County Mental Health Action Group

Meeting Held on 16th December, 2015, 2pm

At County Hall, Room Swale 1, Sessions House, Maidstone, ME14 1XQ

Present	Organisation/Email
Alan Heyes – Chair	Mental Health Matters
Marie McEwen – minutes	West Kent Mind
David Hough	Co-chair Swale/SURF
David Rowden	Co-chair Thanet/Speakup CIC
Brian Heard	Co-chair Thanet
Annie Jeffrey	Co-chair Ashford
Amanda Godley	Co-Chair Ashford
Annabel Aitalegbe	Co-Chair Maidstone/Rethink
Lynne Jones	Co-Chair South West Kent/Winfield
Ellie Williams	Co-Chair Canterbury/Take-Off
Karen Abel	Co-Chair Canterbury/Insight Healthcare
Juliette Page	Co-Chair Maidstone/Involve
Matt Stone	Sussex Partnership Trust
Jeanette Dean Kimili	South Kent Coast CCG
Steve Furber	Swale MHAG
Lynne Jones	Winfield/SWK MHAG
Belen Toher	Activmob
Debbie Tyler	Activmob
Dave Holman	West Kent CCG
Heather Randle	Kent County Council
Sharon Dosanjh	Medway CCG
Theresa Breakspear	Richmond Fellowship
Nick Dent	KMPT

Apologies

Sue Scamell	KCC Commissioner
Naomi Hamilton	CCG Swale & Dartford
Zena Walker	CCG West Kent
Andy Oldfield	CCG South Kent Coast
Linda Caldwell	CCG Thanet
Jo Miller	Co-chair Dover, Deal & Shepway MHAG
Richard Giles	Co-chair Dartford, Gravesham & Swanley MHAG
Janet Lloyd	KMPT
Malcolm McFrederick	KMPT
Steve Inett	Healthwatch Kent

1.Welcome, Introduction and Apologies: The chair welcomed the attendees and everyone introduced themselves.

2. Crisis Care Concordat/Crisis House/Cafe Update : Dave Holman

This presentation was submitted to the Health & Wellbeing Board in July and has been circulated to the MHAG mailing lists and added to the Live It Well website http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/

Slides 1 & 2: Too many people in crisis are still not receiving the right help at the right time. People presenting with a broken arm are seen very quickly but with a first episode of mental health crisis they might well end up in a police cell.

Slide 3: Strategic fit. 5 year forward view set out what needs to change and what services will look like. Locally there is the Health & Wellbeing strategy. West Kent has Mapping the Future with our own blueprint. The golden thread though all of this is parity of esteem. Without all of this input we would not have the concordat.

Slide 4: Agreement for services to work round 4 key areas. Before, during, after and trying to improve services.

Slide 5: Very important to see who has signed up to improve position. Ongoing journey. Section 135 and 136 being reviewed to prohibit use of any police cells.

Slide 6 : A crisis review group was set up because we didn't have a children's 136 suite in Kent, this evolved into the Care Concordat. We now have one 136 suite in Dartford and there will be more across Kent. We evolved into the concordat. Progress reports delivered twice a year to the Health & Wellbeing board. We are currently focussing on high use of Section 136s as we are highest in country. We need to work across system to bring this down.

Sharon Dosanjh added that the Single Point of Access has been in place since December 2014 with a call handling service behind it. Since February 2015 people are directed to the right place. This service is 24/7 for anyone in a mental health crisis. Manned by clinical and support staff with access to RIO to give advice and liaise with crisis team to book appointments. There will be access for all secondary care patients from June 2016, offering appointment on the phone with copy going to GP. Key Performance Indicators (KPIs) for call handling system, recording numbers of calls, hang ups etc. Don't ring Crisis or CMHT anymore, everyone should call the Single Point of Access (0300 222 0123) and this will really help relieve pressure on teams as calls will be screened. This will make a big difference.

Street Triage Pilot has now morphed into new project starting next week. The service varies in different parts of the country. Now more triage support mechanism with mental health staff in operating rooms of police and ambulance services to advise and can also go out to support people if required.

Healthwatch are involved with concordat group. Services are more efficient and agencies are working better together.

Page 7: Realised key issue was use of Section 136 and if we resolve the crisis bit then we can provide support afterwards. Information sharing needs improvement. Acute liaison psychiatry should receive right help. Medway is the only one which has a 24/7 service. The problem is people will go straight to A&E because they know they will be seen, so to prevent this we need to improve local services.

Crisis Cafes – There have been a few around Kent. We tried to do one in West Kent but didn't get there. Now moving towards crisis house approach with Clinical Decision Unit (CDU) instead of A&E, with pathway. Cafes would not be part of the formal pathway as they are run by voluntary sector. Service needs to be more formal. KMPT could not resource cafés with staff.

