

FoCUS

North West Surrey Area Group Meeting Monday 8th October 2018 Hythe Centre, Thorpe Road, Staines

Minutes of the Meeting

Attendees: Tracey Hayes (FoCUS Rep), Larisa Orlova (FoCUS Rep), Rosemary Moore (FoCUS Rep), Tony Kenny (Chair NW Surrey MH Stakeholder Group), Paul Graham, Sylvia Jones, Colin Jones, Leanda Hargreaves (Trustee, Action for Carers & Carer), Sam Sooi

Duncan Sloman (CMHRS Manager), Pattie Lopez (Patient Liaison, ACU, SABP), Barbara Dowden (Action for Carers Surrey), Lucy Finney (LF Solutions, minute taking), Jane Ahmed (FoCUS Involvement Facilitator)

Apologies: David Keen, Gina Keen, Irene Christmas, Kathryn Nisbett, Hank Sohota, Glenis Nay, Nikki Green (People's Experience Participation Lead, SABP), Elaine Braithwaite (FoCUS Rep)

1. Welcome, introductions, ground rules

Jane Ahmed welcomed Members to the meeting and reminded those present about the ground rules.

2. Minutes of previous meeting and matters arising (September 2018)

Accuracy

The minutes of the September meeting 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 September Meeting

1	Please can the Trust given an update on when the Discharge Leaflet will be ready for circulation.	Jo Lynch
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	Ongoing. Maggie Gairdner and aware of FoCUS concerns and FoCUS are awaiting a response but felt this was not good enough.	
2	Rosemary Moore to send Duncan Sloman information on the Protocol of Choice. Completed.	Rosemary Moore
3	Will the Drug and Alcohol services be included in the SPA? Completed. We are working on the pathways between SPA and access to D&A to support as part of the preparations and slow launch of the service.	Jo Lynch
4	Have the Police been involved in development of the SPA? Completed. Yes they were heavily engaged in the modelling of the service. Now that the service is being mobilised, we are in the process of setting up a meeting with the Police to review how we can work effectively with the Police.	Jo Lynch
5	Duncan Sloman to take back the points raised about the lack of provision for carers groups in Spelthorne. Completed.	Duncan Sloman
6	The NW group would like to ask for more information about the group Chaired by Evonne Hunt looking at the outcomes of the 15 Steps Project and whether people who use services or carers are able to join? Completed: Evonne has left the Trust. We have involved people who use service in the work undertaken by Sarah Wickens for the CMHS. Previous work was undertaken with regard to reception 'look and feel' through the reception QI project. There is now an inpatient improvement board with people who use services involved which included all the hospitals and how the receptions are part of this work.	Jo Lynch
7	The NW group discussed i-access and from experiences shared heard that the referral system is run like a different organisation and that the threshold seems to change from clinician to clinician. Please can the Trust clarify the referral pathway and criteria to the i-access service. Completed: i-access is a specialist substance misuse service, it therefore does differ from mental health and other services. i-access is commissioned by public health (PH) not the CCGs	Jo Lynch

or NHS England. PH commissioning has specific national requirements which again differ from those of mental health. All referrals to i-access go to a central referral hub based at Farnham Road, they are screened by 2 senior managers who try and ensure continuity across the service. The service was restructured as part of a co-design with Public Health, as a result from April 18 i-access became a combined service working in partnership with Catalyst. Some referral criteria changed from April 2018.

i-access provides a service for all dependent drinkers as defined by the alcohol audit score (20 or over), all those with a substance misuse problem and complex needs and all drug users. Catalyst from April 18 provides brief interventions and structured treatment for other drug users as part of the i-access combined service. Prior to April other drug users were seen by Catalyst as a separate service.

The service previously provided by Catalyst for high risk/ problematic drinkers was de commissioned by Public Health from April 2018. Public Health have now commissioned a pilot called Drink Coach (provided by a charity), in the south and north west, which will provide a number of limited skype sessions for this group. It is hoped that, if the pilot is successful, Drink Coach will be rolled out across Surrey, pending appropriate funding.

