

FoCUS

South West Surrey Area Group Meeting Wednesday 7th March 2018 1pm – 3pm

Guildford Baptist Church, Millmead, Guildford

Minutes of the Meeting

Attendees: Alice Knight, David Muir (FoCUS Rep & SABP Governor), Alex Lepkowski, Paul Earl, Linda Gilligan, Claud Norris (FoCUS Rep), Sarah Towell, Alexander Towell

Amanda Cummins (Service Manager, CMHRS Guildford), Caroline Hampshire (The Welcome Project, Guildford & Waverley), Donna Davies (Advocate, SDPP), Sarah Wickens (People's Experience Project Coordinator, SABP), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, minute taking)

Apologies: Simon Telling (FoCUS Rep), Person A and Person B, Alex Hutchby (Team Leader, SABP), Simon Tester.

1. Welcome, introductions, ground rules

Jane Ahmed, the FoCUS Involvement Facilitator, welcomed attendees to the meeting and introductions were made.

2. Minutes of previous meeting (January 2018)

Accuracy

The minutes were agreed as an accurate record.

Please note once the minutes are approved they will be published on SABP's website, if you do not wish your name to appear please let LF Solutions know.

Actions from January 2018:

1	<p>Jane Ahmed agreed to forward issues regarding the display of other organisations leaflets in the community to the Independent Mental Health Network for their consideration.</p> <p>Completed.</p>
2	<p>The Group discussed the tips on what to pack for a hospital admission but felt it would be useful to have a list of what a person can't take in to hospital. Does the Trust have a list of 'banned' items that can be provided?</p> <p>Completed. With regard to personal belongings, no, we do not have a list of 'banned items'. Each person is risk assessed and their belongings checked/discussed with them on admission and throughout their stay. For example, someone who may be at high risk of self-harm may be asked not to have a scarf or similar with them, but this may not apply to another person based on their risk.</p> <p>The following items are restricted to all people coming on to a ward to support keeping the whole ward safe. We have a 'blanket restrictions log' which identifies why and where the decisions were made to restrict the following items.</p> <ul style="list-style-type: none">• All forms of ignition source e.g. lighters and matches• Tobacco products• Drinks cans and glass bottles• Plastic bags• Cable chargers• Razors, scissors, tweezers and other sharp objects• Medication• Weapons or potential weapons• Any form of drugs or alcohol• Hazardous or flammable substances, e.g. glue, paint, nail varnish remover

3. Feedback from FoCUS Committee

Jane Ahmed ran through the FoCUS Committee Summary and the following was highlighted and discussed:

- Carers Report: The Trust are sharing expertise with Surrey County Council to identify more young carers but aware more work needs to be done on patient pathways. The first graph on Page 6 asks if someone has 'ever felt prevented from telling the Trust things that could have been useful' and FoCUS have asked the Trust to ask why people may have been prevented from telling them. FoCUS also noted that writing and Graphs in the report are too small and the colours do not work well.

Jane Ahmed recently gave a talk at a Carers Support Group run by Action for Carers and one of the Members highlighted that on page 2 the Trust say that 'Carers Break payments continue to be underspent'. FoCUS would like to ask if: 1) the Trust know why this is? 2) the Trust publicise what a Carer Break payment is? 3) GP's publicise these to carers and if not, can they be encouraged to do so?

- FoCUS received an apology about the delay with the Discharge leaflet.
- Safe Haven review: FoCUS asked a number of questions which were responded to by the Trust. It was noted that the funding cost for Aldershot Safe Haven is £237,000 not £23,700 noted in the minutes (typo). FoCUS Reps also commented that the leaflet does not read well giving contradictory information and the Trust will look at this further.

Paul Earl would like to know statistics around how well the Safe Havens are working and if they are keeping people out of A&E.

