

FoCUS

North West Surrey Area Group Meeting

Monday 8th July 2019

Christ Church, Jubilee Square, Church Street East, Woking, GU21 6YG

Minutes of the Meeting

Attendees: Tracey Hayes (NW FoCUS Rep), Glenis Nay, Karl Samuel-Atreides, Sharan Kaur Dhami (NW FoCUS Rep), Rosemary Moore, Ian Williams

Ellie (Clinical Lead, Woking CRT), Jo Ferns (Matron, Older Adults), Charles Axon (CPA Woking, Adult Social Care), Matthew Crees (CMHRS Manager, Woking), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, minute taking)

Apologies: David Keen, Gina Keen, Leanda Hargreaves, Colin Jones, Sylvia Jones, Kathryn Nisbett, Hank Sohota, Dotty Cridland (Complaints & PALS Manager, SABP), Patti Lopez (SABP), Tony Kenny, Larisa Orlova (NW FoCUS Rep)

Jane Ahmed was pleased to announce that Sharan Kaur Dhami has become a new NW FoCUS Rep and the group welcomed her into this role.

1. Welcome, introductions, ground rules

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

2. 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	<p>FoCUS highlighted the website www.iwantgreatcare.org 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.</p> <p>Completed. Dotty Cridland replied: “Thanks for your feedback. We are currently contracted to use Meridian ‘Your Views matter’ to get real time feedback from people through our iPads and through the direct links on our Trust website. People can, however, use NHS Choices website to leave comments and feedback also which works in a similar way to iwantgreatcare. We will be needing to review our contract for Your Views Matter in the next year or so and we can review what capability other platforms have through this process. We would welcome FoCUS help with this when the review time comes up”.</p>
2	<p>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. Completed. The Trust have offered to draw up the process for people so the steps to take are transparent (and in easy read)?</p> <p>FoCUS would like to ask the Trust to provide this please and suggested the Trust look at putting this on their website as it is currently very unclear. Please refer to the actions below for further update.</p>
3	<p>Please can the Trust advise where a person takes an issue if they disagree with the policies of the Trust.</p> <p>Completed. Dotty Cridland responded: “Firstly, we would welcome feedback through our PALS team on any policies that people do not feel happy with. Secondly, Janice Clark is the FoCUS representative who sits on our Policy panel so may be able to feedback about specific issues”.</p>
4	<p>It has been raised by a number of FoCUS Members 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?</p> <p>Completed. Thank you for drawing this to our attention as this is not an issue we recognise. We will explore further and report back on what we find and what actions may be required. Please</p>

	see the actions below for a further update.
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. Completed. Thank you. This is related to the Trusts overall strategy to support people experiencing Personality Disorders and not the only option. The Trust have suggested that FoCUS may like the Strategy discussed at a future area group meeting and the support team will liaise with the Trust to organise this.

3. Local Issues

Good News and Compliments

Jane Ahmed reported that Larisa Orlova had spoken to the Trust about Help for Hero's awards and following this the Communications team worked with Larisa to put forward people for this award.

Local Issues

Glenis Nay asked if the SPA (Single Point of Access) has access to a person's records if they are contacted by a person who has been discharged from services? Matthew Crees explained that the SPA have access to SystmOne (the Trusts electronic record system) and their record will remain on this system; there may be gaps if someone has accessed services outside of the Trust with providers such as IAPT, another Trust or voluntary organisation. Information prior to 2014 when the Trust began using SystmOne may also not be available. The only time a person's file may be locked down is if there is a criminal investigation or similar ongoing.

FoCUS discussed the accuracy of records held and noted that if a person is not happy with the accuracy of their record they can submit a statement or addendum to be included on the record but information cannot be removed.

Looking at information received about the Working Age Adult Transformation programme the Trust were progressing development of a DBT service as alternative to hospital stays and Glenis Nay asked if there is any update on this work. Angela Devon reported that the Trust do offer a small DBT service but it

is very patch; they have written a business cases to try and get funding which has been difficult. However, they have recently written two bids, one to improve the Home Treatment Team and one to try and get resources for the community and they have included DBT into both to support those with a diagnosis primarily of Personality Disorder. They will know the outcome in the next few months and Angela will update FoCUS.

