



FoCUS

South West Surrey Area Group Meeting Wednesday 3rd January 2018 1pm – 3pm

Godalming Baptist Church, Queen Street, Godalming

Minutes of the Meeting

Attendees: David Muir (FoCUS Rep), Paul Earl, Linda Galligan, Alice Knight, Robert Oulton (Alice support), Claud Norris (SW FoCUS Rep), Alex Lepkowski, Simon Tester,

Caroline Hampshire (The Welcome Project, Guildford & Waverley), Matthew Shine (Richmond Fellowship Employment Adviser), Sarah Wickens (People's Experience Project Coordinator, SABP), (Julie Cook, Senior Practice Lead, Surrey County Council), Tracey Pettit (PALS & Complaints), Guy Whalley (PALS & Complaints), Helen Wood (SABP), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, minute taking)

Apologies:

Apologies were received from Simon Telling (FoCUS Rep & SABP Governor) and Person A, Person B, Lisa Knapman (Day Centre in Milford), Kath Tierney, Stephen Coombes.

1. Welcome, introductions, ground rules

Jane Ahmed, the FoCUS Involvement Facilitator, welcomed attendees to the meeting and introductions were made.

2. Minutes of previous meeting (October 2017)

Accuracy

Page 3 - Claud explained that she understood the point of getting others involved but didn't understand the urgency of changing the name of FoCUS and that time should be given to things such as the discharge leaflet.

Subject to the changes above 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 December 2017:

- 1 Lucy Finney to contact Jo Lynch regarding 1:1 with Claud Norris.
Ongoing. Claud asked that Jo contact her via text and a call on her mobile.
- 2 FoCUS recently heard of an inpatient having their hearing device taken away for a number of days during their inpatient stay which isolated and stressed them. FoCUS would like to ask if there is there a policy around hearing devices or other items that may be taken away when a person is admitted and what training is in place for staff around this?
- 3 Jane Ahmed to contact FoCUS Member regarding advocacy support at FoCUS meetings.
Completed.
- 4 Whilst a person is under the CMHRS or is an inpatient they have access to advocacy support. How can advocacy support be accessed after discharge from hospital or the CMHRS?
- 5 How someone can get support/help from an advocate to take an issue to the ombudsman when they are unhappy with the outcome of SABP PALS investigation?
Completed. The information has been given to the FoCUS Member and will be added to the minutes.

6 *For information:*

Care Plans are an ongoing an issue and FoCUS heard more examples of people are not getting their Care Plans and when they do they are often inaccurate. It was agreed that this would be raised with the Trust again.

3. Updated FoCUS Committee Actions

Jane Ahmed ran through the actions from the November FoCUS Committee.

Action 5: Julie Cook advised that there are a lot of leaflets and forms for carers and as such the Trust thought it would be a good idea to do a carers handbook containing all relevant information. They have looked at what other Trusts have produced and are finalising work on this which will have lots of information on things such as the Mental Health Act, different disorders, who to contact, what can you expect from a carers assessment etc. Carers are involved in looking at the draft and making changes and updates. It is hoped that this will be ready in around six weeks.

A few FoCUS Members felt there was lots of information for carers and would like the same for people using services. It was noted that when a person is referred to a CMHRS they should receive a 'welcome pack', however a number of FoCUS Members had never received this. This was noted, and it was suggested the person takes the issue up with PALS who will be attending the meeting today.

Alice Knight expressed an interest in joining the visits to the CMHRS and highlighted her experiences with the community team which have been poor. Sarah spoke to the Group briefly about her planned CMHRS visits and what they hoped to achieve.

Paul Earl noted that there are leaflets on display in Farnham Road Hospital waiting room for groups that have not been in existence for some time and felt that someone should take responsibility to update the information and make it available for people using services and carers. SABP staff present suggested that it would be the CMHRS Managers responsibility to update information in the CMHRS.

