

FoCUS

North West Surrey Area Group Meeting Monday 10th December 2018 Chertsey Hall, Heriot Road, Chertsey, Surrey

Minutes of the Meeting

Attendees: Rosemary Moore (SW FoCUS Rep), Karl Atreides, Tracey Hayes, Tony Kenny, Colin Jones

Duncan Sloman (Runnymede & Spelthorne CMHRS Manager), Tham Dewa (CMHRS Services Manager for West Surrey), Pattie Lopez (Patient Liaison, ACU, SABP), Lucy Finney (LF Solutions, minute taking), Jane Ahmed (FoCUS Involvement Facilitator)

Apologies: David Keen, Gina Keen, Irene Christmas, Kathryn Nisbett, Hank Sohota, Glenis Nay, Elaine Braithwaite (NW FoCUS Rep), Sharan Kaur Dhami, Ahmad Nauman and Paul Graham.

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 (October 2018)

Accuracy

The minutes of the October 2018 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 October Meeting

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.
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	<p>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.</p>
2	<p>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?</p> <p>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 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>

Discussion took place about the question raised regarding the Terms of Reference for FoCUS when a person may want to become a Rep but has a caring role that makes it difficult to attend the Reps meeting and FoCUS Committee. It was explained that it had been agreed at FoCUS Committee that this does not need to be included in the Terms of Reference and would be reviewed with the individual on a case by case basis.

3. Local Issues

Good News/Compliments

Duncan Sloman was pleased to report that Unither House is now open.

In his role as Board Member of the Surrey Coalition of Disabled People Karl has been liaising with Maggie Gairdner and Tumi Banda and will be undertaking an informal visit the ACU (Abraham Cowley Unit) and Farnham Road hospital.

Issues, Comments and Suggestions

Larisa Orlova asked how an individual would challenge a diagnosis. Tham Dewa explained that the individual should contact their current psychiatrist and ask for a second opinion, which they are usually happy to facilitate with a colleague. If an individual is not comfortable with asking their consultant they should next contact the Service Manager and if there is still no resolution the individual should contact PALS for assistance. If there is still no resolution from PALS people are directed to the Health Ombudsmen.

Larisa gave an example of her experiences and how treatment may be ineffective if a diagnosis is incorrect. Tham highlighted that if a person doesn't get a response from the manager please contact their line manager.

4. Spiritual & Pastoral Care, Nigel Copsey, Chaplain

Nigel Copsey has worked in various parts of Surrey for 25 years and currently works part-time. 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 and Josiah Anyinsah 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.

Nigel commented that the team do not try and convert or change people, they are there to support a person according to the needs they have and respond to these and not change them.

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 may not be religious and they want to support people with this.

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.

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 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 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.

The team are primarily available to people who use services but inevitably they can spend time supporting staff at different levels but it is not their primary goal. Staff support tends to happen informally.

Nigel mentioned the volunteers who work with them and gave an example of one volunteer, Sue Shaw, who is a Humanist but will respond to whatever a person's spiritual need is.

Tony Kenny agreed that this is part of a bigger picture and acknowledged that people do need this support.

Training programmes are also 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.

In mental health nationally they have moved towards spiritual care rather than chaplaincy, as it is wider than this and the chaplain has to have additional training in mental health.

The group thanked Nigel for his time.

5. 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 Larisa Orlova and Elaine Braithwaite (not currently active) will continue as Reps for the NW. There are two new Reps – Rachel for E&M and Paul for SW FoCUS.
- The Trust 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. The Crisis Line is also now available 24 hours a day. Larisa has been involved in the process of recruiting call handlers and she feels they have recruited some good people.