I hope this answers you question if not then please do not hesitate to contact me. *Katy Matthews, Substance Misuse Services Manager, SABP.*

Paul Graham asked about dual diagnosis and that serious incident reviews within the Trust have found that problems have arisen when individuals have been referred for urgent assessment, presenting with psychotic symptoms and a history of drug use. To avoid disagreements over whether mental health or

substance misuse teams should initially assess has caused delay in initiating assessment and appropriate treatment, resulting in serious, and in some cases, tragic consequences. There seems to be confusion as to where responsibility lies in terms of treatment plans; funding origins in service provision should not prejudice timely assessment and treatment planning. There are serious incidents with both categories of care – which takes the lead? FoCUS recognise the inherent difficulties in knowing root causes on initial presentation. Maybe an interim solution would involve cross training staff in both areas of expertise. Together with options for an isolation and observation period if suitable facilities exist for 'containment' as such.

Tony Kenny suggested that the Government are approaching alcoholism by increasing the price and would like to know if medical authorities agree with Government that pricing diverts people away from alcohol?

The meeting talked about communication between i-access and mental health services and how people may be ping ponged between the services particularly as they use a different electronic system. Duncan Sloman confirmed that community services are able to access i-access information and there is as joint working protocol meaning they do on occasions work with i-access depending on the individual; however, there could be a better working relationship.

FoCUS has heard that i-access raised a concern that due to a lack of their own facilities they can't seem to book rooms and are not welcome in the community teams. Duncan confirmed that i-access do book rooms for Spelthorne clients but noted that there may not be enough rooms at a local CMHRS for them to book.

Can the Trust tell FoCUS where i-access will be moving to if not Unither House? FoCUS would like to hear more about i-access and suggested a speaker comes along to a future meeting.

	<p>Rosemary Moore was concerned that the closure of Windmill House will put more pressure on the ACU and that the alcohol service is it is now an ambulatory service. Duncan confirmed that this should not put more pressure on the ACU and if there are individuals that need inpatient care they will receive this privately.</p> <p>Rosemary also felt that the ACU (Abraham Cowley Unit) and community services need to be integrated and Duncan confirmed that they are integrated and explained how this works.</p>	
8	<p>Duncan Sloman to provide an update about whether the CPA role at Woking CMHRS is due to be filled.</p>	<p>Duncan Sloman</p>
9	<p>With regard to Action 3 from the July minutes regarding suicide prevention, the response received includes mention that the inpatient environments have been assessed and are ligature free, however FoCUS would like to know if the Trust have authority to remove personal property or items of clothing from an individual? Completed: We have some items which we call “contraband”, and these are high risk items which are not allowed in any inpatient services in order to help keep people safe. These include things such as plastic bags and soft drink cans. In relation to personal property or clothing, this would depend on the person and their individual needs. Each person should have their own risk assessment and care plan, which would cover this. If something needed to be removed from the person (i.e. headphones, belts) in order to maintain their safety, it would be stored in a safe place, and the person would be able to access it under the supervision of nursing staff if they needed to. Privacy and dignity of the person would always be maintained. Liz Holland, Head of Clinical Effectiveness and Improvement, SABP.</p> <p>Rosemary Moore asked about whether body piercings would be removed from inpatients and whether this would be explained in a person’s Care Plan?</p> <p>Whilst the removal of personal item sounds ok in theory experiences reported to FoCUS appear that</p>	<p>Liz Holland Support Team</p>

	<p>patients are not told about the outcome of their risk assessment and often find items go missing without being told. FoCUS would like to ensure the Trust are making it clear to patients when items are removed.</p> <p>Pattie Lopez explained that there will be an inventory of what has been removed from the individual and these will be kept in personal lockers away from the wards.</p>	
10	<p>Advanced Directives/Decisions and ECT. Helen Potter confirmed that the Mental Health Act overrides an Advanced Decision, however there is some specific wording about ECT and Helen will find out what this says.</p> <p>Completed and reply circulated with the minutes.</p>	Helen Potter

3. Local Issues

Good News/Compliments

Larisa Orlova reported:

- That she was pleased she had the opportunity to be involved in the SPA (Single Point of Access) work helping to recruit staff and she is very pleased with their dedication and work. The whole team working with the SPA are fully invested in the work taking place.
- The Trust's Members Day was a good day.

