

FoCUS Committee Meeting
Tuesday 13th November 2018
2pm – 4.30pm
Trust Headquarters, Leatherhead.

DRAFT Minutes of the Meeting

Attendees:

Area Group Representatives:

North West	Tracey Hayes, Larisa Orlova
West	Janice Clark (Co-Chair), Tony Hall
East & Mid	Stephanie Spiteri
South West	David Muir, Claud Norris Donna Davies (Advocate for David Muir)

Surrey and Borders Partnership (SABP):

Jonathan Warren, Chief Nursing Officer & Deputy Chief Executive (Co-Chair)

Jo Lynch, Associate Director of People's Experience and Head of Nursing

Lorna Payne, Chief Operating Officer

Georgina Foulds, Associate Director for Crisis Care & Lead for the Single Point of Access

Katy Matthews, Substance Misuse Services Manager

Dr Anand Mathilakath, Associate Medical Director

Nikki Green, People Participation & Experience Lead

FoCUS Support Team:

Carol Pearson, 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 Simon Telling, Donna Brown, Rosemary Moore, Helen Smith, Justin Wilson, Julia Gaze, Fiona Edwards, Liz Holland, Maggie Gairdner.

Janice Clark informed the meeting that there are now easy read versions of the ground rules which will be shared with the area groups.

2. Minutes of the previous Committee meeting – 7th August 2018

The previous minutes were agreed as an accurate record.

3. Actions & Matters Arising from August 2018 FoCUS Committee Meeting

Matters arising

Page 2 (Action 3): FoCUS asked the Trust when the Safe Haven leaflets will be available and Jo Lynch commented that as per the response to Action 9 of the August minutes it is expected that these will be re-ordered by 31st October; they are currently confirming opening hours with commissioners. Georgina Foulds is attending the meeting to update about the Single Point of Access and will be asked to comment on this.

Stephanie S noted that the windows on Anderson Ward have been closed due to a safety risk, however this makes the ward very hot and claustrophobic and asked if there can be more ventilation? Jo explained that there is now increased ventilation and the issue was around a particular person on a particular day and the ward manager had to take a view of the safest thing to do whilst supporting the person.

It was agreed that the Trust will come to local area meetings to update about Care Clusters.

Actions

The Committee received a summary of the actions from the August 2018 FoCUS Committee and noted the completed actions and updates provided. The following comments were made:

FoCUS Reps noted that many actions show complete from the Trust but FoCUS do not hear further that these have been actioned. Jo Lynch advised that if a response had been given it would be actioned.

Action 1: There is now a water cooler in Anderson Ward.

Action 2: This was followed up with Julie Gaze who had been trying to organise a meeting with David Muir and the Trust's Communications Department to

review what the Trust currently provide in easy-read. This meeting has yet to take place and the FoCUS support team will follow this up with Julie.

Action 7: Jane Ahmed wanted to ensure that the action to follow this up with FoCUS does not get lost.

Action 12: David Muir would like to include a slot for Learning Disability at Members days as well as ensuring easy-read information is available.

Janice Clark suggested, as participation rolls out, there should be work undertaken on easy-read and more dedicated communication for those with a learning disability, a sight impairment etc. Jo Lynch understands that the participation team and Stephanie Forster have made connection about this and Jo will ask for an update.

David Muir feels very strongly that his views about easy-read have been ignored, particularly during a Governors meetings when he found some of the wording hard to understand.

Claud Norris has been asked to be involved as she has a background in this type of work.

Tony Hall noted that one document doesn't fit all and what has been suggested that there is already a lot of documentation available already under Mencap and Healthwatch Surrey.

With regard to accessible information Carol Pearson has been looking at the Trust's website and there is information available, however perhaps the group need to consider whether all leaflets need to be in easy-read or not. Please can the Trust review what already exists and it can be decided. Jo Lynch commented that the aim for the group Julie is involved in will be looking at prioritisation in terms of what people have difficulty accessing.

4. Announcement of FoCUS Reps

Nominations for the FoCUS Representative roles closed on 12th October 2018 following which an election was not necessary as not all roles had been filled.

The following FoCUS members have been nominated and will start their role as a FoCUS Rep from the December area meetings:

E&M FoCUS

Stephanie Spiteri
Rachel Cocklin
Helen Smith

South West

Claud Norris
David Muir
Paul Earl
Rosemary Moore

North West

Larisa Orlova
Elaine Braithwaite

West

Janice Clark

The FoCUS Committee would like to thank those Reps who have decided not to stand for re-election this time, for their work and commitment to FoCUS over the last few years: Simon Telling, Tracey Hayes, Donna Brown and Tony Hall. Jo Lynch echoed the Trust's thanks to the Reps for all their work.

