

## FoCUS

### North West Surrey Area Group Meeting

Monday 10<sup>th</sup> June 2019

The Chertsey Hall, Heriot Road, Chertsey

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#### Minutes of the Meeting

**Attendees:** Sylvia Jones, Glenis Nay, Tony Kenny, Larisa Orlova (NW FoCUS Rep), Sharan Kaur Dhani, Tracey Hayes (NW FoCUS Rep), Rosemary Moore (SW FoCUS Rep), Karl-Samuel Atreides, Ian Williams, Melvyn Dunstall

Duncan Sloman (CMHRS Manager Runnymede and Spelthorne), Jo Ferns (Older People's Matron SABP), Mathew Crees (CMHS Manager Woking), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, minute taking)

**Apologies:** David Keen, Gina Keen, Leanda Hargreaves, Colin Jones, Patti Lopez (SABP).

#### 1. Welcome, introductions, ground rules

Jane Ahmed welcomed the group, gave apologies and reminded those present of the meeting ground rules.

Jane highlighted that it is National Volunteers Week and thanked all members for giving up their time to contribute to FoCUS, particularly the FoCUS Reps who give up additional time to support FoCUS work.

#### 2. Minutes of previous meeting and matters arising (April 2019)

##### 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 April 2019 Meeting

1	<p>FoCUS would like to ask if there is a dedicated room in the NW CMHRS's for those who may present in crisis? <b>Completed. Tham Dewa confirmed that there are similar arrangements in the North West. At Unither House where Runnymede &amp; Spelthorne CMHRS are based as well as other services there is a room available on the ground floor which is not a bookable room so that it can be used in the event of someone presenting in crisis. The other teams in the North West manage this slightly differently. So for Elmbridge &amp; Woking, when someone presents in crisis staff will use one of the bookable clinic rooms for anyone turning up in crisis. There have also been times when people using our services who are in crisis &amp; where appropriate have been advised to meet staff at one of our Assessment Suites either at Abraham Cowley Unit or Farnham Road Hospital.</b></p>
2	<p>Tope Forsyth to email/send the 'Finding Your Way' booklet to Lucy Finney for circulation to FoCUS. <b>Completed.</b></p>
3	<p>FoCUS suggested a 'compliments received' page on the Trust's website and Dotty will liaise with the Comms team to see if this will be possible. <b>Completed. Dotty prioritised getting the complaints form on the to the Trust website to make their service more accessible but is on her 'to-do' list to look at in the next few months.</b></p> <p>Larisa Orlova spoke about websites <a href="http://www.iwantgreatcare.org">www.iwantgreatcare.org</a> which allows patients to review their NHS service, doctor etc. Larisa would like the Trust to implement this type of feedback where people can leave a comment or rating so that others using services can make a decision about where they will get the best care.</p> <p>Larisa also asked if a person can change where they receive care and Duncan Sloman confirmed that people can move Trust, but if they want to change the person treating them within the Trust they are in they should liaise with the CMHRS manager, working together to choose where they want their care to come from. Larisa felt the Trust need to have better transparency about the rights of a person using services and who supports them if they wish to move Trusts.</p> <p>Karl-Samuel Atreides spoke about his experiences and why he is moving Trusts.</p> <p>Tony Kenny asked where a person takes an issue if you disagree with</p>

the policies of the Trust.
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### 3. Feedback from FoCUS Committee

Jane Ahmed ran through the FoCUS Committee Summary highlighting the following:

