

FoCUS

North West Surrey Area Group Meeting

Monday 8th April 2019
Hythe Centre, Thorpe Road, Staines

Minutes of the Meeting

Attendees: Tracey Hayes (NW FoCUS Rep), Larisa Orlova (NW FoCUS Rep), Sylvia Jones, Colin Jones, Rosemary Moore, Sam Sooi

Beck Philips (Catalyst), Tope Forsythe (Suicide Prevention Lead, SABP), Dotty Cridland (Complaints & PALS Manager, SABP), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, minute taking)

Apologies: David Keen, Gina Keen, Karl Atreides, Glenis Nay, Pattie Lopez (ACU, SABP), Matthew Crees (Service Manager, CMHRS Woking)

1. Welcome, introductions, ground rules

Jane Ahmed welcomed the group, gave apologies and reminded those present of the meeting ground rules.

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

Accuracy

The minutes of the March 2019 meeting were agreed as an accurate record.

Matthew Crees has contacted the support team with the following corrections:
Page 3: "Matthew explained that the SPA will triage the person and establish risk, as they will have done an initial checks there is a higher pick up of people who are appropriately referred to the CMHRS."

Page 5: Spelling - CQUIN (Commissioning for Quality and Innovation).

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 March 2019 Meeting

1	Following a question to FoCUS Committee about who is paid to attend different committees the NW group felt that contracts should be in place for anyone who is paid by the Trust. FoCUS would like to ask for the timeline in developing the core set of principles for payment of people attending committee meetings referred to at FoCUS Committee and would also like to be involved in developing these. Completed. We do not currently have a timeline and will keep you updated as to how we progress this work. We very much welcome your offers of involvement, thank you.
2	FoCUS members would like to see the chart relating to the care clusters. To follow.

3. Local Issues

Good News/Compliments

Larisa Orlova spoke about the Our Health Heroes Awards and will contact Susie in the Trust to see if they can nominate the Recovery College for this.

Larisa is also pleased with the improvement to transport arrangements since ISS are now collecting people rather than taxi's and she feels much better with this; improvements include time keeping, explaining who they are etc.

Issues, Comments and Suggestions

Sylvia Jones spoke about the lack of carers support for mental health carers in Spelthorne; the contract was taken over by Catalyst who in turn sub-contracted to the Mary Frances Trust, who unfortunately have now pulled out of running groups in Spelthorne; the Welcome Project are now in the process of organising groups for this area. An update will be provided when groups are up and running. It was suggested that this issue may be better investigated via the local Stakeholder group or IMHN.

Larisa Orlova appealed for a better and more structured involvement and engagement with those volunteering with the Trust.

Those volunteering as a stepping stone for employment need more structure and tailored support regarding their particular needs. One of the significant NHS roles is to support people to get back to work. People need to feel valued, included and followed up with the progress, results, achievements and future

related opportunities. Volunteers need also to feel proud of their contribution and to be able to use it as work experience on CVs.

The other motive for volunteering is because people may be motivated by **altruism**. *Giving away their time, reaching out and helping others while they too are experiencing mental health problems helps to defeat depression and prevent relapses.*

Foundation stones of co-production must be implemented in joint work, as:

- *reciprocity and mutuality*, with mutual responsibilities and expectations.
- *peer support networks* - engaging peer and personal networks alongside professionals as the best way of transferring knowledge.
- blurring distinctions - removing the distinction between professionals and recipients, consumers of services, by reconfiguring the way services are developed and delivered.
- equality- they are equal partners in designing and delivering services.

What is needed:

- A volunteering policy and procedures which will define how volunteers should be supported. A volunteering policy should include information on:
 - volunteer recruitment and selection
 - equal opportunities and diversity
 - Safeguarding
 - induction and training
 - health, safety and welfare
 - supervision and support for volunteers
 - expenses policy and process for claiming expenses
 - confidentiality and data protection
 - a problem-solving process or policy on how complaints from volunteers or about volunteers will be dealt with
 - approach to reward and recognition for volunteers
- A volunteer expenses policy and process to ensure volunteers are not left out of pocket from volunteering. It is good practice to reimburse volunteers for out-of-pocket expenses incurred travel and subsistence. They would like an expenses policy in place and this should be communicated to volunteers, along with the process for claiming expenses.
- A process for reviewing volunteering policies and procedures to ensure they remain fit for purpose.
- Clear expectations for volunteers can be outlined in a volunteer agreement or volunteer charter to provide clarity from the outset on what is expected from volunteers and what volunteers can expect from the Trust.

Larisa gave examples of good practice working with volunteers from other organisations (Trusts based in Kent and Sussex with roles as Patient leader, Patient partner, Peer trainer lead, Leather project coordinator).

Should the Trust still not be ready to engage with such work and state that there is no budget and similar openings planned, FoCUS would like to suggest the Trust consider zero-hours contracts for those who are giving away a substantial amount of their time, inside knowledge and expertise. Payments should be considered when taking part in significant co-design work, sitting on panels and investing time.

