

FoCUS Committee Meeting
Tuesday 12th February 2019
2pm – 4.30pm
Trust Headquarters, Leatherhead.

Minutes of the Meeting

Attendees:

Area Group Representatives:

North West	Tracey Hayes, Larisa Orlova
West	Janice Clark
East & Mid	Rachel Cocklin, Stephanie S (Co-Chair) (plus Advocate)
South West	Claud Norris

Surrey and Borders Partnership (SABP):

Justin Wilson, Chief Medical Officer (Co-Chair)
Jo Lynch, Associate Director of People's Experience and Head of Nursing
Julie Gaze, Director of Governance and Planning
Nikki Green, People Participation & Experience Lead

FoCUS Support Team:

Clare Burgess, Surrey Coalition of Disabled People
Jane Ahmed, Surrey Coalition of Disabled People
Lucy Finney, LF Solutions (taking minutes)

1. Welcome and apologies

Apologies were received from Rosemary Moore, Helen Smith, David Muir, Fiona Edwards, Maggie Gairdner, Jonathan Warren and Lorna Payne.

Justin Wilson queried whether the group was quorate and Julie Gaze recognised that they were not quorate in terms of staff from the Trust but did not anticipate any decisions being made at the meeting that would be affected by this.

2. Minutes of the previous Committee meeting – 13th November 2018

The previous minutes were agreed as an accurate record.

3. Actions & Matters Arising from November 2018 FoCUS Committee Meeting

Actions

Justin Wilson ran through the Actions and the following was noted:

Action 2: further information about this action can be found against the update for Action 5.

Action 3: Jo Lynch asked if this would be more appropriate for the Working Together Group to approach in order to achieve the intent and this was agreed.

Action 7: Stephanie S was pleased with the new Safe Haven leaflets.

Action 8: Ongoing. Georgina Foulds will provide an update to Jo Lynch.

Action 10: Stephanie S highlighted that it was not just the portion sizes of the food but the lack of food; when some wards come down to eat there is not enough food left. Jo Lynch fed back on behalf of Lorna Payne that she has taken further action and asked the facilities team, who manage the catering, to review this. Stephanie commented that there is plenty of fruit but not enough hot food. Lorna is conscious of these issues and wants to make improvements; Jo thanked Stephanie for her input.

Matters arising

Janice Clark highlighted Action 5 referring to those with a sight impairment and suggested this is taken this to the Quality Assurance group; suggestions have been made previously about the best way to present data.

With regard to one of the Actions from the August minutes Stephanie S updated that the water cooler on Anderson Ward is not cold.

4. Positive Reports from local area meetings

The positive reports have been circulated in advance.

Jane Ahmed wanted to thank the Trust for helping to ensure attendance of the majority of CMHRS Managers at FoCUS meetings recently which has been welcomed and appreciated by all FoCUS members and the support team.

Larisa Orlova explained that she has previously given compliments and positive reports but has on occasions found that the person praised has not been told of this; it is important to pass positive comments on. Jo Lynch explained that the comments are sent to the Divisional Directors for oversight with the expectation they send these on to the individuals; however, Jo recognised this may not always be happening and may not be the most straight forward way of ensuring compliments are passed on. Going forward Jo will send any comments to the person directly and copy in the Divisional Directors.

5. People, Participation & Experience, Nikki Green

Nikki attended the meeting to update what has been agreed about the Working Together Group. Nikki made clear that this group is not just for FoCUS but more widely for anyone who may be interested in involvement across the Trust. If a person is interested in the Groups topic they can join but there is no pressure to do so.

Nikki and Liz met with Lucy and Jane from the support team back in January to look at how logistically the Working Together Group could work. It was agreed that the quarterly Reps meeting would be extended to incorporate the first Working Together Group looking at topics from the issues brought up at the local area meetings and determine which issue to take forward and work on.

The first Working Together Group meeting, which will just be for FoCUS Reps, will be in April and following this there will be two subsequent meetings to work on the issue. Nikki stressed that the Working Together Group will be action-led and not a forum for further discussion.

