

FoCUS
East & Mid Surrey Area Group Meeting

Monday 1st April 2019
1pm – 3pm

Holy Trinity Church, Carlton Road, Redhill, RH1 2BX

Minutes of the Meeting

Attendees: Mary Whitfield, David Murphy, Val Murphy, Rachel Cocklin (E&M FoCUS Rep), Veena Gheerawoo, Jane Sellars, Clifford Wright

Pauline Belton (Older People's Team, Inpatients SABP), Jackie Johnson (Older People's Team, Community SABP), Zaahirah Saab (Tandridge CMHRS Manager), Dotty Cridland (Complaints & PALS Manager, SABP), Jane Ahmed (Involvement Facilitator), Lucy Finney (LF Solutions)

Apologies: Don Illman, Kate Steele-Newman, Stephanie S, Helen Smith, Gardner Gwashavanhu (Mole Valley CMHRS).

1. Minutes of previous meeting and matters arising (March 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 March 2019 meeting

1	Carer Pathway meetings (Action 1 from the January minutes): consultations for people using services and carers were fragmented, discussions were not complete and feedback not received. FoCUS queried what happened to the suggestions made that don't seem to have been implemented? Completed.
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	<p>We have finished the training and are amending the care pathways in the light of comments received during the training to the CMHRs. We are planning for Dr Angela Devon to come to a round of area groups to present and discuss with you.</p>
2	<p>Trying to get the repairs completed at the Redhill Safe Haven is a shambles and staff and people using the safe haven need an apology as there is no movement on fixing these issues. This has been going on for a year.</p> <p>Completed. The repairs were completed some time ago. Sorry that this has taken some time to feedback to you.</p>
3	<p>FoCUS queried who would be taking the position on the Transformation Board (rehabilitation services) as it is not clear from the response from Maggie Gairdner. Please can the Trust also confirm when the next meeting is scheduled as there has not been one since October 2018.</p> <p>Completed. It has been agreed that this will be Don Illman. Mary Whitfield was in a meeting with Andy Erskine and asked about the future of Margaret Laurie house; Andy contacted Maggie for clarification however, to date Maggie has not replied to Mary despite a reminder.</p>
4	<p>Zaahirah Saab to invite Bridget (CPA at Tandridge CMHRs) to the April FoCUS meeting. Completed.</p>
5	<p>Carers</p> <ul style="list-style-type: none"> • FoCUS would like to suggest the Trust need a Carers Lead that does not have another role and who dedicates their time solely to carers issues. <p>Thanks you for your suggestion – we will put this on the agenda for the next FoCUS Committee for discussion.</p> <ul style="list-style-type: none"> • Carers have raised their concerns with Surrey County Council, Action for Carers, etc. about the poor offering for carers in East Surrey but it is the responsibility of SABP to ensure that their carers are being looked after. Support for carers in East Surrey needs to be seriously looked at as a matter of urgency. <p>We are sorry that this is still a concern for FoCUS members.</p> <p>Within the minutes there was concern expressed about the services provided by Action for Carers. We have proactively worked with Action for Carers to ensure that they met with carers in East Surrey. Several meetings have been held with carers from East Surrey and one held in January 2019. Action for Carers attended to discuss the issues that arose and can confirm that there is a service</p>

available which offers 1-1 support for carers, alongside a monthly support group for carers supporting someone with a mental health problem. The issue of more expert support at the meetings and access to Advisors was addressed and both Advisors have been and will be attending support groups on a regular basis and can also offer 1-1 support there. Action for Carers have confirmed that significant communications are undertaken each month to ensure that East Surrey Carers are aware of the meetings as requested by the carers. The Trust and Action for Carers can confirm that there is an equitable service across Surrey and although different from the Rethink service, the new service model offers a more comprehensive service. The Trust works with all carers in the trust and we are completing a number of carers prescriptions in our older adult services. We have a number of Carer Practice Advisors which provide support services to all mental health services this is an equal service across the whole of Surrey.

Mary Whitfield suggested Members wait to see what comes out of the meeting on the 26th. As noted in March's meeting Action for Carers only invited 16 carers across ES which does not represent contacting as many carers as possible. The Trust are taking no responsibility for ensuring exactly what services are being provided for carers in East Surrey.

