

FoCUS
West Area Group Meeting
Thursday 11th July 2019
1pm – 3pm
Theta Building, Lyon Way, Frimley, GU16 7ER

Minutes of the Meeting

Attendees: Pam Moonan (West FoCUS Rep), Ian Penfold, Janice Clark (West FoCUS Rep & Carers and Families Governor SABP), Colette Lane, Tony Hall, David Muir, TH

Linzi Gardner (Surrey Heath Community Recovery Team Manager), Louise Wiggins (Senior Lead for Occupational Therapy, SABP), (Donna Davies (Advocate), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, Minutes)

1. Welcome and apologies

Apologies were received from Nikki Jenkins (Welcome Project), Natasha Hall, Chris Hall, Nina Cornwell, Carol Frost (Aldershot Community Recovery Team Manager [CRT]), Dorothy Cridland (SABP PALS and Complaints Manager).

Attendees were welcomed to the meeting and introductions were made.

2. Minutes of the previous meeting and matters arising (June 2019)

Accuracy

The minutes of the June 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.

Matters arising

Action – 3 from April, clarification: Tony Hall noted that his comments were made on behalf of David Muir. Often when attending members events at SABP and David asks questions but never receives a straight answer – particularly regarding the Carers Action Group about where a carer with a learning disability goes for information and help. Tony clarified that his comments were not regarding issues getting through to FoCUS Committee from FoCUS but escalations through to the CEO as suggested by one of the Governors.

Actions from June 2019 Meeting

1	<p>Tony Hall commented that there is conflicting information on carers and volunteers and would like this clarified. Janice Clark clarified that carers can be volunteers but not all carers are volunteers. The definition of carer excludes those who support people in a voluntary or paid capacity and Janice agreed to provide this definition. Tony requested easy-read information to be able to communicate the difference between a volunteer and carer. Completed. The Trust provided the following response:</p> <p>Below is the Government easy read about the Care Act which describes carers and the statutory duty – please let the support team know if you would like a hard copy.</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/365345/Making_Sure_the_Care_Act_Works_EASY_READ.pdf</p> <p>The definition of a carer does exclude anyone who supports someone in a paid capacity.</p> <p>The definition of a volunteer is: volunteering is as any activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives. Central to this definition is the fact that volunteering must be a choice freely made by each individual.</p> <p>This can include formal activity undertaken through public, private and voluntary organisations as well as informal community participation and social action. Everyone has the right to volunteer and volunteering can have significant benefits for individuals.</p>
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2 Some FoCUS members asked for clarification about the process of how issues are brought to FoCUS.
Completed. The support team will circulate the FoCUS Terms of Reference and also a flow chart detailing how issues are brought to FoCUS Committee.

Tony Hall expressed concern about the time it takes to send issues to FoCUS committee and the support team explained that actions following month one in the FoCUS meeting cycle will be sent to the Trust for response and reported back at the month two meeting. Should anything further need to be asked or members are not satisfied with the response the issue will be taken to FoCUS Committee. Which issues raised in month two will go to FoCUS committee will be agreed and any issues that can be responded to quickly will remain as actions and reported in either the minutes or at the next meeting.

Tony advised that in his role as FoCUS Rep and LD Governor David Muir is being contacted by some people in crisis and he is unsure of where he can signpost them and take their issues forward. The support team explained that the role of the FoCUS Rep is to represent issues raised by their area at the FoCUS Committee and that it is not appropriate for people who may be in crisis to contact David – they should be contacting their Care Coordinator or the Single Point of Access. FoCUS asked David to report this to the support team should it happen again and to ask people to contact their care coordinator or the SPA.

David is also a Governor for the Trust and in this role Governors can help people to understand systems, understand how the service works, listens to concerns and take them back to the Trust. It was agreed that this would be discussed further when FoCUS hear from the Learning Disability service as some FoCUS members feel the Trust does not have a proper LD Strategy.