For those who may be concerned about support to come to meetings there will be a variety of ways people can be involved which will include emails, phone calls, conference calls or meeting elsewhere. Nikki will give whatever support she can to those who may need it.

An open day has been organised on 25th February to recruit volunteers; this is open to everyone but particularly those people who use services and carers in the first instance and this will then be followed up by other events aimed towards recruiting those with a learning disability or from other Trust services.

Larisa Orlova has been volunteering with the Trust for some time now and would like the Trust, when thinking about participation, to think about a Patient Director role (Non-Exec role). Larisa feels it is particularly important to include in the workforce those with lived experience who are keen to help improve how services are delivered. Volunteers who give their time willingly often want to learn more about the area they are volunteering in and may not always have the ability to pay for training courses that are of interest to them.

Larisa wanted to know how the Trust will care for its volunteers and suggested volunteers are offered the option of payment for training courses they may wish to attend that would benefit the work they do for the Trust. Those volunteering with the Trust need to feel valued and supported.

Nikki advised that the Trust will hold social events for volunteers to thank them for volunteering and also to share experiences.

It has been agreed that those who are interested in participating with the Trust will be a volunteer for three months to get a good grounding, work ethic and see what they may be interested in and they may then be able to apply for a banded role. Jane Ahmed commented that it may be unfair for everyone who wants to be involved in projects with the Trust to be volunteers for an initial three months as they may already have experience in volunteering. Nikki agreed and took the comment on board. Janice Clark noted that the Governors are also volunteers and this should be properly recognised.

There are currently 52 volunteers in the Trust and there are already 20 people registered for the open day, 11 of which are people with lived experience or carers.

Janice Clark commented that this was the beginning of the participation work and it must be given a chance to progress.

Jane Ahmed referred to Question 11 from the Local Issues for Response document and that it had been answered by Liz's participation point of view but does not address the questions asking which committees do currently offer payment. Jo Lynch commented that there is no consistent Trust wide approach and there needs to be a core set of principles jointly developed that can be applied so people are clear. Julie Gaze agreed that this is adhoc at the moment and it is important to get principles right and that when making a decision across the Trust we are doing so under the banner of participation.

Larisa spoke about her experiences volunteering highlighting that it can be a valuable opportunity to test how a person may feel going back into the work place.

6. FoCUS Report: Complaints & PALS, Jo Lynch

Please refer to the FoCUS Report previously circulated.

Janice Clark began by recognising that a number of the suggestions included in the Report are welcomed and hoped that many of the issues can be addressed through the participation model.

One issue raised and highlighted to the Trust is when a person may be unhappy with their service or specifically their therapist; Janice suggested that instead of the person who is receiving therapy speaking to those who may be treating them, as this may be awkward, perhaps the PALS team should step in to resolve this and facilitate this change – similar to mediation. Stephanie S said this applies to Care Coordinators and Doctors and it would be nice to have someone looking into this who is impartial rather than the team treating a person (this links to question 11 of the Issues from Local areas document).

Jo Lynch acknowledged the suggestion that PALS help mediate when a person is looking to change who is treating them, however in their experience there is such a range of reasons for requesting a change of therapist or person treating and therefore can't say that PALS will always be able to make this happen. There will be a number of reasons why things should stay the same in the context of working through issues in a therapeutic relationship; however recognised people's difficulty in raising this issue with the treating team directly. FoCUS would like to see the expectation that PALS will take a more active role and suggested that PALS make it clear they are available to help with the process and that it would be helpful for people to know that they can go to PALS if there is a problem. Rachel Cocklin asked how the Trust make people aware that PALS are available in the circumstances previously discussed and this is something Jo will work on and bring back to FoCUS to test out what may work.

FoCUS also raised concerns about the time it is taking PALS to respond to calls and Jo reported that the team will be back up to full complement in two weeks and there will be a dedicated PALS person focussing on faster responses at the moment.

Janice Clark commented that due to the huge subject of complaints there is feeling that some of the PALS element of the service has been lost and Jo agreed that there is some validity in this statement.

