

**FoCUS**  
West Area Group Meeting  
Thursday 13<sup>th</sup> September 2018  
1pm – 3pm  
Aldershot Centre for Health, Hospital Hill, Aldershot

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Minutes of the Meeting

**Attendees:** Ian Penfold, Nina Cornwell, Janice Clark (FoCUS Rep & SABP Governor), Natasha Hall, David Muir (FoCUS Rep for SW & SABP Governor for LD), Tony Hall (FoCUS Rep) TH

Catherine Wheeler (CPA), Helen Potter (Electronic Patient Record Solutions Lead, SABP), Dr Charles Shuttleworth (Consultant Psychiatrist, SABP), Donna Davies (Advocate SDPP), Debbie Sellstrom (Surrey Heath Veterans and Families Listening Project), Faye Nel (CMHTOP Surrey Heath), Rita Gbedabu (NE Hants and Farnham CMHTOP), Jane Ahmed (FoCUS Involvement Facilitator), Lucy Finney (LF Solutions, Minutes)

**1. Welcome and apologies**

Apologies were received from Colette Lane, Jenny Barlow, Donna Brown (FoCUS Rep) and Carol Frost (CMHRS Manager).

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

**2. Minutes of the previous meeting and matters arising (July 2018)**

Accuracy

TH to be added to the attendees of the July meeting.

Action to be added: David Muir suggested that Advanced Statements should be a topic at a future members event and this will be added to September's Actions.

Page 9 – add the word ‘prevention’ between suicide and plan.

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 July Meeting

1	Please can FoCUS have sight of the Advanced Statements/Decisions Policy prior to the September meetings? <b>Completed and circulated to FoCUS Members.</b>
2	Circulate extracts from the Care Programme Approach and Care Planning & Assessment Policies. <b>Completed and circulated.</b>
3	Equality Impact Assessment for the new Hub to be provided to FoCUS. <b>Completed and will be circulated to Members.</b>  Janice Clark raised concerns about the Equality Impact Assessment for Unither House and Janice will email her concerns to the support team to pass back to the Trust.

### 3. Feedback from August FoCUS Committee

Jane Ahmed fed back from the August FoCUS Committee meeting and highlighted the following:

- David Muir is involved in a working group looking at the easy read documents provided by the Trust. David has not been told when this meeting will take place and the Support Team will follow this up.
- Issues regarding air conditioning at the ACU (Abraham Cowley Unit) in the hot weather were addressed and the Trust updated on measures put in place to combat these.
- FoCUS had previously asked what is available for survivors of abuse and were not happy with the response given as it was particularly slanted towards what is available for children. Justin Wilson agreed that many people with mental health problems have experienced abuse and this service needs to be for adults also and the Trust need to address this. A dedicated member of staff has been developing and rolling out training across the Trust in this area.

- Outcomes from the Involvement Workshop were discussed, and FoCUS heard that the Trust want to move from an 'experience' model to a 'participation' model working with people who use services and carers to achieve this. The overall aim is to increase opportunities for participation by 50% in the next year. A participation team will be formed to see what this will look like and what it will carry out practically. FoCUS will be involved in this work.
- The Trust believe that the Single Point of Access will be the face of SABP and are committed to carer and user involvement which has been at the heart of the project. They are working hard to ensure the interfaces between services are safe. Leaflets for the new service will be co-designed with those using services and carers. Band 3 call handlers will be supported by Band 6 call handlers and a Band 7 clinical lead. A huge training programme is in place including real-life scenarios for call handlers.
- FoCUS asked about developing a referral system from the SPA to other organisations such as Community Connections and the Trust agreed that this is something they should be doing and will be working with them to develop training. Ian Penfold is concerned about the amount of resource available to answer the telephone and whether the calls handlers will be able to address a wide range of need. Janice Clark commented that the Band 6 and Band 7 staff are in post to ensure clinical needs are met. Ian would like to see the Service Level Agreement which will inform on the criteria such as call waiting – there are a lot of unknowns.

Helen Potter explained that the many of the staff who currently work for the Crisis Line will move to the SPA and therefore there will be knowledge in place. Not every call will go to the SPA, which is a service for new referrals, if a person is already open to a Trust service they will contact them directly.

