healthwatch Shropshire

Everybody Matters:

Promoting Physical and Mental Wellbeing across Health & Social Care services

A report of Healthwatch Shropshire's Annual Event

Tuesday 10th November 2015

Held at the Beaten Track, Shrewsbury

Introduction

Healthwatch Shropshire was delighted to welcome over 60 people to our annual event at the Beaten Track in Shrewsbury, including associate members, volunteers, members of the public and representatives of statutory, voluntary and community organisations.

The event focused on the importance of achieving parity between mental and physical health provision within Shropshire. It was intended to spread awareness and help people's understanding of how mental health services are offered.

Speakers' presentations

The first part of the afternoon consisted of brief presentations from the speakers about their key areas of work and the challenges being faced within their services.

Lee Chapman, Councillor, Shropshire Council
The challenge of reduced funding and resources has given Shropshire Council the opportunity to look at how services are currently delivered and to work much more closely with colleagues in health. The Community Fit project is about building resilience within communities and re-designing services to make greater use of existing resources. The Council's 'Let's Talk Local' organises community sessions to provide information and signposting. The Care Act 2014 has reformed the way care and support will be delivered locally and Shropshire Council's preventative agenda on health is in line with this.

More information can be found here:
http://new.shropshire.gov.uk/search?s=community+fit

Jo Banks - Associate Director of Patient Safety, Shrewsbury & Telford Hospital NHS Trust (SaTH)
One of the key issues facing the rapidly ageing population within Shropshire is the significant rise in dementia. SaTH are looking at new ways of supporting patients with dementia and their carers, including the Butterfly Scheme, Reminiscence Therapy and the Memory Garden at Princess Royal Hospital. They have also introduced passports for patients with dementia. These give greater flexibility within the hospital setting and allow patients and their carers to keep to their own routines, helping to reduce anxiety and improve the in-patient experience. They are also in the process of appointing a specialist dementia nurse to give training and education in this field.

More information can be found here:
http://butterflyscheme.org.uk/

Alison Blofield – Consultant Nurse & Clinical Director, South Staffordshire and Shropshire Healthcare NHS Trust (SSSFT)
The SSSFT provide mental health, learning disability and specialist children's services across South Staffordshire and mental health and learning disability services in Shropshire, Telford & Wrekin and Powys. The Trust is currently looking at new ways of working. The challenge is how to provide an effective service to encompass all the key areas of mental health, at the same time turning generic Community Mental Health Teams into specialist teams. The aim is to build on the community support they offer in order to facilitate early discharge from hospital. They are also looking at the crisis services provided, including a single helpline to simplify the process of accessing services.

Linda Vaughan – Clinical Matron for older people, SSSFT
By adopting the SHIELD model – helping people to remain at home or in their care home, early diagnosis and a more open door policy, they are helping to manage crises at home and prevent admission to hospital for people with dementia. They are also looking at the environment within hospital and new ways to support patients with dementia. SHIELD comprises a group of psychological and social interventions designed to reduce disability, improve outcomes, and enhance the quality of life for people with dementia and their carers.

More information can be found here:
https://www.ucl.ac.uk/shield

Tina Ward – Child and Adolescent Mental Health Services (CAMHS) Manager
A key challenge in getting young people to access mental health services is overcoming the stigma which is still attached to the term 'mental illness' and which acts as a barrier to accessing early help. Also of great importance is the interplay between physical and mental health – promoting exercise, healthy eating and sleep to young people. Early help/intervention aims to prevent escalation of difficulties to more serious mental health concerns. This requires a joint approach across schools, parents, young people, health and social care. Where further help is needed young people under

18 can be seen by CAMHS. The aim of CAMHS is to try to keep young people out of hospital, using their services to receive care and treatment in the community.

More information can be found here:
http://www.shropscommunityhealth.nhs.uk/rte.asp?id=11321

Question & Answer session

Jim Hawkins from BBC Radio Shropshire did an excellent job again this year of hosting and facilitating the interesting and lively question and answer session which followed the presentations.

The following is a summary of the questions and answers. It is the most accurate representation that we are able to provide from the recordings available. Healthwatch Shropshire cannot be held liable for any errors.

