

FoCUS Committee Meeting
Tuesday 7th August 2018
2pm – 4.30pm
Trust Headquarters, Leatherhead.

Minutes of the Meeting

Attendees:

Area Group Representatives:

North West	Elaine Braithwaite, Larisa Orlova
West	Janice Clark, Tony Hall
East & Mid	Stephanie S
South West	David Muir, Claud Norris, Simon Telling (Co-Chair) Donna Davies (Advocate for David Muir)

Surrey and Borders Partnership (SABP):

Justin Wilson, Medical Director (Co-Chair)
Julie Gaze, Director of Governance and Planning
Jo Lynch, Associate Director of People's Experience and Head of Nursing
Maggie Gairdner, Director of Adult Mental Health
Amanda Cummings, Interim Project Lead for the Single Point of Access
Michelle Amoah-Powponne, Transformation Programme
Angela Devon, Associate Director of Therapies and Clinical Psychologist

FoCUS Support Team:

Jane Ahmed, Surrey Coalition of Disabled People
Lucy Finney, LF Solutions (taking minutes)

1. Welcome and apologies

Apologies were received from Fiona Edwards, Jonathan Warren, Lorna Payne, Billy Hatifani, Donna Brown, Rosemary Moore, Tracey Hayes, Helen Smith and Carol Pearson.

2. Minutes of the previous Committee meeting – 8th May 2018

The previous minutes were agreed as an accurate record.

3. Actions & Matters Arising from May 2018 FoCUS Committee Meeting

Actions

The Committee received a summary of the actions from the May 2018 FoCUS Committee and noted the completed actions and updates provided. The following comments were made:

Action 3: It was suggested that Safe Haven leaflets should be available in easy read and Julie Gaze agreed to take this back. David and Julie have agreed to join a small working group with the communications department looking at easy read information across the Trust; they will look at what the Trust currently produces in easy read and come up with a prioritised list as to what needs to be easy read in the first instance.

With regard to producing other formats they have looked at the range available and don't routinely produce as many in braille but they do have the ability to do this. Julie will take this to Stephanie Forster to ask what the Trust's current practice is.

FoCUS asked when will the Trust will be meeting with commissioners regarding Safe Haven leaflets and Jo Lynch agreed to find out and confirm.

Action 7: With regard to the ACU (Abraham Cowley Unit) Stephanie S noted that in the hot weather the wards are very hot, particularly as there is no air conditioning on Anderson ward and as heat rises this is very uncomfortable. Reps asked if the Trust will be providing air conditioning throughout the ACU soon, particularly as a staff member recently fainted due to the heat.

Justin Wilson advised that they recently had to make changes to the windows at the ACU which made the air flow worse and they have been working to find an interim solution. Maggie Gairdner explained that Blake ward had new fans built into the glass in the top panel of the windows of the dormitories and this is working well. Blake ward had the air conditioning first due to a combination of reasons; they have had this risk assessed, from a ligature point of view, and will now be putting these into Clare ward and Anderson ward to ease the heat problem.

It was also noted that the cold tap on Blake ward only delivers luke warm water and in this hot weather cold water should be provided. Maggie was not aware of this problem and agreed to pick this up with Estates as soon as possible.

Previous actions: FoCUS recently asked a question with regard to services available for survivors of abuse and Reps noted that the Trust signpost to

RASAC. However many FoCUS members were not happy with this pathway for a number of reasons. The response provided also mainly covered children and not what is available for adults who are survivors of abuse. Justin Wilson agreed many people with mental health problems have experienced abuse of many kinds and recognised that this service needs to be for adults also.

Janice Clark explained that a participant at the recent involvement event raised this concern and asked that SABP have this service; the Trust have recognised they need to look at this.

Angela Devon explained that a dedicated member of staff has been developing and rolling out training across the Trust on trauma and specialist training for psychologists and psychiatrists; a Trust therapist also works in the Solace service (the Sexual Assault Referral Service). Across the Trust they offer EMDR (Eye movement desensitisation and Reprocessing) and CBT.

4. Outcomes from the Involvement Workshop

The Trust held an Involvement Workshop on 29th June 2018 and will present the outcomes at the FoCUS meeting today. The Trust want to look at how they move from the 'experience' model into a 'participation' model and have been looking at other organisations and taking feedback from FoCUS, staff and teams and want to increase the number of ways they work together regarding participation.

