County Mental Health Action Group

Meeting Held on 15th April, 2015, 2pm
Swale 3, Sessions House, County Hall, Maidstone, ME14 1XQ

Present	Organisation/Email
Alan Heyes – Chair	Mental Health Matters
Marie McEwen – minutes	Sevenoaks Area Mind
David Hough	Co-chair Swale/Service User
Steve Furber	Co-Chair Swale/Centra Support
David Rowden	Co-chair Thanet/Speakup CIC
Brian Heard	Co-chair Thanet/Service user
Annie Jeffrey	Co-chair Ashford/Carer
Lynne Jones	Co-Chair South West Kent
Amanda Godley	Co-Chair Ashford/service user
Katie Smith-Palomeque	Co-Chair DGS/Invicta Advocacy
Richard Giles	Co-Chair DGS/MIND
Jo Miller	Co-Chair DDS/Sanctuary Supported Living
Jeanette Dean-Kimili	CCG Dover, Deal & Shepway CCG
Chloe Berry	Centra Support (student)
Marilyn Mitchell	Maidstone & Malling Carers Project
Andy Hales	Heart of the Matter
Sue Scamell	KCC Commissioner
Malcolm McFrederick	KMPT
Steve Inett	Healthwatch Kent

Apologies

James de Pury	CCG South West Kent
Belen Toher	Activmob
Janet Lloyd	KMPT
Naomi Hamilton	Swale & Dartford CCG
Liz Tredget	Co-Chair Maidstone/Winter Shelter
Annabel Aitalegbe	Co-Chair Maidstone/Rethink
Mark Kilbey	Co-Chair Canterbury Weald

1.Welcome, Introduction and Apologies

The chair welcomed the attendees and everyone introduced themselves.

2. CQC Thematic Review of Crisis Care Report by Malcolm McFrederick, KMPT

The draft CQC report is expected in August but informal feedback has been circulated. The Thematic Review looked at A&E, Section 136's and the Approved Mental Health Professional (AMHP) service. It was supported by Healthwatch, Kent Police and the Ambulance services who were all interviewed.

It noted services were full, had good caring staff and was impressed by the AMHP service. Professional and accurate note taking was very good but challenged that the crisis teams were doing too much other work and not enough treatment.

Street Triage – Kent Police are not withdrawing from the triage as first thought. The current model does not work for them as it can involve up to three police officers so they want to agree a new model

and we are working with them on this. We all agree that the custody suite is not appropriate for people who require section 136. Place of safety means crisis team look after them.

A&E Liaison looks to be a good news story with additional provision in East Kent. It is very important that we have medical leadership on the ground. If a person has a physical condition with underlying mental health need (dementia) then they must have mental health support as well as physical support before being discharged.
KMPT are working with commissioners to ensure only the right people are admitted to wards when necessary. There are staffing shortages and we cannot build more wards. We are considering Clinical Decision Units (CDUs) as a safe place to give time to support people before admission becomes necessary. We are discussing this with mental health liaison teams for Medway and Maidstone.
The Personality Disorder Service is being developed across East Kent and North Kent in particular. We currently have the Brenchley unit in Maidstone and a therapeutic house in Medway. People with personality disorders are high users, often presenting in A&E and 136 suite which uses a lot of frontline resources. Looking after them will free up crisis teams to look after others.

Community intensive support – We could do more in the community to prevent people tipping into the crisis team. The Approved Mental Health Specialist (AMPH) is a dedicated service and has no alternative under the law but to admit people, however they would choose to do something else if they had the option.

Single Point of Access should leave the Crisis Team free to do home treatment. We have a dedicated 136 suite in Kent which takes the weight off the Crisis Team.

Recovery process : We are working on staffing for the recovery ward. There is a shortage of nurses across the country not just in Kent. Nurses traditionally work on a 5 day model and with no weekend staff recovery activities are slowed up. We are considering changing the skill mix to ensure 7 day cover. This has been tried in Maidstone and is showing positive outcomes. We are also increasing senior medical cover on the wards too as good effective leadership gives confidence to the staff.