Q: A patient experience:
I have severe anxiety and I went to my GP. He told me to refer myself to Chaddeslode Lodge. After 2 weeks I had a phone assessment, a tick box. Two weeks later I was contacted to ask if I wanted to go ahead with some Cognitive Behaviour Treatment (CBT). I had to wait 6 weeks for a group session. I had 6 sessions of CBT over 6 weeks. It was very good but I did not feel that it was enough for me. I also suffer from panic attacks and I was going to go on a panic management course but I got a letter this week to say that it was cancelled. I now feel a little bit lost.
Note: Chaddeslode Lodge is a provider of psychological services.

Jim Hawkins: *To the entire panel. Which of you think that this is adequate?*
Alison Blofield: That is what is to be expected across the country. It is considered adequate within national guidelines. The telephone assessment is not a tick box, it's part of a triage of care to ensure they are seeing the right therapist. To have individual sessions of CBT would have involved a much longer wait.

Q: Why do you think it is appropriate for someone with severe anxiety to overcome this in order to book her own appointments and to search and find her own support? This would not happen to someone with a physical ailment such as a broken leg, we would not expect them to drag themselves to receive medical help.

Alison Blofield: I think it is really difficult, but actually as part of that triage people would be looking at level of function, so in terms of high anxiety versus some other conditions there would be a balance there as to the service that was required. I work in the frontline of acute psychiatry where people are severely disabled by mental illness and we respond to those individuals within four hours, usually within a couple of hours and for me that is acceptable. I sympathise with this lady but in terms of reasonableness within a national service, it is what you would expect up and down the country.

Tina Ward: I think we have the same challenges in CAMHS. I think there is often a sense that you have one team that deal with crisis management and another team who do therapies and certainly in children's services that is not the case. It is the same group of people who do both, so the reality is that you are often the person who answers the phone when an individual rings up. In terms of risk as a clinician you have to make a judgement whether that risk is as severe as something else and often clinicians make that decision every day – do I cancel this routine clinic/routine appointment to go and deal with this urgent query that has come in? This does not sit easily with clinicians but those are the choices that we have to make.

Q: I have a question about dementia. We heard about support for people in crisis but what about all the time between getting a diagnosis and crisis? There has been a huge increase in the number of people diagnosed; we are up to 70% in Shropshire of likely diagnosis of dementia. But I cannot see what has gone into providing extra support for those people in order to prevent them from getting to crisis stage.

***Linda Vaughan*:** People are offered post diagnostic support. Everybody is offered the opportunity now of Cognitive Stimulation Therapy and that is 18 sessions followed by 18 follow up sessions, whether people are on medication or not on medication. Anybody who is now under the dementia service has very easy access to a Home Treatment team. It doesn't have to have reached crisis point. People who are on medication are reviewed under NICE guidelines. For anybody who is not on medication we are not commissioned to regularly review them as it stands at the moment. What we are very much hoping for is that we move towards needs based assessment review service so that anybody can have a review when they need it. We are doing a lot of work with people and carers about getting in touch with the team and the numbers are growing but unfortunately our staff numbers have not grown.

Q: The Memory Service has only one doctor and one nurse. Is that right?

***Linda Vaughan*:** The Dementia Home Team – Central and North Shropshire, has about 36 clinicians, nurses, occupational therapists, psychiatrists, and a lot of

support workers, assistant practitioners, a consultant and associate specialist. So there is a whole team of people but also about 1200 people currently on the books. South Shropshire and T&W have their own teams.

Q: I have a question about Healthwatch. How are your trustees appointed, how do you source them, where do they come from? Do you work with POhWER, who apparently provide some kind of patient complaints service?

Carole Hall (Chair of the board of Trustees, Healthwatch Shropshire): POhWER is commissioned to provide a complaints and advocacy service. Advocacy is outside the current scope of Healthwatch Shropshire's services. We provide a signposting service and as part of that people will come to a view on whether they would like to make a complaint or not and our experience is that people find that conversation quite helpful. I don't know what the council's intentions are in relation to POhWER from next April.

How do we source our trustees? We advertise locally and publically for people, we speak to people and encourage them to apply and the process is quite simple. During December we will be launching a recruitment exercise for new trustees, we are always on the lookout for more volunteers as well. We will be recruiting for both in December/January – "New Year, New Contribution". We have capacity for 12 trustees, for a variety of reasons we are currently at 8 so we are looking for more. The criteria are that you have to live in Shropshire, or work in Shropshire or be registered with a GP in Shropshire. There is an application form to fill in. We are looking for experience of or knowledge of healthcare or social care or both. We are currently going through a skills assessment exercise within our existing trustees to see where we have skills gaps. If you have internet access and are interested have a look on our website during December and we welcome applications.