Larisa Orlova asked about more complex complaints cases and whether the Trust provide an advocate for someone who may find it difficult to articulate what they want to say. Jo commented that the Trust cannot appoint someone to receive support but can help someone have their views listened to with advocacy support. There is an NHS Complaints Advocacy service and numerous concerns are raised via this route. Jo will draft a short paragraph around the different types of advocacy which can be circulated to FoCUS.

Stephanie S asked about PALS in a hospital setting particularly as it can be uneasy and intimidating for a person in hospital to make a complaint about someone who is looking after them if they are still on the ward. Jo acknowledged this and will feed back to the teams but also gave assurance that if there was a safeguarding concern raised about a staff member immediate action is taken. When a person raises concerns about their care or treatment on a ward that is inappropriate the Matron is usually contacted to facilitate a resolution or proportionate response to ensure everyone feels safe, but it is recognised that the Trust must keep people informed. Stephanie highlighted that it can be difficult to communicate with the Matron and suggested the Trust provide information on wards as to how the Matron can be contacted.

7. Update on the Annual Plan, Julie Gaze

Julie informed Members that the update circulated covers Trust activity this year, particularly in the three months prior to December 2018. Next year's full plan will be brought to the May FoCUS Committee meeting.

This report talks about how the plan is being delivered this year highlighting the following:

- The Perinatal Service started on 1st October and provides specialist advice that can support people who may be being supported in community teams. There is a short film about Surrey's Mental Health Perinatal Service available on YouTube https://www.youtube.com/watch?v=LJU2Fh_Qlt8.
- The easy read group – has a plan going forward of when to meet and how some of the ideas will be taken forward.
- The SPA (Single Point of Access) is now up and running being rolled out with a steady phased approach to ensure it is right.
- The latest Hub, Unither House, is now open in Chertsey. When reflecting on moving to anywhere new the Trust are keen to have feedback on how

the building is working for those who may be visiting – there may be things that don't work so well and the Trust would like to hear about these to ensure they are using the building correctly in terms of the number of people using the building. The Trust are working with staff to ensure they are happy too and that it works for both staff and people using services.

- The Eating Disorders teams have now come together and are all based at Farnham Road Hospital.
- The 24/7 project group are focussing on the ACU (Abraham Cowley Unit) and two new wards will be built on the site and existing wards will be refurbished. There has been lots of engagement with clinicians around what would work well and this will go to the Board in April.

The Trust continue to look at improving inpatient services in the East and are currently looking at the viability of a site at East Surrey Hospital or at West Park in Epsom. They hope to start building in Chertsey by the end of the year. The Trust recognise the inpatient unit at the ACU is not acceptable at the moment, particularly around the dormitories. There has also been lots of learning from the Farnham Road Hospital build project. Stephanie S and Tracey Hayes both attend the 24/7 project group and feel they have been listened to and there is positive engagement.

- Services for Learning Disabilities have been developing their strategic direction which looks at what more the Trust can do to enable those in residential learning disability services to be more independent.
- The Trust are talking to those people supported by the ASD and ADHD Service, their advocates and families, about the ways the Trust can support them to live more independently. Court Hill House has now closed and residents moved on. The meeting discussed respite for carers and the need to take on board the views of the individuals and the families.

Stephanie asked why there is no respite provision for those who care for working age adults and Julie explained that this is not something that is commissioned and as a social care need is under the responsibility of the local authority. FoCUS feel that respite for carers is very important and Julie agreed there is an important point about how to provide better joined up support in the community. It is a challenge for those working in both health and social care as to how best use the resources to meet the needs of the community. There are often difficult choices to be made.

- The Trust are working in partnership with other providers and are part of a partnership with providers in Sussex and Kent to bring people back more locally from out of area placements and less restrictive placements. They are also looking at working something similar around children and

adolescents mental health services but it has not been agreed how best to do this.

- Janice Clark asked for more information about the TIHM 1.5 extension project and Julie explained that it has meant the Trust have been able to continue a trial for longer looking at specific aspects.
- Speaking about the New Care Models/Tier 4 Forensics Janice Clark noted that 85% of prisoners have mental health problems. The Independent Mental Health Network recently had a presentation about social care in the prison service and there was a question about referrals to social care and how families know they can refer? When Janice visited a prison locally there was no information available to families about this.

