

FoCUS

North West Surrey Area Group Meeting Monday 12th March 2018 Christ Church, Woking

Minutes of the Meeting

Attendees: Tracey Hayes (FoCUS Rep), Rosemary Moore (FoCUS Rep), Larisa Orlova (FoCUS Rep), Elaine Braithwaite (SABP Governor), Leanda Hargreaves, Ian Williams, Glenis Nay

Tham Dewa (CMHRS Service Manager NW), Lisa McLean (CPA), Duncan Sloman (CMHRS Manager), Sarah Wickens (People's Experience Project Coordinator, SABP), Lucy Finney (LF Solutions, minute taking), Jane Ahmed (FoCUS Involvement Facilitator).

Apologies:

Apologies were received from David Crane, Gina Crane, Sam Sooi, Amy Crellin, Patty Lopez (SABP), Kathryn Nisbett, Hank Sohota.

1. Welcome, introductions, ground rules

Jane Ahmed welcomed Members to the meeting and introductions were made.

2. Minutes of previous meeting and matters arising (January 2018)

Accuracy

Kathryn Nisbett commented that on page 7 "Julie Cook spoke about Triangle of Care Audits and Kathryn asked about these, never having heard of them and not being aware of their existence. She asked about where they fit into the wider system and what monitoring process is in place for them. Julie said that she could follow this up with Kathryn after the meeting".

On page 8: "Kathryn clarified that the number of 'contacts' in the Peoples' Experience Report represents the number of contacts with PALS up to and including locally resolved issues".

Actions from January's Meeting

- 1 Add location of FoCUS meetings (inpatient units) to the Reps Agenda on 22nd January.
Completed.

- 2 *Feedback for information:* following on from Action 6 in the December minutes. FoCUS had heard of experiences of it becoming very regimented at the Abraham Cowley Unit (ACU), with patients lining up to be escorted to the cafeteria. It can make both patients and visitors feel very uncomfortable and is not a good use of staff time.
Completed. Thanks – we are trying to balance the safety issues alongside people's experience at the ACU. In the Autumn we had an increase of people leaving the wards and the building which we know from past experiences can lead to serious harm. We are not sure if we have got this balance right and Lorna Payne is working on reviewing the process. It has been agreed that this will be on the next FoCUS Committee Agenda for discussion.

- 3 Julie Cook to contact CMHRS Managers to ask why some CMHRS locations are locked and others are not. **Ongoing**

- 4 Current CMHRS Operational Policy to be circulated to FoCUS Members.
Completed and circulated.

- 5 FoCUS would like to ask the Trust why Albert Ward is closed and what it is being used for and why are old bits of Farnham Road Hospital closed?
Completed. There are discussions underway regarding the second hospital as people are aware. Albert ward was previously used for older adults inpatient services. There are no firm plans at the moment for the use of this space.

Rosemary Moore noted her concerns about Albert Ward being closed and had been told that it would be used for people with eating disorders - there are now no wards for dementia patients. Rosemary felt that decisions are being made without any one being consulted or told about them until the last minute. FoCUS agreed to ask the Trust when were the decisions made about closing Albert Ward and was this communicated and to whom?

Rosemary also highlighted that there is nothing about the Triangle of Care on Victoria Ward and whilst the staff are very pleasant there is a lack of carer involvement and no continuity with Health Care Assistants; she has been given two identical surveys to complete and this would be all that staff know about her or any carer.

- 6 There is virtually nothing for people with an organic illness (dementia) in this area (NW); how was the decision reached for this?
Jo Lynch has followed this up with Sharon Gregory who confirms that the specialist inpatient service for people with dementia is based at The Meadows. They have been challenged by the CQC and others about mixing people with dementia and people with a functional illness in the same ward hence the separation. The overall number of beds required for individuals with an organic condition does not support having organic beds in each of the geographical areas across Surrey and would not be a cost-effective option. Also, to do so would require more staff which would be difficult given the overall staffing shortages. The Trust have introduced the Intensive Support Team to work with people and Nursing Homes for Dementia. They could include a presentation/topic at an area group going forward if the Reps would find that helpful.

- 7 When the signage was changed at the roundabout outside the ACU (for the MyTime LD Services), the old Geesemere sign was not taken away and this has dropped down and looks sloppy. Please can the Trust ensure this old signage is removed?
Completed. Jo Lynch has followed this up with Estate colleagues and the sign has been removed.

