County Mental Health Action Group

Meeting Held on 20th April, 2015, 2pm
At Lecture Theatre, County Hall, Sessions House, Maidstone, ME14 1XQ

Present	Organisation/Email
Sue Scamell - Chair	KCC Commissioner
Marie McEwen – minutes	West Kent Mind
David Hough	Co-chair Swale/Service User
David Rowden	Co-chair Thanet & DDS/Speakup CIC
Jo Miller	Co-Chair DDS/Sanctuary Housing
Annie Jeffrey	Co-chair Ashford/Carer
Amanda Godley	Co-Chair Ashford/service user
Karen Abel	Co-Chair Canterbury/Insight Healthcare
Juliette Page	Co-Chair South West Kent
Justin Bateman	Co-Chair DGS/North Kent Mind
Jacky Pryke	CCG West Kent
Teresa Boffa	CCG West Kent
Andy Oldfield	CCG South Kent Coast
Jeanette Dean Kimili	CCG South Kent Coast
Hilary Johnston	Porchlight Hilary Johnston
Catronia Toms	Shaw Trust
Shelley Southon	Shaw Trust
Julie Cable	Shaw Trust
Belen Toher	Activmob
Debbie Tyler	Activmob
Jennie Pasternak	Medway Council
Tara Cratchley	Reachout
Nick Dent	KMPT
John Roach	KCC Community Support
Sharon Dosanjh	Medway CCG
Anthony March	DWP Jobcentre Plus

Apologies

Alan Heyes	Mental Health Matters
Brian Heard	Co-chair Thanet/Service user
Annabel Aitalegbe	Co-Chair Maidstone/Rethink
Ellie Williams	Co-Chair Canterbury/Take Off
Richard Giles	Co-Chair DGS/North Kent Mind
Dave Holman	CCG West Kent
Malcolm McFrederick	KMPT
Matt Stone	Sussex Partnership (CAMHS)
Janet Lloyd	KMPT

1.Welcome, Introduction and Apologies

The chair welcomed the attendees and everyone introduced themselves. Apologies noted above.

2. Porchlight Live Well Kent Presentation

The presentation has been circulated and can also be found on this link http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/

- Porchlight cover CCG areas in Dartford, Gravesham & Swanley (DGS), Swale, Thanet and Dover, Deal & Shepway (DDS).

- Shaw Trust cover Canterbury, Ashford, Maidstone and South West Kent (SWK).
- Porchlight will be delivering the new housing service which will allow for more flexibility.
- MCCH will be community based rather than building based which is less costly.
- The Innovation grant is ring fenced and service users will be involved with this.
- Network event this Friday and will be happening quarterly.
- Referral line is not a helpline. MHM included on leaflet.
- Porchlight will attend MHAGs and service user forums regularly to get feedback.

Shaw Trust Live Well Kent Presentation

The presentation has been circulated and can also be found on this link http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/

- Porchlight will be delivering front line referral services for shorter term needs.

Q&A

1. Is this more about structural thinking with transitional funding?
   Shaw Trust: We will look at numbers going through and how organisations will achieve outcomes. Specific services will be delivered in the programme initially and will be monitored to see how it goes.

2. You have commissioned Take-off to provide peer support element. This is a Canterbury service user forum and so not part of Porchlight area. How will they be funded?
   Shaw Trust: Service User Forums are funded separately to the Live Well Kent service.

3. What about Carers? They have not been mentioned in either presentations. What about Triangle of Care/East Kent Carers' Council (EKCC) and being equal partners?
   Shaw Trust: We are keen to involve carers and they are part of the delivery service. There is a significant role for carer support. We will make contact with EKCC.
   Porchlight : We have funds put aside to work with both carers organisations, Carers First and Carer Support and will make contact with EKCC.

4. In response to previous questions Sue Scamell said there was no reduction in funding but then contradicted this later by referring to "…those who have had reduced funding…".
   Richmond Fellowship have taken quite a cut. Please clarify what you meant by no reduction.
   Sue Scamell: There has been no change in terms of the funding overall. The outcomes we are looking for with this service is much greater than we have ever commissioned before. Services are more vibrant with more choices available. Some have had a reduction but we want them to deliver something very different to previously.

