

FoCUS
West Area Group Meeting
Thursday 13th December 2018
1pm – 3pm
Theta Building,

Minutes of the Meeting

Attendees: Tony Hall, Chris Hall, Ian Penfold

Josiah Anyinsah (Spiritual and Pastoral Care), Tham Dewa (CMHRS Service Manager, West), Natasha (CMHRS Manager, Waverley), Linzi Gardner (Surrey Heath CMHRS), Lucy Finney (LF Solutions, Minutes)

1. Welcome and apologies

Apologies were received from Colette Lane, Donna Brown, David Muir (FoCUS Rep SW), Janice Clark (FoCUS Rep West), Carol Frost (NE Hants CMHRS Manager), Natasha Hall, Catherine Wheeler (CPA), Nina Cornwell, TH, Lisa Roberts (Surrey Young Carers), Rita Gbedabu (CMHTOP Manager).

Attendees were welcomed to the meeting and introductions were made.

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

Accuracy

The minutes were agreed as an accurate record.

Page 1, Action1 – can the Trust confirm when Advanced statements and Decisions will be a topic at a Members Day?

Page 2, Action 5 regarding the discharge leaflet, add in a post meeting note from Jane to say that the consultants were involved in producing the Discharge leaflet and one or two CMHRS managers did meet with consultants about this around June 2016.

Action 4 – Chris Hall asked whether the templates written included published guidance to help the person make a formal complaint as this action was not clear in the notes.

Action 6 – it was noted that there will be new leaflets for the Safe Haven's from the 17th December.

Action 7 – Chris Hall asked whether there was going to be a response to the concerns raised by FoCUS from Philippsia Greenway on the Equality Impact Assessment for Unither House and the support team said that Janice Clark had originally raised the concerns and that she has not asked for a follow up question.

Ian Penfold asked why the Trust can't produce a Discharge leaflet in conjunction with other acute hospitals; Tham Dewa highlighted that this Discharge leaflet is for discharge from community services and explained that it would be difficult to produce a joint Discharge leaflet, particularly when working cross border as NE Hampshire and Surrey services are different as NE Hampshire are not integrated; plus different Trust's will have different Discharge procedures. Chris Hall agreed with Ian and felt there should be one discharge process that everyone can use. Tham advised that it can be very difficult to do this particularly with differing views – there may be another group similar to FoCUS in the West with opposing views.

Tony asked when he can expect a response from Jonathan Warren to actions he has previously raised with him.

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 October Meeting

1	Members asked if feedback from the CMHRS letters audit is now available for circulation and the support team will follow this up (as per questions to the Trust). Completed. Since the audit a lot of work has gone into standardising the letters that go out to our GP colleagues and people who use our services. SystemOne has a template that staff can use to create letters. Our Information Management team are also working on creating a template that takes	Support Team Jo Lynch Liz Holland
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information directly from SystemOne to help improve the quality of letters that go out. The Trust continues to work with our primary care colleagues to implement E-Docs, NHS England recently mandated that we, as a Trust, are now required to communicate with our GPs using electronic documents namely for discharge summaries, and GP transfer of care / appointment letters by 1st Oct 2018. There has not been a huge take up of this due to system issues which we are continuously trying to resolve.

Following this Members asked the Trust to circulate the letters audit and this was done in June 2017 and discussed at FoCUS Committee in August 2017.

Jane then met with Louise Wiggins to discuss comments that had been made and also asked her to provide an update. Tham was able to provide the update at the meeting and is happy to respond to any queries.

Tham advised there were a number of discrepancies as to how letters were sent and it was agreed there would be a standard letter that is sent and this has been done. Part of the standardisation was about trying to stop the faxing of letters to GPs, however the systems don't talk to each other and the GP practices were not keen to do the work to make the systems talk; the Trust continues to work with Primary Care colleagues to see if this can be moved on as they are ready to do this but are waiting for the GPs to put this in place; this will solve all the issues with delayed letters, letters being lost in the post etc.

