

**FoCUS Committee Meeting**  
**Tuesday 14<sup>th</sup> May 2019**  
**2pm – 4.30pm**  
**Trust Headquarters, Leatherhead**

---

**Minutes of the Meeting**

**Attendees:**

Area Group Representatives:

North West            Tracey Hayes, Larisa Orlova  
West                    Janice Clark (Co-Chair)  
East & Mid  
South West            Claud Norris, David Muir

Surrey and Borders Partnership (SABP):

Graham Wareham, Chief Financial Officer (Co-Chair)  
Sharon Spain, Acting Chief Nurse Officer  
Maggie Gairdner, Director of Working Age Adult Services (on behalf of Lorna Payne)  
Jo Lynch, Associate Director of People's Experience and Head of Nursing  
Julie Gaze, Director of Governance and Planning

FoCUS Support Team:

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

**1. Welcome and apologies**

Apologies were received from Rosemary Moore, Rachel Cocklin, Helen Smith and Nikki Green (Participation Lead, SABP). Stephanie S, area Rep for the E&M area, has recently resigned as a FoCUS Rep and the Committee would like to pass on their thanks for her work.

**2. Minutes of the previous Committee meeting – 12<sup>th</sup> February 2019**

Page 8 (last bullet point): Larisa Orlova clarified that the Primary Care Networks project is only in certain parts of Surrey and is in the NW.

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

### **3. Actions & Matters Arising from February 2019 FoCUS Committee Meeting**

#### Actions

A2: The mental health awareness training is not appropriate for FoCUS Members and therefore FoCUS would like to transfer these 4 places to another suitable course when appropriate. This was agreed by the Trust and will be discussed under the participation work and how this will come together under the Volunteer Policy. The Trust acknowledged that this shows the need for a more systematic approach across the organisation regarding volunteering and involvement.

David Muir would also like those with a learning disability to be involved in participation.

A3: The area groups received excellent presentations at the last round of FoCUS meetings from Dotty Cridland (Complaints & PALS Manager) who answered many questions that FoCUS members had around delays and the change of staff etc. There is now a staff member working on those complaints where we have not delivered on the promises to people and their families whilst maintaining an up to date service.

A4: In terms of the Policy around those who may be intoxicated using the safe haven the Trust explained that those using the safe haven are those in crisis and need to feel safe and secure. Therefore the staff need to individually assess the person presenting and make a decision as to whether their level of intoxication would not be in the best interest of the other people attending or safety of staff to have them in the building.

Maggie Gairdner was asked how staff identify someone who may be intoxicated as often medication can make a person sound like they are intoxicated; Claud spoke about her experiences when attending the safe haven. Maggie explained that generally staff would be able to tell from a person's presentation and would also ask the person if they have been drinking. Maggie and Claud agreed to talk about this further outside the meeting.

It was noted that local area groups were concerned as to where a person will go if they are turned away from the safe haven and Maggie explained that there is no blanket answer and this will be dependent on the person, the conversation

and what is felt as the most appropriate support for the person at the time. Staff will try to respond individually to a person's needs.

David Muir would like to visit a safe haven and it was agreed that Jo Lynch will organise this.

A5. Julie Gaze agreed to share FoCUS Committee dates with Stephen Firn with a view to him attending a future meeting.

A8: FoCUS Reps were disappointed that Unither House is not being considered as a safe haven in the Trusts current plans and feel it would be a great location as there is nothing in the NW of Surrey.

#### **4. Positive Reports from local area meetings**

Larisa Orlova wanted to reiterate her praise for Tham Dewa who is great with people who use services, staff and volunteers.

When looking at participation the Trust should look at how the Recovery College is working which demonstrates great co-production, people using services are supported and there is no distinction between volunteers and paid staff. FoCUS Reps would like to see this replicated in all areas and divisions of the Trust as good practice.

Jo Lynch commented that many of those who the Trust directly fed back positive reports to thanked FoCUS as they appreciated the comments and made them feel valued.

#### **5. Carers & Young Carers Report**

This is an abbreviated version of the Report that went to the Quality Assurance Committee and Janice Clark felt that FoCUS need both the longer report, as the graphics are important, and the summary, which whilst accessible is not comprehensive enough.

The main report spoke about SystmOne failing to adequately report on carers and this does not reflect the paper 'Your Views Matter' survey. Jo Lynch explained that the numbers were never meant to match but provide us all with another lens to understand carer's experience, not the number of carers assessments. It is also noted that the number of people offered the survey could be improved. Janice felt this is adhoc and therefore a discrepancy in the numbers and should be more formalised.

