

FoCUS

North West Surrey Area Group Meeting

Monday 14th October 2019

The Chertsey Hall, Heriot Road, Chertsey, KT16 9DR

Minutes of the Meeting

Attendees: Tracey Hayes (NW FoCUS Rep), Sharan Kaur Dhami (NW FoCUS Rep), Ian, Glenis Nay, Emma, Paul Graham, Sylvia Jones, Colin Jones, Rosemary Moore, Phil Tucker, Jenny Tucker, Sue Gross, Miranda Lipscombe

Tham Dewa (Locality Associate Director for NW Surrey), Matthew Crees (Woking, CMHRS Manager), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, minute taking)

Apologies: David Keen, Gina Keen, Leanda Hargreaves, Kathryn Nisbett, Hank Sohota, Larisa Orlova (NW FoCUS Rep), Dotty Cridland (Complaints and PALS Manager), Duncan Sloman (Runnymede & Spelthorne CMHRS Manager), Dr David Kirkpatrick (SABP)

1. Welcome, introductions, ground rules

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

FoCUS are trailing easy-read agendas at the October meetings and these have been circulated alongside the normal agenda. Members were asked for their views. Rosemary Moore suggested that it should be made clear when presentations are being given; other Members were happy with the Agenda. It was suggested that names were given in full.

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

Accuracy

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.

Matters arising

Page 4: It is not possible to add Bridgewell House to iwantgoodcare.com

Actions from September 2019 Meeting

1	<p>Following an action from the June minutes the Trust offered to draw up the process around how a person can change where they receive their care (whether it be changing who is treating them or their CMHRS etc.) so the steps to take are transparent (and in easy read). It was agreed that this would be followed up with the Trust in September. Completed.</p> <p>Should a person using our services wish to change where they are receiving their care, in order to start the process the person using our service is to make their wish known to the treating team. This can be done by contacting the relevant service manager in the first instance.</p> <p>The request will be considered by the treating team in consultation with the responsible clinician and other members of the multidisciplinary team. This will involve reviewing the individual's clinical needs as it is not always appropriate to change teams.</p> <p>Following the review if the clinical decision is that it would not be beneficial for the person to be transferred this would be discussed and explained to the person using services and this will lead to a discussion about how best their needs can be met by the current treating team.</p> <p>Following the review if the clinical decision is that it would be beneficial for a transfer of care, then the two responsible clinicians have a discussion in the first instances and then communicate this to the team managers who will affect the transfer between the teams and also communicate the decision back to the person using services.</p> <p>Arrangements will then be made to affect the transfer of care between the two teams.</p>
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Timescales

Depending on complexities of the individual clinical needs, the expectation is that the process could take up to 28 days to complete. During this time the person using services will continue to receive a service from the treating team and will be kept informed with regards to progress regularly during this period.

Dispute Resolution

If there is a dispute regarding any transfer of care, a person using our service can raise their concerns in the first instance to the Service Manager who will review the concerns and look to resolve these. If the person using our service remains unhappy with the resolution this can be escalated to our Patient Advisory Liaison Service (PALS). This will then follow our Trusts normal complaints procedure.

Any Disputes between teams will be escalated to the Locality Associate Director and the Associate Medical Director for discussion and final decision.

Tham Dewa – Associate Director, Working Age Adult Services.

Paul Graham asked about the process if an individual just wants to change the one person they are working with and it was noted that a change can be requested via a letter to the Manager.

FoCUS would like to ask the Trust if this process is now available on their website as suggested by FoCUS?

3. Local Issues

Good News and Compliments

Sylvia Jones was pleased that a room had been arranged for Anna Preston's courses for Spelthorne Family Carers. The courses will cover specific areas. Thank you to Duncan Sloman for helping facilitate this.

Karl Atreides has been asked by NWS CCG to be on the design team for the GPIMHS (GP Integrated Mental Health Service).