The workshop also heard from CAMHS Youth advisors who are keen to be involved in FoCUS and wider participation and from the East London Trust who currently have a large participation model which works well in their Trust. The outcome of the workshop is that a commitment was made to work together at every stage to develop this work.

The Driver Diagram circulated shows the four primary drivers which are themes that were identified at the workshop to strengthen the structure that would support greater participation, improve communication, routes to participation and think more creatively about training and development opportunities. The overall aim is to increase the opportunities for participation by 50% in the next year.

The process agreed was to bring these outcomes to the FoCUS Committee to ask for approval to take the work to the next stage, the secondary driver, which is to create a participation team and this will be worked on together.

FoCUS Reps present all agreed that this should proceed as outlined above.

The Trust will work with those interested to try and unpick what this will look like and also carry out practical work; initially it may be best to look at what 'quick wins' there may be.

Janice said the Trust have an extremely experienced QI team and this ethos will be at the heart of this work.

David Muir asked the Trust to ensure that anything produced is in an understandable and easy read format.

Stephanie S asked about the communication category and how the Trust will engage and listen – don't just listen and then move on without addressing the issues or feeding back. Simon Telling and others felt that the Trust now recognise this may have happened in the past but the work on involvement demonstrates they are going to do something about this.

5. Single Point of Access (SPA), Amanda Cummings

Amanda is the Interim Project Lead for the Single Point of Access working with the lead Georgina Foulds. Plans for the SPA have been spoken about for some time and the work is now underway; the Trust believe that the SPA will be the face of SABP and they are committed to carer and user involvement which has been at the heart of the project.

Larisa Orlova explained how she has been involved in helping with the SPA and Amanda praised her for her input to the recruitment process which is key; it is important that they have staff with the right skills and values to work in the Trust.

Janice Clark spoke about Crisis Concordat plans in the different areas and from this the Safe Havens and Healios (for carers) were developed as well as the SPA.

Tony Hall said that staff are very dedicated, however the biggest problem is the interface between services and lessons must be learnt from the past. Tony is concerned that the plan presented was not followed and can speak to Amanda about this another time. Amanda noted that the Trust are working hard to ensure that interfaces between services are safe and that they are picking up on issues early on.

The group discussed leaflets for the SPA and learnt they will be co-designed; it was suggested and agreed that an easy read version of these needs to be looked at when developing them initially and it was agreed that this will be looked at further.

Amanda showed a short video about the SPA.

Stephanie S asked about the call handlers that will be on duty at any one time and Amanda confirmed that there will be Band 3 call handlers supported by Band 6 call handlers and a Band 7 clinical lead. Stephanie suggested they incorporate video calling so the call handler can see the patient as well as hear them and Amanda commented that they are looking at Skype for Business to do this and have also spoken to 111 about how they can best work together to support people when in mental health crises.

There is a huge training programme being put in place including simulation training which will include real-life scenario's for call handlers and as part of their induction. This has been developed with people who use services.

Janice Clark asked about referrals out of the SPA and whether the Trust will be developing a referral system to Community Connections type services and will there be any carer-led training? Amanda agreed that it is key for the Trust to be working in partnership with Community Connections in this work and are also looking at developing bespoke training with them. With regard to carers training they are working with Action for Carers and from the word go carers awareness and young carers have been on their list.

Stephanie asked how far patient records go back and Jo Lynch commented that the Trust keep people's records for 30 years and people are able to request access to their records. Patient records may not go back for many years on SystemOne as not everything has been uploaded and if a person wants their records prior to what is available electronically the paper archives can be accessed and there is a process for this called 'Subject Matter Access Requests'.

6. Update on Pathways (Transformation Programme) Angela Devon, Michelle Amoah-Powponne

Angela, Michelle and Patrick Wolter (Mary Frances Trust) have been working on this but explained that the work has been undertaken by hundreds and hundreds of people and they appreciate the contribution people have made.

Please refer to the presentation attached. In summary the presentation highlights:

- This is important work as demand has outstripped the budget and the Trust wanted to improve their services.

