

FoCUS Committee 13th August 2019
Issues & Responses from local FoCUS area groups

Questions to the Trust for a Response

East & Mid

1	<p>E&M FoCUS learnt that Langley Green Hospital have a volunteer service run by Capital Project Trust, whereby two volunteers visit wards and are available should anyone have any issues, they then raise these with the ward manager who has one week to reply to complaints.</p> <p>FoCUS would like to suggest this is something the Trust consider implementing, however understand that the Trust are currently looking at, as part of their new participation work, how to train ward staff to manage volunteers but would welcome this being considered when the time is right.</p> <p><i>Response: Thank you for this suggestion and we will get in touch with Langley Green to see how this works and we will work through this however I want to reassure you that we do try to hear all people through our current processes. Our PALS team do visit our inpatient services each week, the Advocacy Service also go daily to our inpatient services, our Mental Health Act Managers carry out ward reviews on a frequent basis - we also have Director walkabouts as well. We hold weekly Community Meetings and a “You said/We did” approach is taken. We have also had volunteers talking directly with people about their experiences and supporting them to complete our real time surveys (Your Views Matter).</i></p>
2	<p>E&M FoCUS understand there is a review going on involving Margaret Laurie House but the project group have not met since November. FoCUS understand that Margaret Laurie House is expected to remain in service but would like to know more detail around this. Please can the Trust update FoCUS as to when they will know the outcome of the review and therefore what the future plans will be?</p> <p><i>Response: We have recently decided to put this review on hold for the time being which is being thought about by the Working Age Transformation programme. Any Clinical and Pathway Modelling for future Model of Care for Rehab will require dedicated resources and we are conscious that we want to be able to approach this with the right level of time and support. As we have so much transformation underway at the moment, we have decided to pause this until we are able to give it the attention it deserves. However, we are still progressing our networks with partners about how we support people across the system and a Round Tabletop meeting was held last Friday chaired by our Trust Chairman with Multi Housing Stakeholders for</i></p>

example. When we are in a position to re-launch this review, we will let you know.

3 A question to the FoCUS Committee asked whether the Trust could record those turned away from safe havens due to intoxication and the Trust have offered to do so. FoCUS would like the Trust to record this information and report back to FoCUS in 6 months' time.

Response: Our Safe Havens have been keeping a log of people who have been told they can't attend a Safe Haven due to intoxication.

<i>Safe Haven</i>	<i>January</i>	<i>Feb</i>	<i>March</i>	<i>Apr</i>	<i>May</i>	<i>June</i>
<i>Aldershot</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>1</i>
<i>Woking</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>Guildford</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>Epsom</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>
<i>Redhill</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>

We have one person who was turned away because they were under the influence of alcohol in the month of June 2019.

North West

4 NW FoCUS would like to ask the Trust about the process for notifying people using services and carers who are awaiting allocation after their care coordinator has left a team or is on sick leave? FoCUS understand that processes may be different across community teams.

Carers are concerned when the person using services has not had contact for some while that the team may think that they no longer need to be under services and refer back to the GP. They won't know the individual and may not understand what is going on from the carers perspective.

Response: The difference in the teams is usually linked to the availability of care coordinators due to vacancies in the teams. With regards to sickness, this is covered by the contingency worker and/or rapid response worker.

Prior to a care coordinator leaving a team the Service Manager, Clinical Lead or Senior review a clinician's caseload and prioritise allocations. If the team has capacity then the people will be transferred to another clinician and a handover arranged with the person using our service/carer. If there are capacity issues in the team then people identified with urgent needs will be allocated and the same process followed.

Those people that remain unallocated will be placed on a waiting list for allocation and the person using our service will be notified of the departure of their care coordinator and that they will be allocated as soon as practicably possible. In the interim period the person using our service and/or carer would be advised to contact the rapid response worker in the event of any urgent matters and they will be supported via the rapid response worker. The unallocated waiting list is regularly reviewed by the multidisciplinary team and once there is available capacity, allocations are done based on urgency of need.

