

FoCUS

South West Surrey Area Group Meeting Wednesday 4th April 2018 1pm – 3pm

Wilfrid Noyce Centre, Crown Court, Godalming, Surrey

Minutes of the Meeting

Attendees: Alice Knight, Simon Tester, Claud Norris, Alex Lepkowski

Caroline Hewlett (Senior Manager, Surrey County Council), Matthew Shine (Richmond Fellowship), Donna Davies (Advocate, SDPP), Guy Whalley (Complaints & PALS SABP), Sarah Wickens (People's Experience Project Coordinator, SABP), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, minute taking)

Apologies: Simon Telling (FoCUS Rep), Person A and Person B, Alex Hutchby (Team Leader, SABP), David Muir (FoCUS Rep), Paul Earl, Linda Gilligan, Sarah Towell, Alex Towell, Caroline Hampshire (Catalyst, Welcome Project), Amanda Cummins (Service Manager, CMHRS)

1. Welcome, introductions, ground rules

Jane Ahmed, the FoCUS Involvement Facilitator, welcomed attendees to the meeting and introductions were made.

2. Minutes of previous meeting (March 2018)

Accuracy

In the list of attendees include Claud Norris as a Rep and record apologies from Simon Tester.

Subject to the changes above the minutes 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.

Actions from March 2018:

- 1 Jane Ahmed recently gave a talk at a Carers Support Group run by Action for Carers and one of the Members highlighted that on page 2 of the Carers Report (to Committee) the Trust say that 'Carers Break payments continue to be underspent'. FoCUS would like to ask if: 1) the Trust know why this is? 2) the Trust publicise what a Carer Break payment is? 3) GP's publicise these to carers and if not, can they be encouraged to do so?
Completed. The Trust advised that their Carer Practice Advisors and Action for Carers Surrey continue to work with GP surgeries to ensure the Care Break monies allocated to all GP surgeries are utilised to support Carers. We are aware of the surgeries ongoing and make sure they are used.
- 2 Can the Trust provide FoCUS with statistics on whether the Safe Havens are keeping people out of A&E in a crisis?
Ongoing. Jo Lynch to follow up.
- 3 FoCUS are pleased the Trust are refurbishing the ACU and would like to know if they are able to increase the number of beds available during this refurbishment?
No decisions have been made about the bed numbers and there is a project group in place working on the detail. The Trust will keep you informed and involved.
- 4 FoCUS would like to ask the Trust if families or carers of an inpatient are told when the person they care for is being discharged from hospital even if they haven't given consent to share information?
Completed. This is a risk-based decision. If a person is discharged and they are explicitly not consenting to share information about this with their family, then we have to honour this. However, if the person presents risks to themselves or others, then this risk in relation to sharing with a family/carer would be assessed and a decision made on the information level that should be shared.

Jane Ahmed received an email from Amanda Cummins after she attended the last meeting and fed back that the out of date poster has already been removed from the notice board; they work hard to ensure the reception is

looking nice and Amanda is always happy to have feedback about this.

Following the March meeting Amanda checked and confirmed that each CMHRS does have different processes regarding feedback, however they do all encourage this. Managers of CMHRS's are also reviewing how they can make all their processes a little more consistent though clearly there will sometimes be the need for local flexibility.

Both Amanda and Jane are committed to delivering improved services through service user and carer involvement.

3. Updated Actions from February FoCUS Committee

Unfortunately, the Actions were unable to be updated in time for the local area meetings, however these will be updated prior to the next FoCUS Committee meeting.

FoCUS Members were previously asked to suggest items that could be packed for a stay in a mental health hospital and the Trust would now like to ask FoCUS what they would like to do with the information that has been collated? Jane explained that the E&M group suggested that it should form part of a person's CPA. The SW group suggested the following:

- Inpatient and CMHRS reception areas.
- Include the list of items that can't be taken in to hospital.

4. Local Issues from FoCUS members

Good news and Compliments

One member was pleased to now have had their assessment and felt it went well with the person assessing.

One member finally got an appointment with their Care Coordinator which is good news, however they cannot do the next part for another 6 weeks which is not great. PALS were present at the meeting and agreed to speak to the person directly about this.

Local issues

Alice Knight raised a concern on behalf of someone regarding children's mental health services and Jane suggested the person contacts PALS to discuss their issue.

The group discussed suicide prevention and what the Trust are doing to address this issue; Simon Tester felt that lessons do not seem to be learnt. Sarah explained that the Trust are now putting a much greater focus on suicide prevention running sessions for Trust members, the first is on 18th April and looking at 'preventing suicide in hard to reach groups'. Should anyone wish to attend please contact Sarah McFarlane Sarah.Mcfarlane@sabp.nhs.uk or 01372 216197.

Jane will ask the SABP Communications team for the SABP Suicide Prevention Strategy and send this to Simon Tester. Jane will also print out the emails from the Trust regarding the suicide prevention meetings and send them to Simon.

5. Mental Capacity, Caroline Hewlett

Please refer to the attached presentation.

Caroline attended the meeting to talk about mental capacity and Deprivation of Liberty Safeguarding.

Caroline explained the following:

Mental Capacity Act: Everything done in health and social care should be underpinned by the Mental Capacity Act. It is the ability to make a particular decision or take a particular action for yourself at the time the decision or action needs to be taken, these can be more routine decisions about daily activities or more serious and significant decisions such as moving home or refusing medical treatment. Mental Capacity is always decision specific and time specific.

The underlying principles are always to presume people have capacity unless there is a reason to assume they don't i.e. they may be intoxicated in which case they can wait until the person has capacity or if they have a learning disability take the time and effort to communicate in appropriate way for them. Decisions made are always the least restrictive and, in the person's, best interest.

