

MENTAL HEALTH CARER REPRESENTATIVES FORUM.

Draft NOTES OF MEETING HELD ON

Thursday 17th May, 2018

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

Present:

Carers BB, DP, BF, GT, HC, MN, RD, AMS, VW, DW, NY, KV, AV

Volunteer: SJK

Apologies: RC, MN, SA, JR, AR, BC, PMc, RC, SH, SW

Chair: Terry Graves

Staff: Sarah Williams, Charlotte Janes, Deryn Sparrow (notes)

Guest Speaker – Tom Barrasso, Health Watch Hertfordshire

| Item | |
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| 1 | <p>Welcome: Terry Kindly agreed to chair the meeting as Rod was unwell. He welcomed all to the forum and introductions were made.</p> <p>Apologies: as above</p> |
| 2 | <p>Guest Speaker: Tom Barrasso from Health Watch, Hertfordshire to speak about the role of Health Watch and how it works in Hertfordshire.</p> <p>Tom told us there are 152 Health Watch organisations Country wide and they are the independent consumer voice for Health and Social Care providers, commissioned and funded by local authorities.</p> <p>Please refer to the power point presentation included as a record of what Tom spoke about.</p> <p> Healthwatch_Hertfordshire_Presentatic</p> <p>Below are recorded some of the Questions (Q), Answers (A) and comments (C) made.</p> |

Q. Who pays for your service?

A. Hertfordshire County Council, via a government local authority fund.

Q. As you are government funded, how independent are you?

A. We are required by law to hold to account, Health Watch was set up in 2012 and it hasn't been an issue yet.

Tom told us they train volunteers to enter and view premises, making unannounced visits, this is to check the environment and welcome, i.e. cleanliness, food etc. NOT clinical issues/outcomes. This could be compared with having a mystery shopper. It should be remembered this is a snap shot in time and has its limitations.

Q. Can you check on premises that are not run by HCC or are out of county?

A. We can only check on organisations if they are funded by local government. When we do work out of county we would always consult with the relevant local Healthwatch. All reports of our visits can be found on our website under care review services.

Q. How do Health Watch relate to the Care Quality Commission (CQC) are you not doing the same as them?

A. we are looking at experiences and views of people and the environments, and are not looking at clinical aspects of situations. Our workers are qualified in various areas but are not Clinically qualified (i.e. doctors, nurses, social workers etc.).The CQC sometimes asks us for information and we work alongside them when requested.

Q. I have never heard of Health Watch before today, you need to work on getting your name out there?

A. We are working on this; we have a small budget and are a team of 10 people. We are constantly trying to improve services and regularly have a stall at Lister Hospital, Stevenage raising awareness.

Q. Why are you not working with Mental Health Services?

A. We do work on Mental Health Services and have done some work around dual diagnosis. We are planning a project looking at discharge from MH inpatient units.

C. There are Concerns around many staff changes within HPFT and people not knowing what is going on.

Q. why would you engage in a piece of work?

A. There are many ways in which we acquire work:-

1. Some of the trusts request it themselves
2. Partnership working, feedback and signposting from other organisations. It is important that work isn't duplicated
3. Occasionally it may be one person's case study – e.g. after speaking to a carer re her experiences around Dual Diagnosis (DD) Healthwatch

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| | <p>found her experiences were shared by others.</p> <p>4. CQC</p> <p>5. Looking at how they can influence both National and Local policy</p> <p>Q. Sarah highlighted the lack of support from Community Teams for those with a long term and enduring Mental Health issue. How can we work together to look at ways to improve this?</p> <p>A. Healthwatch is currently working with Viewpoint to look at patient experiences and ways to improve. There is a need to focus on outcomes and not being prescriptive, working in partnership and co-production. Where is the support for those with long term mental illness? Carers feel there is no community provision and it was agreed It is difficult to understand how people with a long and enduring mental illness fit into the Recovery Model?</p> <p>C. The Triangle of Care which Hertfordshire Partnership University Foundation Trust (HPFT) has signed up should be helping with this but unfortunately we don't have much evidence of this happening on the front line.</p> <p>Q. How are you monitoring the Dual Diagnosis (DD) protocol training within HPFT.</p> <p>A. There will be an outcome review but it is too early to complete this, it will be done in quarter 3, September – December 2018.</p> <p>Contact details for Healthwatch, Hertfordshire If you'd like to become more involved with their work or have any feedback:-</p> <p>Telephone: 01707 275978</p> <p>Email: info@healthwatchhertfordshire.co.uk</p> <p>Via our website: www.healthwatchhertfordshire.co.uk</p> <p>Terry thanked Tom for speaking to the forum and there was a 5 minute break.</p> |
| 3 | <p>Notes of last meeting - Agreed</p> |
| 4 | <p>future forum topics agreed previously,</p> <ol style="list-style-type: none"> 1. New Leaf college – How this works and information about the courses – date to be agreed. 2. HPFT – Service Development – Jess Livesley to report back about the community review, action plans and service developments. Let Sarah or Deryn know if you have any questions you'd like to ask Jess. –Evening Forum Thursday 13th September 7pm – 9pm <p>Suggested and Sarah/Deryn to look at following possibilities.</p> |

