

# NOTES

## Meeting: Service Users and Carer Council Meeting

**Date:** Weds 12<sup>th</sup> October 2016 **Time:** 1.30pm to 3.30pm

**Location:** Mild West Room, Hamilton House, Stokes Croft

<i>Attendees</i>	Lynne Newbury (Chair) Rep 1 for Community Rehab Rep 2 for Community Rehab Rep for Wellbeing Therapies Rep for Early Intervention Rep for Complex Psychological Interventions Rep for Assessment and Recovery Rep 1 for ACE Rep 2 for ACE Rep for BIMHN	<i>Additional Attendees -</i> Bhavna Mistry (Minutes) Leanne Skuse Hannah Carr
<i>Apologies</i>	Rep for Dementia Services (Vice Chair); Rep for Crisis Service; Rep for Men's Crisis House; Rep for Secure Services; Bev Woolmer	

Item	Agenda item
1.	<p><b><u>Welcome and Introductions</u></b></p> <p>LN began by welcoming all to the meeting and introductions were given by all around the table. New representatives have now joined SUCC from ACE and BIMHN.</p> <p>LN informed all that there is now representation from nearly all of the BMH services. Although Sanctuary and Inpatients don't have any, there may be a rep from Sanctuary joining SUCC soon.</p>
2.	<p>It had been planned for Abraham Chipuriro – Crisis Team Manager to join this meeting to give an update on the proposed changes to the crisis line, but due to a personal emergency he was not able to attend.</p>
3.	<p><b><u>Comms Plan update (Hannah Carr – Comms Officer)</u></b></p> <p>HC talked about the work that has been done so far. This document takes the Comms work up to March 2017. HC said that the documents will be circulated to all by email to read and give feedback before it is taken to the BMH Partnership Committee meeting for approval. Once circulated, HC would like to receive feedback by Wednesday 19<sup>th</sup> October. This can be by e-mail to <a href="mailto:Hannah.carr1@nhs.net">Hannah.carr1@nhs.net</a>.</p> <p>A question was asked if it would contain anything that might cause contention in relation to STP? LN commented that this is an internal document, news on STP it is likely to be nationally done by NHS. There would be work carried out to cover</p>

	<p>that when it happens.</p> <p>A question was raised about what is system leadership? This causes a lot of confusion and work is ongoing to communicate the system clearly. The System Leadership team are the glue that holds the system together and helps the system to function.</p> <p>It was commented that there is currently a lot of mapping work in progress which will support better understanding of the system.</p> <p>It was requested for the bullet points in the document to be numbered to make it easier to follow – <b>Action HC</b></p> <p>NP asked about culture change and mentioned that it would be important to include reinforcing it and celebrate good practice and propagate it – can things like this be included in the newsletter and how? HC informed that any suggestions can be sent to her to follow up by e-mail on <a href="mailto:Hannah.carr1@nhs.net">Hannah.carr1@nhs.net</a> or by telephoning the office on 0117 3546200.</p> <p><b>Action BM/HC to ensure that all SUCC members are included in the newsletter distribution.</b></p> <p>AW pointed out that the need for all comms to be in clear and plain English. How will it be made available in other languages and also highlighted how people whose language is British Sign Language read in a different way – how will it be available to them? HC answered that it is not yet known how these issues will be addressed. HC will be working alongside the CASS comms officer as they have knowledge about what community groups are going to need, support in other languages.</p> <p>CN mentioned that there are lots of comments that can be given, however they need to be made alongside the “Grand Plan” and that is not known.</p> <p>NP asked about confidentiality – is this document confidential? Reply is that it is confidential at the moment until finalised. It was asked if it is just for SUCC to see or can it be shared with reference groups? SUCC were asked what they think. All agreed that it would be useful if it was shared with reference groups, and LN also agreed that it could be shared with the carer’s reference group. <b>Action – HC to forward to BM and WC to circulate to the reference groups and SUCC. (Post meeting note, it was circulated to SUCC and Carer’s Reference group on 13/10/16 other reference groups will receive via Wendy Croker).</b></p> <p>HC would like to receive feedback in good time before it is updated and presented to BMH Partnership Committee for their approval at November Meeting.</p> <p>Any feedback to HC by e-mail or telephone on the contact details given above.</p>
4.	<p><b><u>Minutes of August meeting and September Culture Workshop</u></b></p> <p>As the meeting in September was used to host to the Culture Workshop, the minutes of August meeting were reviewed and accepted.</p> <p><b><u>Matters Arising</u></b></p> <p>LN has yet to meet with Dementia services to discuss someone taking over from</p>

