

FoCUS
West Area Group Meeting
Thursday 10th January 2019
1pm – 3pm
High Cross Church, Knoll Road, Camberley, Surrey

Minutes of the Meeting

Attendees: TH, Nina Cornwell, Janice Clark (W FoCUS Rep), Ian Penfold, Tony Hall

Amanda Deadman (Action for Carers), Georgina Foulds (Associate Director of Crisis Care, SABP), Linzi Gardner (Surrey Heath CMHRS Manager), Lucy Finney (LF Solutions, Minutes)

1. Welcome and apologies

Apologies were received from Colette Lane, Donna Brown, David Muir (FoCUS Rep SW), Carol Frost (Aldershot CMHRS Manager), Natasha Hall, Jenny Barlow, Jane Ahmed (Involvement Facilitator).

Attendees were welcomed to the meeting and introductions were made.

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

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 December 2018 Meeting

1	<p>Action 1 from the October minutes asks the Trust to include Advanced Statements and Decision as a topic for future Members Day. Can the Trust confirm when this will take place? Completed. We will incorporate this into our Annual Members' Day which will take place in September 2019.</p>	<p>Jo Lynch Stephanie Forster</p>
2	<p>Following Action 4 from the October minutes asking the Trust to draft a template to allow/help people to raise a formal complaint, FoCUS would like to know if this has been completed and whether it will include guidance? This is not yet completed and we will want to do this with people rather than on our own. We will be in touch in the New Year to plan this.</p> <p>Janice Clark was invited to be involved with the interviews for Complaints and PALS staff as Dorothy Cridland is new in post and there were two vacancies; Janice had a pre-meet with Dorothy and they spoke about access issues around the complaints process and following this Janice thinks there will be a considerable change around this in the future.</p>	<p>Jo Lynch</p>
3	<p>Tony Hall asked FoCUS for clarification from Jonathan Warren as to when can he will get back to Tony regarding issues he has raised? Ongoing</p>	<p>Jo Lynch</p>
4	<p>Jane Ahmed agreed to follow up with Guy Hill and Diane Tamblyn about going to the NE Hants (and Surrey Heath) Mental Health Forum.</p>	<p>Jane Ahmed</p>
5	<p>Is there a list of after-care services for substance misuse (alcohol), in the Camberley area? I am presuming the question refers to support available that is not part of the treatment system. There is an AA meeting in Camberley every Monday 7.45 to 9.99pm, St Peter and St Johns church, Old Dean, GU15 4ED 7.45 to 9pm. There is also a peer led SMART group every Thursday at Catalyst 183a London Road, Camberley GU15 3JS. i-access also runs treatment clinics including a prescribing clinic in Camberley at Theta House but that is treatment not aftercare. Anyone whether in treatment or not can access these groups.</p>	<p>Katy Matthews</p>

