

NOTES

Meeting: Service Users and Carer Council Meeting	
Date: Weds 8th March 2017	Time: 1.30pm to 3.30pm
Location: Colston Fort, Montague Place, Kingsdown, Bristol, BS6 5UB	

<i>Attendees</i>	<p>Lynne Newbury (Chair) Rep for Crisis Service Rep 1 for Comm Rehab Rep for Men's Crisis House Rep for Women's Crisis House Rep for Bristol Wellbeing Therapies Rep for Early Intervention in Psychosis Rep 1 for Dementia Wellbeing Service Rep 2 for Dementia Wellbeing Service Rep for BIMHN</p> <p>Contact with Reps can be organised via the System Leadership Team Tel: 0117 3546200 e-mail : awp.BMHSsystemLeadership@nhs.net</p>	<p><i>Additional Attendees -</i> Bhavna Mistry (Minutes) Bev Woolmer Louise Johnson (Clinical Lead for PD pathway)</p>
<i>Apologies</i>	<p>Rep 2 for Comm Rehab; Rep for Sanctuary; Rep for A&R; Rep for Secure Services; Rep for CPI;</p> <p>No contact from Rep 1 for ACE; Rep 2 for ACE</p>	

Item	Agenda item
1.	<p><u>Welcome and Introductions</u></p> <p>1. All were welcomed and introductions were given around the room.</p>
2.	<p><u>Guest Speaker – Louise Johnson, Personality Disorder, Clinical Lead</u></p> <p>3. Louise spoke to the group about her new role As Personality Disorder lead; she will be working across BMH, she also gave some context to her role and national context for PD. Louise. A hand out "Developing Personality Disorder Provision and Pathways in Bristol Mental Health" was given to all to support the talk, (copy attached with minutes).</p> <p>4. Rep for Crisis also gave some background to explain how this role had been</p>

	<p>created.</p> <p>5. The Council were given the opportunity to ask questions.</p> <p>6. What is Personality Disorder? Explained by Louise as Individuals who have difficulties with emotional regulation which plays out in relationships across all areas of their life. Can be as a result of living through issues like abuse or trauma suffered early in their lives. There is now a national level policy and guidance for people with PD.</p> <p>7. How is PD diagnosed? Can be difficult to diagnose as a diagnosis requires a psychiatrist and many who have the needs do not get to a psychiatrist. If they are diagnosed with another condition as well, the PD tends to be not be given priority. Therefore in order help better understand PD, a screening tool which looks at the whole spectrum of issues is being sought rather than a straight diagnosis. This would also help to include people with PD and other diagnosis as well.</p> <p>8. How do people access services? All BMH teams work in different ways so will need to address how to support the teams to work with PD people in a similar and more structured way. There will be training and support provided for teams when everything is agreed which will be cascaded out in an education model.</p> <p>9. Why were these particular five areas chosen to prioritise to develop the pathway? Answer – GP as it's the main area for accessing for most people and from there can be moved on to specialist through to MH and Specialised Service and back to GP via other support services (VCS). It's taking into consideration individuals journey as needs are often complex.</p> <p>10. Are people with PD placed on Community Treatment Orders? LJ answered that these are rarely used, but it may have occurred. Discussion also took place around people with PD difficulties who are in prison with "indeterminate" sentences (no release dates).</p> <p>11. The PD Group working to develop services. In the interim, a PD network has been set up. This was the idea of Lola Davies from Emerging Health who has identified a need to provide peer support, including meet ups and social activities. The group is being supported by BIMHN and the EUPD group that meets at MIND and a steering group has been formed. The plan is to begin with small groups that are safe for people to join, the hope is for this to grow to include a wider area around Bristol as learning is gained and areas of need identified.</p> <p>12. What are the plans to help people placed out of area to support them to come back? This work is ongoing and is being prioritised.</p> <p>13. The Council requested training around PD as the condition is so prevalent. LN suggested that ID could provide this as she is a member of the Council, and an expert in the field of PD training.</p> <p>14. ACTION – LN to speak to ID.</p>
3	<p><u>15. Minutes of 8th Feb and matters arising</u></p> <p>16. The minutes were reviewed. One amendment had been requested by Rep for Sanctuary, and the minutes at point 56 have been updated.</p> <p>17. Point 47 – was for Government Guidelines on Crisis Service (not crisis cards) – has been amended.</p> <p>18. GT has forwarded the Southern Trust report (Independent Review of deaths of</p>

