

Trust Wide Involvement Group: Operations (TWIG Ops) Meeting Minutes

Monday 8th April 2013, 10:30am – 1:45pm
Meeting Room 1, Felix Post Unit, Maudsley Hospital

In Attendance:

Ray Johannsen-Chapman (RJC)	Co-Chair, Strategic Patient & Public Involvement Lead
D Rosier (DR)	Co-Chair, Service User Consultant
Vanessa Bray (VB)	Vice Co-Chair, TWIG Ops & Training Lead
Tom Ingman (TI)	Service User Consultant
Bridget Jones (BJ)	Service User Consultant – Operational Lead Food Project
Marianne Caitanne (MC)	PPI Facilitator CAMHS CAG
Mariana Bakewell (MB)	Patient Experience Officer, PPI Team (Minute Taker)
Garry Ellison (GE)	Service User Consultant
Matthew Richardson (MR)	Co-Chair, PSUIG
Dan Robotham (DRo)	Institute of Psychiatry (IoP) (Guest Speaker)
Gillian Ashwood (GA)	Recruitment and Selection Training Project Worker
Julie Connolly (JC)	Service User Consultant, Croydon

Apologies:

Liz Dalton (LD)	Service User Consultant
Paul Paterson (PP)	Members' Council Representative
Jim Ellis (JE)	Public Involvement Lead
Alice Glover (AG)	PPI Lead MAP & Psych Med CAG
Reagan Edmiston (RE)	PPI Lead B&D CAG (part-time)
Marie Clough (MC)	PPI Lead Psychosis CAG

<i>Item</i>	<i>Business Item</i>	<i>Action by</i>	<i>Date</i>
1.	Apologies Received as above		
2.	Matters Arising Minutes of the previous meeting were amended. The amended minutes are attached.		
3.	Involvement Register Review Update RJC updated that this will be sent to PPI Leads for their input by Friday 12 th April and when amended will be distributed to members of TWIG Ops for review.		

<p>4.</p>	<p>Blog, Facebook & Twitter Update BJ reported an increase in followers of the Facebook and Twitter accounts.</p> <p>RJC mentioned that the recent news of Facebook starting to charge to send messages was something to be mindful of.</p> <p>DR updated that the number of hits to the blog is increasing and that TI follows up each post, tagging with keywords for search engines. The post with the most hits every month is “My personal experience of a work-focused interview at JobCentrePlus”. VB asked about the popularity of the letter of exemption from work. It was suggested that a link to this letter be added to the blog. – AGREED.</p>	<p>DR to find out about the popularity of the letter of exemption on the blog and add a link to it.</p>	<p>Link added</p>
<p>5.</p>	<p>Report from Members’ Council RJC reported that the Members’ Council has changed its name to “The Council of Governors”.</p>		
<p>6.</p>	<p>Report from TWIG Strategic BJ and RJC reported the topics discussed at the TWIG Strategic meeting held on Tuesday 12th March 2013, in particular, the ‘Recovery College’, a presentation by Gus Heafield (GH), Acting Chief Executive, the non-smoking policy, removal of glass partitions across the Trust, an update from the Council of Governors, the proposal of a hub-based healthcare service by the Southwark Clinical Commissioning Group and updates on the PPI Strategy.</p> <p>It was proposed that a letter should be sent to Caroline Hough (CH) congratulating her on behalf of TWIG Ops for refusing to vote for the newly appointed NED as there was no service user involvement. - AGREED</p> <p>DR proposed that GH should be invited to a future TWIG Ops meeting. - AGREED</p> <p>It was suggested that TWIG Ops should go in line with TWIG Strategic.</p>	<p>DR to write to CH</p> <p>DR to write to GH</p>	<p>DR emailed 20 May</p>
<p>7.</p>	<p>Report from PEG RJC explained that the last PEG meeting to be held on Wednesday 3rd April 2013 was cancelled, but reported from the previous meeting held on Wednesday 6th March that the New National Community Survey is to be finished</p>		

