

Mental Health Carer Forum - DRAFT
Thursday 13th September, 2018
Oxlease House, Travellers Lane, Hatfield, AL10 8TJ



	Present
	<p>Carers AMS, BL, CD, CP, CH, GMcD, JR, JH, JD, JA, KD, NK, NY, PMcM, RL, RC, TG, VW, YM (19 Carers)</p> <p>Apologies (5 carers recorded)</p> <p>Chair Rod Cottrell</p> <p>Speakers Jess Lievesley, Executive Director of Delivery & Service User Experience, Hertfordshire Partnership University NHS Foundation Trust (HPFT)</p> <p>Carers in Herts staff Sarah Williams – involvement worker Deryn Sparrow – Involvement worker Rosemary Willis– Carer Support Advisor Alex Daar – Project officer, caring communities Pat McManus – volunteer</p>
1	Welcome
	Rod welcomed all carers to the forum and Introductions were made. As our speaker was late in arriving it was agreed we would jump agenda and go back when he arrived
2	Minutes of meeting held on 10th July 2018 – agreed Actions taken: - Information Event – Wednesday 24 th October, 2018. What does it mean to be sectioned under the Mental Health Act and the role of Carers? See flyer for details
3	Feedback: latest news and developments from Carer Representatives and Carer Involvement Workers, identifying any issues to rise at the next round of commissioning/ working group meetings.
	a) CH- Husband allocated support worker, concerns that this should have been reviewed and has been told this may only continue for further 6 weeks. Called made to Saffron Ground to request review and a carer’s assessment, message left on answerphone, had call back about carer’s assessment but not review. Action: DS to follow up and to raise at HPFT Involvement and Engagement group (IEG)
	b) RL – referred to last forum topic, Spot the Signs . Now part of this group. Interesting those suicides nationwide were down from 7,000 to 5,000 in 2017. He feels need to focus more on why people are committing suicide i.e. debts, homelessness, divorce, loneliness. AD – felt spot the signs raised the importance of talking about suicide
	c) SW – Reminded the forum of Recovery Conference – Topic Hope and opportunity 4 venues across Hertfordshire to book a place contact Diyva at HPFT on 01438 730802 or online https://www.eventbrite.co.uk/e/recovery-hertfordshire-2018-hope-and-opportunity-opening-doors-stevenage-tickets-48232281051
	d) DS – Involvement E-bulletin – apologies but not everybody received these, should be rectified this month. Nursing curriculum Review – Louise Cobb from University of Hertfordshire has

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	<p>asked if could come to a forum, to seek carers views. All agreed</p> <p>Carer Pathway – overseeing implantation of this will now be with The Triangle of Care area meetings (ToCAM) held quarterly in 4 quadrants. CinH to be represented.</p> <p>NHS Mental Health Long Term Workshop – Our response to NHS England following this workshop has been sent to all participants and is on our website and the link will be in our next E-bulletin.</p>	
4	Speaker: - Rod welcomed Jess Lievesley to the forum. Jess explained his role within HPFT and told us he would answer the questions sent to him and others that may be raised.	
4.1	Q	In what ways are HPFT developing services around supporting the family i.e. through family interventions / family therapy?
	A	This is not something that is routinely offered. It may be offered in some specialist areas, i.e. Mother and baby unit, Child and adolescence Mental health services (CAMHS). Family therapy for adults is more specialist and often funded out of county i.e. Tavistock Clinic in London.
4.2	Q	In what ways are HPFT developing services around discharge i.e. from an acute unit or rehabilitation unit to community services?
	A	<p>a) Rehabilitation (Rehab) there are units across Hertfordshire, some are subcontracted from other providers. It has been understood for some time that there can be a big gap in the level of available support in the community when the service user moves on from inpatient rehab care, a lot of the support falls back onto carers. We are in the early stages of setting up a team, IROS (Intensive Rehab Outreach Support) their role will be to support services users when leaving Rehab, This will be an assertive outreach team supporting service users with the move. This will be funded from existing funds and forms part of our overall rehabilitation strategy</p> <p>b) Transfer from acute services – Although there are pathways in and out of crisis teams around the clock. We are aiming for a more robust, responsive and proactive service around the clock up to admission and support following discharge. The first response service will operate around the clock and will respond within 1hour. We want to move away from using A & E (unless there is a medical need) and the police. It can be difficult to define a crisis and this is often medicalised. If we respond in a timely way this can often reduce ongoing support. HPFT are Currently recruiting new staff in the Watford area to pilot this service early next year.</p>
4.3	Q	The recent Community Services Review carried out by CinH and Viewpoint – what actions are being taken / will be taken?