Ian expressed concern that the name Single Point of Access seems to imply that it is the only access to Trust services. Helen commented that the Trust have done a large amount of scoping and learnt from other Trusts who are currently doing this well. There will be monitoring on how many calls come in, how quickly they are answered etc. and staff can be aligned to busy times. FoCUS members would like to know more about the SPA and suggested that someone come and talk to FoCUS members at a future meeting. Janice Clark noted that the SPA has trialed in several parts of the county and many people who use services are delighted with the outcome of speedy access to services.

David Muir didn't feel the presentation at FoCUS Committee was fully clear. Tony Hall mentioned the new Blackwater Coalition and Tony would like the Trust to tell FoCUS more – Ian Penfold explained that he sits on this Coalition.

- FoCUS heard that patient records are kept for 30 years, although they will not go back this far on SystemOne. However, a person can request a copy of their records via a 'Subject Access Request' process.
- FoCUS Committee heard an update around Care Pathways and a presentation on this has been circulated to FoCUS members. The group discussed the development of 'care clusters' which will try and standardise the offer for people and classify the way people present. Reps did raise issues that in some of the work streams it can be difficult to get back into services once discharged, however FoCUS heard from Maggie Gairdner that they are working with GPs on the development of this model.
- The Trust are looking at configurations and the layout at the Abraham Cowley Unit (ACU).
- FoCUS asked about the QI project which undertook visits looking at reception areas in the different CMHRS's. It was noted that there may be an opportunity for receptionists to identify people who have called that may be friends or relatives that have not been identified as carers.
- It was felt that the Carers report should be circulated more widely and that the case studies should be made available to the new working age adults Transformation Programme to see where checks and balances are needed, and Maggie Gairdner will take this forward.

The group then looked at the questions submitted to the Committee from the local area and following the response regarding the difference between a concern and a complaint it was agreed that the support team would send a copy of the Complaints Policy to Ian Penfold who will suggest to FoCUS any gaps in the Policy or additions that may be beneficial. The main concern from FoCUS is around ensuring that the process is clear, consistent and easy to understand. Members suggested that the Trust could provide clear, understandable template letters that allow people to complain.

Question 7 highlighted the difference between the Carer Practice Advisers (CPAs) in Hampshire and Surrey and Janice Clark explained that CPA's Surrey are in every CMHRS and inpatient services and, amongst other things, help carers navigate the complicated system in the service – they are in addition to the independent mental health carers support and this is not present in NE Hants.

Question 8 was with regard to discharge from CMHRS's and the Trust acknowledged that some discharges had not followed the appropriate processes. Dr Charlie Shuttleworth (Consultant Psychiatrist & Chair of the Trust wide Medical Advisory Committee [MAC]) came along to the meeting to discuss the concerns FoCUS have raised. Dr Shuttleworth explained that the Medical Advisory Committee (MAC), consisting of consultant medical staff, meet monthly. He felt that there is confusion between the Trusts Policy and the human factors checklist and the complaints department are looking at where this has gone wrong.

The Trust carried out an ACOMHS (Accreditation for Community Mental Health Services) process with the outcome praising assessment but noting that discharge needs to be more consistent. As such the Trust are looking for people with lived experience to form a working group to look at discharge processes. This is at idea stage at the moment but wanted to share with FoCUS to judge the level of interest. Some members present would be interested in joining this. Janice advised that this should link in with the work Andy Erskine is doing on the redrafting of the Care Programme Approach Policy and Procedure and the accompanying Access and Discharge/ Transfer policy.

Discussion turned to the Discharge leaflet and Dr Shuttleworth explained that he hears the views of the three consultant bodies who have had concerns around the Discharge leaflet; he is keen to work in a different way around co-production to ensure there is clinical buy-in so they can move forward. He noted that they need to think about how they use the FoCUS and MAC forums to work in a better way and involving frontline clinical staff.

David Muir asked about easy-read information about the MAC forum and Dr Shuttleworth advised that generally they have not had many people with lived experience attend the Committee which generally consists of medical members, however this is something they would be keen to work on going forward.

