

Annual RAR Review – Mental Health

Date	June 2021
Completed by	Lisa Herrick
Job Title	Healthwatch Luton

Recommendation	Current situation (Any action taken to meet recommendation, reasons why/why not, who is taking this action on)
General report	
Complex Needs Service We found there is not a Complex Needs Service within Luton. 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.	Patrick Grove is seconded to ELFT in Luton to work with the CMHTs to train and have some of those who have SMI and CN/PD worked with using a different pathway and treatment plan. This uses a combinations of DBT and uses a trauma based approach. There is an expectation of money becoming available as part of the CMHT transformation (part of the Long-Term Plan) which has access and services for those with a PD as a priority. There is a historic commissioning difference between Luton and Beds, despite being the same provider, there are different services available and the hope is to address this difference for those with CNS as part of the new funding. ELFT are running a workstream (headed by Trudy Wrake) looking at the pathway as part of their own transformation work, which includes those with a need of a CNS.
Personality Disorder Service It would also be a recommendation of this report that there is a specific personality disorder service provided in Luton	This falls into a CNS and as such, ELFT address this as one. There is an EUPD Policy document held by inpatients for the Trust. This has not yet been shared with HWL.
Patient care after discharge 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.	ELFT have a performance criteria to meet in this area and there should be a 'Notification of Discharge' completed within 24 hours of an individual being discharged from the ward which is shared with professionals involved in that person's care, including GPs, CMHT and community services. If there are any physical health status information that should be included also.

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	<p>**Have emailed Izabela for data of how many were received within 24hrs**</p>
<p>Access to GPs 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.</p>	<p>This is something that has not been addressed by ELFT.</p> <p>When an individual is discharged from the inpatient ward, if they have existing accommodation the ward will ensure they are registered with a GP within that area. If there is no registered GP, they should not be discharged, which can delay discharge from the wards at times.</p> <p>This is something that needs to be addressed with Primary Care.</p> <p>Primary Care Link Workers (PCLW) are based out of GP practices and they can be accessed if the patient is not under a CMHT and they need assistance with their MH but there does not appear to be a protocol for those with a mental health needs accessing their GP as a priority.</p> <p>Steve Malusky (LCCG) has confirmed there is not a specific protocol for a patient to access GPs other than any other patient with a physical illness.</p>
<p>Activities in In-patient 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.</p>	<p>With the pandemic this is an area that has not been able to be fully reviewed, however, weekly timetables are discussed at Community Meetings held on the ward. Timetables are available on the walls in the wards and within the bedrooms of the inpatients. There have been restrictions of what activities can take place due to covid, such as no activities in the kitchens as the space is too small to safely have these sessions.</p> <p>During Covid activity packs were developed and shared with the patients and pilots of virtual groups were carried out – some of which worked really well, so they have continued.</p> <p>ELFT have invested in Sports therapists who deliver fitness activities to the wards and sessions have been able to continue across all sites using streaming options.</p> <p>Clinical psychologist have been enhanced with Assistant Psychologists available for 0.5FTE per</p>

	<p>ward (on most wards) who are working on skill development such as mindfulness and stress tolerance. They are overseen by Clinical Psychologists – one who is on maternity leave and due to return in the Spring/Summer and another who was newly appointed early 2021.</p> <p>There is a weekly OT meeting where discussions take place to review what feedback has been provided for the sessions, what attendance has been like and how this can be improved.</p> <p>Information is being created that will be included within the Welcome Booklet, that outlines therapeutic interventions, what professionals are involved in the care planning, the role of them and what to expect from them.</p>
<p>Training Needs</p> <p>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.</p>	<p>Training for ELFT has taken place over the pandemic in response to feedback received from service users and carers, which was taken from Transformation Engagement events as well as audits within CMHTs based on the quality of the initial assessments, including Care Act Assessments and the CPA provision. Examples included (given by ELFT):</p> <p><i>Social Care Act training sessions:</i> the objectives of the sessions are: to gain general knowledge and understanding of the Care Act, its principles and duties and reflect on its operation in practice; to apply and use your knowledge of the Care Act in your practice and explain how decisions comply with the requirements of the Act.</p> <p>Identify actions that would promote strengths-based practice</p> <p><i>Mental Capacity Training sessions:</i> to understand what mental capacity means; to understand 5 principles of MCA; to understand importance to follow these to protect from liability; to know how to complete a capacity assessment in theory; to identify signs indicating need to assess capacity; to recognise factors to be considered in best interest decisions, to understand role of IMCAs, Attorneys, Deputies, Decision-Makers, Assessors and Court of Protection; awareness of the circumstances in which the above might become involved.</p>

