County Mental Health Action Group

Meeting Held on 17th February, 2016, 2pm

At County Hall, Council Chambers, 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
Brian Heard	Co-chair Thanet
David Rowden	Co-chair Thanet & DDS/Speakup CIC
Jo Miller	Co-Chair DDS/Sanctuary Housing
Annie Jeffrey	Co-chair Ashford
Amanda Godley	Co-Chair Ashford
Annabel Aitalegbe	Co-Chair Maidstone/Rethink
Karen Abel	Co-Chair Canterbury/Insight Healthcare
Ellie Williams	Co-Chair Canterbury/Take Off
Lynne Jones	Co-Chair South West Kent
Juliette Page	Co-Chair Maidstone
Jacky Pryke	CCG West Kent
Andy Oldfield	CCG South Kent Coast
Jennie Pasternak	Medway Council
Hannah Herlihy	KMPT

Apologies

Sue Scamell	KCC Commissioner
Naomi Hamilton	CCG Swale & Dartford CCG
Jeanette Dean Kimili	CCG South Kent Coast
Dave Holman	CCG West Kent
Richard Giles	Co-Chair DGS/North Kent Mind
Steve Inett	Healthwatch Kent
Julie Cable	Shaw Trust
Hilary Johnston	Porchlight
Malcolm McFrederick	KMPT
Belen Toher	Activmob
Matt Stone	Sussex Partnership (CAMHS)

1.Welcome, Introduction and Apologies

The chair welcomed the attendees and everyone introduced themselves.

2. Minutes of last meeting – approved.

3. Action Points from Last Meeting

1. Horizons staff will attend the next meeting.
2. Ashford GP Practice Learning Time arranged.
3. Outstanding – Andy will discuss with Dave Holman.
4. Susanne Sutton, the Manager from Woodlands will attend the Ashford MHAG.

5. Transport Protocols raised with Debbie Stewart who will follow this up. Andy will also make contact with Debbie to discuss this.
6. Email response from Teresa Boffa regarding multiple trauma :
   Anyone experiencing PTSD (whether single or multiple trauma) can be referred by GP or a self-referral to the IAPT service.
   The first step of the pathway is an assessment process, which will determine what is the most appropriate treatment for that individual. According to the individuals need, IAPT can be provided at step 2 level (low level CBT interventions to help an individual develop coping mechanisms etc.) or they will be escalated to step 3 (where psychological interventions such as, talking therapies would take place). If however, an individual has more complex needs then a referral can be made to step 4 services, which include; community mental health access services, older adult community mental health team, early intervention psychosis team etc. and they will be redirected to the appropriate service for their needs. We would like to reassure you that it is widely recognised by all our providers that PTSD can be experienced by anyone and not just armed forces personnel, it is the same referral process for everyone.

   Jacqui Pryke added that people will be referred back for more in depth therapy, as IAPT is short term. Don't know how long re-direction takes. Waiting twice is not good and we need to know what happens when being re-directed and how long it takes.

Action 1: Jacquie to discuss multiple trauma IAPT with Teresa Boffa and feedback at next meeting.

7. Discharge Letter. Jeanette Dean-Kimili not present. This was supposed to be a task and finish exercise and has been going on too long now and needs to be finalised. Andy agreed to discuss with Jeanette and Janet Lloyd.

Action 2: Andy Oldfield to finalise Discharge Letter with Janet Lloyd/Jeanette-Dean Kimili.

4.Locality Questions:

Canterbury & South West Kent raised the issue of the gap in IAPT and want to keep this on agenda. Andy confirmed that commissioners recognise this is a long standing issue and are in discussions with KMPT to take this forward. Lynne provided a report with 20 cases within two month period where service users had fallen through the gap. This could be partly to do with IAPT services being too quick taking people in and the disjointedness after that if they are not suitable for the service. Andy agreed to take the information back. There is a need for a level of understanding within CMHTs about what IAPT can and cannot provide.

Transport issue from Canterbury has been emailed to Malcolm McFrederick at KMPT asking for a response.

