

# NOTES

## Meeting: Service Users and Carer Council Meeting

Date: Weds 9<sup>th</sup> November 2016 Time: 1.30pm to 3.30pm

Location: Mild West Room, Hamilton House, Stokes Croft

<i>Attendees</i>	<p>Lynne Newbury (Chair) Rep for Dementia Service (Vice Chair) Rep for Crisis Service Rep 1 for Community Rehab Rep 2 for Community Rehab Rep 1 for ACE Rep for Sanctuary Rep for Wellbeing Therapies Rep for Early Intervention Service Rep for Assessment &amp; Recovery Rep for Complex Psychological Intervention Service Rep 1 for Dementia Service Rep 2 for Dementia Service Rep for BIMHN</p>	<p><i>Additional Attendees -</i> Bhavna Mistry (Minutes) Bev Woolmer Abraham Chipuriro (Service Manager for Crisis Service)</p> <p>Tulane Blythe (Senior Prac, Trauma Pathway PD (CPI) attended to observe.</p>
<i>Apologies</i>	Rep 2 for ACE, Rep for Men's Crisis House	

Item	Agenda item
1.	<p><u>Welcome and Introductions</u> LN welcomed all to the meeting and introductions were given by all to introduce each other to the three new members to join the council from today.</p> <p>This was the two year anniversary of this group which was started in November 2014.</p>
2.	<p><u>Update on Crisis Line</u></p> <ul style="list-style-type: none"> <li>AC was in attendance to give an update on the current position with the redevelopment of crisis line work.</li> <li>AC informed that there are three work streams working on the project. Information Group, Communications Group, Pathways reporting to project board. For co-production the SUC representation on each of the groups is given by SH, NP and ID and LN.</li> <li>It is being emphasised that the crisis line is being re-developed, not closing.</li> <li>Most are aware of the position. Crisis Service was important, the Crisis Line was introduced around August 2014 after recommissioning of the services in Bristol.</li> </ul>

- Currently the line receives in the region of 3000-5000 calls per month.
- Nearly 65% of calls were requests for advice or information, nature of calls in day time compared to night time were different.
- Raised question - what defines crisis? This can mean different things to all.
- Raised question – what is the line supposed to be for? This led to discussions with BMH and CCG about how the service could be made better.
- ID added that the crisis line number is widely circulated and raised how misuses have also happened (in that the professionals line is not widely used or known).
- Discussion with CCG had been raised how and when the service is needed – could be many different reasons.
- NP added that the information group is looking at what information is on the website, posters, leaflets etc. They will be working on the information to put out to Staff and SUCs.
- Further to discussion with CCG, the line will remain in its current form until there are clear pathways and information on the changes.
- **Action – AC to attend a meeting with service users and staff members of ACE service about Crisis Line redevelopment. (LN to arrange)**
- It was added that being documented is information/advice of what's helpful when in crisis. This is to develop a resource.
- FP – added that the Term “Crisis Line” should be changed to a new name to help people to understand the change.
- CN asked if there was another line specifically for Admin enquiries? – It was advised that the Pathways group will be looking at that. (This query arises a lot).
- Also mentioned was the notes from the BIMHN open forum meeting – it contains some suggestions, will be presented to the Crisis Line project board.
- ID asked if the crisis line number has been removed from the letters sent out to SUs. Abe informed not yet.
- ID also asked if the professionals line has been communicated? The response was that it is known however people call a number according to what they need.
- NP raised, that as staff have been told that crisis line will be ending staff are leaving and this will have repercussions. AC informed that there has always been a pool of bank staff with crisis line experience who are available to service the line. This risk is known and is on the risk register.
- FP suggested that due to population size and collecting correct data that having an initial answer by admin to collect the data and then to forward the call to a triager. This might help to take some of the pressure of clinical staff having to do all – but finding that some important data doesn't get collected due to only focusing on the person's needs.
- AC informed that the shape and form of how people access services will change. Work is progressing with the crisis line project group with the involvement of CCG and SUC reps and members of all services. If there are any questions and comments it would help to receive them and they can be sent to AC, or the any of the SUC reps and LN who are also involved in this work. **Action BM to send e-mails addresses in the circulation e-mail.**

