

FoCUS

South West Surrey Area Group Meeting Wednesday 3rd April 2019 1pm – 3pm

Wilfrid Noyce Centre (Oglethorpe Room), Crown Court, High Street,
Godalming, GU7 1DY

Minutes of the Meeting

Attendees: Rosemary Moore (SW FoCUS Rep), Claud Norris (SW FoCUS Rep), Paul Earl, Linda Galligan, TMG

Dotty Cridland (Complaints & PALS Manager, SABP), Louise Doyle (Older People's Service Manager, SABP), Sue Shaw (Volunteer, Pastoral & Spiritual Care SABP), Caroline Hampshire (Welcome Project), Anne Cornell (Interim Sector Manager Older People's Team), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, minute taking)

Apologies: David Muir, Alex Lepkowski, Natasha Cumberland (CMHRS Manager).

1. Welcome, introductions and ground rules

Jane Ahmed welcomed members and reminded the group of the meeting ground rules.

2. Minutes of previous meeting (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:

1	<p>FoCUS feel the Trust should be advertising planned visits from the CQC so that people using services and carers are able to contact them to comment. Please can the Trust advise whether visits are advertised to people using services and carers and if not whether this is something the Trust can implement? How do the CQC currently gain the views of people using services and carers? Completed. Our CQC inspections are unannounced or we are given 2 days short notice for a service inspection therefore the visits are not advertised and we are not able to advertise the inspections. When CQC undertake inspections they do often contact carers of people through the inspection period.</p>
2	<p>FoCUS members felt that there is a lack of information about FoCUS on hospital wards and would like to ask the Trust how regularly Ward Managers or Matrons receive information about FoCUS? Another suggestion is to mention FoCUS during a person's discharge meeting? Paul Alexander (CMHRS Manager) suggested linking with Matrix to raise the profile of FoCUS as they have a weekly presence on wards. Completed. Jane Ahmed has undertaken some engagement work with our inpatient services in the last year but it would be good to re-visit this. It would be good to link this to our participation work going forward.</p>
3	<p>Following on from Action 5 of the January minutes FoCUS would like to suggest developing a leaflet for young adults aged 18-24 as FoCUS did not feel that the adult safe haven would be an appropriate place for them. Paul A explained that CMHRS managers visit universities in their local area and provide them with leaflets and information. Completed. Georgina has discussed this with Susie Hartley, Communications Manager and Susie has suggested the Trust looks to make existing materials more inclusive for young people, consider the web presence for the service given that much of this age group would expect to access info online rather than in leaflet form. We welcome members views on this.</p> <p>TMG advised that there is currently a leaflet for those up to the age of 18, but there is nothing saying what there is for people up to age 25. It needs to be made clear throughout the paperwork that the Young People's service is available up to age 25 and have this cascade throughout. University students are going to the safe haven and there needs to be discussion about whether this is the right/suitable place for them. TMG agreed to share the groups views on this to Georgina as invited to do so. The support team will put TMG in touch with Georgina</p>

	Foulds.
4	FoCUS would like to suggest inviting a ward manager along to a future meeting to give an inpatient update. Completed. We can plan to have a round at the area groups on this, Jo will work with Lucy to plan this.
5	FoCUS would like to invite a representative from the Learning Disability service to FoCUS meetings. Completed. We will work with the support team to try to organise this.
6	Claud Norris and David Muir are due to re-visit Farnham Road Hospital to look at the Communication Windows. Ongoing. The support team are in touch with the Trust to try to facilitate this.
7	<p>FoCUS referred back to the minutes of July 2018 and specifically referring to autism training for staff and asked for an update: <i>(Extract from July minutes: Action 4: Jo Lynch to look at where the Trust are with regard to specialist Autism (AAA) training and will discuss with colleagues. Completed. Last year, all our CMHRS staff were supported with enhancing their knowledge of autism through team training. We are looking into how to take this forward again and to include inpatient teams.)</i></p> <p>Please can the Trust provide an update around taking this forward to inpatient teams.</p> <p>Completed. Last year, all our CMHRS staff were supported with enhancing their knowledge of autism through team training. We are looking into how to take this forward again and to include inpatient teams and agree that this is a very important issue. TMG there is a national initiative and do the Trust meet this requirement? Can we be given timescales as to when this will be looked at for inpatients and can FoCUS be kept informed as to how this will progress.</p>
8	<p>Following the response from the Trust to Question 6 in the Local Issues for Response document FoCUS clarified that the drug in questions, continually being out of stock is Bromocriptine. Please can the Trust comment on whether this is a drug that is routinely held as it never seems to be available?</p> <p>Completed. Thanks you for raising this. Our Pharmacy colleagues have looked into this issue. We haven't issued any Bromocriptine in the last 12 months but do hold 1mg dosages in stock. It is considered a difficult medicine to source and is rarely used. This medicine is not something that SABP promote use of although people who are transferred to us may have been prescribed it. We would be happy to speak with anyone directly affected to see what solutions we can come up with to prevent this reoccurring. Is it in stock in all inpatient facilities in SABP?</p>

3. Local Issues from FoCUS members

Good news and Compliments

The Welcome Project now visit the CMHRS in Guildford and Waverley on a weekly basis and are involved in meetings when someone is assessed. Those who do not meet their criteria are contacted and informed about the Welcome Project so they are not left without support.