<p>6</p>	<p>Personal experiences have been shared with the group and it was agreed to ask the Trust about care for a person with both alcohol and mental health concerns. Often people can have mental health concern together with an alcohol problem without being an alcoholic and it can be difficult to access any support as the person does not meet the criteria for the alcohol service. What is available to help those who do not reach the criteria but continue to struggle with alcohol and have a mental health concern concurrently? Completed.</p> <p>The person who shared their experience contacted Katy Matthews and they discussed their concerns and Katy explained the treatment system and commissioning arrangements. She acknowledged that due to services being funded by different pockets of money and the fact that Catalyst provide a number of services that are not part of i-access it can be confusing. Katy said she would flag their concerns to Public Health and would send some information re the Drink Coach Skype service and Surrey Drug and Alcohol care. Surrey Drug and alcohol care (SADAC) provide a 24 hour help line service for those with a substance misuse problem and she has just learnt a telephone counselling service, this was de-commissioned but they have gained money from a different source. She is awaiting information from SADAC to send through.</p> <p>Janice Clark commented that when talking about issues can we bear in mind that this is a forum that spans NE Hants and Surrey and it is only respectful that we talk about work in NE Hants as well as the Surrey work.</p> <p>Janice was also glad to see they have made the link between mental health and substance misuse as she was disappointed the last members days where the presentation from i-access and substance misuse services didn't talk about both mental health and substance misuse together and they should be addressing both of these issues as there is a bit of a</p>	<p>Katy Matthews</p>
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	<p>divide which is not helpful and can be misleading.</p>	
<p>7</p>	<p>FoCUS would like to ask IAPT providers why they ask people to stop drinking before they undertake treatment and what are the links between i-access and IAPT? Completed.</p> <p>Most counselling/IAPT services will not offer interventions to a person who has an alcohol problem as the counselling/ IAPT is not effective in the majority of cases.</p> <p>In short we have good relationships with i-access and have discussions about clients prior to referral or at discharge stage and it is an easy process to refer into them and for them to refer into any IAPT provider.</p> <p>We can work with occasional drug use and some alcohol abuse of milder levels but not for those whose primary issue is drugs and alcohol abuse.</p> <p>If drug and alcohol use is used as a consequence of feeling anxious or depressed, e.g. used as a coping strategy and within a mild range and where clients are able to stop/reduce using substances safely, we can work on supporting clients with understanding their triggers and developing alternative coping strategies. However, as we do not work with addictions directly, we cannot work with a client if, as mentioned, drug or alcohol use is the primary difficulty. If a client is unable to stop or reduce their drug and alcohol use safely they would be beyond remit of the support that we can offer.</p> <p>The reason why national IAPT guidance (along with our own local policy) recommends that people have a sustained period of settled abstinence before therapy with us is that, those who have not are better suited to a specialist substance use service, such as i-access or Catalyst. Unfortunately many of the issues associated with substance use can negatively</p>	<p>Dr Gisela Unsworth</p>

<p>impact on the likelihood of success in therapy. For example when people use substances as a means of managing emotional distress it makes it a lot more difficult for them to utilise alternative methods and can often be part of a wider pattern of avoidance of emotional difficulties. This can then lead to substantial difficulties with engagement in therapy.</p> <p>Furthermore, primary care treatment, be it counselling or CBT, requires an individual to be able to reflect on their thinking patterns and be 'present' in sessions. If a client is drinking heavily or using substances that can alter thought processes, this, as indicated, can negatively impact the success of treatment, contributing on occasion to clients thinking 'treatment has not helped, I have failed' which can further exacerbate difficulties and cause more harm than good.</p> <p>As such, multidisciplinary support offered by specialist services is far more able to provide appropriate treatment at this stage of recovery. We are happy to accept into therapy after they have completed the substance use specific component of their treatment and are then ready for IAPT engagement.</p>	
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Matters arising

With regard to whether there is guidance available for when staff give out a carers pack Janice had heard that this was currently with the Communications Department and FoCUS will ask for an update. If the pack is reduced any further in size it makes it meaningless; it should be available on line so it can be updated quickly.

With regard to an action from the October meeting about a person wishing to change therapists TH felt that what was reported back is great, however personal experience has been that they were never told that they were able to do this. FoCUS would like to ensure the Trust promote this to people using services and carers.

At the December meeting FoCUS heard about the Spiritual and Pastoral care provided by the Trust and TH asked whether this included Humanism? It was explained that one of the volunteers for the service is a Humanist and they can provide this support if requested.

TH felt that the CMHRS on occasions, can try to encourage people a little too much to take religious leaflets and this could be seen as preying on vulnerable people.

3. Local Issues – Good news, Compliments and Issues

Good News/Compliments

Tony Hall said there has been great progress aligning with the CCGs so some of the problems that have been flagged up for a long time are starting to be addressed.

Fiona Edwards will now be working part-time with the Trust as well as leading the Frimley Health Integrated Care System and Andrew Morris (CEO of Frimley Park Hospital) has moved to NHS Improvement. Janice Clark felt this is a win-win situation as Fiona can take the mental health and physical wellbeing concept forward and has always been a great supporter of engagement. Jonathan Warren will step up to part of Fiona's role.

