

MENTAL HEALTH CARER REPRESENTATIVES FORUM

MINUTES OF MEETING HELD ON

Tuesday 22nd January 2019

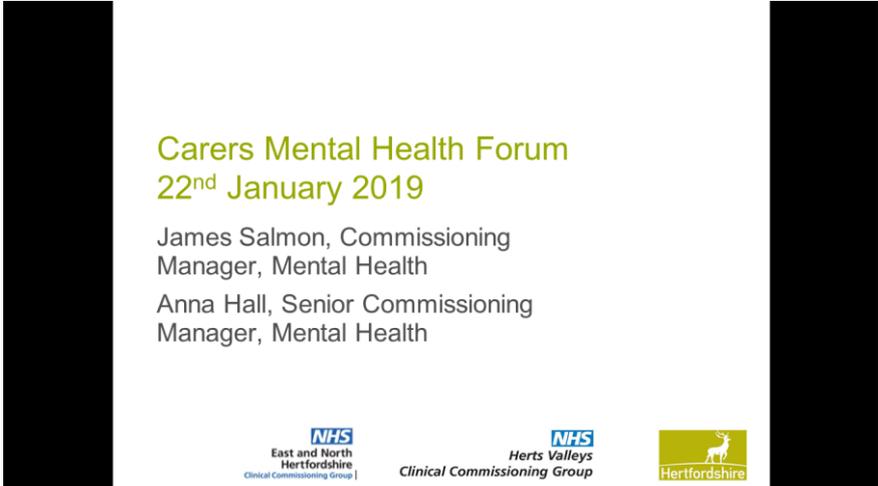
At Oxlease House, Travellers Lane, Hatfield, AL10 8TJ

Carers: BF, BB, AD, JD, CB, EB, CH, NY, VW, SL, DW, LB, DR, NHS, MI, JI, BL, TG, RW, JC, AR, ME

Chair: A Carer and Sarah Williams

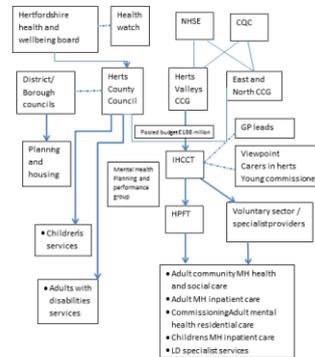
Staff: Sarah Williams, Rosemarie Muldoon, Nicola Beedell (Minutes), Rosemarie Willis, Nicki Bird

Guest Speaker: James Salmon- Mental Health Commissioning Manager and Anna Hall, senior commissioning manager

Item	
1	<p>Welcome: Chair welcomed all to the forum, and reminded everyone to notify the office prior to attending to ensure that numbers are correct for lunch, and that everyone has copies of the agenda and previous minutes.</p> <p>Introduction to new staff and the new layout of the involvement and development team. The ground rules of the forum were highlighted and an introduction of the guest speaker.</p>
2	<p>Presentation by James Salmon</p>  <p>Carers Mental Health Forum 22nd January 2019</p> <p>James Salmon, Commissioning Manager, Mental Health</p> <p>Anna Hall, Senior Commissioning Manager, Mental Health</p> <p>  </p>

1. Who is accountable in Hertfordshire for mental health service commissioning and provision?

- CCGs and county Council pooled budget
- IHCCT created to manage pooled budget
- Adult MH social care duties delegated to HPFT through s.75 agreement
- Block contract in place with HPFT
- STP bringing changes



2. In what ways do the Integrated Health & Care Commissioning team involve carers in their decision making process i.e. prior to setting budgets, agreeing plans, etc?

- Formal groups e.g. Mental Health Planning and Performance Group
- Coproduction boards e.g. pathways to employment board, all age personalisation board, all age autism board, LD partnership board – refresh and training underway
- Limited direct engagement around budgeting
- Current HPFT contract negotiation involvement



3. What are the commissioners plans for budgeting for accommodation for services users who need long-term care?

- A system challenge: social care, county, districts, housing providers
- Stimulating the market
- Rehabilitation housing
- Out of area placements
- Complex needs crossover; D&A
- Transitions between services



3.

