

# Leading Minds

Mental Health & Learning Disability Nurse Directors' & Leads' Forum

The information sharing bulletin of Mental Health & Learning Disability Nurse Directors' & Leads' Forum

## LEADING QUALITY, ASSURING SAFE CARE

**Welcome to the Autumn 2009 edition of the Mental Health and Learning Disabilities Nurse Directors' and Leads' Forum newsletter. In this edition we will bring you news of some changes that will come into effect at the Annual General Meeting immediately prior to the Autumn Conference in Derby – Leading Quality & Assuring Safe Care.**

We have also included a number of initiatives and information assets from our contributors all of whom are to be thanked for their time and effort. These articles range from the Prime Minister's Commission for Nursing, through the Care Quality Commission's work on person centeredness, pandemic influenza preparedness for mental health Trusts, to the interface between acute and mental health services. Once again an interesting range of topics and perspectives that will inform and alert our readers.

Hilary McCallion Director of Nursing & Education, South London & Maudsley NHS Foundation Trust will be standing down after 3 years serving the position of Chair of the Steering Group. Ros Alstead, Director of Quality & Performance, Executive Nurse, 2gether NHS Foundation Trust, currently Vice Chair of the Steering Group, will therefore automatically become the new Chair person according to the steering group constitution. The new vice chair nominations have been made and counted; the successor will be announced at the AGM.

We congratulate Hilary on her very successful term of office and thank her for all her hard work and excellent leadership, and of course welcome Ros into the 'hot seat'.

The Forum prides itself on its ability to inspire and capture

leading edge innovation thus maintaining a key role in the development of high quality, sustainable and genuine growth and development in mental health and learning disability services. As we continuously adapt to the ever-changing environment that is the modern NHS, it is essential that we remain focussed on the people that use our services and keep them at the very heart of everything we do.

There are many challenges that face us in the coming years not least the financial constraints that will surely prevail irrespective of the outcome of the General Election next year. The maintenance and assurance of quality will be severely tested as the demand for improvement continues to expand whilst budgets and resources contract.

At the recent NHS Employers Conference in Birmingham entitled Leading Workforce Thinking there was a distinct focus on creativity and cultural shift. Whilst there was recognition of the challenges that face the NHS, the key themes were around efficiency and effectiveness being the drivers behind a leaner way of working. We may have heard similar language in the past and paid due attention, however with the realisation of the enormity and scale of the present task, this time the message is far more profound and pervasive.



**Brian Coupe**

Lead Nurse (Learning Disabilities)

Leeds Partnerships NHS Foundation Trust

## Prime Minister's Commission

Ray Walker

Director of Nursing, Governance & Performance

5 Boroughs Partnership NHS Trust

**In March 2009, the Prime Minister commissioned an Independent Review of the Future of Nursing and Midwifery for England.**

**The Commission is chaired by Professor Ann Keen a Health Minister and a Nurse by background.**

The Commission was asked to:

- Identify the competencies, skills and support that frontline nurses and midwives need, to take a central role in the design and delivery of 21st century services for those that are sick and to promote health and well-being. In particular, to identify any barriers that impede the pivotal role that ward sisters/charge nurses/ community team leaders provide
- Identify the potential and benefits for nurses and midwives, particularly in primary and community care, of leading and managing their own services
- Engage with the professions, patients and the public in an interactive and robust dialogue, which will identify challenges and opportunities for nurses and midwives.

There are three distinct phases to the commissions work

1. **A listening phase**
2. **An engaging and testing phase**
3. **A reporting phase**

The Commission were particularly keen to understand:

- What are the knowledge, skills and attributes that nurses and midwives require, to take a central role in the design and delivery of 21st century services?
- What would you like to see nurses and midwives doing more of and/or doing differently in the future - whether in people's own homes, in the community or in hospital?
- What might be preventing nurses and midwives from doing this now?
- How can these barriers be overcome?
- What is the potential and benefits of nurses and midwives leading and managing their own services?
- What is the framework and support that would be needed to for this in the context of the multi-disciplinary team?

The commission sought views through a wide range of engagement methods - including websites, a series of listening events and a call for evidence from organisations. Over 2,500 submissions from organisations and individuals, representing the views of many thousands of people were received.

What emerged from the listening phase was a number of consensus issues which included:

- The need for nursing and midwifery staff to be technically competent and well-educated
- The need to strengthen leadership at all levels and make it visible
- The need to strengthen the commissioning and delivery of pre-registration education.

