

**FoCUS**  
West Area Group Meeting  
Thursday 11<sup>th</sup> October 2018  
1pm – 3pm  
High Cross Church, Knoll Road, Camberley

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Minutes of the Meeting

**Attendees:** TH, Nina Cornwell, Tony Hall (FoCUS Rep)

Carol Gibson (SABP, PALS), Liz Holland (Head of People's Experience & Participation, SABP), Carol Frost (NE Hants CMHRS Manager), Faye Nel (CMHTOP Surrey Heath), Karina (Link Worker, Catalyst), Lucy Finney (LF Solutions, Minutes)

**1. Welcome and apologies**

Apologies were received from Colette Lane, Jenny Barlow, Donna Brown (FoCUS Rep West), Janice Clark (FoCUS Rep West), Ian Penfold, Rita Gbedebu (CMHTOP), Jane Ahmed (FoCUS Involvement Facilitator), Natasha Hall, David Muir (FoCUS Rep SW)

Attendees were welcomed to the meeting and introductions were made.

**2. Minutes of the previous meeting and matters arising (September 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 September Meeting

1	David Muir suggested that Advanced Statements should be a topic of discussion at Member's events.	Jo Lynch
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	<b>Completed and noted by the Trust.</b>	
2	Follow up with Julie Gaze about the working group looking at the easy read documents provided by the Trust will take place. <b>Ongoing. Julie is looking into this and will report back.</b>	Support Team Julie Gaze
3	Support team to send Ian Penfold the link to the Trusts Complaints Policy. <b>Completed.</b>	Support Team
4	Following the response to Question 6 to the FoCUS Committee regarding Complaints FoCUS would like to suggest that the Trust provide a template(s) to allow/help people to raise a complaint formally in writing. <b>Completed. The Trust can provide a template based on what guidance is published to help people and will work in this to support people feeling able to make complaints.</b>	Jo Lynch
5	Support team to follow up with Dr Shuttleworth and Carol Frost regarding a working group on discharge processes. <b>Ongoing.</b> Carol Frost reported that Dr. Shuttleworth has spoken to other Doctors about the Discharge Leaflet which they felt had been developed in isolation although it needs buy-in from all involved. An initial meeting to look at this has been organised for 7 <sup>th</sup> November and will include clinicals from the Trust and Janice Clark from FoCUS. This first meeting will look at the Terms of Reference for the group they propose and from there will be using QI methodology to look at and work on the discharge process. Carol thanked TH for her initial comments about discharge as this was the catalyst for her CMHRS to look at what is going on with the audit showing that they are not abiding by the policy. The Trust want to ensure people receive a good discharge and do not feel abandoned once discharged.	Support team
6	Question 10 from the FoCUS Committee addressed the supervision times at the Aldershot safe haven.  Members felt that this response is unacceptable – if a leaflet advertises the opening times it is not good enough to be closed when a person may be in crisis. FoCUS members attending the Aldershot safe haven have not been informed of this late opening at any stage. <b>Completed. Assurance has been received that all</b>	Jo Lynch

	<b>Safe Havens will open on time as advertised. Aldershot Safe Haven will have its supervision 17:30-18:30. This would not impact the opening of the Safe Haven from October 2018 as the supervision would take place in a separate room whilst the Safe Haven opens its doors on time.</b>	
7	Janice Clark to provide the support team with concerns regarding the Equality Impact Assessment for Unither House which will be forwarded to the Trust. <b>Completed and noted by Philipisa Greenway.</b>	Janice Clark Support Team Philipisa Greenway

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

#### Good News/Compliments

Tony Hall said there has been a lot of improvement going forward with groups such as Mencap and Healthwatch and David Muir has been awarded with a disability award for his work in Farnham. Unfortunately, David did not receive any support or advocacy on the evening from the CCGs.

Tony Hall reported that from Surrey County Council that there is a hearing on 22<sup>nd</sup> to make it a legal obligation to provide mandatory training for those with mental health and autism.

Carol Frost reported that the NE Hants CMHRS and Early Intervention teams have been working to make two educational videos for the Nepalese community – one on psychosis and one on anxiety and depression. These videos were made with volunteers and on a very small budget. Between 50-60 people attended the launch of the videos on 30<sup>th</sup> September and they were well received. Young people who came along spoke about the taboo and stigma of mental ill health in the Nepalese community. Home sickness is the Nepalese word to describe dementia and depression and they asked lots of questions about dementia and Alzheimer's and the difference between these conditions and old age. They will be taking their work forward with the Nepalese community. Rita Gbedebu has also made links to the Ghurka veterans and family support officer.

The videos have been given to the Communications department to be made into YouTube clips which will be uploaded to the website for public display.

Tony Hall spoke about a 'covenant' signed between the army and Surrey County Council (covering Surrey, Kent and Sussex) to provide assessments to those in the armed forces from October. They will be trying to promote this on Remembrance Day.

### Local issues

TH raised an issue around PALS and Complaints and was happy to share her experiences with PALS and this will be discussed outside the meeting.

Members asked if feedback from the CMHRS letters audit is now available for circulation and the support team will follow this up.