	<p><i>Relapse Prevention Learning workshops:</i> staff had an opportunity to find out about the best relapse prevention strategies currently adopted in Luton, Central Beds and Bedford Community Mental Health Services. The session encompassed three presentations from the Community Mental Health Teams. It focused on the nature and process of relapse and how to effectively support service users in minimising the risk of it through robust, negotiated and agreed care plans crisis and contingency plans, ward discharges and aftercare planning.</p> <p><i>ELFT carers training development group:</i> the group's aim is to support the carers to support our services; to provide staff with guidance, tools to develop confidence, empowering our workforce to support carers; the group meets every two weeks to develop and create a training program facilitated by carers to be delivered to staff of all levels to improve outcomes for carers.</p> <p><i>Suicide Prevention learning session:</i> webinars of bite size presentation of lessons on theme of preventing Suicide, reviewing lessons from incident, local and national trends, with a particular focus on transition between service interfaces.</p>
<p>Talk about Suicide and self-harm Patients felt that there was a need for staff to be able to talk about suicide and self-harm openly with them. 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</p>	<p>There has been introduction of Case Formulation groups across all inpatient wards to support with managing the more complex and challenging case as well as staff reflective practice sessions and wellbeing sessions.</p> <p>Part of the new Assistant Psychologist role is to facilitate groups, including Distress Tolerance, Managing Emotions and Mindfulness, in which topics such as suicide and self-harm can be explored. Patients can also have one-to-one sessions where there is therapeutic input around these areas.</p> <p>Last summer staff were also able to have training to develop their awareness of working with EUPD and managing complex presentations, that can be co-morbid with these areas.</p> <p>The current pathway for patients with EUPD is being reviewed and this will incorporate training and clinical support in this area.</p>

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	<p>Whilst all of this has been happening, there does not appear to have been any input of those with lived experience in this and what they feel would benefit staff and training to include.</p>
<p>Discharge Pack 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</p>	<p>There has been a development of a discharge pack for those leaving the ward and this was reviewed in March 2020 by the Working Together Group (PP). The booklet covers basic self-management skills, support with planning the daily routine, contact numbers for out of hour support and also The Recovery College Prospectus. There is a plan to include the geographical information relevant to the individual's discharge area.</p> <p>There was some delay on the production of these as feedback was gathered and reviewed to include digital information also.</p> <p>It is planned by ELFT that these will be implemented (along with Admission booklets) from May 2021.</p>
<p>Access to meetings It would be a recommendation of this report to make the inpatient meetings more accessible for all inpatients.</p>	<p>ELFT have post boxes on all wards, with the option to leave feedback and comments about any treatment, care or concerns in the post box.</p> <p>All patients are offered PPE for meetings if they want to, to support in maintaining safety.</p> <p>Inpatients are invited to join clinical review meetings, daily huddles and community meetings on the wards. This is something that HWL have not been able to gather an update from service users about at this time.</p>
<p>Meeting for third sector organisations 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 and high intensity users they have.</p>	<p>Due to covid, this is something that has not been considered, however, organisations, such as Directions, are holding Networking sessions monthly, where organisations are able to share anything that is happening in their area.</p> <p>Time to Change and the Recovery Partnership Board have changed the format and TOR of previous times and as such may be the place to invite organisations to share and find out about providers current activities.</p> <p>Luton Recovery Partnership Board are held quarterly and chaired by ELFT. The meetings provide a central point for support members (all</p>