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	A	<p>Recent results of latest CQC inspection/survey are embargoed. However, Jess informed us there is an improvement on 2017 results. 2016/17 CQC, highlighted the following:-</p> <ol style="list-style-type: none"> 1. Accessing Crisis 2. Service users and Carers not listened to or valued 3. CPA (annual reviews) <p>HPFT were unhappy with these results and wanted to get a broader understanding of the issues, they therefore commissioned CinH and Viewpoint to complete survey early this year. This survey validated what was said in the 2016/17 CQC survey.</p> <p>HPFT have taken the following steps to make improvements:-</p> <ol style="list-style-type: none"> 1. Welcome pack, now given to all Service users. This gives information about services and what to expect and it helps to take away some of the myths about Mental Health Services. It helps Service Users understand and prepare for future contacts/meetings. 2. Front door experiences, improving welcome at HPFT premises. Training and working with all staff to be more welcoming and live up to HPFT values. HPFT now have volunteers to meet and greet people and answer any questions/ help find answers to issues arising.
4.4	Q	<p>What is the current situation with care co-ordinations i.e. are there still vacancies, how is recruitment going, waiting times to be allocated a care co-ordinator?</p>

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	A	<p>>HPFT still have vacancies, recruiting is not a problem just for Hertfordshire, there are many vacancies across England in Health and Social Care. The cost of living in Hertfordshire is expensive; also many live in Hertfordshire and work in London. HPFT work closely with the University of Hertfordshire and recruit newly qualified staff. Last year broadly we attracted as many new staff as we had leave the trust</p> <p>> HPFT needs to do things differently. E.g. we were directed by central government NHS England to set up new first episode of psychosis (FEP) team. It was suggested that care coordinators should have a case load of 15, this wasn't possible and therefore mini teams of 3 people have been set up</p> <ol style="list-style-type: none"> 1. Band 6 Qualified worker managing the case, (Mental Health Nurse, Social worker, Occupational Therapist) 2. Band 5 – associated practioners (could be someone with degree in psychology or relevant experience) 3. Band 4 – support workers (unqualified professional with good knowledge of mental health, experts by experience) for ongoing support <p>HPFT team known as PATH (<i>Psychosis: Prevention, Assessment and Treatment in Hertfordshire</i>) has been a successful way of working, NHS England have asked to share this model nationally.</p> <p>>Framework for care co coordinators has changed, staff are now expected to do more initial assessments which takes time, also many of these appointments are missed (DNA's). Many of these people are referred back to the GP and signposted on and do not need secondary services. We are looking at ways of working more closely with Primary Care Services. Three Pilot schemes are in place where Mental Health Nurses are working in local GP surgeries, and GP's can refer directly to the nurses.(see article in August 18 CinH Mental Health Newsletter)</p>
4.5	Q	<p>HPFT survey methodology – survey results tend to give high satisfaction rates. When giving results it would be interesting to know how many people are involved in surveys and who are involved in completing the surveys?</p>
	A	<p>The survey was answered by 83 carers and 1,648 service users. HPFT use Having your say – friends and family questionnaires</p>
4.6	Q	<p>HPFT had a recent inspection from the Care Quality Commission (CQC). HPFT were aiming for Very Good and were rated Good. In what areas did it fail? In the last CQC inspection (approx. 4 years ago) carers had the opportunity to have a say in the review. Why weren't carers given an opportunity to have a say in this recent review?</p>