- Sharon Spain who is the acting Chief Nurse officer attended FoCUS Committee for the first time.
- Additional feedback about the Safe Havens was given 'attachment 2'. There was also discussion about those intoxicated and who may want to use the safe haven and the Trust explained how they handled these situations.
- The Trust agreed to keep a log of those turned away from the safe havens due to being intoxicated if FoCUS think it would be helpful.
- Positive news is now fed directly back to staff and FoCUS received comments that this is appreciated and makes staff feel valued.
- FoCUS received a one-page summary for the Carers Report but FoCUS Reps feel it lacks detail of the larger report and it was agreed that both reports would be circulated to FoCUS in future.
- The Trust agreed that carers needs may change and therefore assessments need to be reviewed, however this is down to the reality and practicality of making it happen.
- The Trust want to provide the 'whole family' approach more effectively and this is a cultural shift as well as a system and policy shift.
- 30 people attended the Volunteers Open Day, 22 of which completed an application form.
- The Working Together Group have chosen to work on Social Prescribing as their first topic. Please contact Nikki Green at the Trust if you are interested in being involved ([nikki.green@sabp.nhs.uk](mailto:nikki.green@sabp.nhs.uk)).
- The Trust's recruitment team met the People's Participation team to develop a training support package to support people with lived experience who are supporting the organisation.
- The Trust hope to look at the suggestion of a feedback from at some point in the future.
- Lots of work and initiatives have taken place to drive the standard of care across the Working Age Adult pathway.
- Lack of Learning Disability materials at Members Days in addition to poor signage.
- The Trust have been focussing on supporting people with a Personality Disorder for some time and have undertaken a comprehensive training programme on positive risk taking.

- The Trust acknowledged that there has not been enough attention in reviewing the offer provided for rehabilitation services and they have now held several workshops which have identified some gaps that lead on to a bigger piece of work to be completed. Margret Laurie House, as a rehab function, is needed as part of this pathway.
- The Trust are looking at treatment offered in community teams as they know there are slight differences that need to be standardised.
- The Annual Plan for 2019-20 sets out changes to make services better, what they will do to help staff to do their jobs well, how they will improve their buildings and how money is being spent.
- The recruitment of a new Chief Nurse Officer is nearing conclusion and a formal announcement will be made when possible.
- There has been a formal letter from East Surrey CCG to confirm they are working more closely with Surrey Heartlands ICS with a view to moving into Heartlands in a year.
- Stephanie Forster has left the Trust and a new Communications Director has been appointed, Marcel Berenblut, who will pick up the strategy piece of the equality work. Rosemary Moore spoke about being involved in the recruitment of the new Communications Director, however felt that there was no person that uses services involved in the process.

NW Members discussed locations for a safe haven in the NW further and suggested that the Day Hospital at the St Peter's site would be good venue. Karl-Samuel Atreides suggested that professionals may like to volunteer to staff this safe haven, however it was recognised that many staff routinely work over their contracted hours.

Sylvia Jones reported that their local MP has been looking to find a facility in Spelthorne that can be used as a safe haven.

#### **4. Local Issues**

##### Good News/Compliments

Tracey Hayes has been visiting a friend on Blake Ward at the ACU (Abraham Cowley Unit) and was very impressed by how friendly the staff have been and the positive atmosphere.

Larisa Orlova was impressed with Julie Gaze who recently stepped in to resolve an issue, show how this should be done and monitored the process ensuring things were resolved.

Spencer Ward have recently introduced work with Therapy Dogs as recent studies have proven their positive work with dementia and autism patients however, there have been no studies for those with anxiety and depression. This work is planned for 6 months and they have also started one to one and group therapy to see how this goes. If there are improvements, they will apply for funding so it can be rolled out; Jo Ferns commented that they have already seen this positive effect in the few sessions they have held.

### Issues, Comments and Suggestions

Tony Kenny asked if there is any surgical intervention for vascular dementia? Tony gave an example of someone he knows who has a board with words on and uses it to mark out what they want to say – can the Trust do this?

Rosemary Moore spoke about the 24/7 ACU Redevelopment user-group and that a meeting is due to take place tomorrow with the architect's which she felt people should know is happening; Tracey Hayes and Jo Ferns believed that this is a closed group, however Rosemary disagreed. There has already been an open day and there is a further one on 16<sup>th</sup> July and Rosemary would encourage people to attend.

Jo Ferns advised that the Trust are keen to hear feedback around facilities from people who have stayed at ACU or Farnham Road Hospital and the Trust would like feedback around facilities. A form will be circulated to FoCUS members soon.

