

Medway Mental Health Action Group



Meeting on 2nd February, 10.30pm

ThinkAction, Pender House, Whitewall Road, Medway City Estate,
Rochester, Kent, ME2 4EW

PRESENT

Alan Heyes - Chair
Sue Sargeant – Minutes
B & J C
Margaret Hanley
Bobbie Taiano
Gloria Pongo
Jane Adams
Renee Hepker
Miriam Bullock
Richard Giles
Jenny Wheeler
Joseph Akinseye
Suzanne Goshey
Karen Turner

ORGANISATION & EMAIL ADDRESS

Mental Health Matters
West Kent Mind
Carers
Carer
Carers First
Carers First
KMPT Community Mental Health Team
Medway Council
Medway Council
North Kent Mind
Pohwer
Sanctuary Supported Living
ThinkAction
Winfield Chatham

APOLOGIES

Graham Tanner
Sharon Dosanjh
Cath Konzon
Steve Mitchell

ORGANISATION

Medway Council/CCG
Medway CCG
Medway Council
Sanctuary Supported Living

1. Welcome Introductions & Apologies

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

2. Minutes from last meeting - Approved

3. Action Points

From local MHAG:

1. Graham Tanner provided an update on Personal Health Budgets which was circulated to the group after the meeting.
2. No feedback from Sharon on raising the high CMHT referral rates with Angus Gartshore.

ACTION 1: Carry forward to March meeting.

3. Jane didn't receive names of service users experiencing problems getting through to Canada House from Heidi Butcher.

ACTION 2: Carry forward to March meeting.

4. Contact details for MMK services at Medway were circulated to the group.
5. Mapping service document was circulated to the group.

6. Renee still to meet with Karen and service users interested in helping re-format the mapping service document. Ongoing under Working Party

Action from previous minutes but not in table: Sharon to provide the final service specification for the new IAPT service for circulation to the group

ACTION 3: Carry forward to March meeting.

County response to local question: This is taken from the December 2015 County minutes which are available at <http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/>

With the loss of Personality Disorder service we want assurance that the £500,000 funding stream will be reinvested in Medway services.

Sharon Dosanjh 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. SU & Carer Issues

1. When can we have an update in terms of services and personal budgets? There was general discussion around the uncertainty caused by providers still not knowing what is happening about the services they will be providing from 1st April 2016. They were meant to be hearing mid January. Winfield could finish at the end of March but perhaps personal budgets could be used for their service? This would not be allowed if they were funded by Medway. They are meant to give 3 months' notice. Winfield are unclear about whether they should be taking on students from primary or secondary care. They have a waiting list because they don't know if they will be able to take a student through the whole course. There are currently 40-50 students a week using their service across a range of mental health needs. They also have a job club supported by DWP so students can be moved on to work.

Medway CCG have employed a local officer to look at how personal budgets might work. MyMedway is the portal which gives advice information for users as part of the care act. It is still under construction and the link to Direct Payments does not work. People are confused by the process. It would be good if someone could be shadowed through the process to see how it works. Medway does not seem to be properly commissioning vocational services. It is understood that Medway Council proposes to increase Council Tax by 2% for adult social care but this has not been agreed.

ACTION 4: Follow up with Medway Council whether funding is available for community services through personal budgets.

ACTION 5: What is happening in terms of commissioned services and is a date available to know the outcome?

ACTION 6: What is the breakdown of funding for mental health v older peoples services?

2. Brian saw an article reporting that Cygnet Health Care has submitted a planning application to Maidstone council to build an £18 million hospital at the Kent Medical Campus near Junction 7 of the M20, creating 150 jobs. It would sit next to the £95 million private KIMS Hospital already on the campus, which gained outline planning permission in 2014. He said that rooms will cost £800-£2,000 per night and he is concerned about the increased expenditure on out of area beds which is already at £26 million since 2013.

To County: With PICU occupancy currently running at 211%, what will be the impact of this new hospital on current provision relating to jobs and beds? Would there be any joint working opportunities?

7. Information Sharing

County MHAG Update: The Next meeting is on 17th February: The draft county minutes are available at <http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/>

136 suites – The plan is for additional adult services 136 suites in Maidstone and Canterbury which will also make available space for children.

1. **Commissioners Report:** None available.

2. Provider updates/New members

Miriam, Medway Council: She is a Public Health registrar working at Medway Council. Following the closure of Therapeutic House (Personality Disorder unit) by Medway CCG, she is working on a small project conducting a needs assessment for personality disorder (PD) in Medway in advance of the Mental Health Needs Assessment (MHNA). Their data collection includes an audit of GP practices looking at the recording of PD in assessments, also in admissions so they are only looking at diagnosed PD cases. They are also looking to carry out stakeholder engagements with service users and hope to finish the report by the end of March. An external provider is commissioned to carry out the full MHNA so this will not be available until later in the year.

Q - How many people previously using the PD unit have ended up in A&E or hospital?

A – It is not possible to track individual users.

Q – Does this include information on substance misuse, eating disorders etc?

A - Yes, they are aware that PD doesn't exist in isolation so this will feature in their report

Q - Does this cover Swale, because lots of people use Medway hospital facilities?

A – It is only for Medway population but she will take that back.

Observations from the group:

Suicide rate also needs to be taken into consideration because rates are going up.

Information also needs to be gathered on adjustment disorders.

