



‘It’s all about perspective!’

An in depth look at mental health services available in Luton and understanding the experiences of those who used mental health services within Luton



Acknowledgements

Healthwatch Luton would like to thank all of the residents of Luton who were open and shared their mental health experiences with us during this project. Without people sharing their experiences with us, Healthwatch Luton would not be able to provide recommendations and changes to commissioners and service providers to improve service delivery.

Healthwatch Luton would like to thank the service providers in Luton, for working in partnership and supporting our project focus, and allowing us to understand the mental health provision in Luton. The training provided and working relationships gained with partner organisations have been invaluable.

Healthwatch Luton have met some considerably amazing people in the course of this project and their resilience should be praised.



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What is Healthwatch Luton?

Healthwatch Luton is the independent consumer champion for health and social care within Luton.

There is a local Healthwatch within every local authority area, independent of the local authority. All Healthwatch are set up independently and can be in a variety of ways such as a charity or Community Interest Company. Healthwatch Luton is a Community Interest Company.

Healthwatch Luton is part of a network of local Healthwatch. Healthwatch England is an overarching organisation offering support to the network of local Healthwatch organisations across the country and who sit as a committee of the CQC.¹ Healthwatch Luton gathers feedback from the public of Luton and shares this with the commissioners and providers of our local health and social care services to ensure the views of the community are represented. The feedback we gather influences decisions and enables people to access advice and information about their local services.



Healthwatch Luton staff June 2019

Healthwatch Luton are part of the BLMK (Bedfordshire, Luton and Milton Keynes) ICS (Integrated Care System)². BLMK covers all of Bedfordshire, Luton and Milton Keynes. The ICS includes the local Clinical Commissioning Groups (CCGs), NHS organisations and local organisations who will be able to share resources and provide a more joined up approach to care and treatment.³

¹ <https://www.healthwatch.co.uk/node/1102>

² <https://www.england.nhs.uk/integratedcare/integrated-care-systems/>

³ <https://www.blmkpartnership.co.uk/>



Healthwatch Luton workplan

Why was Mental Health in Healthwatch Luton's workplan for 2019 -2020?

There has been much focus on mental health in the NHS and Health and Social Care environment and there are lots of plans in place to support individuals with a mental health condition.

Healthwatch Luton wanted to review whether people feel these investments and plans were making a difference to their condition and how they were experiencing their care. CQC (Care Quality Commission) findings suggested that there had not been much patient feedback gathered or patient involvement in care plans in all cases.

The focus was on the perceptions of individuals and whether they felt the care they were receiving was working for them.

Healthwatch Luton wanted to know about the experiences of those who were using mental health services within Luton and to know and understand what services were available in Luton

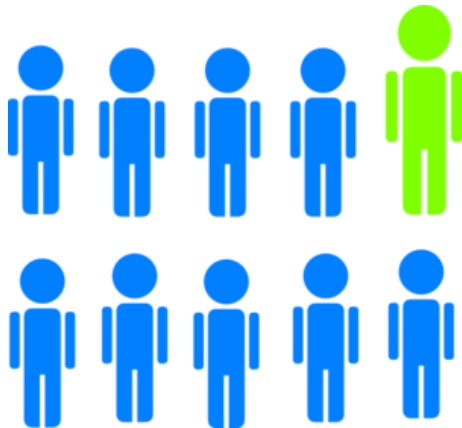




Introduction

The Five Year Forward View for Mental Health (NHS 2016) states that one in four adults experience at least one diagnosable mental health condition in their lives.

One in five older people living in the community and around 40% of those living in a care home are affected by depression. Nine out of ten people suffering with mental health problems are supported in primary care. The number of people being detained under the Mental Health Act has been increasing.



The Five Year Forward View would focus on increasing access to psychological therapies to enable at least 25% of people (1.5million people nationally) who are diagnosed with common mental health

conditions to access treatment. This would be achieved by increasing the workforce (reducing turnover and improving retention) and improving financial status (investment and savings). Adult community mental health services would provide ‘timely access to evidence-based, person-centred care’, whilst integrating primary and social care.⁴

The NHS Mental Health Implementation Plan focused on ensuring there were fewer mental health inequalities including in areas such as rough sleepers, digitally enabled mental health care, perinatal mental health and aligning mental health with other NHS LTP areas.⁵

According to The Mental Health Foundation around one in six of the general population experience a common mental health condition weekly, and nearly half (43.4%) of the population believed they had a diagnosable mental health condition at some point in their lives, with 19.5% of men and 33.7% of women getting a diagnosis at some point in their lives. A survey carried out in 2014 showed the most common diagnosis’ being generalised anxiety disorder (GAD), phobias, obsessive compulsive disorder

⁴ <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

⁵ NHS Mental Health Implementation Plan 2019/20 – 2023/24



(OCD), depression, panic disorders and personality disorders.⁶

Interestingly, MIND also claim that in any given week one in six people would experience a common mental health condition, however, MIND also state that one in four people will experience a mental health problem each year.⁷ NHS England data showed that of those aged 65 years and over, more than six in ten had experienced anxiety and depression.⁸



Nice guidelines reporting of mental health services stated mental health illness is considered the largest cause of disability in the UK.⁹

A survey carried out by the CQC (Care Quality Commission) in 2019, found that just under half of those under the care of community mental health teams felt they were supported in other aspects of their lives, such as physical health needs, and 46% stated they did not receive any support in benefits or financial advice. Only 42% of those who needed mental health care felt they had received sufficient support and treatment to meet their mental health needs. Of those who were asked, 77% of people felt they were not asked for feedback about their care meaning they were not able to have their say on their experiences.¹⁰

A survey carried out by Ipsos Mori and Kings College London found only one in five people felt that mental health was treated as importantly as physical health by the health system, even though around 80% of people believe mental health and physical health to be of equal importance.¹¹

⁶ <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-uk-and-worldwide>

⁷ <https://www.mind.org.uk/information-support/types-of-mental-health-problems/statistics-and-facts-about-mental-health/how-common-are-mental-health-problems/>

⁸ www.england.nhs.uk

⁹ NICE guidance and current practice report May 2017 : Mental Health

¹⁰ <https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2019>

¹¹ <https://www.ipsos.com/ipsos-mori/en-uk/four-five-say-mental-health-important-physical-health-just-one-five-think-nhs-treats-it-way>



In another CQC report where over 4400 patients were involved, there was evidence that in 11% of the care plans reviewed of inpatients, there was no patient involvement. The same report found, that in a ten-month period there were at least seven deaths of people who required admission, but there was not a bed available for them.¹² In addition to this, a report which looked at carers and patients view of safety reported that there were concerns for their safety whilst in the care of mental health services.¹³



¹² Monitoring the Mental Health Act 2018/2019

¹³ 'A qualitative exploration of mental health service user and carer perspectives on safety issues in UK mental health services' Berzins, Baker, Louch and Albutt (2020)



In Luton

Of the 214,680 (approximate) people in Luton¹⁴, there is estimated to be between 22,872 and 23,971 people who have some sort of mental health condition, as well as around 10,000 with two or more psychiatric disorders (PANSI data, JSNA).¹⁵

This correlates with the national data of around one in six people having a mental health condition. Diagnosis for common mental health conditions is more common for women (19.7%) compared to males (12.5%) (Luton Borough Council, JSNA). One in five women and one in eight men have a common mental health disorder (LBC, JSNA).

Data provided by NHS Digital has shown a decrease over the last year for the first time since 2015 of the number of people subject to a Community Treatment Order (CTO) under the care of East London Foundation Trust (ELFT). The same data

showed a steady increase in the number of people detained under the Mental Health Act and staying in hospital.¹⁶ During 2018 -2019, within the BLMK STP, there were 730 detentions under the Mental Health Act, 1983.

The NHS Long Term Plan (NHS LTP) has a focus on mental health and locally within BLMK ICS there is a focus on this area. Healthwatch Luton have been involved with forums for mental health and gathered feedback surrounding individuals' journeys and experiences in this area. The purpose being to join up mental health services with the rest of the health care system, as well as delivering the mental health aspects of the LTP and Five Year Forward Plan. Organisations within the ICS will be working in partnership to ensure there is a better mental health system for the local population.

There are initiatives in place to ensure the wellbeing of individuals who have a diagnosed mental health condition. One of these is the Annual Health Check. This is

¹⁴

https://www.localhealth.org.uk/#c=report&chapter=c01&report=r01&selgeo1=lalt_2013.E06000032&selgeo2=eng.E92000001

¹⁵ Projecting Adult Needs and Services Information System – Mental Health Needs Assessment – Luton Borough Council

¹⁶ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2018-19-annual-figures>



carried out by primary care services (within a GP practice) and covers several elements including BMI, blood pressure, cholesterol, blood glucose, diet and a medication review. Currently this is something Luton Clinical Commissioning Group (LCCG) are working on promoting and gathering data on.

Healthwatch Luton tried to review what local organisations had in place for their workforce and mental wellbeing. Whilst this proved trickier, Healthwatch Luton found out The Royal Mail have a Mental Health Ambassador based in the local office in Luton, who supports the local workforce.

Healthwatch Luton were asked to report to Healthwatch England (HWE) on vulnerable adults in the community who had a diagnosed mental health condition, in particular, a personality disorder. This was due to the increase in people with a personality disorder who approached Healthwatch Luton directly and felt unsupported. Healthwatch Luton escalated this within the local systems, but ultimately found a trend in people with a personality disorder in Luton not feeling supported.



Healthwatch Luton data

During 2016 - 2018, Healthwatch Luton had a marked increase in feedback received about mental health services in Luton, which included feedback from current inpatients, those under the care of the community teams, and those who were carers of individuals with mental health concerns.

This equated to almost 7% (regarding East London Foundation Trust - ELFT) of the overall feedback received by Healthwatch Luton. Healthwatch Luton had been contacted by one individual with a personality disorder and during the period of the project spoke to a further four people with a personality disorder who felt unsupported. We reviewed this feedback and the themed experiences – and we worked on individual cases with ELFT and other providers to support these individuals.

During 2018 there was an increase in feedback from current inpatients on the Luton wards and those who were relatives and carers of those currently inpatients on the wards.

