FoCUS Committee May 2018
Issues & Responses

East & Mid

1. **Re Benefits Appointee:** Following the E&M FoCUS Meeting in January the following question was asked to the Trust:
   "A Member has recently been informed by a Social Worker/AMHP at Gatton Place that both SABPFT and Surrey County Council (SCC) are no longer taking up the position of Benefits Appointee. Can the Trust tell us who should be approached to assume this role if required by a user of Trust Services?"

   Jo Lynch offered the following response: ***Surrey are still able to act as (or apply to appoint) an appointee or deputy. They follow the regulatory position as set out by the Department of Work and Pensions and will still act as Corporate Appointee where necessary. A Corporate Appointee would only usually be appointed if there is no-one else suitable - i.e. no other relatives/friends able to carry out the role.***

   From this it has been assumed that only SCC would now take on the role of Benefits Appointee. Jo was subsequently asked when SABPFT had made the decision not to continue with this role and was referred to the Trust's "Monies and Property belonging to those who use our Services and Residents" Policy which was approved on 23rd May 2017 and indicates that the Trust does take on the role.
   The response to this on April 3rd was that the initial reply (advised by Andy Erskine) described the SCC role but wasn't meant to mean that only SCC takes on the role.

   Staff in the CMHRS (Care Coordinators, Social Workers, AMHPs etc.) are definitely not of this opinion, including Caroline Hewlett who came to speak to FoCUS on March 5th about Mental Capacity. Can we as users of services and carers have definitive clarification of what the position is, and more importantly can you communicate this to staff?

   For information: After receiving Jo's initial response a FoCUS Member, Mary Whitfield, tried to contact SCC Deputyship Department to ask for a copy of their Policy on taking on the role of Benefits Appointee. Mary was first told that they do not have a public telephone number, however she persisted and eventually spoke with a Senior Manager who confirmed that they do not have a Policy. Referrals to the team are only taken from their social care teams and Mary was sent 6 brief bullet points of referral criteria which staff are given. If the Trust is to refer people to SCC, FoCUS think it would be good practice to have a jointly prepared Policy on the procedure.

Response: ***Mary and I have spoken at length since this issue was raised. We are sorry that there has been confusion over this issue in the local team and will be raising awareness in the teams so our staff are appropriately informed. The CMHRS staff at Gatton place have had the position clarified for them following Mary raising this issue. We will explore further with SCC our interface with this issue.***

In summary the position is:

- ***There is an existing mechanism and policy in SABP for appointeeship***
- ***SCC also has the Statutory Duty for Deputyship and there is a process for this too***
- ***However, the starting point would be to assume people have capacity and we should enable/empower them to manage their own finances where possible (with some agreed support if necessary and they can consent). This might also include a support plan drawn up with the involvement of other people (such as relatives) as part of work to enable people to keep control of their own lives.***
- ***Below is an extract from the national guidance that describes the difference between appointeeship and deputyship for your information.***

Appointeeship.docx

Jo Lynch/Andy Erskine

2. What are the Trust doing to provide services for survivors of abuse (this includes physical, sexual, domestic etc.)?

Response: ***We have a dedicated specialist service for children, young people and carers.***

STARS is a Child and Adolescent Mental Health Service for children, young people and their families who have been affected by sexual abuse.

Our purpose is to ensure that anyone referred to CAMHS who has experienced sexual abuse receives an appropriate service which meets their therapeutic needs, improves their emotional wellbeing and helps them to achieve their full potential.

By providing a timely and appropriate response to sexual trauma, we aim to improve the short and long term impact on CAMHS and adult mental health services.

In adulthood, we have a number of professionals who are trained in supporting people following trauma and these professionals are based within teams and use their specialist skills to support people directly, to

raise the profile of trauma work in the teams and to provide multi-disciplinary support and guidance.

3. Members asked when the café at the ACU will be open again particularly for those that are travelling a distance to visit people? Can they provide a vending machine in the interim? When the Trust carry out the refurbishment of the ACU can they ensure there is adequate facilities for inpatients and visitors to get refreshments.