Slides 8 &9: Self-explanatory showing all round improvement.

Concordat has been in place 18 months, improvements have been made but there is more to do. It enabled discussions with other commissioners and acute colleagues which would have been possible in the past.

The action plan is on the Concordat website here :

http://www.crisiscareconcordat.org.uk/areas/kent/#action-plans-content

Questions:

1. Swale MHAG discussed parity of esteem and identified that 22% of the population have mental health issues but mental health only get 9% of budget. We have set up a Working group to look at this. Saving money or using it better needs education to avoid repeat episodes – self management. An educational programme would tie in with that to help people to maintain themselves. The crisis cafes are a good idea but reinvented the wheel for informal day services out of hours. Funding no longer available for Swale Café so nothing currently available.

Response: 9% is definitely not enough, it needs to be about 13/14%. We are challenging NHS England on parity of esteem. Over the last year there has been a lot of money given to CCGs to promote our work on mental health. Child & Adolescent Mental Health Services (CAMHS) have been given £2.2m per year to transform the children's service. If we get this right it will go a long way to ensuring that in adulthood people will get right help. Acute liaison psychiatry, Early Intervention in Psychosis Services (EIPS) and Peri-Natal also receiving more money next year. To improve parity of esteem this extra money will come into the system. CAMHS has 76% diagnosis before age 18 but they only get 7% of the budget

Jeanette added that South Kent Coast MHAG looked at this last year and discovered that not all CCGs used same figures and it was difficult to come up with like for like percentage for mental health, e.g. some included Primary Care prescribing, Children's & Older People MH etc., and other areas did not. If we want to compare spend across areas, we need to identify the areas to get an accurate comparison.

Dave Holman noted that prevention, and peer support etc need to be in place to support this. Crisis Cafes are yesterday's news and Crisis Houses are the way forward. Police now have Live It Well cards to pass to clients they pick up and can track these, all very helpful. Alan asked if CDU's (Clinical Decision Units) would be in place in time with Recovery Houses?
Response: One will push the other. When we get crisis services right there will be less out of area beds needed. Get it right and it will spiral across the system.

Steve suggested Recovery House rather than Crisis house might be more positive name and suggested visiting Rethink recovery Houses in Ealing or Barnet.

Sharon noted that A&E is for physical conditions not mental health. Juliette argued that the reality is that people need to go there. Dave agreed that A&E should be for both physical and mental health but there was a danger that if it works well that everyone will use that route.

David Hough noted that the Single Point of Access should ensure that people do not need to go through A&E. Amanda stated that when people are desperate they will go anywhere. It is more about where to get help rather than how long the wait is when unwell. A&E is sometimes only option left to them. Whatever you make available people will use. Sharon noted this is why hospitals are reluctant to build the space.

Jeanette stated the model should be responsive to people in crisis and acute hospital should be back up if everything else fails but at the moment it is the other way round.

Alan thanked Dave for attending and Dave agreed to give a further progress update next year.

Minutes of last meeting – approved.

3.Action Points from Last Meeting

1. Discharge issue raised with Janet Lloyd - Completed
2. Discharge issue raised with East Kent Trust - Completed
3. Training issue raised with Janet Lloyd - outstanding.
4. Protected Characteristic presentation - Completed
5. Out of Area information leaflet for circulation - outstanding. Nick to provide.
6. Housing Options Team representatives now attending most local MHAGS. Steve Inett had attended Kent Housing meeting and reported they felt CMHT were not responsive. He left them with Live It Well website details and reminded them of protocols when people are discharged from hospital, including homelessness. Protocols are being revamped and re-circulated to Housing Options teams around the County. Regular occurrence of people discharged on home leave at weekend with lack of consultation with housing provider. Home leave is a device ahead of formal discharge but often becomes discharge without correct preparation as the bed is filled as soon as they leave.

Dave Holman advised there are not that many people staying in hospital waiting for accommodation. Sharon agreed and advised there are bi-weekly calls including social care to look at transfer of care and out of area usage. This happens in East and West Kent. Jeanette agreed that since doing this there has been a significant shift with better communication between social care and mental health care which flags up when someone is getting ready for discharge. Steve suggested inviting Linda Harvey from Horizons (Laurel House) to come along and give a presentation on their successful housing service as it fits into concordat model.

Action 1: Invite Linda Hardy from Horizons to give presentation on the Horizons Project.

Nick added that people moving on from Horizons want long term accommodation and a pilot is currently being set up for this.