- Discharge, Care Plans & Communication: FoCUS Reps felt that the topic of Care Plans had not been addressed full in the Trust response. The Trust are disappointed to hear about issues with discharge and medication reviews and agreed to look at individual cases further if any FoCUS member would like to do so. The Trust are looking at pathways across Working Age and Older Adults and acknowledged issues that need sorting out; they are not perfect and hopes the redesign sees an improvement.
- Update on the way forward for FoCUS: FoCUS Reps met with Jo Lynch, who manages the FoCUS Contract for the Trust, and it was agreed that it was not quite the right time to move into the new style of Committee. Jonathan Warren suggested Reps meet with experts in participation to see how FoCUS may look in the future.
- Questions from local area groups: Jane ran through the questions submitted from the area. FoCUS asked the Trust to ensure details

of Community Police Officers are kept up to date on Trust notice boards. A discussion around notice boards being kept updated at Trust locations took place and Paul Earl highlighted particular out of date information at Guildford CMHRS. Amanda Cummins thanked FoCUS for their feedback and will ensure this is taken down. Amanda explained that there is a process and named member of admin staff who does the creative element of the notice board and all staff have input into this. Sometimes things will be out of date because it takes time to contact every organisation that is being promoted, this also applies to missing information. The CMHRS try to get the balance right and will of course remove any out of date literature if they are advised of this.

- Annual Plan and Future Projects: The Single Point of Access (SPA) is now unlikely to be implemented in this quarter and conversations with commissioners continue regarding funding. The Trust are refurbishing the Abraham Cowley Unit (ACU) to create single bedrooms with ensuite whilst ensuring they keep the same number of beds. FoCUS would like to ask if the Trust if they would consider increasing the number of beds at the ACU?

4. Local Issues from FoCUS members

Good news and Compliments

Person A and Person B were pleased that the person they care for received good treatment at Farnham Road Hospital and is doing well.

Local issues

Paul Earl asked about the number of wards at Farnham Road Hospital and was informed that there are four wards in total. Paul asked if an intermediate ward, for those recovering, had been considered feeling that it is not ideal for a person to be kept in an acute when they are not acutely unwell. Amanda explained that people will then be cared for under the Home Treatment Team with daily support and this is a national model. Unfortunately, on inpatient wards there are people acutely ill alongside people who are preparing for discharge. Members felt it was good that the CMHRS Manager was present today to respond directly to questions and would like to ensure this continues going forward; if Amanda is unable to attend they would be grateful if a representative can be sent along.

Amanda assured Members that she and Jane Jefferies (CMHRS Manager of Waverly) are fully committed to the process of service user and carer engagement/involvement in their services and would like to commit coming to FoCUS each meeting and will come as often as possible.

Jane Ahmed raised an issue on behalf of a Member that could not attend asking the Trust to ensure that family and/or carers can be told when their loved one will be discharged and a specific date for this particularly if the family has responsibility to ensure safety of the person when in the community. FoCUS will ask the Trust if families or carers of an inpatient are told when the person they care for is being discharged from hospital even if they haven't given consent to share information? Sarah Wickens explained that this would also be down to each individual case and that the Trust do rely on carers and want to work in partnership with them. Service providers must understand how important the voice of the carer is.

Caroline Hampshire recently saw a client who is waiting for therapy and has been told that there is a long waiting list. Amanda advised that the person is likely to be waiting for DBT, however, it's not so much there is a waiting list but there is a pathway people need to move through and accessing therapy is very much individually based. Caroline asked what happens while a person is waiting and Amanda explained that if the person is under the CMHRS they will be receiving the correct support before accessing the therapy.

5. CMHRS Update, Amanda Cummins CMHRS Manager

Amanda gave a brief outline of her work history and why she thinks that attending FoCUS is important and stressed that she is always happy to hear negative feedback to improve learning but likes to be able to report positive work taking place.

Both Amanda and Jane Jefferies felt that they could improve service user and carer involvement in help for developing their services. They want people who use the services to help design the service and give people opportunities and one of these is a Quality Improvement project they are piloting called 'share your views'. These sessions are an informal opportunity for carers, users, residents to meet with the service manager and talk to them about things that have gone wrong and things that have worked well or give ideas about how they can improve their services, all aimed at how they can make services better. These

sessions will alternate between Guildford CMHRS and Waverley CMHRS on Tuesdays from 3pm – 5pm. If you would like to book a 'share your views' with the Guildford or Waverley CMHRS Manager please call the CMHRS directly. It is hoped that this is also beneficial for staff so that they can concentrate on working on the persons therapeutic issues rather than concentrating on things that have gone wrong. This in the early stages of a pilot to see if it will be useful for people and does not override other complaint routes.