The definition is an impairment or disturbance of mind or brain which can be temporary or permanent.

The Act relates to people aged over 16 but there is a children's Act that covers under 16s. The basic test for capacity looks to see if the person can understand and retain information long enough to make a decision,

and whether they can they weigh that information as part of making a decision or communicating the decision.

Mental Capacity Act can be used to admit people to hospital, however it has very tight parameters and more often than not the Mental Health Act is used.

Mental Health Act: They have two sets of professionals involved, Approved Mental Health Practitioners (AMHPs) and doctors the role is to coordinate the process and arranging the assessment. People cannot be detained purely because they have a problem with drink or drugs unless it affects their mental health. Doctors will make a recommendation and the AMHP will make an application based on this or not looking at risk to that person and risk to other people.

Caroline explained that common sections are; Section 2 – for 28 day assessment which can be followed by a Section 3 for treatment and can be up to six months – this carries special responsibilities for health and social care and Section 117. There are also Police Sections 135 and 136.

The principles of the Mental Health Act are that decisions must be taken with a view to minimising the undesirable effects of mental disorder, be the least restrictive, respectful, participation, effectiveness, efficiency and equity.

Advance Statements and Advanced Decisions: An Advanced Decision is when a person is capacitated saying what treatment they want or don't; this usually covers physical conditions and can be overruled by the Mental Health Act under Section 3, whilst taking the person's decision into account. The exception is if a person gives a validated Advanced Decision for refusing Electroconvulsive Therapy this must be respected and can only be overruled for urgent, necessary treatment.

An Advanced Statement is when a person who is capacitated making their intentions and decisions heard when they are ill such as who they would like involved in their care etc.

Deprivation of Liberty Safeguards (DoLS): Surrey created DoLS after an incident in the mid 90's. When this first came in to effect there was an argument around what would 'normally' be expected for people with certain conditions, however there is new case law that says if it's a 'normal' deprivation for anyone it's a deprivation for everyone. DoLS is for people in supported living, care homes or in hospitals and is around care

and support for those aged over 18 - does the person lack capacity to consent to be in that place?; are they under supervision and control and has the state been involved? Caroline would not expect to see many cases in working age adults, but they are starting to see increases around learning disability as there is the added requirements of 'irresponsible or aggressive' so more may be seen in the Learning Disability Service.

Simon Tester asked who should sit in on these decisions and Caroline explained that this should be looked at as part of the CPA process and the Care Coordinator should hold this information. There can be a specific document that can be used for an Advanced Statement and once the new Policy has been signed off by the SABP Policy Advisory Group (PAG) the templates can be circulated to FoCUS.

Simon asked if smoking would be covered under DoLS and Caroline said that this would depend on individual circumstances; if the person has capacity it would not be DoLS.

The Group thanked Caroline for her time.

6. CMHRS Update

Unfortunately, there was no CMHRS Manager present to give an update.

7. Questions to PALS

Guy informed the meeting that PALS contacts are up on the previous quarter having had just over 220 contacts in the last 2 quarters, helping people move on with their recovery. The next people's Experience Report will be available in April and discussed at the next round of FoCUS meetings.

The Trust have reduced their target for response to complaints to 25 working days and this was previously 49 days. Simon Tester said that this does not include a request for a person's records as it can take 40 days for records to be sent if a person suspects they are incorrect – this then has to be added to the number of days that a complaint must be responded to; it can take 4 months in total.

Simon was also surprised how the percentages are calculated and reported in a document that says 95% of staff would recommend Farnham Road Hospital, however only 22 staff responded which out of over 2000 staff is poor. It is unclear which document Simon was referring to.

Guy informed the group that they do try to resolve issues locally and when this is not possible it will have to go through the complaints process.

If a person is still not happy after talking with PALS they will look at doing a more formal investigation. It is very much what the person feels will be most effective and the outcome that the person is looking for.

The Advocacy service for NHS Complaints is now run by SILC (Surrey Independent Living Council) in Partnership with Healthwatch.

8. Date of next meeting

Date of Next Meeting: Wednesday 6th June 2018 at Guildford Baptist Church, Millmead, Guildford, GU2 4BE.

Issues to go to next FoCUS Committee meeting on 8th May 2018

Actions

1	Jane to request the Suicide Prevention Strategy from SABP Communications team. Completed.	Jane Ahmed
2	Jane to print out the emails from the Trust regarding the suicide prevention meetings and send them to Simon Tester. Completed.	Jane Ahmed
3	Feedback to the Trust that SW Members suggested including the list of what to pack for a hospital stay in the following areas: <ul style="list-style-type: none"> • Inpatient and CMHRS reception areas. • Include the list of items that can't be taken in to hospital. 	Support Team
4	Circulate the templates around mental capacity, advances statements and decisions to FoCUS once signed off from the PAG.	Lucy Finney Caroline Hewlett

Contact details for your Support Team

For Member support please contact:

Carol Pearson and Jane Ahmed at the Surrey Coalition of Disabled People

Tel: 01483 456558 Text: 077809 33053

Email: carol.pearson@surreycoalition.org.uk

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For Meeting support please contact LF Solutions

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Glossary of Abbreviations:

AMP	Approved Medical Practitioner
CBT	Cognitive Behavioural Therapist
CCG	Clinical Commissioning Group
CMHRS	Community Mental Health Recovery Service
CPA	Care Planning & Assessment
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
SABP	Surrey and Borders Partnership
SCC	Surrey County Council

SDS	Self Directed Support
SHIPP	Surrey High Intensity Partnership Programme
STEPPS	Systems Training for Emotional Predictability and Problem Solving