- 8 FoCUS was pleased to receive the new People's Experience Report, however queried why this is now only produced six monthly and not quarterly, as questions on Your Views Matter change quarterly?
Completed. Thank you for the feedback we have been working on keeping the questions on Your Views Matter more stable and not changing them so frequently. We do provide a quarterly People's Experience report to the public Trust Board with Your Views Matter high level data which is accessible for all.

3. Feedback from FoCUS Committee Summary

Jane Ahmed ran through the FoCUS Committee Summary and the following was highlighted and discussed:

- FoCUS received an apology about the delay with the Discharge leaflet and it is now with Maggie Gairder who is the new Director for Working Age Adults.
- Carers Report: The Trust are sharing expertise with Surrey County Council to identify more young carers but are aware more work needs to be done on patient pathways. The first graph on Page 6 asks if someone has 'ever felt prevented from telling the Trust things that could have been useful' and FoCUS have asked the Trust to ask why people may have been prevented from telling them. FoCUS also noted that writing and Graphs in the report are too small and the colours do not work well. Carers Respect Panels will take place on a bi-monthly basis.
- Safe Haven review: FoCUS asked a number of questions which were responded to by the Trust. It was noted that the funding cost for Aldershot Safe Haven is £237,000 not £23,700 noted in the minutes (typo). FoCUS Reps also commented that the leaflet does not read well giving contradictory information and the Trust will look at this further.

Rosemary Moore and Glenis Nay commented 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? Rosemary believed that there is nowhere for the Safe Haven to refer to and it was explained that the Safe Haven are able to refer to the Home Treatment Team and the Crisis Overnight Service.

- Discharge, Care Plans & Communication: FoCUS Reps felt that the topic of Care Plans had not been addressed full in the Trust response. The Trust are disappointed to hear about issues with discharge and medication reviews and agreed to look at individual cases further if any FoCUS member would like to do so. Jane noted that there was quite a bit of outdated or missing information in the CMHRS Operational Policy and Lorna Pay noted that the Trust are looking at pathways across Working Age and Older Adults and acknowledged issues that need sorting out; they are not perfect and hopes the redesign sees an improvement.

- Update on the way forward for FoCUS: FoCUS Reps met with Jo Lynch, who manages the FoCUS Contract for the Trust, and it was agreed that it was not quite the right time to move into the new style of Committee. Jonathan Warren suggested Reps meet with experts in patient participation to see how FoCUS may look in the future. Rosemary Moore suggested that training given should be for all FoCUS Members not just FoCUS Reps.
- Questions from local area groups: Jane updated about the question raised from the NW area group regarding complaints. The Group heard that the Trust are aiming to reduce their response target for complaints to 25% by the end of the year. Elaine Braithwaite commented that she would like to make the complaints process easier for carers to access and that carers are able to take the form to the person using services to sign. Sarah Wickens explained the reasons for the current procedure and that it wouldn't have to be a member of staff doing this but just someone impartial. As this question had been asked previously and responded to by the Trust it was agreed that the response received would be circulated and discussed at the April meeting if necessary.

Rosemary Moore queried why people in a mental health hospital setting are read their rights time and time again; Tham Dewa commented that the Trust are obliged to do this under the Mental Health Act and offered to talk to Rosemary further outside of the meeting.

- Annual Plan and Future Projects: The Single Point of Access (SPA) is now unlikely to be implemented in this quarter and conversations with commissioners continue regarding funding. Tracey Hayes believed that the funding is now available for the SPA, however Tham clarified that this is still waiting for sign off. There is discussion around whether the SPA will only take emergency referrals as originally planned or whether all referrals will go through the SPA. FoCUS would like to ask if the number for the SPA will be free-phone? The Trust are refurbishing the Abraham Cowley Unit (ACU) to create single bedrooms with ensuite whilst ensuring they keep the same number of beds.
- News from the Trust: Jane informed the group that Fiona Edwards is unwell at present and in her absence, Jonathan Warren will be acting CEO and Billy Hatifani will be acting Chief Nurse.