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| | <ol style="list-style-type: none"> 1. Planning for the future – Rethink Mental Health are researching this. 2. Parity of Esteem <p>Questions agreed to put to the speaker of the next forum to enable them to deliver information required by carers more effectively?</p> <p>July Forum - Suicide Prevention – Emma Paisley, Senior Project Coordinator, Spot the Signs and Save a Life Campaign, Mind in Mid Herts</p> <ol style="list-style-type: none"> 1. An overview of the strategy 2. What are the national statistics around suicide compared to Hertfordshire? 3. At what point would services get involved and who should carers contact? 4. What training is available for carers? What information is available around suicide, are there any leaflets or websites that may be helpful? 5. As part of your role do you go into Universities, Schools and colleges to promote awareness of suicide prevention? What would make the difference and prevent someone committing suicide. 6. What support is available for those left behind if someone does unfortunately commit suicide? |
| <p>5</p> <p>Deryn</p> | <p>Feedback of latest news and developments from Carers, Carer Representatives and Carer Involvement Workers, identifying any issues to raise at the next round of commissioning/ working group meetings.</p> <p>Peer Experience Listeners (PEL'S) – HPFT are looking to recruit and train carers to become PEL's – if interested let me know or details are on HPFT website http://www.hpft.nhs.uk/get-involved/become-a-peer-experience-listener/</p> <p>NightLight – Hertfordshire Mind Network run this service which provides an out of hours mental health crisis service Friday, Saturday, Sunday & Monday 7pm – 2am and a phone helpline 01923 256391. There is a crisis centres in Ware, Watford and Hemel Hempstead, Hemel have 4 beds available over night if needed, details can be found here https://www.hertsmindnetwork.org/nightlight.</p> <p>Rethink Caring and coping – the course is held over six weeks and provides the knowledge, skills and support you may need and aims to improve your health and wellbeing. St Albans course Starts 14th June and Letchworth starts 26th June. Details on our Having your Say page http://www.carersinherts.org.uk/have-your-say/mental-health or contact Jonathan Clack 01920 463663 to register.</p> <p>E- Bulletin – Much information is emailed to carers around involvement, we are looking at producing a regular involvement e-bulletin which would have sections for specific areas one being Mental Health. This would be how we would advertise all our forums, information would be posted to those who don't have easy access to emails. All agreed this would be a good way forward and many said they would prefer to get the information in one document.</p> |

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| <p>VW</p> <p>TG</p> <p>DW</p> | <p>.</p> <p>HPFT Carer support Group St Albans - disappointed that very few carers attend, how can we raise awareness of the group? Sarah to raise this again with HPFT. The group is advertised on the back of our Mental Health Newsletter with other carer support groups.</p> <p>Crisis Team/Safer Systems – part of a group within HPFT looking at this, the psychiatrist involved wanted change, unfortunately there was a lack of understanding by staff. Presented training in February, many recommendations were made but not implemented, feels that nobody is accountable.</p> <p>Sharing Information – Nearest Relative - concerned what happens when Service User is unwell and consent is withdrawn, who is legally responsible? Difficulties arose when The Courts declared person was insane but the Mental Health Team said the person had capacity. Carer needs to know where they stand, who has the right to know. Deryn emailed James Holland, Inclusion and Engagement Team Manager, HPFT for Clarification – James consulted the MHA team and his response follows:-</p> <ul style="list-style-type: none"> • Question - Where capacity is not there who is able to be involved/advised and how? • Answer - It depends if they are detained under the MHA. If detained under MHA then there is a duty to consult/provide specific information with whoever is deemed the Nearest relative. If not detained under the MHA a best interest decision would be made on what information would be shared using the Mental Capacity Act. • Query - Court decisions vs HPFT decisions. What are the rules? • Answer - Courts don't declare people insane. They may say they lack capacity for particular decisions but it must be decision specific. There is nothing to stop us saying the person has capacity to share information even though they may be deemed not have capacity for other decisions (as I said it is decision specific). If they have capacity then it is fine if they agree to share information. <p>In terms of generally what info can be shared in different situations it would depend on the individual situation. Sometimes there are safeguarding issues etc that may prevent this. Also, if someone just rang up, staff would not know who they are or give any information to them. It would also depend on the reason the service user did not want any info shared and the impact this may have.</p> <p>I know carers (not just locally) have been saying for some time there could be more clarity around what info can be shared with carers in difficult situations to help reassure. This is something we can continue to explore as Carer safety will be a key theme over the coming year both in terms of events, development of new county sub group looking at carer safety (which we will sit on) and the development of the new HPFT carer plan (starting soon so will keep you in the loop).</p> |
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| <p>Carer discussion</p> | <p>How do HPFT staffs know if someone has given consent? This should be shown on front page of HPFT computer system PARIS. Comment – this is only the case if the records are kept up to date, confidential information (Care Plan) was sent to service users' old address.</p> |
| <p>7</p> | <p>Any other business - None</p> |
| <p>9</p> | <p>Next Forum Tuesday 10th July 2018 1pm - 3pm – Topic – Spot the signs campaign and Hertfordshire's Suicide Prevention Strategy.</p> <p>Future Forums Thursday 13th September 2018 7pm—9pm - HPFT Service update/ Development Thursday 15th November 2018 10.30am - 12.30pm</p> |