A transfer of care back to the GP is carried out only following a review of the person using our service. There are occasions where this is not possible, for instance where a person using our service disengages from services. In this case efforts are made to contact the person using our services and/or their carer. Upon review of the case, it may be decided that care is transferred back to the GP, but when this happens a letter is written to the person using our service to advise of the transfer and signpost to other services where appropriate.

- 5 NW FoCUS have discussed workplace stress and mental health for staff in social care and mental health services hearing what is provided from Surrey County Council and SABP to support staff. FoCUS would like to ask if the Trust support social care staff with their own mental health or offer advice to Surrey County Council (SCC) on how to support their staff?

Response:

1. Surrey County Council staff in our integrated (s75) teams are employed by Surrey County Council and as such the terms and conditions apply to those staff the same as anyone else in the Council. There are a range of benefits including an Employee Assistance Programme. If there is a need to support someone through a period of sickness this will be done in accordance with the SCC Policies and Procedures with the support of SCC Human Resources. This is the current case – and won't be substantially changed by the s75 notice (although line management will switch for people if they are line managed by an SABP Manager), we apply those SCC Policies now.

2. More generally we have consistently had a position whereby any initiatives (such as the CARE Time initiative, team away days or SIST support) that apply to SABP teams can also apply to staff in those teams, whether SCC or SABP.

South West

6	<p>SW FoCUS would like to ask for more information about the Trusts Mindful Service for those aged 16-25 years old.</p> <p><i>Response: Please find our information leaflet to be included. The team are very happy to present to the Committee if this would be helpful at a later date. Leaflets attached.</i></p>
7	<p>A big concern for SW FoCUS is around University students and how they are supported with wellbeing and how they find out about mental health services.</p> <p>In the University sector there are issues around perfectionism, around social media and there are other issues to do with university specifically and awareness of mental health issues; University's often offer basic information. An article in the Times newspaper states that university freshmen declaring mental illness when they first come into University is up 73% in 4 years.</p> <p>FoCUS referred to a Nationwide study on University students and access to mental health services and the results highlight that 55.9% of students have access to help with mental health the most common help coming from their GP. The survey also noted that for some who may attempted suicide it took 6 months to get NHS appointment. Universities are tending towards peer support but there are concerns around confidentiality. Often children and parents don't know how to handle things and they need to know where to go and what to do. Please refer to the attached articles.</p> <p>FoCUS would like to suggest that SABP become involved in University induction and be more visible during this period with an emphasis on wellbeing rather than looking at a student as potentially having a mental illness. Students need to know where to go if they have a problem.</p> <p>Do the Trust currently offer any support to University students or students in any other further education such as colleges and how does this process work?</p> <p>As an example of good practice – the University of the Creative Arts offer a good level of support for students who receive lots of information in different ways such as information on keyrings that includes crisis details, instructions to reach the safe haven etc.</p>