5.Locality Questions:

Ashford: 1. Lack of communication between GP and secondary services: Suggest asking Lisa Barclay to arrange mental health training for GPs.
Action 2: Amanda to ask Lisa Barclay to arrange mental health training for GP Practice Learning Time.

2. CQC report at Wm Harvey Hospital highlighted there is no space for mental health services. It is very important that we have that space. Dave Holman was unaware of this and agreed to look into this.
Action 3: Dave Holman to look into lack of Mental Health space at Wm Harvey Hospital.

3. Is it possible to have representation at this meeting from South London & Maudsley Trust (SLAM) to come and talk about CAHMS? Matt Stone advised that Bonnie Andrews from CAMHS will attend next Ashford MHAG meeting and suggested that Jo Fletcher (SLAM) or manager at Woodlands should be invited to this meeting.

Action 4 : Invite Manager from Woodlands to next meeting.

4. **No Primary Care mental health worker**: This has been raised at local Ashford and Maidstone MHAGs. There is high need for this service at both localities.
Dave Holman advised West Kent has 4 Primary Care Mental Health workers with a further two being recruited. Practices who have access to the service report successful outcomes. Going forward there will be more transfers to primary care. We do a practice bulletin to GPs every week and send out mental health updates to all patch meetings.

Dave Holman suggested MHAGs should write to mental health commissioners asking for a route into GPs. Jeanette advised that South Kent Coast had now put in place medical interoperable Gateway (MIG) for KMPT patients and also for East Kent Hospitals. By end of this time next year all key providers should be able to see information. This two-way, phased approach went

live on 15th November and records can also be viewed in primary care. GPs don't have access yet though.

Canterbury: 1. Lack of PICU beds in Canterbury since Dudley Venables has closed. Reality in Canterbury is we have lost half of PICU provision and one of the sites. Rationale was PICU outreach would be in place but has resulted in more use of out of area beds. Were told PICU was closed because it was not needed but within weeks everyone were in out of area beds. Nick advised PICU beds are at St Martins in Canterbury and Willow Suite in Dartford. All beds are in one place.
2. East Kent Carers Counsel have raised need for better protocols for transporting people long distances. Highlighted case during hot summer day when person was transported in van without refreshments/comfort breaks and without being told where they were going or how long the journey would be. Dave advised this is a Quality issue and suggested it is raised with local CCG to explore.
Action 5: Canterbury MHAG Co-Chairs to raise transport protocols with Debbie Stewart.

Maidstone: What is process to support people with PTSD multiple trauma as this does not fit with IAPT. Dave advised he is speaking to NHS England to do something different with Armed Forces and suggested talking to Teresa Boffa (t.boffa@nhs.net) at West Kent CCG who covers armed forces. Juliette also highlighted gap for sex workers and victims of domestic violence. Jeanette stated there is no gap - it is about getting providers to deliver what they are commissioned to do. Karen advised that Insight Healthcare can only offer EMDR for PTSD for single trauma as they are short term primary care service. We cannot provide for someone with the high need of step 4 plus. CCG dilemma – we have started the process with the client in primary care and cannot continue. This IS a gap in the service.
Lynne agreed that it was made clear there is definitely a grey area where people are not being accepted into primary care. Dave Holman also agreed it didn't fit into 6 week IAPT service needed a bespoke model and that CCGs need to try and work out how we meet that need. Slightly unreasonable to ask IAPT providers to provide that. Jeanette suggested looking at the at **HoNOS**, (Health of the Nation Outcome Scales) then if there is a gap then those clinicians who developed HoNAS missed a trick. We need to get smarter at how we commission. There are IAPT providers who work with Cluster 5s. The veterans network trained clinicians across Kent in EMDR. IAPT providers have a group of clinicians with different skill sets. We have tied this into our service specification in South Kent Coast. We cannot allow people to fall through gaps and there is no reason CMHT cannot provide IAPT.

Action 6: Maidstone Co-Chair to contact Teresa Boffa to discuss multiple trauma PTSD.

SWK : 1: Only one 136 suite in Dartford for whole of Kent for children. We need somewhere central. Dave Holman agreed and advised the plan is for adult services 136 suites in Maidstone and Canterbury which will make available space for children and he strongly believes there will be equal access over next two years, but not sure there will be single provision as not many children go through this.

2.Any progress report on draft Discharge letter? Disappointed to noted that Angus Gartshore (Recovery Service Director) had not heard of it. Nick advised it will be presented for ratification at the next TWPEG meeting. Discharge summary will be given to GP through Single Point of Access. Lynne noted need to see this hurried along and implemented as soon as possible. Jeanette said this was a great piece of work but it should not be called discharge letter as it is Transfer of Care KMPT to GP. Jeanette requested the final version should be sent to a handful of GPs to get their views with timescale.
Action 7: Jeanette to send copy of Discharge Letter to Sharon for circulation to GPs with timescale for feedback.