4. In what ways are the commissioners addressing the issues around HPFT's staff recruitment, staffing levels and improving continuity of care from the same professionals in mental health services?

- National context – NHS long term plan
- London pull / weighting problem
- HPFT quality review meeting monitor staffing
- Creative approaches; peer support, community resilience, connected lives,
- Continual learning from incidents, process improvement



5. Have the commissioners any plans to improve family support / interventions / therapy?

- Community resilience agenda – supporting people to look after themselves and those close
- Family involved in e.g. discharge planning
- Wellbeing service, New Leaf for carers
- HPFT – 5 week “Keeping Well in Caring Course”
- Adults with Disabilities team commission a respite service
- HCC Families First, conflict counselling / mediation



4.

6. Update on the Dual Diagnosis Protocol and the pilot of the Primary Care Mental Health service.

- Dual Diagnosis Protocol
 - in place since last year
 - CinH representation at quarterly integrated substance misuse and mental health governance meeting
 - F/Back from quadrant groups on successes and barriers on agenda
 - Can complain to both CGL and HPFT (see protocol)
- Primary Care Mental Health service
 - Herts Valleys
 - Plans to be approved in Q4 and mobilised
 - Implementation in Q1 through 2019/20
 - East and North
 - Locality based approach initiated by HPFT



7. Update on what HPFT mental health services are working well.

- 24/7 hospital liaison services
- Community Perinatal Team
- IAPT diabetes long term conditions pilot
- Dove assessment and treatment ward for LD
- But what is working well for you?



JS introduced his role as planning and developing services, with the help of service users and carers. Commissioners choose who will deliver services, and monitor how they are being delivered. The health and commissioning team are funded through the NHS, County Council and CCG.

Their team are based at Farnham House in Stevenage. The CQC regulate the quality of services. The commissioning team pool funding to commission adult mental health services, inpatient services and specialist learning disability services. £170million that they receive is awarded to HPFT, but they also fund charities and niche services also.

JS agreed that the mental health system is complicated for those inside and outside, and the whole system is going through a change. STP (sustainability transformation partnership) is trying to move everyone

towards a partnership, so there is less “checking the checker”.

JS highlighted the importance of collaboration and working together. JS mentioned that Healthwatch only have a small number of enquiries relating to mental health services. A carer said that they are waiting for Healthwatch to contact them.

JS mentioned the variety of co-production boards and the importance of talking to people, and the push for personalised services. Also mentioned that people are receiving carers-lead training.

JS has attended carers groups where they discuss how money could be split. This could be something to discuss going forward?

JS mentioned a re-negotiation of the HPFT contract, and spoke about how organisations such as Carers in Hertfordshire and Viewpoint have put forward what they would like to see in the future, and used the example of more peer support.

JS agreed that there is a need for more long-term supportive accommodation for service users, and that his team are looking into the supported living pathway, from inpatient rehabilitation to independent living. They recognise that more needs to be done. There needs to be more focus on how people are being discharged, and how districts are going to make housing more available. JS agrees that transitions need to be made easier for service users. JS recognises the importance of including family members and support services around peoples discharge.

JS recognises that recruitment within mental health services is a problem. There is a pull factor with towards London trusts who pay better salaries and expensive housing within Hertfordshire is causing people to move.

A carer said that they would like question four explored in more detail, which relates to the NHS proposed long term plan. AH replied that in the Autumn there will be more clarification about what is expected at a local level. The plan is 134 pages of complex writing. Emma Williams will be taking a lead on this, and it was suggested that she attends a forum at a later date to do a talk.

JS said that his team have taken steps to ensure that families are involved with services and mentioned how carers need to take care of themselves. JS spoke about the New Leaf project, which provides a range of free courses around Hertfordshire.

JS mentioned the dual diagnosis protocol and primary mental health services. A carer said that the protocol isn't working, as it is meant to stop people falling in-between the gaps, and to stop service users from being passed from one service to another, which is still happening.