Janice also felt that in terms of the Strategy the Carers Action Group consulted with FoCUS groups and this is not included in the Report.

FoCUS Reps asked whether a carer of someone under secondary mental health services will have their care plans reviewed to address how their needs are changing? Mental health conditions affect the whole family, not just the person, and therefore the whole family should be guided and know how to be better involved in the care of their loved one. Jo Lynch explained that the Trust agrees in principle that a carers needs may change and their assessment should be reviewed however this is down to the reality and practicality of making it happen.

Janice commented that carer training in the Trust is not mandatory and much of it is undertaken from the social care perspective, if clinicians were included in the training the message would be more robust and help clinicians in their work. FoCUS would like to see a commitment from clinicians in the Trust to participate.

Julie Gaze advised that the Trust want to provide the whole family approach more effectively and this is a cultural shift as well as a system and policy shift; hopefully the carer's strategy work will help answer some of these questions. Janice highlighted a resource issue within the CAG and as a result actions to date have been limited. Jo Lynch indicated that an additional resource will be the new People Participation lead that will be starting in July and they will also take on responsibility for the Carers Strategy.

Larisa Orlova suggested the Trust provide dementia training for the whole family and carers. Janice Clark mentioned the Surrey Dementia Strategy and felt the Board need to think about how their strategy is shaped – what comes after diagnosis?

## **6. Participation Update, Jo Lynch**

Jo Lynch updated that there are 4 main strands of work on behalf of Nikki Green.

- **Volunteers Open day**

- 30 people attended, 22 completed an application form of which 13 had lived experience of mental health/learning disability and 2 were carers, the remainder were students and members of the public. Others wanted to be involved in volunteering for the Trust.
- This leads the Trust to work on how they support staff, particularly in inpatient services, when supporting volunteers. Many volunteers were interested working in 6.30-9pm slot.

- **Working Together Group**

- The first topic for the group is social prescribing. Janice spoke about examples of where the CMHRS in NE Hants are using social prescribing such as activities for people using services. What other areas of the Trust have managers forged these same links in the communities and what opportunities does the Trust offer? Jo Lynch said this should be brought together under the Working Together Group.
- Nikki is also working with CAMHS Youth Advisers and the LD team.
- Karen Dodd from the Learning Disability service is working on a social isolation and loneliness project for those with a learning disability and the participation team are linking with this.

- **Supporting people with lived experience to support the organisation:**

- Recruitment team met with the People's Participation Team to develop a training support package for those using services.
- They are working with Karen Dodd to ensure people with a learning disability are more involved in interview panels and how to make adjustments, there will be a pilot site in Epsom.

- **Care Excellence Accreditation**

- Carers to be involved in their work.

David Muir would like to be involved in the learning disability work as the LD Governor and also involved in the Care Excellence Accreditation work if there is an opportunity.

Larisa Orlova spoke about her experiences around volunteering and particularly an opportunity to support inpatients which unfortunately did not come to fruition as hospital employees rejected the volunteers. Larisa suggested the staff from the hospitals attend the mental health awareness training. Jo Lynch was sorry to hear this and reiterated that the Trust need to look at how to best support their teams in the hospital – they don't intend for rejections to happen and they need to ensure staff have the capacity and skills to provide the right support for volunteers on the ward. Jo Lynch will follow this up.

FoCUS also suggested that each Division have an expert by experience to support with co-production to establish a better way of working together. Jo Lynch agreed this was a good suggestion however the Trust need to pace how much they can do at any one time and hope the new capacity will progress some of the ideas suggested.

## **7. SABP Responses to local issues/questions**

Q1: It was agreed that when the Trust are able to look at the introduction of a feedback form for those who have volunteered to sit on panels or projects, Larisa Orlova would like to be involved and that a review of the Standards of Involvement should be included when looking at participation. Julie Gaze agreed and noted that the Standards of Involvement, while not perfect, provided a foundation for a lot of the good work the Trust have achieved and this new approach is a good way of building on things that have gone before.

The Trust want to ensure Members are not disillusioned as some things may take longer to achieve; the Trust will be clear on what they will do first and then build momentum.

Q3: David Muir commented on the lack of easy read information available at the Autism Members Day. A general point was noted that the team organising the Members Day need to build in the need for easy read information. Julie has taken an action from a previous meeting to tie in with Communications and Engagement to ensure it is added to their automatic checklist. There were also issues with accessibility and signage at venues that are used.

Janice Clark commented that the majority of Members Days are very Surrey focussed when they should be condition or issue specific; the Trust need to ensure that information about what happens across the border with the specific issue/topic is available. Julie agreed to take this point away and will think about what can be done with the caveat that there may not be comprehensive detail if the Trust does not provide the service.