Swale: Parity of esteem on mental health budget: See response above under Concordat question 1.

Thanet: Raising again gap between IAPT and secondary services. CCG are working to try and eliminate this and we wanted to know what is happening elsewhere. Jeanette advised the new contracts from 1st January 2016 state that if referral is received by CMHT and doesn't meet threshold they should be transferred to IAPT provider. Clinical conversation should take place between the two providers, can use a transfer form to say why they feel they are not appropriate for their service and include a bit about risk/boundaries. Possibility the service user presents differently at IAPT and CMHT, the form for use between providers was e piloted and was found to be hugely helpful. Lynne asked how CMHT would know which IAPT provider to refer to? Jeanette advised they would ask the client. Lynne noted that CMHT don't refer to IAPT – it is the client. Jeanette advised that in a case where the CMHT felt that an IAPT referral was more appropriate, that often the clients found the referral support to another service helpful. And reduces the possibility of people falling through the system. . This will be equally important with the new MH and Wellbeing Service that is currently in process of being re-commissioned.
Karen agreed it is not acceptable to bounce people around and that Insight would welcome any conversation with CMHTs across Kent. GPs also need to know what IAPT services can provide.

Medway: Will £600,000 from Personality Disorder service be reinvested in Medway? Sharon advised the service was a pilot, not commissioned by CCG but by KMPT. The CCG agreed to fund £16,000 and if outcomes were good would continue. But it did not continue as the outcomes were not as expected. This is not a cost saving exercise. Our Mental Health Investment has increased by £800,000, we have wellbeing café etc. and will continue to invest this money.

6. Patient Experience Team Update – Nick Dent

Last year KMPT were in the bottom four of National Patient Survey results but we are pleased to report that things have improved in 2015. Care planning increased by 9% but could still do better, people's awareness of where to go in a crisis had improved by 13%. We still need to improve on what happens once they have accessed crisis. Patient Survey results can be viewed on the Care Quality Commission website. http://www.cqc.org.uk/

The Single Point of Access has a stepped programme and will move forward in new year. Sharon added that access to the Medway crisis team was through a switchboard which was not helpful. We have taken this on board and they now have a direct line 01634 833738.

This year the NHS audit looked at patient Experience and KMPT achieved Reasonable Assurance" which is acceptable. The top award is Full Assurance.

KMPT's 5 year Community Engagement Strategy ends next year and series of activities kicked off last month with the Let's Talk conference. This was well attended and the report will be circulated via MHAG in the New Year. This is the beginning of a process of engagement through the new strategy. Please get involved and encourage everyone to take part.

Alan expressed thanks on behalf of the MHAGs to Steve Furber on his retirement. Steve has chaired several MHAGs including County, Swale, Canterbury and Thanet and has been an excellent supporter for many years. We all wish him a happy and relaxing retirement.

6. Information Sharing:

1. Street Triage Pilot Update – circulated and added to http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/
2. Crisis House/Café Updates – discussed above.

Strategic Partnership Tender Update – Alan advised that the new Health & Wellbeing Strategic Partnership awards will be publicised as soon as they are made available in January. Mobilisation will start at point of award.

3. Single Point of Access Update provided by Karen Dorey-Rees - circulated and added to http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/

8. Date of Next Meeting:

17th February 2016, 2pm at Sessions House, Swale 3, County Hall, Maidstone, ME14 1XQ.

Action Table with responses

No.	Action	Responsible	Status
1	Invite Linda Hardy from Horizons to give presentation on the Horizon's Project	Marie McEwen	Linda Hardy/Heather Penn both on annual leave. Will re-arrange for April meeting.
2	Ask Lisa Barclay to arrange mental health training for GP Practice Learning Time.	Amanda Godley	Completed
3	Look into lack of Mental Health space at Wm Harvey Hospital	Dave Holman	Andy Oldfield will talk to Dave Holman
4	Invite Manager from Woodlands to next meeting.	Marie McEwen	Susanne Sutton, Woodland House Manager is attending the Ashford MHAG on 10th March.
5	Canterbury MHAG to raise transport protocols with Debbie Stewart.	Canterbury Co-Chairs	completed
6	Maidstone Co-Chair to contact Teresa Boffa to discuss multiple trauma PTSD.	Maidstone Co-Chairs	Completed email response received.
7	Send copy of Discharge Letter to Sharon for circulation to GPs with timescale for feedback	Jeanette Dean-Kimili	Andy Oldfield will talk to JDK this needs to be 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/your-community/county-mental-health-action-group/

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