4. Local Issues

Good News/Compliments

Larisa Orlova said that she is pleased to be involved with FoCUS and happy that she met Jane Ahmed from the FoCUS Support Team as she has given her a helping hand to get involved with projects and tasks to help her regain self-confidence. Jane also helped her a lot after being rejected from the CMHRS and helped her access the Community Connections service.

Larisa has been involved in the 15 Steps project working with Sarah Wickens and felt that she is on her way to recovery as she felt empowered to start working again. When Larisa was working with Sarah she felt very happy and was pain free, felt useful and like a normal person; she also sat on the Clinical Excellence Panel awards and did not have a panic attack.

Larisa was also very pleased to have met other FoCUS members and has been trying to gain knowledge about mental health services working with charities, however after engaging with FoCUS she feels more confident, knows her rights and is more determined to complete the process of recovery.

Praise was also given to her Care Coordinator Ashley, who is respectful, caring and makes her feel supported. Staff at the Occupational Health service in Epsom were also very helpful and were brilliant.

Lastly, Larisa praised the Recovery College which she has found to be great. Lisa McClean explained that the Carer Practice Advisers are facilitating some courses for carers and recently 14 carers recently turned up for a course in the snow!

Glenis Nay commented that the Safe Havens are very valuable for many people.

Issues, Comments and Suggestions

Tracey Hayes would like to know why the Home Treatment Team in the NW can't do visits in the morning? She has been told that they are unable to visit before 11am as they have a handover period; Tracey asked what happens to those people who may be at work by 11am and not home until later in the evening? Tham agreed to take this issue back to Rama who is managing the Home Treatment Team.

Larisa asked about those people who may fall through the gap when they don't meet the criteria for the CMHRS and may only be referred to the Recovery College to help them – but the Recovery College is only there to educate? Larisa also reported that she had heard of experiences where people using services have been told to lie about their suicidal feelings in order to get help from Primary Mental Health services such as talking therapies (Mind Matters). Larisa found this to be negligent as they are people at risk and Primary Mental Health Services are not equipped to deal with people at moderate or high risk.

Tham explained that anyone referred to the CMHRS will have an assessment; if they don't meet the criteria they are referred to another appropriate service. If the person is at risk, they will not be referred to the Recovery College. There are a whole range of things that are considered when a person is assessed and when they are discharged they are given guidance as to what options may be appropriate for them. Tham strongly advised that if someone is not feeling safe and feeling suicidal they need to see their GP and get referred back to the CMHRS for assessment. Cases are looked at on an individual basis and it is difficult to generalise - Tham advised that he would be happy to look at this on a case by case basis and reiterated that if there is a concern about someone who should be in secondary care services please get them to see their GP or contact PALS so they can start to look at issues.

Larisa asked about Crisis and Contingency plans and who will be held to account if a person does not have one. Tham explained that each person will have a Crisis and Contingency Plan if they are under a Team but if they have been seen and discharged they will not have one. The Care Coordinator will be held to account and will be performance managed should they not ensure these are completed. Duncan Sloman confirmed that the plan should be done in conjunction with the person.

Sarah Wickens also commented that this can be reported to PALS and they can raise an alert to the Managers to escalate down their teams.

Tham was asked how a carer can seek help if a person has attempted suicide but refused to get help? Tham said that they can attend the Safe Haven, the carer can visit the GP to make a referral but acknowledged this may vary from GP to GP.

5. Chertsey Hub Update, Tham Dewa

The Trust is selling some land on the St Peter's site and therefore services will need to be relocated and this will be to the Chertsey Hub. The Estates team will refurbish the premises and the ground floor space will be for patients and there will be hot desking office space on the first floor.

Runnymede and Spelthorne CMHRS Teams will be merged and managed by Duncan Sloman under a new name for the combined teams. The new Hub is near the station and has ample parking. Staffing will remain the same but will have one Manager. The Trust recognised the distance from Spelthorne CMHRS and will keep a satellite clinic at Cedar Unit in Ashford Hospital where there will be space to run groups and mirror what is offered in Chertsey. The Hub is likely to also house other teams such as forensic services, IAPT, older adults team and possibly Learning Disability Teams although this has not yet been finalised. The Runnymede and Spelthorne teams will move into the new Hub in early September.

The Hub will be hosting open days which will be advertised to FoCUS Members.

6. Early Intervention in Psychosis

Unfortunately, no presentation was available, and this will be re-scheduled.