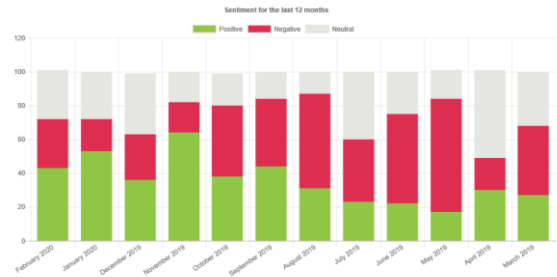
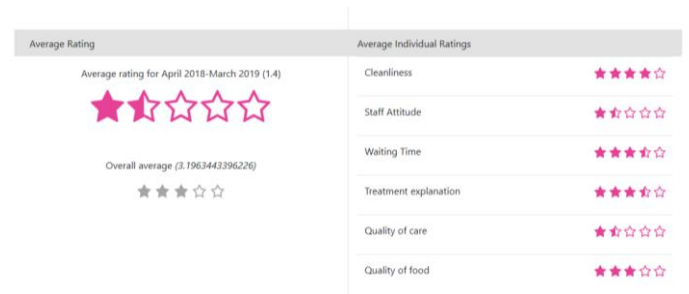


Chart 1: Sentiment shown from March 2018 to March 2019



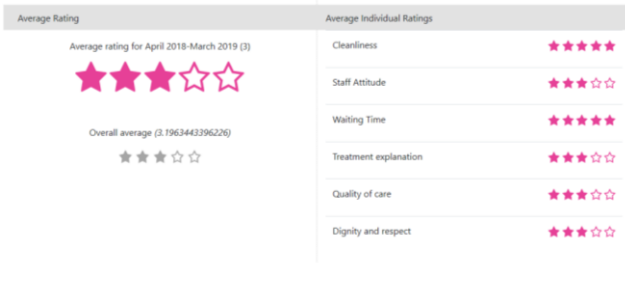
Picture 1: Showing Crystal Ward from April 2018 to March 2019



Picture 2: Showing Onyx Ward from April 2018 to March 2019



Picture 3: Showing Poplars Ward from April 2018 to March 2019



Picture 4: Showing Crisis Resolution and Home Treatment Team (CRHT) from April 2018 to March 2019

Healthwatch Luton also gathered information on other voluntary and statutory organisations who provided mental health support in Luton. MIND BLMK is an organisation that Healthwatch Luton had previously gathered feedback from and worked with through our targeted engagement.



Picture 5: Showing MIND BLMK from April 2018 to March 2019

Healthwatch Luton wanted to fully understand the mental health picture in Luton and understand the care that those with mental health needs were experiencing.

Healthwatch Luton decided to carry out a number of different activities to gather a full picture of the services and to ensure all voices were heard, including

professionals, in this project. During this project, Healthwatch Luton spoke with almost 250 people through a series of different means, including independent feedback, forums, surveys and Enter and Views. Nearly all had a mental health condition or were carers or family of someone with a mental health condition and were supported by ELFT, or they worked for ELFT or a mental health provider.



Key findings

The report has shown there is some great work happening within Luton and the mental health system.

There are some overarching themes that Healthwatch Luton would like to highlight for the health and care system to review.

Staff resilience

Undeniably, working within mental health services can be a hard job. It takes a lot of support from teams to be able to carry out the job well and to support the service users. The teams within ELFT showed a great sense of morale and team spirit. Together, the teams were supportive to one another, ensuring the safety of the staff and patients. Staff showed they were able to support each other and displayed an incredible amount of resilience.

Communications

Generally, patients found knowing who to contact proved to be an issue at times. If they were new to needing mental health services, they were not aware of the services that were available to them. Patients were not sure how to contact the right teams or organisations at the right time for them.

Patients were not sure who could refer them into the system and how they would go about contacting the correct person to refer them. Patients were uncertain if they could self-refer into an organisation, and how they would go about doing that.

Patients were not aware of the regional initiatives, such as the 111 service and how to access mental health triage. The 111 service has now provided an option to access a mental health professional at certain times of the day. This mental health professional is able to triage the individual and see what is available to them at that point in time. The lack of awareness of this service suggested it had not been promoted.

When patients were open to a service, not all were sure of their care plan, and who was in charge of their care. Equally, when people were discharged from a service, they were not certain of their discharge plan and who to go to support them. If patients were discharged to primary care, the communication to that GP surgery or similar was not clear, and the patients had been known to struggle to access their medications or appointments.

Personality Disorders

When a patient is diagnosed with a personality disorder, the treatment and care they need can be quite complex. It



has been shared by mental health professionals, that when a person with a diagnosed personality disorder is in crisis, they only benefit from acute inpatient services for a short amount of time, before the admission becomes detrimental to their ongoing mental health needs. In Luton, it would seem that those in crisis or who are symptomatic tend to remain in the care of the community mental health teams. Healthwatch Luton have seen some patients who were symptomatic reach out and engage with services that were not necessarily mental health specific.

In Luton there is not a specific personality disorder team or programme of care. In other areas that have their mental health provided by ELFT there is a dedicated Complex Needs Service. This service focusses on the needs of those who have more than one diagnosis, or who have a lot of challenging behaviours associated with their diagnosis, such as personality disorders. In Luton the offering is to have psychological interventions provided by the CMHTs, with the support of the psychologist. There is only one psychologist and one psychiatrist per CMHT. There is a programme of work that can be carried out called dialectical behavioural therapy (DBT), but the individuals have to be willing to do this,

and in Luton there is a wait to access this intervention.

It is felt by professionals that those with personality disorders can be a difficult cohort to treat, despite engaging with other services in Luton. In the experience of Healthwatch Luton, some individuals who have been under the care of ELFT seem to have been unsupported in the community.

Aftercare

After leaving the acute settings, a lot of patients felt they were not supported in their discharge. Some patients who were discharged into the care of their GP from an acute ward, then struggled to access their GP. Some who were discharged into the care of their GPs from the CMHT felt they needed more support than what they were offered from the GP. Some patients accessed the Wellbeing Service, and when that programme of 6 to 12 weeks ended they felt they needed more therapeutic support, but they were offered medication and discharged back to the care of their GP.

Integrated approach

There were some patients who were accessing a variety of services to support



them with different aspects of their life. This may have been through a third sector organisation, or through statutory organisations. At times, patients were not sure who their first point of contact was and who they ought to seek advice or support from first. Equally, there could be a lot of services spending a lot of time to support the same individual with the same concerns. There needs to be a holistic approach to individuals, where organisations are not working in silos and are sharing resources where appropriate to ensure individuals are supported fully.

Perceptions

The perceptions of the individuals are something that needs to be addressed. Even though providers are looking at aspects of an individual's care, or are providing certain treatment, if the individual does not perceive that to be the case, they will be unhappy with the treatment they are getting. This has strong links with communications and discharge. This is something that ELFT are now working on within the acute wards.

Admission to the wards: Expectations

Individuals often felt that when they reached the point of being admitted to the inpatient wards they were at their lowest

point and in need of support. They felt that they would get that from being admitted to the ward. They had expectations that they would receive the coping mechanisms and psychological interventions they felt they needed, to be able to live well and independently in the community. Unfortunately, this was not the case. The expectations were not always met, and the inpatients felt as though they were not being supported on the wards.

Access to CMHTs

Sometimes, patients felt that they needed more support than what was provided by the CMHTs. Some patients felt that they needed to be able to see their Care Co-ordinator more regularly than what they did. They felt that although they were able to have appointments to meet with the CMHT, there was an inability to be able to make contact with the CMHT, and even the Duty Team to get support when in crisis or in need.

Safeguarding alerts

Healthwatch have raised several safeguarding alerts over the past year about service users within ELFT. These have been both in the community and for inpatients on the acute wards. These have



been for a variety of reasons, including neglect and welfare concerns. Only two of these have been taken to a Section 42 enquiry, both were due to further concerns raised other than Healthwatch Luton's. There were two which were just below the threshold, and on discussing these with LCCG and MASH teams, we found that they ought to have been taken further. It would appear that the safeguarding alerts which are not taken to a Section 42 Enquiry, have an action plans put in place, which supports the individual going forward in their treatment and care. Healthwatch would recommend this process is reviewed, as the action plans we have seen have not been more than one-line sentences to inform the provider on how to reassess their care. Healthwatch Luton have broached this with LBC Safeguarding and with LCCG Safeguarding.

this, it would be recommended to share more best practices.

Autonomy on the wards

The inpatient wards have some really great initiatives and good practice, such as particular ways of doing the notice boards. It would be good, that despite the wards being encouraged to be autonomous, they shared these good practices, and encouraged other wards to take on these practices. The ward managers do meet and apparently share information. Despite



What has Luton been doing for mental health?

Healthwatch Luton were not able to review and work with all the service providers and organisations within mental health in Luton. However, those who were able to are included below.

Healthwatch Luton began this project by understanding what was on offer within Luton for those who were in need of mental health services. This included understanding some of the Boards that were already taking place in Luton for providers and organisations who were supporting those with their mental health needs. There appeared to be a lot of different provider meetings where professionals were able to share their organisations activities, however, Healthwatch Luton found there were several meetings that covered similar topics, had similar aims, or that had a similar presence from organisations. Some of the Boards that Healthwatch Luton have attended were The Recovery Board Partnership, Time to Change, Mental Health Crisis Concordat and Job Centre Mental Health Forum. Other meetings included regular

attendance at ELFT stakeholder meetings and Reimagining Mental Health.

Meetings:

Recovery Partnership Board was a Board that was run within Luton. This board was attended by a lot of local mental health organisations and third sector groups. The purpose of the Board was to discuss events that were happening, support what was available and to share information about organisations within Luton. This, being chaired by ELFT at the time.

A lot of the attendees to the Recovery Partnership Board attended meetings called 'Time To Change'. **Time to Change** was a national initiative that was led by charities, such as MIND, who focus on events to encourage people to speak about mental health and break the stigma for this. Locally, this was something that was run by ELFT and Public Health Luton and encompassed events such as Time to Talk and Mental Health Awareness events. This meeting was currently looking for a new chair at the time. This had been a very successful group which had been able to bring together the voluntary and statutory organisations over the years, to exchange activities and ideas and work together.

Healthwatch Luton had taken part in several activities and worked collaboratively as a result of this group,



including World Mental Health Day and the 12 Days of Wellness.



