

# Ashford Mental Health Action Group



Meeting on Thursday 14<sup>th</sup> January, 2015 2pm-3.30 pm  
At St Stephens Health Centre, St Stephens Walk, Ashford, Kent TN23 5AQ

## PRESENT

Alan Heyes - Chair  
Marie McEwen - minutes  
Bonny Andrews  
Gill Batcheldor  
Jenny Walsh  
Debbie Stewart  
Joan Samuels  
Sara Holliday  
Sue Sawyer  
Ali Marsh  
Graham Tarrant  
Jenny Solomon

## ORGANISATION & EMAIL ADDRESS

Mental Health Matters  
West Kent Mind  
CHYPS/CCAMHS  
mcch  
Maidstone & Mid-Kent Mind  
Ashford CCG  
Carer  
Rethink Supported Housing  
Ashford Volunteer Centre  
ThinkAction  
Ashford & Tentertent Umbrella  
Insight Healthcare

## APOLOGIES

Amanda Godley  
Annie Jeffrey  
Bob Ditchburn  
Lisa Barclay

## ORGANISATION

Ashford MHAG co-chair/Speakup CIC  
Ashford MHAG co-chair/Carer  
KMPT  
Ashford CCG

### 1. Welcome Introductions & Apologies

The Chair welcomed the group and apologies were noted as above.

### 2. Minutes of last meeting – approved.

### 3. Action Points

#### **a) From Ashford MHAG:**

1. PLT session had been booked dedicated to mental Health. The October PLT was dedicated to awareness/referral to community resources, this included Sk8side, Wellbeing café and other voluntary sector support. For our February session we are hoping to look at Children's mental health, in particular referrals for assessment of ASD or ADHD, as this has been raised at a number of forums.
2. Mcch and Ashford Volunteer Centre in attendance today as requested.
3. Details given to Bob.
4. Details given to Bob
5. Outstanding - Marie to ask Bob for update. Bob not present today as he is interviewing for lead OT vacancy today.
6. Primary Care Mental Health Specialist vacancy: Response from Lisa Barclay: These positions were in pilot originally. We were unable to recruit in Ashford. A post implementation review has been completed in Canterbury on the merit of these posts and the agreement was to continue substantively with them. The recommendation was also to review how we could recruit to Ashford in the long term. This will be discussed at our clinical meeting later this week.
7. Wellbeing poster has been circulated again.
8. Insight service locations have been circulated.

#### **b) From County MHAG:** Three questions were raised at the County meeting:

1. Lack of communication between GPs/Secondary Services: Response : Ask Lisa Barclay to arrange GP training at Practice Learning Time (PLT's). *This has now been arranged*. There is ongoing work with GPs to increase communications using different clinical systems such as MIG (Medical Interoperability Gateway). Debbie will update on this next time.
2. Lack of space at Wm Harvey Hospital for Mental Health services. Response: Dave Holman agreed to look into this.
3. Lack of attendance from South London & Maudsley (SLAM) Trust and CAMHS. Response: Matt Stone, Sussex Partnership confirmed Bonny Andrews will attend the next Ashford MHAG meeting and is present today. Suzanne Sutton from SLAM has been emailed and invited to the next meeting in March.
4. PCMH worker never been appointed to this post but doing a post implementation review and discussing with Invicta Health based in Canterbury who take over from 1<sup>st</sup> April. Agreed it would be good to work together.

#### **4. Service User and Carer Questions**

No attendance at the pre-meeting. No questions raised in main meeting.