5. Porchlight did not mention social housing in this presentation.
   Porchlight : We are traditionally associated with housing. The new mental health housing team are working with a whole range of providers to try and stop people from losing their homes. We also have solicitors offering free help, the Primary Care workforce of social workers, and Kent Enablement Recovery Service (KERS) all working together to ensure smooth transition to this service. Referrals to KERS will be through social workers.

6. Concern that the service for people with severe mental illness is becoming diluted.
   Shaw Trust: We have specific targets for that group as with KERS. There will be more access to a wider range of resources than in the past.
   Sue Scamell : This is the first time Public Health, Social Care and Clinical Commissioning Groups have all worked together. No duplication and all are supported.

7. There will always been some who fall through the net. It is commendable that more people will be accessing more services but you must ensure the gaps don't get bigger.

Porchlight: Please let us know of anyone who falls through the net so that we can find out how this happened and ensure it does not happen in future.
Shaw Trust: We are working closely with KMPT. The widening of the network will hopefully catch those who might have fallen through in the past.

8. What is happening about Ashford LIW centre?
   Shaw Trust: We had a meeting there today with our Director. The current arrangement between KCC and MCCH terminated at the end of March. We currently have a Tenancy-At-Will with KCC as a short term arrangement whilst we negotiate a longer lease. We would like to use the building as a community hub centre and are looking at investment, big lottery and match funding.
   Sue Scamell : Absolutely committed to making this happen and are working through the process. Some organisations are still using the building and some have temporarily moved out but we will contact them to offer them support to move back in.

9. How long will this process take? Important not to raise expectations and we already have one big change to deal with.
   Sue Scamell : Takes as long as it takes, same as normal process for leasing/buying a house.

10. Legal process takes time. Is there a plan B if it doesn't go ahead? Surely there should be an alternative which provides similar services for networking, reduced cost meals etc?
    Shaw Trust : Everyone will have individualised plans which may involve healthy eating if applicable. Your plan would address your issues rather than going to the same place where everybody gets same services.

11. Not everyone attending the centre would be accessing the same services. Focal point in heart of the community is needed. Must be careful not to fragment the community and cause isolation. If Day Services are at an end what is the alternative?
    Sue Scamell : One element is peer support to ensure no isolation, just a different way in the community. Sheppey successfully changed from day services to a whole range of community services.
    Jeanette Dean-Kimili : The model will be different between CCGs, based on locality needs. South Kent Coast CCG has lots of different localities i.e. Romney Marsh would not relate to Deal. We would not have a café as areas are too far apart. CCGs are now developing local clusters. No one-size-fits-all. We need time for this new service to embed. There has been additional investment by CCGs for talking therapies etc and most CCGs have invested funding into secondary care services. There is a lot more out there now with better local links. South Kent Coast CCG has links with Amanda and Annie who are both from different CCG areas.

12. CCGs usually only fund clinical care but appear to now contribute to social care. Might there be a conflict?
    Sue Scamell : Everything is about integration. This will make sure people are not passed from pillar to post.

Sue thanked Porchlight and Shaw Trust for their presentations.

3. Minutes of last meeting – approved with small corrections.

3. Action Points from Last Meeting

1. Completed and noted in February minutes.
2. Reviewed and circulated. Final draft going to Patient Safety Group before going onto RIO.
3. Expenses forms
4. for Shaw Trust, Porchlight and KMPT have all been circulated.
5. Andy is still waiting to meet with Cygnet and will report back.
6. Malcolm McFrederick comment noted in February minutes.
7. Contact details emailed to Hannah.

8. Q&A circulated and added to the Live It Well website

4.Locality Questions:

Canterbury, Maidstone & SWK MHAGs all raised issues with IAPT gaps.
Jeanette and Andy are meeting up with KMPT, Porchlight and East Kent IAPT providers to look at the case studies provided by Maidstone and SWK MHAGs to review referral/access criteria to CMHT and IAPT. Important to take this to KMPT Single Point of Access service as this has a clinical triage function with consistent approach across Kent. Discussion to be had with Porchlight and Shaw Trust about appropriate links to their services. Provider to Provider transfer form needed to facilitate professional transfer from clinician to clinician hopefully picking up the phone to discuss. Andy noted there should not be a gap but wants to try and fully understand the criteria of those who do. From commissioning point we want to ensure there is a joint approach.
This work is for East Kent but we are happy to share with other CCGs.

Action 1 : Jeanette to share this IAPT engagement model with all CCGs.