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	A	<p>CQC had an unannounced visit March/April this year. CQC choose where they visit and they don't visit all areas.</p> <p>>Some of the Learning Disability services were rated Outstanding</p> <p>>Adult Acute inpatient Services - rated "Requires Improvement". Reasons given were:-</p> <ul style="list-style-type: none"> • Ligation points were found and there were issues around a blind spot. • identified volume and pressure of over 95% bed occupancy • CQC would like us to build seclusion rooms in some areas of the trust (HPFT policy is to use least restrictive restraint and promote inclusion. If there was danger on ward service user would stay in their room, with a staff member outside room checking safety)
	C	<p>Concerns about contraband weapons being taken onto ward, also the use of weapons in A & E and in primary care.</p> <p>>There are body scanners in 136 suites which pick up anything on or in a person. HPFT need to be sure person doesn't bring in anything they can self-harm with or harm others, this includes drugs.</p> <p>> In Hertfordshire around the clock (24/7) at least one car with police officer and Mental Health Nurse patrolling the county.</p>
4.7	Q	<p>Why is the dual diagnosis protocol taking so long for HPFT to implement?</p>
	A	<p>Drug and alcohol services are run by CGL and they have been awarded the tender to continue this service. HPFT work closely with CGL and in some areas work out of the same premises. The Protocol has been in place for some time and is currently being reviewed.</p> <p>DS – CinH have a Dual Diagnosis forum on Tuesday 16th October to look at your experience of the dual diagnosis protocol, click here for details.</p>
		<p>Further Discussion with Jess</p>
4.8		<p>VW - care ordination and the Triangle of Care (TOC) – if the service user is in supported accommodation, does the TOC still include carer.</p> <p>JL – HPFT support TOC, it guides our ethos.</p> <p>VW We were not told when care coordinator left HPFT or who the replacement is.</p>
4.9		<p>RL – 2016? Carers were invited to a meeting led by CQC, carers felt they were treated with disrespect then but would have liked to have had opportunity to have a say in the last inspection.</p> <p>JL – This was not within HPFT control. The first inspection 2016 was announced but the latest was not announced.</p>
4.10		<p>TG – will mini teams used in services across the county</p> <p>JL – This is a great system and HPFT will put in place where possible. However this may not work so well in the community where more assessment work is necessary. We are trying to reduce this by putting workers within primary care (see notes 4.4)</p>

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4.11		<p>TL - Carer awareness training – this is part of staff induction and targeted at those who work with Service Users, it is not mandatory. It is important this reaches all front line staff including clinical staff and senior staff, HPFT Line Managers need to be accountable for staff attending this training.</p> <p>JL agreed and said he'd take this forward.</p>
4.12		<p>JH – residents with mild/moderate learning difficulties in assisted living have had support reduced to 6hours per week and 9 residents have been asked to leave after 10 years of assisted living. The accommodation is now being taken over by Aldwick Housing.</p> <p>JL – This is different for people with Mental Health issues, not aware of this case. JL spoke to JH at the end of the forum.</p>
5.		
		<p style="text-align: center;">Topics agreed for future meetings</p> <p>Questions agreed by the forum for November Speakers</p> <p>Nightlight – weekend crisis service delivered by Hertfordshire mind Network.</p> <ol style="list-style-type: none"> 1. An over view of the service and how this works county wide, how it works in North Herts and Stevenage area there is not a drop in. 2. How many people people have used this service and what activities/support do you offer. Are there systems in place to work closely with HPFT. 3. How can this service be promoted better? (Carer reported she only became aware this service was also for carers, following the service being used by the person she cares for.) <p>New leaf – Recovery College</p> <ol style="list-style-type: none"> 1. An overview of the service, including how you choose and develop the courses. 2. Carers feel there is a lack of provision for young people (under 18 Years); do you work with this group? What future plans do you have for this group? 3. How much in advance are coursed advertised? Early information is important. Are there any plans to run weekend course?
6.		<p>Any other Business –</p> <p>TG - Caring for Carers in Mental Health Dacorum group have applied to Skipton Building Society for funding and have been shortlisted. Terry asked for the forums support by voting for them, this can be done on line, here is link https://www.skiptongrg.co.uk/apply-for-funding/2018-shortlisted-groups/east-of-england/#apply-map Click on number 4 for the groups story and vote at bottom of page</p>

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	Future Forums
	<p>Thursday 15th November 10am A light lunch is provided following the Forum.</p> <p>Please call 01992 586969 to book a place.</p>