

FoCUS Committee 14th May 2019
Issues & Responses from local FoCUS area groups

Questions to the Trust for a Response

East & Mid

No issues.

North West

1. FoCUS would like to suggest that the Trust introduce a brief questionnaire after each training, meeting etc. so feedback to the Trust is timely and received quickly.

Answer: We are happy to think with you about what would be helpful for you, how we could make this work and it would be good to try to make this a digital experience for real time feedback.

2. FoCUS would like to appeal for a better and more structured involvement and engagement with those volunteering with the Trust.

Those volunteering as a stepping stone for employment need more structure and tailored support regarding their particular needs. One of the significant NHS roles is to support people to get back to work. People need to feel valued, included and followed up with the progress, results, achievements and future related opportunities. Volunteers need also to feel proud of their contribution and to be able to use it as work experience on CVs.

The other motive for volunteering is because people may be motivated by **altruism**. *Giving away their time, reaching out and helping others while they too are experiencing mental health problems helps to defeat depression and prevent relapses.*

Foundation stones of co-production must be implemented in joint work as:

- *reciprocity and mutuality*, with mutual responsibilities and expectations.
- *peer support networks* - engaging peer and personal networks alongside professionals as the best way of transferring knowledge.
- blurring distinctions - removing the distinction between professionals and recipients, consumers of services, by reconfiguring the way services are developed and delivered.
- equality- they are equal partners in designing and delivering services.

What is needed:

- A volunteering policy and procedures which will define how volunteers should be supported. A volunteering policy should include information on:
 - volunteer recruitment and selection
 - equal opportunities and diversity
 - Safeguarding
 - induction and training
 - health, safety and welfare
 - supervision and support for volunteers
 - expenses policy and process for claiming expenses
 - confidentiality and data protection
 - a problem-solving process or policy on how complaints from volunteers or about volunteers will be dealt with
 - approach to reward and recognition for volunteers
- A volunteer expenses policy and process to ensure volunteers are not left out of pocket from volunteering. It is good practice to reimburse volunteers for out-of-pocket expenses incurred travel and subsistence. They would like an expenses policy in place and this should be communicated to volunteers, along with the process for claiming expenses.
- A process for reviewing volunteering policies and procedures to ensure they remain fit for purpose.
- Clear expectations for volunteers can be outlined in a volunteer agreement or volunteer charter to provide clarity from the outset on what is expected from volunteers and what volunteers can expect from the Trust.

NW FoCUS heard of good practice working with volunteers from other organisations (Trusts based in Kent and Sussex with roles as Patient leader, Patient partner, Peer trainer lead, Leather project coordinator).

Should the Trust still not be ready to engage with such work and state that there is no budget and similar openings planned, FoCUS would like to suggest the Trust consider zero-hours contracts for those who are giving away a substantial amount of their time, inside knowledge and expertise. Payments should be considered when taking part in significant co-design work, sitting on panels and investing time.

FoCUS feels the Trust would benefit from a lead for service user involvement to ensure involvement, respect, being valued and transparency.

FoCUS would also suggest a role (either paid or on a volunteering basis, or a zero hours contract or job share) for a person using services to work with peers and engage them. The idea is to achieve better engagement and involvement (not about the remuneration). Is there a plan for involvement and when will it be up and running?

Answer: We really appreciate your thoughts in this regard and we are really keen to move this forward. Our new People's Participation Manager

starts in June 2019 to help us work together with you to get this right for people.

South West

3. FoCUS Members praised the SABP Members day on autistic spectrum disorders 23rd March. However, it is felt that the Trust should provide support to the person and family whilst they are waiting for a diagnosis as this can be a long period (up to 18 months for children). The National Autistic Society do step in to support the family but are spread thin across the ground and the Trust should be supporting families from the moment they are in touch requesting diagnosis. This is particularly important as people with autism and their families are pre-disposed to mental health issues. FoCUS would like information on the new service being provided.

