

**South West Kent Mental Health Action Group (MHAG)**  
**Meeting on 24<sup>th</sup> March, 2016, 12.30pm**  
**The Eden Centre, Four Elms Road, Edenbridge TN8 6BY**



**PRESENT**

Lynne Jones - Chair  
Sue Sargeant – Minutes  
Chris Munday  
Phil Davis  
Heidi Adamson  
Pat Morgan  
Tara Cratchley  
Valerie Moriarty  
BM  
LB  
MS  
Linda Riley  
Lesley Street  
Catronia Toms  
Monika Wilde  
Jeremy Cross  
Chris Hird  
Libby Notley  
JP  
SD  
RP  
RP

**ORGANISATION & EMAIL ADDRESS**

Winfield  
West Kent Mind  
Crossways Community  
DWP  
IESO  
KMPT Highlands House  
Reachout  
Reachout/West Kent Mind  
Reachout/West Kent Mind service user  
Reachout/West Kent Mind service user  
Service user  
Service Users Involvement Group (SUIG)  
Shaw Trust  
Shaw Trust  
ThinkAction  
Tunbridge Wells & District Citizens Advice Bureau  
West Kent CCG  
West Kent Mind  
West Kent Mind service user  
West Kent Mind service user  
Reachout/West Kent Mind service user  
Carer

**APOLOGIES**

Ali Marsh  
Carol Sommerville  
Sue Hunt  
Bobbie Taiano  
Jenny Solomon  
Carol Lawrence  
Alison Skulczuk  
Jacqui Pryke  
NC

**ORGANISATION**

Addaction  
Assert Advocacy  
Carers First  
Carers First  
Insight Healthcare  
The Hub  
TWMHR  
West Kent CCG  
West Kent Mind service user

**1. Welcome Introductions & Apologies**

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

**2. Catronia Toms, Head of Health and Wellbeing, Shaw Trust**

Catronia was recruited 15 months ago to be the lead for the development and delivery of Wellbeing Works Health and Wellbeing in the organisation throughout Shaw Trust's UK operations. She has over 30 years of mental health experience in New Zealand, Australia and the UK. She is now utilizing her expertise to support the new mental health and wellbeing service in Kent - This service is being branded as Live Well Kent.

The process has been a long and winding road. Kent County Council (KCC) and the Clinical Commissioning Groups (CCGs) made a joint decision to recontract the mental health provision in Kent (excluding Medway). Shaw Trust has a passion for improving lives of people and was successful in the procurement process for lots 2 and 3: Canterbury & Coastal, Ashford, Maidstone and South West Kent,

with Porchlight being successful in the remainder of Kent. There has been redistribution at KCC level of funding towards more deprived areas. Porchlight and Shaw Trust have both have a no wrong door approach but Shaw Trust offering a single point of contact which is provided by Porchlight. Self referral is encouraged, by phone, letter, email or future portal link and it is also possible to refer someone else as either an organization or carer. The Porchlight team - Shaw Trust Community Link Worker Service, will then meet one on one for an individual wellbeing discovery session. The person can then be supported to develop their own wellbeing action plan which is based on their individual needs and aspirations. This session will agree the journey which the individual will follow which can be up to 8 weeks (Level 1 Journey) or up to 12 months (Level 2 Journey). The role of the Community Link Worker (facilitating Level 1 Journeys) and Navigator (facilitating Level 2 Journeys) will be to help the person to achieve that plan. KCC contract focusses on a progressive, time limited journey but where re-access is possible. Going forwards there is an opportunity to re-evaluate and adjust timings in response to evaluation and feedback.. After the Level 1 or 2 journeys concludes there is a 6 month tracking period where the service user sets goals and is followed up at 6 months by the CLW Service or Navigator. They can also re-access through rapid re-entry if required. There will be a watchful waiting policy to see if you need other services to support you.

Q - Are Shaw Trust doing this in other parts of the country?

A - This style of support has been done in other parts of the country/world but is still quite innovative in the UK.

Q - Will there be a referral form?

A - Yes and we will share it.

Q - Is there any specific period where you can't return?

A - No, but if post 6 months after end of journey and the service user has said all is fine then they would have to go back to the beginning of the service. We would look at this on a case by case basis.

Q - How will outcome be measured?

A - Achievement will be measured against the criteria/action set by service user and the use of standardised wellbeing assessments.

Q - Will we lose benefits if we don't keep up to speed with the programme?

A - There is no correlation with this program and benefits.

Q - Is this all about getting people into employment?

