

FoCUS
West Area Group Meeting
Thursday 12th April 2018
1pm – 3pm
Aldershot Centre for Health, Hospital Hill, Aldershot

Minutes of the Meeting

Attendees: David Muir (FoCUS Rep SW & SABP Governor), Donna Brown (FoCUS Rep), Nina Cornwell, Janice Clark (FoCUS Rep & SABP Governor), Ian Penfold, Christina Hall, Tony Hall, Natasha Hall, TH, Fiona Maxwell-Stuart

Lisa Tilston (Safe Haven, Hart Rushmoor), Carol Gibson (Complaints and PALS), Surrey Heath CMHRS Manager, Susan Peck (CPA Surrey Heath), Catherine Wheeler (CPA Surrey Heath), Sarah Wickens (People's Experience Project Coordinator, SABP), Catherine Wheeler (Carers Practice Adviser), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, Minutes) Gardner Gwashavanhu (Surrey Heath CMHRS Manager),

1. Welcome and apologies

Apologies were received from Faye Nel (CMHTOP Managers), Jenny Barlow, Carol Frost (CMHRS Manager) and Colette Lane.

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

Accuracy

Christina Hall made the following comments:

Item 3: Feedback from February FoCUS Committee

SPA – Single point of access – noted that SPA coming soon (page 5) yet on (page 6) SPA unlikely to be implemented in this quarter (would be better to have together as contradicts the statement on page 5. The paragraph in page 5 will be amended to read that 'the Single Point of Access will be in place later this year'.

Core 24 - Although Frimley Park Hospital is not part of Core 24 they do have psychiatric liaison team in place (a team of 2). The sentence will be amended to read '.....Core 24, however Frimley Park Hospital is not part of this yet, although psychiatric liaison is provided.

As there has been a number of parking issues at Aldershot Centre for Health Christina asked if the cost implications of providing transport for those attending are being taken into account should all members chose to come via taxi? The support team said that they will keep an eye on this but hoped that would not be the case and it may mean a change of venue if transport is used for everyone attending. Janice Clark suggested that everyone include an extra hour on their parking ticket to be sure that they do not run over time. The support team will also include a note on agendas for any future meetings held at Aldershot Centre for Health to advise people to add additional time to their ticket. FoCUS has heard lots of stories of people who have received parking tickets unnecessarily at Aldershot Centre for Health.

Item 5 – Mental Capacity – Caroline Hewlett

Page 9: It should be noted that Tony Hall was asked to take his questions to Caroline Hewlett outside of the meeting – the advice given - under the 'Duty of Care' under safeguarding and risk management and mentioned that it is the keyworkers or care managers responsibility to ensure that the safeguarding / risk is managed in line with MASH (Multi Agency Safeguarding Hub) policy released in March last year.

Item 6 – CMHRS update

Can anyone advise how the new CMHRS manager for Surrey Heath links / interfaces with ASC managers?

Subject to the changes above the minutes were agreed as an accurate record of the meeting.

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 January's Meeting

- 1 In the January minutes FoCUS asked the Trust when the Carer Respect Panels are taking place and how carers can be involved. The response was:
We have had a communications drive with the Carers Respect Programme and have advertised widely. This has been through the e-bulletin, Trust intranet and Partnership People, we have also

had a poster developed for display in the teams.

Please can FoCUS see copies of these posters as many FoCUS Members are not aware of this – how will information get to Members and carers?

Completed. The posters have been reviewed recently at the Carers Action Group (CAG) and a follow up arranged to make some revisions. We will circulate the posters once ratified by the CAG.

- 2 Following the Safe Haven review at FoCUS Committee it was noted that Safe Havens have been located near to public transport, however the West group are concerned that there are very few transport links to the Aldershot Safe Haven from the surrounding areas with many bus services often finishing between 7pm and 10pm. Therefore, people are unable to access the Safe Havens from these more outlying areas. As the CMHRS is telling patients on discharge to use the Aldershot safe haven it is important that they are accessible when open or provide an alternative, for example taxis.

FoCUS would like to ask if easy read information is available about how to get to Safe Haven's and transport links?

At Surrey and Borders, we provide a generic leaflet which includes addresses for all of the Safe Havens in Surrey and NE Hants which is currently being created in easy read and large print format. Individual Safe Haven leaflets are produced by each Clinical Commissioning Group. Each Safe Haven has a separate page on our website which includes a map generated by Google maps, from which directions can be obtained. www.sabp.nhs.uk/safehaven

Surrey County Council provide detailed information on transport links and timetables which is easy to follow, we do not plan to replicate any of this information.