World Mental Health Day activity in Luton Town Centre

The **Mental Health Crisis Concordat** was created to be a strategic driver to feed to a delivery group, to understand the needs and to implement the delivery of crisis services within the county of Bedfordshire. It set out how organisations and partner agencies could support those who were in a mental health crisis. Since its creation, most of the initial aims (access to support before crisis, urgent access to crisis care, quality of care and treatment when in crisis, and recovery and staying well) had been met, and this meeting was being reassessed to make sure it was being used to its full potential, and to create new aims if it was agreed. This is something that was led by Bedfordshire Police. The Mental Health Crisis Concordat did not seem to be the forum for the voice of the public. Whilst it was useful to be included and Healthwatch were able to bring some key

learning from feedback and intelligence gathered. It would seem it was lacking more colleagues from health and social care. Those who were invited to attend were from a variety of backgrounds and were from across the county. At the last meeting it was felt that the concordat had completed most of its prior objectives and was going to have discussions about the direction it would go into next. Healthwatch Luton will continue to be involved in this group, taking forward the local perspective from Luton.

ELFT held an **Annual Plan Consultation** in February 2019. This included some analysis which suggested there was a need for ELFT to communicate better. It was suggested there was a need to be more innovative in the distribution of ELFT information, and challenge things such as the stigma of mental illness and address social isolation, loneliness and the issues surrounding benefits system issues. There was a suggestion of investing in something such as a crisis café or a safe house. It was felt there was a good range of activities on the inpatient wards and that the service was being open and transparent in its targets. This was contrary to the feedback gathered during other engagement within this project (see Enter and View page 47) where patients mentioned they felt there was not very much to do on the acute wards. The focus on the Recovery College



within Luton and the work expanding this was positive. It was noted that this should be included in all care plans for all patients. It was pointed out there were some service users who had a long wait, which needed to be reduced.

Since this consultation meeting, there had been a crisis café introduced into Luton, that was being held three evenings a week in the town centre (see MIND for further information – page 24). The stakeholder meetings were a useful place to be able to share the voice and experience of the public, as well as gather further information to share from Healthwatch Luton.

The **Job Centre Mental Health Forum** was a meeting that was run by Job Centre Plus in Luton. The purpose was to discuss the mental health agenda of the Department of Work and Pensions within the local area (Hertfordshire and Bedfordshire) and to share what was happening in partner organisations. This meeting was attended by a handful of organisations. It was not an opportunity to discuss cases.

This meeting appeared more of a forum for the Job Centre to share what they were doing with other organisations. Whilst it was attended by some other local organisations, it was felt that the attendees to this meeting were also attending other meetings in the town that were discussing similar or the same topics.

Healthwatch Luton did not learn anything from this meeting that was not available in other places.

Services:

Healthwatch Luton looked at all the services that were known or Healthwatch Luton had previously interacted with. There was an amplitude of support for individuals with mental health needs in Luton, which raised more interest with Healthwatch Luton as to why people were making contact and stating they felt unsupported. In Luton mental health care was commissioned by **Luton Clinical Commissioning Group** (LCCG). At the time, the IAPT (Improving Access to Psychological Therapies) service was provided by **Luton Integrated Total Wellbeing Service**. Total Wellbeing (TW) was a collaborative contract held by Active Luton and Turning Point. TW used a holistic approach to the individual. Whilst it looked at the mental health of the individual, things such as weight management, smoking cessation and other services were also offered. Individuals could self-refer, or could be referred by a professional, such as a GP or health care provider. Social Prescription was also delivered by TW. For mental health patients, a focus was on ‘talking therapies’. Talking therapies focussed on what negative thoughts a person had and helped make positive changes. This



included Cognitive Behavioural Therapies (CBT). Most of the services were provided within Active Luton buildings. This was a five-year contract (2018 – 2023).

East London Foundation Trust (ELFT) were commissioned to provide the Community Mental Health Teams (CMHT), Psychiatric Liaison Service (PLS), Crisis Resolution and Home Treatment (CRHT) and inpatient services within Luton and Dunstable Hospital Trust (LDH). There were four CMHT who covered different geographical areas within Luton, and a fifth that was for Older Persons. It was understood the four CMHTs did not align entirely with the five Primary Care Networks (PCN). Each had an assigned psychiatrist, care co-ordinators, social workers and support staff. The CMHT held between 200 and 600 cases, depending on the area. CMHT ran on a Monday to Friday service. Service Users had been contacting Healthwatch Luton during these times, unable to make contact with their care co-ordinator.

There were five **inpatients wards** within Luton. There were four based at the hospital: Crystal, Coral, Onyx and Jade. Two of these were female wards (Crystal and Onyx), and two were male, with one (Jade) being a Psychiatric Intensive Care Unit (PICU). It should be noted that during the time of this project, the Onyx ward was changed from a female ward to a

male ward. The fifth Luton ward was not on site at LDH, but further afield on a site with Bedfordshire wards in Houghton Regis. This ward (Poplars) was for the Older Persons. The Older Persons Community Mental Health Team (OPCMHT) is also based here.

The Psychiatric Liaison Service (PLS) was based within the Emergency department at Luton and Dunstable University Hospital (LDH). When a patient was identified as needing a psychiatric assessment within the hospital wards or in A&E, a member of this team would carry out the assessment. The assessments could take between two and three hours. The PLS team saw around 500 referrals per month. The PLS team was a 24/7 service. PLS would discharge patients to a CMHT, CHRT or back to their GP or primary care provider.

The **Crisis Resolution Home Treatment Team (CRHT)** were a team who had a caseload covering all of Bedfordshire. Whilst they were not within a ward environment, they worked on a similar shift pattern to the nurses within the hospital, covering 24/7. Patients who were on this team's caseload, were not suitable to be allocated a CMHT, but also did not fit the criteria to be in a secure ward. These patients were usually seen daily or every other day. They may have been medicated, which was provided by



the team. The focus was often on the 'crisis' part of the team name, when in actual fact this was not what this team did. This team also is the base for the AMPHs (**Approved Mental Health Professional**) within Luton and Bedfordshire. There was one allocated 'on-call' doctor, and several AMPHs.

ELFT had a dedicated team for those individuals who had a learning disability due to holding the contract for **Learning Disabilities Services** within Luton. Their definition of a person with a learning disability (LD) was *a person who had an IQ below 70, was unable to manage life as well as other people (socially, financially, independently) and who had a prior diagnosis (from childhood/adolescence)*. This team was based in Clapham, Bedford. The LD team had a separate inpatient unit based in Bedford, although they tried to make reasonable adaptations to mainstream/general population mental health wards for individuals. Again, it should be of note that this unit was in a state of disuse, and the future of the site was under discussion. Also, at this site in Clapham was the **Adult Autism Assessment Service**. This was a team that was commissioned separately but fits within this remit and area. Referrals to this team came from all over the county and from a variety of providers and individuals.

The Luton Memory Assessment Unit (MAS) was based within LDH. This was a service that individuals were referred to if there was believed to be a concern surrounding things such as dementia, Alzheimer's or other memory conditions. This was referred into by medical professionals. If an individual was already within the hospital as an inpatient on a general medical ward, this assessment could be carried out by PLS. LDH also housed the only 136 Suite in the county. The **136 Suite** was the place that individuals were taken to, as a place of safety, whilst awaiting assessment. This could be someone who was picked up by Police or another professional and was not assessed via A&E attendance.

ELFT were responsible for the **Street Triage** service. This was a service that ran from 3pm – 1am every day. The scheme involved a paramedic, a police officer and a mental health professional who responded together when a person had an immediate threat to life, for example if someone threatened to take their own life, self-harm, or there was concern from a third party, such as the police or ambulance. This was a service that appeared to be working well and was gratefully received.

Ashanti Community Support Team worked with adults from African and Caribbean backgrounds who struggled to



engage with mental health services. Similarly, the **Roshni Community Support Team** worked with adults from South Asian backgrounds.

There is a county wide project called **SIM**, which was aimed at people who had personality disorders. There were six individuals across the county who were on the project. The individuals were put onto the project based on meeting national criteria. They would work intensively with a Police Officer and a Registered Mental Health Nurse, who they would see daily. There would be some elements of DBT (Dialectical Behavioural Therapy) which was a treatment for conditions such as EUPD (Emotional Unstable Personality Disorder).

ELFT were involved with **Community Eating Disorder Services (CEDS)**, whose clients were still primarily under the care of their GP. ELFT provided a psychologically led intervention for these people, who assessed and supported them. ELFT also provided the **Assertive Outreach Team (AOT)** in Luton which was a service provided for those adults with severe mental health problems and did not engage with services in a standard way. This client group was at high risk of exploitation, self-neglect and aggression. ELFT provided an employment service to individuals who were open to their services and wanting to get back to

employment. The **Individual Placement Service (IPS)** would only support a person until they were discharged from ELFT services.

ELFT had a People Participation Lead for Luton, who ran the **People Participation**. This was something that was to involve past and current patients, carers and relatives, who had used the mental health services provided by ELFT. The purpose of this group was to ensure the voice of the service users was heard, to support them and to ensure they had an input in the mental health services provided in the future. Unfortunately, Healthwatch Luton struggled to meet with and include the People Participation Lead within this project. There was evidence on the inpatient wards and at external meetings, such as Reimagining Mental Health (see page 23) that the work they carried out was patient and carer led. It would have been good to have been able to include them within this project.

ELFT were commissioned to provide a service called **The Recovery College** within the whole of the county, and specifically in Luton. The courses were open to any adults who were living or working within the area of Luton, with or without a mental health condition. The courses were aimed at mental health, wellbeing and recovery. The courses were mostly run by ELFT professionals, those with lived



experience or professionals within partner organisations of ELFT. Healthwatch Luton had been asked to run one of The Recovery College courses with colleagues at POhWER to share with individuals their rights and how to access services. See page 25 for further information about POhWER



Twelve Days of Wellness in Luton Town Centre

The **Community Perinatal Mental Health Service** was a county wide service that was run by ELFT. This service focused on supporting those with mental health concerns who were planning a pregnancy, were pregnant or were within one-year post-partum. Appointments could be provided for women to combine obstetrics and psychiatry at one appointment at their local hospital. This was a county wide service.