	<p>people with Learning Difficulties and Mental Health Problem in contact with Southern Health NHS Foundation 2011-2015). GT had mentioned this at the January meeting. This will be electronically circulated by SLT to all SUCC members and one printed copy will be available through SLT office (it is 124 pages long).</p> <p>19. Action – LN to chase GT to find out if the meeting on 29th March where CCG want to invite SUCs to give comments on commissioning is still taking place?</p> <p>20. Action LN to ask SLT Comms Officer to add to newsletter about Samaritans wanting volunteers.</p> <p>21. Requested – A glossary of abbreviations for minutes could be added.</p> <p>22. Action LN to invite future guests (Rick Cooper and Kate Webb are named so far).</p> <p>23. Trust-wide SUC meetings – Rep from Dementia is interested in attending – Action LN to give them an update.</p> <p>24. Action BM to carry out updates to the 8th Feb minutes and re-circulate.</p>
4	<p>25. <u>Update from Strategic Lead for Service User & Carers</u></p> <p>26. No acknowledgement has been received in regards to the letter from SUCC re: Withdrawal of support to Joining the Dots Project. A letter was sent to Andrew Dean Executive Lead for Quality. It has been sent to Andrew Dean and his PA by e-mail as well as in print. It has been chased up and there has still not been any response to this letter which was originally sent in January 2017. SUCC members were dismayed that there has not been any response and have requested LN to draft a letter expressing concern at the lack of response with some emphasis as discussed. Action LN. Noted it is was felt very unsatisfactory and disrespectful that no response had been received by SUCC</p> <p>27. Invite Andrew Dean to a future SUCC meeting – action LN.</p> <p>28. <u>STP</u> - Changes are coming due to BNSSG STP footprint. Funding changes will be made by all CCGs – nothing is yet known about what is to happen. SUCC members raised that the CCGs are in differing financial positions, concern that Bristol is being paired with financially weaker CCGs (North Som & South Glos) and this could impact negatively on Bristol. LN suggested that the CCG STP lead could be invited to attend SUCC to explain more? Agreed – Action LN to invite for June or July meeting when plans are clearer.</p> <p>29. <u>Conversation Cafes</u> – The pilots have been well reviewed. Plan to continue but to move to a new venue which is better for accessibility. Date and time will remain same – every first Friday of the month and new venue will be Doms Café near to Bristol Hippodrome, all future meetings will be held there. Next meeting 7th April,</p> <p>30. <u>Carers Group with St Mungos</u> – A new group has been started in partnership with staff at St Mungos, for carers of people with complex needs who are not accessing other support and may have loved one who is using ACE, or the Men's or Women's Crisis Houses. Posters are being circulated to all areas. Action LN to send poster to SUCC.</p>
5.	<p><u>Service Updates</u></p> <p>31. <u>Rep 1 for Dementia Services</u> gave an update on the work being done by the</p>