	<ul style="list-style-type: none"> <li>• NP raised that concern around acute pathways and bed management. This was raised to flag up concern to acute pathway lead and women's crisis house meeting. The waiting list for women's crisis house was recently well resolved.</li> <li>• FP asked if when a SPA is introduced will it be the same point of access for all including Dementia, Learning Disabilities, Children's, Specialist etc? AC felt this was unlikely.</li> <li>• LN thanked AC for coming along and requested he comes back in February for a further update, which he hopes to be able to do.</li> </ul>
3.	<p><u>Minutes of meeting of 12<sup>th</sup> October</u>  Minutes of the 12<sup>th</sup> October meeting were read through.  Re: Monthly BMH newsletter, it was asked if all e-mail addresses have been included in the newsletter subscription? They have been added. <b>Action BM to include the e-mail addresses of the new SUCC members.</b></p> <p>Once again, LN emphasised that any feedback, comments to do with Crisis Line could be sent in.</p> <p>A second BIMHN open meeting is to be arranged, please send anything for the agenda to LN or ID. All SUCC members are encouraged to attend.</p>
4.	<p><u>Crisis "Z" Cards</u></p> <p>Firstly LN gave some background on the suggestion for this idea.</p> <p>LN talked about a recent visit that was made by members of SLT and Service managers to a CCG Collaborative in London (Central and North West London) on 31<sup>st</sup> October. This was for learning as this service works in a similar way to BMH with partner organisations although it's organisation, and population was different. The areas that were looked at were Crisis Service, Co-Production, Comms, SPA. It was found how problems are similar to ones encountered in BMH. Something that was interesting that happens there was training in leadership for SCUs and LN is hoping to receive more information about this.</p> <p>They were an example of many organisations working together across many councils. They also felt that they could also learn from us. Evaluation is not yet available.</p> <p>The idea was seen there of the Crisis "Z" cards (a handy pocket size sheet) with useful personalised information for a person in crisis to keep with them. This was thought a good idea and SLT have requested for SUCC members feedback on this with a view to developing something similar for BMH. A sample was shown and passed around for all to see. Most present, agreed that these were a good idea.</p> <p>ID mentioned that something very similar has recently been developed by SISH group. LN requested a sample be forwarded to her to share with SLT.</p> <p><b>Action ID to pass to LN.</b></p> <p>It was asked if there was a carers equivalent? There wasn't however there was a</p>

	<p>space for carers contact details to be included.</p> <p>One concern was raised as to having something like this made and the information that could be pre-printed on them – what if things change again – not to have a repeat of the same error.</p> <p>It was asked if the Z cards could be used universally?</p>
5.	<p><u>Service Updates</u></p> <p><u>Comm Rehab</u></p> <ul style="list-style-type: none"> <li>• Planning permission has been granted, however since the last update around the decisions about decorating the premises were mentioned, another delay has been given. It has now transpired that there is not enough budget for the whole project and it is proving hard to get it on budget. Deficit of approx. £200k</li> <li>• CCG have been approached for additional funding and an answer to this request is awaited.</li> <li>• Another option being considered is reducing the size of the building - 12 beds to 10 or even 6.</li> <li>• Other options of working out savings have all been considered but not looking possible.</li> <li>• CN explained more about this service for benefit of new members. The idea for this set up was for people stepping down from acute wards at Callington and for the provision of some supported independent living. Also a venue where community groups could run activities to support rehabilitation and recovery.</li> <li>• Questions were raised around planning and it was suggested that two years since this was first started, would the requirement be the same as was originally envisaged?</li> <li>• Also raised how delays have repercussions on the service users and services and service provision all down the line. Costs rise due to inflation</li> <li>• Tender process was also discussed and the remaining time for the partnership (of the five years, 2 have passed. The building works would be likely to take over 18 months, by which time the partnership will be coming to an end).</li> <li>• It was mentioned that the manager of AWP estates has worked very hard to try and get this project to work. LN added that SU opinion should be given more voice.</li> <li>• It was asked what SUCC should do? It was felt that as a group should approach Second Step and CCG with the concerns. Asking how the effects are going to be managed. LN advised that it would be useful for the SUC concerns to be raised to CCG.</li> <li>• It was felt that a letter should be drafted by CN and AP as the reps for the service, supported by the members of SUCC. Also felt that the concerns should be shared with Chris Kinston – service manager.</li> <li>• It was asked who in SLT monitors projects like this? A: reports directly to Governance Board.</li> <li>• LN suggested that the SUC point of view on this needs to be raised at BMH Partnership Committee (next meeting 17<sup>th</sup> November).</li> </ul>