#### **5. Information Sharing:**

**1. County MHAG Update:** Dave Holman from West Kent CCG gave a presentation on the Crisis Concordat update. Please see the County MHAG minutes which were circulated before the meeting for full details. The minutes and local questions are all available at <http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/>

**2. Commissioners Reports:** Both KCC and CCG Commissioners' Reports have been circulated before the meeting and are available on the Live It Well website <http://www.liveitwell.org.uk/local-news/ashford/#MHAGInformation>

Debbie noted some highlights from CCG report:

- National Access targets for young adults 100% being seen within 4 weeks. Good improvement
- Vacancy rates improving
- Out of area beds (OOA) - no issue locally but spike over Christmas for Delayed Transfer of Care (DTOC) and OOA. Most is for specialist care. Most issues were for Thanet patients. Problem not always specialist beds but can be social care. Delays caused by more complex needs waiting to go to monthly panel.
- Street Triage: Pilot ended and not reinstated. Service has been re-designed to include day service and night service. Day service has already started. Night service will run from Thursday - Saturday 6pm-2am, waiting for start date. Covers all ages.
- Psychiatric Liaison Service got some funding which must be used by end March. Service is from Monday to Friday in A&E 8am-4pm.
- CCG Invested in Sussex Partnership Foundation Trust with additional resources to assess under 18s at A&E up to March. Negotiating with NHS for further funds beyond March.
- IAPT contracts started 1<sup>st</sup> January and includes age 17. ASD waiting time for 8-11yrs is down to 6 months which is a significant improvement.
- Wellbeing Café has been well received. Reporting outcomes to the Health & Wellbeing board in March.
- On Monday Prime Minister announced £1billion for mental health services over next five years.

#### **3. Provider Service Update/New Members:**

**Maidstone & Mid Kent Mind - Jenny Walsh :** Wellbeing Café has been open on Friday and Saturdays for 12 weeks with 122 attendances. We will be breaking down figures for the CCG to look at how many individuals attended, gender, unemployed/on medication etc. Initial statistics show most are in employment and 50% are in same line of work. Majority are receiving mental health services but due to employment need weekend and out of hours support. Common diagnosis are showing depression,

Borderline Personality Disorder, significant self-harm, autism, isolation, suicidal thoughts, domestic, housing and anxiety. Suicidal thoughts talked most weekends and we look at maintaining and supporting them safely through the weekend. Mostly female affected but men are higher risk. Some dual diagnosis. BPD highest presenting issue, 50% have attempted suicide. Full report to follow next week. We will also be contacting all attendees asking for full feedback on staff/location/hours/ and learn from that. Slight dip before Christmas coinciding with staff changes. Concerns at level of dependence and will look at how we manage this with changing staff weekly. Age range is 16+ but we have lots of teenagers from the skate park popping in and out, so long as no impact on anyone else we don't mind. Café has been advertised in GP surgeries, CMHT, police station, Live It Well centre, local press, Facebook, Ambulance, Ashford Patient Participate Group, the Gateway and Ashford Council Facebook page. Most referrals have been from Facebook. Leaflet available.

Alan noted teenagers attendance and though this showed need to commission a similar service for them elsewhere. Jenny noted the house was designed for teenagers anyway, it is a safe place with skateboarding etc.

CCG will look at the data and if needed on Sundays will look where that funding will come from. Some were helped and have moved on and this will be recorded. Have been inundated with volunteers for this. Nearly all have lived experience so thinking about doing something else for them as they appear to have a need themselves. Sue Sawyer asked to discuss with Jenny after the meeting. Gill noted that Live It Well service users had given very positive feedback on the café. Jenny noted that it has been busy from the start and it was particularly interesting that other Wellbeing Cafes reported most attendees had been unemployed but the Ashford one is different as most are in employment.

Jenny reported on the Maidstone & Mid-Kent Mind Street Triage Pilot with Kent Police. Two counsellors are working in the control room on Tuesdays and Fridays 6pm-2am to help prevent escalation to section 136. We don't take risk if suicidal – responsibility is till with police but we talk and assess the need to try and support by telephone. High levels of Borderline Personality Disorder. Has been running for two months and has prevented police going out or people being unnecessarily detained. Perhaps telephone version of café might be another support system. Could be based in one place for whole county. Interesting that same needs attending café and phoning the police. KMPT also work in control room and cases can be escalated to them to go out if necessary. Counsellors are a level below KMPT to try and prevent escalation. We provide clinical supervision for our counsellors. High number of Section 136s with 70 people detained in police cells but the conversation to hospital stay is low. This identifies that they should not have got to Section 136 in the first place. Jenny's staff also provide mental health training to student police and PCSOs. Bonny suggested police could also benefit from attending training at CAMHS. Jenny agreed to pass on contact details for this. Gill noted that mcch are also working with Kent Police and have provided training to five students.