A - 16 hours plus is the definition of employment element of the contract by KCC and not everyone will achieve this. The scheme is not focused on only getting people back into work, the bulk of the programme is about what helps your wellbeing, ie walks, volunteering, peer support, recovery groups etc. For those seeking less than 16 hours paid employment the navigator will support them to access pre-employment or employment related activities if it is identified as a wellbeing goal.

Q - Universal Credit is trying to encourage any work for any hours. Under ESA if someone is on supported permitted work they can earn £107.50 per week for less than 16 hours for first year. Then it is only £20 per week after that. There is potentially an increasing number of people who will need supported work beyond 52 week limit. People are increasingly claiming the longer term support component. 60% of ESA claimants are now in support group and the number of people in the work related activity group has plummeted. Will employment support be available for people who won't be able to work 16 hours?

A - There would still be access to the programme but they wouldn't go to bespoke employment service which is designed to get people into 16 hours work. In addition there remains other employment ability services and activities which can be utilised to support individuals including the vocational rehab service which is outside of this contract. We can look at revising the programme if necessary when Universal Credit is introduced but for now employment outcome is measured against KCC specs.

Lesley advised that Shelley Southon at Shaw Trust has had talks with the CCGs re this and they have agreed to give outcomes for under 16 hours.

The contract is all about improving physical, mental wellbeing and outcomes. Employability support is still available for under 16 hours. Opportunities to be peer mentors and volunteers and employment volunteers are also available. We will look at this and be monitoring individual's achievement and goals. If there is a gap identified there could be partnership working or other creative ways of filling it. This is not a static model over next 5 years, other factors can affect it such as economic impact, extra funding through different sources etc.

Q - Do all service users have to sign up?

A – No it is voluntary. You can sign up yourself or someone working with you can on your behalf.

Q - Will you see anyone in secondary mental health?

A – The service is open to all - this could be those using primary care or secondary care who wish to improve their wellbeing. The definition in the contract for secondary care is contact with a statutory mental health service in the last 5 years but this does not inhibit anyone from signing up.

Q - Is there a limit to how many people can be taken on?

A – We have been given indicative figures based on population norms and will meet with KCC to make sure numbers are realistic. Postcode is primary exclusion criteria for access and indicates which service / Lot should be accessed.

Q – This is obviously a big step up for Shaw Trust and a new emphasis. People with mental health problems are concerned about the people they deal with. What is happening re training and recruitment?

A – As stated I have over 30 years relevant experience and have been responsible for recruiting. In addition I have personal family experience and a carer's perspective on mental health. We are looking at competency based recruitment as well as paper qualifications, ie for care navigators, and we want to find the right qualities. There will be an assessment event in Hadlow in the 1<sup>st</sup> or 2<sup>nd</sup> week in April for everyone who has applied consisting of relevant competency activities including time for change information, scenarios and case studies. We would like to include service users and will send out an invitation.

*Subsequent to the meeting Catronia confirmed that 5 service users supported them at this event on the 7th April which was extremely positive.*

As for training I am insisting that all staff, including the programme lead have comprehensive training including mental capacity act, domestic abuse, neglect, personal centred, motivational, conflict management, diversity inclusion and recovery, risk management and mental health first aid.

**ACTION 1: Catronia to forward details for event for circulation to the group.**

A – What will happen with the care navigator role from 1<sup>st</sup> April if it is not yet recruited to and how many will there be?

Q - Catronia manages a team of health & wellbeing practitioners across the country with various backgrounds; nurse, psychotherapy and training, and 2 of these will help with the transition of the role for the first couple of weeks. They are planning to have 4 in total across area, 2 in West Kent based in Tonbridge and one in Ashford and one in Whitstable. Navigators will travel to different locations. All people who have applied for the role are local Kent people working in Kent services.

Q - How will the Live Well service be advertised?

A – I have agreed with WK CCG that they will funnel communications out to GPs. There are already some Porchlight workers in the surgeries who will support this process. We are happy to meet with any relevant groups going forwards in addition to a planned series of meetings. There will be literature available in hard and electronic copy. Please contact our enquires number if you would like leaflets or posters.

There will be two telephone numbers for the service:

A referrals number hosted by Porchlight: 0800 5677699, [info@livewellkent.org.uk](mailto:info@livewellkent.org.uk)

And enquiries: 0300 7900532 [livewellkent@shaw-trust.org.uk](mailto:livewellkent@shaw-trust.org.uk)

Any problems with getting through to Porchlight should be reported to enquiries

Numbers do exist but will go live 1<sup>st</sup> April 2016

Q – Lots of services that CMHT used to link into to help get people back to work are being reduced. How can they find out what is still available? They are only hearing about changes via services users.  
A – We are producing a directory of services that link workers can use to support individual's wellbeing goals which including community assets and funded provision. Employment and housing support is funded specifically within the contract. The directory will available by 15<sup>th</sup> April. There is ongoing contact with KMPT management who will cascade information to teams.