Q: Would you like advocacy to be part of what Healthwatch do or would that increase your workload further?

Carole Hall: It would increase our workload. The trick is to get the funding right for the likely case load and that is an area that Staffordshire and Gloucester have struggled with. My own personal view and this doesn't represent the board view is that there is a very clear linkage between signposting and advocacy. The risk is then who watches the advocacy provider? We can do that at the moment but then is there a conflict of interest if we are the watcher of services and the provider of that service?

Q: Budget cuts. Currently NHS England is penalising rural areas and areas with higher levels of elderly which of course is a double whammy for Shropshire. This means they get less budget, so our Clinical Commissioning Group (CCG), to be fair to them have to make the same cuts with less budget to start with. In December of last year NHS England said that they would look into rural areas. I would plead with the council and Healthwatch as a body to start lobbying NHS England to at least recoup some money back - there is no parity for rural areas. Note: CCG is the Clinical Commissioning Group

Lee Chapman: Briefly in response to the parity issue, it is absolutely more expensive to provide health services in rural areas. NHS Scotland and NHS Wales already recognise this. There is a real disparity in per capita funding when you look at rural areas. As an authority we are fortunate as Councillor Cecilia Motley is actually the Chair of SPARSE, a partnership of local authorities who deliver rural services. She also has a role in the Rural Services Network and she spends quite a lot of her time down in London lobbying government on our behalf. It's not enough I know but we are allied to it. Public Health funding is ludicrous in the way it is decided. It takes no consideration at all of the challenge of delivering services in a rural environment.

Carole Hall: Shropshire council recently released a press release regarding the funding issue and in support of that Healthwatch Shropshire did precisely the same. I had a conversation recently with a colleague in Healthwatch England and they said that NHS England has been able to recognise the additional cost of rurality for health visitors and to understand this cost they said that they were looking at travel costs for travelling salesmen. My informant then went on to say that NHS England had been unable to identify any areas where additional cost might arise in relation to rurality. This is a topic that is really top on our priority list.

Q: One of things about Healthwatch Shropshire that is really positive for us is their understanding that there are issues around being lesbian, gay, bi-sexual, transgender in this society. There has been a lack in today's presentations of acknowledging this. When it comes to young people self-harming, depression and anxiety - one of the biggest issues facing young people is sexuality or gender. Healthcare needs to bear in mind that there are people living in society who are still not fully within society.

Tina Ward: Yes, you are right; relationships, identity and bullying and all of those issues are things that young people do bring to CAMHS. We work with a number of young people who are currently concerned about their sexuality and issues that arise out of that. I think you are right, I do not think services pay specific attention or have specific enough training to equip staff with the skills perhaps necessary. Are there specific training needs that arise and do we ask those questions enough?

Q: Parents of children with disabilities and autism, feel that the practitioners from CAMHS are dismissive of the things they tell them about their children and that they have not been believed. Also, the children themselves have been asked inappropriate questions. And it seems to be that some of the CAMHS practitioners are not showing the empathy that is required by their patients.

Tina Ward: I would not disagree with a lot you say there. We don't always get it right in CAMHS. I see a lot of the complaints that we get. I know that some of the complaints are about attitudes or the kind of language used and communication for specific situations. Families have gone away confused and I think that there is definite learning that comes out of that and we do try to learn from that process, we are trying to get that right. We do currently have an issue with regards to recruitment at the moment in CAMHS. We are going through quite a robust recruitment plan at the moment because we do need to look at having the right staff in place with the right skills but also having the right personal qualities and it is something we are working at, we are looking at getting more of the right skilled workforce in place.

Q: One of the things that came up from last year's event was the gap in provision from children up to 16 and then from 18 onwards. It sounds from what you are saying that this gap has been narrowed or plugged what can you tell us about that?

***Tina Ward*:** In terms of local provision, CAMHS does work with people up to the age of 18. You have to do that on an individual need and on an individual basis.

Q: Clunbury Parish Council. 2/3 of the population in our area are aged over 60, with a lot of people in their 80s and 90s. There are 3 small villages in a very rural area. How will Shropshire Council come up with any policy for looking after our residents and others like it? You cannot rely on neighbours to care for that kind of population in that kind of area. It is a question of morality. People who have fought for our country and paid taxes all their lives should be looked after.