FoCUS has observed there are lots of actions that need to happen around Learning Disability that are a bit ad hoc such as carers with a learning disability accessing easy read information, having a voice and reasonable adjustments being made and it would be good to see them in some sort of proper plan. FoCUS will ask the Trust if there is a Learning Disability Policy covering these concerns and can this be shared with FoCUS? Is there an easy-read pathway for those with a learning disability that can be shared?

	FoCUS will also highlight that again the Members events have not had easy read information an example being the recent eating disorders event; this is disappointing particularly has it has been raised on a number of occasions.
3	FoCUS would like to know where they can get further information and clarification about the benefits that came into law regarding VAT and claiming back this amount. How do people claim things for mobility? Note: The various disability organisations provide this information; Action for Carers (Surrey) or Citizens Advice can also help with this. It is information that is also available directly via the web. The Trust have replied to say these suggestions are the best options as this is not something they are able to provide expert advice on.
4	Changing place toilets - a recent consultation suggests that any new build should have changing place toilet facilities and FoCUS would like to draw this to the attention of the 24/7 ACU redevelopment group. Further information can be found here https://www.gov.uk/government/consultations/changing-places-toilets Completed. Jo Lynch thanked FoCUS and has passed this information to Susie Gray, Director of Property.
5	Members noted that they receive a lot of information via email and asked the support team to look at how this can be managed. Ongoing. The support team are currently spending some time looking at the best way of managing information shared with members and will report back to FoCUS as soon as possible.
6	Members have not heard anything further from the Trust on the digital work/plans since many members attended and contributed to the Digital information workshop held last December. The support team will contact Helen Potter for an update and to find out whether it is likely any further groups will be held. Ongoing. The support team have not had a response from Helen to date.
7	Tony Hall is talking to system analysts in Kent, Surrey and Sussex (KSS) and noted that systems are not talking to each other. Janice Clark explained about SystemOne, which was never been configured properly. The work the Trust are undertaking around SystemOne is specific to SABP; they have now fixed the issues with proper recording of care planning and these should be able to be recorded and printed off but there are no fields for carers. Tony disagreed and

	wanted to ask what interaction the Trust had with KSS? Ongoing.
8	Support team to pass on details of TH and David Muir to Nikki Green to join the Working Together Group. Completed.
9	David Muir recently attended the Surrey and NE Hampshire AGM and reported that there was no mention of Learning Disability (LD); there was also lots of mentions of carers but no mention of carers with a LD. David was disappointed as a carer with LD may find it hard to know where to go to get information. It was noted that this point was made clearly through FoCUS and the Carers Strategy. David would like this issue to go to commissioners and it was agreed this would be passed to Guy Hill of the Independent Mental Health Network. Completed. Jane Ahmed will pass this to Guy Hill the IMHN Coordinator. David and Jane both explained that this will go to the IMHN as David wanted to pass this on to Commissioners.
10	FoCUS have discussed social care in Hampshire and it was suggested that Jason Brandon from Hampshire County Council will be invited back to West FoCUS to speak about the care pathway in Hampshire. This has been noted by the support team who will work with the Trust to bring this to a future West FoCUS meeting.
11	To attend the Aldershot Safe Haven after 8pm a person has to be in crisis and lots of people find that the two social hours, 6pm – 8pm, is not long enough and perhaps the Trust could look at flexing the times of the social and crisis hours depending on need. FoCUS are aware this may be a commissioning issue but this clearly demonstrates a need for a social interaction type of service for people, particularly in the evenings. Completed. The Trust do not have any plans currently to change the way Safe Haven's operate but will consider your feedback on how it feels to have these time boundaries and this will be looked at by the Safe Haven Managers, thank you for the feedback. FoCUS understood that flexing times was mentioned at the review meeting a few months ago that involved Stanley and Lisa Tilston; it was agreed that the United Communities meeting would be an appropriate place to take this issue and Members present who attend will take this forward.
12	There has previously been a suggestion box at the safe haven in Aldershot and FoCUS would like to suggest this is kept out at all