Within GP networks there had been **Primary Care Link Workers** for around three years. The Primary Care Link Workers worked with individuals who did not meet the criteria to be involved with

the Community Mental Health Teams (CMHT) or the Crisis Resolution Home Treatment Team (CRHT) but did require regular support. They were able to support and make recommendations to the individuals who were on their case load. These were not specifically mental health nurses but were a Band 7 practitioner or above. They carried out extra training and courses to be able to fulfil the roles. They could assess and advise on treatments. In Luton there were five of these in post at the time. All bar one was a mental health nurse, the last was a mental health social worker.

Healthwatch Luton were members of the **Reimagining Mental Health (RIMH)** Design Group and Collaborative Group. The purpose of RIMH was to put a plan in place to make changes to accessing mental health within Luton, funded by Big Lottery money. The focus of the project was on mental health access at the point of crisis. The project manager for this was Mary Bennis, LCCG. Healthwatch Luton sat on the Collaborative and Design groups, ensuring there was input from the voice of the public at all levels. It was noted that ELFT Public Participation featured highly at the collaborative meetings. Service users and carers spoke forcibly about how beneficial it would have been for them had they known about this during their experiences.



The **NHS 111 service** had mental health professionals who were able to support in a similar manner to general health. A question was asked of individuals surrounding mental health support, which lead to the most appropriate triaging. This is something that Luton was part of a pilot for, and it was not well publicised. Healthwatch Luton had signposted people to this and made people aware of it.

Mind BLMK was a charity whose purpose was to support better mental health across the borough by offering a range of activities and groups. At the time, individuals accessed these groups, and remained in them for some time. Healthwatch Luton had gathered feedback at some of these groups in the past through targeted engagement. A Healthwatch Luton Provider Feedback Report was generated in February 2017. In this report 23 individuals gave feedback on the Mind BLMK service and it was almost all positive. This report can be found on our website.¹⁷

The **Crisis Café** was opened within Luton in February 2020. This service was run collaboratively between ELFT and MIND BLMK. This service was open three days a

week as a drop in, from 5pm until 11pm, and required no referral to attend.

Resolutions were a drug and alcohol service within Luton. They offered support to addicts in Luton, some of who would be suffering with ill mental health. Healthwatch Luton worked with Resolutions on various boards such as the Service User Focus Group for the Adult Safeguarding Board. Healthwatch Luton have begun to carry out some targeted engagement with Resolutions since making contact for this project.

Stepping Stones (Signposts), which was a domestic abuse charity, provided emotional support to females who were over 18 years old and who were victims of domestic abuse or vulnerable due to substance misuse. They provided courses including Trauma, Freedom, and anger management to females to give them skills and hope. They had a referral system via statutory and non-statutory organisations, and Healthwatch Luton were able to refer in to them. **Luton All Women's Centre** provided similar services to women within Luton. Luton All Women's Centre was created to provide a service for women, by women. Over the years, this offer had increased greatly and

¹⁷ <https://www.healthwatchluton.co.uk/wp-content/uploads/2019/07/MIND-BLMK-2017.pdf>



served the local area of Luton, as well as the wider community into the rest of the county. Luton All Women's Centre aimed to provide information, advice and guidance in the most appropriate manner to the diverse communities within Luton. This included carrying out drop-in services and courses to enable and empower the women of Luton. Healthwatch Luton had previously attended some sessions provided by Luton All Women's Centre and had found them a very open organisation. By working with organisations that provided these services, Healthwatch Luton were able to gather feedback from those who were seldom heard, from a vulnerable group or diverse community, and from who they wouldn't get the voice of otherwise.

Penrose was an organisation in Luton who run a few groups aimed at individuals who had a diagnosed mental health condition, as well as assisting with them to get social needs met, including housing. Penrose regularly attended the inpatient wards to support Luton residents in benefits claims and housing claims. Penrose had asked Healthwatch Luton to go and meet with staff to share what Healthwatch Luton's remit was, what our current workplan was and how we could work together in the future.

Our Minds Matter was a mental health charity who provided information and

training to the public, taking into consideration their faith and background. They were a volunteer led charity who focused on breaking stigma surrounding mental health and attended a lot of local events to promote the mental health agenda. This was an organisation who Healthwatch Luton had worked alongside at Luton wide events and were able to signpost to.

As well as providing many other things, **POhWER** were the contract holder within Luton for the IMHA (independent Mental Health Advocates). The right to access an IMHA was statutory for anyone who was detained under the Mental Health Act (1983), who was subject to a Guardianship under the local authority or someone who was subject to a Community Treatment Order (CTO). The purpose of the IMHA was to support the individual in their care and the decisions about their care and treatment. POhWER also provided advocacy in Luton for Independent Mental Capacity Advocacy (IMCA), Deprivation of Liberty Safeguards, Relevant Person's Paid Representative Service (RPPR), Community Advocacy and Care Act Advocacy, as well as holding the contract for the NHS complaints and advocacy. POhWER also carried out work in the community, holding drop-in session and charring meetings. Healthwatch Luton worked closely with POhWER on referrals



and other work, but this had increased through the project.

Outline of project

During the project, Healthwatch Luton carried out a range of activities. Most of these activities had a separate and more detailed report.

The activities included:

- + Quarterly meetings with the Service Director for Wellbeing and Mental Health for ELFT
- + Meetings to discuss specific cases with professionals within mental health services
- + Attendance at a variety of boards and forums
- + Holding forums
- + Visiting acute wards
- + Carrying out Enter and Views

Further details of recommendations can be found at the end of the report on page 54.

The activities can be found here:

| | |
|--------------------------------|---------|
| Ward overviews 2019 | Page 27 |
| Long Term Plan 2019 | Page 30 |
| AGM 2019 | Page 33 |
| Baseline Survey | Page 35 |
| Inpatients forums | Page 38 |
| Professionals Forum | Page 41 |
| Personality Disorders Report | Page 44 |
| Enter and Views 2019 and 2020 | Page 47 |
| Case Conferences | Page 51 |
| Meetings with Service Director | Page 51 |



Overview of visits to wards (January 2019)

Part of the project was a series of informal visits to the acute wards. East London Foundation Trust (ELFT) worked with HWL on their focus on mental health, by allowing Healthwatch Luton into their wards to see how they ran and the layout of the wards. During these visits all five of the Luton acute inpatient wards were visited.

The impressions of the wards were based on the Healthwatch Luton staff, using an observation template. This is not based on speaking with patients or staff with a specific script or interview format.

Crystal was a female only ward. This ward seemed fresh, clean and tidy. It appeared light and airy, although it did seem quite clinical. There was a lot of emphasis on door locking and there were not many patients up and about, despite it being the middle of the afternoon. The staff seemed friendly towards the patients, although there was not much interaction between the staff and patients that was observed. There were a lot of staff moving about the ward which seemed very quiet. There was a member of staff in the corridor, who was

there to monitor and prevent any violence, as part of the reduction of violence quality improvement work happening on the wards. This member of staff was wearing a hi-vis jacket.

Onyx was a second female only ward. This ward appeared to be very different to the other female ward, Crystal. There were not many patients around and we observed many to be in their rooms in their beds. Patients who were up were quite happy chatting to one another, again with limited staff interaction. Patients seemed wary of Healthwatch Luton being there and left communal areas almost immediately when the Ward Manager entered. The ward seemed to have had the potential to be a pleasant environment and with the support of the Ward Manager, could be a very nurturing environment, conducive to the wellbeing and recovery of the patients.

Coral was a large male ward. The ward was very busy and there were lots of patients milling about and enjoying the communal area. The atmosphere was mostly positive, with a feeling of a 'common room' or 'university halls' environment. It was observed that the Ward Manager appeared to have a good rapport with the relatives of the patients, and vice versa. The men on the ward seemed to have good relationships with



one another and it seemed like quite an inclusive environment.

The **Jade** ward was a male PICU (Psychiatric Intensive Care Unit). Even though it had a small capacity, the ward felt generally small and dark. The matron appeared to have a lot of direction and innovation. Some members of staff did not appear to have any rapport with the patients, as they were sat supervising and not interacting with the patients. However, another member of staff who was helping a patient seemed very animated and showed respect for the patient. The patients seemed to get along well together.

The ward for those over working age, was a mixed ward called **Poplars**. Poplars is based off the site of the main hospital where the other four wards are next to. This ward seemed very quiet. The activity board seemed quite full, varied and staff informed us they were able to complete activities. Dignity and safety seemed well considered. During the visit, a patient was admitted. His admission was swift, and his physical and general health well considered. It was mentioned by one member of ELFT staff that some patients were in need of a 'more organic environment', however this was something that was 'not available locally'.

As well as visiting the acute wards, Healthwatch Luton visited the **Psychiatric**

Liaison Service (PLS) and the **Crisis Resolution Home Treatment (CRHT)** teams, based in the hospital. The PLS team were a very small team, with a big workload. All the staff appeared friendly and very happy in their roles. The manager knew exactly what was happening with all the patients under the care of his team. The manager knew a lot of statistics and data about his team's workload.

The PLS team had one room to carry out their assessments on the Accident and Emergency floor. With each assessment taking between two to three hours, this could incur waits for individuals when they were in a state of distress.

Healthwatch Luton felt the CRHT had a misleading name. On clarification with the manager, it was not for those who were in crisis to contact but was for GP referrals and referrals from the acute settings for those who were trying to get discharged back into the community. It was more of a 'step-up step-down' team. The environment seemed a lot quieter than expected.

Healthwatch Luton discussed with the manager their caseloads – and found them to be very busy. In discussions, it was found ELFT also agreed the name of the team could be misleading to the public as they had experience of talking to the public wishing for crisis support, when they were unable to provide this service.



We discussed changing the name but were told it was set at nationally.

Whilst visiting, Healthwatch Luton observed a member of staff speaking about some medication she was taking off the premises to a patient, and she was going to take this without noting it down. It was only on prompting from the manager that she decided she ought to do this before she left with the medication.

Overall, this team seemed busy and well managed.

IMPACT:

Healthwatch Luton were able to build relationships to enhance the project activities and support signposting, information and advice given to service users and their families and carers

Healthwatch Luton were able to understand the way that ELFT inpatient wards were ran and put feedback into perspective with a greater understanding.