Rachel Cocklin commented that there are now a number of posters in Tandridge that weren't there before.

Zaahirah Saab explained when a new patient enters their service and has an assessment they identify whether there is a carer and they offer assessment and support. The carer is contacted by Bridget the CPA (Carers Practice Adviser) who will offer to meet with them face to face and can also sign post to other services and follow this up.

David Murphy queried whether the wellbeing teams link up and Jackie Johnson commented that they do as in GP surgeries.

FoCUS are concerned carers in the East are missing the opportunity to get support.

- With regard to the Carers Strategy why are the Trust not waiting for the Social Care Green Paper before proceeding (both the

	<p>Carers National Strategy and Surrey CC Carers Strategy are awaiting this before they go ahead)? One of the major issues for mental health carers is the over production of strategies and guidance and a failure to make clear the inter- connectedness between all these documents.</p> <p>We have has taken the decision to start to write a Strategy as there has been many strategies/guidance published. We have undertaken a review of a number of documents at the CAG and assessed which actions within the documents need to be included in the Strategy. We believe this will help us all work together on achieving the common goal.</p> <p>Carers Report:</p> <ul style="list-style-type: none"> • FoCUS members welcome a one page carers report to FoCUS Committee and would also like to suggest that the report include a summary of actions being taken, timelines and be written for a wider audience as much of the current report assumes the person reading knows the background etc. • FoCUS would also like to ask the Trust if the CQC spoke to carers during their visit? <p>CQC spoke to carers when they were inspecting our core services in December. They also held a focus groups with Carer representatives. They heard from many stakeholders about how people experienced our services throughout their time with us.</p> <ul style="list-style-type: none"> • Members highlighted that information in the Carers report that informs the graphs needs to come from a consistent source – the report notes that some information comes from SystemOne, some from an audit carried out manually and other from Your Views Matter – this is confusing and not consistent. • Members were concerned about continuity of information and why FoCUS do not receive the Triangle of Care Inpatient Self-Assessment? Where does the information come from in connection with the other carers reports? <p>This information as detailed in our quarterly carers report which is where we report our delivery of our action plans and on the self-assessments. This report comes to the FoCUS Committee quarterly.</p>
6	<p>Rachel Cocklin asked about staffing levels of the Home Treatment Team and Zaahirah agreed to find out and report back.</p> <p>Completed. Geoffrey Dimba will report back during the April meeting. Unfortunately, Geoffrey was unable to attend the April</p>

	meeting and Zaahirah will ask for a written update that can be circulated to FoCUS.
7	FoCUS has heard that the SPA is not routinely asking whether a person is a carer it was agreed that this would be fed back to Georgina Foulds. Completed. FoCUS would like a comment from Georgina on this action.

2. Local Issues

Compliments and Good News

Rachel Cocklin is pleased that she is now seeing posters for carers support in the Tandridge area.

E&M FoCUS commented that is good news that more Recovery College courses are taking place in the East.

Local Issues

There were no local issues reported.

3. CMHT Older People's Team Update, Jackie Johnson & Pauline Belton

Older People's Community Service

Jackie is the Manager for the Community Older People services based at Gatton Place in Redhill and explained that the team see people over the age of 65 who are experiencing mental health problems and dementia. When those currently in the Working Age Adult service reach 65 they are not automatically transferred to the Older People's service as there is a graduation policy and the person will be treated by the service that best meets their needs. The service also takes people who may have dementia and are under the age of 65.

Referrals are taken from GPs and also from self-referrals if a person has been under the service within the last 6 months. The service likes the person to see a GP in the first instance as they need to carry out a dementia screen for a diagnosis.

The CMHTOP (Community Mental Health Team Older People) have a referrals triage service; many years ago the teams would spend a lot of time managing referrals and they now have one team doing this. However, going forward they will be joining the SPA.

David Murphy referred back to the graduation policy Jackie mentioned and asked if there will be any difference in support when being treated by the Older People's service? Jackie advised that the only difference is that the Older People's service is not integrated with social care with only one social worker covering the Redhill and Reigate patch, therefore they work closely with the SCC (Surrey County Council) Social Care team. They have strong links with locality teams if a person needs to be assessed but there is a social worker in the Reigate and Redhill area so will not need to be referred.

