

NOTES

Meeting: Service Users and Carer Council Meeting

Date: 11th January 2017

Time: 1.30pm to 3.30pm

Location: Ground Floor Conference Room, Colston Fort, Montague Place, Kingsdown, Bristol, BS6 5UB

<i>Attendees</i>	Lynne Newbury (Chair) Rep for Wellbeing Therapies Rep for Early Intervention Service Rep for Women's Crisis House Rep 1 for Dementia Rep for Crisis Service Rep 1 for Community Rehab Rep 2 for Community Rehab Rep for Assessment & Recovery Rep 2 for ACE	<i>Additional Attendees -</i> Bhavna Mistry (Minutes) Bev Woolmer – SU Involvement (Bristol) Glen Townsend - CCG Mel Palmer – Manager of Men's Crisis House
<i>Apologies</i>	Rep for Sanctuary, Rep for Secure Services, Rep 1 for ACE, Rep for Men's Crisis House, Rep for Complex Psychological Interventions, Rep 2 for Dementia Services, Rep for BIMHN	

Item	Agenda item
1.	<p><u>Welcome and Introductions</u></p> <p>All were welcomed to the meeting and introductions were given around the table.</p> <p><u>Update to minutes of November 2016 meeting – NP</u> accepted the update to the feedback. <u>Minutes of December 2016 meeting –</u> were accepted.</p>
2.	<ul style="list-style-type: none"> <u>Men's Crisis House, Service Manager - Mel Palmer</u> <p>The SUCC were keen to hear about the crisis services and how they work? MP gave an introduction to the work of the Men's Crisis House and a brief overview of how it provides structure, routine, services in the community and service in a client led non-medical model. There are six day staff and two night staff and support is offered 24 hours a day. There are successful recovery groups in process and focus is on 5 Ways to Wellbeing. Aim is for clients to take the lead in their own recovery. Co-production is paramount and clients are asked about how things are run and suggestions are welcomed. Clients are welcome to come back after they have been discharged to attend support groups. The makeup of the building and its use was described. Meals are provided and all clients are actively encouraged to help the staff in the preparations and all are encouraged to eat together in the evening. Some positive feedback was shared. Questions:- Entry Criteria MCH does allow people with drug and alcohol needs but not in WCH? - This is because the aim is to commit to making changes in MCH. WCH entry criteria is based on risk to the individual and to others. MCH is an open environment – but supports detox. WCH has 'Zero Tolerance' approach. GT gave some information about the contracts development for both crisis houses. Clarification was requested about the changes that have been made to the contracts. Action GT to request from Missing Link and will circulate.</p>

MP has been working closely with WCH recently to help working with RiO and is positive about relationships going forward with better working together. GT added that commissioners are encouraging ways of improving MCH and WCH working together.

A new WCH manager's post has been advertised recently but not appointed to. Changes to working arrangements have been made they will be 3 days in house and 2 days working with BMH partners. The post has been re-graded.

MP asked what would be wanted from the two crisis houses working together. Discussion took place. Suggestions for this were:-

Joint meetings to share ideas to support recovery and better working practices
Shared opportunities for joint training

GT commented that there is a hope for more provision to be made which may allow better working together, may also broaden to include wider crisis services.

If recovery groups of MCH and WCH and Sanctuary could come together would be over 20 people and therefore wider and stronger group – (this may not suit everyone at a given point in their journey).

Suggestion given about culture/culture change and working together in partnership with a joint steering group.

When new WCH manager is in post both Crisis House managers and their SUCC reps could meet for discussion to explore further.

Question raised around food donations from various outlets around Broadmead. This was raised because these are not always healthy options. MP responded that these are collected from various outlets when staff are available to collect. They are not solely and always for the use of those in MCH they are also for users of other Mungos services – e.g. the homeless who use Compass Centre where these donations are very much needed.

Question raised about current provision in MCH or WCH for transgender people. There are societal trends and now a significant increase in the number of people who don't identify with either gender. What would be the resolution?

GT responded that this is now being taken into account by CCG. Some trans-awareness training has also been taking place organised by SLT.

MCH policy is open. WCH policy is to take on by individual case by case basis on risk of others in the house as well as individuals. GT stressed that there cannot be exclusion to all services. Sometimes it is not about the service but the contract. CCG are doing some work around this. Re-commissioning reviews are taking place. Also that this is an issue for Men's and Women's PICUs and community services.

Non-binary – where are they best supported? Need to consider needs of the individual.

Discussed - It was stressed that more women from varying cultural backgrounds are coming to the WCH as it is women only and safer. It was felt a lot more discussion needs to happen to help resolve with clearer options and choices available and to identify gaps in services.

Suggestions put for special gender-reassignment house, and discussed how the experience of crisis houses can be emotionally. Suggestion given to have special recovery groups. In reality there are not the resources to provide this. Need to have more joined up planning across services. It was felt that inclusiveness is very important for everyone – internally and externally and SUCC should lead the way, moving forward in a positive way with staff and SUs of both crisis houses being a part of a steering group. Also raised this must include those who do not usually heard, including the vulnerable and older people.

Action LN raised that this could become a special project for SUCC under culture change and care planning. A special meeting to be set up when new WCH manager in post to discuss across BMH.