	<p>times for suggestions.</p> <p>Completed. The team manager at the Safe Haven replied that they are more than happy to keep a suggestion box at the safe haven in addition to the surveys that they do. They have also created a “You said We Did” board for safe haven related matters in response to the suggestions/comments that people post in the suggestion box.</p> <p>FoCUS members that may visit the Aldershot safe haven will monitor to ensure the suggestion box is visible when they visit.</p> <p>FoCUS would also like to ask why the suggestion box was removed in the first place and Colette Lane agreed to take this back as an action.</p>
13	<p>David Muir asked where people from Farnham with a mental health issue would go as he has been told that Aldershot Centre for Health is not the right place to go.</p> <p>Completed. Toward the end of last year the Trust took the decision to adjust the catchment area for our Community Mental Health Recovery Services in Waverley and in North East Hampshire. As a result people who live in Farnham with mental ill-health will be supported by our North East Hampshire team instead of our Waverley team.</p> <p>Carol Frost reported that they work with people on an individual basis looking at their individual needs. From this people are seen in a variety of ways including home visits for people in Farnham. Patients on clozapine who are our most frequent people now come under the clozapine clinic at Aldershot Centre for Health and are finding it simpler, receive a physical health check and obtain their medication all at the same time and place are positively praising the service.</p>
14	<p>FoCUS members asked if the SPA is now open to all and if so this needs to be made clear.</p> <p>Completed. Here is the link to the Mental Health Crisis Line/SPA with a FAQ section detailing how to make it work for people depending on need. Those ringing the old Crisis Line number will reach the SPA directly. https://www.sabp.nhs.uk/our-services/advice-guidance/getting-help-crisis</p> <p>One member reported that this been a transformation in contacting services.</p>

Tony Hall thanked the support team for the comprehensive list of all the actions.

3. Local Issues – Good news, Compliments and Issues

Good News/Compliments

Colette Lane was appreciative of a successful discharge from the CMHRS it was scheduled, planned and the Care Plan written etc. However, since discharge Colette has spoken to other people who use services who have not had such a good experience and unfortunately it seems this is not consistent practice across the Trust. Some people using services have turned up for a meeting, not told it would be a discharge meeting, and been discharged.

Other members confirmed evidence of what Colette described saying on one hand there is good practice and on the other hand it is a broken process for people. There is inconsistent practice particularly around discharge – there should be a process all Clinicians and Care Coordinators should be following. The evidence of working well seems to be an isolated incident.

TH felt that FoCUS should be following up this discharge problem and Janice Clark explained that as FoCUS Reps they take these issues forward, also the Council of Governors have demanded the Trust get their act together with care planning which is the foundation for a good recovery and discharge. The Quality Assurance Committee has taken up care planning and care plans as a particular issues as in SystmOne there is still no consistent evidence that people are getting them. The Audit Panel has audited the production of Care Plans and Crisis and Contingency plans and found significant flaws in the system and the Trust is commissioning an independent auditing company to do an independent internal review.

Despite this work outlined above TH was disappointed and asked what could happen right now? Janice advised that the Council of Governors have challenged the Trust through the Chairman and the CEO that if the Care plans cannot be delivered through SystmOne changes they must immediately put other solutions in place.

Reps can report back the strength of feeling at FoCUS Committee, particularly that there is no proper process in place - there is a CPA policy and procedure that is not adhered to. The discharge pathway is not

reliably fit for purpose and FoCUS wants answers to who is responsible, when it is going to be resolved and timescales.

Tony Hall offered his congratulations on the work done at Frimley Park.

Ian Penfold reported that the Hollies Team have been a great support in relation to learning disability and dementia. They had a referral go through, telephone contact with the team and telephone updates. They have also started a new pathway for people who have anxiety and who may be under the consultant psychiatrist and are running a 12 week workshop for people with a learning disability and dementia to talk about anxiety and this is really good.