Surveys keep being mentioned but nothing about actual services.

ACTION 7: Miriam to let the group know how to provide feedback on service user experiences.

ACTION 8: Miriam to update her findings to the meeting.

Joseph, Sanctuary Supported Living: They currently have a waiting list. They receive referrals from the Mental Health Support Team but find that the processing time is too long.

Bobby, Carers First: They have a small self-help group in Medway for parent carers of children in secondary education. They are having difficulty getting diagnosis and accessing services and the children are often unable to attend school in the meantime. It was suggested that if there are any themes around specific types of delays then these could be forwarded to Matt Stone at Sussex Partnership.

Jenny, Pohwer: She agreed with Bobbie that accessing services could be difficult and understood that Chloe (Medway, Community Mental Health Advocate) was sometimes going

round in circles when referring people to different services. Renee will follow up with Chloe. Jenny is still working to develop a minority ethnic forum. The first meeting was successful but it is difficult to get service users through the door. There are community leaders with voices but not service users, so she wants to run 6 partnered events with a forum. She has also been going to a women's self-help group at Nucleus Arts café which Rethink are hoping to incorporate. There are informal non-commissioned peer support/self help groups around.

Suzanne, Thinkaction (formerly KCA): They are finalising details of their groups. They have about 10 people interested and the CBT Skills Workshop and Pain Management groups will start at the end of February.

Richard, North Kent Mind: Low cost counselling is now available costing between £8-£14 at New Road, Chatham and The Hub in Rochester. There is also a fee paying Anger Management course running in Rochester which is CBT base. They are working with Fortis and adult education in Rochester to roll out a number of courses and information is available on their website.

Jane, Community Mental Health Team (CMHT): There have been no major changes at Canada House. They are a well resourced team with new members starting at the end of March and are not carrying any vacancies but volume is still high. The regular client performance report for referral rates for the first 3 weeks or so of January showed 217, compared to 90 for Dartford and for Canterbury and Coastal. There are some inappropriate referrals but they are working with CCG (Sharon) and Dr Sharif on how to educate GPs. In October they aligned pods to GP postcodes and consultants have started going out to some practices to talk about the referral process. Some referrals are social needs that should go to the social care team. The Single Point of Access will now be up and running in March to deal with urgent referrals following on to triaging all referrals.

Q - The level of referrals at CMHT is 5 times higher than Thanet which has a similar geographical area. Does Thanet have more commissioned services?

ACTION 9: Can CCG & Council review the model for commissioning community services in light of the high number of referrals to CMHT?

ACTION 10: Can Public Health look at the high number of referrals in MHNA?

It was mentioned that KMPT's IAPT service has moved to Canada House – so IAPT referrals will go there. Staff are out in surgeries but will be reducing by 1st April for new model. This is to be confirmed.

3. Staff Changes – none to report

8. Working Group Update

Mapping exercise to identify local services – Renee has not been able to meet up with Karen but did meet with Dr Sharif who is keen to have something like the Staying Connected booklet which Public Health has put together. He suggested keeping the introduction positive with something like Happiness instead of Look after your Wellbeing. There could be chapters in a book, keeping it text light but with a description of services. Social work students are also looking at a spreadsheet. It is aimed at providing information to professionals as well as people using the services. Suggestions from the group were that it needs to include information for the deaf and should be circulated to housing associations as well as being available electronically and on websites, and should also include information for people in crisis. Jenny mentioned that easy read training courses are available, so perhaps using that could be helpful.

9. Date of next meeting

Next meeting on 29th March, 2016, 10.30am at ThinkAction, Pender House, Whitewall Road, Medway City Estate, Rochester, Kent, ME2 4EW

The meeting finished at 11.42am

Action Table with responses

No.	Action	Responsible	Response
1	From Dec '16 meeting: Raise the high CMHT referral rates with Angus	Sharon Dosanjh	Looking into how this can be best managed – How GP's can pick up on this. From Rathini: 'Needs analysis' to be carried out
2	From Dec '16 meeting: Provide Jane with the names of service users experiencing problems getting through to Canada House and contact her directly with cases	Heidi Butcher	Issue to be forwarded to Jan Bateman (Service Manager)
3	From Dec '16 meeting: Provide the final service specification for IAPT services for circulation to the group	Sharon Dosanjh	Completed
4	Confirm whether funding is available for community services through personal budgets.	Sharon Dosanjh	Completed & Circulated
5	Explain what is happening in terms of commissioned services and confirm the date to know the outcome?	Sharon Dosanjh	Completed & Circulated
6	Explain the breakdown of funding for mental health v older peoples services?	Graham Tanner	To follow up
7	Let the group know how to provide feedback on service user experiences.	Miriam Bullock	Completed & Circulated
8	Update the findings of the personality disorder assessment to the meeting.	Miriam Bullock	Will happen in April
9	Can CCG & Council review the model for commissioning community services in light of the high number of referrals to CMHT?	Sharon Dosanjh/Graham Tanner	See Action 1 response

Response to Actions 1 & 9 : Angus has reviewed all the CMHTs across Kent. Although Medway has some spikes overall it is neither more nor less busy than other CMHTs in Kent. We do have a problem with inappropriate referrals from GPs but SPA should help with this. We have a north Kent wide contract with KMPT so would be unable to disaggregate the contract and out to procurement for community mental health services.

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

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