

NOTES

Meeting: Service Users and Carer Council Meeting
Date: Weds 10th August 2016 Time: 1.30pm to 3.30pm
Location: Mild West Room, Hamilton House, Stokes Croft

<i>Attendees</i>	Lynne Newbury (Chair) Rep for Dementia Services (Vice Chair) Rep 1 for Community Rehab Rep for Assessment and Recovery Rep for Wellbeing Therapies Rep for Early Intervention Service Rep for Complex Intervention in Psychology Rep for Assessment and Recovery (new)	<i>Additional Attendees -</i> Bhavna Mistry (Minutes) Bev Woolmer
<i>Apologies</i>	Rep for Crisis Service; Rep 2 for Community Rehab; Rep 1 for ACE; Rep 2 for ACE; Rep for Men's Crisis House	

Item	Agenda item
1.	<p><u>Welcome and Introductions</u></p> <p>All were welcomed to the meeting by LN and introductions were given, this was the first meeting for NP who will be the new representative for Assessment & Recovery Service.</p> <p>Minutes of the meeting of 20th July were reviewed:-</p> <p>Re: Action on ID & LN to raise training issue with Second Step – this will happen when the manager of the service returns from annual leave.</p> <p>Dementia Wellbeing has not yet identified a new rep, HC's tenure ends shortly. LN & HC to meet with the service to promote this. HC disappointed that this has not yet been actioned, much good coproduction has been developed and it is important not to lose it. Has been raised as to the benefits to the Council of these links as can be separate from mental health. Council generally feel it is helpful for other services to know about the work of Dementia Wellbeing service as the model is working very well and much can be learned from it. Also, that service users in other services may need to access Dementia service as they age. ND highlighted that this forum can highlight the needs of those who are unable to have a voice when it comes to their specialist care.</p>

Question raised – As services are now becoming ageless, how does this affect Older Adults with non-dementia type mental health needs- are these voices heard?

Action - LN and BW to meet with Older Adult services wards (Aspen and Laurel at CRH)

Ongoing action - LN and BW to meet and look at SU&C barriers to involvement.

Question raised - How are reps found to replace those who will be coming to the end of their tenures. LN advised that the current reps have / should in future discuss with managers of the services they are representing, who should then advertise and actively seek new representatives. LN and a member of SUCC will then meet with the nominated reps and discuss the roles. If there are multiple applicants interviews would need to take place. This process has already actioned in the ACE, EIP, A&R and Women's Crisis house and new reps appointed to join SUCC in September.

Update on Independent Places

From September BIMHN will be represented on SUCC as an independent voice.

M.M – is to represent Forensic / Secure Services

ACE will have new representatives – DN & VG.

There has been interest from a rep for Drugs & Alcohol services and from Employment but as these people work the current time can be a challenge. The group were asked if there could be flexibility. General consensus that mornings are difficult for people. May be more helpful at the end of the day, no consensus.

Question re BIMHN rep – would it be an individual representing themselves or BIMHN? It was reiterated that BIMHN will have a place as an independent voice, along with other Service Users and Carers reps of services.

Question- Will the BIMHN rep be the same person each meeting or will it change? Consensus that it should be the same person for continuity.

Question – will the BIMHN rep be a paid member of staff from the committee or a nominated member, as all of SUCC are SU or C who represent services and have lived in experience? **An objection was raised** to TR being the representative on SUCC as he is already the representative on all the other fora of BMH (this was also seconded by another member). Concern felt that it should be another lesser heard voice of BIMHN to enable wider SUCC representation. It was also discussed how many members there are of BIMHN (it was thought that there are around 200 signed up members although not all attend the meetings). BIMHN applying to becoming a charitable organisation. SUCC are invited to attend the AGM (date to be confirmed) which LN is keen for SUCC to attend.

Action LN to find out who will be representing BIMHN on SUCC and also about its membership and when the AGM is going to happen.

LN reiterated that the same rules for independent places would apply to all those recruited to SUCC.

Changes to Reps

JP will be the other Early Intervention in Psychosis representative

Inpatient services also have a person who has agreed to represent.