Tony Hall commented that the Trust they have some fabulous Reps and Governors and they need to listen and keep abreast of all that is going on.

Janice Clark spoke about how to encourage more carers to the Carers Action Group (CAG) as the work is very strategic. However, with the move to participation they could devolve some of the tasks and work streams to some local carers, engage with them and then get them more involved in looking at the more strategic work.

5. People, Participation & Experience, Nikki Green

Nikki attended the meeting to update on the Trust's plans for participation and Involvement and talked through what work has happened through the Trust.

The ultimate target is to increase numbers of those participating by 50% next year; however one of the first tasks is to establish a base-line to compare against what has happened in the past. Nikki has sent a questionnaire to Trust staff to ask what they think participation looks like and what participation they currently involve or have involved people in. Nikki is finding out about all the good work that is taking place so they can create this base-line, although she has had a very poor response so far but will continue.

The primary Drivers produced following the workshop in June indicated there needs to be a team for participation and currently this is made up of Nikki, more recently Joanne Massey-Shand (Involvement and Volunteering Manager) who both report into Liz Holland.

We have agreed a 'Working Together Group' which would consist of four people from each for the FoCUS area groups as well as others interested in participation. This group would meet after the local area meetings and issues will go to the Working Together group for them to look at and chose which issue to work on. All those on the Working Together Group will then take actions from the meeting and be hands on and involved in getting things done. Outcomes will then be reported back into FoCUS Committee for approval and sign off.

FoCUS Reps asked Nikki when members will be asked about which people would like to be involved and Nikki commented that maybe in the first instance members could be asked what they are interested in. As it will be a working group, people need to be keen to do the work and therefore need to be interested in the subject and it shouldn't be stuck on structure.

Carol Pearson commented that the plans sound wonderful but warned that from the number of Reps in post in this round of elections, you can see that people find it difficult to the time commitment. Jo Lynch noted that the working group will be wider than just FoCUS so hopefully there will be a number of people able to support the work.

Stephanie S asked how the Working Together Group will feedback to the Reps and keep them informed and Nikki explained that this can be worked upon, and that the working group should be flexible with membership as not everyone will be interested in all topics covered.

Tony Hall suggested changing the title of one of the primary Drivers – some of the work has been done so many times before and is duplication, by changing the title it would make more sense. Jo Lynch explained that this diagram has been made from words given by those who attended the participation event in June and already signed off at the August FoCUS Committee.

Janice Clark agreed that this is not duplication and is all work that is new and different. Once people get excited by the idea of 'doing stuff' it will inspire people and one of the Drivers is being accessible to 'at distance' involvement as not everyone can come to meetings and their experience can be captured by at distance techniques.

Claud Norris advised that the jargon puts her off doing anything and felt it is unnecessary. The diagram is a lot of words and information for those with a learning disability or dyslexia to absorb and as a piece of information the Driver Diagram doesn't entice her to help.

Stephanie S suggested that an incentive would be a good way to encourage people to get involved.

Jonathan Warren asked about 'therapeutic earnings' and Nikki advised that the Trust are thinking of doing this but will be looked at in the next phase. Stephanie spoke about this further and suggested the Trust pay within the 'therapeutic earnings' bracket as it can impact on the persons benefits etc. The Trust are aware that people will be on different benefits and these will need to be worked through and looked at properly. Larisa Orlova advised that she has a financial background and would be happy help with the financial side of this.

Larisa asked if they will help with NVQ training etc. and Nikki said that she was not sure there would be budgets for this but is a conversation that can happen at the Working Together Groups.

One of the ways to increase participation is to increase volunteers and the Trust hope to do this in the Working Age Adult Mental Health Services first and this can then be adapted for other services.

The Trust are planning 'recruitment' days with the first one being held by the end of January. These will be coffee mornings/evening and an opportunity to talk to people about their skills, what they are interested in etc. and then hopefully match them to a role. In order to manage people's expectations and find out how staff feel about this involvement the Participation team have sent a questionnaire to all community services to ask if they would like volunteers in services, what tasks they could do and what hours would they like a volunteer work? Nikki has had a good response so far.

There are 8 people working in people's experience volunteer roles at present.