The CMHRS are also working with someone who has used services to run a market stall event in January 2019 with partner organisations, workshops etc and this is currently in the early stages of planning.

A FoCUS Member enquired about the assessment process asking about the procedure and whether a report should be produced which the person using services would receive a copy of. Amanda explained that the assessment process itself should be that a referral is made either as an emergency, urgent or routine case. Emergency cases are seen that day, urgent cases are seen in 5 days and routine cases seen within 28 days. The multi-disciplinary team will review the referral and are screening for whether as assessment to access CMHRS services would be useful, however if primary care is more valid for the person they will write to the GP with details. If the person is offered an assessment they will be told and offered an assessor which will be one of the staff team with the appropriate skills. Assessors follow a particular criterion and make a formulation summary which includes some recommendations which goes back to the multi-disciplinary team to review and agree or make other recommendations. At this point the GP will receive a summary of the assessment and so will the person who has been assessed. Social care assessment will take place at the same time.

The Group discussed this at some length and the person with the query was advised to follow this up outside the meeting with the CMHRS Manager and PALS.

6. Early Intervention In Psychosis, Pete Williams, Service Manager EIIP in East Surrey

Pete explained that there are two Early Intervention in Psychosis (EIIP) teams one based in Epsom covering the East and Mid of Surrey and one based in Chertsey.

The teams were set up about 12 years ago following national thinking about people who were presenting with psychotic symptoms and who under the CMHRS were not having interventions to change their lives. People ended up going through the system on a revolving door basis and often getting repeatedly worse. The Trust recognised the emotional and physical cost and thought about how they stop this growing into a life long illness.

The service was initially set up to work with 14-35 year olds as the majority of first episodes of psychosis tend to happen in a person's late teens or early 20's. This changed two years ago and now the team treat people aged between 14-65 years old. There are national and quality standards that have to be hit, i.e. specific interventions and guidelines on how the teams should work and what should be offered to people straight away.

If someone is suspected with first episode psychosis they will refer into the Early Intervention in Psychosis team and within two weeks they will be offered an assessment (53% of all referrals should be seen within two weeks). Anyone with a history of Psychosis would go back to the CMHRS for support as this service is about intervening very early for initial assessment and to devise a care plan. On the whole the Trust are hitting the 53% target and across the county they hit about 68% - may be because the person can't make a specific appointment or the referral doesn't come through.

The team work with people for up to three years and hope that in this time they can make a difference to their outcomes and prognosis. A person who has been under the team can be referred back anytime within this 3-year period. Hopefully when someone recovers they can begin to understand the early warning signs.

Specific interventions include family intervention as most people who are referred are in their late teens early 20's. They also offer CBT for psychosis, medication reviews, physical health checks, carers support and employment support all built around the person. Work on understanding the illness, triggers and early warning signs means the chances of relapse are much better.

They have a caseload of 360 people currently and for the last 10 years 70% of people have been discharged back to their GP and only 30% have needs that need to be met by a CMHRS going forward.

Pete was asked if there is there any research to show whether, after 3 years, people are referred back to CMHRS; and he explained that unfortunately, there is a lack of information since the move to SystmOne and they are keen to know what the figures are as it is very important. Many reports produced by SystmOne are being driven by Clinical Commissioning Groups (CCGs) and GP, so their reports are priority.

Caroline Hampshire asked if GPs are aware they can refer to the Early Intervention in Psychosis team rather than the CMHRS and Pete confirmed that GPs are fully aware of the service and get leaflets and visits regularly, however a busy GP may tend to refer to what they know i.e. the CMHRs.

The team used to sit under the Children's service but now is under Adult services which means they can attend the CMHRS Managers meetings and if there is any indication of psychosis they will refer to EIIP immediately. Pete explained that 50% of referrals are direct and 50% are through the CMHRS.

Paul Earl talked about the importance of understanding the illness of the person he cares for and that there was not much available around psychosis. Pete explained that there is a big drive now to ensure that this is back on track and a push to get a much better service within the CMHRS to get a better service for people with psychosis. They also now have funding within Surrey and NE Hants for the perinatal service which will work alongside EIIP.