FoCUS feels the Trust would benefit from a lead for service user involvement to ensure involvement, respect, being valued and transparency. Larisa also suggested a role (either paid or on a volunteering basis, or a zero hours contract or job share) for a person using services to work with peers and engage them. The idea is to achieve better engagement and involvement (not about the remuneration). Is there a plan for involvement and when will it be up and running? This topic will be included for FoCUS Committee.

Tope Forsyth explained that following the departure of Liz Holland her role has been split; Tope will now focus on suicide prevention work and a new Participation Lead will be recruited, however in the interim participation work will be managed by Nikki Green. Tope will feed what she has heard back to the Trust.

Rosemary Moore felt that staff are expected to take on volunteers but don't really have anything to do with the nuts and bolts of participation which lies with the management who are not informing the staff. Rosemary spoke about her experiences around participation and often finds that things are not followed up – this may be because the teams aren't asked to do this or don't know how to.

The support team were contacted regarding issues with Woking CMHRS from a member who queried if those in crisis during the day should contact the SPA (Single Point of Access)? It was explained that if a person is known to services a crisis during the day would continue to be supported by the person's Care Coordinator.

The member also experienced;

- difficulty getting through to Woking CMHRS
- does not receive timely responses
- if the Care Coordinator is off work there is a difficulty accessing care.

Other members have had difficulty contacting the Spelthorne CMHRS.

FoCUS asked if there is a dedicated room in the NW CMHRS's for someone who may present in crisis? It was agreed FoCUS will enquire about this.

Sam Sooi spoke about a patient who was treated by IAPT, discharged and now has to go back to their GP for referral back into services. It was suggested as this was a personal issue that Sam speak to Dotty from PALS after the meeting to address this matter further.

Larisa suggested the Trust introduce a brief questionnaire after each training, meeting etc. so feedback to the Trust is timely and received quickly.

4. Suicide Prevention Update, Tope Forsyth

Tope is the new Quality Improvement (QI) Manager and will lead on Suicide Prevention. The Trust decided the way they want to improve services is by using QI and they will continue to use this to ensure they continually improve, making adjustments and applying the same approach to reducing suicide for people in Surrey and SABP services.

The Trust aspire to a zero suicide policy although the national target rate is to reduce suicides to 10% by 2020. The Trust are working with a number of other Health Trusts who also aspire to zero suicides. Tope talked the group through the different Suicide Prevention Forum Steering Groups (attached).

One of the key things the Trust are trying to do is around co-production and making it meaningful and Tope shared information about their working groups going forward. They are focussing on the data they know from within the Trust, what they can learn and how they can make improvements.

They have received a grant to employ a suicide prevention trainer, Emily, and set up the Recovery College with a new module which will start in the next month or so. Larisa Orlova expressed an interest in being involved with this and also the suicide prevention group and Tope will follow this up directly with her.

Tope will be holding co-production workshops and events with people using services, those with lived experience and family members bereaved by suicide. A new 'Finding Your Way' booklet has been developed from working closely and learning from those bereaved by suicide, which Tope will forward to the support team for circulation to FoCUS. Initially they have printed 1000 copies of the booklets and will be sending them to GPs, CCGs, CMHRS etc.

The Trust also want to publicise this further and Tope is interested in the impact and feedback.

There is an Education and Training group and Emily, the Suicide Prevention trainer, will work 15 hours per week delivering training, working with the Recovery College, clinicians, GP's etc. to get as many people trained up as possible. Going forward the group will develop training.

There is a 'hard to reach group' focussing on men and the Trust are working with Public Health around a social media and a marketing campaign called 'release the pressure' which has already been successful in Kent. This is aimed at men and gives them a phone number to call. They are exploring lots of different avenues.

Other groups they are hoping to look at are high risk groups around those who have long term physical health conditions and children and young people and they have partnered with SCC (Surrey County Council) on this.

Rosemary Moore highlighted the work of the Samaritans who have a huge profile at railway stations and other public places and is frustrated that whilst the Trust mention them there is no acknowledgement of working closely with them. Rosemary also suggested that the Trust make sure people are aware of the limitations faced by the Samaritans in their work. Tope commented that the Trust are implementing Surrey's Strategy around partnership working and will be working with the Samaritans.

5. PALS Update, Dotty Cridland

Dotty was pleased to attend the FoCUS meetings and gave an overview of the PALS and Complaints service explaining the differences between a PALS contact and a formal complaint.

When the service is contacted initially, PALS have been trying to resolve issues with teams locally and whilst some feel that this is not an appropriate route, they try to reassure people that their concern is not taken any less seriously because it's looked at locally, it just means that it can be responded to and resolved more quickly. This approach is in line with what the PHSO (Parliamentary Health Service Ombudsman) encourage - complaints resolved at the lowest level as quickly as possible.

The team deal with a high number of PALS concerns and have a relatively low number of complaints going through the complaint process, however if these figures are combined and taken as an overview there is a large number. The team do take learning from all queries and complaints.