	<p>Luton based voluntary and community organisations) and stakeholders to improve mental health and wellbeing of people accessing services in line with national and local strategies and policies. The meetings further aim to promote working in Person centred manner to meet the needs of local community, including those with protected characteristics and to address stigma and discrimination around mental health conditions.</p> <p>Further aims of the meetings are:</p> <ul style="list-style-type: none"> • To achieve a model of co- production across all of our services and partnerships • Feedback – Systems in place to receive and respond to feedback • Promote joint working across the board to ensure quality outcomes for our local population. • To participate in the mapping of local mental health and related services and contribute to market shaping in partnership with stakeholders. <p>ELFT stated the Luton Recovery Partnership meetings provide a good opportunity to discuss the opportunity of creating additional forum to discuss high intensity users. This discussion was scheduled to take place at the Luton Recovery Partnership meeting in January 2021.</p> <p>HWL will review this in the next six months.</p>
<p>Staff Training 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.</p>	<p>This recommendation was more for the wider health and care system to received basic mental health training from The Recovery College, to ensure all areas of providers and organisations have a basic understanding of mental health.</p> <p>However, within ELFT there has been internal training opportunities aimed to develop understanding of mental health and skills to manage the inpatient setting. When there is a new starter they complete a local week long inductions and then different bands of staff have different development training relevant to their roles. There is to be substance misuse training for service users and staff jointly planned with the Recovery College, which will be delivered from April 2021.</p> <p>There still needs to be training for basic mental health for the wider health and care system considered by The Recovery College.</p>

<p>Support for carers 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 carer's services on offer to those who would benefit from having it</p>	<p>A Carer's Lead role has been introduced within ELFT. This role will lead on work developing carers support and engagement opportunities for the inpatient pathway. There are plans to develop carer feedback and help measure their involved and contribution throughout the admission and discharge process.</p> <p>There will be the first Carer's Forum in April/May 2021, which will be co-facilitated by the OT Lead and Spiritual Team</p> <p>Carer's Lead meetings have resumed with ELFT where professionals from the different areas within mental health (MIND, ELFT and other partners) come together monthly to share good practice, legislative updates and matters concerning carers contact with services, and to promote awareness of carers and ensure equality of access to services are relevant to local needs.</p> <p>ELFT have identified two QI projects that focus on carer engagement – one is for acute services and the other for PICU.</p>
<p>Recovery College It would be a recommendation of this report that this service is advertised further and a focus on awareness of The Recovery College prioritised</p>	<p>During lockdown The Recovery College took to online courses and sessions. These have been well received. The prospectus has been changed from three monthly to monthly, to allow for the changes.</p> <p>As well as the online offerings, Recovery College have been sharing an offline pack, which includes information sheets with self help support sent monthly to those who are not able to access online information. There are telephone calls for one-to-one wellbeing checks for those who are particularly vulnerable.</p> <p>The Recovery College is included as part of discharge planning and inpatient care. Some workshops are also being delivered on the acute wards too.</p> <p>Social media is being used largely with Hootsuite scheduling being used to ensure there are regular and varied posts throughout the week. Facebook has a following over 35k.</p>

	<p>During April seeds were sent out to those who had previously used Recovery College for a course and they were sent with a flyer.</p>
<p>Support well-being 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.</p>	<p>Healthwatch Luton have been sharing information from local organisations about different activities for mental health and well being across the town on our own social media pages.</p> <p>Health Development sits within Occupational Therapy team in Luton and Beds and there are several different programs working within different communities and specific areas with different partners.</p> <p>With leisure centres forced to close in March 2020 there was a hold on a lot of programs and sessions within the town.</p> <p>In 2019 ELFT were working with Uni of Beds. Delivering mental health awareness to Yr 2 and Yr 3 students of Sports Science.</p>
<p>Referral process It would be a recommendation of this report to explore a more fluid ability to refer from the voluntary sector to ELFT services</p>	<p>ELFT state all voluntary organisations are able to make referrals into the CMHT as well as direct referrals to the Crisis Teams.</p> <p>To make a referral the referrer needs to send all the relevant information to one of the CMHTs email addresses based on the GP. If a person does not have a GP it can be sent to any of the CMHTs as they run a 'non GP rota' and the referral will be assigned to the next person on the rota.</p> <p>The transformation of the mental health services project aims to create a single point of access for all mental health referrals to secondary services by 2023.</p> <p>(to note CMHT breakdowns by GP and email address to use:</p> <p>1. Brantwood Community Mental Health Team (Legrave Surgery, Lister House Surgery, Oakley Surgery, Larkside Practice, Blenheim Medical Centre, Sundon Medical Centre, Bute House Medical Centre, The Surgery) elft.brantwood-cmht-referral@nhs.net</p>