Janice outlined the history of producing the Discharge leaflet, the aim of which was not to have a complicated service-led leaflet but people-led information. With the delay of the leaflet bad discharges continue as people do not have the information they need to question processes when discharged. The leaflet that was produced was correct, in-line with the SABP policies and the 'best practice standards' that should be expected; those involved in its development couldn't understand why clinicians wanted aspects of the social care information deleted from the

leaflet. Janice further commented that what had been produced was a lawful process and what came back from clinicians was unlawful, clinicians need greater understanding of people's rights. Dr Shuttleworth noted that there were concerns that the leaflet was Surrey centric and Janice explained that this was because there is little connection between FoCUS and Hampshire Social Services. It was agreed that Dr. Shuttleworth and Janice Clark will follow this up outside of the meeting.

TH spoke about her experiences of discharge and that she had not been told that there was an appeals process.

Question 10 addressed the supervision times at the Aldershot safe haven and the Trust apologised for the late opening on the first Monday of a month. These dates and times have been communicated to people but the Trust will also make sure that the information will be circulated more widely.

Members felt that this response is unacceptable – if a leaflet advertises opening times it is not good enough to be closed when a person may be attending in crisis. TH had attended the Aldershot safe haven and noted that they were not informed of the late opening at that time.

Reps were keen to know about members knowledge of advocacy and it was felt that most people present were confused about advocacy and how to access it. Donna Davies (SDPP) gave a brief explanation of the services provided by SDPP and Matrix and noted that there was one number to access advocacy in Surrey (0800 335 7330). Complaints Advocacy in Surrey is provided by SILC and in Hampshire by Healthwatch.

#### **4. Local Issues – Good news, Compliments and Issues**

##### Good News/Compliments

The car park at Aldershot has changed provider and is now much cheaper and the use of the cameras to time parking has stopped.

Janice Clark updated about a piece of work involving SABP developing work around carers in the Surrey Heartlands STP. They have adopted much of the good work that has been developed with the Trust through the CAG (Carers Action Group) and this forms part of the submission to the Health Service Journal Award process. The Surrey Heartlands Carers work has been shortlisted for an HSA award.

Ian Penfold advised that he has been told that Frimley Park Hospital has trained 60 learning disability champions which is good news.

### Local issues

Janice Clark gave an update, for information, about issues relating to the SABP CAMHS service and parent carers information and support. It has also been highlighted that information for parent carers on the CAMHS website (Mindsight) isn't as robust as it should be – it acknowledges that caring for a child can be challenging and stressful and directs to carers to the main Trust website however there is no specific information for parent carers assessments available. Work is underway to make links with the CAG; Carers and Families Governors and Surrey CAMHS to remedy this. The recent Carers Report noted that significant numbers of young people are coming into adult mental health services where parents have been managing behaviour that challenges; there appears to have been little support for parents prior to this.

## **5. Advanced Statements & Decisions, Helen Potter**

Helen attended the meeting to speak to FoCUS about how Advanced Statements and Advanced Decisions could be captured on SystemOne and explained that the Policy around this has been revised and approved. It now gives definitions and much clearer guidance on what should be included. The Appendix also gives people who use services and carers guidance about these and a form that can be completed if a person would like to make an Advanced Statement.

Helen had been asked about easy read versions of the information and has taken this back to the Communications department who will be producing the guidance and the form in easy read and in large print.

There is a template that has been designed and, following input from FoCUS, an alert that can be generated to show an Advanced Statement is in place. However, this alert is not live yet as due to problems revoking the Advanced Statement on the system if a person changes their mind. Therefore, they are looking at the best way to alert people.

At present the process for including an Advanced Statement or Decision is to complete a form, upload it and make reference to it in the CPA. However, Helen felt that introducing another template on the system may not work well and queried whether this is the best solution. There are so many templates on SystemOne that are not used Helen and suggested

that maybe it needs to be embedded in the care pathway; reference to the Advanced Statement or Decision is only needed when a person lacks capacity.