Discharge – 1 in 5 people do not need to be in hospital if they had complex nursing in the community. Other parts of the country cover this with private organisations but this is not happening here in Kent. We need to find how to stimulate that market. We can't get people to where they need to be and this is not good for their recovery. We must move people on to let more people in. Alternatives to admission? Discharge elsewhere? Timescale would be more than six months. There is no budget for this as the service does not currently exist. The south east have high number of elderly people with dementia and if I was commercially minded I would take the least complex. High end needs mean more staff more training etc. Sorting out strategic things will make it easier.

Q & A:

Question 1: Will there be an increase in mental health Liaison hours?
Answer: One A&E for three hospitals at weekends is not realistic. We are working on ensuring there is one on each site; it is entirely possible but no contract signed yet.

Question 2: There are no voluntary services available at weekends, are there plans to fund these?
Answer : The critical time is 5pm-12pm and we need to cover this. I am trying to get more money from commissioners for this. We are nearly there but not signed on dotted line. Watch this space and I will confirm at another County MHAG meeting.

Question 3 : With the staffing crisis does it mean staff will be transferring but we won't get additional staff? Swale has regular gaps in psychology team and people get worse while waiting.
Answer: Depends on the area. Dartford are short of social workers; Swale is getting better and have a hard working team. In other areas community teams are improving but crisis teams and wards are struggling. If nurse not available in the community team we could perhaps use a support worker. Crisis teams could be configured slightly different; wards need better psychology teams. Lots of Occupational

therapists and pharmacists have qualified and are waiting for jobs but we have no nurses. Not sure how we use pharmacists but I am sure we can find a way by trying something new and exciting.
Steve Furber added that he was very impressed with the work of two new peer support workers in Swale.

Question 4: Are more people admitted to ward through A&E compared with being seen at home?
Answer: I don't have a full answer as it is quite complex. There are two different scenarios, those who are not known to KMPT and those who are. If the latter then we must ask - Have we let them down? Why is their Care plan not working? People with Personality disorders are known high users but this is usual for them. If picked up by police then more likely to be admitted but this is down to the police. A&E is not an ideal place for crisis, the alternative is to bring them onto the ward but we would rather have another place of safety if possible. Lynne noted that if the crisis team are not giving people what they need they end up in A&E.

Question 5: We have heard a lot of talk about crisis houses but nothing seems to be happening. What work are Commissioners doing about this?
Answer: There is a definite need for crisis houses. I advise you all to ask your CCG what they are doing to make Crisis houses happen. Alan is doing some work on Clinical Decision Units (CDUs) and will feedback in due course. Amanda noted that if medical treatment is needed the crisis house would include this and will differentiate between CDU and Crisis House.
Malcom agreed there were lots of things that can be done and welcomed all involvement. Layered services need but does not all have to be provided by KMPT. Alan suggested local MHAGs could look at this locally and work with CCGs.

Question 6: How far have you got with Police Triage regarding training? Different areas of Kent are doing different things. The Crisis Care Concordat action plan is to look at training and spot gaps.
Answer: Suggest you invite mental health lead Dave Holman and local police to your meetings to discuss this.

Question 7: What training is needed to escort people to A&E? Training is a drain on services and finances.
Answer: People who are intoxicated can present as a danger to themselves/others and might end up in 136 suite but sometimes they are fine after six hours sleep. Training would address this.
Inappropriate use of 136 suite and staff is a drain on services and finances. There could also be people in police cells who need the 136 suite for assessment and can't access it because of the above – it is all down to basic training.

Steve Furber asked if anyone knew the name of the Swale police mental health lead. Marie has a contact and will try to find out.
Action 1 : Marie to find out Swale Police Mental Health lead name - completed

3. Minutes of last meeting - Approved

3.Action Points and matters arising from last Meeting

1. Completed and Discharge meeting has now taken place.
2. MHAG dates have been forwarded to Wayne Bennett
3. Lynne has discussed with Janet Lloyd and suggested Tom Clarke and/or Tracy Sutton should attend South West Kent MHAG. Tracy has confirmed she is attending SWK meeting on 28th May.
4. Janet not present and no update available.
5. Trustwide Patient Experience Group report and action plan circulated.
6. Live It Well feedback has been requested.
7. Janet not present and no update available.
8. Malcolm confirmed he has raised this with Ashford CCG but needs further review.
9. CAMHS not present. Marie to chase and ask for regular attendance at County meeting.