As well as issues of consensus a number of contentious or hot topic issues arose these included:

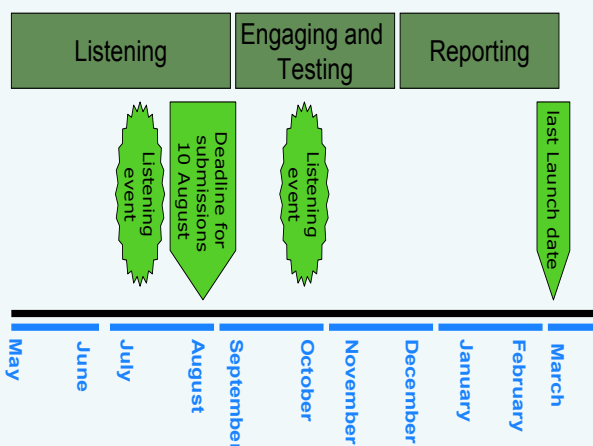
Ensuring the transition to degree-level registration for nursing

The need for clarity on the roles and functions of nursing and maternity support workers

Taking responsibility and being held to account for quality and safety in patient care.

The Commission is about to conclude the testing and engaging phase but there is still time for your views to be heard, please log onto the website at [www.cnm.independent.gov.uk](http://www.cnm.independent.gov.uk) or contact me directly at [ray.walker@5bp.nhs.uk](mailto:ray.walker@5bp.nhs.uk)

### Timeline



## Ensuring care is centred on people's needs: new registration standards from the Care Quality Commission

Joan Plant RGN FETC, Policy & Practice Manager (Methods), Quality Care Commission 5BP

**The regulation of health and adult social care is changing. The work of the Care Quality Commission (CQC) brings together, for the first time, independent regulation of health, mental health and adult social care in England.**

Legislation due to be set before Parliament in December will introduce a new system of registration and ongoing monitoring that applies to all regulated health and adult social care services. All NHS trusts (including primary care trusts as providers) must be registered with the Care Quality Commission from 1 April 2010; providers of adult social care and independent healthcare will be registered from 1 October 2010. Registration encompasses initial application, monitoring and checking of ongoing compliance, inspection and enforcement.

The new system means that people who use services can expect all registered providers to meet the same set of essential standards of quality and safety, and to respect their dignity and rights. It also marks a change from regulation that is mainly based on systems, processes and policies to one that is based on outcomes – what constitutes a quality experience for people who use services.

Registration ensures care is centred on people's needs and

ensures their voice is heard. The new legislation lends the Care Quality Commission tougher powers of enforcement to act swiftly to help eliminate poor quality care, including prosecution in extreme cases. Bringing together the work of its three predecessor regulators – the Healthcare Commission, the Mental Health Act Commission and the Commission for Social Care Inspection. The Care Quality Commission will champion better coordination and integration of health and social care so that the services people receive are joined up and their experience improves.

Subject to legislation, CQC will publish online in December the final version of its guidance about compliance, following public consultation; providers will also be able to reference the regulator's judgement framework at that time, which will set out how CQC will judge compliance with the standards; and adult social care and independent healthcare providers can access a toolkit which will give detailed information about applying for registration next year.

For further information please contact

[www.cqc.org.uk/guidanceforprofessionals.cfm](http://www.cqc.org.uk/guidanceforprofessionals.cfm)

## Nursing Assurance & Quality

Professor Hilary McCallion, Director of Nursing and Education  
South London and Maudsley NHS Foundation Trust

**When 'Standards for Better Health' was introduced it raised a number of questions for many organizations regarding what was and what was not compliance and whether organizations were or were not compliant. Many organizations used audits against specific standards to evidence compliance, an approach we have also followed, however we realized this could not reflect all clinical teams' standards and so a bottom up approach was pursued. At the South London and Maudsley NHS Foundation Trust we decided that to ensure compliance we needed to understand where every inpatient and community clinical team was in their adherence to quality standards.**

The nursing assurance visits started in 2006 with Inpatient Services (68) wards. A tool borrowed from acute partners was used and it was Standards for Better

Health specific. The visits were performed by the Director of Nursing and Senior Nursing Team. In 2007 the Director of Nursing and senior nurses developed a more robust tool which incorporated Standards for Better Health, National Health Service Litigation Authority Standards along with Essence of Care standards. All inpatient and community teams were visited (136 teams in all).