Recommendation:

We found that ELFT had a Crisis Resolution and Home Treatment (CRHT) team, and it was not understood very well what this meant. It was believed by some professionals and public alike, that this was a team to contact in a crisis, as they were referred to as 'the crisis team'. Whilst it was understood this was a national branding, it would be a recommendation of this report to look at rebranding, or if this was not possible, re-educating and promoting what this service was, and the alternatives that are available for those who were in a crisis.



Long Term Plan Forum (April 2019)

As part of the Long-Term Plan work that the Healthwatch network was commissioned to do in early 2019 by NHS England, Healthwatch Luton held a Mental Health focus group in April 2019.

During this focus group, individuals who had mental health experience were asked about prevention and early intervention, treatment and diagnosis, and aftercare, as well as what matters most.

Participants were asked to separate **what worked well, what areas needed improvement and what ideas they had for improving services.**

The forum was highly emotive for the participants. There were fourteen participants.



NHS LTP for mental health

Prevention and Early Intervention

People felt that early diagnosis was good in Luton, as well as using social prescribing¹⁸ rather than a medicated approach. Areas to improve included knowing who to contact in a crisis, communication between teams and departments, both in and outside of mental health, waiting times for referrals and navigating the system. It was felt that better communication, understanding what was available when in a crisis and education of mental health in schools and the wider community would be areas of innovation.

¹⁸ <https://www.england.nhs.uk/contact-us/privacy-notice/how-we-use-your-information/public-and-partners/social-prescribing/>



NHS LTP Mental health forum

Treatment and Diagnosis

Areas that people felt were good included being listened to, having good cluster support and a diverse workforce. Those areas that needed improvement included the waiting times for referrals, between appointments and at the time of the appointment. Individuals felt that the times of appointments were not convenient with them always being during the day and having to pay privately to get seen sooner or at a convenient time. Patients felt there was a need to improve communication between the different departments and with GPs. Some patients felt the way they were spoken to by the staff was an area that needed improvement. Individuals felt that there was a need to have access nearer to home for mental health services and to be treated as individuals and not assumed to be a 'text book' case. It was felt there

needed to be 'more funding in [the] whole system'.

Aftercare and Support

Organisations, such as MIND BLMK, were deemed to be 'good' by attendees. It was felt there was a need to improve in the 'overall joint planning of services and support to services' within mental health generally. It was felt that not everyone was computer literate and this needed to be taken into account, and not relying on websites and emails because of this. It was felt there was a poor transition from inpatient services into the community. Individuals felt that the wards and community teams were understaffed, and some staff needed retraining. It was felt family members should be able to refer or individuals should self-refer into the services. It was felt there needed to be services and support post discharge.





When asked what mattered most, the themes were:

- + Availability and access to services
- + Being listened to and heard
- + Focus on positive outcomes
- + Early interventions (not waiting until in crisis)
- + Removing the stigma
- + Better training for professionals
- + Out of hours support
- + Communications of services

Full Long-Term Plan reports for BLMK and Place based for Luton, for all areas, can be found on our website.¹⁹

WHAT NEXT? Healthwatch Luton found the forum to be very informative of what local people perceive to be the areas of concern within mental health services. There was one professional who attended this, and it became apparent that this effected how some people responded in an open forum. Healthwatch Luton decided to hold a forum for professionals only, to enable them to speak freely.

IMPACT: Healthwatch Luton were able to signpost individuals from the forum to mental health services.

Recommendation:

There needs to be more promotion of Social Prescribing and The Recovery College. Access to GPs needs to be prioritised for those with mental health concerns.

¹⁹ <https://www.healthwatchluton.co.uk/reports-hidden/reports/>



AGM feedback (June 2019)

Healthwatch Luton took the opportunity to run a session on mental health services within their AGM (Annual General Meeting) in June 2019.

There were 29 attendees to the AGM, some professionals and some members of the public. During this mental health exercise, lots of useful feedback was shared.

People felt there was a need in prevention and diagnosis to be able to 'self-refer to services' and for there to be 'knowledge of the different services available to them'. This included community organisations, not just the statutory providers.



Healthwatch Luton AGM

Once individuals had been referred, they felt there was a need for 'faster assessment' and 'faster access to treatment'. It was also noted that individuals felt there was a 'struggle to get treatment for personality disorders' and there 'could be better communication'.



Mental health exercise at AGM

Those who were able to access mental health services felt they were having to repeat their symptoms and circumstances due to changing staff and not seeing the same professionals regularly. Patients felt there was a 'lack of support' and structure after discharge from hospital. The voluntary sector and street triage were both mentioned as being 'positive' within aftercare.

Some patients felt they were being medicated and did not know the main cause of their symptoms.



Overall, there seemed to be long waits for services and individuals felt they were not looked at holistically.

The report for the AGM can be found on our website.²⁰

*'I see a different person
each time I have an
appointment'*

- Service user

IMPACT: Healthwatch Luton were empowered by professionals attending the AGM that holding a professional only forum was a worthwhile activity to gather feedback

Recommendations:

There needs to be a clear pathway and access to personality disorder treatment.

It would benefit some patients if there were able to see the same staff rather than having to explain their situations and symptoms over.



Mental health exercise at AGM

²⁰ <https://www.healthwatchluton.co.uk/wp-content/uploads/2019/10/AGM-2019.pdf>



Baseline survey

Healthwatch Luton began their mental health project with needing to assess the baseline of how people experienced mental health in Luton.

We ran a baseline Survey about accessing mental health services and what routes people would rather take. Healthwatch Luton wanted to hear from the wider population of Luton about their mental health expectations. A survey was created that would ask the public what they felt might assist them when needing a referral and how they were referring into mental health services.

The questions were created to be a quick response and did not invite individuals to disclose any mental health diagnosis or concerns. There were seven questions in the survey that required a yes or no answer. The survey was open for around six months and gathered **in excess of 70 responses**. Responses were gathered in a variety of targeted engagement settings and forums, as well as online.

Have you had experiences of mental health services in Luton?



Chart 2: Responses of those who prior had experience of mental health services

40% (29/71) of those who completed the survey had experiences of mental health services.

Would you like to be able to self refer to mental health services?

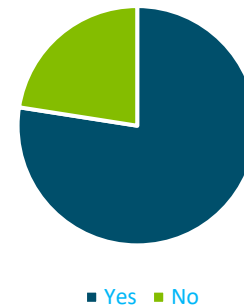


Chart 3: Responses of those who would like to be able to self-refer into mental health services

Over 77% (55/71) of people stated they would prefer to self-refer to services.



Would you be happy to disclose details of your mental health

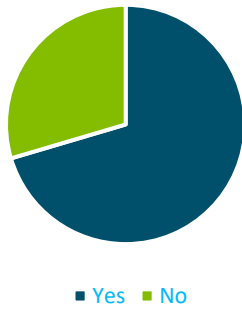


Chart 4: Responses of those who felt confident disclosing their mental health

Approximately 70% (50/71) of people felt confident about disclosing details of their mental health to others.

Would you use a written document detailing your mental health?

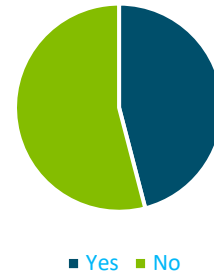


Chart 6: Responses of those who would use a written document

85% of people stated they would utilise a written document about their mental health.

Would you access peer support if it was provided?

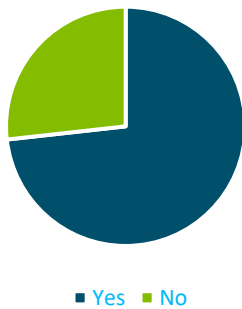


Chart 5: Responses of those who would utilise peer support

Almost 75% (52/71) said they would access peer support to assist with their mental health.

IMPACT:

Healthwatch Luton were able to gather a lot of responses within a short space of time.

Some individuals who completed the survey gave further feedback about services also.

Most people would like something on paper about their condition or peer support. People wanted to self-refer to support. Most people felt confident about disclosing details of their mental health.



Half of people wanted to know what services were available. The report for this can be found on our website.²¹

WHAT NEXT? Healthwatch Luton used the results from this baseline survey to guide the areas of focus of the project. It was useful to see quantitatively what people felt about mental health services. It was interesting that just over half of the opinions gathered were from people who had not had any experience of mental health services.

Recommendations:

Individuals felt they would utilise a written document about their mental health. It would be a recommendation that this is something that mental health services consider creating for them.

Peer support would be a benefit to those in the community as well as inpatients.

The Recovery College needs to be promoted within Luton.

²¹ <https://www.healthwatchluton.co.uk/wp-content/uploads/2020/03/hwl-summary-findings-baseline-survey-collation-mental-health-V3.pdf>



Inpatient forums (August 2019)

Healthwatch Luton wanted to speak to those individuals who were currently within the mental health acute hospital and inpatients on the mental health wards about the treatment and care they were receiving.

The purpose of the forums was to give the patients an opportunity to share what was working well and what could be improved.

Healthwatch Luton representatives attended Community Meetings on two wards at the Luton and Dunstable Hospital, which ELFT were commissioned to run. Healthwatch Luton representatives were able to observe a Community Meeting and take anecdotal feedback from the patients. At the end of the meetings the inpatients were given the opportunity to provide individual feedback to Healthwatch representatives about personal experiences and other feedback outside of the ward.

Healthwatch Luton spoke with a total of 27 patients and staff on the Crystal and Coral wards.

Patients on both wards mentioned that staff were easy to talk to and approachable. Some patients felt that the

‘provoking behaviour’ meant staff were ‘a bit more responsive’. Facilities and the environment were thought to be working well.

Patients were asked what they felt was not working so well or could be improved to make their experience better. One ward (Coral) focussed mostly on the ward environment, in terms of the layout, the facilities and access to certain things, the other (Crystal) more on the journey through their mental health experiences and community services they had used.

Primary care services were mentioned, more specifically access to GP surgeries. Patients felt it was hard to get an appointment and there was limited time with their GP when they got an appointment. Medication changes and issues getting medication were mentioned.

Patients raised concerns for ‘being labelled as something’ which they felt they were not, having lots of spare time ‘with nothing to do’ and feelings of ‘early discharge leading to readmission’.