It was also noted that some Community Connection services did not have any advocacy leaflets or information about the Trust and FoCUS would like to know what leaflets the Trust provide to other community

mental health services, and who is on the circulation list to receive these? Jane Ahmed agreed to forward issues regarding the display of other organisations leaflets in the community to the Independent Mental Health Network for their consideration.

Julie Cook explained that as the CMHRS are integrated teams they provide a social care element and offer a social care assessment, one of the first questions asked is whether a person needs support or an advocate, however this was not the experience of many of the FoCUS Members present and will be raised with PALS.

4. Local Issues from FoCUS members

Good news and Compliments

Good news was sent in about the Crisis team for their quick and well-coordinated action on 21st and 22nd December in getting help for the person they care for and who is now in hospital.

Local issues

Simon Tester referred to a previous Quality Account submission and expressed concern about the lack of staff and also the number of people who would recommend their relatives to SABP.

FoCUS has heard from a number of Members throughout the December and January meetings who are very disappointed with their Care Plans feeling they are often inaccurate, not good quality and are not proper plans. Members queried whether the Care Coordinators understand what they are doing and whether they get reprimanded when they are done incorrectly or are incomplete? How are things moving forward to ensure that they are completed properly? Others heard of Care Coordinators not communicating with the person about what they need and no real interaction.

Claud felt the staff had too much to do and the more you talk to them the less gets done, however unless you talk to them nothing gets done.

The Group discussed the importance of having a CMHRS Manager or representative from the CMHRS present at the local area meetings as this could explain concerns and help those attending to resolve some issues locally.

Caroline Hampshire advised that some of their clients are complaining about inaccurate records; notes are being put on the system and when the person receives a copy of their records they are totally inaccurate. Can people using services have a copy of what has happened at their meeting with the Care Coordinator as you would with the psychiatrist?

Person A emailed a concern asking what the procedure is at the end of a working day when the CMHRS is concerned about the welfare of a person under their supervision? Do they hand over at 5pm to the crisis team? SABP staff present explained that the CMHRS would liaise with the Home Treatment Team (HTT) and that it is likely that the Care Coordinator or other staff would carry on working to ensure the situation is fully communicated to the HTT and ensure the person is safely handed over.

5. Carer Practice Adviser Update, Julie Cook (Senior Lead, Surrey County Council)

Julie Cook explained to the Group that there is one CPA in each CMHRS covering specialist and older people's services. They support staff in teams to identify and recognise carers at the point of being referred to the team. When attending an appointment for the first time a person will be asked to bring a supporter or carer with them as they will be asked advocacy questions and it's important to hear the supporter/carers input as they know the person well. They will also offer the carer an assessment to look at what impact being a carer or supporter is having on their own wellbeing. It's very much a preventative stance, to support people at a very early stage to help them support themselves.

The CMHRS do offer the person a social care assessment ensuring that if someone has social care needs they are met, asking what people want to achieve and about their goals. The social care questions don't sound very helpful but when they are built on staff can build a picture of a person's life and that is what it is about. These are expectations of working as an integrated team who all come together to look at what treatments and therapies will support people; a lot of these therapies are about helping people maintain their wellbeing and if they need additional support from social care this may help move them along the recovery pathway.

The assessment is looking at support for people, which is the bigger part of their work, helping people to support themselves and helping to empower people.

Members asked when Social Care Assessments were introduced, and Julie said that they had been in existence before the Care Act came in to effect in 2014. If those with a social care need aren't accepted into mental health services, they can be referred to Adult Social Care.

Caroline Hampshire asked whether a person can be re-assessed at any point and Julie confirmed this is possible and this would be approached via the person's Care Coordinator.

An Enabling Independence Team is also in place who can be engaged when a person is struggling to help people achieve short term goals. If they need help on a longer-term basis they may need a different service.

Paul asked if someone's Care Coordinator changes whether a person can be re-assessed, and Julie confirmed this and also noted that people can also request to change their Care Coordinator.

Julie finished by highlighting a whole family approach to their work.