Larisa Orlova would like to thank Stephen Oliver who runs the STEPPS programme at Aldershot CMHRS. Larisa went for an initial appointment with him about the course however, decided it was too far for her to drive, following which Stephen called her a couple of times checking that she was okay with waiting for a nearer course and liaised with the psychologist.

Matthew Crees highlighted that the Trust stagger the start dates of the STEPPS groups so that at some point there is always a STEPPS group running. Each course can only have 12 participants and when open for referrals they will and screen and assess the first 15 people on the list. If a person is unsuccessful getting onto the course teams will look at when the person can attend the next course as a priority. Glenis asked about criteria for those who aren't allowed on the course and Matthew highlighted some examples.

Larisa also noted that the Recovery College has provided good training on Mental Health in the workplace.

Paul Graham recently attended Members day at which the Recovery College expressed an interest in holding courses in the NW area but are finding it difficult to find venues.

Healthwatch Surrey have released their report on CMHRS's in Surrey and it is on their website and can be found here:

<https://www.healthwatchesurrey.co.uk/wp-content/uploads/2019/10/CMHRS-report-September-2019.pdf>

Local Issues

Paul Graham has previously spoken to those who manage volunteers in the Trust as he has a background in IT and would like to utilise this through volunteering and work experience. Paul asked if he could volunteer for operational IT work however, the reply from the Trust explained that there is a blanket rule that there are no volunteers working in IT (which may be due to accessing personal information on Databases etc). It was agreed that the Trust would be asked to expand on the reasons for not allowing this (in any IT area) particularly as it may fit a person's skill set and help them gain confidence in a work environment.

Larisa Orlova was not present at the meeting and asked Jane Ahmed to raise the following as she is concerned about the lack of coordination around People Participation by the Trust and a combination of the events listed makes Larisa feel disregarded and disrespected. She is concerned this lack of respect for service users is from a place of stigma around people with mental health

conditions, disregarding them, which is a very upsetting attitude. Larisa gave the following examples:

1. The people participation meeting to plan the people participation strategy day:
 - No one from FoCUS received this invitation
 - The meeting clashes with the October North West FoCUS meeting
2. Prior to the appointment of the new Head of Participation Larisa submitted lots of ideas around participation and had been assured by Jo Lynch at FoCUS Committee that as soon as Emma was in post, she would be in contact. Emma has yet to contact Larisa. She was hoping to meet with Emma to discuss things learnt from her work (with Leadership Foundation and CQC) about other Trusts that could go into the strategy. Larisa feels she has given up time to attend FoCUS meetings and then not to involve her like this is disrespectful as she has raised the issue of participation many times.
3. Patient Led Assessments of the Care Environment (PLACE) assessments conducted on in-patient wards:
 - Following an email (not sure from who – may have been the Recovery College) Larisa agreed with David Munday, Head of Facilities and Property Department, a date that she would carry out an assessment at the ACU.
 - Then she received an email from Nikki Green from the People Participation Team asking for 6 volunteers to take part in these assessments including the date that Larisa had agreed to help David. When Larisa contacted Nikki – Nikki knew nothing about David's arrangement with her.
4. No one at SABP HQ asks about dietary requirements when she is involved in participation.

Larisa is raising this issue because she cares. Through her work with the Leadership Academy and the CQC she has found out that the Trust can't be a Foundation Trust without equality between those delivering the service and service users and carers. She wants to work together with the Trust and wants to help with the participation strategy.

Paul Graham explained to the group that he has had three enquiries that he has made to Complaints and PALS turned into Freedom of Information Requests, without consultation, which take some time to reply to. This seems

to be utilised to offset sensitive areas of investigation and seems to be the trend.

When a reply is received answers are partial and do not address the original question asked. There is no communication or discussion as to why they have done this.

FoCUS would like the Trust to reflect on systems in place and how they are working – is there a policy around converting an enquiry to a Freedom of Information Request without explanation?

Karl Atreides feels that PALS are not as independent as they should be and he has raised this with Commissioners. Karl would like to ask why PALS are not transparent with complaints procedures, why they use technical jargon and why they are being loyal to the hand that feeds them; he also has evidence of falsifying records.