Shelley Head has joint responsibility for the NW CCG as well as Camberley so now covers a larger geographic boundary.

Ian Penfold said that housing support adviser Vivid, who provide housing for families in the NE of Hampshire, have launched a new service to help people with living and housing issues.

TH said there has been a notable improvement of those she speaks to on the Crisis Line and they are far better trained.

Local issues

Following the announcement from the Trust that Farnham residents will now be treated under the NE Hants CMHRS, FoCUS had suggested that the SW and West areas monitor this move. FoCUS would like to ask for an update and how it is working as NE Hants is not an integrated team?

Do the Trust know how many people use the Borders Health Centre and who live in Guildford Borough and therefore are consequently under the NE Hants and Farnham CMHRS? How are their social care and carers assessments organised and does this work successfully?

Ian Penfold highlighted that 'changing places' toilets have started being decommissioned therefore FoCUS notes that hospitals will not be accessible unless there is this facility – and this is also relevant to older people's services. Can the Trust assure FoCUS that these will not be decommissioned where they are in use across the Trust?

Tony Hall spoke about people in Surrey who called a Crisis service and received a very poor service and will now be putting in an official complaint. Tony was asked to confirm which Crisis service was called to confirm whether this was the Crisis Line and whether this can be looked at further.

TH has had poor experiences with PALS who, they feel, have been obstructive to complaints that they have tried to make and refused to process. TH outlined their experience of wrongful discharge with no Care Plan in place and having since found out that there is an appeals process which they were not informed about. This has continued over a long period of time and has had a detrimental impact on TH's mental health. FoCUS was sorry to hear of their experience, however, is unable to follow up individual concerns, but suggested that this is highlighted to the Trust for learning. It was suggested that TH may want to approach Healthwatch Hampshire.

Janice Clark advised that one way to challenge difficult issues is to get involved in making something better and if we have this opportunity to be engaged with the newly staffed PALS service there is a lot of learning and opportunity to put things right.

Ian Penfold was pleased to receive the safe haven leaflets but wondered why the Farnborough Oasis service is not included and it was explained that Oasis is not a SABP service and therefore would not be included on the website. Janice felt there is a need for more satellite safe haven services and FoCUS agreed they would like to ask the Trust if there are planning to approach Commissioners for funding of additional satellite safe havens particularly for areas such as Spelthorne, Cranleigh and Fleet.

4. Single Point of Access Update (SPA), Georgina Foulds

Georgina explained that the Trust was given additional funding to improve access to Mental Health services and have been looking at developing the Single Point of Access (SPA) over the last 2-3 years. This has come about on the back of a huge amount of work including the Crisis Concordat recommendation that people have timely responses to care and treatment when needed. Commissioners supported a Single Point of Access for crisis care. There are a number of SPA models across the country and they vary widely; the Trust carried out a lot of analysis on these models to find the one that would work the best with adaptations for the area. They settled on the model used by Northumberland and Tyne and Wear Trust who are rated an 'Outstanding' Trust.

The Trust carried out some field tests over a 6-week period in the NW and E&M of Surrey and in doing so was clear that it didn't feel right to have a SPA for crisis care and not have the same for routine calls and contacts. Therefore, when the phased roll-out is complete the Trust will be implementing the SPA for crisis and routine referrals.

There has been a huge recruitment campaign and they now have 30 staff including call handlers, various grades of practitioners and are about to recruit some medical staff for Consultant time. Georgina reported that they are very pleased with the new call handlers, who are refreshing, keen to learn and motivated. They are very much on track with the roll out and as the team builds up they can take on further work.

The call handling team are based at Gatton Place in Redhill and Georgina explained that they have now integrated the Crisis Line number to be part of the service and therefore the Crisis Line is now operational 24/7. They had no idea how it would be used but there is a lot of calls coming in during the day without any advertising, meaning people have been calling the Crisis Line when it is not usually operational.