JS spoke about primary care mental health services being trialled in various parts of Hertfordshire, which seems to be working well. A carer pointed out that this is an initiative to reduce the number of referral to HPFT.

A carer raised the issue of being on the boarder of the county and how hard it is to access help in areas such as Royston. JS said he would take this back with him.

JS has responded to say that the East and North Herts CCG GP's in the Royston area will be part of the HPFT-led mental health pilot. The detail is being worked out between commissioning colleagues and HPFT.

Questions put forward to Guest Speaker

JS spoke about the process of mapping voluntary services in Hertfordshire. A carer pointed out that this work has been done before in the past.

A carer mentioned how HPFT seem to have a lack of knowledge around voluntary services within Hertfordshire. SW pointed out that this might be a local gap, and that maybe some areas are better informed than others. JS replied that HertsHelp is meant to the central gateway/signposting team as it is best to have one thorough database.

A carer pointed out that nothing is ever updated, and that it is very fragmented. JS said that if anybody has any knowledge of a new group, to inform HertsHelp.

A carer also pointed out the importance of having accessible and disabled friendly venues.

A carer asked whether dual diagnosis is being linked to housing, and shared a family member's experience.

A carer expressed the problems with dual diagnosis, and how there are issues with DBT (Dialectical Behaviour Therapy). People are not able to access this help, as it is only being offered to people who self-harm or who have suicidal thoughts, which means that a lot of substance misusers aren't accessing help.

A carer mentioned how DBT is not being offered due to lack of funding. (The carer did point out later in the forum that this isn't necessarily correct, and that it may be due to the lack of professionals being trained on DBT).

A carer asked whether the money is ring-fenced between areas? Or is it flexible? Can money be moved around? JS replied no, learning disability

money is for learning disability; mental health money is for mental health etc.

5 Minute Break

Other Questions

The chair welcomes everyone back and goes through the minutes of the last meeting (no changes). SW mentions that due to GDPR confidentiality, people will not be identified using their initials in future minutes, but will be named as “a carer”.

A couple of carers expressed how they are still waiting to hear back from Healthwatch.

JS has emailed the carer and Healthwatch.

A carer questioned whether anybody knew anything about LPA (lasting power of attorney), and whether a carer can take this out? SW advised that they speak to HPFT carers lead regarding this. A carer advised that they speak to Age UK before contacting a solicitor.

A carer questioned what happens with old information about services? There seems to be no consistency.

A carer would like information on how to manage money for a cared for person. They shared an experience of a family member being scammed. Another carer mentioned how there would be an issue around a person’s capacity, to which they replied that something should be written on a person’s record.

A carer suggested that all front of staff should have training in counselling. Due to staff shortages, apprenticeships are now being given to people interested in nursing, and maybe the same could be offered within mental health services?

A carer expressed disappointment at the presentation, and said they felt lost, and that the wording used would be a mystery to carers who cannot regularly attend the forums. Also mentioned how there is a problem with using acronyms. SW said the team will take this on-board.

A carer questioned how many people have contingency plans in place. A carer advised that a social worker could come out and help with this, and the discussion could take place during a carer’s assessment.

SW spoke about how she met with SPA on Monday, who discussed a new crisis helpline. However, this could replace the current mental health helpline, which is also set up for carers. SW suggested that we invite John Murray (HPFT acute service line lead) to talk about the

	<p>possible re-modelling of the service, as there are concerns that changes will be made without consulting people.</p> <p>A carer said that they have had a negative experience of the current mental health helpline. Another carer said how they have used the current helpline and found it useful.</p>
5	<p>Questions to put forward to John Murray</p> <ol style="list-style-type: none"> 1. What was wrong with the existing crisis service? 2. Who is the new crisis service aimed for? 3. Where are we now? 4. Are you still time limiting the crisis intervention? 5. Please provide details about the role of the first response team. 6. Who is financing the mental health helpline and where will this come from in the future? 7. Can we have a logical flow of everything and how it interlinks? 8. Time to discuss the potential new crisis helpline.
6	<p>Next Forum: Tuesday 19th March 10:30-1:00pm.</p>