Rosemary Moore feels that the organisation is not backing PALS and at a senior level they are not allowing PALS to deal with complaints; Rosemary then outlined her experience contacting PALS. Why are PALS not being allowed to do their job ?

4. GP Integrated Mental Health Services, Dr David Kirkpatrick, SABP

Unfortunately, apologies were given for this presentation which will be rescheduled for a future NW FoCUS meeting.

The support team read aloud the notes taken at other FoCUS meetings where the presentation had taken place.

Paul Graham spoke about the difficulties with patient liaison and gave an example of when he had been inappropriately referred to the Recovery College.

Members also highlighted that some GP's, particularly locums, are not aware of the Crisis Line and FoCUS will highlight this to the Trust and commissioners.

5. CMHRS Update, Matthew Crees (Woking CMHRS Manager) & Tham Dewa (Locality Associate Director NW Surrey)

Tham Dewa recognised that the Section 75 withdrawal is causing uncertainty for people using services and carers with social workers no longer being

integrated with health staff.

This is an Agreement with Surrey County Council (SCC) that allowed SCC employees to work for the Trust and vice versa; Surrey have served notice on this Agreement which comes to an end on 31st October. SABP will now only manage the health workers, however, will still work closely with social care who will be responsible for resolving issues with care packages. Tham explained that part of the reason SCC are withdrawing from the Agreement is to do with their responsibilities under the Care Act and that SCC and SABP systems don't work together to share information. The Trust will do their best to lessen the impact.

Tham updated that no clear plan has been received from Surrey County Council as yet about how they are planning to work and highlighted that this was not something that the Trust wished to happen and they have contingency plans in place to keep things safe and working well.

All social workers will be leaving SABP locations so there will be drop in numbers within the CMHRS however the tasks they have to do will also decrease.

Members queried why was there not consultation around the S75 withdrawal apart from a small group and Karl Atreides explained that social workers were doing too much in mental health and not enough in social care however recognised that these workers are hybrid workers. The number of social workers will not reduce and they will remain patient focussed and work together.

Tham explained that some of the mental health social workers have applied for and been offered a new role in the Trust as a Mental Health Practitioner, the role will be different to their social work responsibilities as they will be working for health.

The CMHRS have looked at what they can offer and deliver and how they can safely deliver services with a reduced number of staff. They will have to challenge things and are looking at the role of the Care Coordinator which may be different as the focus will be towards interventions to support people to recover meaning not everyone will have a Care Coordinator. This topic was discussed further with a number of members expressing their great concern that a person may no longer have a Care Coordinator particularly as many people find it helpful to have continuity of care which helps keep them well;

members agreed continuity of care is important. Tham explained that this would not apply to everyone and would be looked at on a case by case basis.

It was clarified that the GP will decide whether the person has a mental health or social care need and if after referral it is decided it is not a mental health issue the person will be sign posted to the Local Authority and vice versa.

Sharan Kaur Dhama expressed her disappointment with the CMHRS in general in this area and has found the GP has been more supportive. Sharan spoke about her experiences with trying to get a referral and also highlighted the lack of safe haven locally and it is difficult for those in crisis to get to one out of area.

In summary after 31st October CMHRS's won't be a one stop shop; if a person requires the support of the Enabling Independence team they will be signposted to SCC who will assess and support going forward. It may take time to get the referral pathways sorted but the teams will signpost and support as best they can't.

Karl spoke about his poor experiences with the CMHRS and suggested a valuable resource is www.healthysurrey.org.uk. as there is a wealth of information on mental health wellbeing available.

Jenny Tucker felt that people aren't being supported within the timescales and Tham explained that the Single Point of Access will liaise with a person's GP about how urgently they need to be seen. If a person is already under services then they should speak to the duty worker.

The group thanked Matthew and Tham for attending.

