

healthwatch Cumbria

Draft Minutes [Carlisle Stakeholder meeting]

Date: 26th September 2013
Time: 1.30pm
Place: Botcherby Community Centre

Agenda items and requests to: Gill Jones
Deadline for submissions: 22nd November 2013

Documents:

Attendees:

Kevin Jackson, People First;
Jozi Brown, Cumbria CVS;
Jane Macfarlane, Cumbria CVS;
Jane Thompson;
Lisa Sewell, CCG;
Muriel Nixon, CCG;
Patricia McClelland, CCG;
Helen Wikkens, SAFA;
Christine Harrison, Engagement Officer, CCG;
Helen Houghey, Communications Team, CCG;
David Blacklock, CEO People First Independent Advocacy;
Kevin Bell, Manager Healthwatch Cumbria;
Janet Thompson, Senior Engagement Officer, Healthwatch Cumbria,
Marie Blackburn, Engagement Officer, Healthwatch Cumbria.

Minutes

David Blacklock welcomed everyone to the meeting and Marie Blackburn covered the housekeeping items.

Mental Health Update:

Kevin Jackson, Community Engagement Officer/IAS Advocate with People First Independent Advocacy gave an update on Mental Health. He explained that the Cumbria Mental Health Group had been disbanded and the new contract was won by People First. It was now known as the Best Life Building Network and he was based in the Carlisle office on Botchergate, with colleagues based in South Lakeland and Barrow. The work was very similar with regular drop in sessions, hospital visits and one to one work.

He has been attending 3rd sector meetings to access feedback, has been involved with statutory events and is working closely with Cumbria Police on a number of projects. World Mental Health Day is on the 10th October and Cumbria Police are hosting a live web chat at their Denton Holme police station. This will be staffed by the police and callers remain anonymous. Kevin has also had a stand at Cumbria University during fresher's week, and is attending the Action for Health event on the 9th October, and Cumbria Partnership Health Trust Members Day on 2nd October.

Best Life Building Network is in the process of producing bi-monthly newsletters, with the next one due in October. If any organisations would like any information to be included, they can send it to Kevin.

They are also developing their own Web Chat facility, using American software with not for profit organisations can use. It is hoped that service users will access and use it, giving feedback on what is happening out there.

There is also a low rate telephone number for people to access the network and feedback from the Police on the live web chat they host has been very positive.

Cumbria Police are also working on producing an Information Bag to be given to service users being discharged from hospital, or from police custody etc. that are quite vulnerable. At the moment, they are given no information or support. If any organisations would like their information to be included, again they can contact Kevin.

The Best Life Building Network is currently recruiting volunteers, holding 3 drop ins in each locality and working with MIND on suicide prevention. As People First holds a number of new contracts, it is easy for the network to confer with colleagues, identify themes and liaise with Healthwatch.

There followed some discussions around the information Kevin had given

with regard to the stigma that is still out there for people who live with mental health issues; the use of a SEAL programme which is about understanding facial expressions, which only some schools are using; and the problems that arise when someone moves from CAM's to Adult Services. Kevin said he had met with John Stevenson, MP and Carer's to discuss this transition period. Helen Wikkens, SAFA, informed the meeting that School nurses were being brought back. Muriel Nixon, CCG asked that any information/feedback should not only go to the CCG but to the relevant locality.

Kevin advised that some of the top issues the BLBN are encountering include:

Benefits;

A rise in GP appointments when DLA assessments are due;

Bedroom tax;

CMHT Crisis Team - problems still persist;

CAM's - money being injected to resolve issues - they are under a lot of pressure;

The BLBN don't work alongside CPFT as such - they attend meetings when invited but are excluded from Carleton Clinic so hold "in house" at the Carlisle office;

Carleton Clinic - this was monitored independently by service users but this has now been rescinded.

Kevin also advised that Cumbria Police were at the forefront of training officers to be aware of signs to look for (Domestic Violence Conference held at Rheged).

Kevin is to review how the training at Cumbria Police is progressing and feedback to the group. People First host Police Probationers.

With regard to the CMHT and Crisis Team, they are struggling to staff the service on a 24/7 basis. The Police are attending many incidents, which often have mental health issues arising and the Home Secretary is looking into a pilot scheme whereby the Police employ CPN's to attend incidents involving mental health issues.

David thanked Kevin for his talk and introduced Lisa Sewell.

Hospital at Home:

Lisa Sewell reminded us all that Cumbria has a large frail, elderly population and that the CCG were looking at using the ABCD approach and engaging with the 3rd sector. There are no additional funds for this work and following research of various models, they have chosen to use the virtual ward model (which was presented at a previous Stakeholder meeting) but changing the name to Hospital at Home. They have invested in early evaluation on a project elsewhere and the first phase started on Monday.

The project has:

A Health and Social Care Co-ordinator;
Community Geriatrician holding 2 sessions a week;
Social Worker;
Lead Nurse - advanced/prescriber;
Nursing Staff
Occupational Therapists
Physiotherapists
Pharmacists
Administrator

This project does not replace other services but is an extra service to try to alleviate the pressure on GP's, community and district hospitals.

