

**FoCUS**  
East & Mid Surrey Area Group Meeting

Monday 3<sup>rd</sup> June 2019  
1pm – 3pm

Park House, Randalls Road, Leatherhead

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Minutes of the Meeting

**Attendees:** Veena Gheerawoo, Clifford Wright, Rosemary Moore (SW FoCUS Rep), Helen Smith (E&M FoCUS Rep)

Lisa Roberts (Surrey Young Carers), Gardner Gwashavanhu (Mole Valley CRT), Tope Forsythe (SABP), Zaahirah Saab (Tandridge CMHRS Manager), Jane Ahmed (Involvement Facilitator), Lucy Finney (LF Solutions)

**Apologies:** Mary Whitfield, David Murphy, Val Murphy, Rachel Cocklin, Jane Sellars, Don Illman

Jane Ahmed informed Members that Stephanie S, has decided to step down from her position as a FoCUS Reps; the group thanked Stephanie for her contribution to FoCUS.

Jane highlighted that it is National Volunteers Week and thanked all members for giving up their time to contribute to FoCUS, particularly the FoCUS Reps who give up additional time to support FoCUS work.

**1. Minutes of previous meeting and matters arising (April 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 April 2019 meeting

1	Rachel Cocklin asked about staffing levels of the Home Treatment Team and Zaahirah agreed to find out and report back. <b>Completed. Geoffrey Dimba will report back during the April meeting.</b> Unfortunately, Geoffrey was unable to attend the April meeting and Zaahirah will ask for a written update that can be circulated to FoCUS.
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. <b>Completed. The SPA should routinely ask if a person is a carer and this will be monitored going forward.</b>

## 2. Feedback from FoCUS Committee

Jane Ahmed ran through the FoCUS Committee Summary highlighting the following:

- Sharon Spain who is the acting Chief Nurse officer attended FoCUS Committee for the first time.
- Additional feedback about the Safe Havens was given 'attachment 2'. There was also discussion about those intoxicated and who may want to use the safe haven and the Trust explained how they handled these situations.
- The Trust agreed to keep a log of those turned away from the safe havens due to being intoxicated if FoCUS think it would be helpful.
- Positive news is now fed directly back to staff and FoCUS received comments that this is appreciated and makes staff feel valued.
- FoCUS received a one page summary for the Carers Report but FoCUS Reps feel it lacks detail of the larger report and it was agreed that both reports would be circulated to FoCUS in future.
- The Trust agreed that carers needs may change and therefore assessments need to be reviewed, however this is down to the reality and practicality of making it happen.
- The Trust want to provide the 'whole family' approach more effectively and this is a cultural shift as well as a system and policy shift.
- 30 people attended the Volunteers Open Day, 22 of which completed an application form.
- The Working Together Group have chosen to work on Social Prescribing as their first topic. Please contact Nikki Green at the Trust if you are interested in being involved ([nikki.green@sabp.nhs.uk](mailto:nikki.green@sabp.nhs.uk)).

- The Trust's recruitment team met the People's Participation team to develop a training support package to support people with lived experience who are supporting the organisation.
- The Trust hope to look at the suggestion of a feedback from at some point in the future.
- Lots of work and initiatives have taken place to drive the standard of care across the Working Age Adult pathway.
- The Trust have been focussing on supporting people with a Personality Disorder for some time and have undertaken a comprehensive training programme on positive risk taking.
- The Trust acknowledged that there has not been enough attention in reviewing the offer provided for rehabilitation services and they have now held several workshops which have identified some gaps that lead on to a bigger piece of work to be completed. Margret Laurie House, as a rehab function, is needed as part of this pathway.
- The Trust are looking at treatment offered in community teams as they know there are slight differences that need to be standardised.
- The Annual Plan for 2019-20 sets out changes to make services better, what they will do to help staff to do their jobs well, how they will improve their buildings and how money is being spent.
- The recruitment of a new Chief Nurse Officer is nearing conclusion and a formal announcement will be made when possible.
- There has been a formal letter from East Surrey CCG to confirm they are working more closely with Surrey Heartlands ICS with a view to moving into Heartlands in a year.
- Stephanie Forster has left the Trust and a new Communications Director has been appointed, Marcel Berenblut, who will pick up the strategy piece of the equality work. Rosemary Moore spoke about being involved in the recruitment of the new Communications Director, however felt that there was no person that uses services involved in the process.

### **3. Local Issues**

#### Compliments and Good News

Helen Smith reiterated that the Reps training was really good and useful. The support team updated that they are in the process of finalising further dates for Rep training in 2019/20.

## Local Issues

Helen Smith heard that the Volunteer day was good but felt these events need to be more widely publicised. People may be reluctant to attend if they cannot not find out further information about the structure of the day i.e. what the set-up is - small stalls, workshop groups etc?

### **4. Suicide Prevention Update, Tope Forsyth**

Tope is the Quality Improvement (QI) Manager and will lead on Suicide Prevention. The Trust decided the way they want to improve services is by using QI and they will continue to use this to ensure they continually improve, making adjustments and applying the same approach to reducing suicide for people in Surrey and SABP services.

The Trust aspire to a zero suicide policy although the national target rate is to reduce suicides to 10% by 2020. The Trust recognise this is a very important piece of work and have joined the Zero Suicide Alliance and are also working with a number of other health Trusts who aspire to zero suicides, the local authority and third sector partners. Tope talked the group through the different Suicide Prevention Forum Steering Groups.