Each assessment included policy in practice, case note examination, professional standards as well as innovative and good practice. The visits provided a clear picture of robust systems in place and produced evidence against standards. Each team received feedback and a scoring system based on percentage achievement and traffic lights were provided to the teams and the service directors. Areas of good practice were presented and disseminated. In 2007, the visits were repeated and all teams had improved their ratings. This was followed by a Celebration of

## Nursing Assurance & Quality (cont)

Nursing, with awards for the best teams.

These visits enabled a clear understanding of the standards and systems within each of the clinical teams, and on the basis of these the nursing service received funding to further develop quality in inpatient settings – the AIQUIP programme and in 2009 further funding to improve quality in the community services. These programmes include a number of work streams, the accreditation of services through the AIMs process, StarWards and the Productive series. Since its implementation in April 2008, eight eligible wards have achieved accreditation and three are awaiting outcomes. In addition twenty wards have commenced the Productive mental health ward, and six community

teams are about to commence the Productive community team.

The impact of the visits cannot be underestimated in improving standards across the services, enhancing relationships and enabling good practice to be shared and celebrated. A new and improved process will be commencing in January 2009 in line with the CQC standards and to work alongside the development of dashboards and the AIQUIPi and AIQUIPc programmes.

For further information please contact

Professor Hilary McCallion

Hilary.McCallion@slam.nhs.uk

## “Acute care mental health redefined ... A Declaration of Intent”

**Paul Rooney, Joint Strategic Lead, Acute Care Programme NMH DU**

**Alan Howard, Nurse Consultant for Acute Care,  
Dorset Healthcare Foundation Trust**

**Yvonne Stoddart, National Acute Care Programme Lead, NMH DU**

**Now, with the New Horizons strategy being developed, it is a critical time for redefining national mental health strategy and priorities. As we look to the future it is important to recognise the central role good quality acute care service provision has upon the individual's recovery. Acute care mental health services, including inpatient wards are core and essential to the effective working of any local service. They play the major role in supporting people and keeping them safe at times of their greatest need.**

It is worth remembering that we have come a long way since the launch of the NSF in 1999, when acute care services, then almost exclusively inpatient services, were neglected, usually overcrowded, and (as many reports at the time testified) too often provided in shabby environments by dispirited staff. As we continue to develop and refine acute service provision it is important that we do not forget the learning we have gained from the last ten years.

The Adult Acute inpatient MHPIG in 2002 redefined acute inpatient care and CRHT as a single integrated care pathway. More recently, there is compelling evidence from a range of sources, including the National Audit Office review of CRHT (NAO, 2007) and Healthcare Commission acute inpatient review (HC,2008) that ,while there is still much to do, real progress has been made:

Over 340 CRHT teams deal with approximately 100,000 acute episodes each year.

Some £2 billion has been spent on the biggest ever replacement of inpatient accommodation since the founding of the NHS .

A real expansion in numbers of key staff, better trained staff, better clinical leadership and improved staff morale.

The user led Star Wards initiative now has > 500 participating wards.

The Healthcare Commission's assessment framework in its review of acute inpatient services '*The Pathway to Recovery*' (HC, 2008), provides a sound basis for defining what constitutes good quality acute care – appropriate, purposeful, therapeutic and safe, and for benchmarking further progress. Whilst only 41% of services scored good or excellent in the HC review this represents real improvement. "*It is clear, that it is possible to provide patients with excellent acute hospital care and that some services are doing exactly that*". (HC, 2008).

However it was widely recognised that further progress would require a high level of engagement, ownership, agreement and collaboration between key stakeholders. To maintain the momentum for positive change a national acute summit of key professional organisations, voluntary organisations, service users and carers was convened in July 2009. The outcome of the summit was to develop an agreed consensus statement or 'Declaration' on acute care mental health. Following extensive consultation, the Acute Care Declaration was launched at the NHS Confederation Mental Health Network conference in Birmingham on 12<sup>th</sup> November, and has been endorsed by the all the major stakeholders.

The Acute Care Declaration aims "*to ensure that people*

*with mental health problems, who are acutely ill, receive the services they need at the time of their greatest vulnerability."*



The Declaration is built around a commitment to work together on five key themes.

The over arching theme is to encourage the commissioning and provision of high quality, integrated and needs led acute care to ensure that patients and their carers receive the best possible care throughout their acute journey. A further four themes emphasise the key components required to ensure the development of innovative high quality provision:

- Promoting recovery and inclusion for those using acute care services.

Times of crisis can be catalysts for recovery.