Swale : No questions raised originally but David raised the following at the meeting:

Swale Working Group are looking at parity of esteem with regard to finances. Paul Francis is leading this and will be asking the following questions to Swale CCG:

1. What are the budget comparisons with physical population size and total budget? Alan advised this information will be available on the Joint needs assessment for population which was circulated last year. David noted Swale is tied in with DGS and asked if the spend is on parity with DGS. We need the data to progress this work.
2. Need for visual thematic map before and after April. Strategic Partnerships discussion later.
3. Single Point of Access (SPA) now has one number for mental health and one for social care. CMHT are getting a lot of referrals from GPs through SPA which should be for Social Care. GPs are not aware of difference of social care and clinical needs. Alan noted that Practice Learning Times (PLTs) should make them aware of this. Could a flow chart be drawn up to show this? E.g. CMHT called by GP about low mood and was referred to

KMPT. But if had gone to Social element would have been referred for IAPT. Andy added that it was very good to have this feedback and that Porchlight will be running SPA.

4. SEAP now hold contact for whole of Kent for Advocacy Services. Clarification is needed on carer/service user expenses.

Action 3: Ask SEAP to confirm if they will continue to cover Service User/Carer expenses.

Ashford: No questions raised initially but Amanda raised the following questions at the meeting:
Several people have been raised concerns on SpeakUp CIC Facebook page regarding failure of the crisis team. On one occasion the crisis team did not attend but sent the police instead to a person in crisis. Two police cars arrived and the service user was pepper sprayed. Other examples of calling the team in desperation with no response. People are falling through the net. Crisis Cafes were one port of call but can't capture those at home who need help. Service is totally inadequate.
Alan advised that specific data would be needed to take this forward. He also added that KMPT recruitment has improved but the crisis team covers the whole county. Amanda said this was not good enough. Jo agreed and noted that all her service users complaints were about the crisis team. Some people do not call the crisis team because they know they won't get any help. Andy acknowledged this and added that East Kent CCGs are in negotiation with KMPT and are trying to identify which parts of the Crisis and Community services they are not happy about. Crisis services have not been reviewed for a long time and we need a full multi-disciplinary review. When first set up it was Crisis Resolution Home Treatment but this has now become a crisis service with little home treatment. We need to sort this. Lynne suggested it might be worth asking the West Kent/South CCGs to do the same.
David noted that Crisis café and place of safety used to be covered by informal day services in the past. All agree there is an identified need for alternative to informal day services but government policy is short term training, vocational, education rehab but long term conditions still need informal day services. Swale Your Way moved away from building based services and now offer different times at several locations to get people out of the house.
Lynne noted there are different definitions of what crisis means. CCGs definition might be different to the person in crisis or KMPTs. This causes gaps within the service. Annie advised that Open Dialogue is trying to address this.

Medway : New Maidstone Hospital planning application. Sharon Dosanjh had responded by email querying what this had to do with Medway, that PICU beds were commissioned from KMPT but the CCG was always open to joint working. The group were not aware of this application and wondered if it might be used as out of area private beds which would be better as it is more local. MHAG will ask Malcom McFrederick and Sussex Partnership for a comment on this.
Andy advised that he only became aware of this recently and believes it is a long term rehab service. He is meeting Cygnet to discuss their plans and will update when he knows more but they must have identified the need for this before proposing it. Staff don't usually leave the NHS because the pension is too good.

Action 4: Andy Oldfield to feedback from meeting with Cygnet Health Care.

Action 5: Marie to ask Malcom McFrederick and Sussex Partnership for a comment on the Cygnet planning application. *Comment received : Thank you for the opportunity to comment on the article. Let me assure you that KMPT are working with commissioners across Kent, on plans to increase the number of KMPT younger adult acute beds to meet the current shortfall. Hopefully we will be able to announce something once the contracting rounds are completed in the next couple of months. I remain very encouraged by the discussions we are having.*

6.Information Sharing

1. REACT Research Study – Hannah Herlihy

We are working with the mental health research team on a new study looking at an online toolkit for carers/families of people with bi-polar and psychosis. This involves educational modules with interactive forums to talk to others. We need to raise awareness of this and would welcome your support getting this out. David commented that this was ringing alarm bells and coupled with the dream that everyone would live independently in the community this sounds like family/carers are being asked to take even more responsibility. Hannah advised that not everyone feels comfortable attending support groups and this can be used in the comfort of their own home. There are some who don't have access to a computer and might attend groups. Lancaster have trialled this and it appears to be successful. David noted that it sounded like peer support and suggested Hannah should discuss with the carer support organisations.

