County Mental Health Action Group Meeting

February Locality Questions

Locality	Questions
Ashford	1. **Discharge processes from secondary care to primary care** – What is the best practice and is this being followed? 2. **Lack of beds and need for Crisis housing** – There continues to be concern regarding the amount of out of area beds being allocated. Annie reported that Kent inpatient beds are being commissioned in Sussex. Ashford has no beds – shut over 2 years ago. Maidstone has some coming in May, but this is just moving from Medway so not additional. There are no respite homes in Ashford and there is a real need for Crisis Housing. There is a Crisis House at Medway – PD unit. 3. The group are frustrated by the lack of action for issues consistently raised. They feel they are not being listened too and nothing is time bound or enforced. The concern over lack of beds, the need for Crisis Housing and continuity of care have all been discussed many times without any results. There is little or no representation at the Ashford meetings from KMPT or Ashford Clinical Commissioning Group (CCG) and there is a real need for transparency.
Canterbury	A carer feels strongly that the County meeting should set out a statement of intent for 2015 and suggests the following: 1. Out of Area beds 2. Reduction of Crisis 3. Care planning 4. Carers Bill 5. Engagement and Communication 6. Children and Adolescent Mental Health Services 7. Review MHAG Terms of Reference. The Care Bill is due on 1st April 2015 and he would like to understand the implications of this.
Dartford, Gravesham & Swanley	None
Dover, Deal & Shepway	1. Lack of discharge planning means some people are being discharged from secondary care and have not been told. Which means they have no care coordinator or support. 2. Lack of contact between assessment and treatment. People are waiting three weeks after assessment without any contact or support. 3. With so many staff changes in KMPT service users are not aware who the lead people are. They would like the courtesy of an email when change happens. Could KMPT CMHTs please set out a directory of who does what for circulation?

Maidstone /Weald	Kingswood Mental Health Team is currently understaffed. The group has provided a number of examples where the lack or change of Care Co-ordinator has caused problems. Calls are also not returned from the Duty Team. When fully recruited will the team meet the needs of the community and how can communication to clients of interim contacts and support be improved?
South West Kent	1. Mental Health clients do not like the description 'service user' and feel it does not represent them. Could a survey be carried out to ask people what they would prefer and would KMPT agree to lead the way with the change of terminology? 2. Crossways and Richmond Fellowship have both had a number of distressing cases where they have been failed by the Crisis Team due to staff shortages. Also where dual diagnosis does not meet caseness. Residential care services are taking a lot of risk. What response is available to residential care clients and does it differ from that available to individuals? 3. ESA claimants highlighted that they need to provide supporting documents which are less than 3 months old. These would be needed if someone disagreed with the outcome of their Ability to Work assessment and it went to a tribunal. How likely is it that this would be arranged quickly and do KMPT realise that this is a requirement. It is also an issue for GP's too.
Swale	None
Thanet	None