Of those things that the inpatients felt were most important, ‘community activities’, being treated as ‘individuals and not patients’ and getting support were priorities. Medication was also important, either being delivered in a timely manner, or ‘not being so heavily



medicated'. Patients felt training of the community teams, specifically about self-harm and suicide was important.

It seemed that on the wards there were some strong personalities which prevented those who were less vocal from joining in the meetings. There was also not an opportunity for those individuals to share their thoughts and opinions.



During the debrief of the community meetings, Healthwatch Luton representatives felt the visits might not have been a true representation of one of the wards. It was felt that the wards were expecting the attendance of Healthwatch Luton, resulting in different schedules and behaviours. For example, on one ward, patients commented that the Community Meetings didn't 'usually happen like this'. On another ward, despite Healthwatch Luton being expected, were not

introduced onto the ward at the meeting and were left until the very end of the meeting as if to only observe the patients and not speak to them.

Main findings from this activity were:

- + Staff were easy to approach
- + Uncertainty over discharge
- + Access to primary care was concerning for inpatients
- + Lack of activities on the wards
- + Communication
- + Medication concerns

'it is easy to go to staff and explain issues, and I feel better and able to socialise'

- Inpatient on an acute ward

It was a concern for Healthwatch Luton to hear that some patients were not able to access their GP when leaving the ward to refill a prescription, and one patient mentioned they had a change of medication whilst on the ward that was not communicated to their GP.



WHAT NEXT? These visits prompted Healthwatch Luton to carry out more formal visits in the way of Enter and Views. Healthwatch Luton wanted to be able to quantify the anecdotal feedback received and to spend more time speaking with patients and staff in a more structured manner.

IMPACT:

Healthwatch Luton spoke with staff and liaised between patients and staff about certain aspects of their care and to alleviate some concerns about other medical needs they had.

Inpatients knew who Healthwatch Luton were and were able to contact Healthwatch Luton for further signposting.

Recommendations:

Some patients felt they were not able to get the medication they needed when they left the ward previously from their GP or it was delayed. It would be a recommendation to ensure a completed discharge is passed to primary care and any changes highlighted. It would also be a recommendation to prioritise mental health patients for GP access.



Mental Health Professionals forum (November 2019)

To ensure there was consideration for bias in our work, Healthwatch Luton held a Professionals Forum to speak with individuals within organisations and to see how they felt they worked with people within the mental health system in Luton.

The purpose of the forum was not for individual cases to be discussed and, although useful to know, it was not important what job roles attendees held within their own organisation. The main focus was on the experiences that they had as staff working with or for those with mental health conditions in Luton. The need for confidentiality was agreed at the start of the forum.

Professionals attended from a range of statutory and voluntary providers including Luton Clinical Commissioning Group, Luton and Dunstable University Hospital, Mind BLMK, The Disability Resource Centre and Total Wellbeing Service. A total of six attended on the day, and a further two professionals provided feedback by other means.

All attendees felt their organisation was supportive of those with mental health needs and that they were able to refer on where necessary.

Overall, there were far more negative comments and experiences from those who took part. It was felt there were positive professional relationships between the hospital and acute services.

Some professionals felt the referrals processes were confusing for them, with referrals to other voluntary organisations being easier than those through a GP or to secondary care. It was felt that there was confusion by the professionals over criteria needed by patients to access services and how to refer to certain organisations. Not knowing the criteria or services offered was troublesome also.

GP access was something that was a concern for all attendees. It was felt by professionals at the forum that those who could not get appointments often end up in the A&E department of the hospital, which is not conducive to their mental health. It was felt by professionals who attended the forum that 'frontline staff' in all organisations ought to have compulsory mental health training.

Some professionals noted as 'working in silos', which meant they were not aware of those accessing other services regularly. It was felt that there was not



enough information shared about these patients, meaning some individuals were already being seen and supported by more than one organisation.

The professionals felt the most important points were to work collaboratively to ensure patients were supported holistically and prioritising their needs, as well as making the right referral by having the knowledge needed to do so. It was felt communication was key for professionals and patients.

Professionals felt the areas that needed change were:

- + Relationships with partner organisations and statutory bodies
- + Timely referrals to the most appropriate place
- + No waiting for individuals to receive the care they needed
- + More resources and more knowledge about mental health in general
- + Greater awareness of the services and organisations that are in the community
- + Language barriers to be addressed

- + More support for carers of those with a mental health condition

‘more time, more understanding [so] patients can engage in a straightforward way’

- Mental health practitioner within Luton

It was really useful to speak to the professionals in an open manner about their experiences when working to support people in mental health. Some professionals were not aware of services that were provided by other attendees. Interestingly, those professionals who attended had similar opinions and experiences as the public spoken to in other forums. The full report can be found on our website. ²²

²² <https://www.healthwatchluton.co.uk/wp-content/uploads/2020/03/hwl-summary-findings-professionals-forum-mental-health-V2.pdf>



WHAT NEXT? In future Healthwatch Luton will engage with professionals in a similar manner. It was felt that the professionals who attended were able to share their views openly.

IMPACT:

Professionals were able to share information with one another about their services.

Professionals were able to learn more about Healthwatch Luton and to signpost individuals to us.

Recommendations:

There is definitely a need to share criteria for referrals into organisations with the third sector. It would be useful for there to be a forum where professionals can discuss regular attenders to services, to be able to support them better and to ease capacity of teams.

Carers need further support.



Personality Disorders Report

Healthwatch Luton noticed an increase in the number of people who had a personality disorder making contact with Healthwatch Luton directly.

There were five people who contacted Healthwatch Luton over a very short period of time and were being supported within the community by ELFT but felt ‘unsupported’ in their care.

Amongst these five people, there were diagnosis’ of EUPD (Emotional Unstable Personality Disorder) and other personality disorders including paranoid tendencies and delusional tendencies. Contact was made direct with Healthwatch Luton independently, with the hope that Healthwatch Luton would be able to support them further with things such as housing and physical health, which they felt they were not getting through ELFT.

Safeguarding alerts were raised about these individuals on numerous occasions, and almost all did not progress to a Section 42 Enquiry. Numerous professionals were involved in the care of the individuals and several Professional Meetings were held for the individuals to

try and gain a better understanding of the needs of the individuals and the support they needed from the service.

As Healthwatch Luton’s role was to signpost, and to give information and advice to individuals, Healthwatch Luton made sure this was the consistent action taken for these individuals each time they made contact. Each individual was signposted back to their Care Co-ordinator, although for some who lacked insight into their mental health needs, this proved hard. Consent was gained from the individuals which meant Healthwatch Luton were able to have discussions of concerns with the Care Co-ordinators and the providers, ensuring action plans were created for individuals.

Healthwatch Luton raised concerns of lack of support with commissioners of mental health services as well as the Director of the mental health services, where there was some discrepancy about the services commissioned by the local authority for personality disorders.

The main findings from the report were:

- + People with personality disorder felt unsupported within the community setting
- + Perceived lack of engagement from mental health providers, despite engagement with other external providers, some quite prolifically



- + Uncoordinated responses from providers, who were supporting individuals without a joined-up approach
- + Safeguarding alerts raised not being taken to Section 42 Enquiry, and there being a lack of action planning or support as a result

individuals was that they were not being supported. Healthwatch Luton spoke regularly with the staff involved in their care and with the patients. Healthwatch Luton followed the internal escalation process, which led to Healthwatch Luton reporting at the NHS Quality and Surveillance Group (QSG).

'I sometimes feel like no one is listening and no one is helping me get better'

- Service user in the community

Healthwatch Luton felt this report is highly relevant in the perceptions that service users have had about their care. Regardless of their diagnosis, people were coming direct to Healthwatch Luton asking how else to get supported in the community.

Recommendation:

It was found there was not a Complex Needs Service (CNS) within Luton. It would be a recommendation of this report that commissioners look to commissioning a service that supports this cohort of individuals in the community. Equally we noted that there was not a personality disorder specific service in Luton.

WHAT NEXT? Following on from the contact with these individuals, Healthwatch Luton found the need to escalate and the process to do so quite hard. Healthwatch Luton were not clinically trained in mental health services and required guidance from practitioners in this area to understand the needs of individuals. It still remained that the perceptions of the



IMPACT:

Healthwatch Luton attended many Professionals Meetings and Multi-Disciplinary Meetings about these individuals. Healthwatch Luton found it hard at times to get feedback from these meetings from the CMHTs.

Healthwatch Luton were able to support the individuals by ensuring their voice was heard by the CMHTs, contact was made at times when the patients were unable to get contact and to support individuals in ensuring they had housing, access to primary care and other organisations.

Healthwatch Luton will sit on the LIG (Joint Learning and Improvement Group).



Enter and Views (November 2019 January 2020)

Healthwatch Luton carried out a series of activities within the mental health project, including Enter and View visits. During the inpatient ward visits in early 2019, Healthwatch Luton staff were not able to speak at length with all staff to get their views and whilst patients were not kept from Healthwatch Luton staff, they were unable to speak with them.

Findings culminated in a need for Enter and View to convert empirical and anecdotal evidence to compile a report outlining recommendations.

Part of the local Healthwatch statutory remit was to carry out Enter and View visits. Commissioners and providers of health and care services had a duty to allow Enter and View visitors of Healthwatch Luton to enter and view partly or wholly publicly funded organisations.²³ Local Healthwatch representatives carried out these visits to

health and social care services to find out how they were being run and make recommendations where there were areas for improvement. These visits were a snapshot of experiences of those currently on the ward and the views of the current inpatients and staff, at the time of the visit.



The Local Government and Public Involvement in Health Act 2007 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises;²⁴ including, NHS Foundation Trusts, Local Authorities services, primary medical services, primary dental services, primary ophthalmic services, pharmaceutical services, bodies or institutions which are contracted by local authorities or NHS Trusts, Clinical Commissioning Groups

²³ Healthwatch Luton – Enter and View Policy 2017

²⁴ Section 222 (4) Local Government and Public Involvement in Health Act 2007



(CCGs) or the NHS Commissioning Board to provide care services.²⁵

The Enter and View visits were carried out on two wards – Crystal and Onyx. These two wards were chosen as they were the wards Healthwatch Luton had the most feedback about, and also they were one of each gender. All acute wards were run in an autonomous manner, so it was felt that having two very different wards would be beneficial.