**ACTION 2: Catronia to check whether the service directory can be sent out via the MHAGs**

**ACTION 3: Catronia to ensure CMHT are kept up to date with changes.**

Q – Concerns that the process has not taken into account an intelligent use of the data provided by CAB. KCC have not made any use. Please use the data.

A – We have spent time developing a bespoke data collection system and have been asked to feed into the super data pool that KCC, public health and CCGs are developing. We are also developing two additional service directories for our contracted services.

Q – Can people refer directly to services or is it only through the Live Well service?

A – They can refer directly to West Kent Mind and other services who have separate funding if they wish to access those services. Citizen's Advice Bureau maybe an on demand service provider through Shaw Trust and also contract through KCC to operate through the Hub.

Q – Some providers have received 50% of funding for an additional 6 months to help with the transition process but have already lost staff. What is the logic behind this commitment when the service is a 5 year contract?

A – We are contracting in grant format for 6 months as we need to have an idea of volumes and how things are working generally as well as the package. Longer term contracts will be available after 6 months for the agreed activity.

Q – How effective is your communication with KCC to make changes to provisions if necessary?

A – There will be a formal meeting every month after the initial transition. We both recognize that that the first year is a learning experience.

Comment: Should this learning experience be taking place with vulnerable people?

There was discussion about the general lack of communication about the changes. There have been updates from Sue Scamell throughout the year but service users have been told it is all for the good and nothing will change and it will be alright. Then services involved could not tell them what was happening because they were unsure themselves or still in contract negotiation. Groups have been closed and service users have been left without support at vital times. It would have been more helpful to look at what worked in the old service instead of throwing everything out. Was any mapping exercise carried out? The service is starting in one week and we still don't know what the gaps are.

There was also a lot of discussion around the lack of provision of long term support of mental health services and how legal the plans are that have been put in place. KCC have a duty of care to provide this under the Care Act. Catronia said that they will also flag this with KCC if they find they are coming across it. The plans in place are built on international evidence. See County question below.

Service users at CMHT have become anxious and have relapsed and this is still continuing as there is still uncertainty. Pat Morgan works closely with OTs in Maidstone. Their provision has changed to reinvent groups to keep people well and having them attend CMHT instead of being sent into community. Assertive outreach is needed.

West Kent Mind are now propping up the service temporarily with their own money as the vast majority of their service users fall into the longer term category, but this is not a permanent option for them.

Catronia reiterated that it was important for these people to be referred into the service so their needs can be looked at. They will work with organisations to look at what is needed and how it can be funded and whether there are any gaps. However, they can't work with people in current crisis. Link worker will assess and could work with them over anxiety. The new service might be better for some people.

**3. Minutes from last meeting** : The minutes were approved without any amendments.

#### **4. Action Points**

From local MHAG:

1. Phil contacted Nourish to find out their contact at Tunbridge Wells JobCentre
2. Phil followed up on the ESA complaint which was not quite as previously documented in the minutes. He has managed to get the payment reinstated.
3. KCC have contacted Google to update the Social Services phone number.
4. List of IAPT providers in West Kent has been circulated.

**County response to SWK questions (from the February County minutes):**

**Canterbury & South West Kent** raised the issue of the gap in IAPT and want to keep this on agenda. Andy Oldfield confirmed that commissioners recognize 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.

#### **5. Service User & Carer Questions**

1. All Winfield Trust IT services have now closed with very little time given to them to inform the service users they worked with of the closure. How is this invaluable service, which has worked for many years with people with mental health difficulties, providing not just IT skills at a pace they can cope with but also a safe and supportive environment, going to be replaced?

**ACTION 4: Forward this question to Julie Cable at Shaw Trust for a response.**

2. The Shaw Trust will focus on 'progression' and time limited services. It refers to service users re-accessing the service multiple times over an extended period if they need to, rather than membership for a sustained time. What about service users that need ongoing support? The Shaw Trust make it sound like CMHTs where they want to discharge people. Many people in fact are discharged from secondary care with nothing except the voluntary sector form them to access. Enduring mental health issues don't fit within a timeframe of twelve months or short periods, they can last years/decades at the same level of distress and disability. This is why the changes to services are so devastating for local service users because a significant number of them have been members of day services for many years. You could argue it is 'dependency' but without these places then people with very severe mental health issues ('chronic' ones) what happens to service users with long term needs? There is huge resistance to voluntary services becoming like CMHTs. The CMHT is a closed door to some who are able to currently access voluntary sector services, but with reduction in services what happens to these people?