TH shared her experiences of discharge and other concerns with the group following which FoCUS members agreed to ask the Trust how someone receiving therapy is able to request to change the person treating them and whether this is monitored/audited. Carol Gibson explained that it may be recommended for someone receiving therapy to continue rather than stopping and starting treatment, however the individual should be given advice and information about how to do so if necessary. Carol Frost commented that staff such as Psychotherapists should resolve any concerns within the session which would be monitored during their supervision sessions. If resolution is not possible a meeting should be offered with the manager of the service, the psychotherapist and the person receiving therapy.

Tony congratulated the work that PALS do as they do a tremendous job.

#### **4. Involvement & Participation, Liz Holland**

Liz Holland is the Head of Participation, Experience and Improvement at the Trust and also leads on QI (Quality Improvement) and Suicide Prevention and attended the meeting to give an update regarding the planning stages around improving participation throughout the Trust. Liz noted that this is still at the very early stages but wanted to update FoCUS about 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 will be working more closely with FoCUS and will be taking on the People's Experience role Jo Lynch currently has with FoCUS; the transition will be managed slowly ensure things are not lost.

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 are but they would like to suggest introducing a further tier called a 'Working Together' group consisting of up to 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 leaflet or a checklist would work 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, piloting and testing. 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 four people from each area attend, however these people would need to be those who want to take actions and move things forwards. It may be that the same 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.

Tony Hall is aware of work in Farnham Road Hospital and asked Liz who her point of contact is. Liz is the Trust's Strategic Lead for QI and links in with Surrey Heartlands and Health Education England to ensure everyone is linking up and there is joined up working. Liz mentioned the co-production around suicide prevention. Tony asked if Liz is connected into the new agreement with Surrey County Council about the veterans' health

and Liz confirmed she is involved in this from the suicide prevention side but is also looking at how to involve veterans.

Carol Frost asked how FoCUS can reach those who may not like to attend meetings and may be too shy to have their voice heard? Liz explained that it is hoped that those who will be actively participating in projects or work will be able to approach these individuals and ask for their ideas and suggestions; there are also other ways this would be approached and if an individual isn't able to come to a meeting(s) they will look at the best way a person can be involved via email etc.; they are aware they need to be flexible when working and once they know who is involved they can think about the best ways to work with them.

In terms of the other branch of participation work the Trust are looking at creating wider opportunities for participation for people by creating and a resource building up a group of people who are interested in participating actively within the Trust and who have lived experience either as a person who uses services or a carer. 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/portfolio as they work through different opportunities as well as training and development.

Liz confirmed that this is similar to the Recovery College model but they are predominately volunteers and facilitating a course at the Recovery College may not be for everyone.

Liz explained that they are ensuring the right infrastructure and Governance is in place before work starts and making sure that the recruitment process is not intimidating, looking at how are payments managed etc. and this is where the HR person will help.

The Trust want to measure and evidence the overall participation as well as for each individual project so that people can say they have been

involved, this is where QI comes in; each Rep and person in the Working Together group will be trained in QI so everyone knows the model and is working together.

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.

Liz and her colleague Nikki hope to visit the area groups again in December or send some information out when there is something more concrete to report.

Liz also asked members if they had any preference to what those volunteering or working for the Trust, that have lived experience, would want to be called i.e. 'expert by experience, 'expert by experience consultant' etc. If there is any strong feeling either way please let Liz know.

The group thanked Liz for her time.

## **5. CMHRS & CMHTOP Update,**

### Carol Frost, NE Hampshire CMHRS

A Nepalese CPN will start at the CMHRS next week which will allow them to provide specific support to Nepalese people in their own language.

They recently lost Nepalese support worker (to Talk Plus) and have just recruited a replacement who they hope to get in post soon as it is important to make talking therapies available to the Nepalese community.

One further new member of staff will start in a couple of weeks and following this the CMHRS will only have one vacancy for which the advert is out at the moment.

### Faye Nel, Surrey Heath CMHTOP

There have been away days during September and October in order for community services to have time together.

Faye will be leaving the service in November and her replacement will take up post in January 2019.

Rita Gbedebu, NE Hants and Farnham CMHTOP

Rita was unable to attend the meeting but provided the following update:  
**Nepalese QI project:** the team had the opportunity to meet with leaders of the Nepalese community at the launch of the CMHRS Nepalese video.

**Depression:** our meeting at the launch on 30<sup>th</sup> of September led to a dementia awareness event organised on 9.10.19 at the Empire Hall in Aldershot. They had 171 elderly Nepalese people in attendance who engaged well with the team; they also had volunteers for the cast of the Nepalese video for dementia.

**6. Questions to PALS**

There were no questions to PALS.

**7. Terms of Reference**

It was 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.

There were no comments on the Terms of Reference.

**8. Date of next meeting:**

The next meeting will take place on Thursday 13<sup>th</sup> December 2018, 1pm – 3pm at the Theta Building, Lyon Way, Frimley.

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

**Next FoCUS Committee meeting 13<sup>th</sup> November 2018:**

1	FoCUS members agreed to ask the Trust how someone receiving therapy is able to request to change the person treating them and whether this is monitored/audited?
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## Actions – General

1	<p>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). <b>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 IM team are also working on creating a template that takes information directly from SystemOne to help improve the quality of letters that go out.</b></p> <p><b>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.</b></p>	Support Team Jo Lynch Liz Holland
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## 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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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