FoCUS Members found that this was not a suitable response and will send this to FoCUS Committee for further comment.

- 3 Please can the Trust advertise the Recovery College at Members days. **Completed.**
The Trust do provide details of their members' events to the Recovery College so they can attend if they wish to do so but

we will arrange for supplies of Recovery College booklets to be available at all events going forward.

- 4 FoCUS would like to ask the Trust whether Advanced Statements and Advanced Decisions could be included as one of the Alerts to come up on the front page of SystemOne so that staff can easily see that one has been made. As it is a key standard for the Triangle of Care the Trust should enact Advanced Decisions and Advanced Statements.

Completed. This is being discussed at the SystemOne regional group and the Trust will update FoCUS as soon as they have anything to report.

Janice said this was discussed at the meeting she attended earlier in the day and the problem is that they are not used routinely and SABP seems ambiguous about whether they are being used. There is currently a review of assessment and care planning taking place and it is important for Advanced Statement/Decisions to be built into this process and this will be asked at FoCUS Committee. Advanced Statements and Decisions should form part of a care plan and be available on a shared patient record.

Ian Penfold expressed concern about these ending up on people's files and it not being done in their best interest, however it was explained that they are there for people who want to use them but not for those who don't. The Trust will have to comply with new legislation and rules and the new Data Protection (GDPR) that is being introduced.

David Muir said that as a Learning Disability Governor he felt that the STP events are not communicated widely and he should be hearing about these. It was agreed that FoCUS would feed this back to the SABP Communications Department.

- 5 Members would like Caroline Hewlett or another Member of staff to come back to FoCUS to talk about 'nearest relative'.

Completed and noted for a future meeting.

3. Updated FoCUS Committee Actions

Unfortunately, the FoCUS Committee Actions have not been updated, however they will be completed prior to the next FoCUS Committee meeting in May.

Janice Clark commented that the CQC (Care Quality Commission) have published a set of inspection standards for MH services that relate to carers and there will be some work to ensure the Trust is up to speed with these standards.

4. Local Issues – Good news, Compliments and Issues

Good News/Compliments

Tony Hall attended the SABP public meeting and raised concerns as a patient that the investigation he's piloted to was closed. Lessons learnt are now under investigation and Tony along with other Governors have been asked to take this to Julie Gaze.

Janice Clark recently attended the STP meetings for Frimley Health and Surrey Heartlands. In most other Trusts Governors are all 'public' Governors unlike SABP who have a specific number of Governor roles for carers, people using services etc. One Governor from East Berkshire wanted to know about FoCUS as Janice spoke about the engagement and involvement that the Trust do. Janice sent an Agenda and the link to the Trust website and explained that for people using services and carers FoCUS is an opportunity for people to learn about the services, provide feedback and become a Rep and if they want to be more involved perhaps even become a Governor.

Tony now has a contact at Farnham and NE Hants CCG and he will be providing feedback to them.

Following a recent meeting at which FoCUS and other groups were discussed Tony Hall has been actioned to arrange a meeting with the Chief Executive of Surrey County Council who is keen to promote volunteering. Tony will be feeding this back to Surrey County and SABP if anyone would like to help him.

Ian recorded his thanks to PALS for helping him sort out his issue with the Hollies and this is now completed.

David Muir was pleased to have won the Silver Award Care Award and Carol Frost won Bronze. Janice Clark said the Care Award evening was

fantastic and she was particularly impressed with CYA (CAMHS Youth Advisers).

Natasha Hall was delighted that the Recovery College won two Gold Care Awards, one for Team of the Year and one for Volunteers.

Tony Hall said the work continues with the Recovery College and Public Health who have a training programme, 'train the trainer', details of which he has sent through to engagement managers to encourage staff and volunteers to be part of this programme.

Donna Brown has applied to become a volunteer for the Trust and her application has been forwarded to the Recovery College.

The Department of Health have started a consultation about rolling out personal health budgets to groups of people including people who use mental health services. A personal budget is a health budget currently only available to people on continuing health care and this will include people with mental health issues. Janice will send information through.

David Muir was praised for doing a brilliant job as a Trust Governor and Tony Hall explained that there is a lot of good work going on in Farnham, however it is not recognised because of the geographical areas of SABP.