Claud Norris praised the receptionist, Teresa, at Barclay house who has been amazing this month.

The members day on autistic spectrum disorders was good and well run.

FoCUS members were pleased to learn the following which is an extract from the National Autistic Society Newsletter:

“Neurodevelopmental Service run by SABP provides diagnostic assessments of autism (or ADHD) for adults with a Surrey GP, who do not have a learning disability. The service is being expanded to provide expert advice to front line professionals regarding autistic adults who are experiencing a period of mental ill health, whose autism is very complex, or whose autism is impacting negatively throughout all areas of their daily lives. The new service will provide specialist autism advice to local mental health hospitals run by SABP, to Community Mental Health Recovery Services (CMHRS) and to GPs. It will also provide some therapy to individuals whose needs are complex and cannot be met by other mental health services. Referrals for this therapy will need to come via the neurodevelopmental service or other mental health services.”

Local Issues

TMG advised the group about a consultation to introduce mandatory learning disability and autism training for health and care staff. This original close date was 12th April but this has now been extended and the consultation will close on 26th April 2019. <https://bit.ly/2DzD7ND>

Paul Earl was invited to help develop a leaflet for the men’s support group, and this was displayed on the notice board at the CMHRS, which is great. However, without any form of consultation someone applied a time and date of the first meeting without Paul being aware and checking whether he is able to attend the first meeting. There are also no contact details and no structure has been agreed. The support team will ask Paul Alexander to contact Paul Earl to discuss this.

TMG spoke about the recent SABP Members day on autistic spectrum disorders 23rd March. It is felt that the Trust should provide support to the person and family whilst they are waiting for a diagnosis as this can be a long period. The National Autistic Society do step in to support the family but are spread thin across the ground and the Trust should also be supporting families from the moment they are in touch requesting diagnosis. This is particularly important as people with autism and their families are pre-disposed to mental health issues.

TMG expressed concern regarding the communication windows at Farnham Road Hospital and FoCUS would like to know if the Trust are organising training for staff as to how they work?

Discussion turned to the Draft Carers Strategy FoCUS had been asked to input their views to and some members felt that carers feel alone and unsupported by Action for Carers. However it was recognised that Action for Carers may be overwhelmed with the amount of work they have, their brief is very large and have been given less money.

4. CMHT Older People's Update, Louise Doyle & Anne Cornell

Louise explained that involving people who use services and carers is at the heart of what the Older People's service should be doing.

There are 9 Older People's CMHTs (Community Mental Health Teams) and they all have a sector manager. They all accept referrals for both functional and organic mental illnesses.

The transfer age to Older People's services is 65 but if a person is known to a CMHRS they are not strict about moving to a new team just because they become 65 – they try to allow the person to sit in the service that best meets their needs.

The teams are multi-disciplinary and include a consultant, psychiatrist, CPN, occupational therapy, social workers, psychologist, assistants, nurse associates and administrators. They also have placements for clinical psychology students and recently had a trainee – they have a lot to contribute.

When asked how a person would be referred to psychology Louise explained that after initial assessment, depending on needs identified, a

referral would be made to the psychology team and a decision would be made jointly.

The Older People's service offers various interventions such as CBT and lots of group work; there are two occupational therapy led groups at the moment – memory matters and lifestyle matters. The lifestyle matters group is a 20 week course to build confidence and skills so the person can be discharged from services.

Sue Shaw families get involved if a person has capacity? Louise explained that the individual would have to say they want them involved, from their experience older people tend to have a lot of family around them and they are often involved in initial assessments. If someone doesn't want their family involved and if they have capacity that is their choice, however encouragement is given to involve family, friends etc. Friends and family can offer another perspective and adds a richness to the assessment, care planning and experience.

Caroline Hampshire asked whether someone who is aged over 65 and referred would they automatically come into the Older People's service? If a person is not known to services they would come directly to the Older People's service, the referral route is via the GP primarily.

Claud Norris asked if everyone is checked for capacity as it can fluctuate; sometimes families may get involved to say the person doesn't have capacity when they do and vice versa. Louise and Anne explained that the overarching starting point is to assume capacity but during an assessment it may become clear that the person doesn't have capacity – however, with decision making you have to assess capacity for a particular decision. Anne explained that you have to record it formally if judging someone as lacking capacity – you have to disprove capacity.

