

Meeting on 15th March, 2016, 12.30pm

Riverside Community Centre, Dickens Road, Gravesend, Kent, DA12 2JY

PRESENT

ORGANISATION & EMAIL ADDRESS

Justin Bateman	North Kent Mind
Marie McEwen	West Kent Mind
Amerdeep Hunjan	Rethink Sahayak
Matt Richards	North Kent Mind Service User
HR	MHAG member
Kashmir Powar	Dartford Borough Council
Alec Renmant	Insight Healthcare
Carol Summerville	ASSERT
Kevin Halpin	CMHT Senior Social Worker
Tracy Avis	Carers First
Nick Butterfield	MCCH

APOLOGIES

ORGANISATION

Naomi Hamilton	CCG
Caroline Potter-Edwards	DGS & Swale CCG
Sara Deason	SEAP
Raj Jhamat	Rethink
Julie Brock	J&S Opening Doors
David James	Kent County Council
Maria Bassett	Sanctuary Supported Living
Christina Stamp	Carers First
Katy Hickey	Signpost Brokerage

1. Welcome Introductions & Apologies

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

2. Carol Summerville ASSERT

The re-configured advocacy services across all sectors will commence from 1st April. Our focus is on mental advocacy. Providers will come together in a partnership across various sectors to plug any gaps which have occurred in the past to ensure support is given for dementia, sensory impairment and physical disabilities as well as mental health. KCC commissioned 10 partners to provide advocacy with SEAP as the manager. SEAP have provided services for many years across the country including Independent Mental Health Advocacy (IMHA). They will liaise with KCC on management and will work with other managers to provide services. We are taking over the role previously met by Invicta Advocacy with whom we have worked closely in the past. 4 Invicta staff will come over to ASSERT to continue providing the services as they always have. ASSERT will now provide mental health advocacy for West Kent and Rethink will cover East Kent.

Referrals will be slightly different with a one stop shop with one referral number. You will be triaged and referred to the right service for you. No need to worry if you live on the boundaries as it will be forwarded to the correct provider for you.

Advocacy often evolves two-way- client will phone us after first meeting. Triage and hub contact will disappear so far as client and advocate is concerned as the relationship develops.

IMHA is provided by KCC and is a statutory right for people detained in hospital. This will stay the same as before. Professional will refer either by telephone or online web referral.

This process began last August and I have been very vocal that IMHA is rather different to other forms of advocacy where people find it easy to self-refer, but when hospitalised it is not so easy. We don't want people to fall by the wayside if professional does not refer. Our staff will be present on the ward to ensure this is addressed. No pressure for service user.

There will also be a user Led Innovation Panel for people seeking group advocacy or to air their views. It is hoped this model will pull expertise together for all different areas. Some people have more than one need i.e. could be deaf with mental health difficulties – this is reflected on the flow chart. We can also draw from deaf/older people expertise with cross pollination across the partnership.

ASSERT will be moving on 29th March from the Tunbridge Wells base to Marsham Street.

Q&A

1. **No physical location in this area?** No but we will meet in community areas. Café building etc as Invicta has done in the past.
2. **Does community advocacy help with complaints about none mental health services such as social care/private organisations or DWP?** Yes, we can provide support to make the complaint but cannot provide advice on the decision you are complaining about. But we can support you to make the complaint and support you to find correct advice.
3. **Is it true communication will be via a mobile App?** No this is not the case. We are client led and will set out what the client wants in their agreement, what they want to do – all issue led. We will write down what we are going to do and it is signed by client and advocate just as it has been in the past. We are independent and very proud of this but happy to be part of this partnership.
4. **Would we need to be in hospital at the time to be eligible?** No you are also eligible if you are out of hospital and have mental health needs.
5. **Does the person need to have a mental health diagnosis?** Yes, but we don't check- up we just ask and if they say yes and are over 18 and live in West Kent they will be eligible.
6. **We were told statutory advocacy would no longer exist and that service users would have to be each other's advocate.** I can't comment on what you were told. KCC have ring fenced all advocacy services not just mental health.
7. **Explain Peer Advocacy?** Someone further along in recovery who wants to help others. Sometimes known as Experts by Experience. They can go with you to see other professionals. There are some volunteers with advocacy training too. For statutory advocacy it is possible you would need a specialism (IMHA) and they would need to have City & Guilds qualification. If you access ASSERT you would get a qualified advocate. KCC must provide IMHA by law for detained people. Community advocacy is not mandatory for those not detained but KCC are also providing this at the moment.
8. **How long will service last?** 3 Years
9. **Has there been an increase in referrals?** There has been an increase in referrals for Independent Mental Health Advocacy (IMHA) and a decline for Independent Mental Capacity

Advocacy (IMCA). IMHA has grown exponentially. Staff and clients are used to seeing us on the wards.

10. Are the partners on lower part of the flowchart robustly funded or spot purchased? I Don't know about anyone else but ASSERT are robustly and continually funded. Since the flowchart was compiled KAB are no longer in the partnership as there is conflict of interest but discussions ongoing.

11. If someone lived in East and was hospitalised in West Kent will there be discussions between Rethink and ASSERT about whose patient they are? We take whoever is on the ward at the time in our area as this is part of the Code of Practice to the Mental Health Act as the local authority will be funded in their area. For example if someone was sent to Bedfordshire they cannot be refused IMHA because they are not from the local area.

12. Do you accompany people to appointments with health professionals? Yes.

13. Explain more about the service user Innovation Panel? This is not up and running yet it is led by SEAP. It will be for service users to be involved, put forward their view and facilitate a group if they wish.