	<p><i>Response: From an education perspective, our clinical students (e.g. student nurses, Trainee Clinical Psychologists, medical students have their pastoral care and a pastoral link with the University and we encourage them to keep contact with their Mentors, and through the ‘Speaking Up Guardian’.</i></p> <p><i>We also promote careers at Universities and Colleges through the recruitment team and contact with Health Education England.</i></p> <p><i>Medical students do have that pastoral link with their University, please see an example of what Southampton University provide.</i></p> <p><i>As a hub we are provided with a helpful flow chart (to help and guide us and we also encourage them to contact us locally if they have any concerns, this is documented in their welcome booklet (attached – still being updated for 2020) There is also a support poster place in all areas of their accommodation (attached).</i></p> <p><i>In terms of accessing services, we do have a presence from team such as Mindful at Student events, Fresher weeks, welcome days etc. particularly at Surrey University. There are also links with the local CMHRS’s.</i></p> <p><i>In our Early Intervention in Psychosis Services, we have joint care plans to support people whilst they are away at Uni with the local care teams.</i></p>
8	<p>A question to the last FoCUS Committee related to autism and support whilst awaiting diagnosis; further to this FoCUS would like to ask if someone (child or adult) develops severe mental health concerns whilst waiting for an autism diagnosis who should they contact?</p> <p><i>Response: This is the same for all people. Should anyone have a mental health crisis they can contact either the SPA for Adults or the Children’s SPA for an urgent crisis response.</i></p>
9	<p>Do the Trust’s Psychiatric Liaison team train acute hospital staff in autism spectrum disorders as well as mental health?</p> <p><i>Response: Our Psychiatric Liaison Team does not currently train acute hospital staff in ASD. The training has recently been reviewed and this was not requested as a topic by staff at the moment but this is reviewed frequently and in line with national indicators. The liaison team will provide, and are able to provide ASD training, for individual sessions if requested also.</i></p>

West

10	<p>At the May FoCUS Committee FoCUS raised the point that carers assessments must be reviewed, which the Trust agreed with but noted it was down to reality and practicality of making this happen. FoCUS would like to highlight to the Trust that it is a matter of law that carers are re-assessed if their circumstances, or the person they care for circumstances, change – it is a duty under the Care Act.</p> <p><i>Response: Thank you for continuously reminding us of this duty under the Care Act through FoCUS. As discussed at the last Committee, we are working hard to make this happen reliably for Carers and we appreciate your focus on this.</i></p>
11	<p>West FoCUS has observed there are lots of actions that need to happen around Learning Disabilities that are a bit ad hoc such as carers with a learning disability accessing easy read information, having a voice and reasonable adjustments being made and it would be good to see them in some sort of proper plan.</p> <p>Prior to hearing more about Learning Disabilities at local area groups FoCUS would like to understand if the Trust have a Learning Disability Strategy covering these concerns if there is an easy-read pathway for those with a learning disability and if both of these can be shared in advance?</p> <p>FoCUS would also like to raise concerns regarding the absence of a learning disability nurse at Frimley Park Hospital particularly as they would not be able to refer to the CMHRS. FoCUS would like to ask what is the process for referring a person with a learning disability to the CMHRS from the acute hospital?</p> <p><i>Response: We have a Liaison Nurse for people with Learning Disabilities at Frimley Park Hospital. They work full time between the hours of 8 am and 5 pm Monday to Friday. This is specifically for Surrey people accessing the service, we have not had any gaps in service for more than 2 years, during holiday or sickness, telephone advice is available from the CTPLD (Community Team for People with a Learning Disability). Our service works very closely with the safeguarding team at the Hospital. We do work collaboratively with the CMHRS and can confirm where our nurse feels the issue on presentation is a mental health concern, not a concern about a person's learning disability needs, and then ongoing referrals are made.</i></p>

	<p><i>Our liaison Nurse works out of the CTPLD bases weekly and attends allocation meetings where necessary and shares a number of clinical situations and work streams in collaboration. They attend the same nurses meetings and forums to ensure good networking. This does include the national screening work streams to enable people to have better access to the programmes. The current key deliverables include evidence of joint working with the CTPLDs.</i></p> <p><i>Referrals to Liaison are direct open and from anywhere. If not applicable support is given to sign post on.</i></p> <p><i>Whilst our nurse is primarily employed to support Surrey individuals it has long been the good practice that people from other counties are verbally supported where necessary.</i></p> <p><i>As of the 1st July 2019, we have now recruited a further person to support Berkshire people who access Frimley and they are currently being supported through induction which is great news and a big step forward.</i></p>
12	<p>FoCUS would like to highlight again that the recent Members event on Eating Disorders did not provide enough easy read information – specifically Mind Matters; this is particularly disappointing as it has been raised on a number of occasions.</p> <p><i>Response: We provided an easy read guide to eating disorder services which was on our stand at the event. In terms of the specific comment about Mind Matters, we are working with them to establish what their needs may be in terms of future development of easy read materials.</i></p>
13	<p>Members have not heard anything further from the Trust on the digital work/plans since many members attended and contributed to the Digital information workshop held last December. The support team have tried to contact Helen Potter to follow this up but have not received a response yet. Please can the Trust provide an update on this work and whether participation with people using services/carers will continue?</p> <p><i>Response: We did reach out to a couple of people to get their story to support this work but we were not successful and due to competing demands have not proactively pursued this. Apologies for not communicating around this to update you.</i></p> <p><i>We felt that we needed an engagement forum with clinicians in order to develop a wider view of all involved and review how we can work together collaboratively. We have held 2 forums, but both were not attended as well as we would have liked so we have paused to reflect on our approach. We have recruited an excellent clinician to work within digital (she starts in October). She has a strong background in</i></p>

