

MAY 2016

EDITOR

CHRIS DAY

RUN-UP NEWS

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Brookside Adolescent Unit Closed

A press release on a local newspaper website on 3rd May about the temporary closure of the Brookside adolescent unit at Goodmayes stirred a lot of feelings about what has been going on there.

Apparently Healthwatch Redbridge were informed on Wednesday 27 April by NELFT NHS Foundation Trust that the decision to close the unit was taken in the wake of concerns raised by the Care Quality Commission (CQC) through their recent Trust-wide inspection. At RUN-UP, we had attended the NELFT Board meeting on Tuesday 26 April where there was no mention of the impending closure of the unit. We immediately wrote to the Lead Governor of NELFT and directly to the Board through NELFT Communications to ask our own questions.

It seems there has been a gradual reduction in the quality of care at the unit due to a failure in two fundamental areas. In April they said "If Brookside continues to admit patients with an emerging personality disorder this may result in poor outcomes for the young people and increased risk of incidents on the unit". This could be against staff or self-harm. They also said "All integrated care directors report significant risk to safe care due to the higher than standard vacancy rates. Safer staffing and business continuity plans are in place to safeguard patients from harm".

We were told that a high percentage of patients had borderline personality disorder (BPD) and some needed supervision by two staff for 24 hours per day. The concerns they had relating to staffing capacity and work needed to modernise and improve the safety of the environment led them to decide to take the decision to temporarily close the unit and provide an alternative offer to young people and their families. The plan is to re-open the unit as soon as further improvements have been made.

They are currently developing a detailed clinical support plan to manage the safe transitional arrangements for patients with the support of their families and carers. This will enable them to provide care for them in their home environment. Those young people who require ongoing inpatient support will be offered this at another unit.

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Redbridge First Response Service (ReFRS) Feedback by Jai

The main purpose of the event was for Redbridge First Response Service (ReFRS) to explain how they co-ordinate access to universal information and advice in the Borough. They offer access to preventative services acting as a single point of contact (SPOC) for people in the early stages of their needs. The partner agencies to ReFRS include Redbridge Concern for Mental Health (RCMH), Voiceability, Age UK, the Support for Visual or Hearing impairment sensory service, and through the Redbridge Council on-line 'My Life' Project.

A distinct feature of ReFRS is the 'Warning Signs' Tool Kit. This ensures that partners are trained to identify significant area(s) of support needed to personalise support and raise awareness of services available through ReFRS.

Other services mentioned included: Action for Hearing Loss in partnership with Redbridge Council based at Bourne Court which provides lip reading and braille classes; and the Autism Ambassador (Sycamore Trust) project set up in 2010.

For more information contact; <https://mylife.redbridge.gov.uk>

Redbridge Equalities Forum Feedback by Appellonia

The Redbridge Equalities and Community Council (RECC) serves all communities in Redbridge, with a focus on ethnic minority communities and works with individual issues in cases relating to harassment or bullying of any nature, e.g. race or hate crime and abuse. They meet quarterly and this was the first meeting we had attended officially.

The police work on priorities set by the Mayor's Office for Policing and Crime (MOPAC) which has seven main crime priorities known as MOPAC 7 which are: burglary, criminal damage, robbery, theft from a motor, theft of a motor, theft from a person and violence with injury.

Safer Neighbourhoods boards work closely to report neighbourhood related issues and hold informal discussions. There is also now a police presence in education institutes known to have high volumes of crime. Police engage with youths in a flexible manner to meet on their level and listen to problems they face. The chair of the neighbourhood panel is a young person and member of Redbridge Youth Parliament. The panel meets once a month.

Ward panels set priorities and give representations for individual cases for incidents. The panel also has a Faith officer who reports on mental health related incidents in the Asian community.

The police are aware they face strong challenges when it comes to dealing with arrests for persons having mental health distress. These may be serious situations and they have to use best judgement to handle the case. The least amount of force possible is used in any given situation. A Police station is not used as a place of safety, so a person having mental distress will be taken to a hospital crisis unit.

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If there is an incident in hospital and criminal allegations are made against a patient for example for GBH, generally it does not mean police will remove the person from the place of safety and their immediate treatment to carry out the investigation. A hospital is a place of safety, and providing risk assessment at the hospital is something the police can and often do. They do not take people into custody to carry out investigations.