Action 2 : Marie to ask Sussex Partnership again for regular attendance

Out of area bed information is no longer allowed to be shared between CCGs and this information was crucial to inform crisis action. Steve Inett had arranged a meeting last week with Malcolm to discuss this but Malcolm had cancelled. Healthwatch can help, but need the complete picture to get clarity on this to understand the pressures and triggers. Dartford, Gravesham & Shepway CCG has talked to Healthwatch but we also need KMPT data to complete this.
CCGs are not allowed to access other CCGs data due to patient confidentially but there is aggregated data on out of area beds. Jeanette agreed to take these comments back to East Kent CCGs but cannot speak for West Kent.
Steve Inett advised that the Health & Wellbeing board information is publically available but only gives a one day snapshot. Need to consider if there a case for out of area bed funds to be used elsewhere. Alan agreed and suggested that the MHAG reps for Healthwatch could assist with this.

Action 3 : Jeanette to feedback comments on Out of Area Bed information to East Kent CCGs
Action 4: Steve Inett will identify current situation/barriers on out of area beds

Annie also requested out of area bed information for Children & Adolescent Mental Health Services (CAHMs).

5.Local MHAG Questions

Ashford MHAG:

1. How do KMPT look after their staff's mental health?
   Malcolm left just before this question was raised. Alan advised staff will probably have Employee Assistance Programmes as well as clinical supervision and personal supervision.

2. Only one CAMHS 136 suite for whole of Kent located Dartford which does not include beds. . Are there any plans to have a more appropriate 136 suite for children and adolescents?
   Steve Inett had met with Dave Holman and they are looking at having three 136 suites in Kent. Contracts are being negotiated. CAMHS are hitting average targets across the county for assessment and treatment times but certain parts are not. Extra resources have been brought in to do assessments for East and West Kent. Autistic Spectrum Disorder (ASD) requires bigger piece of service but there is no ASD strategy. Sue advised there is a dedicated ASD unit available. Jo noted that CAMHS do not pick people up if there is any mention of Aspergers. Annie advised that the Kent suicide rate is higher than national average, fragmentation of services is not helpful and causes people to disengage.
   Annie asked where the service user and carer involvement was in this commissioning; CCGs and Healthwatch have not taken this on board. At the crisis concordat they said they didn't know where to find them but KMPT is very good at bring service users and carers into their meetings. Jeanette advised that they are not commissioning a new contract here but re-awarding the contract with more changes on delivery. This is informed by all of the input gathered and is shared with CCG and carer forums/health reference groups which have mental health sub-groups together with Patient Participation Groups (PPG) and also includes CCG links with local MHAGs.
   Annie still felt her PPG should be included in the decision making as it is very clear on NHS England that service users and carers should be an integral part of the commissioning.
   Jeanette repeated again that commissioning was informed by pulling together from all the above service users/carer forums and had identified what needed to be looked at, such as A&E and was informed by those discussions. We know KMPT will be looking at these to resource things differently.
   David added that CCGs have their ideas and service users have theirs but they are not the same. It was suggested that Dave Holman is invited to Ashford MHAG with Jo Scott from CAMHs to give highlights and service developments as he is the CAMHs lead for whole of Kent.

Action 5 : Marie to invite Dave Holman and Jo Scott to Ashford MHAG

Canterbury MHAG: County chair to ensure locality questions are raised on behalf of the group even if no local chair is present. Agreed.

Dartford, Gravesham & Swanley MHAG:

Why are Kent Police withdrawing from the Street Triage? See Street Triage under 2 above.