	<p><i>coproduction, having previously set up a service user forum in West London and also supported the launch of the Hounslow Wellbeing Network. Helen plans to task her with reigniting this engagement piece when she joins.</i></p> <p>Doug Stewart/Helen Potter</p>
14	<p>FoCUS have become aware of Ask, Listen, Do which is an NHS initiative to improve how feedback is dealt with and the voice of the person is heard. Organisations are asked to sign up to the charter to improve feedback and complaints processes, listen to what people say and do something about it. FoCUS would like to ask SABP to sign up to this. This is for children, young people and adults with a learning disability, autism or both and more information can be found here https://www.england.nhs.uk/learning-disabilities/about/ask-listen-do/</p> <p><i>Response: Thank for highlighting this – we are going to explore how we can sign up across both our Services for people with a learning disability both for adult and children’s services and link to our participation work.</i></p>
15	<p>Aldershot safe haven:</p> <ul style="list-style-type: none"> • There have been problems with WIFI at the Aldershot safe haven and the nurse has been unable to access records – has this been raised before and what has been done about this? <p><i>Response: Since Andover Mind changed their internet supplier, our Aldershot Safe Haven has been having intermittent internet issues. All the staff have access to their Trust mobiles and are now able to connect from their Wi-Fi. The safe haven in Aldershot has now obtained extra kit which can be used to provide necessary reliable Wi-Fi for internet access. We are working closely with the IT/Digital department to find more long term reliable solutions.</i></p> <ul style="list-style-type: none"> • Do all safe havens charge for drinks and if so where do profits go? Do all safe havens have a no food policy? <p><i>Response: No, not all Safe Havens charge for drinks or beverages. In this case, the Aldershot Safe Haven café is run by Andover Mind who host the Safe Haven in their building. They make a minimal charge per drink to people: Coffee 90p, Tea 70p, Hot Chocolate £1, Squash 10p. Water is free.</i></p> <p><i>The monetary contributions are all put back in to replenishing provisions/supplies such as tea, coffee, hot chocolate, milk, sugar, sweeteners, and squash. If someone attends for the first time in Crisis, their first drink is free.</i></p>

We do have a strict 'no food' approach. This was agreed so that staff can focus on crisis support for people. It was also felt by bringing in food it would encourage that social atmosphere which has been experienced as intimidating for others.

- People who are in crisis still feel intimidated using the safe haven for purpose due to the social time from 6pm – 8pm. This highlights the demand and lack of evening social groups that need to be in a separate space. For information this has also been raised at United Communities meeting so the commissioners are aware.

Response: We are sorry to hear that some people using services remain feeling intimidated when they attend safe havens during the 6-8pm wellbeing hours. Along with our partners we are monitoring the demand and capacity of on the safe havens services and discussing these with the commissioners. It is hoped that those who do not necessarily need to attend safe havens for social reasons can attend groups outside of safe havens. We hope this could make it less intimidating for those that need more support in times of crisis from our safe havens.