	<p>in May/June this year. Final funding bids are being accepted through £50,000 of funding from CQUIN for teams to explore relevant areas of patient experience, with a limit of £5000 available for each team.</p>		
8.	<p>Report from PSUIG</p> <p>TI reported that PSUIG is looking into raising their profile, getting more CAG representation (MHOA specifically) and service users mentoring research for clinical psychology training.</p> <p>DR reported that there was very positive feedback from the free training that PSUIG offered service users who were given £10 for attending, but that there were no more resources for further training.</p> <p>The next PSUIG meeting will be held this afternoon. TI will report the outcomes at the next TWIG Ops meeting.</p>		
9.	<p>ESA Update</p> <p>The workfare scheme was discussed. BJ reported that several charities had recently withdrawn from the scheme.</p> <p>VB stated that people who are on the involvement register are exempt from the workfare scheme and there is an official letter stating this.</p> <p>RJC presented the Workfare Document which includes SLaM's response to the programme. RJC explained that it is the intention to distribute this document to local JobCentre Plus offices. The terms "patient" and "carer" had been used in the document instead of "service user" for clarity. – AGREED.</p> <p>VB expressed concerns that targets may be implemented. The aim is to support service users, not get them into work.</p> <p>GE expressed concern that the workfare scheme could hinder recovery. RJC had considered including this concern in the document. That the trust believes that service users on the involvement register should be exempt from the workfare programme should be included in the document. – AGREED</p>		

	<p>DR requested the removal of the first sentence of SLaM’s response and replaced with a clear statement that “anyone involved with SLaM should be exempt from the workfare scheme”. - AGREED</p>	<p>RJC to make amendments to workfare document</p>	<p>Friday 12th April 2013</p>
<p>10.</p>	<p>Reports from PPI Leads</p> <p>Report from CAMHS: MC reported the use of a forum theatre in Lewisham as a means of support for young service users, who attend as members of the audience. DR asked if something about this could be added to the TWIG Ops Blog. MC said that she would report on this.</p> <p>MC reported that peer support visits on wards had proved to be beneficial to service users who felt that talking to someone who had previously been on the wards and who was now moving on in their life gave them hope for the future. MC would like to see more young people visiting service users.</p> <p>Regarding the Recruitment Selection Programme, MC explained that there were focus groups and that she has contacted Borough Leads. It is the aim to run a training programme through GIFT. By June the aim is to have a parent/carers group and “Training for Trainers”.</p> <p>RJC suggested that the service user group could be organised through Young Minds. MC explained that she has already approached Young Minds and that she is looking for a venue that is available on Saturdays and away from the hospital.</p> <p>RJC added that the majority of comments received on PEDIC surveys for CAMHS were very positive across the board.</p> <p>RJC updated from Alice Glover, Psych Med and MAP CAGs that there was a recent open day to show what the CAGs can offer in the service user environment. From this they now have eleven new people involved.</p> <p>GA mentioned the Closing the Gap Project: one of the head teachers of a school in Brixton is desperate for support for the children. MC suggested that the head teacher should contact their borough council. RJC agreed that teachers struggle, support is limited and that PPI presence in schools would be very useful.</p>	<p>MC to report on the forum theatre for the blog.</p>	

	DR commented on the lack of attendance in TWIG Ops meetings from other PPI leads.	DR to email AG, MC and NC.	
11.	<p>Report from PSUIG</p> <p>MR updated that they aim to have four service user representatives in order to promote service user involvement in the psychologist services. PSUIG is aiming to facilitate service user involvement and provide information. Now they are revealing goals and training programmes for this year and adjusting to the CAG organisation.</p> <p>DR – the rota that MR developed is a fantastic way to get PSUIG psychologists along to the TWIG Ops meetings.</p> <p>RJC asked whether other mental health trusts in the UK have equivalent PSUIG groups. This is unknown.</p> <p>RJC asked how PSUIG is adjusting to the CAGS. MR replied that they had operated according to directorates previously but they are getting used to the way that CAGS operate and the teams that are represented.</p>		
12.	SUC Borough and Carer Reports:		
12a.	<p>Croydon Link Worker Update</p> <p>JC provided an update from Hear Us:</p> <p><u>The Hear Us Open Forum:</u> Previous meeting on 2nd April. Mind in Croydon discussed changes to council tax, benefit cap and housing benefits. Minutes will be posted to Hear Us members in the next few weeks and available on the website. Next meeting Tuesday 7th May, topic Inpatient Services and intro to Croydon Triage.</p> <p><u>The Hear Us Newsletter:</u> Will be out by end of April and will contain information on how to apply for the Personal Independence Payment (PIP) (the new Disability Living Allowance). Also will be asking the Clinical Commissioning Group (CCG) (the new Primary Care Trust) to fund an 8 page leaflet which will contain useful information and contacts relating to PIP.</p> <p><u>The Hear Us Mental Health and Wellbeing Guide:</u> There is a delay in going to print as information on new services is being added and there is uncertainty about which services are going to exist after funding cuts in the voluntary</p>		

sector and SLaM.