The Quality Report into the Board refers to prisoners who require transfer but the question is where and how many people from Surrey prisons will go into Trust hospitals? Jo Lynch commented that it doesn't happen frequently but generally go they would go straight to Rowan Ward.

- The Working Age Adult Transformation Primary Care Networks project brief has been circulated and Janice Clark is appalled there is no mention of carers and felt this was disrespectful. It should be a given that for any new project the impact and support needs of carers should be properly addressed.

Larisa Orlova clarified that the Primary Care Networks project is only in certain parts of Surrey and is in the NW.

8. SABP Responses to Local Issues/Questions

Q1: Safe Havens:

A question went to the Trust about those attending a safe haven if a person is intoxicated and FoCUS queried a number of scenarios around consumption of alcohol and admission to the safe havens. Often people are dependent on alcohol to medicate their mental health and then cannot use the safe haven services which they may need - there is a big gap. FoCUS would like to know where people go if they are turned away? Some people may appear drunk due to medication or their condition but they have not been drinking – how do the Trust determine if someone is drunk? We need to understand the rules behind and reasons behind these decisions.

Larisa Orlova commented that when people are getting into crisis they may self harm to prevent the worst happening and this self harm can include doing anything to excess such as alcohol, cigarettes etc. in order to prevent a crisis.

Jo Lynch is unable to give a full answer to these questions but will follow this up with Georgina Foulds for a response.

Jane Ahmed suggested the Trust record a tally of those who may be turned away from the safe haven so there is a record to give an idea of numbers.

FoCUS have also heard there is a possibility that Unither House may be used as a safe haven in the future and would welcome the Trusts comments.

Rachel Cocklin spoke about those people who have been asked to go to the safe haven by the crisis team and have to meet the cost of transport from their own pocket – although it is often very difficult to go on public transport when in a crisis. It was noted that the response from the Trust included reference to a social care needs assessment to provide a package of care funded by the local authority, however Reps noted this would not be possible in a crisis unless it has been previously agreed. Jo Lynch will ask Georgina Foulds for clarification around the options for payment or transport to the safe havens as the SPA may now offer different options.

Q4: Tracey Hayes expressed disappointment that the Trust is going down the route of reducing the scrutiny at the Quality Assurance Committee from six people to three people at a time when it is needed. Historically it was only the people using services, carers and Non-Exec Directors that challenged issues; it is a backwards move.

Julie Gaze recognised the concerns raised and noted that making the change is not a reflection that those on the Committee were not valued but they want the Quality Assurance Committee to operate differently and are stepping up the Governor role in order to be part of that shift. Julie assured FoCUS that the Trust did not make the change lightly.

Janice Clark has spoken to Stephen Firm the Chair of Quality Assurance Committee and explained that there is a degree of unrest and unhappiness about this decision and as a way to knit together FoCUS and the QA Committee suggested that the three Governors each bring an issue to the QA Committee to allow a top to bottom link between both groups. Janice explained that Stephen was happy with this and has offered to come to the next FoCUS Committee meeting and local area groups.

FoCUS suggested the Trust promote the remit of the Quality Committee so it is clear.

Q6: It was clarified that an FP10 prescription is one from a GP.

9. Carers & Young Carers Report (to note)

The Carer reports notes the work on inpatient units to raise awareness of carers which looks good, however is not valuable unless carers know about what is available.

Stephanie S gave examples of where the Triangle of Care involving carers, patients and staff is not happening. A carer should be involved in every decision if the patient allows it; often information goes separately to the patient, carer or GP and it's not joined up.

The CQC spoke to the CAG (Carers Action Group) leads and were interested in the training around carer awareness, however the problem is that this training is not mandatory and therefore not always taken up by staff. If carers are important to the Trust the training for all health and social care staff must be mandatory.

Claud Norris suggested that a number of carers end up in the mental health system as they are doing such a lot of caring they can become depressed or reliant on alcohol etc.

Janice further alerted the Trust to the accuracy of the ethnicity of the carers that took part in the survey and suggested the Trust try to get feedback from those carers that have an assessment so it is more auditable rather than relying on them picking up a tablet.