Tony Hall would like the PALS team in Frimley park credited for their involvement.

Local issues

Tony Hall raised concerns about the absence of a learning disability nurse at Frimley Park Hospital particularly as they would not be able to refer to the CMHRS. FoCUS would like to ask what is the process of referring a person with a learning disability to the CMHRS from the acute hospital?

Ian Penfold made the group aware of a strategy called Ask, Listen, Do which is an NHS initiative to improve how feedback is dealt with and the voice of the person is heard. Organisations are asked to sign up to the charter to improve feedback and complaints processes, listen to what people say and do something about it. FoCUS would like to ask SABP to sign up to this. This is for children, young people and adults with a learning disability, autism or both and more information can be found here <https://www.england.nhs.uk/learning-disabilities/about/ask-listen-do/>

TH has further questions for the Trust and will forward these to the support team, these include:

- There have been problems with WIFI at the Aldershot safe haven and the nurse has been unable to access records – has this been raised before and what has been done about this?
- Do all safe havens charge for drinks and if so where do the profits go? Do all safe havens have a no food policy?

This led to a discussion about how those who need to eat regularly for various reasons including diabetes, are affected by this blanket ban.

A member asked about Duty of Candour and when it should be in place and it was explained that this is usually used when something has gone wrong for an individual.

“Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20

The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. “

FoCUS would like safeguarding as a future agenda item.

FoCUS members said they valued FoCUS which regularly brings issues to the attention of the Trust. Members often feel it is difficult to convey issues as individuals and FoCUS takes this burden from them; however some members felt it can be quite a responsibility, as a regular attendee, to be the ones raising issues that can be difficult.

FoCUS members suggested FoCUS should do a survey asking about the top 3 concerns of worries of members.

4. Transfer Leaflet & Community Services Update, Linzi Gardner

Transfer leaflet

Linzi explained that the Transfer leaflet is the beginning of providing information to every person who uses services, family and carer about what should happen when people are ready to move on and transition to another service. Thinking about discharge in a planned appropriate supported way.

When asked where in a person's journey they should receive the Transfer leaflet Linzi suggested this should be included in the pack the person is initially given, however it may depend on the person. FoCUS members felt there must be consistency across the Trust as to when the leaflets are given.

Linzi asked for feedback and the following was received:

- Item 6 giving details of others for help, there is no clear indication as to if you have a learning disability where you can go for help if you have a mental health crisis.

- Best practice transfer should start at the point of admission and this is where people should be given this information.

TH asked if the transfer meeting will be specified as such, as often it has not been - Linzi said that it should be yes it should be specified as this.

Linzi was asked about the appeals process if someone feels they have been wrongly discharged from community services; Linzi was not sure of the process but will report back to FoCUS.

Community Team update

Linzi updated they are still going through the process of separating from Surrey County Council and this is ongoing and there are no updates around what this will look like at present.

The proposed name change of the CMHRS to Community Recovery Team has been put on hold as there have been issues raised. Linzi has been asked to get feedback and the following was provided:

- Janice and other members object to the new name and dropping the words mental health makes it more stigmatising - this is not right we are going back in time.
- It seems to dilute the purpose – CRT is too generic.
- CRT stands for too many other things - there needs to be better consultation.
- Janice also took this to the Farnborough carers group who were also upset about planned name changes.
- No phone number for SPA included in the answerphone message.

5. Working Age Adult Care Pathways, Louise Wiggins

Louise Wiggins is the Senior Clinical Lead for Occupational Therapy and is attending to give an overview of the Care Pathways.

The Care Pathways were developed to improve the quality of Trust services and to think about the increasing demand, increased referrals along with recruitment difficulties, to consider the financial pressures and strategic changes nationally and locally. They also want consistency across the community teams. The Trust needed to develop their clinical model.