Answer: While waiting, families may access:

1/ CAMHS Autism Spectrum Disorder parent support group

2/ National Autism Society parent workshops

3/ Learning Space parent group.

However, it is helpful to remind us all about the responsibility of all agencies across the system to support where children and families are coping with specific needs. This was something that the independent Attain report (CAMHS review) also acknowledged. We are working with our system colleagues to try to increase awareness and promote better support for people without having to get a diagnosis.

West

4. West FoCUS recently asked the Trust about inpatient services for those with an eating disorder and following the response would like to ask if there is collaboration between the Trust's eating disorder service and acute inpatient services, particularly for those who may be very physically ill? FoCUS wish to ensure there is joined up working and would welcome hearing from about this.

Answer: Thank you for your interest in this area. Yes, our eating Disorder services for both Adults and children have close links with the acute hospitals for when there are indications that a person is becoming physically unwell. There is a good partnership working across.

5. The West Group highlighted that 'changing places facilities' (further information http://www.changing-places.org/install_a_toilet/faqs) have started to be decommissioned in acute hospitals meaning therefore that many acute

hospitals will not be accessible to those with a disability. FoCUS would like to ask if the Trust have 'changing places facilities' and where they may be in use across the Trust can they assure FoCUS that these will not be decommissioned? If the Trust do not have this facility is it something that would be considered in future to make services fully accessible? *(This question was asked at the February Committee and not answered).*

TBA

6. Can the Trust explain social prescribing and what social prescribing is delivered by the Trust? How are people who use services and carers told about this? Is the information accessible to people with a learning disability? **NB: The new Working Together Group have chosen to work on this topic, however it would still be good to respond to share the information with FoCUS initially.**

Answer: NHS England describes Social Prescribing as “helping people to improve their health, wellbeing and social welfare by connecting them to community services which might be run by the council or a local charity.” Community services could range from art classes to walking clubs or support groups. Social Prescribing enables health care professionals to refer people to a range of non-clinical support, often via a Link Worker who coordinates what is available in the community for a social prescription. It is intended to help people to have more control over their lives, avoiding them becoming trapped in a ‘revolving door’ of services.

Social Prescribing is described to be particularly suitable for people who:

- are lonely or isolated
- have long-term conditions
- use the NHS the most
- have mental health needs
- struggle to engage with services
- have wider social issues e.g. debt, housing problems, employability issues, relationship problems
- are carers

Our working together group will start exploring where this is currently working in our services and what opportunities we can develop together.

7. Can FoCUS hear more about the new trials for Primary Care Mental Health services and the geographical location of these?

Answer: Surrey Heartlands Partnership has awarded Surrey and Borders Partnership Foundation Trust and three Integrated Care Partnerships with

funding to jointly develop a new integrated way of working that aims to improve the wellbeing and care of people with mental health conditions in Surrey. This new model will be tested in three primary care networks in Guildford, Banstead and Chertsey, starting in spring 2019 as part of a phased implementation across Surrey Heartlands.

A multi-disciplinary team, made up of a clinical psychologist, a mental health practitioner and a Community Connections link worker (provided by the lead partners, Catalyst and Mary Frances Trust) will be based in each primary care network. They will carry out assessments and provide brief interventions and care navigation for people with mental ill-health.

The service will also provide advice on mental health to GPs as well as linking closely with a wide network of community services to ensure people are effectively supported to access other services that can help. Liaison with a consultant psychiatrist and mental health pharmacist will be available for advice and guidance.

The service will focus on better meeting the mental health needs of people aged 18+ who require more support than primary care can provide or who are transitioning from secondary care (provided by Surrey and Borders) to primary care, including:

- those with anxiety and depression who don't meet the access criteria of Improving Access to Psychological Therapy or secondary care services**
- people with stable mental ill-health who can be appropriately managed in a primary care-based service**
- individuals who have recently been diagnosed with dementia**
- those with a serious mental illness who would benefit from an annual physical health check and access to interventions.**