	<p>MP also raised that the Equalities, Diversity and Inclusion Steering Group is another forum where she is involved and is also the LGBT manifesto lead for BMH.</p>
<p>3.</p>	<p><u>Service Updates</u></p> <p><u>LN – Strategic Lead Update</u> LN informed meetings with Mungos & Second Step to increase carers work & support with BMH have taken place. Increasingly good attendance at the Conversation Cafes with positive feedback. The next one will go ahead on 3rd February. Sessions will continue but need to find new venue with improved accessibility.</p> <p>LN and CN have spoken about recent serious incidents at Community Rehab. It was asked that when a Serious Case Review (SCR) is done, can service users be allowed to contribute to and know of the learning gained that is shared after a report is completed? Also, it was asked if SUCs are ever included in SCRs? GT agreed that there's no reason why they should not be included, sometimes permission might be needed. It was felt that any organisations who look at serious incidents reporting should include SUs. LN emphasised that the reports are not about blaming anyone but about learning what could be understood better. SCRs were explained. CN raised that it could be that those who are in Community Rehab are seen to have less needs than those on wards so it could be that staffing is different and difference in care, things could be missed. Would this come out as part of the SCR? It was important to have SUCC reflection on SCRs. It was thought that Paul Flood senior manager involved with Community Rehab would support and also suggested that Mark Bunker – who is in charge of Quality would also be good to include. Suggestion that changes may be required in policies and pathways. Concern was raised that it can be difficult to spot when someone may be suicidal. Action GT to share Southern Trust report if it is available. Action BW to speak to Mark Bunker and invite to future Council meeting to discuss. Action LN speak to Second Step to ask about feedback on current case.</p> <p>LN informed still no progress on new community rehab build at Speedwell site. GT agreed no news on progress. SUCC concerned that this project has been allowed to run over so much and may now not happen. Action LN & GT to report back to next meeting on current state of play.</p> <p>LN informed that Otsuka Health Solutions (OHS) and therefore the Joining the Dots (JTD) project has had funding withdrawn by AWP and will not be continuing and the team have already ceased all work. Disapproval and shock at this decision noted. Many questions around the continuation of work to date were raised. Service users and carers involved had not been informed that the project could end and have worked hard for almost 2 years, left feeling let down, angry and disillusioned once again by raised expectations and poor communication from AWP. LN informed that a statement will be released soon. Current understanding is that the reason for this decision is financial. Agreement from the Council that questions must be put to AWP. Some of SLT have a preliminary meeting with AWP tomorrow and we may have more clarity after. Agreed to write to Andrew Dean with questions and request for direct answers were given:-</p> <ul style="list-style-type: none"> • A report from AWP around outcomes for AWP SUs should be requested. • What Intellectual Property are AWP keeping? • How much has been spent?

	<ul style="list-style-type: none"> • How can they (Otsuka/AWP) have not delivered? • Can any of the work from the Care Pathway tool be used? • Why was there no mitigation or planning of exit strategy in the contracts? • Will AWP be speaking to the SUCs who were involved in it and are now feeling let down? • Everything should be kept transparent. What is the comms plan? • Should be clarified that it is an AWP trust executive decision not BMH • Statement will need to have a point of contact. • What will happen to the analytics • Will any results from the pilot study be provided? • Were any SUCs involved in the decision? • What would have been the potential savings has this been thought through? • Has it demonstrated what it was meant to do? • Can the Care Pathway tool be used with RiO? <p>LN believes that the training currently being planned by Tracey Clack will continue until the end of March as the tool may be used elsewhere mentioned that any training work that has been done will be kept and developed further for future use but this will not happen in Bristol</p> <p>Action LN – write to Andrew Dean on behalf of the Council requesting answers to above questions. To invite Andrew to attend a meeting of SUCC.</p> <p>LN highlighted need to prioritise and move forward on SUCC strategy plan & suggested an Extraordinary meeting of SUCC re: Strategy for 2017. Date 15th February 1-4pm at Maple Room Colston Fort- agreed.</p> <p><u>Crisis Line Update</u> The Crisis Line Project Board are to meet and would like to know if:-</p> <ol style="list-style-type: none"> 1) Original number should be kept – with updated automated guide messages (with important work done to ensure that inappropriate calls do not happen). 2) Number changes and a new way of working/design of system with new number being given out as appropriate? <p>Discussed. Most preferred to keep old number with only a short menu of options. ID & SH to feedback to Project Board.</p> <p><u>Service User Voice meeting</u> – There is a second meeting of this group which aims to bring together SU from across Bristol. LN not able to attend as to be off for 3 weeks for ankle surgery. Meeting on 1st Feb 1-2.30pm at South Plaza. LC and DN interested to attend. JT will also attend in the future but cannot make this one.</p>
4.	<p><u>Next Meeting</u></p> <p>Wednesday 8th February 2107 1.30-3.30pm at Ground Floor Conference Room, Colston Fort.</p> <p>Extraordinary Wednesday 15th February 2017 from 1.30 to 3.30 in the Ground Floor Conference Room, Colston Fort, Montague Place, Kingsdown, Bristol, BS6 5UB</p>