Jane Ahmed recently attended the Healthy Partnership event in Woking and a GP spoke about the 'Leicester' document looking at health implications of antipsychotic medications and produced a card so GPs can see what they need to screen for and they also developed another leaflet on physical health issues to do with early psychosis; Jane thought this may be useful for the Trust. Pete said there is money flowing into SABP around physical health and there has previously been a gap around this. GPs tend not to want to be involved in monitoring physical health and there was big investment for the Leicester tool to be the basis tool to look at elements of physical health; the tool states that monitoring must be done in 6 months and repeated in 12 months. EIIP got a separate pot of money and specific training on physical health around the Leicester tool and how they move away from a clinic-based way of dealing with physical health – there needs to be

more outreach work and they can now do more of these physical health checks at home.

David Muir asked if there is any easy read information for people with a learning disability. Pete commented that they don't currently have this but they do have a series of flash cards to try and piece together a hierarchy of what happens before crisis point and these are from a pictorial element rather than written. If there is a specific need for easy read information they will do this.

EIIP have a microsite under the SABP main website and Pete is keen to change this so it includes the use of pictures, blogs, videos etc. and they will look at how they can make this more accessible.

Pete explained that there are two leads on physical health in SABP and Fiona Whitaker has been driving to ensure that each CMHRS has a physical health clinic running and has the appropriate equipment.

The Group thanked Pete for his time.

7. Date of next meeting

Date of Next Meeting: Wednesday 4th April 2018, Wilfrid Noyce Centre, Godalming

Issues to go to next FoCUS Committee meeting on 8th May 2018

Actions

1	Jane Ahmed recently gave a talk at a Carers Support Group run by Action for Carers and one of the Members highlighted that on page 2 of the Carers Report (to Committee) the Trust say that 'Carers Break payments continue to be underspent'. FoCUS would like to ask if: 1) the Trust know why this is? 2) the Trust publicise what a Carer Break payment is? 3) GP's publicise these to carers and if not, can they be encouraged to do so?	Jo Lynch Ann Stevenson
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2	Can the Trust provide FoCUS with statistics on whether the Safe Havens are keeping people out of A&E in a crisis?	Jo Lynch
3	FoCUS are pleased the Trust are refurbishing the ACU and would like to know if they are able to increase the number of beds available during this refurbishment?	Jo Lynch
4	FoCUS would like to ask the Trust if families or carers of an inpatient are told when the person they care for is being discharged from hospital even if they haven't given consent to share information?	Jo Lynch

Contact details for your Support Team

<p><u>For Member support please contact:</u> Carol Pearson and Jane Ahmed at the Surrey Coalition of Disabled People Tel: 01483 456558 Text: <u>077809 33053</u> Email: carol.pearson@surreycoalition.org.uk Email: jane.ahmed@surreycoalition.org.uk Address: Astolat, Coniers Way, Burpham, Guildford, Surrey, GU4 7HL www.surreycoalition.org.uk</p> <p><u>For Meeting support please contact LF Solutions</u> Lucy Finney / Office Tel / Text: 07727 273242 Email: lucy@lf-solutions.co.uk / office@lf-solutions.co.uk</p>
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Glossary of Abbreviations:

AMP	Approved Medical Practitioner
CBT	Cognitive Behavioural Therapist
CCG	Clinical Commissioning Group
CMHRS	Community Mental Health Recovery Service
CPA	Care Planning & Assessment
CPA	Carers Practice Advisor
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission
CQUIN	Commissioning for quality and innovation
CTO	Community Treatment Order
EPP	Expert Patient Programme
ESA	Employment & Support Allowance
HTT	Home Treatment Team
IAPT	Improving Access to Psychological Therapies
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate

OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PETS	Patient Experience Trackers
PICU	Psychiatric Intensive Care Unit
PPG's	Patient Participation Group
PRG	Patient Reference Group
PVR	Public Value Review
QUIPP	Quality, Innovation, Productivity, Prevention
SABP	Surrey and Borders Partnership
SCC	Surrey County Council
SDS	Self Directed Support
SHIPP	Surrey High Intensity Partnership Programme
STEPPS	Systems Training for Emotional Predictability and Problem Solving