6. Care to Quite Update, Helen Wood

Helen last came to the FoCUS meetings a year ago to talk about the Trust's aspirations and plans to become smoke free. Helen has returned to answer any questions, but more importantly to hear any feedback or Members comments.

The Trust went smoke free on 2nd October 2017 and Helen reported that since going smoke free there have not been any major incidents; the Trust had the benefit of learning from other Trusts that had gone smoke free before SABP.

Alex Lepkowski had a number of concerns about the Trust becoming smoke free, particularly for those who smoking may be their only release in a time of crisis. she also felt that the more business and organisations enforce a no smoking policy and do not provide smoking rooms this forces people on to the streets. Helen acknowledged the points and said that at two of their units where the ban has been implemented they received initial feedback from neighbours that people

are going out in to the street to smoke, however this behaviour does not seem to be happening so much as present. Claud suggested that maybe there are less complaints because people can't be bothered to complain? Helen would be surprised if this was the case as it settled down far quicker than expected. The Trust are not allowed to provide shelters on site due to the guidance in respect of not smoking on NHS premises.

The driver for the Trust to introduce the smoking ban is to try and support people to stop smoking; the next big piece of work is to try and support people who would like to have a quit attempt are being supported to do within the Community Teams. Smoking is the leading cause of preventable deaths and the provision of nicotine replacement therapy and other substitutes is a way to offset to the other savings to the health economy.

Within 30 minutes of arrival on a ward or bedded service a smoking assessment will be carried out and smokers will receive nicotine replacement therapy; within 24 hours they should have a more thorough and more detailed smoking assessment where additional products can be offered should the person wish to attempt to quit.

The majority of those who come into hospital as smokers try to remain non-smoking during their admission using the nicotine replacement and hopefully those who may have a longer admission may go on to continue this as a quit attempt, but most will leave hospital and start smoking again.

Paul Earl highlighted that smokers would regularly ask to visit the smoking areas meaning staff would escort them taking up valuable nursing time and those who were not smoker's needs were not always being met. Helen explained that this had been raised as a concern by others that don't smoke and in the lead up to going smoke free a ward manager estimated he lost the equivalent of a nurse for the whole of a shift escorting people out to smoke and this is reflected in the 'smoke free' literature. Inpatients can vape outdoors and in individual bedrooms.

If anyone would like to contact Helen with further comments, please do so: helen.wood@sabp.nhs.uk / 0300 555 5222 / 07717426863.

The Group thanked Helen for her time.

7. Questions to PALs on the People's Experience Report

The people's Experience Report now replaces the Expert Report and will now be published every 6 months.

Tracey Pettit attended the meeting and asked for feedback or questions, talking through her Compliments, PALS and Complaints section.

Claud said that the graphs very small and suggested each one be on landscape.

Members felt it was a good improvement on the layout and pictures, however which can be read easily but the print is too small for the graphs and statistics.

8. CMHRS Managers Update

There were no CMHRS Managers present to provide an update.

9. Tips on what to pack for a MH hospital stay

A recent BBC news item suggested some items a person may pack to make their inpatient stay more comfortable. The Trust have suggested that FoCUS Members may like to make their own 'local' list and asked members for their suggestions, which were as follows:

- Photographs and reminders of family
- Pillowcases
- Mobile phone with games
- Phone charger with short lead
- Take a copy of any prescriptions and medication so the ward is informed, this is particularly relevant for any unusual types of medicine.

Alex Lepkowski suggested asking people in the inpatient wards what they have brought or would bring. It was suggested that Pattie Lopez could ask people for ideas on what to add to the list.

Tracey Pettit was asked if people are told what to bring in to hospital and she explained that when it is a planned admission preparing to come in can be done in an organised way, however there are other

occassions when someone has to urgently go to hospital and it is then down to a family member to bring items for them.

On admission to a ward there is a process where people have their bags looked through to ensure they don't bring anything on to a ward that could harm themselves or others, these items would have to be removed. Members thought it would be useful to have a list of what a person can't take in to hospital.