	<p>2. Stockwood Community Mental Health Team (Bell House Medical Centre, Woodland Avenue Surgery, Gardenia Surgery, The Medici Medical Practice, Barton Hills Medical Group) elft.stockwood-cmht-referral@nhs.net</p> <p>3. Dallowdown Community Mental Health Team (Wenlock Surgery, Conway Medical Centre, Braningham Park Medical Centre, Medina Medical Centre, Pastures Way Surgery, Neville Road Surgery, Kingsway Health Centre, Stopsley Village Practice, Gooseberry Hill Health Practice) elft.dallowdown-cmht-referral@nhs.net</p> <p>4. Wardown Community Mental Health Team (Castle Medical Group Practice, Lea Vale Medical Group, Kingfisher Practice, Churchfield Medical Centre, Ashcroft Practice, Malzeard Road Medical Centre, Town Centre GP Surgery) elft.wardown-cmht-referral@nhs.net</p>
<p>Use of therapies It would be a recommendation of this report to invest in more therapies aside from just a medication model.</p>	<p>ELFT are sharing timetables regularly on the wards of current activities. There are discussions within OT Clinical Meetings to anticipate challenges and use resources to their capacity within a clinical setting.</p> <p>There have been pilots of virtual group activities including seated yoga and mindful meditation to compliment the medical regime of patients.</p> <p>ELFT have invested in Sports Therapists to deliver fitness activities on the ward and these sessions will be enhanced by streaming sessions across all sites.</p> <p>Psychology has continued throughout the pandemic in a virtual manner, with some face to face, depending on the easement of restrictions. There has been an addition of enhanced psychology provision on most wards with 0.5FTE being used to carry out skill sessions such as distress tolerance and mindfulness. There are still</p>

	vacancies and there is a plan in place to escalate urgent psychological support needs.
Review transition period 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	 Transition Policy CLP62 14.03.19.doc <p>There is a Transition Policy which is supported from CAMHS and AMHS within ELFT. It outlines the process of transferring from child to adult services and is based on national guidance.</p> <p>This Transition Protocol seeks to ensure that:</p> <ul style="list-style-type: none"> • All young people have access to the most appropriate treatments and interventions appropriate to their age and developmental needs. • All young people should be central to the provision of services, and actively engaged in the transition planning. • Young people should be able to exercise choice in the service they receive and should be fully informed about decisions that affect their future. • Co-operation and flexibility should characterise our approach to meeting the needs of young people. • Responsibility for services must be explicit. • There should be a seamless transition between services. • There will be effective communication between services, service user, carers and external partners at all times. <p>ELFT use an age criteria framework within which their services operate. It is a case by case basis that care packages are discussed and there is liaison with the carer and young person during this.</p> <p>HWL are yet to verify this with any feedback</p>
Promoting crisis team 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.	<p>ELFT have used a social media campaign to advertise the increased offer for what individual can access in a crisis – this includes the Crisis Café and also the 111, option 2. There is also a wellbeing hub which is being heavily shared.</p> <p>For staff there is a telephone line coordinated and shared for all staff, including those outside of ELFT,</p>