Ashford : Live It Well centre questions have been addressed above under the Live Well Kent presentations.

South West Kent :
1. Long Term needs. **Shaw Trust** : We are not working to resolve mental health in this model, the aim is not to cure as we are not a clinical service – the aim is to improve wellbeing. We are there to help people to self-manage, obtain greater independence and connect with local communities.
8-12months may not be sufficient for everyone but it is a start and we want to see how it works. We will be tracking people after 6 months and have a window see if changes have worked for that person and if not, there is potential for them to re-access. We recognise that lives change. We want to do things differently and we have the opportunity to see if prevention and self-management is a higher possibility. We will constantly be reviewing to see if we are meeting peoples' needs.
Can they re-access immediately?
Shaw Trust – there will be a 6 month tracking period anyway. Not everyone will progress and we will look at them and see what requirement they have for ongoing basis. We might have spaces with other partners, self-help, Umbrella Centres or meeting independently at local café themselves. We can support to make these kind of arrangements. It is challenging to hear we are failing when we have not had a chance to try this model.
Sue Scamell: We have a statutory duty to support people with mental health needs. People don't have to go to Secondary care for social care services anymore because we have developed the primary care service.
2. "no wrong door" **Shaw Trust:** we recognise this could be interpreted in different ways. We would need more information on the case mentioned in order to respond.
Action 2 : Ask Service User for specific details on why she is not able to access CMHT or IAPT.

3. No support for people working under 16 hours: **Sue Scamell** advised there is a target within the contract to support people into work over 16 hours but this does not mean there is no support for those working less than 16 hours. The support may not be from Shaw Trust but they would look at what is available from other services to support those who need this.
Do you take their benefits into account? 16 hours or more would come off benefit. Are you considering this?
Sue Scamell: We have Better-off-in-work calculations and have been doing this for many years. It is about ensuring everyone can access the right support. We would not put them into something which would adversely affect their support.

Swale : 1. KMPT Referral flow chart requested to assist GPs when referring people for social care.
Nick Dent: There is now a Primary Care Social Care team to deal with this. This was historically managed by CMHT but no longer. Yasmin Ishaq is heading this up.

Jeanette Dean-Kimili : In East Kent we have our Live Well Kent service to guide GPs. We also have local meetings with CMHT and GP Mental Health teams to work around better quality referrals. It is better for everyone by not wasting time on unnecessary screening/appointments etc.

Action 3 : Jeanette to share local meeting model with Swale CCG and Medway CCGs.

2. Expenses. Forms have now been circulated. KMPT have increased to 45 per mile.
Issue for carer travelling to out of area: Personal budget for carers could be used through Care manager assistance for Care Act Assessment within secondary mental health team
Some can't access public transport and don't have a car. Can they use voluntary transport and can they have a refund for expenses? Porchlight and Shaw Trust would like to know how much this is likely to cost and will consider this.

Action 4 : Juliette Page will send details of cost of voluntary transport to Catronia Toms and Hilary Johnston

6.Information Sharing

KMPT – Nick Dent :

- The 5 Year Strategy is coming to an end and we are refreshing the Community Engagement Strategy. We will attend local MHAGs to share our commitment over the next 5 year strategy.
- In the Quality Account outcome for last year we committed to improving problems in cancelled appointments. We have achieved higher than the 5% target and decreased the number of complaints. Next year's targets are around Family & Friends test as we are less confident those changes are actually being made.
- "You said we did" has been circulated and we are committed to identifying 3 changes, per service line, per quarter across the Trust.
- The registration process for Triangle of Care has been a two year process to ensure carers are engaged and involved.
- National Patient Survey results have improved, we were in the bottom 20% but now close to getting into top 20%. Commitment to improve results by 5%.

8. Date of Next Meeting:
15th June, 2016 2pm at County Hall, Sessions House, Maidstone, ME14 1XQ

Meeting closed at 4pm

Action Table with responses

No.	Action	Responsible	Status
1	Share this IAPT engagement model with all CCGs.	Jeanette Dean-Kimili	Completed
2	Ask Service User for specific details on why she is not able to access CMHT or IAPT	Marie McEwen	Info not available.
3	Share local GP meeting model with all CCGs	Jeanette Dean-Kimili	Completed
4	Send details of cost of voluntary transport to Catronia Toms and Hilary Johnston.	Juliette Page	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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