

PEOPLE PARTICIPATION COMMITTEE

MINUTES OF MEETING

Held on Thursday 20th October 2016 at 3pm at Trust HQ, 9 Alie Street, London

Chair	Marie Gabriel, Trust Chair	MG
Minute taker	Melanie Andrew, Executive Assistant	MA

Present		
Name	Title	Initials
Marie Gabriel	Trust Chair	MG
Paul Binfield	Head of People Participation	PB
Alan Wallace	Committee Member WTG, Volunteer	AW
Adella Habib	CPA Review Project Lead	AH
Elena Trivelli	Volunteer Coordinator	ET
Ann Lacey	Volunteer Coordinator	AL
Daniel Woodruffe	Chief Information Officer	DW
Prof. Jonathan Warren	Director of Nursing	JWa
Dr Navina Evans	Chief Executive	NA
Rubina Shaikh	Public Governor	RSH
Edwin Addis	Membership Manager	EA
Paul James	Borough Director, Tower Hamlets	PJ
Dr Ben Wright	Associate Medical Director for Clinical Information	BW
Melanie Andrew	Executive Assistant	MA
Andre Barnes	Service User Representative	AB
Raymond Smith	PP Member & Service User Representative	RS
Graham Savage	PPC & Service User Representative	GS
Kirill Korolev	Interview Panellist & Service User Rep	
Apologies		
Zara Hosany	Trust Governor	ZH
Jenny Kay	Non-Executive Director	JK
Zaffran Jami	PPL Lead City & Hackney	ZJ
David Kreikmeier-Watson	Patient and Carer Experience Manager	DK-W
Leigh Bell	PPL Lead Newham	LB
Denise Thompson	Head of Forensic SW	DT
Nina Ezra	MHCOP/WTG	NE
Charon Herh	Governance Team MHCOP/CHN	CH
Petra Nittel	Governance Manager	PN
Dr Kate Corlett	Associate Medical Director	KCo

PROCEEDINGS – MEETING OF 20TH OCTOBER 2016

Item No	Agenda item	Responsibility
1	Welcome and apologies for absence	Chair
	MG welcomed those attending, and noted apologies as above.	
2	Minutes of previous meeting held on 4th August 2016	Chair
	The minutes of the meeting held on 4 th August 2016 were AGREED as an accurate record. <u>Peer support proposal, Page 5</u> PB noted this has been agreed at yesterday's SDB meeting.	
3	Action Tracker, and Matters Arising from the minutes not dealt with elsewhere on the agenda	All
	Refer to Action Tracker – Paper B.	
4	Work with Docklands Light Railway; 'Back on Track' Video	MG
	MG introduced a film video re Docklands Light Railway entitled 'Back on Track'. The film was designed for a DLR audience, and was used for an internal DLR conference re innovation. PB advised we are training people to be mental health colleagues. To be extended to Newham next week. Hannah Mellor is working on this. JWa gave credit to Bob, as this was his idea. AL noted there are volunteer befrienders in the Trust – maybe this could be linked with the DLR work? JWa suggested that something similar could be done with TFL. BW noted work has been done with Southwest trains. KK mentioned a service user, who requires help from TFL with travelling. MG noted this DLR work links with the London Mayor, Sadiq Khan's strategy 'Thrive London'.	
4	Information Management and Technology Strategy	Ben Wright
	BW thanked the people present who have contributed to strategy development. Referred to <u>paper A</u> . Contains a service user's words, re how IT will improve lives of service users. RS - read out his own words, on page 3, 'Raymond's IT Day'. RS referred to a 'healthy living' app, and how this supports him. BW noted this shows in a nutshell how IT resources can benefit	