David asked if the teams are aware of what is available in the community and Jackie explained that 80% of their work is around assessment and diagnosis and they focus on this.

Mary Whitfield asked if there is a threshold point at which GPs should be contacting the CMHTOP as there have been complaints that GPs are not referring on to services as early as they should be. Is there guidance given to GP practices? Jackie advised that the Service Level Agreement held with GPs should be clear that those with moderate to severe mental health illness should be seen by the Older People's service and GPs should refer to IAPT if a person has a diagnosis of mild to moderate. IAPT is available in Gatton place for older people if they don't meet the Older People's service threshold and this means a person doesn't have to wait for weeks for treatment.

When asked if the service have involvement with acute hospitals Jackie said that one of the consultants in the team does liaison in the hospital and therefore feedbacks regularly; they also receive referrals from the liaison service.

Many GPs surgeries are working towards being dementia friendly i.e. signage within the surgeries good for those with cognitive problems, access, carers information etc.

Older People's Inpatient Service

Pauline Belton covers Trust wide inpatient services for Older People and explained that all Older People's service admissions are supported via a Trust wide admission process. This covers the three hospitals (Farnham Road, Abraham Cowley Unit and The Meadows). There is a 64 bed base across all beds for Older People and a few years ago when inspected by the CQC concern was raised regarding mixed sex accommodation and the Trust were asked to review this; over the last two years they have gone through a process to ensure they are single

sex. Victoria ward can provide mixed sex accommodation as they have single rooms and are en-suite etc; currently the ward is predominately male. They try to admit a person to a ward that meets their needs.

Spencer Ward at the ACU is now a 20 bedded female functional ward – 5 single rooms and three five bedded dormitories. CQC are still not happy with shared bedroom areas which have pros and cons and have asked the Trust to look at this in the next review; they would like to have female and male accommodation on the same ward with single rooms etc. so that people don't have to travel too far.

The Meadows is divided into pods; 8 male and 8 female organic beds and 8 functional female beds – it is adapted to look after people that have a functional diagnosis but there is no en-suite accommodation and therefore cannot have mixed sex wards.

There are three consultants at each hospital site and matrons on wards who are supported by ward managers, deputy ward managers and therapy staff.

In terms of organic beds there are 18 across the Trust and they have worked closely with the care pathway teams to ensure people are not admitted unnecessarily. Teams try to support people to be able stay in their care homes where possible.

It is also important that a person's physical health is taken seriously and that they are ok to come for assessment, therefore they work closely with the local acute hospitals.

The Bed Manager screens referrals; so far they have not had to admit people out of area and do try to look after people in their own hospital setting however did have to refer one patient to private care over the Christmas period. Many people come in that are detained under Section and they try to review this as quickly as possible when the person becomes better.

Mary Whitfield asked where people would go if they were under Section and started to develop dementia? Pauline noted that there is a dedicated hospital social worker supporting placements and will assess the person and talk to the family; they need to make a decision whether the person will go home or be supported elsewhere – the social worker will then help them find this. Some people come in with a functional

illness and their dementia gets worse, they will then start conversations to find a place which can be hard.

The service very much works with carers and if a carer needs an assessment to identify needs they will do this early on. Pauline explained that the Trust would like to get a garden for Victoria ward and want to involve carers but are not sure who to turn to – FoCUS members who are carers may be interested and also suggested approaching the Carers Action Group. They would also like to hold carer meetings and coffee mornings on the ward.

The service face challenges are around staffing and retention and there is currently a high vacancy rate. The CCQ reported they were pleased to see how caring and compassionate the Older People's service staff are which can be rewarding work however, they do have to use agency staff or long term placements.

The service underwent a Well Led inspection in December and are awaiting for the report, but in general experiences of those coming into services are good.

Other challenges include looking at falls and the service wants to increase physio support and digital innovation – i.e. sensor alerts etc. The population is changing and living longer and therefore can be frailer.

With regard to inpatient services is someone is currently under the Working Age Adult service and turn 65 and Pauline explained that the team will discuss where the persons needs will be best met and this will be looked at on a case by case basis. They work closely and collegiately with the Working Age Adults service.