As this is a significant change in working practice the Trust have purposely decided to do a phased roll out over a 6 month period to understand the transition of change for each CMHRS as, whilst the model is the same, they operate slightly differently. They will make internal changes and ensure that the staff are clear about how they will work. From the beginning of October this phased approach has been

implemented starting in the East of Surrey and the referrals from the CMHRS are re-routed to the SPA.

The biggest challenge has been the re-routing of referrals and starting to take referrals from each CMHRS. Phase I was completed just before Christmas starting with teams in the East who are getting used to the internal changes. There is also a readiness transformation program for each CMHRS.

A large piece of work has been around ensuring that SystmOne (the electronic patient record system) is fit for purpose and have undertaken a huge piece of work to build a new 'unit' in SystmOne just for the SPA which will track people all the way through their journey. There are lots of inbuilt safeguards which have been challenging but also helped the team problem solve.

Phase 2 has just started in the NW and Phase 3 will be in the SW which has been left until last to ensure learning as there was no field test in the area. NE Hants has been left to the end so that the team can really think about how services in Hampshire are different. Georgina noted that the service is also for carers are also able to call.

The SPA will be reached using one free-phone telephone number and will be manned by call handlers and practitioners all day every day, incorporating the current Crisis Line offering advice and support. The Crisis Line number will be protected for Crisis Calls, support and advice and GPs will use the ERS electronic system for referral. From April 2019 all referrals the CMHRS currently receive will go to the SPA, be triaged, and the SPA will then book appointments to the CMHRS which is a significant change in working. Urgent and emergency response is important and if a decision is made by the practitioner that a person needs to be seen and assessed they will ask the Rapid Response service to see the person.

Janice Clark asked about the difference between routine and crisis referrals and Georgina explained that the CMHRS respond to referrals as follows: emergency is a response on the same day, urgent is within 5 days and routine is to offer an appointment within 28 days; going forward the SPA will act on behalf of the CMHRS to process referrals in these timescales. Urgent and emergencies referrals will be screened as if they were an emergency and will be looked at within an hour and a decision made as to whether they need Rapid Response or are able to wait a few days.

The person is called straight away to clarify their needs and their views and the person making the call will ask about carers or family members and whether they would like the SPA to speak to them (these are formal referrals from GP). If a GP makes an urgent referral which when assessed is not urgent the SPA will also contact the GP to say they have spoken to the person and carer to inform them and therefore there is a tight robust system to deal with urgent and emergency referrals. With GPs referring electronically they can have drop down boxes to gauge the level of urgency. The GP engagement is crucial.

If a CMHRS appointment is needed they will generate an appointment letter with details of their appointment, safe haven information and a leaflet on new patient assessment. After listening to experiences and based on what people want they have cut back on the amount of paperwork sent out. All CMHRS' have redesigned their assessment clinics and friends and family are welcome to join the person; appointments are now 1.5 hours long and they also make sure there is medical availability during these assessments should there be an issue.

Additional funding of nearly £50k was secured for monthly training and the Trust want to ensure staff take time to listen, show respect and empathy and will be hearing from people using services and carers speak at training sessions which generally has a big impact on staff.

The roll-out can be paused at any time if they discover any risks but currently they are on track to be completed by April. If it is decided that the person needs to be seen within 24 hours the Rapid Response service will provide this. The recruitment of Practitioners has been the most difficult as the Rapid Response function should be a service sitting alongside the Home Treatment Team (HTT) all day every day but in order to do this they have to recruit to the HTT establishment to ensure it is safe. At present the Trust have held back from moving the function of Rapid Response from the CMHRS to HTT and therefore the CMHRS provide Rapid Response during the day and HTT do this at night. The SPA are doing really good triaging and as a result the number of people requiring Rapid Response within 24 hours has reduced.

Ian Penfold thought this is a fantastic endeavour however is concerned with what may go wrong and therefore asked the Trust to ensure that communications are clear to say what the SPA is for and what it is not for – adult/children/ etc. Georgina said that commissioning intentions for SPA is that it is universal so any calls that comes in can be from anybody

and the dealing of the call will be the same - it is important that call handlers understand how to signpost to the relevant services. They have pathway agreements (currently work in progress) and they can signpost to other services outside working age adults. Ian remains concerned about children's services, particularly in Hampshire.