	<p>service users' lived experience. We need executive stakeholders and a service user reference group.</p> <p>PB noted we need a recovery focus. Sometimes people do not feel in control and do not feel linked in with communication.</p> <p>MG noted we need a system to monitor this work.</p> <p>DW pointed out this is the first year that people participation has been included in the strategy. Data sharing is key. We would like to come back to this meeting with updates. The IT strategy will come to the SDB in November and will come to the Board in December.</p> <p>MG suggested if RS could attend the Board, to help bring the strategy 'to life'.</p> <p>NE proposed that potentially this could be linked to the STP.</p> <p>DW confirmed this is already linked to STP.</p> <p>BW pointed out that the strategy is very technical. Text reminders are important, are they being used fully? We need to look at solution development Trust wide.</p> <p>MG noted that at the last Board meeting, NE read a text from Barts Health – we need to think about the content of our text messages, and whether they sufficiently encourage people to attend appointments?</p>	
5	Care Programme Approach – New Care Plan	Adella Habib
	<p>AH delivered a PowerPoint presentation, entitled 'CPA Review Project' – attached to minutes FYI.</p> <p>AH discussed the presentation. The current CPA document includes 3 questions for the patient to answer. The focus is about making the whole CPA document more recovery focused.</p> <p>The pilot has just started, to run from 3rd October 2016 to 3rd December 2016, and it will be evaluated in December when it goes to the Board.</p> <p>The CPA form is on RIO, and the relevant fields need to be completed.</p> <p>The starting point is for clinicians to ask clients 'how satisfied are you with your mental health?'</p> <p>The CPA form needs to be accessible, limiting the use of jargon. Recovery questions are still included.</p> <p>The CPA form also includes questions regarding physical health, to ensure people have access to a GP and are receiving regular health checks, if applicable. It asks people to rate themselves.</p> <p>There are <u>3 new domains</u> based on tester feedback:</p> <ul style="list-style-type: none"> 1 - Finances. 2 - Expression of identity 3 - Substance/alcohol use <p>It includes a 'Recovery Plan / Safety Plan' section.</p>	

	<p>AH advised that very positive feedback has been received so far from service users. Some service users want to type the answers themselves, for example at home, say on a laptop.</p> <p>A copy of the care plan should be printed and given to the service user immediately. There are easy-read versions of the CPA form.</p> <p>MG praised the new CPA form and thought it would help clients feel more involved.</p> <p>PB noted that the ultimate aim is for service users to be able to own their actions.</p> <p>AH noted that the Trust RIO system is secure.</p> <p>AB pointed out his perspective as a service user, that we do not always take enough responsibility for our own actions. E.g. being overweight and self-identifying the need to go to the gym and eat healthily. The aim should be for people to work towards independent living. When will the Trust start to impose ideas for service users to take self-responsibility? AB suggested a 3-month gym membership could be introduced for service users, with links to GPs. AB pointed out there is no guarantee that service users will act on the content of their Care Plan.</p> <p>NE noted the beauty of the new care plan design is it enables people to rate how they are getting on with the suggested plan.</p> <p>JWa noted that we are not always honest re people's prospects about smoking and being inactive, and the consequences, e.g. that you could die.</p> <p>MG noted we need to think about solutions. If someone wants to go swimming, we could provide someone to initially take them swimming. People need encouraging and we need to think about practical implications.</p> <p>AB pointed out that the Trust needs to be tougher, as people need guiding towards independent living. People need to think about their individual triggers.</p> <p>AW discussed being previously involved with Tower Hamlets health clubs, which encouraged people to exercise, and it was paid for. AW would not wish to impose on people the need to attend gym, as people need to be encouraged to do things that are achievable and enjoyable.</p> <p>RSH noted continuity is important for service users.</p> <p>AB noted that when suffering from mental health issues, people can become very isolated and may need someone to prompt them.</p> <p>PB noted a shift is needed for staff and service users regarding accountability and responsibility.</p> <p>AH noted that any disagreements between a service user and clinician can be included in the Care Plan.</p>	
6	Measuring and Monitoring Patient Experience	Jonathan Warren

	<p>JWa discussed that internal auditors have looked at our systems regarding how patients receive our services. The audit also reflected on this committee. Four levels of assurance were given, ranging from total assurance to no assurance.</p> <p>We were rated amber or green and the auditors were satisfied with our systems and processes.</p> <p>JWa noted that on reflection, we will not use this method in future, as it does not focus on values. PB and JWa can forward the document if anyone wishes to see it.</p> <p>MG noted that we need to engage service users effectively.</p> <p>PB pointed out that the audit document did not measure our innovation compared to other Trusts. We are very advanced regarding our QI work and people participation work.</p> <p>ACTION – JWa and PB will have a think about this and bring it back to this committee.</p>	
7	‘Stigma and what we are going to do about it’ work update	Paul Binfield
	<p><u>Please refer to Paper C</u></p> <p>PB noted that at the ‘stigma and what we are going to do about it’ service user and carer steering group, stigma was discussed, at an individual level and at family level.</p> <p>We will be doing more work with JobCentre Plus, with a focus on how they can better support people.</p> <p>There is still stigma within ELFT. PB has had discussions with Lorraine Sunduza and the discussion needs to be kept alive.</p> <p>With self-stigma, people start to believe being given negative messages about their mental health. We need to think about creative ways of giving positive messages to clients, and messages of hope, at early stages, e.g. when people are being admitted into hospital.</p> <p>We are also thinking about stigma in relation to recruitment and interviews.</p> <p>We are thinking about physical health too.</p> <p>MG noted that stigma is also related to national issues, e.g. children not being able to access mental health services sufficiently.</p> <p>GS pointed out that TV adverts can successfully give messages to people.</p> <p>AB noted that people need educating, to help beat stigma.</p> <p>AL noted that various groups have approached AL, who work with volunteers, stating that people do not know about mental health - AL has provided informal talks on this. People are keen to learn; however we are not recording anywhere that we are doing this. I have worked with Queen Mary University students, but there is a limit of how much I can realistically do.</p> <p>MG noted that we need to be really clear about awareness raising.</p> <p>PB noted we need to think about how this work is being recorded.</p>	