Duncan Sloman was pleased to report that the official moving date to Unither House is 3rd and 4th December 2018.

Sylvia Jones reported that Mary Frances Trust have visited their carers group and have put in 4 or 5 different courses starting in October, however they are all running during the day which is disappointing.

Issues, Comments and Suggestions

Rosemary Moore mentioned, for information, that the Trust are recruiting Governors for specific areas and this information has been circulated to FoCUS recently. Larisa reported that Julie Gaze was also trying to recruit for Governor roles at the Members Day.

A brief discussion took place about the geographic areas Governors cover and Leanda Hargreaves noted that the rules for Governors have been in place for

some time and are specific to areas and therefore Trust are advertising these opportunities to people in these areas. It was agreed that the role of a Governor and is a big commitment and can be time consuming.

The group discussed the aftercare provision following discharge from Drug and Alcohol services noting the only choice seems to be Alcoholics Anonymous for those with an alcohol problem or people are pointed towards faith based support which may not be for everyone . Will/do the Trust sponsor other organisations or support groups and are there plans for any other after care for drug and alcohol clients once discharged?

It was noted that there is a Members Day in Redhill in November about Drug and Alcohol services.

Paul noted that the MASH (Multi Agency Safeguarding Hub) is a good system to know about.

4. Participation & Involvement

Nikki Green was due at the meeting, however due to circumstances beyond her control she was unable to attend the meeting. The support team updated the group following presentations at the E&M and SW FoCUS areas.

The discussion was to give an update regarding the planning stages around improving participation throughout the Trust, noting that this is still at the very early stages but Liz and Nikki had wanted to update about FoCUS about their roles, feedback and moving forward.

Some FoCUS Members were involved in the recent workshops where FoCUS and the Trust developed a driver diagram as to how to take participation forward. The first thing to be achieved was to get someone from the Trust to lead on participation and this will be Liz Holland. Liz is a nurse by background and leads on QI (Quality Improvement) and Suicide Prevention for the Trust and now is the lead for Participation and Experience. Liz will be working more closely with FoCUS and will be taking on the role Jo Lynch currently has with FoCUS; the transition will be managed slowly ensure things are not lost.

Nikki Green has been in the Trust for 28 years and until recently has been in the QI team and is now the People Participation & Experience Lead and will be working with Liz to get things going.

There are two things to update regarding early thoughts around participation about how to get more people involved in FoCUS and their wider plan for the Trust.

Much of the overall feedback received from those engaged with was around having wider representation, much more participation and how people within FoCUS can have more hands on influence around improvement and be actively able to participate in involvement.

The Trust are suggesting that FoCUS area groups and FoCUS Committee remain as they but they would like to suggest introducing a third tier which would be a 'Working Together' group consisting of four members from each area group and Trust staff – all those attending would be equal members. This group would look at issues raised locally and then pick the most pertinent issue to work on, suggest ideas etc. make it happen and then take these to FoCUS Committee for sign off. For example should there be a concern regarding wards rounds this would be taken to the Working Together group who would brainstorm as to what should happen to resolve this, it may be decided that a booklet is necessary and the Working Together group will take on actions and create the booklet. Once completed this would be taken to FoCUS Committee for approval and rolled out across the Trust if agreed using the QI method. This way people are involved in shaping and making this happen. When they have an idea people in the Working Together group will be trained in QI methodology.