The meeting also discussed other areas of the survey and Julie Gaze agreed with FoCUS that the Trust need to gather this information in different ways. It was also suggested that the Trust make it more obvious people can access this information on the SABP website etc. The Carers Report will be moved up the FoCUS Committee agenda to allow longer discussion.

The Trust noted the accessibility issues of the reports provided and have agreed that for the next FoCUS Committee Ann Stevenson will produce a one page report. FoCUS were also pleased to see a Young Carers report.

Larisa asked about social care budgets for those with a mental health issue (similar to those provided for physical health issues) and Jo explained this is available and called Direct Payments; it was agreed that this should be discussed at local area groups with colleagues from social care.

Janice spoke about the Young Carers report and that there needs to be a move towards gathering accurate data to monitor how well the children's services in

Surrey County Council (SCC) and CAMHS are performing in identifying young carers and giving parent carers assessment.

The SCC Carers Assessment for an 18 year old is not appropriate and in addition the safe havens and/or CYP havens need to understand there should be a young adult space for 18-24 year olds.

10. News and Feedback from the Trust, Justin Wilson

Justin updated the following;

- The CQC visits have been positive and the Trust will hear the results formally at the end of March. All previous significant problems have been addressed and the well-led inspection was positive. The Trust hope to have an improvement in the outcomes.
- There is an ongoing inquest involving a death that occurred on a ward in 2017. There was also an inpatient death on a ward at Farnham Road Hospital in January – this is an important area the Trust looks at, reflects on and learns from.
- The Trust is in a good place in terms of the use of resources and finances and has a good plan for the year ahead to save money and improve quality including using less agency staff, looking at pathways to manage beds better and better use of medicines.
- Staff leaving the Trust include Billy Hatifani who is leaving for a promotion to the Director of Nursing in a London Trust; Liz Holland is also moving on and Jonathan Warren will be leaving at the end of April moving to Norfolk and Suffolk Trust. Sharon Spain has started working in Billy’s role and deputising for Jonathan – she is Director of Nursing. The Trust will be going out to recruit for a Chief Nurse.

12. Date of next FoCUS Committee Meeting: Tuesday 14th May 2019
(Reps 12.45pm – 1.45pm, FoCUS Committee 2 - 4.30pm)

Summary of actions following FoCUS Committee:

No	Action	Responsibility
1	Positive reports received from FoCUS will be sent directly to the person mentioned with a copy to the Divisional Directors.	Jo Lynch
2	FoCUS would like to suggest that the Trust look at paying for training courses for those who volunteer	Jo Lynch

	with the Trust as a 'thank you' for their efforts.	
3	<p>A number of issues regarding PALS were raised at the Committee and Jo will work with the team, make a suggested approach and report back to FoCUS. Issues include:</p> <ul style="list-style-type: none"> • The time taken to respond to phone calls. • PALS to take a more active role when a person is looking to change who is treating them and make it clear they are able to help with the process. • How to make people who use services and carers more aware of PALS services. • Draft a short paragraph on the different types of advocacy available. 	Jo Lynch
4	<p>Following answers from the Trust FoCUS raised further questions about safe havens. Jo Lynch will follow these up with Georgina Foulds:</p> <ul style="list-style-type: none"> • People in crisis having to pay for transport to a safe haven (ask Georgina Foulds for clarification around this as the SPA will offer different options). • How do the Trust determine if someone is intoxicated in terms of admission to the safe havens? FoCUS would like to understand the rules and reasons for this. • Can the safe havens keep a tally of the number of people turned away due to intoxication so there are recorded figures? • Where do people go if they are refused entry to a safe haven? 	Jo Lynch Georgina Foulds
5	Stephen Firn to be invited to the May FoCUS Committee and local area groups.	Jo Lynch Lucy Finney
6	Presentation on Direct Payments with social care colleagues to the area groups.	Jo Lynch Lucy Finney
7	Carers Report item will be moved to earlier in the agenda.	
8	Please can the Trust comment on whether Unither House is being considered as a venue for a safe haven in the NW?	Jo Lynch Georgina Foulds