When asked that if someone calls and call handlers don't know the person would it not be better for their GP to make the decisions, Georgina explained that if it is a routine referral SystemOne ensures tasks such as 'contact GP' are carried out, however if it is an emergency they need to be able to response quickly.

Georgina commented that the current worry is that GPs don't understand how SABP work; they send referrals in as they want advice, now the SPA will make a judgement on that referral and will recommend where that person should go rather than assuming it will be to the CMHRS as there is a large resource in the community. Triaging of referrals will be done by practitioners.

Ian was also concerned that a stranger would be assessing whether or not someone is suicidal and Georgina explained that the CMHRS deal with these anyway, but now it is a more streamlined, timely and responsive service and as the SPA are dealing with these calls the community teams have more capacity.

When asked if contact by the GPs will be through a different number it was explained that they will be referring electronically when they go live but they can also use the Crisis line number if it is an emergency.

Ian asked what they will do should a Nepalese worker call up and Georgina explained they would either take time to get translator or use Language Line as suggested by Linzi.

All the staff working in the SPA are SABP staff.

The Trust are dedicated to making the SPA work well, however asked for constructive comments should members pick anything up that isn't quite right. Any concerns can be emailed Georgina who can liaise with the team and if anyone is interested in speaking to the teams at one of the themed training days a further conversation can be had about this. Georgina's email address is: Georgina.Foulds@sabp.nhs.uk or can be contacted on 07920 565934.

Members would like the Trust to come back to FoCUS to hear updates and experiences.

5. CMHRS Update, Linzi Gardner (Surrey Heath CMHRS Manager)

Linzi confirmed that the Surrey Heath SPA roll out date is towards the end of March but as a team they are putting in plans as to how they will respond to the changes.

They have a new Band 5 Occupational Therapist starting so they can run groups that haven't been run for a while such as 'returning to work', 'transition from CMHRS to discharge' etc. They have an associate practitioner starting so they can address physical health clinics and help fill the gaps for those waiting for one to one psychology starting the lower level work.

Janice asked who the new Older People's Manager at Surrey Heath is and it was noted that the Integrated Partnership Lead, who took over from Faye Nel, is Lovemore Munowenyu. One of the things Janice would like to suggest is to ask the Recovery College to develop similar skills training sessions for carers of those with dementia and they can reach people on the borderline between secondary and primary care. It is important to recognise and develop services for older people.

One of the plans in the 10 Year Forward View is seven day crisis support. The Trust currently provide the Crisis Overnight Support service where people can stay for up to 72 hours and Georgina advised that the Trust are looking to see if this can be extended. FoCUS would like a representative from the Trust to come and speak about the 10 Year Strategy for Mental Health and what the Trust will do and when?

6. Date of next meeting:

The next meeting will take place on Thursday 14th March 2019, 1pm – 3pm at Aldershot Centre for Health, Hospital Hill, Aldershot, GU11 1AY.

Issues to be taken to the FoCUS Representatives/ Committee Meeting:

Next FoCUS Committee meeting 12th February 2019:

1	For Information: An action from the October West area meeting asked about a person's right to change therapists if they were unhappy. The response received was welcomed, however it came to light that some people using services were not aware there was they were able to do this. FoCUS would like to ensure the Trust promote this choice to people using services and carers.
2	The West Group highlighted that 'changing places' toilets have started to be decommissioned meaning therefore that hospitals (and older people's services) will not be accessible unless there is this facility. Can the Trust assure FoCUS that these will not be decommissioned where they are in use across the Trust?
3	For Information: A FoCUS member has had a poor experience with PALS who, they feel, have been obstructive to complaints that they have tried to make and refused to process. The FoCUS member outlined their experience of wrongful discharge with no Care Plan in place and have since found out that there is an appeals process which they were not informed about. This has continued over a long period of time and has had a detrimental impact on their mental health. FoCUS would like to highlight this to the Trust for learning.
4	West FoCUS feel there is a need for more satellite safe haven services and would like to ask the Trust if there are planning to approach Commissioners for funding of additional satellite safe havens particularly for areas such as Spelthorne, Cranleigh and Fleet.
5	FoCUS would like to suggest that the Recovery College develop similar skills training sessions for carers of those with dementia as it is important to recognise and develop services for older people.

