

FoCUS
East & Mid Surrey Area Group Meeting

Monday 7th January 2019
1pm – 3pm

Park House, Randalls Road, Leatherhead, KT22 0AH

Minutes of the Meeting

Attendees: Rachel Cocklin (E&M FoCUS Rep), Veena Gheerawo, Rosemary Moore (SW FoCUS Rep), Val Murphy, David Murphy, Clifford Wright

Amanda Cummings (SPA Project Lead, SABP), Lisa Roberts (Surrey Young Carers), Zaahirah Saab (Tandridge CMHRS Manager), Jane Ahmed (Involvement Facilitator), Lucy Finney (LF Solutions),

Apologies: Helen Smith (E&M FoCUS Rep), Mary Whitfield, Stephanie Spiteri (E&M FoCUS Rep), Don Illman, Margaret, Kate Steele-Newman, Gardner (Mole Valley CMHRS Manager)

Jane Ahmed reported that unfortunately Kate Steele-Newman will no longer be attending FoCUS meetings mainly due to the transport issues she has experienced previously which the support team have been doing their best to resolve. However, she wanted to let the group know that she is also involved in other groups such as Vision for Surrey 2030 and has accepted the position of Chair of DENS.

1. Minutes of previous meeting and matters arising (December 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 December 2018 meeting

1	<p>FoCUS would like to ask the Trust for formal representation from the E&M area on the Hospital Redevelopment Board.</p> <p>Completed. We have recently agreed the Governance structure for the 24/7 Hospital Redevelopment project which involves representation of people who use services, carers and local people at both the Project Board and NW Surrey Working Group and East Surrey Working Group.</p> <p>The 24/7 Project Board has representation from Governors, this includes people who use services Governors who live in NW Surrey and East Surrey, a Carer Governor, and a public geographic Governor from East Surrey to ensure we have good representation for East Surrey.</p> <p>The NW Surrey Working Group has representation from two people who use services who have recent experience of an inpatient admission at the ACU and two carers. Once the East Surrey Working Group is meeting regularly this representation will be mirrored there, currently we have local representatives arranged for people who use services and one carer, with one carer vacancy.</p>
2	<p>At the end of March there was an incident at the Redhill Safe Haven where some damage was incurred; a programme of work was agreed to be carried out however 8 months later this has not happened. The work included safety film on glass, door handle repaired, CCTV upgraded and panic button changed. Please can the Trust confirm when this work will take place?</p> <p>Ongoing.</p> <p>David Murphy reported that the panic button has been dealt with but the glass needs repairing and there should be a wide angled lens at the doorway rather than the CCTV. David also noted that there has been problems with the heating and the temporary boiler had also broken down (but has since been fixed).</p>
3	<p>For information: FoCUS would like to draw the Trust's attention to a concern regarding lack of communication, of which the following is an example:</p> <p>A person had been recently discharged from the Crisis Overnight Support Service and were due to be contacted by the Home Treatment Team (HTT) about their medication. The person had no communication from them over the weekend and by Monday</p>

	<p>was very concerned and distressed. FoCUS appreciates how hard the Home Treatment Team work but urged the HTT staff to ensure they make contact when they have promised to do so or contact the person to tell them why they haven't been able to get in touch - it's not good enough.</p>
4	<p>With regard to the workstream as part of transformation that is looking at the model of rehabilitation with the organisation FoCUS members notice there are no people who use services on the working group and FoCUS would like to suggest that the Trust include a person who uses services on this group.</p> <p>Completed. Carol Pearson has been a member of the steering group and she had agreed to find someone when we were at the co-design stage. Maggie will speak to Carol to see if there is someone else to join the steering group.</p>
5	<p>FoCUS would like clarification as to whether the Trust are proposing to take all lay members (carers and people who use services) off the Quality Committee, only leaving Governors and whether they have informed people who use services and carers about this. Ongoing. This was also raised at the NW area group and will be taken to FoCUS Committee in February for a response.</p>
6	<p>FoCUS Members noted that the notice board in the inpatient wards used to display a named community police officer, however this does not seem to happen now. Can the Trust advise FoCUS if this can be put back in place?</p> <p>FoCUS Members feel there are lots of rules and regulations regarding the police and it would be good to know more information about the police and mental health in the community services and wards. There is no information displayed that tells people what to expect on a Section 136, whether someone can call the police when in hospital, leaflets to let the family know what to expect etc. FoCUS would like to hear more on this at a future area meeting. Ongoing.</p>
7	<p>FoCUS has recently heard that Elaine Braithwaite (Lead Governor for the Trust) has been suspended after highlighting some errors relating to the Trust's Quality Account. Subsequently Elaine has been banned from attending FoCUS and CAG meetings. FoCUS would like the Trust to explain why Elaine is not able to continue to attend FoCUS and CAG</p>