- The strategy is about people and the whole ethos of the work is co-delivery including people who use services, carers and teams. All the work done has been done via co-delivery and is constantly reviewed by those involved.
- The Trust are very conscious that integrating physical and mental health is very important.
- The outcomes are to improve experiences, safe and effective pathways, clarity and transparency, recovery principles, prevention and self-management, outcome data collected and efficient use of resources.
- Michelle spoke briefly about recovery as it impacts on the care pathways; in mental health recovery doesn't mean a person may recover as they would from a physical condition but is about staying in control of their life despite experiencing a mental health problem. One key desired outcome of the care pathway work is to build this recovery process from inception to delivery.
- The integrated approaches drive innovation.
- They use resources as efficiently and effectively as they can, using recovery college, time limited focus interventions.
- There has been lots of good meetings and workshops and one in particular was the 'good to great' workshop finding out and acknowledging where really good work has been done. 41 people attended the workshop from a wide range of backgrounds and focussed on defining recovery aspects and asked several questions and all these commitments went into the Recovery in Action document.
- Michelle read out some of the six of the points from the Recovery in Action document. FoCUS asked to see the Recovery in Action document and this will be circulated.
- Care clusters have been developed and these are explained as a way of classifying the way people present. It was suggested that the area groups may want to hear more about the clusters.
- Angela gave an example of the types of things included in the care pathways (please refer to the presentation).
- In terms of transfer of care the Trust are involved in development of a primary mental health model with commissioners and GPs which will fit in nicely with transfer of care, like a halfway house between SABP and primary care.

Discharge and the difficulty people experience re-entering services was discussed and Maggie agreed that the Trust want to people to be able to come back into services swiftly. They are working with GPs from local services on the development of the model and those GPs round the table represent the GPs in their patch.

Simon asked if the Trust will be using this as a tool to discharge such as happened with the STEPPS programme. Angela said this is about looking what interventions are needed for people and to do this in a more recovery focussed way.

7. SABP Responses to Local Issues/Questions

Question 1: The Trust are looking at configurations and at layout in Chertsey and the representatives in the user group and project boards will get views and impact on these plans; however they won't be made available to everyone outside those groups quite at this point.

Question 4: Janice Clark noted that the QI project around reception areas hasn't addressed some issues that arise when relatives or friends call into a CMHRS. There is an opportunity for reception staff to identify people that have called that may be relatives or friends that are lost to the system as there may be people on wards that haven't identified their relatives or friends. FoCUS would like QI to address this.

Question 7: with regard to the lack of Carer Practice Advisers (CPAs) in Hampshire Janice wanted everyone to be clear that the service provided by the Princess Royal Trust is similar to the Action for Carers Surrey service but the role of the surrey CPAs are quite different working with the Trust, providing carer awareness training etc.; there isn't an equivalent in Hampshire and by the recommissioning of the Princess Royal Trust the gap remains and there is inequity. FoCUS understand this is due to the County Council's lack of integration but all Mental Health Trusts needs to see how they can offer a staff member to take on the role of a CPA to help the navigation through the Hampshire/N Hants part of the service.

Question 10: The disparity in Safe Haven supervision times were noted from the response provided and FoCUS would like to ask whether all safe havens can carry out their supervision between 5pm – 6pm when they are not open to the public? This was answered in the written response. There are a couple of Havens which have resolved this but not all yet. Having supervision during opening hours massively impacts people.

There is out of date literature at the Guildford Safe Haven and a general shortage of brochures.

8. Carers Report (to note)

Janice Clark highlighted the following:

- The report should be circulated more widely in the Trust than the Groups it currently covers.
- Future planning for transition: In the carers report it says that many CMHRS report a large increase in young people coming into the teams with challenging behaviour to carers and families. Janice asked how parent carers are supported through the CAMHS service and there is no clear view of this yet. There are a number of youths coming to adult services and it appears they are not ready for them – where were they supported prior to this and how were their parents supported? There is a gap that needs to be investigated.
- Janice outlined a case study reported on (page 4) and the remedial action taken and subsequent training programme put in place with the Home Treatment Team but suggested that it demonstrates a blind spot around children in the family when a parent is being cared for. Janice felt it is about getting smarter about finding out about young people.
- Training practice in teams is a report from a CPA (p4) shows how they engage with practice in the team.

With regard to a wider distribution of the Carers Report Jo will take this to her small team meeting with Ann Stevenson and Billy Hatifani to discuss where it may be most effective and useful.