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	NHS and local organisations, to support mental health and wellbeing.
Document for MH 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.	This recommendation has been taken to the People Participation Working Groups as ELFT feel this is something that would be done in collaboration with service users.
Peer mentors 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.	There are currently 4 peer support workers working across all 4 Luton CMHTs to provide one to one support to clients within the community assisting them in their recovering from mental health difficulties.
Ward Specifics - Crystal	
Support: Psychological therapy It is a recommendation of this report that patients are offered psychological therapies whilst being an inpatient to address their needs.	ELFT have reviewed the psychological therapies being offered across the wards and the new structure to include the psychological assistants is to support this. There is an offer of 1 to 1 work with service users by the Assistant Psychologists, under the supervision of the Clinical Psychologist. They also are contributing to the ward timetables.
Support: Review of Medications and interventions It would also be a recommendation to revisit care planning and include more interventions within the ward, including individual and psychological therapies. If these are in fact provided at a level deemed sufficient, engagement and discussions on patients' perceptions of receiving these need to be addressed.	Inpatient Ward Activity Timetables are regularly reviewed. Due to COVID ELFT have introduced social distancing within group activities as well as streaming activities such as yoga and mindful meditation. There are community huddles at the start of the day to talk about safety and what activities are planned for the day. There is flexibility for the patients preference of the timetable. The timetable has input from the Occupational Therapists, Assistant Psychologists and Fitness Instructors. Timetables are updated monthly and available in communal areas and the bedrooms.
Discharge It would be the recommendation of this report to ensure patients are fully involved in their discharge planning and feel they are well enough, and be able to integrate back into society and thrive on discharge.	Discharge packs are being worked on with the People Participation Working Group. They are reviewing the content, alongside the admission packs. ELFT formalised the involvement as an audit priority for Bedfordshire and Luton inpatient wards and there is a plan to review it quarterly within ELFT to ensure it is embedded within practice and any gaps will lead to an action plan to improve compliance.
Physical needs	All staff are being supported to attend a 2 day physical health training that covers a range of

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<p>It would be the recommendation of this report that those who had additional needs had a clear action plan and support for those additional needs, including a diabetic care plan that addressed diet, and sanitary items, such as incontinence pads provided for those who needed them.</p>	<p>topics, as well as phlebotomy to staff to support the physical needs of patients.</p> <p>A Diabetes Specialist Nurse has been added to the team and there will also be training delivered to raise awareness of and develop an understanding of caring for someone with diabetes.</p> <p>All patients should have a physical health assessment when they are admitted to the ward and the care needs can be addressed as part of the initial care plan.</p> <p>There is a physical health lead nurse that is available Monday to Friday 9-5pm for advice and support. There is also an on call doctor who will attend reviews if needed.</p>
<p>Self-harm</p> <p>It would be a recommendation of this report to ensure coping mechanisms are provided to the patients as alternatives to suicide attempts and self-harm, as well as increasing the observations on the ward to prevent such occurrences. More stringent action plans would be recommended.</p>	<p>The Assistant Psychologist roles have 1 to 1 sessions where they provide specific therapeutic input. The groups being run by the AP also include some topics that would support those who self harm, such as distress tolerance. There is also training being provided to staff this coming summer to develop awareness of working with EUPD and managing complex presentations.</p> <p>The current pathway for EUPD is being reviewed and will include training as well as clinical support ongoing.</p> <p>There are reflective practice sessions to support and implement case formulation for challenging and complex cases.</p>
<p>Parking</p> <p>It would be the recommendation of the report to suggest to find a solution to support this concern, whether that is allocating a couple of secure spaces within the barriered area of the nearby carpark strictly for these instances.</p>	<p>This is not something that that ELFT can influence, however, in certain circumstances there is flexibility to support visitors with special needs attending the site.</p>
<p>Admission</p> <p>It would be a recommendation of the report to ensure that patients are aware of the contents and this is regularly revisited to ensure the understanding of this by patients.</p>	<p>A welcome booklet has been created with the People Participation input, however, there has been some concerns and delays due to the binding of this document.</p> <p>Healthwatch Luton were able to see a draft of this and ELFT will be reviewed to reflect feedback and implemented by May 2021.</p>