Karl Samuel Atreides asked if the funding covered all of Surrey and Angela believe this to be the case.

Ian Williams spoke about his experiences explaining that the person he cares for has lost their Care Coordinator and they have not had any communication about this or any communication for some time. Ian was concerned that services may think the person he cares for no longer needs services as there has been no contact. Matthew explained that he is not alone in his concern and people have been on a waiting allocation for longer than they should be as they are very short staffed. Ian will follow this up outside the meeting.

Rosemary Moore asked if there is a process that should be followed in cases such as the one described by Ian and Matthew advised that when this has happened in teams he's been involved in they wait 2-3 weeks before making contact in the hope they can fill this gap. If there is a longer gap they will write to the person and if a person has gone 2-3 months without allocation the duty person will make contact. Matthew noted that other teams may follow a different process and acknowledged that there is a gap where carers are not being informed. Waiting lists are being developed under pathway navigation and one is for those who are awaiting allocation so this can be monitored.

It was agreed that FoCUS would ask the Trust about the process for notifying people using services and carers who are awaiting allocation after their care coordinator has left a team or is on sick leave?

4. CMHRS Update, Matthew Crees - Woking Community Recovery Team Manager

Matthew spoke about the challenges with recruitment explaining that Woking is fairly well staffed but there is a national shortage of staff and particularly in the NW area as they are very close to London. The positives are that Ellie has joined as the new Clinical Lead and will supervise the CPN's and take on more complex cases.

As of 1st July the CMHRS will be known as the CRT (Community Recovery Team) and the Home Treatment Team will change to the Crisis Resolution and Home Treatment Team (CRHTT).

Tham explained that the name change was consulted on in the workforce and the reasons were given around for doing so related to the NHS 10 Year Plan and 5 Year Forward View; asking if there were any comments re the name change? FoCUS asked why the Trust have dropped mental health from the title – it is not clear what the service is. Tham explained there was no intention to drop mental health it came down from the NHS and falls in line with national criteria. Most FoCUS members would like to keep the name change so it is clear.

Teams will remain as is until the Section 75 Agreement dissolves and the makeup of the teams will then change. A scoping exercise is underway to establish who has significant social care needs, who has significant health needs or both and this will determine where there care is based.

The group discussed the split of SABP and Surrey County Council (SCC) noting the main problem is recording and demonstrating what the Care Act requires and the paperwork and reporting systems can't show this. Matthew explained that the Trust and SCC don't want to broadly inform people until the changes happen but understands there is a feeling that people using services and carers should be consulted.

Rosemary Moore felt that the Trust are trying to squeeze as many staff/service as possible into Unither House and Matthew replied that they will try to fit as many people into a space as possible that are working across other areas of NW Surrey and it is about trying to use resources effectively.

Charles Axon commented that social care has been massively underfunded for many years and it explains why buildings are filling up as resources are no longer there; it is difficult for people to hear these things and there is very little we can do about it. Staff are working full stretch and there are allocation levels that are higher than is safe because there are so many people. Charles noted that their team of 18 social care staff look after 2,500 people which gives some perspective.

Angela Devon explained that funding is now trickling down as they have received £1m of funding for three pilot's sites putting mental health into GP practices to support primary care teams; services are stretched and pushed and staff are doing the best they can.

Karl asked Charles what their employers do to look after staff mental health and Charles advised that within Surrey County Council posters are displayed around buildings, fairness champions and if a staff member did have a mental health concern this would be dealt with through the line management system; there is no independent support. Angela explained that from a Trust perspective there is Occupational Health and if anyone experiences workplace stress they are referred. They also have a Trust wide support service where staff can have workplace support. Karl highlighted that teams working in social care are under a lot of stress and they may end up having to use services - what can be put in place to help these workers and have support in place; there should be a partnership between SABP and SCC. Angela suggested that an organisation should be responsible for the mental health of its staff. FoCUS would like to ask the Trust if they support social care staff with their own mental health?