Dover, Deal & Shepway MHAG:

Jackie Fairlie is asking to CCGs to allow noticeboards in GP surgeries to display self-help information which could be updated by their PPGs. Surgeries are usually very reluctant to do this due to infection control. Could GPs a have link on their computer to print out leaflets for patients as self-help encouragement? How will different practices will do this?

It would be good to have this standardised across all CCGs and allows people to take control of their own recovery. Sue advised that all GPs know about the Live It Well website which has printable leaflets on there with personal support plan and we want to keep using that platform. Brian said there was a noticeboard in his local Thanet surgery but thought it would be a big task to do this in all Thanet surgeries as it is a large area. Steve Furber suggested that a new group could be established to do this.

Maidstone MHAG:

1. Malcom McFrederick has still not responded to on cases raised by Maidstone Weald at last County meeting.

Malcolm had already left the meeting at this point. Marilyn had difficulties hearing during the meeting as the hearing loop was not working. Marie agreed to inform Sessions House Facilities team for future meetings. Marilyn highlighted that Janet Lloyd had not responded to action 7 and that services at Kingswood have deteriorated. Carers report that their cared-for have not had their paperwork completed and when they telephone Kingswood about their cared-for, calls are not returned.

Carers are not getting paperwork completed. They have tried phoning but still getting no response. Marie advised that Angus Gartshore from the Community Recovery service is attending the next Maidstone Weald MHAG and these points will be brought to his attention beforehand. .

Action 6 : Marie to chase response from Malcolm on Maidstone Weald cases highlighted at the February County meeting.

Action 7: Marie to advise Angus Gartshore of Kingswood service deterioration.

2. Need for a Kent wide stakeholder event to flag up the differences in services across Kent. Or could be East Kent/West Kent.
   Sue advised that KCC are working with CCGs to re-tender a range of contracts for community and wellbeing services. These have been advertised across Kent based on Joint Strategic Needs Assessments with Public Health. This is our one opportunity to realign this and to ensure there is no disparity.
3. What is happening around crisis provision across the County? There is concern over the Crisis Café pilot coming to end in Swale. There is a huge demand for Crisis Café and both Maidstone MIND & MCSC having expressed an interest in working with the CCG to provide this service.
   Alan advised the Wellbeing Cafés have been extended to end of May. Talking to public health about winter pressures money to continue later in year. Working on possible crisis café in Ashford.

South West Kent MHAG:

1. Will voluntary services still be funded by KCC as they move towards benefits that are means tested and PIPs? Will there be core funding for the PIPs services which are purchased by user?
   Sue confirmed they will still be funded. Mental health has been protected and there have been no cuts and none are planned. We recognise we are a Cinderella service.
2. The Crisis Concordat, Page 6, mentions that East Kent has a risk assessment called SMaRT which is intended to be rolled out to West Kent, Dartford and Medway. What is it and can we see one?

Action 8 : Marie to refer this question to Naomi Harris and feedback response.

3. There is a disparity of services between East and West Kent. How is it possible to find out what is going on in East Kent?
   See reply above to Maidstone Weald question 2.

SWALE MHAG:

Need for funding support for carers travelling long distances to visit people in out of area beds and ask that KCC should fund this.

This was raised at the February meeting and Malcolm pointed out this would not happen in the physical health sector. However, physical treatment may not be out of area for such a long time. Some mental health carers are elderly, cannot travel long distances and have stayed overnight which can cost £300 plus. Sue noted that there is a service user and carer budget for expenses. Annie advised that under the care act carers will get their own personal budget. Andy added that he is a voluntary driver for CVS and has done long distances. Clients pay £12 to register annually, each trip is £4 plus 45p per mile. Quicker than a bus and cheaper than a taxi.

Thanet MHAG :
Thanet CCG meeting on 10th March was not publicised enough; local newspaper advert did not include a date. Marie had contacted Thanet CCG. They advised the meeting was planned and advertised well in advance. The exclusion of the date was down to the newspaper not CCG. Jess Andrews is now on maternity leave and her interim cover is Sue Mullin.

Medway MHAG : Medway CCG commissioner is on sick leave and her replacement is Diane Meddick.