Lee Chapman: There is no doubt of the challenge of delivering services in rural counties. The problem clearly is not going away. The population of Shropshire is ageing. People are living for longer and living healthily for longer and this should be celebrated but we should not kid ourselves that this makes it any easier. My colleague is working on the challenge of providing broadband in rural areas. The council has called the mobile phone providers to count on the issue of provision for rural areas.
We have been lobbying central government and the housing minister directly about the challenges for rural population.

Questioner: What about transport and social care?

Lee Chapman: With regards to social care, I am tasked by colleagues around the overspend in adult social care. My response to that is that we need to make sure that we are looking after people who are in need and people who are vulnerable and if that means that we have to overspend then we have to overspend. And I am quite clear about that. Social Care is not discretionary; we have a duty of care to vulnerable people and people in need.

Where there are opportunities for people to support their neighbours we are going to champion that why wouldn't we? But on the other hand – where there is not the capacity the local authority will make sure that people's needs are met with paid provision.

Q: A question for Jo Banks from SaTH. What about discharge preparation, community support – basically making sure people have somewhere to go?

Jo Banks: We are doing huge amounts of work around this. We recognise from patient feedback that we haven't always got it right in the past. We are working with our community partners to do early assessment, we are looking at ambulatory care (for instance long term conditions that might flare up and patient needs a 24 IV antibiotic treatment), looking to see what types of practitioners can support that. Within our hospitals we are looking to reconfigure some of our wards. Giving patients intensive treatment and discharging earlier to keep them away from the inpatient main bed pool. Feedback has been very positive. We have an issue of demand in the winter. There is more work for us to do. We are working really hard to send patients home at the right time and to the right place. We acknowledge the issue from the local authority point of view and that care placements are not always there and available.

A question for Alison Blofield from SSSFT – do you have similar issues in mental health services?

Alison Blofield: We have difficulties with people who have received acute treatment in hospital but they don't actually require 24 hours nursing care. Identifying the most appropriate place for them to go, sometimes that will be at home with a care package or other services coming in to support or for them to go

into a residential nursing home that is a problem that gets worse. We communicate daily with Shropshire Local Authority to try to discharge promptly.

Questioner: What if someone doesn't have a home or family to whom they can be discharged?

Alison Blofield: When people are admitted part of their holistic assessment is their home environment. You can quite quickly identify if something is likely to breakdown. In this instance we would look at appropriate housing. We are very well supported by our housing association in doing drop in clinics within the Redwoods in order to help people. Form filling can be a real barrier, particularly for people with mental health issues.

Lee Chapman**:** It is a complex issue around the discharge of people from hospital. At a recent joint health overview scrutiny committee, conducted by councillors from Shropshire and Telford & Wrekin, it was pointed out that over 50% of delayed transfers of care are actually caused by health elements within the system and not social care elements within the system. The social care elements may not only concern the councils of Shropshire and Telford & Wrekin, they may also include our colleagues from Wales. It is important that I stress that healthcare is still free at point of delivery and social care is means tested. That process of establishing support is subject to a means assessment so that there are a number of different steps that have to take place. We think people do better when people are at home; we are supportive of discharge to assess. However, the costs of that going forward may be more than a residential placement, so there is a definite tension there. However, despite the cost we need to concentrate on the best outcome oforthat individual person.

Q: Do you know about the plans in Telford to remove the social work team from the hospital and move it back into the community team so putting responsibility for hospital discharge back into the community team?

Lee Chapman: I have to say from Shropshire Council's point of view I have no direct knowledge of that and it is not part of our plan or our process.

Jo Banks: I think it would be unfair of me to speak on behalf of the provider on a decision that they have made. I think it is a question that should go to the commissioners of Telford & Wrekin and local council who are not here.

Q: We have recently visited the Women and Children Centre at Princess Royal Hospital. We were told that mental health services to support post-natal women and the young people on the children's ward was only available from Mon - Friday lunch time. How confident are you that you are picking up the people with mental health needs?

Jo Banks: We have absolute access to CAMHS. If we require a CAMHS assessment for a child that is admitted onto the ward we have to phone them within a certain time of day. If we phone them within that time we get a response that day. They

are not a 24 hour OOH service. Unless it requires a psychiatrist, I have to be clear we always have access to a psychiatrist. We have a done a piece of work with the community trust that is mirroring the work of RAID, and we now have a CAMHS worker who is working with our wards now.

Tina Ward: In terms of clinical need we always try to get out on the same day.