	<p>HC.</p> <p>New person representing BIMHN on SUCC will now be FP who will represent BIMHN for the usual duration of a tenure on SUCC. This will enable continuity for discussions.</p> <p>LN informed that the next Performance and Improvement Group meeting is taking place on Thursday 13<sup>th</sup> October from where initial project groups will be set up and additional SUC representatives will be needed. There will be many different projects at which different skills and knowledge from SUC representatives can be given. It is felt that there is a need to clearly specify the role and the expectations when helping people deciding which projects they may like to volunteer for, also to ensure the right people are selected as representatives.</p> <p>ND again asked the question about the name of BMH Partnership Committee and the Mental Health Partnership sounding similar and could cause confusion. LN fed back that she has raised this with Mental Health Partnership and they are currently reviewing the format of that meeting due to lack of attendance so there could be a changes to this.</p>
5.	<p><b><u>Service Updates</u></b></p> <p><b><u>ID – Crisis Service</u></b></p> <p>ID was not able to attend the meeting today, she had sent an update by e-mail which LN read out.</p> <p>Crisis line is being redesigned. Three work streams have been set up to redesign they are Communications, Information and Pathways (this will be to look at how someone in crisis can access services in a particular manner). All groups include service users working in partnership.</p> <ul style="list-style-type: none"> <li>- Discussion ensued – many calls to the line are not appropriate – they are often people looking for appointment details.</li> <li>- Points that came up:-</li> <li>- Sometimes crisis line staff do not see up to date information about a person on RiO.</li> </ul> <p>Concerns that crisis line staff do not follow up as agreed, E.g. not call back or visit and no contact made when expected. Can make things worse for a person in a desperate situation, they feel as though they are being passed around from pillar to post. E.g. - Crisis Staff are not aware about how many times a person has already had access to The Sanctuary and may not be eligible for more but still pass people there.</p> <ul style="list-style-type: none"> <li>- Comms would be very important. It was asked about who (which staff) would be answering the crisis line? A response was that it is not always registered staff.</li> <li>- It was further discussed how crisis line calls are handled and that it was felt that it is failing people.</li> <li>- LN added that it is good to receive any feedback. She also mentioned how typically the line gets used inappropriately for things that are not really crisis – and that is the majority of the calls. These are the ones clogging up the line, not allowing the calls through which really are those wanting crisis support. LN asked what change can be made that would make it better?</li> <li>- Cathy suggested a well-publicised general number as well as the number to call for general queries? (Further discussed, the numbers of repeat</li> </ul>