Paul suggested that items can go missing in hospital and this was also raised at the E&M FoCUS meeting suggesting that people should not take anything valuable on to a ward.

People are also able to take food and drink on to a ward, however drinks must be sealed; wards will not accept drinks that have been opened and closed.

It was also suggested that a ward won't accept dosset boxes without contacting a person's GP as they don't have a list of their medication.

10. Confirm issues for FoCUS Committee

Please refer to the table below for the issues to be taken to FoCUS Committee.

Date of Next Meeting: Wednesday 7th March 2018, Guildford Baptist Church, Millmead, Guildford, GU2 4BE.

Issues to go to next FoCUS Committee meeting on in February 2018

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| 1 | <p>FoCUS has heard that there are some leaflets on noticeboards in Farnham Road Hospital for groups that have not been running for some time and often there may not be any information on display in the CMHRS's. FoCUS would like to ask the Trust to explain how information displayed is kept up-to-date and relevant and who is responsible for this in the Wards and community teams?</p> <p>It was also noted that some Community Connection services did not have any advocacy leaflets or information about the Trust and FoCUS would like to know what leaflets the Trust provide to other community mental health services, and who is on the circulation list to receive these?</p> |
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| 2 | FoCUS has heard from a number of Members during December and January who are very disappointed with their care plans feeling they are often inaccurate and are not proper plans. Many have tried to bring this to the attention of their Care Coordinator or CMHRS Manager with no resolution. Members queried whether the Care Coordinators understand what they are doing and whether they get reprimanded when Care Plans are completed incorrectly or are incomplete? How are the Trust ensuring that they are being completed to the expected standard? |
| 3 | Caroline Hampshire from the Welcome Project advised that some of their clients are complaining about inaccurate records; notes are being put on the system and when the person receives a copy of their records they are totally inaccurate. This was also echoed by other Members present at the December meeting. FoCUS would like to ask the Trust if people using services can have a copy of their meeting notes with the Care Coordinator as you would with the psychiatrist? |
| 4 | Members felt the changes to the new People's Experience Report were a great improvement, however the layout of pictures and graphs needs to be far improved as the print is too small for the graphs and statistics. |

Actions

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| 1 | Jane Ahmed agreed to forward issues regarding the display of other organisations leaflets in the community to the Independent Mental Health Network for their consideration. Completed. | Jane Ahmed |
| 2 | The Group discussed the tips on what to pack for a hospital admission but felt it would be useful to have a list of what a person can't take in to hospital. Does the Trust have a list of 'banned' items that can be provided? Completed. With regard to personal belongings, no, we do not have a list of 'banned items'. Each person is risk assessed and their belongings checked/discussed with them on admission and throughout their stay. For example, someone who may be at high risk of self-harm may be | Jo Lynch |

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| | <p><i>asked not to have a scarf or similar with them, but this may not apply to another person based on their risk.</i></p> <p><i>The following items are restricted to all people coming on to a ward to support keeping the whole ward safe. We have a 'blanket restrictions log' which identifies why and where the decisions were made to restrict the following items.</i></p> <ul style="list-style-type: none"> • <i>All forms of ignition source eg. lighters and matches</i> • <i>Tobacco products</i> • <i>Drinks cans and glass bottles</i> • <i>Plastic bags</i> • <i>Cable chargers</i> • <i>Razors, scissors, tweezers and other sharp objects</i> • <i>Medication</i> • <i>Weapons or potential weapons</i> • <i>Any form of drugs or alcohol</i> • <i>Hazardous or flammable substances, eg glue, paint, nail varnish remover</i> | |
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Contact details for your Support Team

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| <p><u>For Member support please contact:</u> Carol Pearson and Jane Ahmed at the Surrey Coalition of Disabled People Tel: 01483 456558 Text: <u>077809 33053</u> Email: carol.pearson@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> |
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Glossary of Abbreviations:

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| AMP | Approved Medical Practitioner |
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| 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 |