	meetings. Ongoing and will be taken forward to FoCUS Committee in February.
8	Substance Misuse inpatient: can the Trust confirm that those who have been an inpatient at the substance misuse unit in Maidstone will have transport provided for them to go home after their stay? Completed. Bridge House do pick people up from the train station at Maidstone and take them to the train station when they leave. We assess the transport needs of all individuals and if anyone needing admission to Bridge House requires support in order to get there we will provide it. I-access will always ensure anyone who needs an inpatient detoxification can access the treatment they need. If a person goes to Bridge House using public transport we refund their fare if they are on benefits. Currently only 2 people have been to Bridge House, neither had transport problems. Most people are appropriate for and are attending the ambulatory detoxification service at either Farnham Road Hospital or Wingfield at Redhill. We refund public transport costs or provide taxis in order that people can access the service.

Rosemary Moore asked where the ambulatory detoxification service at Farnham Road Hospital is located and Jane Ahmed explained this. Rosemary Moore again highlighted the lack of signage at Farnham Road Hospital.

Matters arising

David Murphy asked if there had been any follow up to the query raised in December about Margaret Laurie House. It was explained that Action 4 related to this and a response will be asked for from the Trust. *Post meeting note: the action has been responded to post meeting and included in the minutes.*

2. Local Issues

Compliments and Good News

David Murphy would like to compliment Charles at the Epsom CMHRS who gives amazing support to people using services.

Local Issues

David Murphy spoke about the Safe Haven data and noted that the blue light referral is very, very low and is .00333, however he knows that at Redhill they have had to turn some away as they have been intoxicated, however these are not recorded – can we record when people turn up but are refused entry? It is said that things are easier in A&E due to Safe Havens however this seems to be a mismatch with figures due to the very low blue light figures. Do ambulance and police know not to bring those who may be intoxicated to the safe havens?

Rosemary Moore reminded FoCUS members that there are workshops taking place regarding the hospital redevelopment that they should be aware of.

3. Single Point of Access, Amanda Cummings (SPA Project Lead)

Amanda introduced herself to the group and talked through the basic service model. The SPA is essential for every Trust to have developed by 2020 and will be one place for all referrals which can then be referred to the correct service for the individual. Anyone accessing a CMHRS across Surrey would have the same pathway wherever they are located.

The Trust carried out some field tests and in doing so was clear that it didn't feel right to have a SPA for crisis care and not have the same for routine calls and contacts. Therefore when the phased roll-out is complete the Trust will be implementing the SPA crisis and routine referrals.

The service began a phased roll out in October 2018 and includes the Crisis Line (which is now operating 24 hours, 7 days a week) and will eventually include Rapid Response and the triaging of all referrals. Currently the roll out is only for those referred by a GP but will be open to all new referrals from around April this year.

Phase I started in the East and this is now complete. Phase 2 starts on 7th January and covers the NW of Surrey and Phase 3 covers SW Surrey which will start on 18th February.

A number of lessons were learnt in Phase I and there is a new team of call handlers, practitioners and administrators based at Gatton Place, sitting alongside the Home Treatment Team (HTT). There has been a

staff re-training programme with a focus on carer training and a readiness programme underway for the CMHRS.