Other FoCUS groups have suggested building this into the Crisis and Contingency pathway and Helen felt this was a good suggestion but felt it should be built into a number of different processes so it will be adopted by staff. Rather than having an alert pop up on the screen each time a person's record is opened maybe there should be something that pops up when a person has a mental capacity assessment.

Helen felt there is a gap between the digital department and people who use services and carers and strongly feels they should be involved in any developments. She is not aware of one forum in the Trust where people using services and carers have an input into digital solutions and would very much like to hear the views of FoCUS members, should they be interested, not only about the Advanced Statement and Decisions, but also wider digital projects. Helen will compose an email to inform FoCUS of what she is looking for from volunteers to be part of a workshop.

Janice Clark highlighted how important an Advanced Statement is for carers too as it will tell staff immediately whether the carer can be involved/kept informed. Janice queried whose Crisis and Contingency plan would it be in?; it is important that carers have a Crisis and Contingency plan also. The family member needs to be informed if they are involved in the person's contingency plan and agree this. Helen explained that what she was referring to is that it needs to come at a place in a person's pathway that would be re-visited regularly and she was trying to think about a process that happens at regular intervals. Helen does not have all the answers and agrees with Janice's comments highlighting the need to listen to people who use services and carers; if we all work together we can achieve something.

Janice asked if it will just be the clinicians that have access and Helen said that this is the type of thing the Trust need to engage with people about. When setting up a digital tool there should be prompts or mechanisms that means staff cannot move beyond a page or a certain part of a form or document until specific information is included.

Helen acknowledged that SystemOne has been configured poorly and the Trust are aware of what is wrong and are making headway to correct this. It is a highly adaptable system and the Trust have monthly call-ins with other Trusts to share learning. The Trust currently sits in a one 'unit'

system so it cannot be tailored specifically to each service; the Trust are now building a multiple 'unit' systems that means each service will have their own unit so that it can support a clinical model and guide staff through the pathway. They will move from a system that has hindered staff to one that will support staff.

Helen updated that there is a massive drive to move it to a workable Electronic Patient Record system and a pilot will take place with the SPA and Perinatal services the first to have a new 'unit' tailored to them and the CAMHS Eating Disorders Service will be one of the first to move from the single 'unit' to their own 'unit'. Once these three projects are completed they can evaluate how this has worked and whether it can be rolled out across the Trust. At present there is no access to this functionality but they are working towards this.

Ian Penfold would like to join the workshop and asked about Advanced Statements and Decisions in law and how the Trust know who made that decision unless there is a signed form. Helen explained that the Trust will ask for and encourage forms to be signed, explaining that Advanced Statements are not legally binding but are a statement of someone's wish when they lack capacity. An Advanced Decision is legally binding but can be overridden by the Mental Health Act.

Janice Clark suggested that Helen should visit the Carers Action Group in addition to FoCUS.

The group thanked Helen for her time.

## **6. CMHRS & CMHTOP Update,**

### CMHRS, Carol Frost

Carol was unable to attend the meeting but had provided the support team with an update re-iterating what Dr. Shuttleworth had spoken about earlier in the meeting regarding co-production to look at discharge. Carol's update advised: "I have heard that people are not happy with the discharge process and ask such have asked for an audit within NE Hants to look at compliance with the Trust CPA Policy, i.e. giving at least 4 weeks' notice of discharge, updated crisis and contingency plan, etc. An honouree psychologist picked 10 random cases and is just finishing the audit off. This has been registered with the QI department.

Whilst Dr Shuttleworth and I were discussing this with the seniors, (which is myself, the other doctors, psychology lead, and 2 senior nurses and

lead admin) we thought this would be a good project for co-production and I would like to work with people on designing a good discharge and start looking at this as a transfer of care rather than discharge.

This is only an idea at the moment, so nothing concrete but we were thinking about a transfer group following up on the lines of the New Horizon project but a group to assist people to transfer back to the community, to involve the voluntary parties to explain what support they can offer afterwards, to look at options in the community and how we can help the process.”

Dr. Shuttleworth briefly spoke again about the Trust’s wish to get the clinicians more involved in FoCUS.