**Sussex Partnership – Bonny Andrews – CAMHS:** A&E Liaison psychiatry service was implemented on 4<sup>th</sup> January 2016 from 8am-12pm in Ashford at William Harvey, QEQM hospitals and will also cover St. Martins in Canterbury if necessary. Liaison service will undertake Emergency Assessments on site without the need to contact locality CAHMs team. Started in West Kent and Medway on 27<sup>th</sup> December. South Kent CAMHS are collecting statistics from Daily Duty Service to establish the impact the liaison service will have on the capacity of the local duty team and what cover is needed in local team to provide daily screening of referrals and any emergency needed to be seen that meets the emergency criteria. Liaison Psychiatry team will follow up within 7 days. The waiting time for the current 20 referrals waiting to come into the service is 4-7 weeks. High demand but doing quite well. Presenting issues show eating disorders are going up but referrals are mostly self-harm and anxiety.

Tier 4 is inpatient commissioned by South London & Maudsley (SLAM) which is 22 bed unit, so lots go out of area, some have been admitted as far away as Norwich for PICU beds. Future funding could look at how we can improve this. Tier 4 bed admissions still need local liaison from CAMHS to attend CPA reviews, Discharge planning meetings and Mental Health Act Tribunals and if placed in Norwich can take 4 hours to get there. Distance of inpatient admissions impacts on family visits but this is how it has always been. CAMHS is delivered by Sussex Partnership for day services. There was no service commissioned for ADHD or Autistic Spectrum Disorders for under age 11 but this is currently being provided for 8-11 year olds by PSCION. East Kent Hospital Trust (EKHT) are providing the service for under 8 ASD Assessments. There is no commissioned service for ADHD for under 8yrs.

For referral route for Eating Disorder through GPs we use Cherry Tree House consultation line. Route in would expect GP to have done physical observations with no risk. All referrals are clinically screened to determine level of risk, weight, BMI, duration of problem and impact etc. We prioritise eating disorders for first assessment and they are referred to the Eating Disorder clinic within the service it has multi-disciplinary team input to include a psychiatrist, individual input/therapy and family therapy in line with NICE Guidelines support. Demand is increasing for eating disorders. There can be a disconnect with SLAM and HTT services and how they interface. If Sussex Partnership provide out of hours they are still our staff. Had feedback through PPG that sometimes the interface between services and providers it is not explained to people.

**Action 1: Bonnie to provide some data on Out Of Area beds for CAMHS.**

MCCH – Gill Batchelor : Service is evolving with regard to recovery and getting people back into the community. Good opportunity to try new things. Offering groups such as First Aid, food and hygiene, photography, creative writing, computer skills, gardening to give sense of achievement. Course tailored to the individual. Very busy on Wednesdays, Thursdays and Fridays. Looking into why not so busy on Mondays and Tuesdays to identify if no need for service or if there is something they have accessed alternatively or if it is what we offer on those days. Our service covers the whole week, Monday and Fridays we open 12-6pm. Average numbers of 50 per day but numbers have dropped in last three months.

**Think Action – Alison Marsh:** We have added 2 new Psychological Wellbeing Practitioners (PWPs) to our staff. New courses for Trainee Psychological Wellbeing Practitioners and High Intensity Therapists starting in May – details to follow. Slightly different model with undergraduate course so applicants don't need a degree but must be up to A levels. Will be advertised in local Jobcentres, gyms, Live It Well Centre etc to target undergraduates. This is a paid position for one year coming out with formal qualification for working with Step 2 to give guided self-help, CBT advice and brief intervention. They will not be CBT therapists.