Q4: FoCUS Reps asked why the Trust do not commission services for those who have a BMI greater than 24 and Sharon Spain explained that there has been a lot of debate about this nationally and the issue is complex. The treatment for both are quite different, currently only one or two units have these additional beds which are mostly on acute admissions. Those with obesity have other complex issues and will be treated in the best place for them according to their BMI. There is no commissioned pathway for those that have an eating disorder that leads to obesity.

Q5: Jo Lynch commented that there are no official changing place toilets within SABP that the link describes and the Trust are not in a position that they want to reduce anything that they do have that meets people and their family's needs.

Q7: It was agreed that FoCUS can hear more about the Primary Care Mental Health services at local FoCUS area meetings.

## **8. Review progress of Working Age Adult Transformation Programme, Georgina Foulds**

Georgina Foulds is part of the team leading on the Transformation Programme and she provided an overview of where the Trust are with the Transformation which has been in existence for just over a year.

This was set up for a number of reasons and the Trust needed a better coordinated approach to manage the change programmes and recognise that services were under significant pressure; a longer term strategy was needed to enable staff to provide a better service going forward.

They brought together a number of priority work streams to oversee the change and they are listed in the update – the highlights are as follows:

### **SPA**

This project has been completed on time and has been fully operational from the beginning of April. The Trust are pleased with how it has gone but is a brand new service so will monitor how the service develops and evolves.

Janice Clark asked if the SPA is routinely using carers prescription at the initial point of triage and Georgina explained that they expect staff to do so and are monitoring this closely, however it can be done better. It was recognised that the SPA would be the ideal place to identify carers who may need support.

### **Acute care pathway**

There has been lots of work and initiatives to drive the standard of care across the pathway to make it better; this has been linked with a lot of work around the CQC inspection. There are a number of significant changes made which are listed in the update.

The second phase will look at the Home Treatment Team who have not had sufficient medical resource, however, they now have dedicated consultant time and leadership. The new consultant for the NW will start in a few weeks' time.

### **Supporting people with Personality Disorder**

The Trust have been focussing on this for some time and realise this is important and staff need support. There has been a comprehensive training programme on positive risk taking and the Trust are pleased with how this has gone.

There needs to be a more specific carers offer, as more care will be provided in the community as families may take on more responsibility.

When asked if the training informs the policy Sharon Spain said that it would be good to understand the training to embed in the Policy. Maggie Gairdner confirmed that the positive risk taking protocol has been updated prior to the training.

Larisa Orlova asked if the Trust adhere to the principles set up by NICE who say that treatment should be 'early intervention' or 'treatment by choice'? Georgina confirmed that the Trust are up to date on good practice. Maggie explained that the model for Personality Disorder services going forward has been an evolving process over the last year to join up the existing services, make them better and involve the voluntary sector, ensuring there is a comprehensive offer across the pathway for those with Personality Disorder.

With regard to 'treatment by choice' Maggie said the Trust are trying to make it more comprehensive and joined up and looked at what other services across the country are providing to ensure SABP get the best model for this area. They are doing the best they can with the resources available as well as trying to secure additional investment and transformation funding to make a bigger difference.

### **Reviewing the offer provided for rehabilitation services**

It was acknowledged that there had not been enough attention in reviewing this and the Trust want to ensure what they are providing is what is needed and is the best model of care.

Several workshops have been held looking at the pathway in and out of inpatients, including rehab, and they have identified some gaps that lead on to a bigger piece of work that now needs completing over the next year. Margret Laurie House, as a rehab function, is needed as part of their pathway.

### **Looking at community services and treatments offered in community teams**

The Trust are looking at treatment provided by the teams as they know there are slight differences that need to be standardised. With the SPA they have reviewed the referral pathway and the assessment function and changes will affect other parts. They are working with teams to look at good practice.

Janice Clark asked the Trust to ensure that social care and carers assessment can influence the whole of the care planning.

FoCUS noted the QI (Quality Improvement) approach to the discharge leaflet and there is a meeting scheduled with Dr Shuttleworth to look at this but in the

absence of a proper Admissions and Discharge policy or procedure. Sharon agreed to take this away and look at the CPA.

Jane Ahmed highlighted concern that clinicians want to remove information on advanced statements from the leaflet as staff don't feel they have the training around this and yet is a policy of the Trust to have advanced statements. It was agreed these concerns would be addressed outside of Committee.

### **Development of Primary Care Networks**

The Trust are linked with this work but are not overseeing the implementation.

