

MENTAL HEALTH CARER REPRESENTATIVES FORUM

MINUTES OF MEETING HELD ON

Tuesday 16 July

At 7 PM

At Oxlease House, Travellers Lane, Hatfield AL10 8TJ

Carers: DW, JW, Joan W, NY, TG, JI, VW, AMS, LB, DL, MS, SF, YM

Chair: Sarah Williams

Staff: Sarah Williams, Nicola Beedle, Will Davis, TR, Rosemarie Muldoon (Minutes)

Guest: Catherin Jones (Community Navigator)

Guest Speakers: **Healthwatch Researchers** - Annabel Chapman and Chloe Carson

Item	
1	Welcome and Introductions: Chair welcomed all to the forum and introduced the guest speakers Annabel and Chloe from Healthwatch

<p>2</p> <p>2.1</p>	<p>Presentation by Healthwatch Researchers</p> <p> Mental Health Project Board Preser</p> <p>Questions and discussions about the Healthwatch Presentation</p> <p>A carer asked the Healthwatch researchers what powers Healthwatch has with regards to implementing change.</p> <p>The Healthwatch response was that recommendations should be implemented and monitored and subsequently ‘chased up’.</p> <p>Healthwatch will put forward realistic proposals and will have an expectation that the proposals will be implemented. Healthwatch has statutory powers!</p> <p>Sarah said she was pleased to hear that Healthwatch has powers to ensure that the recommendations are adhered to. Many people’s experiences have been that recommendations often ‘fall down’ and are not implemented.</p> <p>A carer asked the researchers if anyone had raised issues about County boundaries. They went on to say that things can become very complicated for patients when they live on or close to the boundary of another county. Patients in Royston for example receive some services from Cambridgeshire and some Hertfordshire patients might receive services from Essex.</p> <p>The Healthwatch researchers said that they were aware of this issue.</p> <p>A carer suggested that getting Hertfordshire staff to engage with new recommendations would be challenging, and so getting staff from out of County to implement the Healthwatch recommendations was likely to present a greater challenge.</p> <p>The Healthwatch representative said that the implementation of the Triangle of Care had demonstrated that new working practices could be</p>
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	<p>successful as this had been demonstrated in improved practices in Dementia Care.</p> <p>A carer asked if this piece of research was looking at other areas of concern.</p> <p>The Healthwatch team's response to this question was that this piece of research was quite 'narrow' in that its brief focused on discharge and discharge planning from Inpatient Units. However, in the future research will be 'wider' and will focus on other aspects of the service.</p> <p>One carer said that discharge planning was not adequate. The carer concern was that once discharged the patient has very little support or contacts from medical professionals</p> <p>A carer said that Community Treatment Orders were not working. The carer said that as an ex prisoner was likely to be better supported in the community than a patient discharged on a Community Treatment Order.</p> <p>The researchers said that they would take this issue forward.</p> <p>A carer asked if the Acute Day Treatment Unit (ADTU) would be included in the research. The carer went on to say that many 'step down' services are no longer available. There was also an issue with 'step down' services not being set up in time for a patient's discharge.</p> <p>One carer raised a concern about the potential closure of ADTU.</p> <p>However, WD said that he had attended a meeting with HPFT where it was confirmed that at present there were no plans to close the units, but they would be incorporated into a new model of service delivery.</p> <p>Several people present said that service users must be ready to engage with the idea of attending ADTU or it will not work for people.</p> <p>A carer suggested that poor discharge planning was mainly due to bed management issues. Patients were discharged prematurely and without appropriate planning because beds were needed.</p>
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<p>3</p> <p>3.1</p> <p>3.2</p> <p>4.</p>	<p>One carer said they had concerns about the way that patient’s personal possessions were looked after on the acute wards. The carer said that possessions should be logged in and out at every admission and discharge.</p> <p>WD said that there was an obligation to plan appropriately for patients to be discharged (Section 3, and 117 (aftercare) of the Mental Health Act) describes the statutory obligations for discharge planning and aftercare.</p> <p>The point was raised that there was a lack of consistency of care for patients. Key workers, support staff, and doctors are changed too frequently.</p> <p>The Healthwatch researchers confirmed that at present HPFT have two Triangle of Care gold-star ratings – one for inpatient services and one for community services but these stars can be taken away.</p> <p>Healthwatch said that HPFT will be fully engaged with them throughout the consultation process.</p> <p>End of Presentation and Questions – Short Break</p> <p>Minutes of Last Meeting</p> <p>The chair welcomes everyone back and invites those present to review the minutes of the last meeting.</p> <p>The previous agenda item on Advanced Directives, was discussed briefly. It was agreed that Advanced Directives should be more effectively promoted by the statutory providers. It was confirmed that previous advice was that Advanced Directives will be attached to a patients electronic file.</p> <p>The Minutes were confirmed as accurate</p> <p>Information Sharing/Updates – People were asked to talk about any information or updates they might have (SW)</p>
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A carer talked about the St Albans carer's group that regularly hold their meetings at Waverly Road. Meetings are not being promoted at Waverly Road by poster, or by staff. Numbers are extremely low for this group with just two people attending at times. A great deal of effort has been made by the existing members of the group to promote the group and make it a success however more needs to be done by HPFT.

