

FoCUS
East & Mid Surrey Area Group Meeting

Monday 1st July 2019
1pm – 3pm

Reigate Baptist Church, Sycamore Walk, Reigate, RH2 7LR

Minutes of the Meeting

Attendees: Don Illman, Mary Whitfield, Ivy Hawkins, Annabel Collier, Veena Gheerawo, David Murphy, Val Murphy, Angela McIntosh-Whyte, Joanna (attended briefly)

Louise Wiggins (SABP), Zaahirah Saab (Tandridge CMHRS Manager), Jane Ahmed (Involvement Facilitator), Lucy Finney (LF Solutions)

Apologies: Helen Smith (E&M FoCUS Rep), Rachel Cocklin, Ian Stronge

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

1	Tope Forsyth to share the Surrey Suicide Prevention Strategy with the Group if possible. Completed. A link to the Surrey Strategy has been circulated. It was agreed FoCUS would ask the Trust to confirm the number of suicides in Surrey.	Tope Forsyth
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Geoffrey Dimba from the Home Treatment team provided the following written update:

“In the last 9 months we have been able to retain and recruit staff, however some of our junior staff have been promoted into senior posts with our local Community Recovery Teams and continue to work with us on ad hoc basis. In regard to current vacancies, we have 1 X Band 6 CPN post which we have shortlisted and due to interview in June.

We also currently have 1.62 X Community Support Worker post, we have also shortlisted and will be interviewing in the next couple of weeks. I am pleased to report that in July we have an experienced Band 7 CLT and Band 6 CPN starting with our team.

With the Consultation for the Locality Model complete, Crisis Resolution & Home-Treatment Team (CRHT) are working in partnership with local Community Recovery Teams (CRT) to continue to improve the quality of care provided to our service users and carers in the community.

We have had recent staffing shortages, due to staff sickness, annual leave and other reasons, however I can assure you that we have continued to provide a safe and effective service. On several occasions I have had to support the team and carry out visits as we utilised the internal contingency plan in place for reduced staffing.”

2. Local Issues

Compliments and Good News

Don Illman understands that the Trust may be able to keep the additional four beds at Langley Green Hospital until November or December this year.

Joanna is extremely happy with the move from Shaws Corner to Gatton place and is very happy with her care team and all the staff.

Local Issues

FoCUS learnt that Langley Green Hospital have a volunteer service run by Capital Project Trust, where two volunteers visit wards and are available should anyone have any issues, they then raise these with the

ward manager who has one week to reply to complaints. FoCUS would like to suggest this is something the Trust consider implementing.

Don Illman has heard from people who have a disability that there is difficulty parking at Gatton Place – often there are cars that don't have blue badges parked in these spaces. Zaahirah Saab agreed to take this back as an action.

3. Community Team Update & Transfer Leaflet, Zaahirah Saab, Tandridge CRT Manager

Community Team Update

Zaahirah updated that in line with the transformation for the CMHRS mergers, the Trust have proposed to change the team names to CRT (Community Recovery Team) instead of CMHRS and The Home Treatment Team as the Crisis Resolution Home Treatment Team (CRHT). Zaahirah was going to ask the forum for their thoughts but Don had expressed that it is like going round as the Home Treatment Team was once called that few years back.

The Reigate and Tandridge teams have merged and all is going well. They have had a team away day and their first business meeting where both teams came together to share best practices and what works well between teams and also look at any obstacles staff may encounter.

They are also working with Community Connections in terms of running more courses in the Reigate and Tandridge areas.

Don asked how the SPA (Single Point of Access) is working with the Community Teams and Zaahirah explained that all referrals go to the SPA and the majority of GPs now refer directly, those that are not referring directly are now asked to do so. The community team provide a rapid response worker available up to 7pm and after that the Home Treatment Team take over. If a person is referred during the day they are booked into the assessment clinic during the day.

Don Illman asked if the number of referrals are going up and Zaahirah did not have the figures to hand but listening to staff it doesn't seem that it has increased.

David Murphy asked about what is happening to the Enabling Independence team however Zaahirah was not able to comment as it is

likely to be part of the Section 75 work taking place. Zaahirah explained that Surrey County Council (SCC) have notified SABP that they wish to terminate the Section 75 Agreement and take over the management of SCC staff and social workers and therefore they will no longer be managed by SABP. There are lots of workshops taking place between SABP and SCC to establish how this will work. Nothing has changed in the community work at present and the Trust are keen to keep the partnership with SCC and work together as much as possible. David also asked about Margaret Laurie House and FoCUS understand there is a review going on but the project group have not met since November. FoCUS understand that Margaret Laurie House is expected to stay but would like to know more detail around this. It was agreed that FoCUS would ask the Trust when they will know the outcome of the review and therefore what the future plans will be.