There will be a change to CPI representative as current rep will switch to

	<p>representing Women’s Crisis House. ID will remain as Crisis Rep for a further 6 more months as there are multiple changes happening in the Crisis Service, this has been encouraged by the Crisis Service Manager. CN & AP have also agreed to stay on for 6 more months for Comm Rehab to enable continuity through the time of change.</p> <p>It was asked if there were any other comments on the minutes and there were none - Minutes were accepted.</p>
2.	<p><u>Strategic Lead Update</u></p> <p>LN gave feedback from the governance meetings of BMH.</p> <p><u>Bristol Mental Health Partnership committee</u> The second meeting of the PC took place on 21st July. The main aim was to set priorities for BMH. These are:</p> <ul style="list-style-type: none"> i) Comms both within BMH and beyond ii) Primary care referral iii) Culture. <p>These have been put forward to Performance and Improvement Group for further consultation and to set up projects to address each one. There are likely to be multiple projects which will require active SU&C coproduction from the outset.</p> <p>The topic of culture brought up much lengthy discussion and it was highlighted that there has been much SU&C work on this subject in the past which has not been acknowledged or acted on. There is an expectation of a document that had been worked on previously with Aileen Edwards which would be presented to SUCC – which has never happened. ACTION – LN to ask AE again about the whereabouts of this work.</p> <p>The first Performance and Improvement Group (P.I.G.) meeting took place on 26th July and took the form of a workshop. Around 40 people were in attendance and included SU&C, service managers, SLT & GPs. The main aim was to explore and deepen understanding around the 3 priorities. LN highlighted that there will be opportunities for those leaving the SUCC to be involved in these projects as it is important not to lose expertise.</p> <p>Discussion around culture change work currently being done as part of the Skill Mix Review by AWP and to be aware of the danger of replication and wasted resource, this work due to start week commencing 15th August, again led by Aileen Edwards. The importance of culture change was discussed at great length - Outcome - SUCC would like to run and lead a special session about culture (improvement within BMH) with BMH staff at all levels from across all services. Suggested that the next SUCC meeting on 14th September could be extended and used as the first meeting. LN would like to use the first part of the meeting as a celebration to thank those members of SUCC who are leaving and as a welcome for those joining us. This could be followed by the session looking at Culture utilising the experience of all.</p>

	<p>Discussion followed as to the wide range of topics and issues covered by the term 'culture'. Agreed that culture could be so many things.</p> <p><u>Discussion for planning 14th September Culture Change event:-</u></p> <p>Action: Each SUCC member to suggest staff member who would be appropriate to invite to the session.</p> <p>Agenda Identify work already done internally and possibly externally Co-production – Identify model of working What do we all understand by cultural change? Macro and Micro E.g. answering phones - “my name is”. Logistics/resources Across BMH/Individual Services Empowering front line staff Training – how do you implement all? All induction should be on appointment incl. organisation (agency) training. Attendees – agencies that have already done this. Evaluation?</p> <p>Also suggested to link up this culture change work with the work that has been done by ID for a prison service which has had an impact.</p>
3.	<p><u>Service Update</u></p> <p>BW informed and gave good news about the recent AWP Quality Standards Committee visit which focused on service user and carer involvement. The presentation in which BW, SH and NP all participated in was well received and also commended. Steph and Neil were thanked by the committee. The Community Dashboard was well received by the committee as an example of service user carer involvement. This tracks the number of people in the services and who is waiting to be seen etc. in real time. Bev thanked and congratulated Steph and Neil for their involvement in this achievement.</p> <p><u>E.I</u></p> <p>AW described a recent project supported by Hannah Carr Comms officer of SLT to create an audio recording made by service users and carers talking about the early warning signs of psychosis. The editing is completed and the link will be added to the website for all to hear. AW also updated on the booklet produced by the EI reference group to help SU&C with psychosis which is to be published. It will be in print and electronic form and AWP are funding it. LN suggested writing from the SUCC to congratulate the project team and the peer support worker who has initiated a lot of the work for it. As this would be a good example of the role of a Peer Support worker. ACTION LN</p>

<p>4.</p>	<p><u>AOB</u> ND – Pointed out that the BMH Partnership Committee has a similar name to various other forums – needs clarification. Action LN – highlight the issue</p> <p>Crisis line update requested –</p> <p>Discussion took place around future planning of the crisis line as several members unclear and all concerned. NP able to give some informative insight into why the decision has been made to change the current crisis line (long waits for SU&C, inappropriate calls to the line for SU&C and many professionals, poor use of expert resources, reduction in staff time to deliver care at home). Neil informed about an internal communication which has been sent to all teams re early information about plans, currently confidential. SUCC stressed the urgent need for clear and accurate communication to be released to the SU&C community as soon as possible.</p> <p>Crisis line in its current form will be taken out of service at the end of November, a different service will be in place to support people at that point. Comms will be done in good time prior to this to clarify new service and to reassure people.</p>
<p>5.</p>	<p><u>Next Meeting</u></p> <p>14th September – CONFERENCE ROOM Hamilton House – 1.-4.30pm <u>Lunch for all SUCC members both new and existing at 1pm</u> <u>Staff to be invited for Culture Change Event – 2-4.30 pm</u></p>