Chris Hall recognised that NHS England had mandated that all letters to GPs should now be electronically sent and queried what happens if GPs decide they don't want to update their systems to allow this - what happens are there any penalties? Tham acknowledged that GPs have also been mandated but he is not sure if there are any penalties and suggested this is probably a question for the

CCG.	
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3. Local Issues – Good news, Compliments and Issues

Good News/Compliments

Tony Hall reported the following good news stories:

- Fed back that there is good work being undertaken with Aldershot Health Centre and the SWVP and the joint up working project with United Communities.
- The 'Treat me Well' Campaign and 'Your voice' campaign pilots have now started within Surrey but these need to be communicated more widely for the launch in March 2019.
- Tony is one of a number of lay persons being asked to participate in reviewing the quality monitoring and campaigning for services across Surrey County Council and they will identify barriers under the 2030 vision of continuing improvement.
- A pilot that commenced in Surrey Heath (Surrey Heath Veterans) has been extended to Guildford and he has been given a single point of contact that who will perform assessments for those referred to her with mental ill health and have family connections with the armed forces and has asked if she could be invited to attend meetings to get to know contacts that may refer individuals to her.
- The Frimley Healthcare Trust vision now ties up with the Blackwater Coalition which is good news.
- The vision from the new Head of Surrey County Council is good and should be communicate to everyone to manage their expectations for hope for the future.

Local issues

Chris Hall recently attended the NE Hants Mental Health Forum and asked if FoCUS have any links with them. Jane explained that Surrey Coalition of Disabled People have the contract to run FoCUS and the Independent Mental Health Network (IMHN) meetings and that the IMHN Co-ordinator (Guy Hill) may attend the meetings. Jane agreed to follow

up with Guy Hill and Diane Tamblyn about going to the NE Hants Mental Health Forum.

4. Feedback from FoCUS Committee

Jane Ahmed talked through the FoCUS Committee Summary which has been previously circulated, highlighting the following:

- There was discussion about the safe haven leaflets and Georgina Foulds has fed back that they anticipate they will be in circulation by 17th December. All the safe havens operating hours and standardisation of service models will be completed by this date.
- New FoCUS Reps were announced and Janice Clark will remain as a Rep for this area. Members thanked Tony Hall and Donna Brown for their work as Reps as they are now stepping down. There are two new FoCUS Reps, Rachel for the E&M and Paul for the SW.
- The Trust have a new participation team led by Liz Holland and want to increase participation within the Trust to 50% by next year. A Working Together Group has been agreed and four people from each area will be on this group with Liz Holland, Nikki Green and other people who are interested. Liz will update FoCUS about this soon. Nikki has also sent a questionnaire to different departments in the Trust asking about opportunities for people to participate and she has received a good response so far. They are looking at increasing the number of volunteers in the Trust and will be recruiting people for the participation work by holding informal coffee mornings/evenings etc.
- The SPA (Single Point of Access) are recruiting staff and the launch is being rolled out in a phased manner beginning in the East with referrals from GPs and will be open to all referrals from March 2019. Tham updated that this went live on the 4th October and now Tandridge, Reigate, Epsom and Mole Valley are all live. The next team to go live is Elmbridge in January. The Crisis Line is also now available 24 hours a day.
- This group discussed accessing medication out of hours and learnt there will be a Protocol that will be developed for this. The Trust would like to remind FoCUS members that if they have not done so they can request to be copied into letters that go to their GP.

Ian Penfold expressed his concern about getting medication out of hours and asked what happens if there is no shared care agreement and the GP cannot give the medication. Tham commented that often out of hours appointments are staffed by

locum GP practitioners who do not have access to the GP computer system. When a person who uses services turns up the locum GP has no way of checking the system; which then sits outside of SABP as a letter has gone to the GP and is on the system. If a locum GP is concerned about a person, they are able to write an emergency prescription to get them through a weekend, however with the introduction of the SPA they will now be able to access this information once consent is given. The situation is not ideal as they should have access to the system.