Local issues

Ian Penfold wanted to let the Group know that Wexham, Heatherwood and Frimley Park Hospitals have joined together to work on the Accessible Information Standard.

David Muir would like to ask the Trust about the provision of further safe havens as there is not one in Farnham.

Ian Penfold aired his concerns about the Advanced Statements/Decisions as he would not like to see a tick box exercise when it comes to end of life care. The Group discussed these further and felt they were a good idea; Donna Brown explained that she has an Advanced Statement that she has designed herself and is logged in the Frimley Park Hospital system, with the ambulance service system and also on the CMHRS SystemOne. The group would be interested to know how the Trust log any Advanced Statements on other provider systems and whether a person can design their own forms? However, Janice felt that as they are not routinely used

in the Trust at present FoCUS should initially work to make sure that the Trust ensure these are routinely used.

Fiona Maxwell-Stuart felt that this is where the benefit shared records would work.

Tony Hall commented that part of the investigation (referred to previously) into the complaint covers mental capacity and Tony would appreciate any support.

The group briefly discussed the sharing of data and Ian commented that people want data for all sorts of reasons and under the current regulations secondary use of data for research can be used by any private company.

Tony Hall would like Healthwatch to attend FoCUS meetings, and Jane Ahmed explained that Healthwatch Hampshire do receive information about meetings and minutes etc., however organisations should really only attend FoCUS if they are coming to support a person or relay a person's issue or concern. Ian Penfold informed the group that he is a Champion for Healthwatch Hampshire. Tony will take this back to Healthwatch.

Christina Hall felt that the FoCUS meetings need to be more mindful of those attending who may need information in a simpler format, including minutes and will speak to the support team to give suggestions about how this can be achieved. Janice Clark commented that she has been involved in engagement and involvement for many years and unfortunately it is not always possible to achieve what you want in one meeting; a solution may be to have another layer that can feed in views from people who may need additional support to do so. Donna Brown felt that having a group that is not as formal may be beneficial.

5. Early Intervention in Psychosis, Helen Berentzen

Helen Berentzen is a Care Coordinator based in Chertsey and attended the meeting to talk further about Early Intervention in Psychosis (EIIP). Helen explained that there are two Early Intervention in Psychosis (EIIP) teams one based in Epsom covering the East and Mid of Surrey and one based in Chertsey.

Helen works with a team that hold cases for people referred to the service and each person will have a named individual looking after them.

The team have a range of different backgrounds but all work in a holistic way developing plans to the needs of a patient.

David Muir asked whether easy read information is available, and Helen said there is information available and they are also developing this and will send to Lucy to circulate. Janice asked that if they are developing accessible information please involve Surrey Young Carers and Helen will pass this back to the team.

Psychosis is a form of mental health problem which has its own characterises that can be wide ranging. People tend to lose touch with reality to a lesser or greater degree which can include hallucinations (hearing voices, visual hallucinations etc.) and it can seem incredibly real to the person experiencing it. Often a person can feel depressed and withdraw from their peers and family and often self-neglect. Sometimes it can be difficult to know what is real and what is not real.

Typically, a person may experience a first episode in their late teens or early twenties but any gender, age or ethnicity can develop this. Most people recover fairly quickly from a psychotic episode. Psychosis affects 3 in 100 young people and can often be associated with the use of drugs or alcohol. When asked if depression is a cause or a symptom of psychosis Helen explained that it is not certain – there are lots of causes that are not all known at this stage. There are a number of risk factors that can lead to psychosis such as biological (genetic element), personal (can find life difficult to manage) and environmental factors (such as disadvantaged social settings) and trauma.

All episodes come under the description of psychotic disorder but the EIIP team deal with people in their first episode – which can be a one off.

The teams were set up about 12 years ago following national thinking about people who were presenting with psychotic symptoms and who under the CMHRS were not having interventions to change their lives. People ended up going through the system on a revolving door basis and often getting repeatedly worse. The Trust recognised the emotional and physical cost and thought about how they stop this growing into a life long illness. If people get support in the first three years, they have a better outcome or prognosis.

The service was initially set up to work with 14 - 35 year olds but this changed two years ago and now the team treat people aged between 14

- 65 years old. There are national and quality standards that have to be hit, i.e. specific interventions and guidelines on how the teams should work and what should be offered to people straight away.