It is often safe to assume that if the person is attending appointments it can be seen that they are cooperating but it may then become apparent that there may be issues and it becomes part of the process. The person assessing the capacity has to be an expert in the area that they are assessing capacity for. It is a legal framework to safeguard the individual.

TMG asked if they use Advanced Statements that can be done when someone is more well and Louise said they do this, however at the point a decision needs to be made staff may still have to assess capacity at that time – Advanced Statements are great to give an understanding of a person's wishes but still have to assess this at a particular time.

FoCUS asked about confidentiality particularly for those who insist on this how does the service engage with carers of these people? Louise said they listen, they will not be able to share any information but they can listen to the rich information the carer or friend may pass on to services, nothing is then being disclosed or confidentiality breached. They try to be as transparent as they possibly can and copy letters to carers etc. when appropriate.

Rosemary Moore felt that on the ground this doesn't happen and event specific capacity decisions chop and change, when it suits it is decided the person doesn't have capacity – Rosemary said she has lots of experience of this.

Anne commented that the service always strive to improve and work on feedback and comments. The Trust have mandatory training around legislation and Rosemary suggested that carers and families should be trained in legislation so they know what should be happening - Louise felt Rosemary made an interesting point about who is the training for. TMG suggested that it is about empowering loved ones and carers with information and knowledge. Louise said that the team would like to be in a position to support carers with local knowledge as there is support in the local community.

The Single Point of Access (SPA) is the front door for referrals into services and is ageless, however specialist triage is needed for older people particularly with those organic illnesses. A decision was made to create a triage in older people's service (Triage in Older People's Service – TOPS) where the specialist expertise sits. SPA has officially gone live from 1st April 2019 and they are working closely with TOPS which is resourced with staff on a rota from existing CMHTOP's. They are also setting up and recruiting for a TOPS stand-alone service which will be referred to from the SPA for specialist triage. The telephone number for the SPA is 0800 9154644.

There is a young onset dementia service within older adults.

5. PALS

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 CMHRS.

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.

Dotty is very open to suggestions and would like a cross section of comments and feedback to improve services.

Dotty attended the Quality Assurance Committee and recognised they are not capturing a huge amount of learning as they only report on formal complaints, she will take forward how to best capture learning from informal complaints.

Claud has called PALS many times but with the poor response now can't be bothered - how do you quantify those that are not bothering to call as they are disillusioned. Dotty agreed and said that this was an issue that bothered her - they are also a patient advice and liaison service and there to provide support. In the last few months they have not been able to call everyone back but going forward they have introduced a case tracker so at every single stage the complaint or concern is accounted for – date when came in, date acknowledged, who it involves; they are also improving work around contacting people even if it's just to say we have received your concern but can't get to it yet.

PALs can be reached via telephone and email and Dotty would like to make the service more accessible and is also thinking of a complaint form which is interactive or can be printed to give as many options into PALS as possible.

The group thanked Dotty for her time

6. CMHRS Update

Unfortunately no CMHRS Manager was present to provide an update.

7. Date of next meeting

Date of Next Meeting: Wednesday 5th June 2019, 1pm – 3pm at Guildford Baptist Church, Millmead, Guildford GU2 4BE.

Issues to go to next FoCUS Committee meeting on 14th May 2019.

1	FoCUS Members praised the SABP Members day on autistic spectrum disorders 23 rd March. However, it is felt that the Trust should provide support to the person and family whilst they are waiting for a diagnosis as this can be a long period. The National Autistic Society do step in to support the family but are spread thin across the ground and the Trust should be supporting families from the moment they are in touch requesting diagnosis. This is particularly important as people with autism and their families are pre-disposed to mental health issues.
2	FoCUS would like to know if the Trust are organising/have organised training for staff as to how the communication windows at Farnham Road Hospital work and whether they are being used regularly?

Actions

1	<p>Following on from Action 5 of the January minutes FoCUS would like to suggest developing a leaflet for young adults aged 18-24 as FoCUS did not feel that the adult safe haven would be an appropriate place for them. Paul A explained that CMHRS managers visit universities in their local area and provide them with leaflets and information.</p> <p>Completed. Georgina has discussed this with Susie Hartley, Communications Manager and Susie has suggested the Trust looks to make existing materials more inclusive for young people, consider the web presence for the service given that much of this age group would expect to access info online rather than in leaflet form. We welcome members views on this.</p> <p>TMG advised that there is currently a leaflet for those up to the age of 18, but there is nothing saying what there is for people up to age 25. It needs to be made clear throughout the paperwork that the Young People's service is available up to age 25 and have this cascade throughout. University students are going to the safe haven and there needs to be discussion about whether this is the right/suitable place for them. TMG agreed to give her views on this to Georgina as members views</p>	Georgina Foulds
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are welcomed. The support team will put TMG in touch with 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: <u>077809 33053</u> 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:

AMP	Approved Medical Practitioner
CAG	Carers Action Group
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