Older Adults, Jo Ferns

Jo reminded FoCUS Members about the survey recently circulated asking for feedback from anyone that has been an inpatient in Trust services so they can compare what they have now to what they will have. The closing date is Friday 12th July.

The next open day for the hospital redevelopment will be on 30th July at the ACU (Abraham Cowley Unit) and people can drop in to look at the new plans.

Jo reported that inpatient services have the same recruitment issues as the community teams mainly due to the change, some years ago, in bursaries not being received by some nurses and they are started to reap the effects of this. Spencer Ward and have recruited a nurse prescriber and they also have long term agency staff placements.

The Older People's inpatient wards do have CPAs (Carer Practice Advisers) that come to the wards to support carers, however Jo is not sure how the split with SCC under Section 75 will affect this.

A business case has been drafted for a roof garden on Victoria ward as they have no access to fresh air and it can be difficult to take people outside. They are hopeful of the funding.

5. Transfer Leaflet, Tham Dewa Associate Director NW Locality

Tham explained that the Transfer leaflet (previously known as Discharge leaflet) has been sent to FoCUS members for comment. This has been a long

time coming and they are now at a place they can bring something back to FoCUS.

They have changed the wording from Discharge to Transfer as the word discharge can be quite finite and transfer is better – transferring to GP or transferring to secondary care.

The draft has also been shared with staff and all comments will be compiled to finalise the leaflet.

Tham was asked about the timeline for the leaflet and he explained that they will consult all FoCUS meetings and hope to receive all feedback by the end of August and go to the divisional team for final sign off in September.

Rosemary Moore felt that the name discharge should be changed to transferred when leaving inpatient services however Karl said that people he has spoken to at the ACU like the word discharge when leaving hospital; Rosemary agreed if the person is discharged appropriately.

The following comments were made:

- Tracey Hayes felt that everyone should be offered an Advanced Statement.
- Page 3 – Advocacy; as there have been funding cuts with Advocacy services and there are less advocates available FoCUS suggested the Trust add in that a person can nominate someone to be an advocate for them – anyone can act as an advocate. Wording along the lines of “If you are unable to find a professional advocate you can bring a friend, family member, work colleague or someone you trust who can act on your behalf”.

6. Working Age Adult Care Pathway, Angela Devon

Angela Devon attended the meeting to update the group on the Working Age Adult Care Pathways explaining there has been lots of input and it is an ongoing document and lots of people have been involved in this work.

The Trust needed to improve the quality of what they did and they developed these new care pathways as they were conscious they weren't doing as well as they could be in relation to Care Plans, Crisis and Contingency Plans etc and they didn't feel the service was truly recovery focussed.

The Trust want people to experience care that is about working together and equal partnership and a big focus of this work was thinking about the family

and some fantastic carers have been part of the development work. Every aspect of the work has included partner organisations such as Community Connections and people using services, carers and staff.

The Trust were also aware the demand in mental health is increasing significantly and staff find it difficult to cope with the demand to deliver the service they want. They have also had recruitment difficulties and cuts introduced which can be difficult with demand increasing and budgets reducing. Despite this they can still provide really good services and this work has meant a massive improvement in what the Trust are doing.

There are lots of strategic things happening and the change in thinking is about how they deliver services; focus on preventative work, early intervention and helping people manage their own conditions and empower people. The Trust will be working hard to reduce the level of suicides, increasing the involvement of families and looking at those with long term mental health conditions and they wanted to focus on thinking about this group.

The Trust were keen to achieve a better experience for people using services and carers and also ensure the staff experience is better and this involved getting the recovery model principles embedded, pathways to be much clearer, getting evidenced based best practice in teams and looking at resources.

They have also to think about physical health as well as the mental health of the person so they are aware of people's physical health issues so they can be addressed early.

Transformational changes going on at the same time within the Trust include Single Point of Access, pathway for those with Personality Disorder, Primary Care Networks (three pilot sites for mental health staff to work in GP practices), focussing on long term conditions, diagnosis of dementia (and those falling through the gaps), acute care pathway work which has been successful; as well as the care pathways which will inform the CMHRS work.