The outcomes the Trust hoped to achieve were to improve the experience for people who use services and carers, ensure that the recovery principles are embedded in everything they do, think about who their partners are and to have safe and effective pathways and have a standardised approach across teams. The Trust want a focus on recovery, family, prevention and self-management giving good outcomes to people using services and carers, more efficient use of resources and improving staff experience.

The Trusts Clinical Strategy and the Five Year Forward View focus on the integration of physical and mental health, recovery and personalised care for people using services and carers, promoting community opportunities and more integration of services and partnership working.

The Care Pathway work is part of a bigger transformation change plan and other work includes;

- Single Point of Access (SPA)
- Primary Care Networks
- Pathway for People with Personality Disorder
- Acute Care pathway

Work undertaken to develop the Care Pathways include Recovery Working Group work, development of a recovery care plan, from good to great recovery workshops, development of recovery in practice guidelines, further co-development of draft care pathways; workshops and working groups, advice and consultations from many groups.

A huge amount of work has been done on the Care Pathway and what would work for each individual and the Trust have attended a lot of groups. Some FoCUS members were disappointed they had not had the opportunity to be involved and that this would benefit from wider publicity in the future to involve more people and Louise explained there have been lots of workshops and people involved. FoCUS suggested a central information place where information about these workshops are advertised? If you miss the first meeting you are off the mailing list.

Janice noted that the Governors have not seen the detail of the Care Pathways. Louise Wiggins and Colette Lane agreed to send Janice a copy of the final version of Recovery in Practice which Janice has not seen.

The pathways are cluster led and within the cluster is the assessment pathway and then core intervention, which most people will receive, and

then tiers of other interventions depending on what needs are identified on a person's 'my recovery care plan'.

They have developed admin pathways, supporting guidelines to help staff, people who use services and carers to make it recovery focussed. They are focussing on timely interventions and provide training and support to all the Community Recovery Teams/CMHRS's who have had training at a two-day workshop.

There are different levels of interventions and specific interventions for other conditions and a person will be cared for based on which intervention best meets these needs.

They are working to embed the recovery care plans which are much more service user and carer friendly; looking at their core assessments (but this is on pause due to S75); looking to provide a digital information point so people can access information quickly; reviewing meetings to all community teams to ensure they are effective; developed new roles to help with recruitment and developed new group treatments across localities.

David Muir suggested that any work on this should involve himself and Janice Clark as Governors.

FoCUS were unsure how the clusters are determined and understand there is a difference of opinion and a range of issues around these. It was agreed that FoCUS would ask for more information to be provided to a future local meeting.

6. Date of next meeting:

The next meeting will take place on Thursday 12th September 2019, 1pm – 3pm at Aldershot Centre for Health, Hospital Hill, Aldershot.

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

Next FoCUS Committee meeting August 2019:

1	At the May FoCUS Committee FoCUS raised the point that carers assessments must be reviewed, which the Trust agreed with but noted it was down to reality and practicality of making this happen. FoCUS would like to highlight to the Trust that it is a matter of law
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	that carers are re-assessed if their circumstances, or the person they care for circumstances, change – it is a duty under the Care Act.
2	West FoCUS has observed there are lots of actions that need to happen around Learning Disability that are a bit ad hoc such as carers with a learning disability accessing easy read information, having a voice and reasonable adjustments being made and it would be good to see them in some sort of proper plan. FoCUS would like to ask the Trust if there is a Learning Disability Policy covering these concerns and can this be shared with FoCUS? Is there an easy-read pathway for those with a learning disability that can be shared?
3	FoCUS would like to highlight again that again the recent Members event on Eating Disorders did not provide any easy read information; this is disappointing particularly as it has been raised on a number of occasions.
4	Members have not heard anything further from the Trust on the digital work/plans since many members attended and contributed to the Digital information workshop held last December. The support team have tried to contact Helen Potter to follow this up but have not received a response yet.
5	<p>West FoCUS recently heard about a good discharge experience however, FoCUS have also heard that others using services have not had such a good experience and unfortunately it seems good practice is not consistent practice across the Trust. Some people using services have turned up for a meeting and been discharged.</p> <p>Other members confirmed evidence of this saying on one hand there is good practice and on the other hand it is a broken process for people. There is inconsistent practice particularly around discharge – there should be a process all Clinicians and Care Coordinators should be following. The evidence of working well seems to be an isolated incident.</p> <p>Reps agreed to report back the strength of feeling at FoCUS Committee, particularly that there is no proper process in place - there is a CPA policy and procedure that is not adhered to. The discharge pathway is not reliably fit for purpose and FoCUS wants answers as to who is responsible and when it is going to be resolved and timescales?</p>