Transfer Leaflet

Zaahirah explained that this is the draft of the new Transfer leaflet (previously called the Discharge leaflet) and asked for members comments. The following was highlighted:

- What is the timescale for receiving the finished leaflet?
- When will the leaflet be given to the person as part of their discharge planning preparation – this needs to be made clear? Zaahirah commented that the person will get this in advance of the discharge meeting. Don said that a discharge planning meeting that was used previously so that everybody knew what was happening.
- Page 1 - family/carers signpost to Care Support – should be Carers.
- A timetable should be included so that people are aware of their rights, and how it will be initiated and followed up by all parties including a person's GP.
- Will a person receive a copy of their transfer programme following the transfer meeting and is this when the GP will be involved?
- There is a lot of repetition in the way the leaflet is set out.
- The leaflet notes 'these are the steps of your transfer process' but it is not set out and highlighted what the steps are.
- Advocacy on Page 3 and local details – if advocacy services are not contracted to provide the service specifically for these meetings they won't turn up. If they have a contractual agreement they have to turn up – why include this in the plan if a person isn't going to get an advocate because there is a shortage of advocates?

- If advocacy services are included the information about advocacy services should move from page 5 to underneath the paragraph on page 3.
- Page 4 halfway down around referral back – ‘CMHRS’ is used and not CRT.
- Should the CAB be included in local information? Do they have a central number that can be included?
- FoCUS would like to see an actual copy of the leaflet before it’s signed off and printed.
- Ann Stevenson recently sent out a draft letter to be sent to carers when someone is initially identified as a carer by a person using services; as part of the letter there is a list of where support is available – it was suggested that the leaflet and letter could be tied up so that the same organisations are being offered. It would make sense for carers to be offered the same thing.

A question to the FoCUS Committee asked whether the Trust could record those turned away from safe havens due to intoxication and the Trust have offered to do so. FoCUS would like the Trust to record this information and report back to FoCUS in 6 months’ time.

Good news - Joanna is extremely happy with the move from Shaws Corner to Gatton place – my care team and all the staff.

Don spoke about his experiences of discharge explaining and how he was not sure if he had been discharged from services or not and Zaahirah responded that transfer meetings should always be followed by a written plan which is very important.

The following comments were received from Ian Stronge via email on the draft CRT Discharge Leaflet:

(A) I have no idea what this means:

“An advocate is someone who can support you to make sure your voice is heard.”

Even if I had some idea, it doesn't tell me where to find one, whether and where we'd meet beforehand, whether our discussions are confidential, whether I can bring a friend as advocate. NOT empowering!

(B) Here's another puzzle:

“For family/carers we also support you and aim to make sure that you are meaningfully involved in care and support

planning and where appropriate signpost to other services for care support. Please ask for a copy of our Carers Charter to find out how we work in partnership with people who use our services and their family / carers.

For family/carers, we use the transfer meeting to make sure your carers care plan is still up to date and check with the help of your local authority that it identifies your support needs at the point of transfer and in the future.”

What this doesn't say:

B1) Unless your loved one (remembers to) invite you, you won't hear anything (at all) about any "CRT Discharge Transfer Meeting'. But don't worry, you won't have seen this leaflet either.

B2) Whether you get invited or not, this is your only last chance to influence HOW the professionals MIGHT support your loved one, which has far more direct effects on your wellbeing than "carer support".

(C) So when can carers expect any support?

"You can be referred back to our mental health service via the Single Point of Access (SPA), for assessment, via your GP.”

For advice about your prescribed medication (usually from a psychiatrist).

For a routine referral back to the CRT (which may take up to 28 working days).

For an urgent referral back to the CRT (which may take up to 5 working days).

For an emergency telephone referral back to the CRT (which will be undertaken within 24hrs).”

So, apart from a phone call (just call a friend you've never met before), as a carer facing your loved one in crisis, you'll be on your own for at least a day. Maybe much, much longer (unless you know the right "speak" to open sesame over the phone).

Which is the Recovery College course for that?

The groups comments will be collated with comments from other areas and sent to the Trust.

4. Working Age Adult Care Pathways, Louise Wiggins, Senior Clinical Lead for Occupational Therapy

Louise is attending the meeting to give an overview of the Care Pathways. Please refer to the attached presentation. The Care Pathways were developed to improve the quality of Trust services and to think about the increasing demand, recruitment difficulties, to consider the financial pressures and strategic changes nationally and locally. The Trust needed to develop their clinical model.

The outcomes the Trust hoped to achieve were to improve the experience for people who use services and carers, ensure that the recovery principles are embedded in everything they do and to have safe and effective pathways and have a standardised approach across teams. The Trust want a focus on recovery, family, prevention and self-management giving good outcomes to people using services and carers, more efficient use of resources and improving staff experience.