Two visits were carried out initially. These were carried out in **November 2019** and a total of 26 people were spoken to: 15 patients, 10 staff and one relative. During these visits there was a stark difference between the staff responses and the patient responses. Staff felt mostly happy in their roles and as a team. There was some disparity between what the patients felt happened on the ward and what the staff felt happened on the ward. On the whole, patients did not feel they were receiving any therapeutic interventions, they did not feel supported or listened to. There were some safeguarding concerns that were addressed at the time, as well as after the visits. An alert for a person who had self-harmed and threatened to attempt suicide on three occasions, was

raised. There was some really good practice on the wards and it would be good to see this shared across other wards.

The recommendations from the visit included:

- + Support: Review of Medications and Therapy
- + Activities
- + Support: Patients and Staff
- + Admission
- + Discharge
- + Décor
- + Independent Mental Health Advocates
- + Social support
- + Review medication and therapeutic offering
- + Safeguarding on self-harm/suicide attempts
- + Informal patients review
- + Contraband
- + External organisations
- + Compliments and complaints
- + Sharing of good practice

²⁵ Section 225 (7) Local Government and Public Involvement in Health Act 2007



+ Personal belongings

Details of these recommendations can be found within the Enter and View Reports on pages 20-22 and 20-21, located on our website.²⁶

After these visits were carried out, there were some immediate concerns for Healthwatch Luton. A meeting was arranged with ELFT where these concerns were raised. It was suggested that perhaps Healthwatch Luton had visited on a less than ideal day as they were quite busy and perhaps it did not show a good day within the wards. Because of this, and other concerns, a decision was made to carry out a second unannounced visit to each ward, outside of normal working hours. During these second visits in **January 2020**, a total of 11 people were spoken to: six patients, four staff and one relative. Healthwatch Luton ensured they did not speak with the same staff and patients as in the previous visits.

Whilst the themes were somewhat similar, and existing recommendations corroborated, the wards did seem slightly less challenging, and the patients were calmer.

After the Enter and View visits, Healthwatch Luton created a RAR table (Recommendations: Action and Review), which showed the recommendation and the actions needed to take to meet those recommendations. This was agreed by ELFT and will be reviewed at the set-out time frames within the table by Healthwatch Luton.

There are four separate reports available for these visits, which can be found on our website.

The Enter and View visits were quite distressing for some of the Authorised Representatives. Despite training being provided and an expectation and prior visits to the ward, the visits did raise some concerns for how inpatients felt they were treated. Healthwatch Luton were glad to have carried out the visits though, and to be able to speak with patients.

WHAT NEXT? ELFT and Healthwatch Luton will continue to meet quarterly and Healthwatch Luton will review the wards and the service provided in the timescales set out within the RAR. Healthwatch Luton may carry out review Enter and View visits to ensure the

26



recommendations were carried out.
Healthwatch Luton will attend
Community Meetings on the ward
regularly to ensure the inpatients are
able to share their voices.

**IMPACT: Two further patients
contacted Healthwatch Luton
independently of the Enter and
View for advice and guidance.**

Healthwatch Luton had
supported an individual when
he left the inpatient setting, to
ensure he was getting the
support he needed.

Safeguarding meetings will take
place between Healthwatch
Luton, ELFT, Luton CCG and
Cambridge Community Services
once a month to discuss any
new safeguarding alerts or
concerns.

*'I only found out I had
other rights through you'*

-service user, acute ward



Case Conferences

Healthwatch were able to meet with the Deputy Service Director of Mental Health and Wellbeing, Paul Rix, and Dudley Manns, Clinical Director, to discuss cases that were ongoing and of concern for Healthwatch Luton.

These patients were those who had contacted Healthwatch Luton on a regular occurrence and were a cause for Healthwatch Luton to scrutinise their care plans.

During the meetings, patients experiences with Healthwatch Luton were discussed and how ELFT were working with them. Of those vulnerable adults, ELFT were able to alleviate some of Healthwatch Luton's concerns by putting action plans into place. The response from ELFT was a positive one. There was an action plan agreed to assist Healthwatch Luton in supporting these individuals. ELFT agreed to support Healthwatch Luton by offering further training to staff and volunteers surrounding personality disorders – which was provided to staff by one of the psychologists working for ELFT.

ELFT agreed to hold Professional Meetings for the individuals and Healthwatch Luton were invited to these meetings. ELFT offered additional contact numbers for

Healthwatch Luton to be able to contact ELFT should there be no response from existing individual numbers.

It is worth noting, that these individuals did not engage a lot with ELFT, and Healthwatch Luton could only support ELFT in their efforts, and the individuals with advice, signposting and direction in relation to their presenting issues.

Regular meetings with the Service Director of Mental Health

Healthwatch Luton are fortunate enough to have had quarterly review meetings with Michelle Bradley, Director for Luton Mental Health, where we could discuss issues we had arising, trends becoming apparent and built on a working relationship. Healthwatch Luton also had a representative who sat on the LCCG Quality meetings with ELFT, which happened quarterly. Healthwatch Luton had visited all of the inpatient wards, and PLS/CRHT teams. Healthwatch Luton representatives found it very interesting to visit these wards in an informal manner and make general observations. This helped to understand and support the feedback received from the public.



Gaps identified

When we carried out the work for this project, it became apparent there were certain gaps within the services provided system wide in Luton.

Complex Needs Service/Personality Disorder treatment

ELFT did not provide a service specifically for those with personality disorders in Luton. Those who had a personality disorder would have been cared for in the community by their GP or the general Community Mental Health Team, (CMHT). Whilst under the care of the CMHT patients may have had access to the psychology team, either directly (by referral) or the psychology team would have assisted the Care Co-ordinator in creating a care plan that included some interventions to support the care of a person with a personality disorder. Referrals into the psychology team in ELFT could incur a wait, and patients had to be willing to participate in some work prior to joining the psychological interventions as explained by ELFT colleagues. Psychological interventions provided could have been individual or in a group. These interventions did include a small number of people who could access DBT (dialectical behavioural therapy) at a time.

There did not appear to be a Complex Needs Service for those who lived in Luton, however, one was provided in Bedfordshire. This was something that had been shared by professionals that it was felt in Luton would assist working with those who had a personality disorder or a more complex mental health need.

Easy access to primary care was a concern for a lot of patients – some felt that they were unable to access the GP at a time when they needed it most. This impacted on patients and their ongoing care. It was mentioned that it could take up to six weeks to get an appointment when needing medication refilled. Medication reviews could be carried out by the psychiatrists within CMHTs if the patient was on their case load or some PCLWs within a GP surgery, but patients may not have been aware of this. Some patients felt that they were unable to get referrals as a result of not being able to access primary care.

Communications

Some inpatients felt that they did not receive anything when they were discharged that would support them once they were in the community. One acute ward did provide a small bank card size card that contained a few 'useful numbers'. Inpatients were unsure of who



they were being discharged into the care of. There was conflict between information given, even from the staff, on different wards, but also from staff on same wards on different days with patients unaware of information that staff stated they knew.

Accessing the CMHTs when a patient was in the community could be hard for some service users. There is a Duty Line to call if unable to access their own Care Co-ordinator, although this was rarely answered.

It was apparent there were a lot of organisations in Luton who supported those with mental health concerns. It was not always clear who was supporting which individuals, and what those organisations had on offer for the individuals. There did not appear to be a forum where this could be discussed and shared, despite there being several smaller meetings, boards and groups covering similar items. Our investigations found that many professionals would like this more linked up on case working

Activities on wards

Inpatients felt there were not many activities on the wards to keep them occupied. Patients felt they were left with a lot of time with very little to do.

Healthwatch Luton findings were based on patients perceptions on the times Healthwatch Luton were gathering feedback.

Staff training

Some patients felt the training for the staff in the CMHTs needed to include training about how to discuss self-harm and suicide with patients.



Recommendations

Having carried out this project, Healthwatch Luton have some recommendations for mental health service providers, mental health commissioners and mental health practitioners.

We found there is not a Complex Needs Service within Luton. Those who lived in other parts of Bedfordshire and who were under the care of ELFT were able to access this service, however, in Luton this was something that was not directly commissioned. **It would be a recommendation of this report, that there is a CNS commissioned within Luton,** to support those who are diagnosed with complex mental health needs.

It would also be a recommendation of this report **that there is a specific personality disorder service provided in Luton.** There is a discrepancy and unclear information as to whether this is something that is already provided and expected within commissioning of mental health services for Luton, or if it is something that requires a new business case to go to the local authority. It would be a recommendation to ensure a discussion takes place between ELFT and the mental health commissioners at LCCG to discuss allocated funding.

Patients felt there was difficulty when being discharged from hospital into the care of their GP to get their medication. It would be a **recommendation of this report to ensure when a patient is discharged into the community, there is immediate and consistent contact with primary care.** The GP practice should know what medication is needed and how regularly this should be reviewed for the patient. This could be by having the role of the Primary Care Link Worker introduced whilst the patients are still on the ward.

It would also be a recommendation of this report **that access to GPs for those with a mental health need is prioritised** to ensure timely support can be accessed and any referrals made.

Inpatients felt they did not have anything to do whilst admitted on to the wards. It would be a recommendation of this report **to look at what activities are provided on the ward and consider changing this offer to suit more of the population that come onto the ward.** Healthwatch Luton understand Occupational Therapists had been providing activities but the patients consistently informed Healthwatch Luton they perceived there to be nothing to do – in spite of the activity logs held by the Occupational Therapists.

Perceptions of the training needs of the community mental health teams by patients was something that was brought



up by inpatients. It would be a recommendation of this report **to understand what areas the patients feel their care Co-ordinators need training on and to evaluate the training provided in these areas.**

Patients felt that there was a need for staff to be able to talk about suicide and self-harm openly with them. We found that ELFT had a focus on suicide prevention however, it would be a recommendation of this report **to further include those who have lived experience in this area and understand what interventions and discussions would have benefited those, to create a comprehensive training package for staff.**



Patients told us they had felt unsure of what to do after they were discharged if they entered a crisis or had concerns, and who they were being discharged into the care of. It would be a recommendation of this report **to consider a discharge pack for all wards**, with clear information about where patients are discharged to and how they are to contact the right professionals

when they need to. This is something ELFT have committed to work on with the service users as a result of the Enter and View visits and will be reviewed in due course, as per the RAR.