When thinking about the Working Together group it was suggested those attending from the area groups would need to be those who want to take actions and move things forwards. It may be that the same for four people are on the Working Together group for up to a year but people can swap if necessary; all options are up for discussion.

This is about being able to help make the change and have an influence on how that happens and this is the Trust's suggestion based on feedback.

In terms of the other branch of participation work the Trust are looking at creating wider opportunities for people and creating a resource building up a group of people who are interested in participating actively within the Trust. A very low level of recruitment will be used to ensure people are ready to be involved in this way and they hope to use people's experiences for improvement.

There will be opportunities for volunteers but also the opportunity to work as a Band 2, 3 or 4 staff member while working on a particular project. A profile will

be created for the individual around their interests and experience and when opportunities arise they will try to match people to this. There will be roles available for volunteers and Banded staff members and for that period of opportunity the person would be a member of Trust staff, work in the team and be actively involved. There will also be the opportunity for someone to work up the scales and build their CV as they work through different opportunities as well as training and development.

The Trust are currently thinking about when the Working Together group will start and this will depend on reaction, however they would like to start recruiting people for active projects in January and will include promotion via email, posters, local radio etc. they will start with a relatively small number of volunteers and opportunities can grow as the team grows.

If anyone has any specific feedback on volunteering then please let Liz or Nikki know (via the support team); their job is to make this happen and they are responsible for this working.

Paul Graham though this sounds promising and that paid work utilising people's experiences would be good. Paul stopped being a FoCUS Rep as he felt the role had moved into approving decisions that had been made rather than influencing decisions, so this sounds positive.

Tracey felt that lots of things have been suggested over the years but the Trust doesn't listen – however, this will work if they listen.

Rosemary Moore suggested that the Trust can overload staff and volunteers with work and was concerned how people would find the time consistently to do this. When asked where will the Working Together group meet it was noted that this too was up for discussion.

Liz and Nikki are working with HR as to how to get people on board and offer advice on such things as how benefits may be impacted for the paying roles. Recruitment will include such things as recruitment coffee mornings, evenings etc. Rosemary Moore was concerned that there is no Director of Workforce to ensure this is being adhered to and was concerned about those who may be on benefits and how any employment may affect them. Zeenat informed the group that Victoria Bishop is the interim Deputy Director of HR and that any HR person working with the participation staff would be aware of potential issues and concerns regarding this.

5. CMHRS Update, Duncan Sloman

They have now begun merging the CMHRS teams and are working towards the merger; staff are looking forward to it and the move to the new building.

There are some heating problems with the buildings used at the Cedar Unit in Ashford which will be redeveloped to address these problems. The Trust are currently looking at potential satellite venues for people who use services and carers from this area which is likely to either be a room in Ashford Hospital or a room in Burgess way. Duncan will update regarding this next month.

6. Questions to PALS, Zeenat Mosaheb

Sam Sooi raised concerns about referrals back into services after discharge and it was noted that FoCUS have recently addressed this concern and that it is hoped that this should improve after the Single Point of Access starts.

Tracey suggested Discharge leaflet be the Working Together group's first project and Discharge should be a topic in the Working Group looks at. New name for new service at Unither House is Runnymede and Spelthorne CMHRS. No update from Elmbridge and Woking.

7. FoCUS Terms of Reference

Jane Ahmed explained that the Terms of Reference for FoCUS are now due for review and whether any members had any comments they would like to raise.

It was also noted that the Co-Chair meeting needs amending as this now happens on the same day as FoCUS Committee.

Rosemary Moore would like it noted that those who are carers may need to bring people they care for to meetings and how would this be addressed so it does not stop them becoming a Rep.