Janice Clark asked Nikki to capture the additional work Governors do beyond their Governor role.

Anyone new coming into the service to work can be mentored, have a buddy and will have supervision and the Trust are looking at training up volunteers to be able to do this role.

With regard to the participation pathway Nikki explained that the Recovery College suggested people should undertake volunteering roles for a set period of time and they can then identify training needs, prioritise key areas for participation focus etc. The plan is to have three tiers of banding for a project or

piece of work (level 2 – level 4) and will assist in developing portfolios to demonstrate skills and work undertaken.

Stephanie S asked about shadowing and how people can get involved and Nikki agreed shadowing would be a good idea and that the Trust will be holding participation events which will be communicated as widely as possible in the near future.

6. Update on the roll-out of the Single Point of Access, Georgina Foulds

Georgina Foulds is the Trust's Associate Director for Crisis Care and the Lead for the Single Point of access (SPA) and explained that Larisa Orlova is on the operational group and they will do the update together.

The SPA has been around for a long time in its development phase with lots of scoping work having taken place. The Trust have picked a model that Northumberland Tyne and Wear Trust use and they have worked with the Trust in terms of mapping the model and making it fit for Surrey and NE Hants.

Last year there were two field tests in the NW and E&M of Surrey where they tested elements of the model. The business case was approved in April with welcomed additional funding from Commissioners.

The SPA will be open 24/7 and will have more staff available, 27 in total consisting of call handlers, administrators and practitioners. They will have a joint crisis line with triage and referrals will be received from GPs but people can also self refer.

Larisa is helping with the recruitment process and she is passionate that they employ the best candidates with skills and empathy who are willing to invest themselves in this work. Larisa is also involved in the training of the people who work with SPA.

Since the business case was approved it has been very busy with the biggest challenge being the recruitment drive which they are doing relatively well with so far. There are great practitioners in post who are very experienced and whilst it is early days, the Trust are in the best place they can be.

It is currently week four of the six month roll out which is being carried out slowly and cautiously so any problems can be picked up quickly and dealt with. The roll out began with Redhill and Reigate and referrals from Tandridge were taken last week and soon referrals from Epsom; they are building the referrals into the SPA team by team. It's exciting and challenging.

SystemOne has its own unit for the SPA to ensure the work is safe and effective. The Trust are ensuring the crisis line is safe and robust while the staff are trained and working so that the transition to the SPA is as safe and easy as it can be.

Stephanie S asked whether a person calling the crisis line is directly put through to the SPA if they are in the E&M area and noted that if a person needs the Home Treatment Team through the SPA it can be difficult and is not happening at the moment. Georgina clarified that when calling the crisis line it will go to the SPA. The offer of the service hasn't changed and the crisis line can access the Home Treatment Team and if needed the SPA will put a person in touch with the relevant service.

Carol Pearson asked whether individuals that call go to the SPA and then are triaged or just those referred by GPs etc. Georgina clarified that at the moment the SPA is just for referrals from GPs and individuals calling will go to the crisis line – the self-referral will come when the SPA is ready at the end of March/April as the Trust are being cautious to ensure that they can take self-referrals all day every day. Georgina will ensure that communications reflect what they have said. All going well at the end of March, when the roll out is completed, there will be a new number advertising the SPA. The number for the crisis line etc. is still the same at present. David Muir would like to ensure that easy-read is available.

Tony Hall felt that services were not connected but was reassured by Georgina and Larisa that people can be referred to the Recovery College.

FoCUS would like an update at meetings in January and this was agreed.

Janice Clark asked about the link with the Older Adults service and Georgina advised that this is something they need to work through in terms of the direct link. With other services they have a pathway agreement and the SPA will know how to access the relevant support and signpost; this is in place with Older Adults but they need to do some more work on the direct link.

It was noted that later on the agenda there is an issue around the difficulty of getting out of hours medication and FoCUS would like to know whether the crisis line or SPA will be able to resolve this? Stephanie gave an example of a person who may run out of medication at the weekend and the Home Treatment Team (HTT) have no doctor to bring these - will there be someone through the SPA that can do this? Georgina explained that the HTT can access medication

out of hours and there is an Out of Hours protocol that has been developed for accessing medication which Georgina will send through.

The original question was about Out of Hours GPs not having access to the persons own GP or SABP records and that it would be good if they had a letter detailing their prescription details; Jo Lynch said this is what the Trust anticipate should happen; people should receive a copy of their letters to their GP which includes their current medication if they opted for this. Jo encouraged the Reps to feedback to the area groups that opting for having their letters copied to them is open to everyone.