The Trust started looking at care pathways in 2014 and the difficulties people were having and what the best treatments they could be offered. They are trying to get a more fluid service so people can be treated in the community and back under services.

The Acute Care Pathway has had lots of work and the CQC now rate this as good.

There has been a variety of work taking place including developing new recovery care plans which have completely changed and they have

transformed the Crisis and Contingency plans to be more user friendly which people using services and carers have been helping to develop. These have been fed up to ensure integration in the system and people working with them. However, Angela did recognise that not everyone has a care plan and there is a huge push to ensure those coming into the service will get a new one and then looking at those that haven't had one at all. They have developed material and guidelines to improve staff practice and worked hard on the care pathway.

The care pathways have been based on clusters; when a person comes into the service their needs and problems are looked at and can be mapped against these pathways to look at the best options for them. They are changing the assessment pathway so they are very holistic and all carers and family are involved. Physical health is also looked at and they are also engaging with Community Connections who can often offer the person something better to help them engage with communities making best use of what is available.

When a person comes into the service the first session will include developing a Care Plan, a Crisis and Contingency Plan and they will undergo a full physical health check. Staff will talk to the person about what they need, what they want to achieve and how best to meet this focussing on interventions to help; all the time thinking about the community and how to keep the integration going. This is a much more fluid service and focuses on interventions which are very clear with different tiers of interventions depending on people's needs.

The Trust hope to assess the outcomes in the future to see if things are working.

Glenis Nay asked about examples of the clusters and Angela explained more about cluster 8 who are people often in crisis and need a lot of input, self-harming etc. they would get a lot of resources, however someone in cluster 4 with anxiety may need CBT; cluster 11 deals with people with psychosis that are stable but cluster 15 is for those with severe psychotic experience who will need a lot of medical and nursing input. Community Connections run through this whole pathway and are there to support in the community.

The have been to each Community team and carried out two day training on this care pathway.

The pilot sites are trialling a peer support worker role to help people engage and they will follow up with people – if successful it is hoped this will be rolled out with further funding.

8. Date of next meeting: Monday 9th September, Hythe Centre, Thorpe Road, Staines Upon Thames, TW18 3HD.

Issues to go to next FoCUS Committee meeting, 13th August 2019

1	<p>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. Raise with the 24/7 Board as now this is the time to highlight it. Completed. It was agreed at the Reps meeting that this issue would not go to Committee as the Day Hospital will no longer be there after April next year.</p>
2	<p>NW FoCUS would like to ask the Trust about the process for notifying people using services and carers who are awaiting allocation after their care coordinator has left a team or is on sick leave? FoCUS understand that processes may be different across community teams.</p> <p>Carers are concerned when the person using services has not had contact for some while that the team may think that they no longer need to be under services and refer back to the GP. They won't know the individual and may not understand what is going on from the carers perspective.</p>
3	<p>NW FoCUS have discussed workplace stress and mental health for staff in social care and mental health services hearing what is provided from Surrey County Council and SABP to support staff. FoCUS would like to ask if the Trust if they support social care staff with their own mental health?</p>

Actions

1	<p>Follow up from Action 2 of the June minutes: 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. Completed. The Trust have offered to draw up the process for people so the steps to take are transparent (and in easy read)?</p>	Jo Lynch
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	<p>FoCUS would like to ask the Trust to draw up this process please and would like to suggest the Trust look at putting this on their website as it is currently very unclear.</p> <p>Completed: In reality, it is likely this will not be completed until September and the support team will follow up with the Trust. In the meantime, please encourage anyone to raise as a concern to their care team or through the Trust's Complaints/PALS team to make this request.</p>	
2	<p>Follow up from Action 4 of the June minutes: It has been raised by a number of FoCUS Members 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? Completed. Thank you for drawing this to our attention as this is not an issue we recognise. We will explore further and report back on what we find and what actions may be required.</p> <p>Completed. The Trust have explored this further and have not found examples of this – do any of the FoCUS members have direct experiences they would like to share with us so we can understand further?</p>	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: 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> office@lf-solutions.co.uk Tel/Text 07727 273242</p>

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