As mentioned, the Crisis Line is now available 24/7 and a number of the staff have transferred over. A referral is received, triaged by the call handlers and if an urgent referral is received they will contact the person and liaise with the CMHRS to decide if this is an urgent response or a standard response within 28 days.

Amanda explained that the SPA is aimed towards the working age adults, as the Older People's services have their own Single Point of Access called TOPS. However a referral was received for someone over 65 the SPA will deal with this; likewise if they received a call from a young person they would work with them to ensure they are signposted to the right service. FoCUS members suggested that they would like to hear more about the Older People's Single Point of Access and asked whether it is 24 hours.

Rosemary Moore felt that the person triaging should not be able to determine whether the person calling needs an admission. Zaahirah explained that there are non-clinicians and clinicians working together and that a practitioner will be carrying out the triaging of an individual. The SPA will coordinate the whole process and pathway and the new unit in SystmOne built specifically for the SPA will be able to track the pathway of the person.

The establishment of staff is different from the Crisis Line and whilst the call handlers may not be qualified they have undertaken comprehensive training. Rachel Mitchell is the Clinical Lead and Chantal is the Service Manager.

Amanda spoke about the board they have in the office which is a live reference to see how performance is going and where they need input. There has been intensive training and separate funding has been secured to deliver this training. They have also worked with the Samaritans and underpinning this recovery focussed model is care, respect and resilience.

There will also be monthly themed training days where they hope they will continue to take key learning from people's personal stories of experience. Lisa Roberts asked about young carers and Amanda said they would probably signpost to an appropriate organisation bearing in mind safeguarding etc.

There has been 7 bespoke SPA training sessions and all the team have the necessary equipment to ensure they can deliver the service. The digital support behind the SPA is significant.

CMHRS staff are also attending a lot of new training and had a 2-day training programme prior to the roll out with follow-up action plans put in place for each CMHRS.

Rapid Response is a function run by CMHRS at present and is for those under their care who needs an urgent assessment. In the future the SPA will undertake his role, however this change is being held until there is enough staff to do this safely. Currently the Rapid Response continues to be carried out by the CMHRS during the day and by the Home Treatment Time at night.

In terms of Assessments there is a key focus on standardising the model for initial assessment, clinics etc. and delivery of evidence based interventions for each cluster across all teams. They are introducing Multi-disciplinary Team feedback meetings and addressing medical availability during clinics and ensuring they include carers and family members.

Lisa Roberts asked about the number for the SPA and Amanda explained that this is not published to the public currently as it is only for GPs until March this year. However, the Crisis Line number can be called which is currently 24/7 (0300 456 8342).

The average call length is 9 minutes and the target for the average pickup time should be 30 seconds and they are well underway to achieving this. There is also a text service that is responded to. The recruitment has been extensive and since they started they have had nearly 300 applicants, held about 80 interviews and recruited 41 permanent new staff members, 25 specifically for SPA and also some bank staff for flexibility who will also receive training.

They will be embedding systems for monitoring internal standards and caller experience, formal reporting processes and the SPA dashboard as well as developing external multi-agency pathways for example with the police, ambulance, 111 services etc. Phase 3 will include the planned introduction of a free phone number for the SPA.

Rosemary Moore asked where the funding was coming from and Amanda confirmed that funding for the SPA is from the CCGs (Clinical Commissioning Groups); they are being very careful how they spend their money and there has been a lot of consultation and planning. The training money has come through a Health Education bid and is not all for the SPA but also for transformational change.

Clifford Wright asked when the Single Point of Access number will be going live and Amanda said that a new free phone number will be developed during Phase 3 around the end of March.

The Group thanked Amanda for her time.

4. CMHRS Update

Zaahirah Saab, Tandridge CMHRS

Gardner has sent his apologies as he has an emergency at the CMHRS.

Zaahirah reported that they wanted to ensure they had enough staff and that there were no issues continuing the service over the festive period and this worked well.

The roll-out of the SPA has been completed in the East and the teams take the learning and liaise with the SPA to address and resolve them.