8. Date of next meeting: Monday 10th December, The Chertsey Hall, Heriot Road, Chertsey, KT16 9DR, 1pm – 3pm.

Issues to go to next FoCUS Committee meeting, 13th November 2018

1	FoCUS would like to ask about dual diagnosis and that serious incident reviews within the Trust have found that problems have arisen when individuals have been referred for urgent assessment, presenting with psychotic symptoms and a history of drug use. To avoid disagreements over whether mental health or substance misuse teams should initially assess has caused delay in initiating assessment and
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	appropriate treatment, resulting in serious, and in some cases, tragic consequences. There seems to be confusion as to where responsibility lies in terms of treatment plans; funding origins in service provision should not prejudice timely assessment and treatment planning. There are serious incidents with both categories of care – which takes the lead? FoCUS recognise the inherent difficulties in knowing root causes on initial presentation. Maybe an interim solution would involve cross training staff in both areas of expertise? Together with options for an isolation and observation period if suitable facilities exist for 'containment' as such.
2	Some FoCUS members suggested that the Government is trying to reduce alcoholism by increasing the price and would like to know if medical authorities agree with Government that pricing diverts people away from alcohol?
3	The NW FoCUS group discussed the aftercare provision following discharge from Drug and Alcohol services noting the only choice seems to be Alcoholics Anonymous for those with an alcohol problem or people are pointed towards faith based support which may not be for everyone. Will/do the Trust sponsor other organisations or support groups and are there plans for any other after care for drug and alcohol clients once discharged?

Actions

1	Can the Trust tell FoCUS where i-access will be moving to if not Unither House? FoCUS would like to hear more about i-access and suggested a speaker comes along to a future meeting. Completed. i-access is staying at the ACU currently. We are working with estates to re configure the space we have at the ACU in order that ambulatory detoxification can move from Farnham Road Hospital to the ACU.	Jo Lynch Liz Holland
2	Following on from Action 9 of the September minutes FoCUS would like to ask if body piercings are removed from inpatients and whether this would be explained in a person's Care Plan? Whilst the removal of personal item sounds ok in theory experiences reported to FoCUS appear that patients are not told about the outcome of their risk assessment and often find items go missing without being told. FoCUS would like to ensure the Trust are	Jo Lynch Liz Holland

	<p>making it clear to patients what and when items are removed.</p> <p>Completed. We are sorry to hear this has been a concern for people. If there is a particular incident which someone would like to share directly with us then please do approach us.</p> <p>Removal of body piercings are removed from inpatients following risk assessment. Piercings are likely to be taken when the person is at risk of self-harm or may use them to harm others. The other risk is that of self-neglect when there is suspected risk of infection. People are informed of this when piercings are taken are away and this is detailed in care plans and risk assessments. People are given copies of their care plan and their views are captured on the care plans. This risk assessments are linked to care plans and there is a process in place to audit and review that care plans and risk assessments are in place and linked. This is a process that the inpatient are continuously working on to improve.</p> <p>When piercings are removed they are stored as valuables on the ward. The items are logged on a property list that we recently updated. The property is recorded and signed for by two members of staff. The valuables are kept with the patient property in storage spaces only accessible under supervision. In the storage space each person is allocated a box with their name on it, and the property in the box is logged. When people take them out either to use, return home or on discharge they sign out their property with staff.</p>	
3	<p>NW FoCUS suggested that Discharge leaflet be the Working Together group's first project and that Discharge should be a topic the Working Group looks at.</p> <p>Completed. Liz Holland and Nikki Green to discuss with the groups however, this project is already underway which is helpful.</p>	Jo Lynch Liz Holland

Contact details for your Support Team

For Member support please contact:
Carol Pearson and Jane Ahmed at the Surrey Coalition of Disabled People

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Email: carol.pearson@surreycoalition.org.uk
Email: jane.ahmed@surreycoalition.org.uk
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For Meeting support please contact LF Solutions:
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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
STP	Sustainability and Transformation Plans
SHIPP	Surrey High Intensity Partnership Programme
STEPP	Systems Training for Emotional Predictability and Problem Solving