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<p>Independent Mental Health Advocates</p> <p>It would be a recommendation of this report to ensure all patients are made aware of this right and to improve the access of the IMHAs for the patients.</p>	<p>There is information available for this on the wards, however, there is not a lot of feedback about this. ELFT will review this quarterly with the Deputy Lead Nurses to monitor for any themes emerging.</p>
<p>Staffing levels</p> <p>It would be a recommendation to revisit the staffing levels on the ward with the view to increase this based on the needs of the patients.</p>	<p>Currently all ELFT services have the current allocated budgets and recruitment is ongoing.</p>
<p>Activities</p> <p>It would be a recommendation of this report that activities are carried out as presented and there is regular inclusion of patients to formulate the timetable.</p>	<p>Due to the pandemic this is an area that has not been able to be fully reviewed, however, weekly timetables are discussed at Community Meetings held on the ward. Timetables are available on the walls in the wards and within the bedrooms of the inpatients. There have been restrictions of what activities can take place due to covid, such as no activities in the kitchens as the space is too small to safely have these sessions.</p> <p>During Covid activity packs were developed and shared with the patients and pilots of virtual groups were carried out – some of which worked really well, so they have continued.</p> <p>ELFT have invested in Sports therapists who deliver fitness activities to the wards and sessions have been able to continue across all sites using streaming options.</p> <p>There is a weekly OT meeting where discussions take place to review what feedback has been provided for the sessions, what attendance has been like and how this can be improved.</p> <p>Patient preferences are considered during the daily huddles for activities that are happening.</p>
<p>Sharing of good practice</p> <p>It would be a recommendation of this report to share good practice between the wards, whilst maintaining their individuality.</p>	<p>There is a monthly Learning Forum where each team presents to share areas of good practice and recent learning. Learning is filtered down to teams from the ward managers and matrons.</p>
<p>Ward Specifics - Onyx</p>	
<p>Support: Review of Medications and interventions</p> <p>It would be a recommendation that patients are aware of what staff do and how they can assist them and care for them within the ward setting, and have this reiterated regularly to patients. It would also be a recommendation to revisit care planning and</p>	<p>Inpatient Ward Activity Timetables are regularly reviewed. Due to COVID ELFT have introduced social distancing within group activities as well as streaming activities such as yoga and mindful meditation. There are community huddles at the start of the day to talk about safety and what activities are planned for the day. There is flexibility for the patients preference of the timetable. The</p>

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<p>include more interventions within the ward, including individual and psychological therapies. If these are in fact provided at a level deemed sufficient, engagement and discussions on patients perceptions of receiving these need to be addressed.</p>	<p>timetable has input from the Occupational Therapists, Assistant Psychologists and Fitness Instructors. Timetables are updated monthly and available in communal areas and the bedrooms.</p> <p>The welcome booklet contains brief outlines of different members of the team and what their role is. Also boards should be on display on wards containing pictures of team members and their roles. Individuals should be told who their named nurse is and who to contact in their absence.</p> <p>Feedback is discussed in OT clinical meetings weekly to improve patient satisfaction and replicate or change interventions and activities.</p>
<p>Activities</p> <p>It would be a recommendation of this report, that a new system be created to allow patients to be reminded of activities just prior to them happening to ensure they are aware of them if they would like to take part. If this is happening, patients perceptions from this visit, is that it is not – so needs to be addressed.</p> <p>It would be a recommendation of this report that the time of the activity organisers be protected where possible to carry out the sessions. The computer and tablet being plugged in and usable would also be a recommendation even in a monitored and controlled way.</p>	<p>OTs have continued to review groups on the ward to understand usefulness and uptake of the sessions offered.</p> <p>Band 4 staff are available on each shift to support with groups and activities.</p>
<p>Support: Patients and Staff</p> <p>It would be a recommendation of this report to encourage staff to interact with patients during mealtimes, to get to know the patients as people and to carry out activities together. If already doing this from a staff point of view, patients need to be provided with the more engagement and breaks to ensure their perception of this engagement matched the staff's.</p>	<p>Matrons are responsible to ensure that staff are safely engaging with service users in communal areas as this is being carefully managed due to the pandemic and the restrictions in place. Wards are collating and reviewing feedback weekly to ensure the activities and programme on the ward is understood from the service users perspective.</p>
<p>Admission</p> <p>It would be a recommendation that a more substantial admissions pack be offered to patients and repetition of the contents shared with the inpatient to ensure they are understanding the information. It could be a possibility to leave something on the back of the patients doors to outline their rights in an easy read format.</p>	<p>A welcome booklet has been created with the People Participation input, however, there has been some concerns and delays due to the binding of this document.</p> <p>Healthwatch Luton were able to see a draft of this and ELFT will be reviewed to reflect feedback and implemented by May 2021.</p>