Lisa explained that, for instance, a patient could present at their GP, their needs identified and a GP can request what is needed. That patient can then be directly admitted from A & E or a community hospital - step up. However, an alternative could be that Hospital at Home could be offered, which if the patient agrees to this, then detailed conversations would then be had with the patient, relatives, family, carers and clinicians to put this into being. It is about the patient's choice.

For patients already in a district hospital, then the Integrated Discharge Team could then discharge them to a community hospital or the Hospital at Home approach.

Lisa explained that they were looking to pilot the scheme with 20 patients over a 3 month period and will use these 20 patients to carry out robust evaluations. They had 2 patients this week:

Mrs A - had been in an acute setting for 4 months with pneumonia. A care package was put in place and she was discharged. Within 3 days she was re-admitted and discharged a 2nd time. In this instance the Step Down

approach was not appropriate. She was re-admitted, but is now part of the Hospital at Home scheme, with an enhanced care package in place for the short term.

Mr B - no support at all. His wife is frail and has dementia so he didn't want to be admitted to hospital, despite having broken some toes. The GP, Social Worker and Community Nurses have referred him into the Hospital at Home Scheme for home support.

Jane Macfarlane, Cumbria CVS - asked if cleaning laundry was part of the package offered. Said it wasn't always clear where to go to or who to contact.

Muriel Nixon, CCG advised that Adult Social Care is hosting the Health and Social Care Co-ordinators; evaluations will be made 6 weeks after a referral. It was noted that a rural equivalent service will need to be a different model to the urban one, but it was early days yet to talk about a rural alternative.

Healthwatch Cumbria:

David began by asking what the Carlisle Stakeholder Group had been about and its aspirations. It was noted that there were very few Stakeholders or members of the public here today.

Muriel explained about the Carlisle Healthy Communities Group and the Carlisle Healthy City Steering Group.

Discussions followed about how the Stakeholder Group came about and some of the work it had done. The Carlisle Stakeholder Group had representatives who attended the PCT/CCG Executive meetings, acting as a conduit between the group and the PCT/CCG. It was a very active group, looking at the CHOC system, as well as having a Mrs Carlisle event at Carlisle Racecourse which attracted a large number of individuals and groups. Dr Colin Patterson had also presented to the group on Cancer Services, and the group also had topic led issues, with invited speakers. It was noted that people attend when the subject interests them.

Healthwatch Cumbria were asked if they could make contact with all the previous attendees - both public members and organisations - as it was felt that the Agenda for this meeting went out late and may also have confused some people with it coming from Healthwatch and not the Stakeholder Group. It was pointed out that the date for this meeting did appear on the

Agenda of the July meeting and that at the pre-meeting those present asked for Healthwatch Cumbria to send out the Agenda and confirm the room booking. David advised that this would be looked into.

David then spoke to the slides, explaining how Healthwatch Cumbria will be split into Healthwatch localities or hubs, and the work undertaken would be driven by what's happening in each locality or district - what works well, what doesn't etc. It is acknowledged and recognised that each district is funded differently and has different needs. Linda Beaty asked if the word "hub" could not be used, as it was confusing. It was agreed that each district would be known as Healthwatch Allerdale, Healthwatch Copeland etc.

David went on to explain that we had now recruited a number of volunteer Ambassadors, who would attend the district meetings. Each district will have its own page on the Healthwatch Cumbria website.

Comments were then invited:

"It looks good on paper"

"It feels good to be where we are at now. The top half of the diagram is in place and now for the district communities"

"Local press always report "bad things" - negativity"

"A Member of staff will co-ordinate meetings or events"

"It was acknowledged engagement is the hardest part, maintaining on-going communication and results need to be fed back"

"Healthwatch "consumer champion" - perhaps?"

David ended this session by advising the group that Healthwatch Cumbria was very much looking forward to working with everyone and if anyone had any questions or comments, they can contact him direct.

The final part of the meeting looked at issues and concerns that people had:

Mental Health:

Concerns about the Crisis Team. It was felt they don't communicate with each other very well; they won't go to Croftlands Trust to explain what they do. It was suggested that the new Chief Executive at CPFT, Clare Molloy, could be a future speak?

David said that questions can be channelled through the Healthwatch Staff Team and there would be a pre-meeting before the next meeting.

Mrs Carlisle:

It was suggested that an eye be kept on regular feedback as it was felt we were heading for disaster with A & E/GP appointments. It was noted that in the North West GP appointments is high on the list for discussion.

Lisa Sewell explained it was all about perceptions and reality. Perhaps explain/teach patients about accessing GP appointments and access; do not attends are very high; research what's going on? There are 10 GP practices within Carlisle and district - CCG's would hold this information.

Winter Pressures on A & E:

What is winter planning? What contingencies are in place to cope with outbreaks of flu? There is no minor injuries unit at Cumberland Infirmary. Could a speaker attend the next meeting to explain all this?

Following these discussions, the group was asked which 3 issues they felt were a priority. It was agreed the top three were:

1. The Winter Pressures on A & E departments.
2. The Mental Health Crisis Team.
3. GP appointments.

David concluded the meeting by advising the group that we were taking this model to the other 5 districts/localities, where priorities would also be collected. These would then be fed back to the Board of Healthwatch Cumbria for discussion and appropriate workplans activated.

	Action	Whom	When
Apologies for absence Tony Brown, Cumbria CVS Robert Cornwall, Carlisle City Council			
Date of next meeting 28 th November 2013			