If someone is suspected with first episode psychosis they will refer into the Early Intervention in Psychosis team and within 14 days they will be offered an assessment (53% of all referrals should be seen within two weeks). In an emergency they will see them sooner than this. Anyone with a history of Psychosis would go back to the CMHRS for support as this service is about intervening very early for initial assessment and to devise a care plan this would include assigning a Care Coordinator to develop a trusting relationship; arrange reviews with psychiatrist and look at a person's physical health and ensure regular checks. They also work with people on their wellbeing such as developing enjoyable activities and healthy lifestyles. On the whole the Trust are hitting the 53% target and across the county they hit about 68% - may be because the person can't make a specific appointment, or the referral doesn't come through.

The team work with people for up to three years and hope that in this time they can make a difference to their outcomes and prognosis. A person who has been under the team can be referred back anytime within this 3-year period. Hopefully when someone recovers they can begin to understand the early warning signs.

Specific interventions include family intervention, but they also offer CBT for psychosis, medication reviews, physical health checks, carers support and employment support all built around the person. Work on understanding the illness, triggers and early warning signs means the chances of relapse are much better.

They have a caseload of 360 people currently and for the last 10 years 70% of people have been discharged back to their GP and only 30% have needs that need to be met by a CMHRS going forward.

The presentation will be circulated to the Group.

Members would like to ask the Trust about how families/carers can be supported by the Family Intervention team regardless of the consent of the person who uses services being given. In NE Hants Family Intervention team families can be seen and supported within the service without the person's consent – does this happen in EIIP? Consent issues often exclude families getting the support they need and if SABP

were more proactive with information and support in secondary services this would help to manage the demand on services such as Healios which is available to carers outside of secondary services. The Group thanked Helen for her time.

6. CMHRS Update, Gardner Gwashavanhu, Surrey Heath CMHRS Manager

Gardner has only been in post at Surrey Heath CMHRS for 6 weeks and reported there are no specific new developments in staffing or at the CMHRS. Gardner looks forward to hearing from and engaging with FoCUS going forward and will feedback and take up issues as necessary.

7. Questions to PALS, Carol Gibson

The next People's Experience Report will be published at the end of April and available for the next round of FoCUS meetings.

Carol advised that the new NHS Complaints Advocacy service from 1st April will be provided by Healthwatch Surrey in partnership with SILC and in Hampshire this will be provided by Healthwatch Hampshire.

End of year figures for the Complaints and PALS team show they have logged 581 compliments compared with 463 last year and investigated 89 complaints this year compared with 85; these are increasing year on year.

Ian Penfold explained about a recent issue regarding the provision of equipment following a stay at Frimley Park Hospital Carol will send Ian the PALS team at Frimley Park Hospital.

Fiona asked about the criteria for a concern or complaint and Carol explained that when the team are contacted there may not initially be a clear distinction, but they can get a sense of how to progress. Tracey is very clear that a complaint is about a person's care or treatment and is something they have to investigate in more detail. If the manager of a service knows the answer and what went wrong, then it doesn't need to be investigated and will be classed as a concern. The Trust have also reduced the number of days in which they must respond to a complaint from 49 days to 25 working days.

Janice was concerned about the Trusts definition of a complaint, even if an issue was about food or parking, if necessary it should be classed as a complaint and the judgement shouldn't rely on the complaints service.

The group decided to ask the Trust, in the half yearly report, to see what the nature of the complaints are and what happens as a result of the comments. How do the Trust define very concretely the difference between a concern and a complaint?

Tony Hall felt that PALS at Frimley Park Hospital were first class, however the issue is where it gets handed over and who is the person accountable for those that fall through the cracks? Healthwatch will monitor each of the services as part of forward plan.

With regard to integrating care hubs if people are passed into the primary care integrated hubs from secondary services (for example Older Adults), who takes ownership when things go wrong? In such integrated teams who decides whether this is a health or social care problem, particularly as we move into integrated budgets?

8. Date of next meeting:

The next meeting will take place on Thursday 14th June 2018 at High Cross Church in Camberley, 1pm – 3pm.