Action 6: Marie to provide Hannah with contact details or carer organisations.

2. Strategic Partnership Update:

Shaw Trust and Porchlight were unable to attend the meeting but provided individual updates which have been circulated.

Questions & Comments:

1. Housing Support services were told they would not be affected or included in this round but the Porchlight update says it is. Guidance for housing support was one of the needs addressed. The statement says current services will continue and will be reviewed after March. This is ambiguous and needs clarification
2. Partners appear to be project managing, concerns they will commission themselves to deliver this 60% limit. 250 sheltered housing projects by Shelter have been discontinued. They don't have buildings but do provide a service.
3. What is provided for people with long term conditions? Long term is not a year it is 12 months plus. Will they get more than 12 months support or can they be picked up again through the care navigator. Doubts were raised that this system could ever work. It was noted that services are already in place and data will be transferred to Shaw Trust/Porchlight but we need to know where services will be and how long for. Lynne advised that the most asked question was re consent forms to pass on data but information was sent out so late there was nothing to tell clients about the new service. Juliette advised she did not feel able to tell clients at yesterday's form as she had no information to give them. She also pointed out that some people might not be accessing services so their details won't be picked up and passed on.
   Porchlight are collating all of this information to give to Shaw Trust for Maidstone area. Porchlight are seeing level 1 and will be stepped up to Shaw trust if needed. In 6 weeks the service will look very different. Some are already ill thinking about this and they are not given any indication about what it will look like.
4. There are 4 care navigators in West Kent. For how many people? How can they manage this? Someone would need to know your service really well to refer them to you.
5. We do not feel our service users have been listened to. The new Strategic Partners are still negotiating with tier 3 services but it is not their fault it is down to KCC.
6. Shaw trust have talked about transition period but have they got enough staff? Zero hour contracts are not sustainable. Were very transparent about what they had been left with but have a lack of understanding about mental health.
7. Andy confirmed that CCGs have engaged with this but on the periphery. Each CCG is represented. Noted that very experienced Care co-ordinators were doing more care navigating than their job. Navigator must ensure people are directed to the right place rather than doing it themselves. Mobilisation and procurement has been clear from the start but they have underestimated how long it will take to mobilise this.

8. What happens to those whose service is closing?
9. How quickly is step up/down to take people back in again?
10. Define Tier 1 and 2? If accessed at level 1 and need to move up to level 2, how is this managed?
11. Shaw Trust/Porchlight should have something on their website so that service users can access this to help them feel assured that it is not just about getting into work as some cannot cope with that. It is not always an end result possible. Staying where they are can be a good result for some and they will not be on a journey – just managing to coping. Some recover some don't. Different for everyone, can be better in a week but might not.
12. What are Care Navigators qualifications?
13. Current providers don't know what to do when their funding ends – where will these people go?
14. Ask both Strategic Partners to communicate simply with an outline of their service with a clear pathway rather than through press releases. Flow chart would be useful and an agreed date for this as soon as possible.
15. What is communication strategy with GPs?

Action 7 : Share all of the above questions/comments with Shaw Trust and Porchlight.

The meeting ended at 15.35pm

8. Date of Next Meeting:

20th April , 2pm at Swale 3, County Hall, Sessions House, Maidstone, ME14 1XQ

Action Table with responses

No.	Action	Responsible	Status
1	Discuss multiple trauma IAPT with Teresa Boffa and feedback at next meeting.	Jacquie Pryke	Completed. See Response uner point 3.6 above.
2	Finalise Discharge Letter with Janet Lloyd/Jeanette-Dean Kimili	Andy Oldfield	Near completion.
3	Ask SEAP to confirm if they will continue to cover Service User/Carer expenses	Marie McEwen	SEAP do not hold the fund for this. It is Shaw Trust and Porchlight.
4	Feedback from meeting with Cygnet Health Care.	Andy Oldfield	Meeting scheduled
5	Ask Malcom McFrederick and Sussex Partnership for a comment on the Cygnet planning application	Marie McEwen	See response under Action 5 above.
6	Provide Hannah with contact details or carer organisations	Marie McEwen	Completed
7	Share questions/comments with Shaw Trust and Porchlight	Alan Heyes	Completed. Responses can be found on Live It Well link below.

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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