6	<p>FoCUS would like to raise concerns regarding the absence of a learning disability nurse at Frimley Park Hospital particularly as they would not be able to refer to the CMHRS. FoCUS would like to ask what is the process of referring a person with a learning disability to the CMHRS from the acute hospital?</p>
7	<p>FoCUS have become aware of Ask, Listen, Do which is an NHS initiative to improve how feedback is dealt with and the voice of the person is heard. Organisations are asked to sign up to the charter to improve feedback and complaints processes, listen to what people say and do something about it. FoCUS would like to ask SABP to sign up to this. This is for children, young people and adults with a learning disability, autism or both and more information can be found here https://www.england.nhs.uk/learning-disabilities/about/ask-listen-do/</p> <p>Completed. Services for People with a Learning Disability have signed up to take this forward and will consider this and add it to their August Ethics and QAG agenda.</p>
8	<p>Aldershot safe haven:</p> <ul style="list-style-type: none">• There have been problems with WIFI at the Aldershot safe haven and the nurse has been unable to access records – has this been raised before and what has been done about this?• Do all safe havens charge for drinks and if so where do profits go? Do all safe havens have a no food policy?
9	<p>FoCUS members would like FoCUS to carry out a survey asking about the top 3 concerns or worries of members.</p> <p>After discussion at the Reps meeting it was felt that this would not be the best use of time for FoCUS particularly as responses to surveys are generally poor. People come to the meetings to raise issues relevant to them at that point in time. It was agreed that this would be a suggestion to the Working Together Group and may be added to the FoCUS evaluation survey when it takes place later in the year.</p> <p>As a reminder Members can get in touch with the FoCUS support team at any time to raise issues and can also report issues through their area group.</p>

Actions – General

1	<p>Ongoing from Action 7 of the July minutes: Tony Hall is talking to system analysts in Kent, Surrey and Sussex (KSS) and noted that systems are not talking to each other. Janice Clark explained about SystmOne, which was never been configured properly. The work the Trust are undertaking around SystmOne is specific to SABP; they have now fixed the issues with proper recording of care planning and these should be able to be recorded and printed off but there are no fields for carers. Tony disagreed and wanted to ask what interaction the Trust had with KSS?</p>	Helen Potter Jo Lynch
2	<p>FoCUS would like to know why the suggestion box was removed from the Aldershot safe haven and Colette Lane agreed to take this back as an action. Completed. Colette has contacted Stanley Masawi, safe haven manager, about the question regarding the suggestion box at the Aldershot safe haven.</p> <p>Stanley has looked into it and says that Lisa, from Andover Mind, agrees that the suggestion box should be out each evening and it will be from now. Spot checks will be carried out to ensure this is the case.</p> <p>Further update: Colette has also asked why the suggestions box was removed: “The safe haven is a shared space with the Wellbeing Centre. We clear away safe haven effects at the end of each evening to make way and prepare for the wellbeing services the following day. It is possible that the box may have just been moved and not returned to the communal areas. We have also been using temporary staff to cover leave and it is possible that staff forgot to bring it out. I spoke with Lisa again and she has assured me that the comments</p>	Colette Lane