Janice Clark suggested this could be a participation project developing a leaflet or information around what happens if a person needs medication at the weekend.

As per conversations held earlier in the meeting Georgina was asked when the Safe Haven leaflets will be ready and she agreed to find out.

7. Drug and Alcohol Services, Katy Matthews & Dr Anand Mathilakath

Please refer to the attached presentation.

Katy updated the following:

- A three year contract was awarded to the Trust in 2015 and was due to be renewed this year, however rather than re-tender Public Health agreed co-design and had to save £1.7m across the treatment system.
- They co-designed the service with Public Health and Catalyst and the contract runs until 2020.
- Katy ran through the different sub-groups on the Programme Board.
- There were a number of challenges which included modelling the service to meet the financial envelope.
- Working collaboratively with Public Health was a positive experience.
- Open book accounting, costing and financial transparency.
- Making difficult decisions regarding provision.
- Timescales for delivery were very short.
- Public consultation regarding the closure of Windmill House (the inpatient unit for substance misuse).
- Tier 2 and 3 provision includes all dependent alcohol users and those who are not dependent but have complex needs i.e. physical health problems, mental health problems; substitute prescribing for opiate users; other drugs pathway (Catalyst new provision); Community groups women's groups, SMART groups, recovery cafes (expanded provision); ambulatory detox (SABP new

provision); ATR (Alcohol Treatment required) and (DRR) Drug Rehabilitation requirement – new provision.

- Ran through the Drug Detoxification pathway.
- Ran through the Alcohol Detoxification pathway.

Stephanie asked how they will integrate ex-alcohol and ex-drug users into the community particularly those who are lonely or isolated? Katy explained that a person can attend the cafes and that there are skills and recovery teams under Surrey County Council who provide support. It can be difficult for those who abstain from alcohol as it is available everywhere and this is acknowledged in i-access who engage in support for the person and keep supporting people; as part of this journey key workers do look at how people will fill their time for a successful outcome and these conversations happen early on.

Katy was asked how someone who may be agoraphobic would attend community detox and she explained that the Trust provide transport and Catalyst also do outreach work. Part of the spot purchase decision is around these things like can a person travel, etc. and if not they may go to the spot purchase inpatient.

- Catalyst offer groups across Surrey for carers of those with a drug or alcohol problem.
- Other support for carers are carer practice advisors who provide support for anyone whether they have the agreement of the person who uses services or not.

With regard to carers Janice Clark referenced Catch 22 who are substance misuse support for young people and highlighted that there needs to be support for young people who may be caring for an alcohol dependent parent. Katy agreed that there is a need to ensure young carers are supported and Catch 22 are part of the pathway; Katy can check what they provide and will report back.

FoCUS also felt that Ambulatory detox can be worrying in a family environment.

Janice Clark suggested the Trust should also look at this work from a mental health angle - someone may be struggling with mental health issues and self-medicate with alcohol which is a depressive and inhibits the uptake of their medication so they are not recovering. Katy explained that there is lots of work on this around dual diagnosis and training and they do liaise closely with mental health services. They are also talking about the development of training around drug use.

David Muir would like to ensure there is easy-read information for those with a learning disability and asked how those with a learning disability who may have drug and alcohol issues can access treatment? Katy advised that a person can refer themselves over the phone (self-referral), they also explain what they have to offer in terms of treatment and support and it should be easy. If anyone has any extra needs with reading etc. the service are happy to offer support with this.

i-access have one point of contact and a person can be seen where ever is the most convenient. They don't run on a three hub basis and can also offer evening appointments – where you live does not hamper getting an appointment.

FoCUS Reps talked about pilot groups in the NW and SW and whether they are anything to do with DrinkCoach? Katy said that this is not to do with i-access but something commissioned by Public Health offered to severe to problematic drinkers who are not dependent but have an alcohol problem; they are able to sign up for free skype sessions. If successful Public Health are hoping to get more funding from the STP. Katy thinks there has been some confusing communications around this as they have not advertised that it is time limited.

Katy advised FoCUS that their 'peer mentors' will be available on the Membership Day if anyone wants to have a chat with them.