Alison Blofield: If it was a lady on the ward that has a potential psychosis or is severely depressed the threshold would be different because of the risks involved with someone in postpartum period and she would be responded to within 4 hours by our crisis team and if that led onto a psychiatry assessment then that would happen.

Comments Given by the Audience during the Question & Answer Session:

- Can I comment that what I am hearing that there are good people trying to provide a good service but there are not enough of them so the need is backing up. This inevitably comes back to the need for more staff and more money.

- There has been a lot of talk about listening to the carers, listening to the care assistants but not actually mentioning listening to the people themselves.

- People with autism fall between the gaps time and again. There are more adults with autism than there are children. There are possibly 2% of the population who have autism and Asperger's. Interestingly only 1 speaker has mentioned autism and ADHD. We run a self-help group and receive no support and I feel that the groups run by us are taking the place of some statutory support.

- Healthwatch fund research projects which are then published and get shown to the people who need the research. This is a fantastic resource and the result will be a huge body of research. The most important aspect of these funded projects is that it is difficult to improve something if you don't know where the leak in the pipe is. The other thing is public education and raising awareness. That's the most important thing.

- Within A & E there is an issue of bed blocking and yet the Community Trust is closing community hospitals. They are the places where people could go.

- There is an opportunity within libraries to become dementia-friendly and to provide a facility, with minimal cost for people with dementia and other mental health problems. The Mental Health Trust needs to be speaking to them about this. It's time that parish and town councils step forward and provide some of the services currently provided by Shropshire Council.

Research Grant Holders

This year we invited our research grant holders to showcase their projects. Five organisations were able to join us. Below is a brief outline of their projects.

Citizens Advice Shropshire (CAS)

CAS delivers a quality-assured, free of charge, countywide information and advice service. This includes areas such as welfare benefits, employment and housing.
Their research is looking at how the Care Act 2014 has changed the experience of people in Shropshire who access adult social care. Has the experience been positive or negative? What are the changes that have resonated most with clients and have these changes improved their quality of life? They also seek to identify what changes have had the biggest impact and to ascertain from clients if they would like to see alternative provisions.

Safe Ageing No Discrimination (SAND)

SAND was formed to raise community awareness and help local authorities, care providers and carers to address the fears and discrimination that may be experienced by older Lesbian, Gay, Bisexual and Transsexual (LGBT) people. The aim is to overcome discrimination in care, protecting those who are vulnerable and encouraging openness about specific LGBT needs.
Their research is exploring the reality: How do the various health and social care agencies provide services appropriate to individuals who are transgender, transsexual, cross dressers, intersex or gender fluid? Is there a lack of awareness, a need for training or a change in policy?

Autonomy

They provide a social support network for people with diagnosed and undiagnosed Asperger’s syndrome and high ability autism.
Their research looked at whether people with Asperger’s syndrome and high ability autism suffer from health and social care inequalities. If so, why does this happen and how can they be supported to gain better access to health and social care support.

Community Education in Death Awareness and Resources (CEDAR)

CEDAR is a not-for-profit educational organisation run by experts in the field of death studies. They are dedicated to teaching people in all walks of life how to understand, accept and respond to death appropriately.
Their project is investigating whether people are afraid to talk about death and ask further questions such as: is it appropriate to teach young people about death? Can young people talk about death appropriately? Is the subject of death a taboo and difficult to talk about among their peer group? Does teaching about death get positive or negative feedback from the participants? What do people think and understand about the concept of death? Will learning about death encourage people to communicate their own experiences with others? Their research will also focus on how, if at all, death education is delivered in schools or if there is a need for further development in this area.

Shropshire Parent and Carer Council (PACC)

The PACC supports parent carers of a child with any disability or additional need, bringing parent carers together for mutual support and sharing of views.
Their research is exploring the experiences of parents and carers of disabled children in their role as multiple service users. In particular, the research will explore parental perceptions of how integrated the multiple agency services that this group access are, the barriers parent-carers face when dealing with multiple agency services and if there is any specific impact of being multiple service users on the health and emotional wellbeing of the family.

Healthwatch Shropshire is currently developing its forward work plan for 2016/17 and discussions at this event will be used to prioritise its activities and engagement plan.

Acknowledgements
We would like to thank our volunteers who collected and recorded people's questions, as well as those who helped us set up the event. We are grateful to the speakers for helping deliver this opportunity to the public, as well as to Jim Hawkins for his skilful hosting and facilitation of the question and answer session. We would like to thank members of the audience who asked questions and raised concerns which added to the lively discussion.

Get in Touch!

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