Karl-Samuel Atreides reiterated that if a person is not happy with their psychiatrist this can be changed by contacting the persons care coordinator or the CMHRS Manager; if a person wants to change their CMHRS's should approach their GP. However, Duncan Sloman advised that said that a person is able to transfer to a different CMHRS through team managers rather than approaching the GP. Duncan would encourage an initial conversation with the team where the person is based with to see what can be resolved as it is better if services are provided locally. Karl acknowledged this explaining that if a CMHRS has refused to take a person on but a psychiatrist has recommended this the person can be referred to another CMHRS and Karl just wanted to explain that there are other ways of accessing services via your GP; he felt that CMHRS criteria are different across the Trust even when referred by the Single Point of Access.

Duncan explained that via the SPA (Single Point of Access) the set of clustering criteria would highlight the diagnosis of the person, if a person

doesn't meet this criteria they will highlight necessary treatment and signpost to these – these are set out throughout all CMHRS's.

It was highlighted that some CMHRS are referring to Recovery College for therapy when they actually offer educational courses and this should be highlighted to the Trust.

Matthew Crees said there is the stepped care model as psychology is a limited resource and there is a process of different levels of intervention; if an individual has gone through the steps and not achieved results they look at structured clinical management and then they may be referred to a psychology assessment who will advise the way forward but there are gaps and holes in what can be offered - there is a pathway to treatment. The Recovery College provide psycho educational input.

Larisa is a volunteer with the Recovery College who deliver educational courses and coping skills courses; therapies are not provided so the facilitators always advise if somebody is distressed or having difficulties to turn to their psychiatrist or care coordinator. Courses are not delivered only by volunteers but by a team of two people, one is employed by the Recovery College and the other is a volunteer in the Recovery College; this is a unique example of co-production between practitioners and service users. As noted they cannot provide therapies and can only equip a person with coping skills while the person is waiting for their therapies to start.

Matthew advised that the CMHRS don't refer people to the Recovery College they are encouraged to enrol.

Sharan Kaur Dhami asked why all the Recovery College courses seem to be the other end of Surrey and Jane explained that it is due to historical reasons to do with funding and also venues. Larisa advised that if there are a number of people interested in undertaking a course the Recovery College will try to run this – people need to express their interest and Larisa would encourage students to request course.

Larisa Orlova attended a workshop on Personality Disorder and she was very sad to hear that lots of people (99.8%) attempt suicide in order to access treatment or help. People are finding it difficult to access help when in a crisis or the help is not appropriate - they may have been prematurely discharged from services. Larisa is objecting to the Trust working with Mary Frances Trust to provide step down therapy to those with a Personality Disorder. Larisa is concerned that if a person is discharged too early they cannot be supported by those who are not clinicians; often clinicians supporting those with Personality

Disorder have to be supported themselves. Larisa accepts this can be provided by Mary Frances Trust if the person has proper support on discharge, but not before this. If the Trust implement this then Larisa will go to the CCG to say they shouldn't have money.

Post meeting note: Mary Frances Trust are running a 6 week group especially for those who have previously attended the STEPPS course giving people an opportunity to revisit some of the skills, materials, tools and what people may have found helpful since then.

## **5. Older People's Service Update, Jo Ferns**

Jo was asked about nurse prescribing which is when a nurse will do a course for a number of years, be mentored by a consultant psychiatrist and once passed is able to prescribe as a doctor would for the inpatient wards. This has been done in the community but as recruiting psychiatrists is getting more difficult they will now look to skilling up staff to do this on inpatient wards. An advert has been put out for a nurse prescribing course for Spencer Ward and staff in Victoria Ward are just starting on the nurse prescribing course.

Most people using inpatient services come from community and the majority are known to the community teams and their Care Coordinator follows their care into hospital. If the person is not known to the community teams they will be allocated a Care Coordinator.

Spencer Ward is all ladies ward and Victoria is predominantly men but there are side rooms with ensuite so ladies can be taken. The ECT suite is attached to Victoria Ward and they manage this.

Victoria and Spencer wards offer similar treatment but they tend not to take those with dementia who go to the Meadows at West Park. Those on wards have mostly mixed functional illnesses with the average length of stay being 10-12 weeks. Discharge planning occurs with the Care Coordinator and most people go back into the community.