Tandridge CMHRS are working with the Recovery College to run a 10 week 'Managing Intensive Emotions' course in the local area and Richmond Fellowship will be running a course on wellbeing. These are trials with the hope of bringing more courses over into the East.

Rosemary asked about the status of the working group meetings for the Care Pathway run by Angela Devon and Zaahirah said that the CMHRS have all had the CMHRS care pathway training and thought this work was complete. Rosemary queried whether this has now finished and whether the Trust have updated those on the group as to whether there are any further meetings.

With the introduction of the SPA comes a change in expectations in the way the CMHRS work and looking at recovery from the beginning; staying et infinitum under the CMHRS is not helpful for the person. The Trust want to create an environment where a person has a good plan of

what is available in the community so they can go back to the community without secondary mental health services but with the choice to be referred back in if necessary.

Clifford Wright asked about the number of people using services in the community being dropped by the CPNs without a care plan or discharge plan and Zaahirah commented that if someone is to be discharged they would have a discharge plan in place and it may be better to take this up with the individual. Zaahirah agreed to feed this back to Gardner to follow up. It was suggested the person speaks to Gardner directly or speaks to PALs about this further.

A person will not be discharged on the number on a care coordinators case load they should only be discharged when appropriate.

7. Date of next meeting

The next meeting will take place on Monday 4th March 2019, 1pm – 3pm at Reigate Baptist Church, Sycamore Walk, Reigate, RH2 7LR.

Actions to be taken to the FoCUS Committee/Reps Meetings:

Next FoCUS Committee meeting: 12th February 2019

1	E&M FoCUS have looked at the Safe Haven data and noted that the blue light referral is very, very low at .00333, however are aware that at Redhill they have had to turn some people away as they have been intoxicated, however these are not recorded. It is said that things are easier in A&E due to the Safe Havens however this seems to be a mismatch with the very low blue light figures. Do the ambulance service and police know not to bring those who may be intoxicated to the Safe Havens? Can the Safe Havens record when people turn up but are refused entry?
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Actions – General

1	E&M FoCUS members asked about the working group meetings for the Care Pathway that had been run by Angela Devon and queried whether these had now finished and whether the Trust have updated those on the group as to whether there are any further meetings? Completed. These have now finished. We had a series of meetings and workshops and there	Jo Lynch
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	<p>are no more planned. The meetings were arranged as needed and took a variety of formats to increase involvement. We also had workshops and people who use services, carers, staff, commissioners and partner organisations and completed the development work. The care pathways have been developed from this joint work and the training has happened in 9 of the 11 teams. We finish in mid-March. It will be reviewed at the transformation board.</p>	
2	<p>FoCUS members suggested that they would like to hear more about the Older People's Single Point of Access (TOPs) and would like to know if it is a 24 hour service. Completed and hoped to be at the April meetings.</p>	<p>Jo Lynch Sharon Gregory</p>

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: 077809 33053 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>

Glossary of Abbreviations:

ACU	Abraham Cowley Unit
AMP	Approved Medical Practitioner
CAG	Carers Action Group
CBT	Cognitive Behavioural Therapist
CCG	Clinical Commissioning Group
CMHRS	Community Mental Health Recovery Service
CMHT	Community Mental Health Team
CPA	Care Planning & Assessment
CPN	Community Psychiatric Nurse

CQC	Care Quality Commission
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
NICE	National Institute for Clinical Excellence
OAP	Out of Area Placement
OT	Occupational Therapist
PALS	Patient Advice and Liaison Service
PICU	Psychiatric Intensive Care Unit
PPG's	Patient Participation Group
PRG	Patient Reference Group
PVR	Public Value Review
QUIPP	Quality, Innovation, Productivity, Prevention
RAG rating	Red/Amber/Green risk rating scale
SABP	Surrey and Borders Partnership
SCC	Surrey County Council
SDS	Self-Directed Support
SMS	Short Message Service i.e. text message
SPA	Single Point of Access
STEPPS	Systems Training for Emotional Predictability and Problem Solving
STP	Sustainability and Transformation Plans