The Trust will use QI learning and listen to those with people with experience using this to inform improvements and how they will make changes going forward.

Tope ran through the Trust's Driver Diagram which is a road map showing how they will achieve this. Working alongside the Surrey and National Strategy are the primary drivers which include engagement of stakeholders, reducing the risk of suicide in high risk groups, reducing access to the means of suicide, provide better support and learning from those bereaved or affected by suicide, prevention, effective use of data and intelligence to influence improvement.

The Trust will be listening to feedback and one of the key things the Trust are trying to do is around making co-production meaningful and Tope shared information about their working groups going forward. They are focussing on the data they know from within the Trust, what they can learn and how they can make improvements.

They will try to raise awareness of high risk groups. There is a 'hard to reach group' focussing on men and the Trust are working with Public Health around a social media and a marketing campaign called 'release

the pressure' which has already been successful in Kent. This is aimed at men and gives them a phone number to call. They are exploring lots of different avenues.

The Trust need to make sure they work on equality and diversity and ensure what they are doing is aligned with the Strategy.

Other groups they are hoping to look at are high risk groups around those who have long term physical health conditions and children and young people and they have partnered with SCC (Surrey County Council) on this. Lots of people do fall into the high risk category and they will focus on the biggest group first, which is men, and then look at the next cohort.

Helen Smith asked about engagement with psychologists and Tope explained that the diagram doesn't show who are members of the working groups and the Steering Group is multi-agency; they are still working on engagement to ensure this grows and is well attended. Top will send along details of who she is trying to engage with to be part of this group. The Working Groups work across agencies and focus on each of the primary drivers and feed into the Steering Group.

Helen Smith asked about the breakdown of the numbers of suicide in Surrey and Tope said that she will check if she can share the Surrey Suicide Prevention Strategy with the group.

There are three levels of training, one that is co-delivered with the Recovery College and which has trained 58 people; training for clinicians which has trained 336 people and other sessions for GP's within the CCG and 139 GP's have been trained. The Trust have received a grant to employ a suicide prevention trainer, Emily, and they hope to get as many people trained as possible.

The Trust are hoping to create a dashboard to look at data including self-harm, suicide attempts etc. they are unable to confirm if a death is a suicide as this can only done by the coroner. However, they are able to see the instances of self-harm etc. and then break it down to see the hot-spots and times this is happening.

Veena asked how SCC help if they have no money and Tope explained that they have a Suicide Prevention Strategy and spoke about the different partners they work with Surrey wide; the Trust implement priority 6 which is people known to mental health services.

Helen Smith suggested that the Coroner may have useful statistics that the Trust can use and felt that the Trust shouldn't include their aim of aspiring to zero suicides as this is an unrealistic target and would be better to have a clear goal – it must be kept simple. Tope said that this is the Trust's aspiration and this overall aim includes inpatients.

The Group thanked Tope for her time.

## **5. CMHRS Update, Gardner Gwashavanhu**

Tandridge and Reigate CRT's (Community Recovery Teams – formerly CMHRS) have now merged teams and caseloads, however their bases will remain the same and people using services will continue to be seen in their usual location.

Epsom and Mole Valley CRT's continue with the merge process, their caseloads have been merged but their bases also remain the same.

CRT's will also be merging the email system so there is one email account for both teams in Epsom and Mole Valley. Gardner will let FoCUS know details of the email accounts. The old accounts will continue to work whilst they migrate.

Weekly team meetings remain in their various locations and there will be one business meeting a month for both teams.

Tandridge and Reigate held their away day on 20<sup>th</sup> May and Epsom and Mole Valley away day will be at the beginning of autumn.

CRT's are offering extended hours between 5pm and 8pm and the East have been running this since the beginning of April, however, there has not been any emergencies during this period. The out of hours cover alternates between different CRT's depending on the day of the week.

Emergencies between 8am - 9am will be covered by CRT Managers.

Helen asked about who GP's now refer to and Gardner clarified that if a referral comes in during the day between 9am - 4.30pm the Dorking team will go out and assess the person; between 4.30pm – 7pm the function moves to the team that is on call that day and between 7pm – 8pm the Home Treatment Team will support them to manage this process.

## 6. Date of next meeting

The next meeting will take place on Monday 1<sup>st</sup> July 2019, Reigate Baptist Church, Sycamore Walk, Reigate, RH2 7LR.

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

**Next FoCUS Committee meeting: 13<sup>th</sup> August 2019**

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### Actions – General

1	Tope Forsyth to share the Surrey Suicide Prevention Strategy with the Group if possible.	Tope Forsyth
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### Contact details for your Support Team

For Member support please contact:  
Clare Burgess and Jane Ahmed at the Surrey Coalition of Disabled People  
Tel: 01483 456558 Text: [077809 33053](tel:07780933053)  
Email: [Clare.Burgess@surreycoalition.org.uk](mailto:Clare.Burgess@surreycoalition.org.uk)  
Email: [jane.ahmed@surreycoalition.org.uk](mailto:jane.ahmed@surreycoalition.org.uk)  
Address: Astolat, Coniers Way, Burpham, Guildford, Surrey, GU4 7HL  
[www.surreycoalition.org.uk](http://www.surreycoalition.org.uk)

For Meeting support please contact LF Solutions  
Lucy Finney / Office  
Tel / Text: 07727 273242  
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### 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