- 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.
- 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. Rosemary Moore asked how the Trust help those addicted to painkillers and how do they ween people of these drugs.
- The i-access team have one point of contact and can meet people where is convenient to them.
- 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. Pattie Lopez explained that the Trust have employed some Engagement and Recovery workers who are responsible for providing some of the activities on the wards particularly at the weekend and in the evenings. Pattie feels this, together with their own activity service, is working well. Karl asked how well the roll out of individual TV's was going and Pattie suggested that this seems to be working well too. Karl is happy to hear that the ACU have had 24 new staff since the beginning of May and none of them have left.
- The Trust asked FoCUS where the information about PFD's (Prevention of Future Death notices) has been taken from as there is no onus on the Coroner to publish these.
- The Terms of Reference will be checked bi-annually unless there are changes that need to be changed. Rosemary Moore asked about the suggestions made during the consultation on the Terms of Reference relating to a carer who may want to be a FoCUS Rep but has caring responsibilities and may need arrangements put in place for the persons care. The FoCUS support team explained that the majority of Reps and FoCUS Committee members present agreed that this did not need to be included in the Terms of Reference and that this will be looked at on an individual need.

6. Care Excellence Accreditation Work, 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 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 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 Maria or Lisa. Lisa.Musselwhite@sabp.nhs.uk / 01372216151.

Karl asked about the 15 Steps programme and if it is available on line? Lisa advised that it is a National Programme however they adapt this for their own use but do follow the principles. They do get to look at all kinds of things that will form an overarching picture. Further information about 15 Steps can be found on Google but in summary this is an approach to service/quality improvement that focuses on ward or service visits using a '15 steps challenge'. Those taking part in the visits consider their first impressions of the ward or service from the perspective of a person using services and the outcomes should inform improvement actions at a ward or service and organisational level, linking into other relevant initiatives as appropriate.

Rosemary Moore felt that the Spiritual and Pastoral Care service needs an Accreditation, however Lisa was not sure if there was an Accreditation

Programme for their work. Rosemary suggested Lisa speak to Nigel Copsey further about this.

Tony Kenny asked if they do Accreditation on wards and Lisa confirmed they do, however they don't have any Accredited wards at present, although they are very keen to do so.

7. CMHRS Update, Duncan Sloman & Tham Dewa

Duncan updated that they moved into Unither House in Chertsey on Monday and are opening to services on Wednesday. There are 12 services located at Unither House including the CMHRS, Learning Disability Services, Early Intervention in Psychosis, IAPT Mind Matters, Older People and Psychotherapy.

When asked about services Duncan explained that the satellite unit in Cedar House was not fit for purpose and has been re-designed; in the interim they are using Burgess Way which is open operationally until the Cedar Unit is available. Apologies that it does not cover the Ashford area but there will be a satellite venue with clinics in Ashford when open.

When talking about services located at Unither House Tham explained that there are some countywide teams such as DBT (Dialectical Behaviour Therapy) who were previously at the ACU; they still providing a service from the one location which is county-wide. Duncan gave an example that the Forensics team for Surrey are based in Unither House but will visit prisons and go to other areas. Rosemary said that there needs to be more information about the teams at Unither House and who needs to go where. Tham said that each team have their own leaflet about where and how they provide their services.

Karl is pleased that everything is under one roof, making it more accessible and asked if the Psychotherapy team is the one that was based at St. Francis House and Tham confirmed that the St. Francis team are now at Unither.

Larisa agreed that all services working in one place works well and it is good news.

The Trust have a CQC inspection with various teams Tuesday, Wednesday and Thursday this week followed by a well-led inspection in January. The Trust will feedback how the CQC visits went at the next FoCUS meeting.

With regard to discussions on suicide Karl commented that Woking access group panel are challenging SW trains over the number of suicides at two stations and why they don't have any mental health first aiders at their stations.

8. Date of next meeting: Monday 14th January 2019, The Chertsey Hall, Heriot Road, Chertsey, KT16 9DR, 1pm – 3pm.

Issues to go to next FoCUS Committee meeting, 12th February 2019

Actions

1	<p>Rosemary Moore asked how the Trust help those addicted to painkillers and how do they ween people of these drugs.</p> <p>Completed: We do provide support for those addicted to pain killers. The approach differs according to the individual, their circumstances and what they are taking.</p> <p>We also provide advice and information to GPs and other health care providers regarding how they can help and manage those addicted to prescribed medication.</p>	Katy Matthews
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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: <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> office@lf-solutions.co.uk Tel/Text 07727 273242</p>

Glossary of Abbreviations:

AMP	Approved Medical Practitioner
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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