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

Next FoCUS Committee meeting 8th May 2018:

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| 1 | <p>At the March meeting West FoCUS asked a question about transport getting to safe havens, particularly Aldershot, from more outlying areas. FoCUS did not feel that the answer addressed the question it only confirmed how information about getting to safe havens can be found.</p> <p>FoCUS understand that safe havens are located near to public transport, however the West Group are concerned that there are very few transport links to the Aldershot Safe Haven from the surrounding areas and many bus services often finish between 7pm and 10pm. For example, the last direct bus from Yateley to Aldershot leaves at 1800 during the week and there are other similar examples. With bus routes finishing so early people are unable to access the Safe Havens from these more outlying areas.</p> <p>Can the Trust tell FoCUS if there has been any advance on transport when people need to be referred onwards from safe haven</p> |
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| | <p>for further care and support? FoCUS understand there have been suggestions of building capacity using ambulance service cars.</p> <p>The Group also felt that more safe havens were needed, particularly as there is not one in Farnham.</p> |
| 2 | <p>During March and April FoCUS heard more about Advanced Statements and Advanced Decisions and asked that they be recorded as an Alert on SystemOne. The Trust replied that this is being discussed at the SystemOne regional group and the Trust will update FoCUS as soon as they have anything to report.</p> <p>FoCUS understand a review of assessment and care planning is currently taking place within the Trust and feel that the use of Advanced Statements and Decisions should be built into this process and used more routinely within the Trust. Any Advanced Statement or Decision should be part of a person's care plan and also on a patients' shared records which are being developed in the Surrey Heartlands STP.</p> <p>Are the Trust able to share information about the existence of an Advanced Statement or Decision with others that may need this information such as with acute hospitals, primary care and any community groups that the CMHRS may refer to. This does not need to be the whole statement but a note that one exists?</p> |
| 3 | <p>West FoCUS heard from the Early Intervention in Psychosis team at the April meeting. Members would like to ask the Trust about how families/ carers can be supported by the Family Intervention team regardless of the consent of the person who uses services being given. In NE Hants Family Intervention team, families can be seen and supported within the service without the person's consent – does this happen in EIIP? Consent issues often exclude families getting the support they need and if SABP were more proactive with information and support in secondary services this would help to manage the demand on services such as Healios which is available to carers outside of secondary services.</p> |
| 4 | <p>West FoCUS discussed complaints and asked that when the half yearly reports are produced they should be able to see what the nature of the comments and complaints are. How does the Trust define, very concretely, the difference between a concern and a complaint?</p> |
| 5 | <p>If people are passed into the primary care integrated hubs from</p> |

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| 6 | <p>secondary services (for example Older Adults), who takes ownership when things go wrong? In such integrated teams who decides whether this is a health or social care problem, particularly as we move into integrated budgets?</p> <p>Focus West heard that there is currently a DOH consultation on extending Personal Health Budgets, beyond Continuing Health Care, to other groups of patients including those using mental health services. Will the Trust submit a response to the DOH supporting this progressive proposal?</p> |
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Actions – General

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| 1 | David Muir, as a Learning Disability Governor does not feel that STP events are communicated well to him and others by the Trust – as a Governor David should be hearing about these events. FoCUS agreed to feed this back to the Trust Communications Department and ask the Trust if they have any influence on making sure that the presentations at the STP events have an easy read version available and also meet the Accessible Information Standard? | Support Team |
| 2 | Janice to send through information about Personal Health budgets. Completed. | Janice Clark |
| 3 | Tony Hall to feedback to Healthwatch that they are welcome at FoCUS meetings if they are supporting a person who uses services or a carer to attend or if they are relaying a person's issue/concern. | Tony Hall |
| 4 | Christina Hall to speak to the FoCUS support team to suggest ways FoCUS can make meetings and paperwork more accessible for those who may need information in a simpler format. | Chris Hall Jane Ahmed Lucy Finney |
| 5 | Helen Berentzen to send Lucy Finney easy-read information available about the EIIP team. | Helen Berentzen |
| 6 | Helen Berentzen to pass back to the EIIP the suggestion from FoCUS that easy-read information for young carers be developed. | Helen Berentzen |
| 7 | Carol Gibson to send Ian Penfold details of the Complaints and PALS team at Frimley Park Hospital | Carol Gibson |

Contact details for your Support Team

For Member support please contact:

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For Meeting support please contact LF Solutions:
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Glossary of Abbreviations:

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| ACU | Abraham Cowley Unit |
| AMP | Approved Medical Practitioner |
| CBT | Cognitive Behavioural Therapist |
| CCG | Clinical Commissioning Group |
| CMHRS | Community Mental Health Recovery Service |
| 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 |
| 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 |