CRT Business Meeting Feedback by Kate

There was a presentation on the Quality Improvement Project and Leadership Programme by Dr Edwin Ugoh.

There is a carers meeting taken by Jane Basher once a month.

NELFT Board Meeting Feedback by Chris

This was the last Board meeting with Peter Wignall as Acting Chair. From May, Joe Fielder has been appointed Chair of the NELFT Board. Joe has been a non-executive Director for some time. RUN-UP thanked Peter for his work as Acting Chair and the support he gave us when he was a non-executive Director.

A number of contracts have not yet been agreed including NHS England, Essex, Barking Havering and Redbridge. This may mean they go to competitive bidding. This has a knock-on effect on the Estates Strategy. The CQC have now completed the first planned part of their scrutiny of NELFT. This does not complete the inspection as there will be further unannounced visits for a two week period and ongoing information requests. The final decision in terms of a rating will not be completed for three to four months.

As with most NHS Trusts, staffing levels are a big concern. Although NELFT have improved their Bank staff levels and reduced their dependency on Agency staff, the general levels of staffing cause concern. Different units have individual problems, so Woodbury is a safety issue, Brookside a capacity issue and CAMHS a funding issue. Other issues include concerns around ligature points in Sunflowers Court. These need to be removed and there is a two year plan to do this work. This may put pressure on bed vacancies.

Back to the Estates Strategy. Estates listed the move of many services from Goodmayes as part of their disposals strategy. Included in moving to the CEME Conference Centre in Rainham are: Training and Development, Human Resources, Medical Education, Procurement, Communications, Finance, Equality & Diversity and Trust Head Quarters.

RUN-UP submitted a question in writing to the April Board meeting from information in the Estates Strategy. We asked: 'What patient and service user-focussed services will remain on the Goodmayes site when the disposal plans are complete'? We were told the main services that will remain at Goodmayes include: Inpatients, Home Treatment Teams, Pharmacy, Mental Health Act office and Chaplains office. There may also be other services associated with inpatient services such as advocacy and RUNUP that we may need to identify provision for and

“KEEPING YOU UPDATED” Cont....

this will be looked at on an individual service basis. It has been confirmed that we will be involved in future discussions about our office at Goodmayes.

We got our information from the Estates Strategy in March. But the Estates Strategy was not just deferred again in April, but was moved to part 2 of the Board meeting. Members of the public, RUN-UP and Governors are not allowed to attend part 2 of the meeting because of the sensitivity of the information discussed. The Directors have said there will be an Estates Summary in the May Board pack.

SUN Meeting Feedback by Kate

Our guest speaker was June Hayes from Redbridge Institute of Adult Learning (Gearies). June works there as a course tutor particularly in Mindfulness through Meditation. Her back ground is teaching adults childcare and she was an assessor, but she has been a healer for 20 years and meditates peace in the mind.

She explained about the Learning in mind project, where the courses are tailored for people with mild to moderate Mental Health issues, specifically anxiety, depression and sleep disorders.

We were all given a prospectus and there are many courses to choose from. Courses include creative arts, health and wellbeing and personal development. All the courses are FREE. To enrol call 020 8550 2398 or email: enquiries@redbridge-iae.ac.uk . Starting in June there are also FREE organised weekly walks by Vision Redbridge Sport and Health Team. Call 020 8708 0954 or visit: www.vision-rcl.org.uk.

After this, June took us through some exercises on types of mindfulness, breathing and a meditation journey which we all enjoyed.

Congratulations

Congratulations to the new RUN-UP service user representatives who were successful in their recent interviews and joined us in April. We welcome Chhayal, Claire, Debbie, Richard and Sonja and look forward to them representing us at meetings and giving presentations on Stigma and Discrimination. They've had their Induction and will be receiving significant training in May before shadowing our experienced reps in the work we do in the borough.

Service User Network Meeting

Please remember we also hold a service user network meeting on the last Wednesday of each month at the Gloucester Room, Central Library, Clements Road, Ilford from 5.30pm to 7pm. Often we have guest speakers relevant to mental health, give out information and provide updates on services.

Everyone is welcome to join us.

Cygnets Smoke Free Launch

Chris and Charmaine were invited to this event to represent service users in Redbridge on the subject of going smoke free in NHS Trusts. This has been something we have reported on for some time within the NELFT NHS Trust and it has a long way to go before acceptable rules for service users, visitors and staff are agreed especially on the Goodmayes site. These are currently under review.