David Muir suggested United Communicates come to FoCUS meetings and Julie Gaze explained that United Communities is a facilitated bringing together of those who use services, carers and the voluntary sector to inform the CCG about issues in their area. FoCUS can note that the group is running and David Muir and Janice Clark can feedback any relevant points.

## **9. Update on the Annual Plan for 2019/20, Julie Gaze**

Julie will update FoCUS about the Trust's plan for the coming year and the presentation will take members through the key context. Julie has tried to concentrate on the service plan, i.e. areas they are thinking of changing or working differently.

The plan sets out changes to make services better, what they will do to help staff do their jobs well, how they will improve their buildings and how money is being spent. The framework is set in the Clinical Strategy meaning they can do more to intervene earlier in people's ill health, stop people experiencing crisis and move the way they work to do more around prevention, and helping people to stay connected in their communities.

SABP are part of three STPs/ICS's (Integrated Care System) with Surrey Heartlands and Frimley at a more mature level than Sussex. The aim is to work out how to do better with what they have collectively and to best use the resource for people's health and wellbeing. Their main focus is how to deliver the priorities in the NHS Long Term Plan and the Five Year Forward View and the key areas are listed in the presentation.

Janice Clark noted that dementia care is one of the biggest spends and was not sure why it is not included as a priority? Julie agreed to find out what the work streams are doing around dementia.

The Trust plan priorities include:

- Access and transformation of Children's services
- Tier 4 Care Models (CAMHS)
- Working Age Adult Transformation
  - SPA
  - GP Integrated Mental Health Services
  - Pathway for people with Personality Disorders
- Section 75 review
- Residential social care homes strategy – Learning Disability Services

FoCUS would like to hear more about the partnership way of working with other providers across Kent, Sussex and Surrey with the intent of supporting those with forensic history (those who have been in the criminal justice system) and need admission to a specialist bed and the care pathway back to less specialist services.

Underpinning plans include:

- QI (Quality Improvement) programme
- Workforce
- 24/7 programme inpatient facilities
- Digital (including Electronic Patient Record)
- Demand and capacity – waiting lists, bed flows
- Hub programme
- Quality Standards

Tracey Hayes asked about the SHIPP (Surrey High Intensity) programme and wondered if there is funding; Julie explained that the Police have funded their three officers and SABP have utilised a post within services to get it up and running through the pilot phase but they have not received additional funding from commissioners to expand the service to match the input from the Police as yet. This is part of the bid the Trust want to make to the system as part of their overall Personality Disorder Strategy.

## **10. News and Feedback from the Trust, Graham Wareham**

Graham provided the following update:

- The Board are running the process for the Chief Nurse Officer appointment; whilst no formal announcement has been made the process is nearing conclusion.

- In terms of workforce the Trust expect the People’s Director from NHS Improvement to join the Trust on secondment.
- Vivek Govil has been appointed by the Council of Governors as the new Non-Executive Director (NED) and will join the Board to replace Mark Perry who served as a NED for 7 years.
- There has been a formal letter from East Surrey CCG to confirm that they will be working more closely with Surrey Heartlands with a view to moving into Surrey Heartlands in a year.
- Stephanie Forster left the Trust at the end of March and a new Communications Director has been appointed, Marcel Berenblut, who will pick up the strategy piece of the equality work.
- The Trust are aware they need to work on their Equality Strategy and FoCUS would like to hear more about this.

Janice Clark highlighted issues around access for those with various impairments i.e. sight impairment and difficulty with colours.

Julie Gaze was struck by the Disability and Wellbeing (staff) Network who carried out a listening exercise over the last 6 months and found that those with an impairment or disability are the Trust’s least happy staff. The Trust have heard lots of parallels from staff that would make their life easier, similar to things that FoCUS has talked about, and this is another piece of work to be done.

**12. Date of next FoCUS Committee Meeting:** Tuesday 13<sup>th</sup> August 2019  
(Reps 12.45pm – 1.45pm, FoCUS Committee 2 - 4.30pm)

**Summary of actions following FoCUS Committee:**

No	Action	Responsibility
1	Jo Lynch to arrange for David Muir to visit a safe haven.	Jo Lynch
2	David Muir would like to be involved in the LD work as the LD Governor.	Julie Gaze Karen Dodd
3	The Trust to think about how they can provide cross border information at Members Days.	Julie Gaze
4	FoCUS to hear more about the Primary Care Mental Health services at local FoCUS area meetings.	Jo Lynch Lucy Finney
5	Janice Clark and Maggie Gairdner to have further discussions around the discharge leaflet meetings.	Maggie Gairdner Janice Clark
6	Julie Gaze to find out what the STP/ICS work streams are doing around dementia.	Julie Gaze