As documented above, Catronia confirmed that their services was not commissioned to offer this as part of their service. The group questioned whether KCC had a legal responsibility to provide this under the Care Act.

3. What sort of intervention will be offered by the IAPT services to those service users now back in primary care who still have chronic long term mental health issues and may need further support in the future? These people often do not fit the criteria to access the IAPT service where the short term interventions are generally too short to be of help but they cannot re-access the longer term psychological therapies offered in secondary care? Do remember that private psychology, the only other service available, is prohibitively expensive to all but the very rich.  
**The gap in IAPT services is already being discussed at County level and this will be sent to Andy Oldfield who is looking into it.**

## Take to County:

1. Under the Care Act, KCC have a duty of care to provide long term support for mental health. What services are in place to keep them well longer term? How can service users make their views on this heard?
2. Back to work support, previously provided by Shaw Trust and KMPT vocational advisers has been withdrawn for everyone who works under 16 hours a week within the new Community Health & Wellbeing Service. The majority of people who are unwell don't go into full time work. Can KCC advise where the provision to enable and support people who want to work under 16 hours can now be provided?

## 6. Information Sharing

### a) County Mental Health Action Group Update

The County MHAG minutes and local questions are all available at <http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/>

### b) Commissioners Reports

Sue Scamell, KCC: None provided.

**West Kent CCG:** This report was circulated separately and is available on the Live It Well website.

Chris Hird asked if the new format was better and the group agreed. Sue confirmed that the update is not needed monthly, just bi-monthly before each round of meetings.

**Crisis Café.** An update is not available as Jacqui is currently off.

**ACTION 5:** Chris to follow up on Crisis Café status.

### c) Provider updates/New members

The Standard Service Information will need to be updated following the recent changes to services.

### d) Staff changes

**Pat Morgan, CMHT:** There have been lots of vacancies and changes which adds to uncertainty for service users. Single Point of Access (SPA) is taking 2.5 staff and starts on 4<sup>th</sup> April so that all referrals will go to one place and be filtered out. Catriona confirmed that this will also be a referral loop into the new health and wellbeing service and IAPTs.

Pat said that it should be recognised and noted that it has been a really hard time for people.

**MHAG Chair:** Lynne has been chairing alone since James De Pury's departure, however following the closure of Winfield Trust, she is stepping down from the position, leaving vacancies for 2 co-chairs. The group thanked Lynne for her support and dedication over the last 2 years and wished her luck for the future.

MHAG admin had suggested that someone from Shaw Trust could be one of the co-chairs, however the group felt that this could be a conflict of interest and were very keen for service users to have a greater involvement. There was a suggestion by Tara for a different service user from each area to co-chair overseen by herself. This would still leave a space for an additional co-chair. Jacqui Pryke had previously expressed an interest – Chris to follow up.

Pat Morgan agreed to do this for 3 months, supported by Alan Heyes.

**ACTION 6:** Chris to follow up with Jacqui re co-chair position

## 7. Working Group

**WORKING GROUP 1: Discharge and relapse prevention planning.**

No update given

**WORKING GROUP 2: IAPT working group.** The group's intention was to continue to collate examples of gaps in service with the intention of establishing regular meetings with WK CCG to flag these issues. The County meeting will discuss how best to go forward with this.

**8. Date of next meeting**

26<sup>th</sup> May, 2016 at 12.30 at the Angel Centre, Angel Lane, Tonbridge, Kent TN9 1SF

Meeting finished at 2.20pm

**ACTION TABLE**

| Action No. | Action Point                                                                                      | Responsibility | Status    |
|------------|---------------------------------------------------------------------------------------------------|----------------|-----------|
| 1          | Forward details of the assessment event for circulation to the group.                             | Catronia       | Completed |
| 2          | Check whether the service directory can be sent out via the MHAGs                                 | Catronia       |           |
| 3          | Ensure CMHT are kept up to date with changes.                                                     | Catronia       |           |
| 4          | Forward question re replacement of Winfield services to Julie Cable at Shaw Trust for a response. | Sue            |           |
| 5          | Follow up on Crisis Café status.                                                                  | Chris          |           |
| 6          | Follow up with Jacqui re co-chair position                                                        | Chris          |           |

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

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