The Hear Us Linkworking Project: Allie is in conversations with SLaM to expand project into other SLaM services that would benefit from link working. BME report has gone to print and is also available on the Hear Us website. Currently working to improving Dual Diagnosis with Westminster Drug Project. Update will follow.

The Hear Us Reach Out Challenge: Project leader is Jane White, funded by Time to Change. Hear Us working to have open conversations about mental health across Croydon. Aims of project are to raise awareness of what it's like to live with mental illness and to encourage staff across organisations to have a more open policy towards mental health that enables them to be able to talk about their own mental wellbeing without shame and embarrassment. JC reports that the project is going extremely well.

JC stated that the triage opening will make a huge difference to Gresham 1. Currently some patients there are very unwell and can become violent and confused. The service is grossly understaffed, typically with clinical staff often in meetings and occupied with one-to-one meetings, leaving only administrative staff accessible. Not enough bank staff have been put in place to deal with the reduced clinical staff and there have been no occupational therapy activities for 10 days at a time. There has been a series of temporary managers and a lack of consistency for the past four years. It is reported that morale is very low but relationships are improving with the link workers. JC noted that she met the new Clinical Service Lead, who is enthusiastic and wants to set up a meeting with JC and [Allie] from Hear Us.

RJC suggested that the OT issue should be passed on to Gabrielle Richards.

RJC asked how the triage ward would change things. JC explained that patients from A&E would spend up to one week in the triage ward in a separate building where they would be assessed.

VB asked if there was a link for feedback on this service. JC responded that the Link Workers currently take 30 minutes for feedback. They would like to go in for 3 hours

	<p>but there is not enough funding for this currently. VB suggested that Patient Opinion Representatives should give feedback in order to get things done and that there was a link on the blog. DR proposed that this idea should be brought to the attention of the Head of Inpatient Services.</p>		
12b.	<p>Lewisham Link Worker Update Paul Paterson to provide update via email.</p>		
12c.	<p>Lambeth and Southwark Mind Update GE reported that Earl Pennycooke is the new manager. They are still finding their feet but want more collaboration with TWIG. Criticism from members that communication is very poor but that the idea to help with this was to meet regularly.</p> <p>There are concerns about workforce interviews following the changes to benefits in April. Patients often don't feel comfortable talking to doctors about their physical struggle while on medication.</p> <p>RJC reported that pharmacies provide a card in the patient welcome pack that gives the patient an opportunity to book an appointment with them.</p> <p>DR suggested that TWIG should meet regularly with the Ward Managers. GE is still trying to make this happen.</p> <p>GE reported that day centres in Southwark are closing. Maroons Resource Centre which used to be open every day is now only open one day per week and there is not enough space. There used to be 25-30 people using the service all the time but this is considered to be outdated and not indicative of recovery. People are assessed for personal budgets but there is not enough money. The relationship with SUCs is not as bad as before but there are still some issues.</p> <p>DR proposed that someone from Lambeth Mind should attend TWIG Ops meetings in place of Stefano.</p>	<p>GE to approach ward managers to come to meetings</p> <p>GE to contact Lambeth MIND to find replacement.</p>	
12d.	<p>Carers Update BJ reported that the Carers' Representative idea is going Trust-wide. It is hoped there will be a PEDIC survey specifically for carers which will be included. It was</p>		

	discussed whether carers should be separated or whether this would isolate them and that integration would be best.		
13.	<p>Biomedical Research Centre (BRC) – presentation by Daniel Robotham, IoP.</p> <p>DRO explained the goals of the BRC as a virtual centre of translational research about biomedical models. He has linked with AG, MC and NC already. Various members of staff are partly funded by the BRC. Most of the research over the next 4 years will be in neurological imaging, genetics, biomedical markers and neurological disorders. DRO is responsible for patient and carer participation and engages with stakeholders, participation in trials and clinical research and increasing SU involvement in research.</p> <p>There was discussion regarding the suitability of SU involvement in trials and the lack of feedback from previous surveys and research. DRO explained that due to short term contracts, the research register is often left in the hands of someone else who doesn't know to contact and give feedback and asked for advice and suggestions on how to change this.</p> <p>RJC reported that Guy's have a BRC with PPI Leads in their framework. DRO responded that the IoP's BRC is more research based.</p>		
14.	<p>AoB</p> <p>RJC announced that Health Watches in Southwark and Lewisham are an entity.</p> <p>Upcoming Meetings: Monday 3rd June - Speakers: Gabrielle Richards and Tony Holmes Monday 5th August – Special meeting with Simon Hughes Monday 7th October - RJC to book Patient Opinion</p>		