Services need build upon an individual's strengths and maintain linkages within their local community.

- Developing an acute care specialist workforce that has the skills to work flexibly across boundaries to ensure the best care for service users and their carers during this period of greatest need.
- Championing positive perceptions of acute care service provision as essential to more integrated and recovery focused service provision.
- Supporting quality improvement, service development and research in acute care by promoting a culture of enquiry, innovation, evaluation and user and carer feedback.

The Acute Care Declaration provides a set of high level core values and principles upon which to base, develop and sustain high quality local service provision. This has great relevance to the whole acute care workforce but will be of particular significance for all acute care nursing staff for the following reasons:

- Nurses are key to the improvement process and are the largest staff group within acute care.
- There is a need to continue to build a multi skilled acute workforce with links to future nurse training.
- There is a continuing challenge to reduce the traditional isolation of acute service provision.
- The Declaration highlights the need to develop a new model of specialist acute provision, front loaded with the most skilled staff involved at the start of the process.
- All stages of acute care delivery need to be recovery focused.
- A series of SHA based action planning events will be taking place in 2010 with key local stakeholders to look at how to translate the acute declaration into local action.
- Work will be jointly carried out nationally between professional organisations to address key acute workforce issues regarding clinical and organisational leadership and workforce development.

For more information on references, the Acute Care Declaration, or shared examples of good practice go to: [www.acutecareprogramme.org.uk](http://www.acutecareprogramme.org.uk)

## Pandemic Preparedness in Mental Health Trusts

**Bryony Robertson, Infection Control  
Surrey & Borders NHS Foundation Trust**

**H1N1 Swine Flu emerged in Mexico in April 2009 and the first cases in the UK were soon after. A global pandemic was declared by the WHO in June 2009. The UK has experienced its first pandemic wave over the summer of 2009, with hotspots in London and the West Midlands. We are now in the 2nd wave of this H1N1 pandemic.**

The guidance for planners, published on 22nd October 2009(2) states that organisations are facing a clinical attack rate of up to 12%, combined with their usual winter pressures. This also means that the absence rates for H1N1 illness may reach 5% of the workforce in the peak two weeks of the autumn wave of the H1N1 pandemic. This will be in addition to normal absence rates.

During a substantial wave of pandemic flu, NHS services will come under significant pressure. The NHS will have to take steps to change the way services are provided in order to manage demand e.g. elective surgery may need to be postponed in order to release essential bed capacity.

The NHS Operating Framework stated that all NHS organisations had to have a pandemic preparedness plan

in place and that these plans needed to be tested. Business continuity and emergency planning within Mental Health Trusts is now common place particularly since the emergence of H5N1 (Bird Flu) in Asia over the past few years. In July 2008, guidance on Pandemic preparedness for mental health services in England was published (1). This guidance is currently being updated and will be available in mid-November on the H1N1 swine flu website:

[www.dh.gov.uk/en/PublicHealth/Flu/Swineflu/index.htm](http://www.dh.gov.uk/en/PublicHealth/Flu/Swineflu/index.htm)

The key challenges for MH services were identified as;

1. Access to physical health skills
2. Maintenance and access to medicines
3. Excess demand for MH services
4. Continuity of care

Although MH services shared the same communication and human resources challenges as other organisations, MH Trusts found that there were also unique challenges in effectively implementing business continuity plans for

pandemic influenza.

Some examples of these challenges are:-

It was already known that patients with schizophrenia were at a higher risk from developing respiratory disease and may therefore be more at risk from complications from influenza.

"Flu buddies" were included in pharmacy contingency plans ensuring that there is continued access to Methadone prescriptions for injecting drug users.

People with mental health problems may also fall into one of the risk factor groups as a result of physical illness, age or disability. Access to antiviral medicines should therefore be through primary care and not the National Pandemic Flu Service (NPFs).

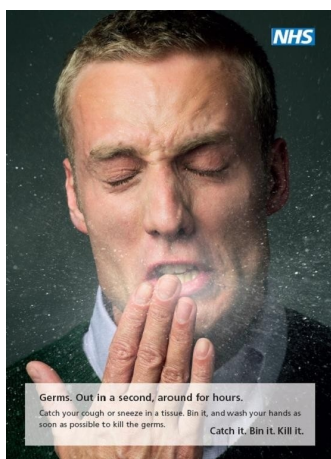
Service users, who are prescribed Clozapine, are at risk of symptoms of an adverse reaction to their medication which may exhibit the same symptoms as H1N1 flu. Other health care professional will need to be aware of Clozapine prescriptions.