If any further questions arise please send to MHAG@westkentmind.org.uk and they will be forwarded to SEAP/ASSERT.

3. Minutes from last meeting – Approved.

4. Action Points

a) Local Meeting :

1. SEAP present. Katie's email read out. Clarified service user/carers expenses for attending MHAGs will be reimbursed for public transport only. This has been further raised with Sue Scamell requesting that petrol expenses are also reimbursed.
2. Porchlight have agreed to attending MHAGs regularly from May onwards and if cannot attend they will provide a written update for each meeting.
3. Pat North the CMHT manager is now on a phased return to work.

b) County: No question raised at the County meeting.

5. SU & Carer Questions

a) Questions raised at today's pre-meeting: A number of questions were raised regarding advocacy and were addressed above under Item 2.

b) No questions have been raised for the County MHAG.

6. Information Sharing

1. County MHAG Q&A for new Strategic Partners Shaw Trust & Porchlight was circulated, and can be accessed on this link : <http://www.liveitwell.org.uk/wp-content/uploads/2016/03/Porchlight-QA-March-2016.pdf>

Further clarification is needed on response to questions as follows:

Question 2 : Porchlight and Shaw Trust are permitted to provide 60% of services. Some organisations who had agreed to deliver services have now withdrawn due to the cut in funding. How is this financially viable?

Question 3: Long Term Conditions: Porchlight have acknowledged that open sessions should be retained but there will be less sessions. Possible changes after the first year.

Questions 5: Service Users not listened to. Response does not apply to the statement as it refers to providers rather than service users.

Question 14: No wrong door with central referral unit. If providers don't know where to refer to then it is the wrong door. Needs more clarification.

Action 2 : Ask Porchlight to clarify referral process. Shaw Trust provided a flow chart for West Kent why can Porchlight not do the same?

2. Commissioners Reports

[../CCG & KCC Commissioner Updates 2015/KCC Commissioners Update Jan 2016.docx](#) No report from KCC this month. DGS Clinical Commissioning Report circulated and available on the Live It Well website here <http://www.liveitwell.org.uk/local-news/dgs/#MHAGInformation> All questions can be raised directly with Naomi Hamilton on naomihamilton@nhs.net

3. Provider updates:

Rethink: - Amerdeep : Nothing new at the moment but will continue as a delivery partner.

Insight Healthcare – Alec Renmant : IAPR services are included in new Health & Wellbeing contract. We raised many questions with all four providers for DGS and Swale. Lots of questions on the contractual financial package and how Porchlight will apply it and what the service will look like. KMPT have pulled out of IAPT. Porchlight came back having consulted with CCG terms and conditions and have asked all providers if they are happy to proceed in the new contracts. Response must be sent in by today.

MCCH – Nick Butterfield: Currently working in Dartford and Gravesend. Although proceeding as a delivery partner with Porchlight we will have substantial losses and will be closing the Gravesend service at the end of the month. Some staff are applying for posts with the new providers but Nick will be leaving altogether. There will be 3.5 staff in Dartford with more mobile work from 1st April. No presence in Swanley. We will go out to meet people members. Alec queried if Insight will still be able to rent space at Endeavour House, Dartford and Nick confirmed they would and that MCCH would continue to see those people currently on their books.

Community Mental Health Team (CMHT) Kevin Halpin: First time attending on behalf of the team. The Single Point of Access (SPA) will be for whole of the county with no local referral number. There will be a dedicated team of NHS staff nurses who will make a clinical decision on triage and then allocate to local teams. This follows the Medway pod model and will be led by a clinician with a team in each pod – referrals go direct to that pod. All centralised in Dartford. Swanley hub in High street is closing and looking for new facility to provide this – possibly Gateway. Not for social care only NHS Trust.

Carers First - Tracy Avis: Carrying on as we are. New to staff and I support 16-24year old carers.

North Kent Mind – Justin Bateman: The financial offer from Porchlight is less by approximately 50% and we will be reducing our open sessions from 6 to 3 per week. We will continue with other successful groups such as recovery and mindfulness etc. The mentoring service will focus on agoraphobia and training to give help 2 hours per week. Agoraphobic people are hard to reach but should not be left out. Book club might be going unless a volunteer can run it and we are in discussions with Porchlight regarding the computer group We will continue to provide talking therapy in some form. Low cost counselling not affected but we have expanded into Medway with Anger Management and also delivering training to schools. We will know more by the next meeting. It is sad that with only two weeks to go it is still in chaos.

4. **Staff Changes:** Lots of changes coming by the next meeting once we know what providers are still operating.
6. **Working Group:** None at present. Agreed to wait until services have settled down in their new contracts.
7. **Elect new co-chair:** No nominations received for the second co-chair position. The group agreed to invite Porchlight to fill the role.

ACTION 3: Marie to invite Porchlight to Co-Chair the MHAG meetings.

9. Date of next meeting

The next meeting will be on 17th May, 2016 at Dartford Civic Centre, Home Gardens, Dartford, Kent, DA1 1DR.

Meeting closed 13.50pm

ACTION TABLE

Action No.	Action Point	Status
1	Question to Porchlight - Some organisations who had agreed to deliver services have now withdrawn due to the cut in funding. How is this financially viable?	Presume you are referring to Winfield – we had offered funding although less than before so they withdrew. This did raise anxiety to those who used the computer training. We have now commissioned North Kent Mind to provide this training.
2	Ask Porchlight to clarify referral process. Shaw Trust provided a flow chart for West Kent why can Porchlight not do the same?	No wrong door as mentioned in the above presentation.
3	Invite Porchlight to Co-Chair the MHAG meetings	Not appropriate for us as MHAG should hold us to account

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