	<p>Community Development Co-Ordinators who are reaching out to the Somali, Caribbean, S.E. Asian and Chinese Communities. Language videos have been made to help tackle the stigma around dementia in various communities. The rep had asked the service how they manage to do so well at their engagement. The reply was that Alzheimer's as the partner do what the SUCs want and not what they think is wanted. Also reported that two day care centres are closing (Summerhill and Barnstaple in Brentry) and this will be challenging for many dementia sufferers who will need to access care somewhere else. This will also increase the pressure on carers.</p> <p>32. <u>Rep for Crisis</u> – Last Crisis Reference Group had looked at the evaluation report. This report is now ready for circulation to go to AWP management, SUCC and CCG. The next Crisis Line Project Board meeting is on 9th March.</p> <p>33. <u>Rep 1 for Comm Rehab</u> – Asked LN if any news about funding had been received? LN informed there's not going to be any more funding applied to this project. Meetings have been less frequent so nothing to report. Rep 1 has informed Comm Rehab manager and now SUCC that as she has now served on SUCC for 2.5 years it is time for her to move on (as tenure is 2 years). Hoping for a replacement to be found. SUCC members requested to know what is happening with the money that had been allotted for this work. Action LN to find out from CCG and feedback to SUCC.</p> <p>34. <u>Rep for Early Intervention in Psychosis</u> – Quarterly Trustwide SU open forum was discussed at the last reference group meeting and it was felt that generally attending it would improve local services, meetings aims are not clear and impact poor. Consultation on changes for crisis cards has been carried out in the reference group. There had been a presentation on how the EIP service works which was very informative for the SU&C. <u>Rep also talked about an event that might be of interest to some – an opera “Dido and Aeneas” which is being set in a Psychiatric unit. Dates and information will be circulated to SUCC Action BM</u></p> <p>35. <u>Rep for BIMHN</u> – Plans for an Open Forum to be carried out in progress, first one hoped to be in April. Independent Mental Health Network is now a Charitable Integrated Organisation. The Council congratulated BIMHN on achieving this. They will be building wider links and will reach out to Wales, South Glos and North Somerset to be a part of it. They are currently working on an engagement strategy to reach out to develop working with different groups. CCG are offering to cover training costs for wards and units evaluations via BIMHN. Action all Please contact BIMHN if you wish to get involved. Also working on Crisis Line Review and other pathway work.</p> <p>36. <u>Rep for Wellbeing Therapies</u> - Forum is still in the process of being started so another rep has still not been found. WTS manager to be invited to SUCC. Action LN to invite Rick Cooper.</p> <p>37. <u>Rep for Men's Crisis House</u> – Revolving door evaluation is nearly complete and re-commissioning work is in progress. Rep reported that there is more pro-activeness in the staff now. Team trained to deliver 5 ways to wellbeing and other activities. SUs feedback on general service issues is often around communication between services and SU, also housing an ongoing concern especially on discharge. It was noted that Crisis Team can tend to refer people</p>
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	<p>into Crisis Houses too quickly which may not always be in the clients best interest. Crisis team referrals are closed with-in 2 days of SUs being admitted to a crisis house, then should be moved on to other service, not always good care co-ordination.</p> <p>38. <u>Rep for Women's Crisis House</u> - Recruiting for a service manager (in second wave). Waiting list for the house is currently under control. Looking at updating the leaflet and some feedback has been given for this. Good feedback has come from service users.</p> <p>39. <u>Rep for CPI</u> – Will be presenting to the Quality Standards Meeting, the findings from the CPI questionnaire that was circulated in 2016. There is concern around the capacity of CPI – stretched to limit) and not enough resource for Bristol. South Bristol is at 100% capacity and there is a long waiting list to access the service.</p>
6.	<p><u>Strategic Lead Update</u></p> <p>40. LN asked all about names on published minutes. This was discussed at length. It was agreed that there should be a single policy in order to avoid confusion. General agreement to show “Rep for xxx service” and that contact with reps can be made via the System Leadership Team. Individual services will continue to be able to arrange for individuals to speak directly to the relevant Rep.</p> <p>41. Agreed that showing Rep for xx service would be best for publishing minutes and to keep a separate register of attendance.</p> <p>42. Refreshing BMH Vision. Some co-production work has taken place. A group of Staff from different levels and service along with SU&C met to discuss. Six statements were decided and these were put into a grid for staff and service users to be asked to number them in order of priority. These will be collected and discussed for the next stage of refreshing the vision. All present were given the opportunity to do this exercise as a contribution to the work. The framework will be handed out directly, not via email.</p>
7.	<p><u>AOB</u></p> <p>43. Suggestion was given to follow the twitter account of NHS England (@NHS) as it has some very interesting tweets, and different guest curators or different services and service users/managers/staff who tweet on a different health/NHS theme every week.</p>
8.	<p><u>Next Meeting</u></p> <p>44. 12th April 2017 1.30 – 3.30 at Colston Fort</p>