A further complication for patients prescribed Clozapine is that the antibiotics Erythromycin and Co-trimoxazole, both prescribed for upper/lower respiratory tract infection should be prescribed with caution in conjunction with Clozapine.

The expected impact on workload for Occupational Health

teams will result in other nurses being conscripted in. The Health Protection Agency produced clear guidance on immunisation competencies (3) which meant that mental health nurses should not assist with administration of vaccines without clear evidence of access to training.

As the UK is currently in the second wave on this H1N1 pandemic, it is still unclear as to what the future impact may be on Mental Health Services.



## Mental Health Act

The recent consultation on the Mental Health Act closed on October 9th with three proposed changes;

1. Reducing the number of doctors required to comply with a number of sections on the Act.
2. Extending or suspending time limits that apply to certain actions under some provision in the Act.
3. Allowing certain additional people to be able to undertake specific functions under the Act.

It is however now looking increasingly unlikely that there will be a need to introduce any of the consultation proposals in order to cope with the current swine flu pandemic. However, the situation will continued to be kept under review.

## Vaccinations

Leaders across the NHS also have a critical role to play in

supporting their workforce throughout the pandemic in every respect. The following groups will be the first to be vaccinated with the H1N1 vaccine:

- Individuals aged between six months and up to 65 years in the current seasonal flu vaccine clinical at-risk groups
- All pregnant women
- Household contacts of immuno-compromised individuals
- People aged 65 years and over in the current seasonal flu vaccine clinical at-risk groups
- Front line Health and Social care staff.

## So what tools have Mental Health Trusts already had to hand?

With the Department of Health Pandemic Preparedness funding, mental health Trusts have been able to access physical health skills training. For example within Surrey and Borders Partnership NHS Foundation Trust staff were provided with updates on the management of asthma from the lead respiratory nurses.

As Clozapine requires weekly monitoring of the white blood cell count for the first 18 weeks of treatment, Trusts needed to review their capacity for nurses to be able to undertake venepuncture. This would in turn make organisations less dependent on service level agreements with phlebotomy departments.

The Infection Control Code of Practice (6) has enabled Mental Health Trusts to embed infection prevention and control into every day practice.

From a personal perspective as an infection prevention and control nurse the emergence of H1N1 significantly increased awareness of hand hygiene and environmental cleanliness.

For further information please contact

[Bryony.Robertson@sabp.nhs.uk](mailto:Bryony.Robertson@sabp.nhs.uk)

## References

Pandemic Influenza guidance on preparing mental health services in England. DOH July 2008

Revised swine flu guidance for planners. DOH 2009

National Minimum standards for immunisation raining. Health Protection Agency June 2005

Serological evidence of prenatal influenza in the aetiology of schizophrenia. Brown AS, Begg MD et al 2004. General Psychiatry 61(8):774-80

Swine Flu clinical package for use when there are exceptional demands on health care services. DOH October 26<sup>th</sup> 2009

The Health and Social Care Act 2008. Code of practice on the prevention and control of healthcare associated infection and related guidance. DOH 2008

The NHS Operating Framework 2008/2009 and 2009/2010. DoH

## The Forum and its future

### Peter Hasler, Forum Development Officer

**In 2009 the Forum steering group has been revisiting what we offer as part of our membership package. You will be aware that there are two national conferences each year which have always been well attended.**

The Forum provides a unique network for colleagues across the country. It gives an opportunity to focus on the national policy agendas most relevant to senior nursing staff. Best practice and policies are shared through the network which is a greatly valued resource. There are opportunities to influence national policy and developments. This newsletter "Leading Minds" also helps to share good practice and support colleagues.

One of the major considerations for the Forum at this time is how we will sustain a healthy and representative membership for the future. We are supported by almost all of the mental health Trusts in England but we are equally aware that there are gaps. For example, there are a number of mental health provider PCTs that have chosen not to become members of the Forum. In addition, Wales, Scotland and Northern Ireland and the Republic of Ireland are not represented at all. Over the coming year we hope to form stronger relationships with these provider organisations and offer membership to the forum.

We are very keen to see an increase in networks under the umbrella of the Forum. The Matrons' Network provides an excellent model for how this could be expanded to other specialist groups.

We anticipate that shortly a new network for Nurse Consultants will be created allowing them to benefit from the support of the forum but with their own autonomy to move their agenda forward.