   For discussion at the Committee with Maggie Gairdner

4. Members felt that Jonathan Warren should come to the local area meetings to answer questions directly and would like to see this organised.

   Response: Jonathan is very happy to come and do a CEO conversation and we are working with diaries for the upcoming meetings. However, it is likely that Jonathan will attend over the course of time, not all in one month.

5. The Group felt that people in the East are feeling left out about information are the STP in the East and they would like further information from the Trust.

   For discussion at the May Committee

North West

6. The NW FoCUS group had a long discussion regarding processes when a carer may have a complaint about the care of a loved one or person they care for. It transpires that it does not appear to be widely known that carers themselves are able to make a complaint about the care their loved on receives. Please can the Trust explain to FoCUS how carers are informed that they are able to do this if it is not widely advertised? If carers are not routinely informed, please can the Trust let FoCUS know how they will do this? Suggestions from FoCUS include displaying this on the electronic boards in CMHRS's and forwarding to the CAG for discussion.

   Response: The complaints process is advertised widely in all of our services by way of leaflets and posters and an easy read version is also available. Carers and people using our services can access this information when they visit our services. Staff in our services, including carer practice advisers will also signpost people to the Complaints and PALS team. Complaints and PALS leaflets are also placed in packs of information given to carers. Information about how to make a complaint is also available on our website and the PALS team attend the wards each and meetings such as FOCUS and are available to speak to carers about the complaints process. To illustrate this, in the last quarter, the out of

our contacts (117), 54 were from people who use our services and 56 from carers and families. We also received 7 contacts from others for example, the public and other NHS providers. 26 complaints are being investigated under the complaints regulations.

Tracey Pettit – Complaints and PALS Manager

7. Please can the Trust inform FoCUS why people who use services or carers can't be involved in Serious incident investigation panels as previously used to happen?

Response: ***People who use services and carers are still involved in serious incident investigations. We write to the family offering condolences and offering the opportunity for them to be involved in the investigation. We send out a second letter if no response received when the first letter was sent out. Our Family Liaison Lead starts in May and will be responsible for ensuring families are involved every step of the way as much as the family would like to be. The investigation panel approach has been changed was changed due to the difficulties in arranging the panel, therefore contributing to the delay in investigation. One of our FoCUS members will still be involved and contributing to improvements and developments.***

Evonne Harding – Director of Risk and Safety

8. The NW group were disappointed that there was no CMHRS Managers or representatives at the April meeting and would like to know why the Trust are struggling to get CMHRS Managers to attend? If a CMHRS Manager cannot attend a local meeting please can a representative from the CMHRS attend in their place? *(NB: following the April meeting Tham Dewa did contact the FoCUS Involvement Facilitator to apologise for not attending explaining that their team meeting took place that day and that Duncan Sloman was on leave).*

For discussion with Maggie Gairdner at the Committee

South West

There were no issues raised at SW.

West

9. Safe Havens Issues (West and NW):
(West group): At the March meeting West FoCUS asked a question about transport getting to safe havens, particularly Aldershot, from more outlying areas. FoCUS did not feel that the answer addressed the question it only confirmed how information about getting to safe havens can be found.

FoCUS understand that safe havens are located near to public transport, however the West Group are concerned that there are very few transport links to the Aldershot Safe Haven from the surrounding areas and many bus services often finish between 7pm and 10pm. For example, the last direct bus from Yateley to Aldershot leaves at 1800 during the week and there are other similar examples with the last bus back from Aldershot from Yateley at 1920. With bus routes finishing so early people are unable to access the Safe Havens from these more outlying areas.

FoCUS are particularly concerned about access to the Aldershot safe haven for many people in the more outlying communities, as the CMHRS are discharging people who are then being pointed towards wellbeing/safe havens and these are not fit for purpose in terms of accessibility.

The Group also felt that more safe havens were needed, particularly as there is not one in Farnham. What has happened to the funding for the provision of satellite safe havens across Surrey and NE Hants?