The Trusts Clinical Strategy and the Five Year Forward View focus on the integration of physical and mental health, recovery and personalised care for people using services and carers, promoting community opportunities and more integration of services and partnership working.

The Care Pathway work is part of a bigger transformation change plan and other work includes;

- Single Point of Access (SPA)
- Primary Care Networks
- Pathway for People with Personality Disorder
- Acute Care pathway

Work undertaken to develop the Care Pathways include Recovery Working Group work, development of a recovery care plan, from good to great recovery workshops, development of recovery in practice guidelines, further co-development of draft care pathways; workshops and working groups, advice and consultations from many groups.

A huge amount of work has been done on the care pathway and what would work for each individual and a large number of people, staff and organisations have been involved.

The pathways are cluster led and within the cluster is the assessment pathway and then core intervention, which most people will receive, and then tiers of other intervention. There are different levels of interventions and specific interventions for other conditions and a person will be cared for based on which intervention best meets these needs.

They have developed admin pathways, supporting guidelines to help staff, people who use services and carers to make it recovery focussed. There is a focus on timely interventions and they are also providing training and support to all the Community Recovery Teams having recently a two-day workshop with each community team and developed an action plan for each of them.

They are working to embed the recovery care plans which are much more service user and carer friendly; looking at their core assessments (but this is on pause due to S75); looking to provide a digital information point so people can access information quickly; reviewing meetings to ensure they are effective; developed new roles to help with recruitment and developed new group treatments.

Ivy Hawkins asked where this has been rolled out to and Louise noted that this has been sent to all Community teams.

Conversations with individuals will be about a person's ongoing needs and what intervention will be best – they may not use the words care pathway. Ivy asked how carers get to know about this pathway that may involve the person they care for and Louise explained that if you have joint meetings or CPA this is when it will come up. Ivy suggested that it would have been nice to know about this more upfront and Louise explained there has been lots of engagement work however, some members felt they didn't get this opportunity.

Annabel Collier asked if the Trust communicated this to Action for Carers and Louise agreed to do so.

When asked what difference the new pathways have made Louise advised that it is too early to say and would need to be reviewed in 6 months. The new patient assessments are going well and the 'my recovery care plan' is going well and the Trust will audit this.

David Murphy felt that every carer should be written to and informed of the new pathway and Louise will raise this.

When asked about those who don't engage with services Louise explained that this will be on a person by person basis. There is choice within the pathway with a variety of interventions if a person is not engaging and the Trust would review their need and see if a different intervention would work better.

When asked how this links with Community Connections Louise said that they came to each workshop for each community team as they will be working in partnership and are looking at how they can support our transfer of care. They are very connected.

Louise was asked how the Section 75 split may affect this and it was noted that the Trust will review this in relation to what their social care elements are and who would provide that; Louise could not comment further.

5. Date of next meeting

The next meeting will take place on Monday 2nd September 2019, Holy Trinity Church, Carlton Road, Redhill, RH1 2BX.

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

Next FoCUS Committee meeting: 13th August 2019

1	E&M FoCUS learnt that Langley Green Hospital have a volunteer service run by Capital Project Trust, whereby two volunteers visit wards and are available should anyone have any issues, they then raise these with the ward manager who has one week to reply to complaints. FoCUS would like to suggest this is something the Trust consider implementing.
2	E&M FoCUS understand there is a review going on involving Margaret Laurie House but the project group have not met since November. FoCUS understand that Margaret Laurie House is expected to remain in service but would like to know more detail around this. Please can the Trust update FoCUS as to when they will know the outcome of the review and therefore what the future plans will be?
3	A question to the FoCUS Committee asked whether the Trust could record those turned away from safe havens due to intoxication and the Trust have offered to do so. FoCUS would like the Trust to record this information and report back to FoCUS in 6 months' time.

Actions – General

1	FoCUS has heard from people who have a disability that there is difficulty parking at Gatton Place – often there are cars that don't have blue badges parked in these spaces. Zaahirah Saab agreed to take this back as an action.	Zaahirah Saab
2	FoCUS has asked the Trust to ensure that Action for Carers are aware of the work and impact for carers of the new care pathways and Louise Wiggins will take this forward. Completed. This has been raised with Ann Stevenson and a session on care plans is going to be arranged with Action for Carers in Oct, this could also cover the care pathways work.	Louise Wiggins
3	FoCUS felt that every carer should be written to and informed of the new pathway and Louise will raise this. Completed. This was raised with Ann Stevenson and Angela Devon, and they do not envisage a letter going out to all carers about the care pathways, but information could be put on the carers page of the website if that would be helpful. We do not have a full list of all carers and not all carers may want to receive a letter about care pathways.	Louise Wiggins

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
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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