- A vote was taken and the members of the council unanimously agreed that a letter should be written to express their views on this.
- Also recommended to look at the governance around this at second step and how it is being reviewed there.

#### Crisis

ID talked about the Crisis Service survey which has been completed by 13 people. It has been analysed and written up for presentation at the crisis group meetings next week. There was a lot of positive feedback with 11 out of 13 people saying that they were very pleased with the service they received.

#### Dementia

- Referrals have been flowing in at the rate of 100 per month.
- HC had raised this at a recent operations meeting asking if there was funding to cover capacity to handle all. Although, this hasn't reached the full 4000 number of active live cases for which the funding has been agreed.
- Referral levels are not lessening. Good that GPs are diagnosing. They have had a lot of support in practices, and are worked with if their data shows that the support is required. A GP lead is also able to support other GPs around dementia.
- DWS have been transparent and would be asked for this type of data (as it can also be useful for other services to learn from).
- This was HC's last meeting as the Dementia Wellbeing Service Representative and as Vice-chair of SUCC. HC handed over to two new representatives KS and RR.
- LN and all SUCC thanked HC for her work and support on the SUCC for the last two years.

#### Wellbeing Therapies

- ND has been speaking with Rick Cooper the service manager about work that is being planned.
- Some feedback was given form from evaluation that was taken after initial phone assessments. Mostly positive feedback has been given as well as some negative. This was gathered from September/October this year.

#### CPI

- SH talked about results from the PIE Survey (Psychologically Informed Environment) from the questionnaires that were sent out earlier in the year. She will forward this to BM to forward to all SUCC members.
- Some feedback around concerns from carers/care teams who are unsupported. Different responses for different parts of the city.

#### Women's Crisis House

- SH has been attending regularly and has met with the operations manager.
- The three week stay has been piloted. A fourth week has been only offered to those who need it for clinical reasons. This has caused problems amongst residents so is being reverted to 4 weeks.
- ID commented it is widely now known by most service users that people could leave early if they didn't need to stay for the whole 4 weeks. This will

be offered to all and monitored.

- Assessments have been moved to 3-4 days before a service user is eligible to stay there. This is to make it appropriate to the person who needs it.
- WCH need support with amount of referrals. Some GPs are not understanding referrals
- Recruitment for a new manager needs to happen. The job was advertised but no appointment was made. It was suggested by SH that pay level needs to be reviewed as it needs to be a person who has a Mental Health Care background, this is being considered.
- SH has mentioned that a SUC representative needs to be on the interview panel for this role.

#### Assessment & Recovery

- NP is currently drafting a vision and values document for the ToR of Community Mental Health Services reference groups.
- Conversation Cafes have started which offer an opportunity for SUC voices to be heard in an informal setting. LN mentioned that this can be shared with all so that more people know about it, a new flyer is to be circulated. They have been started by LN, BW, TS and NP and have a social atmosphere. This is currently a pilot and LN and BW will step out of facilitation after a few more sessions. If successful they could also be set up for North and South areas of the city too.
- Training is being worked on for Crisis and contingency planning.
- Recently for A&R central the Duty Helpline (which is meant to be operational from 8am to 8pm 7 days a week) was reduced without notification. NP has a meeting with Carey Wright who leads on this service. The change has not been communicated to SUCs and risks can arise. NP will also be taking this to A&R reference group and feeding back to SUCC after.
- If the line is answered by Admin Staff during the time there is no clinical staff, they will say to call back at the later time (when duty staff are available).
- LN explained that this was originally done when there was a staff shortage but that was a temporary measure. Currently answered by admin staff from 8am to 2pm each day.
- Skill mix review – scope of this project group keeps fluctuating. If things progress increased SUCC input will be required.
- 6-8 work streams are set up looking at packages of care under therapeutic services.
- NP is co-leading with Sarah Branton on interface with primary care and connecting with GPs as well.