## **6. CMHRS Update**

Duncan Sloman spoke about the Section 75 Agreement explaining that it is an agreement with Surrey County Council and SABP so that both health and social care teams work together in an integrated way to deliver services. The Section 75 Agreement has been dissolved and the teams will not be working together any longer. Surrey County Council will be carrying out Adult Social Care Assessments and the Trust will be doing the more health component.

Duncan was not sure there would be enough staff in the teams to do everything they want to do but will be looking at this. The Trust are not sure how this will look at present but will do their best to limit impact on people using services and carers; it is early days but they will keep FoCUS updated.

There has always been a plan to have a CMHRS base within Spelthorne, which the Trust had hoped would be in the Cedar unit however, unfortunately Ashford & St. Peter's Hospital wouldn't agree to this and the Trust are actively looking for alternatives.

There has been an issue with limited admin staff at Burgess Way and therefore they had to close the building at times (mainly afternoon or mornings). They have now recruited so hopefully this is resolved.

**7. Date of next meeting:** Monday 8<sup>th</sup> July 2019 Christ Church, Jubilee Square, Church Street East, Woking, GU21 6YG.

**Issues to go to next FoCUS Committee meeting, 13<sup>th</sup> August 2019**

1	NW FoCUS Members understand that the Trust have no plans for a safe haven in the NW area (particularly Unither House), however would like to suggest that the Day Hospital at the St Peter's site would be good venue for any future planned safe haven.

**Actions**

1	FoCUS highlighted the website <a href="http://www.iwantgreatcare.org">www.iwantgreatcare.org</a> which allows patients to review their NHS service, doctor etc. and would be keen for the Trust to implement this type of feedback where people can leave a comment or rating so that others using services can make a decision about where they will get the best care.	Dotty Cridland
2	FoCUS discussed how a person can change where they receive their care – whether it be changing who is treating them, their CMHRS or Trust. FoCUS feel the Trust needs to have better transparency about the rights of a person using services and who supports them if they wish to move Trusts.	Jo Lynch
3	Please can the Trust advise where a person takes an issue if they disagree with the policies of the Trust.	Dotty Cridland
4	It has been raised by a number of FoCUS Members	Jo Lynch

	that some CMHRS's are referring to the Recovery College for therapy when they actually offer educational courses. FoCUS would like to draw this to the Trust's attention and ask why this is happening?	
5	Some FoCUS members raised concern about the Trust working with Mary Frances Trust to provide step down therapy to those with a Personality Disorder. Members are concerned that if a person is discharged too early they cannot be supported by those who are not clinicians; often clinicians supporting those with Personality Disorder have to be supported themselves. FoCUS accepts these courses can be provided by Mary Frances Trust if the person has proper support on discharge, but not before this.	Jo Lynch

### Contact details for your Support Team

<p><u>For Member support please contact:</u>                  Clare Burgess and Jane Ahmed at the Surrey Coalition of Disabled People                  Tel: 01483 456558 Text: <u>077809 33053</u>                  Email: <a href="mailto:clare.burgess@surreycoalition.org.uk">clare.burgess@surreycoalition.org.uk</a>                  Email: <a href="mailto:jane.ahmed@surreycoalition.org.uk">jane.ahmed@surreycoalition.org.uk</a>                  Address: Astolat, Coniers Way, Burpham, Guildford, Surrey, GU4 7HL  <a href="http://www.surreycoalition.org.uk">www.surreycoalition.org.uk</a></p> <p><u>For Meeting support please contact LF Solutions:</u>  <a href="mailto:office@lf-solutions.co.uk">office@lf-solutions.co.uk</a> Tel/Text 07727 273242</p>
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### Glossary of Abbreviations:

AMPH	Approved Mental Health Professional
AMP	Approved Medical Practitioner
CAG	Carers Action Group
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CMHRS	Community Mental Health Recovery Service
CPA	Care Programme Approach
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
RC	Responsible Clinical (psychiatrist under the Mental Health Act)
SABP	Surrey and Borders Partnership
SCC	Surrey County Council
SDS	Self-Directed Support
STP	Sustainability and Transformation Partnerships
SHIPP	Surrey High Intensity Partnership Programme
STEPPS	Systems Training for Emotional Predictability and Problem Solving