Janice Clark commented that Independent Mental Health Network is being commissioned to provide a reference group for the Section 75 review and will be producing a document giving the views of people using service and carers about their whole experience of assessment, care planning and discharge which Andy Erskine is keen to use to ensure the work he is doing is based on real life experiences and comments. Janice noted that the reference group will meet on 17<sup>th</sup> September from 10.30am at Astolat and that what is discussed at the meeting is reported to the Steering group the following week. This work is wider as it will influence the discharge work.

#### Surrey Heath CMHT OP, Faye Nel

The Surrey Health Older people’s team has been shortlisted for Royal College of Psychiatry award and this will take place on 7<sup>th</sup> November.

Faye updated that she is leaving the Trust and October will be her last meeting. The group wished Faye well in her new role.

#### NE Hants CMHT OP Rita Gbedabu

The CMHTOP have logged an improvement project with the QI team as they want to increase the number of referrals they receive for those living with, or with symptoms of dementia. They are currently working on a leaflet, a video and will meet with leaders in the police community to educate them. They are applying for funding in October for the project to be started in December and hopefully by April can be underway.

Rita spoke of her work with the Nepalese community and Janice agreed to provide the details of Debbie Hustings to her. Debbie is working with the Nepalese community in Surrey areas bordering Hants.

## 7. FoCUS Rep Elections

FoCUS Representative elections are held every 2 years and Jane Ahmed explained that there are 4 Reps for each area with one of these 4 positions held for a carer Representative.

Jane ran through the timeline for the elections and this information will be circulated after the last local area meeting, week commencing the 17<sup>th</sup> September.

## 8. FoCUS Survey

The annual FoCUS survey is now due and the support team would really appreciate Members completing this as soon as possible. Forms can be returned electronically or via free post to Surrey Coalition of Disabled People.

## 9. Date of next meeting:

The next meeting will take place on Thursday 11<sup>th</sup> October 2018, 1pm – 3pm at High Cross Church, Knoll Road, Camberley, GU15 3SY.

### Issues to be taken to the FoCUS Representatives/ Committee Meeting:

#### Next FoCUS Committee meeting 7<sup>th</sup> August 2018:


### Actions – General

1	David Muir suggested that Advanced Statements should be a topic of discussion at members events.	Jo Lynch
2	Follow up with Julie Gaze about the working group looking at the easy read documents provided by the	Support Team Julie Gaze

	Trust will take place.	
3	Support team to send Ian Penfold the link to the Trusts Complaints Policy.	Support Team
4	Following the response to Question 6 to the FoCUS Committee regarding Complaints FoCUS would like to suggest that the Trust provide a template(s) to allow/help people to raise a complaint formally in writing.	Jo Lynch
5	Support team to follow up with Dr Shuttleworth and Carol Frost regarding a working group on discharge processes.	Support team
6	Question 10 from the FoCUS Committee addressed the supervision times at the Aldershot safe haven.  Members felt that this response is unacceptable – if a leaflet advertises the opening times it is not good enough to be closed when a person may be in crisis. FoCUS members attending the Aldershot safe haven have not been informed of this late opening at any stage.	Jo Lynch
7	Janice Clark to provide the support team with concerns regarding the Equality Impact Assessment for Unither House which will be forwarded to the Trust.	Janice Clark Support Team Philipisa Greenway

### Contact details for your Support Team

For Member support please contact:

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## Glossary of Abbreviations:

ACU	Abraham Cowley Unit
AMP	Approved Medical Practitioner
AMHP	Approved Mental Health Practitioner
CAG	Carers Action Group
CBT	Cognitive Behavioural Therapist
CCG	Clinical Commissioning Group
CMHRS	Community Mental Health Recovery Service
CMHT OP	Community Mental Health Team Older People
CPA	Care Planning & Assessment
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission
CTO	Community Treatment Order
EPP	Expert Patient Programme
ESA	Employment & Support Allowance
FRH	Farnham Road Hospital
HTT	Home Treatment Team
IAPT	Improving Access to Psychological Therapies
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate
MAC	Medical Advisory Committee
NICE	National Institute for Clinical Excellence
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
SMS	Short Message Service i.e. text message
STP	Sustainability and Transformation Plans