Julie Gaze made a suggestion about spreading the learning and that the thing that is most powerful are the case studies and in addition to the action around checking where the report should go can these case studies be used in the working age adult transformation work to look at where checks and balances can be built in in the new ways of working. This was agreed and Maggie Gairdner will look at this further.

It was noted that Healthwatch raise concerns, queries and questions Jo Lynch and they also have a quarterly engagement meeting.

Stephanie suggested that future FoCUS meetings may like to hear from a person who uses services or a carers experience on a particular subject. Janice Clark suggested that at each member's day there should be a carers slot around each issue/theme of the day.

9. Positive Reports from local area groups

These were noted by the Trust.

Claud Norris would like to withdraw her positive comment as her care plan has not progressed further.

Previously it may not have been clear how positive reports are fed back to teams and Jo confirmed that each team will have the comments fed back to them.

Elaine Braithwaite wished to highlight that the bushes hanging over the visitor's spaces in the car park are intruding on the parking. It was agreed that Julie Gaze will contact Chris Rivers to liaise with Mole Business Park.

10. News and Feedback from the Trust, Justin Wilson

Justin Wilson updated the following:

- The Trust recently undertook major engagement with the Exec team engaging with staff and listening to what really would make the Trust a better place to work. One issue highlighted was that staff didn't always feel they were listened to or made aware of changes. Lots of feedback has been given and this will be collated, considered and can hopefully improve the experience for staff in the Trust.
- Fiona Edwards is back working 2 days per week and will be taking on a fuller role in September.
- As previously discussed the inpatient environment and improving ventilation in the ACU is important and the Trust are trying to improve this. They are also trying to improve inpatients at the ACU and are looking at how they can integrate and improve services alongside St. Peters Hospital.
- The Trust are also working on solutions in the East and have agreed 9 beds will continue to be available with Sussex Partnership after March 2019.
- Bed occupancy is quite high at present and the Trust are working on this to avoid out of area private beds.

Maggie Gairdner commented that the Acute Care Forum suggested that the heat is affecting people's mental health and would like Reps views; Reps agreed that the heat definitely impacted on people's mental health.

Stephanie S suggested a recap at the end of each meeting to summarise the actions and points raised.

**11. Date of next FoCUS Committee Meeting: 13th November 2018
(Reps 12.45pm – 1.45pm, FoCUS Committee 2 - 4.30pm)**

Summary of actions following FoCUS Committee:

No	Action	Responsibility
1	Maggie Gairdner to investigate water tap in Anderson ward only delivering luke warm, instead of cold, water.	Maggie Gairdner
2	Easy read leaflets: Julie Gaze to raise that safe haven leaflets should be in easy read and to ask Stephanie Forster about the Trust's current practice with regard to printing materials in braille.	Julie Gaze
3	FoCUS asked when the Trust will be meeting with commissioners regarding Safe Haven leaflets and Jo Lynch agreed to find out and confirm.	Jo Lynch
4	FoCUS agreed to move the outcomes from the Involvement Workshop to the next stage and create a participation team.	Jo Lynch
5	Develop easy read leaflets for the SPA.	Georgina Foulds Amanda Cummings
6	Recovery in Action document to be circulated to FoCUS.	Jo Lynch
7	QI: There is an opportunity for reception staff to identify people that have called in that may be relatives or friends of people under services or on wards that haven't identified who their relatives or friends. FoCUS would like QI to address this.	Jo Lynch
8	FoCUS would like to ask that supervision times in ALL safe havens takes place between 5pm and 6pm before the safe havens open.	Georgina Foulds
9	There is out of date literature at the Guildford Safe Haven and a general shortage of brochures.	Georgina Foulds
10	Can SABP offer a staff member to take on the role of a CPA to help carers navigate through the Hampshire/N Hants part of the service.	Maggie Gairdner
11	Carers Report: Jo Lynch to take the suggestion of a wider circulation for the Carers Report to her team meeting with Ann Stevenson and Billy Hatifani to discuss where it may be most effective and useful. In addition to the action around checking where the report should go these case studies could be used in	Jo Lynch Maggie Gairdner

	the working age adult transformation work to look at where checks and balances can be built in in the new ways of working. This was agreed and Maggie Gairdner will look at this further.	
12	Members Days to include a slot for carers around each issue.	Stephanie Forster
13	Julie Gaze to contact Chris Rivers about the overhanging bushes in the visitors area of the car park.	Julie Gaze