- Substance Misuse services have had to save £1.7m from their budget which led to the closure of Windmill House which was the inpatient unit. Katy Matthews, Substance Misuse Service Manager talked through the new pathways for drug detox and alcohol detox which is outlined in the presentation previously circulated. There is also lots of work being done for those with a dual diagnosis who have a drug or alcohol problem and mental health issue. They also have a two-week ambulatory programme for those coming off alcohol and transport is provided to attend this 5-day course. Catch 22 provide substance misuse support for young people who may be caring for an alcohol dependent parent.
- The i-access team have one point of contact and can meet people where is convenient to them.

A FoCUS Member asked whether there is a list of after-care services for substance misuse, in the Camberley area? Personal experiences were shared with the group and it was agreed to ask the Trust about care for a person with both alcohol and mental health concerns as well as asking IAPT providers why they ask people to stop drinking before they undertake treatment and what are the links between i-access and IAPT? 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 service. It was agreed the FoCUS member will contact the support team with further details which can be followed up.

- There were discussions about the ongoing concern of nurses having to escort people in and out of the ACU and the Trust acknowledged this is not ideal but they are unable to resolve this until the refurbishment in 18 months' time. Less people have now left the ACU and there are more activities taking place on the wards.
- The West group asked if a person receiving therapy can change the person treating them if they are not happy and it was confirmed

by the Trust that this is possible. Reps agreed this response be taken back to the person who asked the question originally to check they are happy with the response.

- The Terms of Reference will be checked bi-annually unless there are changes that need to be changed.

5. CMHRS Update

Tham introduced the two new CMHRS Managers, Linzi for Surrey Heath and Natasha for Waverley; there are now Managers in all SW CMHRS'.

Tham also highlighted the move of the mental health pathway for those in Farnham to the NE Hants CMHRS. From the 26th November new referrals will go straight to NE Hampshire CMHRS and this will be monitored by the Trust and FoCUS. From January the Trust will begin to move case-loads across and initial assessments will happen at Aldershot Centre for Health however any subsequent appointments will be local to Farnham; transport links to Aldershot are also better.

Social care needs will continue to be met by the Waverley teams and pathways have been set up for this.

The SPA (Single Point of Access) is rolling out as noted earlier in the meeting.

There continue to be ongoing staffing issues and both CMHRS Managers are working hard on recruitment which continues to be challenging.

There is work in progress going forward with SABP to build better relationships with Adult Social Care and Mental Health partners.

6. Spiritual & Pastoral Care, Josiah Anyinsah

Josiah is here to talk about spiritual and pastoral care in SABP. They have a small team covering the whole of Surrey and the secure beds in Farmfield, a medium secure unit in Gatwick. They also cover the Learning Disability side led by Josiah who is the team leader and works full-time.

They have just appointed a minister working primarily at Farnham Road Hospital (FRH) and the Abraham Cowley Unit (ACU) and also recruited someone to work with the Muslim and Hindu communities who will be working part-time. A Rabbi is also on call and available to see people.

They have a small central admin function and a number of good volunteers who work at a number of sites.

When people come into hospital they tend to ask the question 'why is this happening to me' and pastoral care can help support them to address this. The team tend to talk about spirituality more than religion as data shows a high percentage of the population have a spiritual part of their lives that is important but that may not be religious and they want to support people with this.

They aim to visit all the Trust inpatient facilities, houses and homes once a week. They have an open access policy and can be contacted by email, phone, through Trust staff or talking to them when they visit a ward. If the team receive a message that someone is in spiritual crisis and wants to speak to them urgently they respond immediately through the on-call system. There are different levels of response but they will always try and respond within a week for initial contact which they often manage to achieve.

Referrals are taken from community teams, however the first priority is for the acute wards as they are a small team, however they often follow people from the inpatient service into the community and continue to see them for continuity. They do also try to link with appropriate faith groups and churches which is a major part of their strategic arm and they are also aware of those that are supportive of people.