Members thanked Jackie and Pauline for their time.

4. PALS, Dorothy Cridland

Dotty was pleased to attend the FoCUS meetings and gave an overview of the PALS and Complaints service explaining the differences between a PALS contact and a formal complaint.

When the service is contacted initially, PALS have been trying to resolve issues with teams locally and whilst some feel that this is not an appropriate route, they try to reassure people that their concern is not taken any less seriously because it's looked at locally, it just means that it

can be responded to and resolved more quickly. This approach is in line with what the PHSO (Parliamentary Health Service Ombudsman) encourage - complaints resolved at the lowest level as quickly as possible.

With regard to a formal complaint if they have liaised with services but the way the concern is addressed isn't to the satisfaction of the complainant they will ask if they would like to use the formal complaints process. If so the PALS team will source an investigator, do root cause analysis, and look at gaps in services. If they do decide the service was flawed in some way there are recommendations which are often two fold either helping the person or a systemic issue that needs addressing.

The team deal with a high number of PALS queries and have a relatively low number of complaints going through the complaint process, however if these figures are combined and taken as an overview there is a large number. The team do take valuable learning from all contacts and complaints.

Dotty recognised and apologised that the team have not been timely with their responses over the last few months and this has been due to depleted staffing levels whereby a team of two staff has been dealing with a workload of four staff. It was recognised that this has not helped people who may be distressed, worried or concerned. Dotty has recruited two new staff members and their team is at full complement and are actively working on how they can do things better; the Trust's focus must always be on the complainant and the people the complaint affects.

In the short term the target is to improve timeliness and in the longer term Dotty wants to make the service more accessible and is considering holding PALS surgeries in locations such as the CMHR's.

With regard to complaint/PALS queries outcomes the service (which the concern was raised about) will contact the person directly and report back to PALS whether the person is satisfied or not with the outcome and this will be included on the case tracker.

When asked why it takes so long to get a complaint seen to Dotty responded that the internal target for formal complaints is to resolve 80% of cases within 25 working days but this has not been possible over the last few months due to staffing issues. It has also been difficult to get investigators but can be difficult due to services already being pressured, staff leave etc.

Mary asked about people who may have difficulties in communicating and whether PALS encourages people to use an advocate? Dotty said yes people are given details of advocates from the outset and can make reasonable adjustments; they will have a discussion with the person at the outset around communication needs – this includes information about advocacy services.

The group thanked Dotty for her time and look forward to working with her and the team in the future.

5. CMHRS Update

Zaahirah Saab, Tandridge CMHRS

From 1st April 2019 Zaahirah is the Manager of Reigate and Tandridge CMHRS's and Gardner will be managing Epsom and Mole Valley. Zaahirah stressed that it is just the manager role that has merged and services will stay the same.

There was also a consultation to extend rapid assessment – this has not been implemented yet as the consultation has not been submitted to the Joint Consultation Committee but will be done on 11th and will be able to align the new service after this. There will be three months to ensure that both CMHRS's are following the same processes and access to support.

GP referrals will now be going directly to the SPA via the e-referral. The crisis helpline 0800 9154644 and the SMS number will remain the same. The older number for the crisis line will still operate during the transition period.

Tandridge are planning lots of groups, services and workshops together with the Recovery College and Richmond Fellowship and are busy in the Tandridge hub with lots of groups running.

6. Date of next meeting

The next meeting will take place on Monday 3rd June 2019, 1pm – 3pm at Park House, Randalls Road, Leatherhead, KT22 0AH.

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

Next FoCUS Committee meeting: 14th May 2019

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Actions – General

1	Rachel Cocklin asked about staffing levels of the Home Treatment Team and Zaahirah agreed to find out and report back. Completed. Geoffrey Dimba will report back during the April meeting. Unfortunately, Geoffrey was unable to attend the April meeting and Zaahirah will ask for a written update that can be circulated to FoCUS.	Jo Lynch
2	FoCUS has heard that the SPA is not routinely asking whether a person is a carer it was agreed that this would be fed back to Georgina Foulds. FoCUS would like a comment from Georgina on this action.	Georgina Foulds

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: 077809 33053 Email: Clare.Burgess@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