Other groups that we would like to see developing may include, nurses in safeguarding roles; infection control; and, ward managers. The forum would welcome discussion with these groups of staff over the coming months.

Nurse Directors are concerned that there are not enough senior nurses in the system to be ready and waiting to take over director roles. We are looking at hosting some "master class" events in 2010 specifically to target nurses in senior positions who are preparing themselves for promotion in the future. It is expected that these events will provide a helpful addition to the twice yearly conferences.

As the forums development officer I would be very happy to receive your feedback and suggestions. These can then be taken through the steering group to influence how we prioritise what we can do to support you for the future.

For further information  
please contact  
pvhasler@gmail.com  
077776617167



For all Steering Group Members and Mentors please visit:

[www.mentalhealthforum.org.uk/contact\\_us.htm](http://www.mentalhealthforum.org.uk/contact_us.htm)

52 Full Members

162 Associate Members

33 Matrons

12 Honorary Members

The Forum remains robust and well financed on behalf of its membership. The group draws no profit and ploughs all income into the delivery of very successful conferences and training. However in light of the economic position we strive to demonstrate added value for money.

The Forum is developing stronger links with groups such as the Nurse Consultants. This should mean a stronger and more vibrant membership that organisations will be able to benefit from and thus will offer a more

comprehensive list of members who can attend and partake in the learning events put on by the Committee. Increased network relationships will ensure increased value for money.

Member organisations are encouraged to maintain their strong commitment to the group and its work. Critical mass delivers added value. At this time of difficulty it requires us to increasingly look to the lessons being learnt in our partner organisations to help us through this phase.

#### Steering Group Treasurers

Nick Morris - Director of Strategy and Nursing,  
Bradford District Care Trust,  
[nick.morris@bdct.nhs.uk](mailto:nick.morris@bdct.nhs.uk)

Pat Shirley – Pat Shirley Director of Nursing and  
Governance  
Hampshire Partnership NHS Trust,  
[Pat.Shirley@hantspt-sw.nhs.uk](mailto:Pat.Shirley@hantspt-sw.nhs.uk)

## Members

2gether NHS Foundation Trust	Leicestershire Partnership NHS Trust
5 Boroughs Partnership NHS Trust	Lincolnshire Partnership NHS Foundation Trust
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Barnet, Enfield and Haringey Mental Health NHS Trust	Mersey Care NHS Trust
Barnsley PCT	Norfolk and Waveney Mental Health NHS Foundation Trust
Berkshire Healthcare NHS Foundation Trust	North East London NHS Foundation Trust
Birmingham and Solihull Mental Health NHS Foundation Trust	North Essex Partnership NHS Foundation Trust
Bradford District Care Trust	North Staffordshire Combined Healthcare NHS Trust
Calderstones Partnership NHS Foundation Trust	Northumberland, Tyne and Wear NHS Trust
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Cumbria Partnership NHS Foundation Trust	South Essex Partnership University NHS Foundation Trust
Derbyshire Mental Health Services NHS Trust	South London and Maudsley NHS Foundation Trust
Devon Partnership NHS Trust	South Staffordshire and Shropshire Healthcare NHS Foundation Trust
Dorset Healthcare NHS Foundation Trust	South West London and St George's Mental Health NHS Trust
Dudley and Walsall Mental Health Partnership NHS Trust	South West Yorkshire Partnership NHS Foundation Trust
Greater Manchester West Mental Health NHS Foundation Trust	Suffolk Mental Health Partnership NHS Trust
Hampshire Partnership NHS Foundation Trust	Surrey and Borders Partnership NHS Foundation Trust
Hertfordshire Partnership NHS Foundation Trust	Sussex Partnership NHS Foundation Trust
Humber Mental Health Teaching NHS Trust	Tees, Esk and Wear Valleys NHS Foundation Trust
Kent and Medway NHS and Social Care Partnership Trust	West London Mental Health NHS Trust
Lancashire Care NHS Foundation Trust	Worcestershire Mental Health Partnership NHS Trust

To submit future articles please contact Administrative Support:

**MHLNDL Forum**  
**c/o Koios Group Ltd**  
**1-5 The Stud Offices**  
**Redenham Park**  
**Redenham**  
**Andover SP11 9AQ**

Tel: 01264 774 000

Fax: 01264 774 009

Email: [Forum.admin@koiosgroup.com](mailto:Forum.admin@koiosgroup.com)

A public website: [www.mentalhealthforum.org.uk](http://www.mentalhealthforum.org.uk)