***Response:** When deciding on the location for the Safe Havens, we tried our best to ensure they were accessible as much as possible to people living in the local area however we do acknowledge that they are not easily accessible for everyone. With our partners, we are currently reviewing the venue for Aldershot Safe Haven to see if there is a better location. We would welcome input from Focus representatives, particularly those with local knowledge.*

We do recall consideration being given to satellite venues during the early planning of the Safe Havens; for areas that are more remote. The Trust only receives the funding to provide the current Safe Havens and this is now part of the annual block contract. We will pursue further discussions with the CCG's to see if there is any scope to have additional funding to provide satellite venues.

Georgina Foulds

(NW Group): FoCUS recently asked the Trust for the following question to be answered and the reply is in bold below. However, FoCUS do not feel this addresses the question asked, it only confirms the opening times and that they are different to other safe havens – not explaining why. To re-iterate please can the Trust explain why the CCG/SABP have changed the opening hours of the Woking safe haven so that they are only open in the afternoon and early evening at weekends, as crises tend to take place later in the evening and why opening hours are not the same as other safe havens?

Original question: 'FoCUS Members highlighted that Woking is the only Safe Haven that has reduced hours at the weekend, opening from 3pm – 8pm and

that people in crisis tend to need help in the evenings. Can the Trust tell FoCUS why they open at these times that are different to other Safe Havens?

Response: ***We are sorry that these hours of operation may not be meeting people's needs. SABP will ask the commissioners whether they would like to ask people who use the services if the hours of opening the Woking safe haven at weekends between 3-8 still meet their needs. Surrey and Borders along with the other Community Connections providers were asked by the North West Surrey CCG to provide the service between 3-8pm in Woking Safe Haven rather than 6-11pm. The CCG made the decision to change the opening times at weekends and bank holidays to 3-8pm. The NWCCG at the time looked at the attendances to the Woking safe haven and felt that the service was mostly used between these hours. At the weekends more people visited the safe haven between 3-8pm than any other time of the weekend or bank holiday. This is different from the other Safe Havens.***

Georgina Foulds

10. West FoCUS heard from the Early Intervention in Psychosis team at the April meeting. Members would like to ask the Trust about how families/carers can be supported by the Family Intervention team regardless of the consent of the person who uses services being given. In NE Hants Family Intervention team families can be seen and supported within the service without the person's consent – does this happen in EIIP? Consent issues often exclude families getting the support they need and if SABP were more proactive with information and support in secondary services this would help to manage the demand on services such as Healios which is available to carers outside of secondary services.

Response: ***Yes, people's families and carers continue to be supported in Early Intervention in psychosis services with or without consent being in place. The teams try to work through the issues with the person using the service and work with the evidence base for EiiP where family involvement is key to recovery.***

11. West FoCUS discussed complaints and asked that when the half yearly reports are produced they should be able to see what the nature of the comments and complaints are. How does the Trust define, very concretely, the difference between a concern and a complaint?

Response: ***We define and report the number of complaints as the number that which have been investigated under the complaint regulations. We approach this by reviewing all correspondence that comes in to the Complaints and PALS team from people, carers, families, local teams, MP's etc and we then have a discussion with the person***

who contacts us to talk through the best way to take forward a concern or complaint and what outcome they are looking for. After this the issue can be either investigated through the complaints process or resolved locally by the team, often with PALS support. We consider all information as a potential complaint. The number of complaints that are investigated under the complaint regulations should be seen alongside the number of PALS concerns raised when the people's experience report is next published.

Tracey Pettit, Complaints & PALS Manager

12. If people are passed into the primary care integrated hubs from secondary services (for example Older Adults), who takes ownership when things go wrong? In such integrated teams, who decides whether this is a health or social care problem, particularly as we move into integrated budgets?

Response: The principle is, across all integrated or partnership services (across all ages), that complaints are channelled through the organisation who is the employer of the people involved. In practice, the services have a complaints leaflet/poster on show and people make a complaint. If the complaint comes to the wrong organisation, then the complaints teams will talk to each other and decide who is best placed to respond, keeping the person and family informed. At times, there may be cause to do a joint investigation where a number of people/providers are involved and we will lead or contribute to that in agreement with all concerned. This is currently operational across lots of our services. There isn't a standard guidance that is generic across all services and we encourage people to make a complaint following the available leaflet guidelines and we will sort things out on their behalf if it has not come to the right place.