Cygnets Health Care is one of the UK's largest independent providers of inpatient mental health care with 19 hospitals. At the time, seven of their hospitals were already smoke free, and this event was planned to bring together staff and service users to learn from their experiences going smoke free and the different views on e-cigarettes from various specialists.

Interestingly, Cygnets have allowed each site to choose the parameters it sets to define 'smoke free', so some sites allow e-cigarettes and some don't. They have used service users on their project groups in deciding how to go smoke free and the service users have received the same training as staff i.e. through The National Centre for Smoking Cessation and Training (NCSCT).

The agenda included an introduction to the Strategy, sharing best practice from different Cygnets hospitals, a Psychiatrist's report on the dangers of smoking and a view on e-cigarettes and service user feedback on key messages from their smoking cessation training (one had stopped smoking and the other had reduced their smoking). There were two other agenda items: Learning from other experiences by Mary Yates, South London and the Maudsley (SLaM), who NELFT also speak to and Smoke free, a service user's experience from Chris and Charmaine.

To summarise various points and comments made throughout the day:

- Provide training for staff and service users
- Treat smoking, as an addiction with a specialist advisor for each site. There is a need to change life style to stop smoking
- Early intervention on admission, within half hour – make the question 'do you smoke' a priority question so timely prescribing of Nicotine Replacement Therapy (NRT)
- Offer more than one product and supply in appropriate quantities for daily use
- E-cigarettes as NRT. Careful choice of type. Cygnets patients on one site have to purchase approved types. They're not given free as other NRT
- Have smoking cessation groups
- Use a smokerlyser to monitor Carbon Monoxide (CO) levels in service users
- Stop discrimination on high secure wards and those with 'ground leave'
- Discharge with NRT. Referral to local smoking cessation groups

It was interesting to note that 25% of patients started smoking for the first time after admission to a mental health hospital.

Peer Support Group

Redbridge Concern for Mental Health holds a Peer Support Group every Thursday at 98-100 Ilford Lane Ilford IG1 2LD (no appointment needed) 10.30am—12.30pm; receive hope, support and encouragement from others with lived experience of mental health issues.

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Redbridge



**Newsletter now on
redbridge concern for
mental health—website
[www.rcmh.org.uk/
runup.htm](http://www.rcmh.org.uk/runup.htm)**

Army Engagement Group

We are often invited to local groups as Redbridge Concern for Mental Health (RCMH) is a local strategic partner in Redbridge. They are not all directly related to our services so, not all are seen as essential events to attend. Some we feel are very worthwhile and will attend in our own time. We were invited to an evening with The Army Engagement Group who wanted to reach as wide a local audience as possible to promote greater awareness and understanding of the Army, which they emphasise, is OUR Army.

Regular and Reserve officers and staff were there and the presentation was as you'd expect; precise, timely, efficient, informative, powerful and memorable. The presentation looked at why we have an Army, what they are doing on the Nation's behalf, how they train and develop soldiers, how the structure works and what they are doing to ensure success both today and in the future. They are a very large employer with 80,000 Regular and 30,000 Reservists.

We asked about mental health issues and were told the largest problem is still post-traumatic stress disorder (PTSD) but anxiety and depression are rising in numbers. They say soldiers run the risk of operational stress through the pressure of their role and their possible exposure to extremely traumatic situations and events. It is Army policy that mental health issues be properly recognised and treated, and that all efforts are made to reduce the stigma associated with them.

These days, the old style Military Hospitals are no longer, but there are 15 military Departments of Community Mental Health (DCMH) providing outpatient mental health care in the UK. All are staffed by psychiatrists and mental health nurses with access to clinical psychologists and mental health social workers, offering treatments including medication, psychological therapies and environmental adjustment where appropriate. The report concluded that people respond to psychiatric treatment better if they have the support of families and friends.

So it's very much as we see the mental health care model and we hope some adjustment for the work the Army carries out and the exposure to risk each soldier is put under in war.

It is not our intention to offend, upset or devalue any individual or any organisation by the articles published in this newsletter. We carry the responsibility to raise concerns brought to our attention by the Service User Community. Should you want to contact me please do so. You have a right to reply via writing an article that will be published under our heading "your news your views".

Our motto is "Working In Partnership With Others"

The views expressed in this newsletter are not necessarily those of the editor, or staff or trustees of RUN-UP or Redbridge Concern for Mental Health.