	box will be brought out each evening.”	
3	Linzi Gardner to find out about the appeals process when being discharged from community teams and will report back to FoCUS. Completed. There is no formal appeal of discharge process. If a patient is discharged and unhappy with this decision then they can either lodge a complaint via PALS or speak directly to the service manager to discuss further.	Linzi Gardner
4	FoCUS were unsure how the clusters are determined and understand there is a difference of opinion and a range of issues around these. It was agreed that FoCUS would ask for more information to be provided to a future local meeting.	Jo Lynch
5	Louise Wiggins and Colette Lane agreed to send Janice a copy of the final version of Recovery in Practice which Janice has not seen. Completed. This was raised with Angela Devon, this is her response. Two of the Governors are on the transformation board where the care pathways work is discussed monthly and the care pathways have been available at many of these meetings. I have discussed the care pathways at governors meetings where I have also discussed the recovery college. We can send the care pathways to the governors if needed.	Louise Wiggins

From Louise Wiggins:

What measures have Mental Health Crisis Line put in place to make sure this is accessible to people with a learning disability?

I have asked Chantel (Service Manager for SPA) to clarify what measures are currently in place to support people with a learning disability to access the Mental Health Crisis Line, I will forward you her response when she replies.

FOCUS feel that people who use services and carers have not been involved enough in the development on the Care Pathways. Concerns were highlighted that the care pathways do not represent best practice for carers and young carers.

This was raised with Angela Devon and this is her and my response. The

work has been co-led by Michelle Amoah who is a person with lived experience and co-design and co-development has been a major part of this work over many years. We have involved the Recovery Working Group in this work, we have had work being undertaken in many subgroups looking at the care pathways and people who use services and carers and staff have been at many events which have considered the care pathways. The care pathways have been developed over several years and during this process a number of engagement events have taken place, this includes Good to Great workshops, Care Pathways workshops, discussion at the Recovery Meeting and Therapy Strategy Meeting (people who use services are represented at this meeting). The Good to Great workshops were advertised through our communication department, via Ann Stevenson for circulation, the recovery college & FOCUS network. We have had specific sub group meetings involving representatives for staff, people who use services and carers exploring the care pathways together. The Care Pathways work has been part of the Transformation Board agenda for the past 9 months, there is carer representation at this meeting. Janice Clarke has contributed massively to this work and has really helped in our thinking about the care pathways from a carer perspective. There is more work to be done which will be ongoing and we are sure that further improvements will occur over time. Work on specific elements such as the recovery care plan have been piloted on our acute wards and in two CMHRs to obtain feedback and advice from people who use services about the care plans as well as many meetings through subcommittees and through the recovery working group.

Can FOCUS have a list of all engagement events related to the care pathways?

This was raised with Angela Devon, this is her response. This would take time as it has been undertaken since 2014. We would prefer to spend time and resource on continuing the developments happening now.

Where are future engagement workshops advertised? This workshops are advertised via our communications and circulated via the FOCUS network. The development and transformation work is now complete and we are embedding it in our services and so no more engagement events are planned.

Why have the care pathways been organised via cluster when this system was set up for payment by results?

This was raised with Angela Devon, this is her response ..We considered in our early workshops if we should develop cluster based pathways or

disorder pathways and we obtained information from other Trusts. It was decided in these workshops that cluster based pathways were better as the clusters reflect the complexity, chronicity and the impact on the lives of people as well as the disorder. This was felt to be more appropriate than just looking at the disorder though we have also included the disorders as we have disorder specific interventions which are NICE recommended within the clusters.

Contact details for your Support Team

For Member support please contact:

Clare Burgess and Jane Ahmed at the Surrey Coalition of Disabled People

Tel: 01483 456558 Text: [077809 33053](tel:07780933053)

Email: clare.burgess@surreycoalition.org.uk

Email: jane.ahmed@surreycoalition.org.uk

Address: Astolat, Coniers Way, Burpham, Guildford, Surrey, GU4 7HL

www.surreycoalition.org.uk

For Meeting support please contact LF Solutions:

lucy@lf-solutions.co.uk Tel/Text 07727 273242

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
GPimhs	GP Based mental health teams
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