8. SABP Responses to Local Issues/Questions

Q2: some concerns have been addressed in the response but FoCUS felt that it was still not the best use of time with nurses having to escort people in and out of the ACU (Abraham Cowley Unit) and asked if anything has been done. Jo Lynch advised that unfortunately this cannot be fully resolved until the refurbishment takes place in 18 months as they need to balance safety with experience; the Trust know that the situation is not ideal.

Concerns around the airlock are not just a security issue it's a safety and clinical issue. The Trust are also frustrated with the situation, however there are less people leaving the ACU, more activities on the ward and people are less likely to want to leave.

The hot water is now at an optimum temperature.

Claire, Matron at the ACU will look at the concerns with the bins; there is a whole process to go through and it may not be right for everyone.

Stephanie gave feedback that portion sizes still not satisfying and Jo will check the recent feedback regarding food at the ACU.

Q3: The Trust explained that there is no onus on the Coroner to publish all the PFDs and would like to know where FoCUS are getting the information from as it is not information SABP are holding.

Q4: FoCUS would like to ask if the referral days advised are working days or calendar days?

Q5: It was agreed that this would be taken back to the local area for discussion.

9. FoCUS Terms of Reference

The following amendments to the Terms of Reference were agreed by FoCUS Committee:

- Under 'Purpose' the Synergy Report and the Expert Report to be removed and amended to reflect the current reports received.
- Under 'Membership' the Trust Executives attending needs to be updated.
- Under 'Membership' the FoCUS administration team should be updated to read FoCUS support team.
- The Terms of Reference will be checked bi-annually unless amendments are proposed in the interim.
- The next date for review is Autumn 2020.

FoCUS had made some suggestions around those who may want to be FoCUS Reps but who are carers and may need arrangements put in place for those they care for. It was agreed that this did not need to be included in the Terms of Reference and this will be looked at on individual need.

10. Positive Reports from local area groups

The positive reports have been circulated in advance and Jo Lynch commented that the Trust has received some really good feedback and suggested that this item is put this at the start of the Agenda so there is time to comment at meetings.

11. News and Feedback from the Trust, Jonathan Warren

Jonathan updated the following;

- It is fantastic to see Fiona Edwards back in her CEO role.
- The Trust are expecting their CQC visit and there will be unannounced visits in the next 6 or 8 weeks with a well-led review towards the end of this period.

Jonathan commented that the last few hours have been enjoyable and Reps questions and thinking are impressive and helpful.

12. Date of next FoCUS Committee Meeting: 12th February 2019
(Reps 12.45pm – 1.45pm, FoCUS Committee 2 - 4.30pm)

Summary of actions following FoCUS Committee:

No	Action	Responsibility
1	Update around Care Clusters to local area meetings.	Jo Lynch Lucy Finney
2	Support team to contact Julie Gaze regarding the easy-read review with the Comms team and David Muir. Completed. The support team have contacted Julie who explained that they have not been able to set a date yet and will explain this to David Muir this week. Julie will update the support team when a date has been agreed.	Lucy Finney Julie Gaze
3	Following Action 7 from the August Committee minutes (opportunity for reception staff to identify relatives, family or friends of people under services or on inpatient wards) the Trust to speak to FoCUS further to explore if there is a way to support this suggestion through a QI approach in local services.	Jo Lynch Janice Clark
4	Following Action 12 from the August Committee minutes FoCUS would like to ask that Members Days' also include a slot for those with a Learning Disability around each issue (this was suggested for Carers in the August minutes).	Stephanie Forster
5	FoCUS suggested, as participation rolls out, work should be undertaken on easy-read and more dedicated communication for those with a learning disability, may be sight impairment etc. Jo Lynch to ask for an update on discussions between Communications and the Participation team.	Jo Lynch Stephanie Forster Liz Holland
6	FoCUS to receive an update about the Single Point of Access at the local area meetings in January.	Jo Lynch Georgina Foulds

		Lucy Finney
7	Georgina Foulds to advise FoCUS of the date the Safe Haven leaflets will be ready.	Georgina Foulds
8	Georgina Foulds to send through the Out of Hours protocol for accessing medication.	Georgina Foulds
9	Katy Matthews to check whether Catch 22 provide support to young carers who may be caring for an alcohol dependent parent.	Katy Matthews
10	Jo Lynch to check feedback about food at the ACU.	Jo Lynch
11	As per Question 4 in the Questions for Response document - are the referral days from GP to community services working days or calendar days? Jo Lynch to advise FoCUS.	Jo Lynch
12	Positive Reports to be put at the start of the FoCUS Committee Agenda.	Lucy Finney