7. CMHRS Update, Duncan Sloman/Tham Dewar

Duncan has been in post a month and is covering Spelthorne and Runnymede with a view that they will come together in the new Hub. The main issue faced is around staffing and they continue to struggle with recruitment, however have a few locums in post in both areas. They have an ongoing rolling recruitment programme, so people can be interviewed quickly rather than waiting for a closing date.

Elmbridge are in a good place in terms of staffing with only one CPN vacancy. Woking are also ok but the clinical lead is on maternity leave and there will be 2 CPN vacancies come the end of April, however they are working on filling these posts.

They have regular meetings with the CCGs who are addressing referrals that come from GPs – some are good, some not so good.

Elaine Braithwaite asked Sarah about the CMHRS visits she has recently undertaken and Sarah explained that on some visits there was not enough going on to observe so they will go back and revisit these CMHRS's. Sarah

will write up her findings by the end of April for circulation but highlighted that often the CMHRS's have a different feel depending on the building. Also visiting buildings with buzzers to enter and glass barriers around reception made a difference to the feel of the space.

The visits came about after Sarah had a meeting with CYA (CAMHS Youth Advisers) about some of their practice and one of the young ladies said that she was so overwhelmed by leaflets, posters etc. available in the CMRHS she wanted to leave. Sarah mentioned this to Jo Lynch and suggested visits looking at buildings, leaflet information etc.; they used the 15 steps which is based on an inpatient unit not in the community, but most were relevant. Tham noted that a challenge in CMHRS teams is around the number of leaflets in the waiting rooms and getting a balance is hard as some people find it too much, however they may get complaints if information is not available.

Larisa Orlova was impressed with Mole Valley CMHRS finding it friendly and home-like; here she witnessed one of the Care Coordinators running late - she took the time to come over to the person, gave her apologies and asked if they would like a cup of tea – Larisa liked this commitment. The leaflets are clearly set out between carers and users and are well organised. In the Epsom CMHRS people are able to help themselves to tea or coffee and contribute via an 'honesty pot' which was a nice touch.

9. Date of next meeting: Monday 9th April 2018, Chertsey Halls, Heriot Road, Chertsey.

Issues to go to next FoCUS Committee meeting, 8th May 2018

--	--

Actions

1	Following on from the question asked in Action 5 of the January minutes regarding Albert Ward FoCUS would like to ask the Trust when the decision was made to close Albert Ward and was this communicated and to whom?	Jo Lynch
2	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	Jo Lynch

	why they open at these times that are different to other Safe Havens?	
3	The NW FoCUS Group would like to ask that training is given to all FoCUS Members not just FoCUS Reps.	Jo Lynch
4	FoCUS would like to ask if the number for the Single Point of Access (SPA) will be free-phone?	Jo Lynch
5	FoCUS would like to ask why the HTT are unable to visit before 11am in the morning – what about those people who may be at work by 11am and not back until late evening?	Tham Dewa

Contact details for your Support Team

For Member support please contact:

Carol Pearson and Jane Ahmed at the Surrey Coalition of Disabled People

Tel: 01483 456558 Text: [077809 33053](tel:07780933053)

Email: carol.pearson@surreycoalition.org.uk

Email: jane.ahmed@surreycoalition.org.uk

Address: Astolat, Coniers Way, Burpham, Guildford, Surrey, GU4 7HL

www.surreycoalition.org.uk

For Meeting support please contact LF Solutions:

office@lf-solutions.co.uk Tel/Text 07727 273242

Glossary of Abbreviations:

AMP	Approved Medical Practitioner
CBT	Cognitive Behavioural Therapist
CCG	Clinical Commissioning Group
CMHRS	Community Mental Health Recovery Service
CPA	Care Planning & Assessment
CPA	Carers Practice Advisor
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission
CQUIN	Commissioning for quality and innovation
CTO	Community Treatment Order
EPP	Expert Patient Programme
ESA	Employment & Support Allowance
HTT	Home Treatment Team
IAPT	Improving Access to Psychological Therapies
IMCA	Independent Mental Capacity Advocate
IMHA	Independent Mental Health Advocate

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
STP	Sustainability and Transformation Plans
SHIPP	Surrey High Intensity Partnership Programme
STEPP	Systems Training for Emotional Predictability and Problem Solving