Information about a residential nursing home in Hatfield was talked about by one carer. The home is now more open to external engagement and this could be a good opportunity from Carers in Hertfordshire to be involved. It was subsequently agreed that this information would be passed on to Sally Stratford the Dementia Involvement worker at CIH.

Carer Awareness Training, which focuses in part on issues of abuse can be accessed by carers. The training delivered by Judith Kitch, on behalf of CIH is very useful.

Someone mentioned that the Deprivation of Liberty Safeguarding team (DOLS) can be contacted should people have concerns about specific issues.

The negative impact on a patient's physical health from some of the medication prescribed to treat mental health conditions was highlighted by one carer. The complexities of supporting someone with physical and mental health issues with their medication was described by this carer.

A carer described their role in supporting the launch of a new suicide prevention scheme as an honour.

Patient confidentiality and the conflicts raised by this issue was talked about by one carer who described the conflict as a 'political football'. The practice of not sharing discharge dates and discharge planning information is not helpful to carers who are required to support the person once they are discharged.

5	<p>One carer with experience of ward protocols suggested that more should be done to protect a patient's personal items when they are admitted into hospital.</p> <p>NB told those present that she was working with others to put together a Dual Diagnosis Forum that will take place in October at Oxlease House. There had been a lot of issues raised by carers about dual diagnosis and this is the reason why CIH wanted to put on this event.</p> <p>SW talked about the HPFT Carer Awareness training delivered by Carers in Herts and HPFT. HPFT James Holland is now on a 6 month secondment and no further training has been arranged. Carer training is not mandatory for staff but HPFT have said it will become 'essential training'. Action: SW/NB to get an update from HPFT re: Carer Awareness training.</p> <p>RM said that at the last meeting of the Single Point of Access (SPA) meeting she attended a peak in the number of people waiting for responses from the service had been identified during the summer months. Rosemarie said this could happen again as there might be a correlation between staff holidays and longer waiting times.</p> <p>A new feedback system is being worked on which involves responding to a text message from the SPA team. The system would create an additional way for people to comment on the service they received.</p> <p>A carer who also attends the SPA meetings and had attended more recently said that the new texting feedback system was not in place yet.</p> <p>SW HPFT Recovery Conference this year is 'From Recovery to Discovery – Your Community Awaits'. Four events will be held across the county October 7 in Ware, October 8 in Watford, October 9 in Stevenage and an evening event October 10 in Hatfield.</p>
6	<p>SW said that we have not had confirmation of any guest speakers for the next Forum in September. One of the topics is the National Health Services (NHS) long term plan for mental health and those present agreed that they would like to learn more about it. Action: RM to</p>

	<p>arrange for a guest speaker to present information on the long term plan and answer questions.</p> <p>Meeting End</p> <p>Date of Next Forum</p> <p>The date of the next Forum was given as 10.30am on Tuesday 17 September at Oxlease House, Travellers Lane, Hatfield AL10 8TJ.</p>