Actions – General

1	<p>Following the announcement from the Trust that Farnham residents will now be treated under the NE Hants CMHRS, FoCUS had suggested that the SW and West areas monitor this move. FoCUS would like to ask for an update and how it is working as NE Hants is not an integrated team?</p> <p>Completed. We are well into the process of reviewing the individual care needs with a view of transferring care to North East Hants if appropriate. We are reviewing each individual's Recovery need between the two teams.</p>	Tham Dewa
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	<p>We aim to have this completed by 31st March 2019.</p> <p>A copy of the letter that we are sending out to the GPs in the local area that narrates the reasons for the transferring of care, the impact for their service users and the contact details for the two team managers, has been circulated to FoCUS.</p> <p>Copies of the letters that we are planning to send to service-users and their carer's that will be effected by the pending move have also been circulated to FoCUS. Service-users have also been informed by their care-coordinators where appropriate.</p>	
2	<p>A FoCUS member spoke about individuals in Surrey who called a 'crisis service' over the Christmas period and received a very poor service and will now be putting in an official complaint. Tony was asked to confirm which Crisis service was called to confirm whether this was the Crisis Line and whether this can be looked at further by SABP.</p>	<p>Tony Hall Georgina Foulds</p>
3	<p>One of the plans in the 10 Year Forward View is seven day crisis support. FoCUS would like a representative from the Trust to come and speak about the 10 Year Strategy for Mental Health and what the Trust will do and when? Completed. We would be happy to come and give a presentation to FoCUS area groups on the Long Term Plan which was published earlier this month. We usually present our annual Operational Plan, which describes our plans for the coming year, to the FoCUS Committee in April/May and will be happy to share this with the Area Groups then also.</p>	<p>Jo Lynch</p>
4	<p>Do the Trust know how many people using the Borders Health Centre live in Guildford Borough and therefore are consequently under the NE Hants and Farnham CMHRS? How are their social care and carers assessments organised and does this work successfully? Completed. At this point in time the Trust has no people using our services that are</p>	<p>Jo Lynch</p>

<p>open to The Border Practice, Aldershot and open to Guildford CMHRS.</p> <p>The Trust however has a total of 3 people using our services that are open to The Border Practice, Aldershot and are managed by 3 separate CMHRS teams outside of the North East Hampshire locality. The management of their adult social care needs and carers assessments sits with the integrated CMHRS team that the person using our services is open to. There have been no issues that have arisen through this arrangement that the Trust is aware of but please do let us know if you have experienced any issues. Tham Dewa</p>	
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Contact details for your Support Team

<p><u>For Member support please contact:</u> Carol Pearson and Jane Ahmed at the Surrey Coalition of Disabled People Tel: 01483 456558 Text: 077809 33053 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@lf-solutions.co.uk Tel/Text 07727 273242</p>
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Glossary of Abbreviations:

ACU	Abraham Cowley Unit
AMP	Approved Medical Practitioner
AMHP	Approved Mental Health Practitioner
CAG	Carers Action Group
CBT	Cognitive Behavioural Therapist
CCG	Clinical Commissioning Group
CMHRS	Community Mental Health Recovery Service
CMHT OP	Community Mental Health Team Older People
CPA	Care Planning & Assessment
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission

CTO	Community Treatment Order
EPP	Expert Patient Programme
ESA	Employment & Support Allowance
FRH	Farnham Road Hospital
HTT	Home Treatment Team
IAPT	Improving Access to Psychological Therapies
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate
MAC	Medical Advisory Committee
NICE	National Institute for Clinical Excellence
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
SMS	Short Message Service i.e. text message
STP	Sustainability and Transformation Plans