Sharon Gregory/Jo lynch

13. FoCUS west heard that there is currently a DoH consultation on extending Personal Health Budgets, beyond Continuing Health Care, to other groups of patients including those using mental health services. Does the Trust see this as a progressive proposal and can they give some indication of best practice?

Response: Yes, there is a consultation and it can be accessed via this webpage:

https://consultations.dh.gov.uk/commissioning-integration-and-transformation/extending-rights-to-personalised-budgets

The proposal is that the extension of Personal Health Budgets (PHBs) could apply to other groups. These include:

- ***People with ongoing social care needs, who also make regular and ongoing use of relevant NHS services.***

- ***People eligible for Section 117 aftercare services, and people of all ages with ongoing mental health needs who make regular and ongoing use of community-based NHS mental health services.***
- ***People with a learning disability, autism or both, who are eligible for ongoing NHS care.***

In theory the extension of PHBs could be viewed as a progressive proposal, in fact some might say given the existence of Direct Payments and Self-Directed Support for social care needs which is long-established (started with the Community Care (Direct Payments) Act 1996) this proposal is not before time. The concept of PHBs fits well with the recovery-focussed approach to mental health services and with our clinical strategy to support recovery and build services around people and their community.

There has been an evaluation of the PHB pilot programmes. The evaluation stated that some of the groups of people in the evaluation were quite small and due to individual needs it was hard to draw firm conclusions. There was evidence that PHBs are cost effective as most people in the pilot sites used traditional services (such as inpatient care) less than the control group – but they were also accessing (non-NHS) services that had an additional cost so it was hard to say whether the cost of the additional services could be substituted for the savings in other areas. There were clear benefits that PHBs had a positive impact on wellbeing in that people felt more in control of their own lives and appreciated the flexibility that the PHB gave them – it may also be that this would help to keep people healthy longer. These findings are similar to those in Social Care (for example, surveys undertaken by charities such as In Control) where 80% of people say that a personal budget has helped with their quality of life.

There have been some concerns about PHBs with questions raised about spending on items that would not normally be available in the NHS (often complementary therapies or items of equipment) and some evaluations have suggested that PHBs are more expensive. There is also concern that it may lead to a greater degree of privatisation in the NHS.

On balance and taking into account the learning from social care individualised budgets are a useful option – and for people who know what will keep them well an ability for them to select and organise their own support can be empowering and cost-effective. Individual budgets work well when they are made available to people by CCGs and Local Authorities and the process to obtain a budget and administer it is straightforward. That would be an indication of 'best practice.' However, of equal importance is the relationship between the individual and the professionals involved in their care – where people work together to create an individual package that meets needs it will often lead to a positive experience. One of the biggest challenges for PHBs is likely to be finding support workers/care agencies that have the capacity to meet individual requirements (as PHBs are often

used for paid staff support). It can be frustrating when people have a budget and cannot find care providers that can offer the right hours of support.

One of the issues that will need to be determined will be the interplay between 'health needs' and 'social care needs' as people having 2 individual budgets could be burdensome. This may be of particular relevance to people eligible for s117 services in Surrey where we have a policy that shares the cost equally between the County Council and CCG's – this avoids protracted discussions about cost apportionment and has made agreeing suitable aftercare services a quicker process. We would not want the extension of PHBs to alter this position and will consider a response to the consultation accordingly.

Therefore FoCUS might also be interested in recent pilots that are creating integrated personal commissioning (combined health and social care personal budgets) https://www.england.nhs.uk/ipc/ipc-areas. It is too early to know how this work is progressing but if the Government was to roll-out this programme then it would align to our health and social care work in SABP and also the principles of devolution and greater citizen engagement in the Surrey Heartlands STP.

The consultation is open until 8th June and FoCUS may wish to consider formulating a response.

Andy Erskine