	<p>callers which are not for crisis).</p> <ul style="list-style-type: none"> <li>- Suggestion was given for a general line for non-crisis and a line with well trained staff for the real crisis calls. Better ways to find up to date information about callers.</li> <li>- It was also added that crisis line staff are advised to not raise un-expectable expectations.</li> <li>- Another idea was to ask questions to pin point and find out crucial information quickly from a person in crisis.</li> </ul> <p>FP added that there are two parts to the service home and crisis care – should crisis care be gatekeeper to inpatients and S116?</p> <ul style="list-style-type: none"> <li>- During the discussion it was mentioned that there is an integrated bed management system and that crisis houses have independent assessment.</li> <li>- General discussion around other experiences took place.</li> <li>- It was asked if people on a waiting lists for the crisis houses, can be given an assessment? The referral and assessment process was explained.</li> <li>- The topic of transgender and where to go if in need of a crisis house was raised, and Lynne suggested that this could be made a special topic of discussion at a future meeting with the service managers of the crisis houses present.</li> <li>- It was also asked if a manager could attend a meeting to talk about the assessment criteria – is it fit for purpose. (mentioned the workings of 2gether trust in Glos).</li> <li>- All agreed that the manager's for Crisis Service and Inpatients could be invited to attend the next meeting.</li> <li>- S136 discharge plans vary greatly in quality and courses of action should be suggested that are open for people to take. It was mentioned about 'facilitated discharge workers' who are links between ward discharge and visiting the SU at home (they are based in crisis service). Examples were discussed and it was raised about carers not being included in discharge plans which is very important.</li> <li>- Out of area service users (those who come in from other areas and those who are sent out to other areas for treatment) should be better controlled and supported – problems arise when carers of these SUs are not supported.</li> <li>- LN advised the group that a strategic work plan need to be set and it would make it stronger if linked up with more SUC groups.</li> <li>- <b><u>Decisions/Actions</u></b></li> <li>- Managers of Crisis and Inpatients services to be invited for first 45 minutes of next meeting (Nov 9<sup>th</sup>)</li> <li>- To invite Managers of The Sanctuary &amp; Crisis Houses to better explain these services</li> <li>- Strategic Plan for SUCC. LN agreed this would be important to develop to help move things on, should include the good work from Culture workshop</li> <li>- (extra meeting in December to be added to enable this to be developed).</li> </ul> <p>Other points from ID for update under Crisis Service were:-</p> <p><u>Crisis reference group</u></p> <p>AWP staff came to share key information and to ask members for their views.</p>
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	<p>They are attending the next 2 meetings for the first half an hour to keep people updated.</p> <p>People were offered the opportunity to join the work streams.</p> <p>The crisis questionnaire has gone out and 13 replies have been received. These are rich in data and are being analysed currently. An update will be given at this month's crisis reference group with the final report and recommendations at the November group.</p> <p><u>Mental Health Partnership</u> The idea of the open forum was discussed that was put forward by SUCC, BIMHN and BSN. Ideas were suggested as to how to combine it maybe with a MHP function as the MHP may be ending. To be discussed further.</p> <p><u>CN – Comm Rehab</u> Reported that everything is continuing as usual at the moment. Currently working on new colour scheme. The reference group felt that the architect's choices were not suitable and have worked at getting across an understanding of what is likely to work better than metallic colours. The Comm Rehab service manager has also discussed this with the SUC group for the service. Stressed the importance of listening to SU&amp;C in the design. The other Comm Rehab Rep on SUCC (AP) mentioned that he had not heard about some of these meetings taking place and LN said it was important for all reps to be included in all meetings to do with the development work of the new building for transparency purposes and co-production. Planning permission has been given for the new start and building works will start soon but no dates as yet.</p> <p><u>AW – Early Intervention</u> Nothing to report this time as some of the ref group meetings recently were cancelled.</p> <p><u>ND – IAPT</u> Planning a meeting with Service Manager, has not met for several months. She has contacted Connect Psychology about evaluating the low mood course (has left a phone message). LN advised about asking Service Manager directly about this. ND attended a recent meeting at Jenner House re: Open Dialogue which was well attended and people were keen to learn about it and to incorporate it more as a way of working. It has been incorporated within other trusts. Suggested that she could arrange to send the PowerPoint slides of Stu Brooks to be sent to BM to circulate. This method is highly recommended in some areas as often after this has been used, many people no longer need services. The work of Stu Brooks was talked about and the benefits are very high in some countries (e.g. western Lapland) however it is also felt that it may not work to its best benefit in the UK. <b>Action ND to get the slides sent to BM to circulate to all SUCC.</b></p> <p><u>NP – Assessment and Recovery</u> Skill Mix Review in progress. Focus is around not having enough registered staff. This work has been happening for much of the year, now starting to be</p>
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	<p>implemented. Time lines keep getting pushed back as a lot of re-modelling and work on Joining the Dots (algorithms for predicting crisis with a tool). There are 6 work streams that have been started and SU involvement is required on all but HR. There is to be a very comprehensive review and re-development of the service.</p> <p>Joining the Dots work and training of SUs to use the tool is currently in hand. Work stream around interface with Primary Care - numbers of referrals in A&amp;R (1/3 higher than had been predicted at initial stage) having huge implications on capacity. Are there other ways of helping some people who don't need services? It was also mentioned that there are no resources for this higher number of referrals. As a priority this is important to be addressed – what else could be available instead? Many referrals are triaged as not appropriate or are assessed but are not appropriate and are sent back to GPs therefore people are 'bouncing back'. All agreed this issue is critical. GPs can contact psychiatric consultants for specialist advice although this doesn't always get used. Pilot scheme - one practice has a CPN based in the surgery (intervention to go through referrals and offer advice if a referral doesn't need to be made), not clearly evaluated as yet. There are also gaps in service provision with long waiting times for lower level interventions. Discussion happened around waiting times. LN also mentioned how IAPT are not meeting targets to support people with low level issues, but are seeing too many inappropriate referrals. Crisis and contingency planning is inadequate, plans are of a low quality, this was highlighted in the last inspection report. This issue needs to be addressed as part of the crisis service review. Many plans are generic and not tailored to the individual. Need to agree one plan across system as there are several currently in use. NP has met with A&amp;R and Crisis services and the Men's and Women's crisis houses, The Sanctuary and Joining the Dots team to discuss. NP asked SUCC to support this as a priority.</p> <p><u>SH - CPI</u></p> <p>Concerns with capacity lots of referrals have been taken on but SUs are not receiving treatment. Senior management team are to meet to come up with solutions. Different issues with different localities and therapies vary across localities.</p> <p>Issues around crisis mean clear guidelines are needed while people are waiting – how to communicate? Waiting and hoping can cause crisis.</p> <p>Psychologically Informed Environment (PIE) questionnaire was out for three months and has now finished. Steph will analyse the data and present to SUCC. Key themes – differences around the city and some positive feedback too.</p> <p><u>SH – Women's Crisis House</u></p> <p>Has been to the WCH 4 -5 times, attends Monday meetings every fortnight and gets to speak with some new and some prior service users. Talking to the women there helps them to know about involvement work. Waiting lists have reduced since reducing stay length to 3 weeks. Fourth week is usually only offered if needed for clinical reasons, though this can create tensions. This has been in place since August and is due for review in November. There has been some very good feedback from the exit questionnaire and good staff feedback too. An induction is to be put together for new people when they enter. SH has not had much opportunity to meet senior managers. The service manager has left and the</p>
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	<p>job has been advertised, interviews will be happening soon.</p> <p>AP raised about diversity of SUCC membership – LN agreed and has asked all SUCC for ideas to address this.</p> <p>VG raised that there are not enough crisis houses in Bristol for its size and compared this service in other cities.</p> <p>LN talked about the co-production work – too much is reactive rather than pro-active.</p> <p><u>FP - BIMHN</u></p> <p>BIMHN AGM happened this week. There have been some changes and there are some vacancies. Governance structure changes to be brought in. The recent Freedom of Mind Festival was supported by BIMHN. It was aimed at Young People. Student wellbeing was highlighted. BIMHN are looking at funding and CCG input. Also, confused about the structure of Recovery Bristol Partnership. They would like to see if objectives have been met?</p> <p>LN mentioned that evaluations of services will come to SUCC, she will send the BMH System Leadership one to FP <b>Action LN to send.</b></p> <p>Expecting a meeting to be setup with South West Zero Suicide Executive and linking up with survivors of bereavement – in Gloucestershire.</p> <p>Developing PPI with Public Strategy for Carers.</p> <p>FP said that BIMHN membership is open to all.</p> <p>LN mentioned that a joint event has been setup with BIMHN for 26th October at the Station, Silver Street, Bristol from 2-4pm and all are welcome and encouraged to attend and give input. This open forum is to encourage feedback and ideas for change to be put forward, especially from those who have recently used the crisis line.</p> <p><u>VG - ACE</u></p> <p>Women's groups have been setup and re-vamping of the Sanctuary building is currently taking place. It's looking better and recovery college, also based there is going well. Information about this is being circulated better.</p> <p>NP mentioned that St Mungos recovery college is being well received and is very effective. Wonders if an independent place could be offered to someone from there? It's for anyone not just those who have used St Mungos Services. Excellent feedback has been received for it. <b>Action LN to contact St Mungos Recovery College and invite a representative to join SUCC.</b></p> <p><u>DN - ACE</u></p> <p>Has been running some groups and is planning to speak to managers for feedback.</p>
6.	<p><u>Any Other Business</u></p> <p>LN presented the September Culture Co-production workshop notes. Where next? Staff involved are keen.</p> <ul style="list-style-type: none"> <li>NP suggested formulating it into a strategic plan – where and how? Training that can be delivered by SUCC. This could be short 1 hour parts</li> </ul>

