Pathway a few years ago which was really successful. We had a member of Trinity staff go into hospitals and work with the hospital to bridge all the gaps between the often numerous services that are involved with just one individual. That really helped to break down barriers and complexities between systems talking to each other. So going forward if there were opportunities to fund such roles, it could support the work of the hospital. We don't want to add to what the hospital already has to manage, but if our service can contribute and support it would be so much simpler. [Following the trial] we had some really excellent results and we only had one person return to the streets following hospital out of 27. It takes that partnership element and funding as well.

ANSWER: We would be keen to look at this. We would like to pick this up.

ANSWER: When talking about joining up records we need to ensure prison population is included.

QUESTION: Interested in the development of community palliative care in the Winchester area

ANSWER: Coming back to principles of trying to keep care as close to home as possible is going to be key. Developing Winchester hospice so people only go in when it is the best place otherwise people will be at home which is where they want to be.

QUESTION: I am interested in the potential location of the proposed hospital in connection with other strategic planning considerations (spatial) that will be influenced by any decision that is taken.

ANSWER: We're currently finding plots of land big enough for hospitals. We need to speak to the owners and so the location is still very much unknown. In the autumn, once we have feedback, we will have a list of options. Key partners are borough district councils.

QUESTION: The biggest thing that we see (we work with young people with mental health needs) is that they aren't able to access the support. So the barriers they have are waiting times, (and I don't want to sound critical because I'm not critical of CAMHS) at one point last year the young people we were working with actually had to get to crisis point before they got to see anyone - at risk of suicide or eating disorders, and there wasn't much in

prevention work. The other thing we often see is that they end up seeing lots of different people. There doesn't seem to be a lot of consistency so they might get on with one CAMHS worker but the next time they go that person's left. So if there's any way young people can have more consistency and be able to go in earlier rather than at crisis point. Also the multiple diagnosis with complex needs for example they might need CAMHS and they might need drug and alcohol help, they might have special educational needs, and it's also important to join up with education as well as they may not be in mainstream education. We need some sort of partnership working to bring it all together.

ANSWER: Multiple people are involved in care and the opportunity to join it all up is exciting. It will take a lot of work but something important to aim for. CAMHS - we're really aware that community waits are a problem and it is high on the priority list of things to address. We recognise that staff turnover is a problem too.

ANSWER: We need to move away from referring to 'different' organisations, and understand what those child's needs are. There is more conversation going on now than there ever has been. There's a massive challenge with recruitment and increasing needs and this project is about planning for the next generations and what their needs are going to be.

ANSWER: Prevention and preemptive work to keep people well across all our services is crucial. All the evidence shows us that if we invest in keeping people well, it's economically better in the long run.

FACILITATOR: if there's a way you can help us hear from individuals who are 'hard to reach' please let us know how. We really need to hear from them. Can you help?

COMMENT: Trinity has a co-production board which usually meets every month (not at the moment because of COVID-19) . People are very welcome to come and sit on the board or send someone to come and ask the questions. In our own building we've done some work on psychologically-informed buildings and learnt a huge amount (what is comfortable, what allows for conversation, accessibility). We could probably socially distance about 10 clients in our hall and do an online session.

Chat anonymised

- Do we envisage HHFT hospitals becoming teaching hospitals?
- Might we manage to use Econsult etc in Winchester prison to facilitate better access for prisoners?
- Yes definitely need more engagement in comm care when Winch hospice opens
- Same as XX said, if you wanted to send anything like a questionnaire or a way for the young people to share their views, I could do that with the young people I work with
- No problem at all, I think this is so exciting and will make a huge difference
- Thank you everyone :)
- thank you very much - this all sounds good

Report written by: SE