They also do research and provide training programmes which are run for faith groups where they have been trying to equip and train people from different faith communities to have a greater understanding of mental health awareness and spirituality. Staff have also joined this training so they can be better equipped in this area. They are about to develop a new training programme they hope to run next year.

The goal and aim over the next few years is to normalise the idea that when people come on to a ward a spiritual assessment need is incorporated into a person's Care Plan as standard. If a person's spiritual side is supported, they recover quicker and their mental health improves rather than if the needs are not met. It is Trust policy to do this but there is a big job to be undertaken training staff etc.

Tony asked what is available for staff and Josiah commented that they do support staff when they are able and they need to find somewhere in the community to run a spiritual programme for the Recovery College and

they are happy to help develop this. Tony suggested that the training be given to professionals to help them. Josiah says that he does Chair the staff Spirituality Network.

The group thanked Josiah for his time.

7. Care Excellence Awards, Lisa Musselwhite

Lisa is the Head of Accreditation at the Trust and attended the meeting to talk about the Care Excellence Accreditation programme which is used to quality assure Trust services.

This is a stepped process and has been developed over 2 years; all services have to complete a twice yearly Foundation Standards Review which consisting of self-assessment and a peer review which is RAG (Red, Amber, Green) rated. This then has a rating tied to it and if the service receives a Green rating in their peer review they can move to the next step of the Accreditation process. The point is to be inspirational and aspirational and move services up to be outstanding.

For this work to be as meaningful as possible they like to use human factors a lot and therefore would like to have meaningful engagement with people using services and carers. Insight from people using services and carers is valuable.

Part of the Accreditation process includes both announced and unannounced observations and Lisa would like to know if anyone is interested in participating in these observations; anyone taking part will be fully supported. They would also like to include people on a panel consisting of Directors, Managers etc. and would like to include people using services and carers on this. This year there are 8 services going for Accreditation and the Panels run throughout the year and are usually held at Trust HQ in Leatherhead and last around 3 hours.

If anyone is interested in being on a panel or to join in the observations, please do get in touch with Lisa. Lisa.Musselwhite@sabp.nhs.uk / 01372216151.

Ian Penfold asked whether this is internal Accreditation and Lisa confirmed that it is and also helps to ensure that services maintain standards for CQC inspections etc. If a service has had a Foundation Standards Review they should be CQC ready as the Review is linked to the CQC lines of enquiry and it is an auditable tool. They also explore

Healthwatch questions and how they meet their actions. Ian asked about the frequency and duration of observations and Lisa confirmed that these have been going on for years and go on throughout the year and is a quality assurance process. There are also many other Standards in the Foundation Standards review that the CQC would not know about but the Trust aspire to achieve.

Lisa explained that any concerns are reported to the Board and also to the Quality Assurance groups; findings also feed into other groups and should feed throughout the organisation.

Ian asked if the person helping will be paid and Lisa confirmed that expenses will be paid.

Tony Hall commented that in one of his roles outside the Trust they have been refused Enter & View and queried why are they stopped from inspecting and would like a meeting about this.

The group thanked Lisa for her time.

8. Date of next meeting:

The next meeting will take place on Thursday 10th January 2019, 1pm – 3pm at High Cross Church, Knoll Road, Camberley, GU15 3SY.

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

Next FoCUS Committee meeting 12th February 2019:

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Actions – General

1	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?	Jo Lynch Stephanie Forster
2	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	Jo Lynch

	guidance?	
3	Tony Hall asked FoCUS for clarification from Jonathan Warren as to when can he will get back to Tony regarding issues he has raised?	Jo Lynch
4	Jane Ahmed agreed to follow up with Guy Hill and Diane Tamblyn about going to the NE Hants Mental Health Forum.	Jane Ahmed
5	Is there a list of after-care services for substance misuse (alcohol), in the Camberley area?	Katy Matthews
6	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?	Katy Matthews
7	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?	Dr Gisela Unsworth

Contact details for your Support Team

For Member support please contact:

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For Meeting support please contact LF Solutions:

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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