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<p>Discharge</p> <p>It is a recommendation that there is a discharge pack created for prior to when patients leave the acute ward setting that is clear and detailed and that patients are aware of what continued or external organisations can support them during their transition to discharge.</p>	<p>Discharge packs are being worked on with the People Participation Working Group. They are reviewing the content, alongside the admission packs.</p> <p>ELFT formalised the involvement as an audit priority for Bedfordshire and Luton inpatient wards and there is a plan to review it quarterly within ELFT to ensure it is embedded within practice and any gaps will lead to an action plan to improve compliance.</p>
<p>Décor</p> <p>It would be a recommendation to update the décor within this ward and to maintain the décor if graffitied.</p> <p>It would be a recommendation to improve the décor of the ward with potentially allowing patients to assist in this decoration or self-decorate during their stay.</p>	<p>Some of the issues have been addressed on the wards. With the pandemic there has been a need to maintain patient safety.</p> <p>ELFT do carry out environmental checks daily and matrons and manager carry out weekly walkabouts.</p> <p>This is something Healthwatch Luton cannot review until physically on the wards.</p>
<p>Independent Mental Health Advocates</p> <p>It would be the recommendation of this report, that the right to an IMHA is shared constantly with the patients and a process for the referral to this service is revisited.</p>	<p>There is information available for this on the wards, however, there is not a lot of feedback about this. ELFT will review this quarterly with the Deputy Lead Nurses to monitor for any themes emerging.</p>
<p>Social support</p> <p>It would be a recommendation of this report that patients are offered this support within the ward in a definitive process such as a benefits clinic or drop in.</p> <p>It would be a recommendation to know and understand what is available if the patients live outside of Luton as currently this is a service provided by a Luton based organisation called Penrose.</p>	<p>There are still examples of times when patients are not able to be discharged due to the social, specifically housing, needs they have.</p> <p>Penrose do continue to reach into the wards to provide a service to Luton patients.</p> <p>A investment has been made by ELFT to have a Discharge Co-ordinator role, who is a social worker and is available to all of the wards and provides an initial screening around social care issues and supports referrals to agencies who can carry out assessments and interventions to address social are needs.</p>
<p>Safeguarding on self-harm/suicide attempts</p> <p>It is a recommendation of this report that appropriate support and safeguarding be put in place for individuals, so they feel heard and do not need to take this course of action.</p>	<p>Healthwatch Luton are still finding concerns with some safeguarding alerts being made for inpatients on the wards.</p> <p>Healthwatch Luton have been able to establish a link within ELFT and good relationships with the wards should there be safeguarding concerns.</p>