Dotty recognised and apologised that the team have not been timely with their responses over the last few months and this has been due to depleted staffing levels whereby a team of two staff has been dealing with a workload of four staff. It was recognised that this has not helped people who may be distressed, worried or concerned. Dotty has recruited two new staff members and their team is at full complement and are actively working on how they can do things better; the Trust's focus must always be on the complainant and the people the complaint affects.

In the short term the target is to improve timeliness and in the longer term Dotty wants to make the service more accessible and is considering holding PALS surgeries in locations such as the CMHR's. Larisa Orlova asked how people will be notified of these surgeries and Dotty explained that she will work closely with the CMHRS Managers who will be asked to publicise the set dates and times they will be held. The specifics have not been agreed yet but they will ensure it is publicised as widely as possible. However, they currently have a backlog of complaints and need to work through these first.

They do not receive many complaints from LD teams and Dotty is keen to know whether this is this because the service is doing well or because the people are harder to reach?

Larisa spoke about her experiences and those who have been misdiagnosed and asked how they will incorporate good practice from other organisations and stop using their current practices? Dotty's motto is 'involve not ignore' and she doesn't mind how many times she is contacted, impressing upon the team that even if they can't help the person they will contact the community or inpatient teams and work with them to see what immediate support and treatment someone may be able to receive as well as taking their complaint forward; Dotty wants to always ensure a person gets help in the interim period.

With regard to complaint/PALS queries outcomes the service (which the complaints is about) will contact the person directly and report back to PALS whether the person contacted is satisfied or not with the outcome and this will be included on the case tracker.

Compliments are also covered in their statistics and FoCUS suggested a compliments pages on the website for positive feedback and Dotty will speak to the Comms team about this.

The meeting heard experiences from other members regarding PALS.

The group thanked Dotty for her time and look forward to working with her and the team in the future.

6. CMHRS Update

Unfortunately there was no CMHRS Manager present to provide an update.

7. Date of next meeting: Monday 10th June, Chertsey Hall, Heriot Road, Chertsey, KT16 9DR.

Issues to go to next FoCUS Committee meeting, 14th May 2019

1	FoCUS would like to suggest that the Trust introduce a brief questionnaire after each training, meeting etc. so feedback to the Trust is timely and received quickly.
2	<p>FoCUS would like to appeal for a better and more structured involvement and engagement with those volunteering with the Trust.</p> <p>Those volunteering as a stepping stone for employment need more structure and tailored support regarding their particular needs. One of the significant NHS roles is to support people to get back to work. People need to feel valued, included and followed up with the progress, results, achievements and future related opportunities. Volunteers need also to feel proud of their contribution and to be able to use it as work experience on CVs.</p> <p>The other motive for volunteering is because people may be motivated by altruism. <i>Giving away their time, reaching out and helping others while they too are experiencing mental health problems helps to defeat depression and prevent relapses.</i></p> <p>Foundation stones of co-production must be implemented in joint work as:</p> <ul style="list-style-type: none">• <i>reciprocity and mutuality</i>, with mutual responsibilities and expectations.• <i>peer support networks</i> - engaging peer and personal networks alongside professionals as the best way of transferring knowledge.• blurring distinctions - removing the distinction between professionals and recipients, consumers of services, by reconfiguring the way services are developed and delivered.• equality- they are equal partners in designing and delivering services.

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Actions

1	FoCUS would like to ask if there is a dedicated room in the NW CMHRS's for those who may present in crisis?	Tham Dewa
2	Tope Forsyth to email/send the 'Finding Your Way' booklet to Lucy Finney for circulation to FoCUS. Completed.	Tope Forsyth
3	FoCUS suggested a 'compliments received' page on the Trust's website and Dotty will liaise with the Comms team to see if this will be possible.	Dotty Cridland

Contact details for your Support Team

<p><u>For Member support please contact:</u> Clare Burgess and Jane Ahmed at the Surrey Coalition of Disabled People Tel: 01483 456558 Text: <u>077809 33053</u> 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</p> <p><u>For Meeting support please contact LF Solutions:</u> office@lf-solutions.co.uk Tel/Text 07727 273242</p>

Glossary of Abbreviations:

AMPH	Approved Mental Health Professional
AMP	Approved Medical Practitioner
CAG	Carers Action Group
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CMHRS	Community Mental Health Recovery Service
CPA	Care Programme Approach
CPA	Carers Practice Advisor
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission
CQUIN	Commissioning for quality and innovation

CTO	Community Treatment Order
EPP	Expert Patient Programme
ESA	Employment & Support Allowance
HTT	Home Treatment Team
IAPT	Improving Access to Psychological Therapies
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate
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
RC	Responsible Clinical (psychiatrist under the Mental Health Act)
SABP	Surrey and Borders Partnership
SCC	Surrey County Council
SDS	Self-Directed Support
STP	Sustainability and Transformation Partnerships
SHIPP	Surrey High Intensity Partnership Programme
STEPPS	Systems Training for Emotional Predictability and Problem Solving