**Insight Healthcare – Jenny Solomon :** All referrals from age 17+ are assessed initially, outcome measured and dependent on where they come in as to what they will be offered or referred on to. Insight are looking at starting evening clinics in April – will confirm details as soon as they are available. No online at present but looking to offer online support with another partner soon, more information to come. Skype is not secure enough. Referrals are increasing slightly, was 40% step 3 but is now 60%. All 4 providers will present to GPS Practice Learning Times to highlight what they should be referring to. Presenting issues are mainly anxiety and depression, Insight do offer support for agoraphobia and panic attacks. Turnaround from referral to assessment is usually within 3-4 days to book appointment. Assessment and treatment should be started within 28 days. Sometimes delay is due to service user availability to accept appointments offered.

**Ashford Volunteer Centre (AVC)- Sue Sawyer:** First time attending MHAG. Befriending service triggered invitation. We usually work face to face at home but are now looking how to do this differently. Could possibly be lunch/dinner clubs or by telephone. Some can't cope with one to one and group work seems to work better. We are working with people to de-clutter (not hoarders). Some have difficulty letting go – befriending can help them to understand the issues – we are not actually doing it for them and are trying to prevent risk escalating.

We are looking for a small group of professionals to join a steering group and need someone from KCC/Housing providers and mental health teams. Looking to recruit volunteers to train. Need 5/6 people for task and finish this, will also need funding. Jenny advised that she is doing something similar but has found it almost impossible to get funding as the outcomes are difficult to monitor. MMKM had trained Fire & Rescue Service on hoarding but there is no money attached to the training for this. Now looking at Housing Associations. Sue advised she is looking to run a limited pilot to gather evidence. Jenny offered to work with Sue on this and had figures to show costs to evict hoarders. She had showed the figures to one Maidstone provider on how much they would save but they still were not interested. Sue suggested maybe working with one housing association for 6 months.

AVC also offer youth volunteering and care navigator services (50+) and have a good impact keeping people safe and well in own homes. Also working with hospital discharge team.

Alan Heyes advised that the new Strategic Partners for the new Health & Wellbeing Service should be announced next week. Once the announcement has been made we will invite them to the MHAGs to give an overview of how services will change post April. Might have to give up the whole agenda for this.

**Action: 2 : Marie to invite Strategic Partner to next MHAG.**

**3.Staff Changes:** Ellie Bennett ([Eliska.Bennett@kent.gov.uk](mailto:Eliska.Bennett@kent.gov.uk)) is the new Social Care Social Worker for Ashford and Canterbury, as mentioned in KCC Commissioner Report.

Amanda Lailey ([Amanda.Lailey@kmpt.nhs.uk](mailto:Amanda.Lailey@kmpt.nhs.uk)) is the new team manager of the Psychiatric Liaison Service based at Canterbury Hospital.

Ellie and Amanda will both be attending the next meeting on 10<sup>th</sup> March.

### 6.Working Group

A new working group was formed to look at helping teenagers struggling out of hours instead of going to A&E. Alan Heyes, Debbie Stewart, Jenny Walsh and Bonny Andrews agreed to work on this. Sue Sawyer agreed to support anyway she can but might not always be able to attend meetings.

### 7. Date of next meeting

10<sup>th</sup> March, 2016, 2-3.30pm at St Stephens Health Centre, St Stephens Walk, Ashford, Kent TN23 5AQ.

### ACTION TABLE

Action No.	Action Point	Responsibility	Status
1	Provide data on Out Of Area beds for CAMHS.	Bonny	
2	Invite Strategic Partner to next MHAG.	Marie	

Minutes posted on : <http://www.liveitwell.org.uk/local-news/Ashford>

Administration :



Phone: 01732 744950  
Email: [mhag@westkentmind.org.uk](mailto:mhag@westkentmind.org.uk)