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<p>We would recommend a review of safeguardings raised by internal and external agencies, to ensure the best care for people in this state of mind.</p>	<p>ELFT deal with individuals on a case by case basis and manage incidents dependant on the individual. ELFT have a safeguarding assurance forum that supports an overview of themes and learning from alerts raised.</p> <p>ELFT have a complex care panel which is chaired by the clinical director where complex cases can be reviewed and discussed for a more senior oversight and advice.</p> <p>If a safeguarding alert is progressed to a Section 42, to maintain independence, ELFT allocate this to an alternative team to the one involved with the individual.</p> <p>Healthwatch Luton have a meeting bi-monthly with leads from different agencies to discuss safeguarding concerns.</p> <p>LSAB have recently commissioned SARs looking at ELFT over the last 2 years.</p>
<p>Informal patients review It is a recommendation to consider language used and ensure dignity is given to support these individuals.</p>	<p>ELFT use the MHA and are closely monitored for its use by the Mental Health Law team to ensure it is used appropriately.</p> <p>Healthwatch Luton would need to gather further feedback to know if this is something that is happening from a patient perspective as recent feedback suggests there is still a big divide between those who are formal and informal patients.</p>
<p>Contraband It would be a recommendation of this report there is a more stringent look at Police or support for the wards to search informal patients.</p>	<p>There is a Police Liaison Officer who manages any suspected or illegal activity on the ward and they have been invited to attend community meetings on the ward.</p> <p>A sniffer dog is used on an adhoc basis on the wards.</p>
<p>External organisations It would be a recommendation that patients' rights and support groups, such as Penrose or Pohwer, to attend the ward more often.</p>	<p>Due to the pandemic this is something that has been suspended, however Healthwatch Luton can review this in the future.</p>
<p>Compliments and complaints Patients need to be allowed a way to compliment or complain about the service, anonymously, for example a box for compliments and complaints. This</p>	<p>Senior nurses are reviewing this monthly to promote awareness and learning.</p> <p>ELFT reinstated post-boxes on wards for feedback.</p>

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could be reviewed at monthly meetings to address people's issues.	ELFT are looking for different ways to engage with patients to get their feedback, including making calls to gather feedback.
Sharing of good practice It would be a recommendation of this report to share good practice between the wards, whilst maintaining their individuality.	There is a monthly Learning Forum where each team presents to share areas of good practice and recent learning. Learning is filtered down to teams from the ward managers and matrons.

ACTIONS (to be carried out further to the Annual RAR review)

1. Review inpatient services independently of staff
2. Lived experience of self harm and suicide needs to be included in training for these areas to understand what would benefit them – a discussion with Working Together group and staff leads to understand if this is something that is needed
3. All Luton community and voluntary sector organisations are invited along to the Recovery Partnership Board – look at the promotion of this and if ELFT are making them aware of this.
4. ELFT mentioned they were to facilitate a discussion for high intensity users in a different forum, this was to be done in January 2021 – HWL need to see if this has happened.
5. There still needs to be training for basic mental health for the wider health and care system considered by The Recovery College.
6. There needs to be understanding and sharing of referral process into CMHTs by all local organisations and providers – HWL to find out if this is the case and if not, to ensure it is shared and promoted.
7. Healthwatch Luton need to gather more feedback about transitioning from CAMHS to AMHS to understand the process further and if expectations are managed well.
8. HWL to find out if the recommendation for a document for MH was taken to PP Working Group for discussion.

Evaluation

It is important to note, that Healthwatch Luton have not been able to go on to the wards to review changes and gather entirely independent feedback. Healthwatch Luton have been able to speak with some inpatients on some wards, either through them independently contacting Healthwatch Luton for support, or via MST calls to the ward, which are supervised by staff. The Brief Summary Reports (BSR) for the providers of mental health in Luton should be read in conjunction with this annual review of the RAR as it contains feedback that discusses recommendations and actions not being taken, such as medication, physical health needs, discharge planning and self harm.

The RAR for MH is reviewed regularly with leaders within inpatients, crisis and community teams. Updates are provided and they are able to answer queries and share information with Healthwatch Luton.

Healthwatch Luton must report to the Health and Wellbeing Board about the progress that ELFT and mental health services have made in relation to the report and subsequent RAR.

It is important to continue to review the recommendations as the first year since these recommendations were shared with the health and care system, the country has been in a state of pandemic and under pressures that were not expected.

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Healthwatch Luton will be carrying out an Enter and View within the mental health inpatient wards and targeted engagement regularly within the wards, when this is safe to do so.

Healthwatch Luton will review this RAR again in six months.