County Mental Health Action Group Meeting

15th June, 2016 Locality Questions

Locality	Questions
Ashford	Why such a long wait for AMHP services? Can there be a service where a taxi is called to get someone home? See case study below: • 6 day wait between seeing psychiatrist and AMHP services team. • No beds available • Service user was sent home by themselves, by bus when clearly very unwell • Carer and service user both put at risk. • No call from Crisis Team as promised. • Crisis Team referred to AMPH service. • No response from Community Mental Health Team at Eureka Park. (When Crisis Team finally arrived they were wonderful) • Eventually with daily support from the crisis team and service user co-operation it was agreed they would remain at home. However, there was no formal handover between crisis and community teams and the carer feels back at square one with dangerous person in the home. AMPH service comes under KCC not KMPT and, since being centralised, their numbers have been cut from 47 to 17 resulting in a loss of local knowledge and continuity of care. The waiting list is currently held by KCC so does not come under the East Kent CCG Mental Health Engagement Strategy.
Canterbury	East Kent CCG advised that 10 new out of area beds are being provided across Kent. How many are being provided in the Canterbury area?
Dartford, Gravesham & Swanley	None
Dover, Deal & Shepway	Highlight need for more professionals to be trained as AMPS. What can be done to encourage more people to train? Lack of AMHPs has a big knock on effect when people are in crisis. Could staff be seconded short term on rotation to fill the role to avoid burn out?
Maidstone /Weald	1. Ongoing IAPT Gap: East Kent Commissioners are holding regular meetings with IAPT providers, KMPT and Shaw Trust. Follow up with Jacquie Pryke to confirm what is happening with West Kent CCG and how case studies can be taken forward. 2. Does an amendment need to be made to the Live Well contract for supported permitted work to ensure that everyone has access to employment support? Case study: • MCCH letter explaining changes to their service has caused distress. It suggests that employment advisers for supported permitted employment for less than 16 hours will cease.

	• In order to be eligible for supported permitted employment claimants are required to see their employment advisor once a month. • Can assurance be given that this service will still be available? Shaw Trust confirmed that they have agreed with MCCH that their employment service will stay in place for the next 6 months at least. A meeting is planned between Shaw Trust and Jeannette Freeman, (KMPT Vocational Rehabilitation) to discuss this going forward. What will happen after six months is up?
South West Kent	1. Highlight concerns at lack of response from the Crisis Team. Case Study: • Unknown homeless person in crisis presented at West Kent Mind. • Rang Crisis Team for advice at 10.30am and nobody answered. • Rang Single Point of Access who also rang Crisis Team and got no answer. • Due to delay and urgency West Kent Mind called ambulance and person was assessed and taken to A&E. Important to raise awareness of these difficulties and would request more clarity is provided to help people in similar circumstances. 2. Names and acronyms are very confusing? How can they be made clearer? Ask for acronyms to be explained in reports or can a cheat sheet be added? 3. IAPT gap: The gap is not just waiting list related. It involves cases such as people with personality disorder who are not accepted by either IAPT or CMHT. Or longer term help for people who have got back to work and had a relapse and need some help. How is West Kent CCG going to address this and how can case studies be taken forward? 4. April County question around support for less than 16 hours work should have been made in reference to supported permitted employment, as raised by Maidstone this month.
Swale	None
Thanet	Highlight need for better support for very complex cases. Case Study: A service user with alcohol issues has been in hospital 4 times this year and has self-funded rehab, has lots of other problems including grief, depression and no one will help her. Passed around from service to service – needs help now. Sharon Buxton (CMHT Manager) asked for details and advised that the Beacon are working closely with Turning Point including screening services, are trying to tighten up on this and now have Darren Clay leading and joint screening with Turning Point. David confirmed the client is already under Turning Point and had been referred to the Beacon but is still getting no support.
Medway	None