	<p>JWa noted that Nigel Copsey does work in communities, with Imams etc. JWa suggested RSH could meet with Nigel.</p> <p>AB noted we need to use a variety of methods for providing information, appropriate to the target audiences.</p> <p>EA made reference to an article from the current Secretary of State for Health, Jeremy Hunt, which focuses on mental health.</p> <p>ACTION – PB has a meeting planned with JobCentre Plus staff.</p>	
8	Volunteer Update	Ann Lacey / Elena Trivelli
	<p>AL thanked ET, who has stood in for AL for 11 months. ET is with us until the end of December 2016.</p> <p>AL noted recruitment, training and DBS checks are continuing.</p> <p>AL advised we are now working with volunteers in Luton and Bedfordshire. ET has visited Luton & Beds and has delivered training. Recruitment is slow in Luton & Beds and it will take longer to do things there.</p> <p>AL noted currently there are just under 400 volunteers on the database. Some people have moved on. AL has emailed every volunteer, advising them that AL is back and to get their details updated and clarify whether people still wish to volunteer with us. Many of the volunteer leads have left. AL will be visiting teams to discuss their responsibilities with volunteers.</p> <p>ET pointed out that when she started in May, many volunteers in Luton & Beds had not received training and had not been subject to DBS checks; this has now been done. We have some vacancies and opportunities in Bedfordshire. We also have new volunteer leads in London.</p> <p>AL mentioned attending Queen Mary University's fresher fairs yesterday, at which we received a good response. We have lots of new volunteer roles, especially in Older People's services, at Mile End Hospital.</p> <p>ET has been attending recovery stalls, with good outcomes.</p> <p>ACTION - JWa to further discuss the issues in Luton & Beds with ET and AL. JWa invited ET and AL to meet with JW next week.</p>	
9	Future Topics for discussion	
9.1	<p><u>Attendance at this meeting</u></p> <p>AW noted there used to be more people present at these meetings, and asked if we are content with the number of service users that attend this meeting.</p> <p>JWa reinforced that this is a formal sub-committee of the Trust Board. MG took a previous decision which JWa supports, for this to be a meeting with less people present, to enable us to focus in.</p> <p>PB noted that a lot of carers can no longer attend the time of this meeting.</p>	

9.2	<p>ACTION - AB to meet with MG and PB regarding ideas about this committee.</p> <p><u>Making information accessible at this meeting</u></p> <p>AB noted the right dialogue is key, and content needs to be delivered cleverly using up-to-date technology.</p> <p>MG suggested we look at ELFT's policy at our December meeting, in line with Government policy.</p> <p>AB suggested we could develop a TV advert.</p> <p>MG suggested that this information can also contribute to our stigma group, as there are no young people present at this committee.</p> <p>AB noted the need for a strategy that stimulates young people's interests.</p> <p>RSH pointed out that if young people cannot attend this committee, we also need to go out to schools and youth clubs, to deliver information.</p> <p>NE suggested having children and young people as a regular agenda item, or dedicating one whole meeting to focusing on children and young people.</p>	
10	AOB / Agenda Items for Next Meeting	All
	None.	
11	Date and Time of Next Meeting	All
	<p>Thursday 15th December 2016 at 2pm – 4pm, Board Room, 1st Floor, Alie Street.</p> <p>The next meeting will be a seasonal meeting, including Christmas food.</p>	