An amendment was requested to the minutes by NP and this was done at the meeting of 12<sup>th</sup> December 2016. The update is as follows:-

NP requested an amendment by e-mail to the minutes under the A&R feedback as follows:-

NP raised the issue of bed management as the Acute Pathways Lead has been very successful in helping to manage risk, facilitate access to inpatient beds and worked with the Women's Crisis House to reduce the waiting time significantly. This issue was raised as Liz Thomas who is in this role is leaving and there are currently no plans to appoint anyone else to this post - the concern was that this

	<p>successful work and the significant benefits of it to both individuals and the system will be lost and the situation might easily return to long waiting times and increasing difficulty in accessing acute care. AC is aware of the situation, but it will need to be carefully monitored to ensure the situation doesn't deteriorate again.</p> <p>NP has been asked to co-lead the Interventions work stream (not interface with Primary Care) with Sarah Branton. This is part of the Skill Mix Review of the A&amp;R service, and will look at what interventions are effective and should be offered to people seeking help from the service, as well as the staffing and training needs associated with this.</p> <p><u>E I</u></p> <ul style="list-style-type: none"> <li>• A researcher has recently attended the reference group meetings to share and recruit for a react tool kit (randomised trial) and also about an autism trial that is to be carried out.</li> <li>• A talk was given by Dee Johnson about solution focused therapy which is attempted in pairs where solutions come from the individuals themselves rather than looking for therapies.</li> <li>• Funding is being sought for the leaflet. Rachel Esposito and other managers have been looking into options.</li> </ul> <p><u>Sanctuary</u></p> <ul style="list-style-type: none"> <li>• LC has attended reference group meetings and there has not been many participants. Has spoken to staff to find more people to participate.</li> <li>• lola asked LC to find out if Sanctuary will be used again as a cold weather centre for rough sleepers? When this happened last time the Sanctuary did not operate for two weekends. It is to know what provision will be made for Sanctuary if this happens again?</li> <li>• NP also raised about an issue of a boiler breaking down and no provision for repairs as there are no estates staff covering at weekends.</li> </ul> <p><u>ACE</u></p> <ul style="list-style-type: none"> <li>• VG reported that the Women's group is going well.</li> <li>• Has attended ACE staff meetings to discuss improvements.</li> <li>• ACE are having issues about discharging to A&amp;R, due to capacity in A&amp;R.</li> </ul> <p><u>BIMHN</u></p> <ul style="list-style-type: none"> <li>• No meetings have recently taken place.</li> <li>• The Crisis Line Open Meeting was recently hosted by BIMHN and SUCC together (Notes were circulated prior to this meeting). BIMHN also co-hosted some events for Freedom of Mind festival. It was felt that this was aimed mostly at under 30 year olds and was not seen as very inclusive. It was said that a future event should be more inclusive.</li> <li>• FP is also involved in the AWP co-production of engagement strategy. It needs to be co-produced and Francesco welcomes ideas and input towards it from the Bristol perspective. Would like there to be consensus on this.</li> </ul>
6.	<p><u>AOB</u></p> <ul style="list-style-type: none"> <li>• 30<sup>th</sup> November Extraordinary meeting is about the Culture workshop –</li> </ul>

	<p>planning forward. It is at Colston Fort, Conference Room.</p> <ul style="list-style-type: none"> <li>Possible venue change for the meeting is to be considered in a bid to save money. Other options are sought? Iola suggested Unitarian Meeting Hall at Brunswick Sq. Cotham Parish Hall is another option. It was felt that a non health service venue would be best. <b>Action BM to make enquiries and send out email to all with options.</b></li> </ul>
7.	<p><u>Next Meeting</u></p> <p>30<sup>th</sup> November 2016 1.30-3.30pm at Colston Fort, Conference Room</p>