5.Commissioners Updates:

Kent County Council – Sue Scamell: Public consultation on Community Health & Wellbeing services has been circulated. We can send out paper copies if needed. We have had 128 responses so far with lots from men which is brilliant. Ideally do online and is also on the Live It Well website. Please encourage everyone to take part.

Dover, Deal & Shepway CCG – Jeanette Dean Kimili: Autistic Spectrum Disorder (ASD)and Attention Deficit Hyperactivity Disorder (DHD) - KMPT work on developing an all age Neuro Development Pathway and is re-commissioning the assessment service but need to ensure robust pathway. Assessment to include links with education, CAHMS and adult services. Post diagnostic – what happens next. Broad piece of work. Timescale to complete is August 2016. Already had lots of dedicated patient engagement and will include meeting our Health Reference group this month.
IAPT is out for retender in East Kent, closing date is Jan 2016. This retender is looking at all other issues including transfer of care, change of criteria threshold to send people to other providers rather than back to GP. One door approach. Want to focus on picking up on suicide strategy. There is an action plan still in draft form. Group at most risk in Kent is white middle aged men working in transport, construction and agriculture. Doing dedicated targeted outreach. Also transition service will be accessible age 17 – not 18. Annie noted there is still a huge gap in secondary services for psychological services where wards do not have a psychologist.

7. Patient Experience Team Update

Janet not present. Trustwide Patient Experience Group minutes and action plan were circulated just before the meeting. Any comments please forward to Janet. Group said they would prefer a brief comment at the meeting rather than the papers being circulated.
Action 9 – Marie to feedback comment to Janet and ask for regular presence at County MHAG

8.Any Other Business

Group discussed the need to take more effective ACTION as we are an action group. It was agreed that the local MHAGs more effective Working Groups which should be task and finish and include reporting back. Some felt they needed guidance on what is involved in the working group and what subjects they could tackle. Marie agreed to produce an overview of past working groups. Two ideas were mooted – out of area beds and CAMHs. These working groups could be thrown open to all MHAGs as had happened with the Discharge Letter task and finish group.
All MHAGs need more robust actions and need to focus on specific targets. It is a two way process and needs to filter down too. It was noted that items discussed today were raised two years ago.
Action 10 - Marie agreed to produce an overview of past working groups.

Brian felt Kent Police had been wrongly criticised today and noted they were engaging in Mental Health First Aid training which was very positive.

Healthwatch GP Report has been published and can be found on this link along with NHS England response : http://www.healthwatchkent.co.uk/news/mental-health-how-supportive-are-gps

8. Date of Next Meeting: 17th June, 2015, 2pm at Rother Room, Sessions House, County Hall, Maidstone, ME14 1XQ. All co-chairs will meet separately either before or after the MHAG meeting. Details to be confirmed.

Action Table with responses

No.	Action	Responsible	Status
1	Find out Swale Police Mental Health lead name	Marie	completed
2	Ask Sussex Partnership again for regular attendance	Marie	Mat Stone will attend next meeting.
3	Feedback comments on Out of Area Bed information to East Kent CCGs	Jeanette	outstanding
4	Identify current situation/barriers on information sharing for out of area beds	Steve Inett	Outstanding
5	Invite Dave Holman and Jo Scott to Ashford MHAG	Marie	No response
6	Chase response from Malcolm on Maidstone Weald cases highlighted at the February County meeting.	Marie	Completed
7	Advise Angus Gartshore of Kingswood service deterioration before he attends Maidstone MHAG in May.	Marie	Completed
8	Ask Naomi Harris what SMaRT refers to in the Concordat on Page 6 and feedback response.	Marie	Completed
9	Feedback to Janet Lloyd that the group would prefer regular presence at County MHAG with brief verbal comment rather than TWPEG documents.	Marie	Completed
10	Produce an overview of past working groups.	Marie	Completed

Please note that draft minutes/agendas/documents will be available via the Live It Well site on the following link: http://www.liveitwell.org.uk/local-news/county/

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