The Community Meetings on the acute wards, we found were regular and well attended. However, some patients, either due to their presentation of their illness, or due to being less extrovert than others, did not get the opportunity to speak up. It would be a recommendation of this report **to make the meetings more accessible for all inpatients**, by perhaps holding smaller meetings, or having an alternative way for inpatients to pass comment on the issues that usually arise in the meetings. This could be by ensuring there is a comments/compliment box available on all wards at all times.

Staff and organisations were noted as often working to try and support an individual that was already being supported by another organisation. At times, it is not known that the individual is already receiving support elsewhere. Equally, some professionals stated they had large workloads. It is a recommendation of this report that **a meeting is set up to be held quarterly for third sector organisations to share what is happening within their organisations to support individuals with mental health needs, and to have the opportunity to**



discuss any high intensity users they have. This could be carried out by extending the attendance of an already existing meeting or Board to include third sector or additional space within the agendas to discuss high intensity users.

Staff received training in their current roles. It was felt by professionals that basic mental health training ought to be compulsory for all sectors. It is a recommendation of this report that **The Recovery College lead on mental health training system wide.**

Whilst we found that there was Public Participation within ELFT, a carers forum within ELFT and Carers Central at the Disability Resource Centre, some professionals felt there was not enough support for those who are caring for individuals with a mental health condition. It would be a recommendation of this report **to ensure better communication about the carers services on offer** to those who would benefit from having it. This could be done by ELFT or DRC creating a carers leaflet or pack informing of the options of support there is available when the person is first admitted onto a ward or into the care of the CMHT.

When we asked about The Recovery College (provided by ELFT) very few people knew about it. It would be a recommendation of this report **that this service is advertised further and a focus**

on awareness of The Recovery College prioritised. ELFT should promote the value of The Recovery College and use it as a leading hub for mental health support in the community to ensure people understand conditions and mental health guidelines from ELFT.



Patients and professionals mentioned social prescribing and using other activities to support wellbeing and mental health. It would be a recommendation of this report that those **services which provide activities to support the mental health and wellbeing of the public are promoted** and shared. These services can be encouraged and shared with those on the mental health case load within ELFT and GP surgeries. These services could be included within the care plans of those under the CMHT or in their discharge planning.

We found the current referral process meant that it required a GP or a Primary Care Link Worker to refer individuals into mental health services. It would be a



recommendation of this report to **explore a more fluid ability to refer from the voluntary sector to ELFT services**. This could be in the form of specific informed voluntary organisations supporting a triage system that is well known to the patients.

It was felt by some patients and professionals that there was a ‘medication model’ used for those with a mental health condition, when there were other solutions and interventions to support the mental health of individuals. It would be a recommendation of this report to **invest in more therapies aside from just a medication model** which many patients felt they had.

Whilst this project was focussed on adult mental health services, it was noted on several occasions that child and adolescent mental health services needed some support in understanding young people and transitioning them to adult services. It would be a recommendation of this report that **the transition between child and adolescent mental health services (CAMHS) is reviewed to ensure a timely handover and expectations are managed** by both CAMHS and adult services.

Whilst we found ELFT had a Crisis Resolution and Home Treatment (CRHT) team, it was not understood very well what this meant. It was believed by some

professionals and public alike, that this was a team to contact in a crisis, as they were referred to as ‘the crisis team’. Whilst it is understood this was a national branding, it would be a recommendation of this report **to look at rebranding, or if this is not possible, re-educating and promoting what this service is**, and the alternatives that are available for those who are in a crisis.

Individuals felt they would utilise a written document about their mental health. It would be a recommendation that this **is something that mental health services consider creating for them, similar to the Health Passport used for other groups of people**.

Peer mentors were being reintroduced into the acute ward settings. It would be a recommendation of this report to have a similar job role **within the community settings**.



Outcomes

As well as the recommendations Healthwatch Luton has suggested for this area in the report, there are some outcomes that have already been implemented. Some of these were as a result of the Enter and View Reports from the acute wards.

NHS England Regional Escalation and Quality and Surveillance Group

Findings from our Enter and View and project work highlighted a trend of negative feedback about the mental health provider (ELFT) across the whole of the county in inpatient settings and in the community. This was also similar for other local Healthwatch who we found had the same service provider for mental health services. Following on from these concerns and concerns surrounding assurance from commissioners, Healthwatch Luton were advised by CQC and Healthwatch England, to raise our findings to NHSE via the QSG. In doing so, Healthwatch Luton had instigated further information gathered from all local Healthwatch who had ELFT as a provider, and also those who worked with the provider within the local area, such as LCCG. ELFT had been placed on to the Risk Register for further information to be provided and would have been reported on at QSG again this quarter between

January and March 2020. However, this had been postponed.

Safeguarding meetings

Healthwatch Luton meet bi-monthly with the Safeguarding leads from ELFT, LCCG and CCS to discuss any new or ongoing safeguarding concerns. This meeting was a forum to understand what was happening with the individuals and to action any further support for those people. This may also instigate new safeguarding alerts being raised.

Admissions pack

When being admitted to the ward, inpatients felt they were not given enough (if any) information about the ward, what to expect of the ward, and their rights. We understand LEFT would undertake a piece of work to ensure that patients are given a substantial and information admissions pack on arrival to the ward.

Discharge pack

Similarly, to admission, when patients were discharged from the ward, they felt they were not given enough information about their aftercare and discharge plans. ELFT have committed to a piece of work to



ensure all patients receive a discharge pack which will include their contacts and at what point they should contact them, post discharge.

Review of Therapeutic Activities

ELFT have agreed for the Occupational Therapy team to undertake a review of the activities available on the wards to ensure patients understand what is available to them, and also manage the expectations of the activities.

Toilet seats

We found that there were no toilet seats within the acute wards, which could be considered undignified. ELFT have agreed to reinstate the toilet seats within all areas of the wards.

Redecoration

We noticed some offensive graffiti within the inpatient wards. We understand that there will be a programme of redecoration that will address this within the next few months.

Access of Right to Vote

During this project, there was a General Election. As part of the project,

Healthwatch Luton gathered the correct information from the local authority and shared this with the mental health providers, to ensure they were aware there was no restriction on mental health patients regarding voting, and to prompt them to ensure those who were current inpatients would need to be enabled to vote. This was after some conversations during the Enter and View visits where some staff were unsure if or how inpatients would vote.

'I'm extremely thankful for helping me. You truly did give me my voice back'

-service user, acute ward



Conclusion

Healthwatch Luton found running this project incredibly enlightening.

Healthwatch Luton took the approach to focus on two areas and aim a bulk of the workplan towards this. Healthwatch Luton were able to immerse themselves within some of the mental health services within Luton.

Healthwatch Luton would like for this report to be read and reviewed system wide, for providers of services to embed some of the good practice where applicable and enhance their offer in response to the patients views gathered. Healthwatch Luton would like for the commissioners of services and the Health and Wellbeing Board to support Healthwatch Luton in ensuring the mental health provision is improved using the patients voice.

Healthwatch Luton will create a project wide Recommendations: Action and Review (RAR) for the recommendations made within this report, and this will be reviewed and followed up within the next year, based on the timescales within the document.

Healthwatch Luton understand the community aspect of mental health will be transforming and a new model used based on one in Bedfordshire. Healthwatch

Luton would like the opportunity to review this and ascertain how the service users felt this transformation affected the service they received, and if it had improved their treatment and care under the new model.

Healthwatch Luton have spoken with other areas who have the same provider for mental health services, and they have similar feedback. Healthwatch Luton have shared their Enter and View Reports with other local Healthwatch who will be carrying out their own visits in coming months.

Healthwatch Luton plan to visit with other providers of mental health outside of Luton, including the private sector.



Useful

Information

| Abbreviation | What it means |
|--------------|--|
| BLMK | Bedfordshire Luton and Milton Keynes |
| CMHT | Community Mental Health Team |
| CNS | Complex Needs Service |
| CRHT | Crisis Resolution and Home Treatment (team) |
| CTO | Community Treatment Order |
| CQC | Care Quality Commission https://www.cqc.org.uk/ |
| DBT | Dialectical Behavioural Therapy |
| ELFT | East London Foundation Trust https://www.elft.nhs.uk/ |
| IAPT | Improving Access to Psychological Therapies |
| ICS | Integrated Case System |
| IMCA | Independent Mental Capacity Advocate |
| IMHA | Independent Mental Health Advocate |
| IPS | Individual Placement Scheme |
| JSNA | Joint Strategic Needs Assessment |
| LBC | Luton Borough Council https://www.luton.gov.uk/Pages/Homepage.aspx |
| LCCG | Luton Clinical Commissioning Group https://www.lutonccg.nhs.uk/home/ |
| LDH | Luton and Dunstable University Hospital |



| | |
|-------|--|
| | https://www.bedfordshirehospitals.nhs.uk/ |
| LTP | Long Term Plan https://www.longtermplan.nhs.uk/ |
| MAS | Memory Assessment Service https://www.elft.nhs.uk/service/176/Luton-Memory-Assessment |
| NHS E | NHS England / National Health Service: England https://www.nhs.uk/ |
| PCLW | Primary Care Link Worker |
| PHE | Public Health England https://www.gov.uk/government/organisations/public-health-england/about |
| PLS | Psychiatric Liaison Service |
| RIMH | Reimagining Mental Health https://www.lutonccg.nhs.uk/page/?id=4333 |
| TW | Total Wellbeing https://www.totalwellbeingluton.org/ |

SIGNPOSTING

NHS 111 Service:

<https://www.nhs.uk/using-the-nhs/nhs-services/urgent-and-emergency-care/nhs-111/>

Crisis Café:

<https://www.mind-blmk.org.uk/how-we-can-help/crisis-support/>

Luton All Women's Centre:

<http://www.lutonallwomenscentre.org.uk/>

Mind BLMK:

<https://www.mind-blmk.org.uk/>



Our Minds Matter:

<http://www.ourmindsmatter.org.uk/>

Penrose:

<https://www.penrose.org.uk/>

POhWER:

<https://www.pohwer.net/luton>

Resolutions:

<https://www.resolutions4luton.org/>

Signposts (Stepping Stones)

<https://www.steppingstonesluton.co.uk/>



Address of contractors:

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