	<p>that do not cause disruption in the working day and doing it in a proactive way.</p> <ul style="list-style-type: none"> <li>• CN suggested contacting all 18 organisations and asking them what is to be done as it is required by CCG and that this is what SUCC think about it.</li> <li>• LN mentioned that BMH Culture change is going to be taken on by St Mungos and will be led by PH. Suggests linking up with this work. Also asked, how can culture change be taken on with staff?</li> </ul> <p><b>There was agreement to link in with PH's work.</b></p> <ul style="list-style-type: none"> <li>• NP suggested taking this document to reference groups – to get any further things to add to the document?</li> <li>• LN also suggested linking through the St Mungos reps on SUCC to get connected with Paul.</li> <li>• <b>Action – DN to take this document to PH. LN to forward it to reference groups and all SUCC members. All SUCC members to discuss with their own reference groups. Feedback from all to be received by LN or BM by 27<sup>th</sup> October. The collated information will be sent out in time for the November meeting.</b></li> </ul>
6.	<p><u>Agenda for Next Meeting</u></p> <p>Invite Crisis and Inpatients managers for November meeting.</p> <p>Invite Crisis house managers for December meeting.</p> <p><b>Action BM to send out doodle poll to set up extra meeting before Christmas.</b></p>
7.	<p><u>Next Meeting</u> Wednesday 9<sup>th</sup> November 2016 – Hamilton House</p>