6. Date of next meeting: Monday 9th December 2019, Hythe Centre, Thorpe Road, Staines, TW18 3HD.

Issues to go to next FoCUS Committee meeting, 12th November 2019

1	Volunteering in IT: NW FoCUS have heard that the Trust do not allow volunteers to volunteer in the IT department and FoCUS would like the Trust to expand on the reasoning for this particularly as it may fit a person's skill set and help them gain confidence in a work environment.
2	PALS enquiries: A NW FoCUS member reported that they have made three enquiries to Complaints and PALS that have all been turned into Freedom Information Requests, without consultation, and which take some time to reply to. This conversion seems to be utilised to offset

	<p>sensitive areas of investigation and seems to be the trend. When a reply is received answers are partial and do not address the original question asked. There is no communication or discussion as to why they have done this.</p> <p>FoCUS would like to the Trust how it is decided to turn an enquiry into a Freedom of Information Request and to reflect on systems in place and how they are working – is there a policy around converting an enquiry to a Freedom of Information Request without explanation?</p> <p>Some members of FoCUS feel that PALS are not as independent as they should be and would like to ask why PALS are not transparent with complaints procedures, why they use technical jargon and why they are being loyal to the hand that feeds them; a FoCUS member also reportedly has evidence of falsifying records.</p> <p>Other FoCUS members feels that at a senior level they are not allowing PALS to deal with complaints - why are PALS not being allowed to do their job?</p>
3	<p>People Participation: Some FoCUS members are concerned about the lack of coordination around People Participation by the Trust and a combination of the events listed below makes some members feel disregarded and disrespected. A FoCUS member is concerned this lack of respect for service users is from a place of stigma around people with mental health conditions, disregarding them, which is a very upsetting attitude. A FoCUS member gave the following examples:</p> <ol style="list-style-type: none">1. The people participation meeting to plan the people participation strategy day:<ul style="list-style-type: none">- No one from FoCUS received this invitation- The meeting clashes with the October North West FoCUS meeting2. Prior to the appointment of the new Head of Participation Larisa Orlova submitted lots of ideas around participation and had been assured by Jo Lynch at FoCUS Committee that as soon as Emma was in post, she would be in contact. Emma has yet to contact Larisa. Larisa feels she has given up time to attend FoCUS meetings and then not to involve her like this is disrespectful as she has raised the issue of participation many times.

3. Patient Led Assessments of the Care Environment (PLACE) assessments conducted on in-patient wards:

- Following an email (not sure from who – may have been the Recovery College) Larisa agreed with David Munday, Head of Facilities and Property Department, a date that she would carry out an assessment at the ACU.
- Then she received an email from Nikki Green from the People Participation Team asking for 6 volunteers to take part in these assessments including the date that Larisa had agreed to help David. When Larisa contacted Nikki – Nikki knew nothing about David’s arrangement with her.

4. No one at SABP HQ asks about dietary requirements when she is involved in participation – doing so would show respect for her.

These issues are being raised because FoCUS members care about the Trust. FoCUS understand that the Trust can’t be a Foundation Trust without equality between those delivering the service and service users and carers. FoCUS want to work together with the Trust and want to help with the participation strategy.

Actions

1	Thank you for responding to Action 1 from September and providing guidance on the process for a person to change teams. It was suggested that this should be put on the Trust website and FoCUS would appreciate confirmation that this is possible as it can be very unclear for people.	Jo Lynch
2	A number of FoCUS members highlighted that some GP’s, particularly locums, are not aware of the Crisis Line and FoCUS would like to highlight this to the Trust and will also pass these comments to commissioners.	Amanda Cummins

Contact details for your Support Team

For Member support please contact:
 Clare Burgess and Jane Ahmed at the Surrey Coalition of Disabled People
 Tel: 01483 456558 Text: 077809 33053

Email: clare.burgess@surreycoalition.org.uk
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Address: Astolat, Coniers Way, Burpham, Guildford, Surrey, GU4 7HL
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For Meeting support please contact LF Solutions:
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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
SPA	Single Point of Access
STP	Sustainability and Transformation Partnerships
SHIPP	Surrey High Intensity Partnership Programme
STEPPS	Systems Training for Emotional Predictability and Problem Solving