

## Swale Mental Health Action Group



Meeting on 16<sup>th</sup> March 2016, 2.00pm  
At Swale House, East Street, Sittingbourne, ME10 3HT

### PRESENT

### ORGANISATION & EMAIL ADDRESS

David Hough – Chair	Rethink SURF
Marie McEwen – Minutes	West Kent Mind
Brian Clark	Carer
Paul Francis	Rethink SURF
Lindsay Kennett	Carers Support
Sarah-Jane Radley	Swale Borough Council
Nigel Martin	Sheppey Matters
Cllr. Ken Pugh	Swale Borough Council
Sarah Aldridge	Swale Borough Council
James Durkin	Sanctuary Supported Living
Sarah Sales	Amicus Horizon
John Gatto	Centra Housing

### APOLOGIES

### ORGANISATION

Sandra Bray	Swale Your Way
Naomi Hamilton	Swale CCG
Kerry Newbury	Amicus Horizon
SA	MHAG Member
Maxine Kerrigan	Insight Healthcare
Sarah Rodger-Smith	Swale CMHT
David James	KCC
Jo Smith Kearney	SURF
Julie Blackmore	Maidstone & Mid Kent Mind
Matt Bromley	Together Swale Your Way

### 1. Welcome Introductions & Apologies

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

### 2. Minutes from last meeting : Approved.

### 3. Action Points

1. Completed.

**Action 1 : Send copy of email from Les Manley to Sarah Rodger-Smith and ask for confirmation that staff are supporting people with this.**

2. Completed. Cllr Pugh now in contact with Activmob.
3. Completed. Staff Chart has been circulated.

**County Question:** no question raised at February County meeting.

### 4. SU & Carer Questions:

- a) Raised at today's pre-meeting:

1. Concerns regarding clinical input on Single Point of Access after failure to support a vulnerable person and told them to go to A&E. We want assurances that this will work on 1<sup>st</sup> April and will follow through. Would like to see an example of when it worked well to circulate to boost confidence in the system.

**Action 1 : Ask KMPT for assurances that SPA will work and people will not be told to go to A&E and to provide a good example of when it worked well.**

2. It is understood there will now be two Single Points of Access – one for Clinical care and one for Social Care to address inappropriate referrals being referred back to GP for social care. It was also Identified that GPs need awareness training to understand the difference. Sarah Aldridge noted that the referral process can be complex even for specialist consultants and it would be good to have a simple flowchart for anyone referring. Lindsay advised that the new Primary Care Social Workers starting on 1<sup>st</sup> April should fill this gap.

**b) Going forward to County MHAG:**

1. Ask KMPT for a referral flow chart to ensure nobody is referred back and forth.
2. Expenses for service users attending MHAGs. Brian to raise with CCGs who pay for services from KMPT. *Update – Porchlight have agreed to refund expenses for public transport and petrol but parking expenses not included. KMPT have also agreed to refund expenses, including parking.*

**5. Information Sharing:**

1. County MHAG Update: Porchlight answers to the Q&A from the County Minutes are not adequate enough.  
Challenge the statement under Q5 which says funding has not been cut when it clearly has. One partner had their funding reduced from £165k to £100k. This is clearly a reduced amount and has happened to a lot of other services. Where has this money gone?

**Action 2: Ask Porchlight to explain where the balance of the money has gone. KCC say no reduction in funding yet multiple organisations have received cuts to their funding.**

Q8 If service closes – what happens? Who is going to carry out the services? Who will replace those who have left? We cannot have people left with nothing.

**Action 3: Ask Porchlight what they plan to offer instead of informal day services.**

Pulse café – strategic partners should ask service users what they want.

**Action 4 : Ask Sue Scamell why they chose the two strategic partners as they do not appear to know what they are doing and are not giving enough information on what will be provided.**

**Action 5: Ask Porchlight where people attending Swale Your Way will go now that they are closing? There are lots of displaced people.**

2. Commissioners' Reports: Circulated.

**Action 6: Ask Swale CCG to clarify if they are more concerned with wellbeing aspect rather than mental health aspect? Do they have any concerns of people falling through the net? We still do not understand the model? If some of the 60 agencies have now pulled out how are they going to deliver this?**

3. Provider Updates/New Members:

**Rethink/SURF – Paul Francis : Service user meetings continue to be held at 2pm on the first Tuesday of each month at the Healthy Living Centre and last Thursday of the month at Phoenix**

House. Please send people along, especially if impacted by the changes to share their experiences. People need to be consulted and included. There is a lack of communication. Paul carried out a review of Porchlight Community link worker service and had concerns as there are only two link workers covering a lot of GP surgeries in Swale. Concerns around expectation which is not proportionate. Ken noted that the community link worker has not been seen in Swale for a long time. Lindsay added that she had written to the link worker but no response has been received.

**Action 7: Is link worker Gwyn Morris still in post?**

**Action 8: Do the link workers work jointly with the new Primary Care social care workers?**

**Sheppey Matters – Nigel Martin :** We have facilities to help with displaced groups if needed.

**Swale Borough Council – Ken Pugh :** Today has highlighted that people are being let down badly in Swale and across Kent.

**Sanctuary Supported Living –James Durkin :** Recruiting again for project worker for supported living in Sittingbourne. Will send email for circulation

**Carer – Brian:** NHS new build in Maidstone for acute and PICU promised 174 beds in Kent. Allocated 9 beds in Maidstone for Swale but majority are going to Dartford. This is not acceptable and is too far to travel.

Concerns with 24 hr liaison services. KMPT spent £9m on out of area beds this year – last year was £4M. PICU should be running at 85% but is running at 211%. This is not acceptable.

CAMHS has had £147m put into services and nobody knows where it has gone. 90% vacancies at Dartford hospital.

**Amicus Horizon – Sarah Sales:** Tenancy sustainment officer for Amicus Horizon. Lots of people at risk of losing their tenancy who suffer from mental health needs. We support those who do not keep house in orderly fashion or don't pay rent, etc. often undiagnosed mental health issues. I am last resort for them and I can identify what is really going on and can ask for an assessment.

**Carers Support – Lindsay Kennett** Jane Durrant from DWP attending Carers group at UK Paper Leisure Centre to talk about benefits on 13<sup>th</sup> April, 10.30 to 12pm. Need confirmation on whether DLA automatically moves to PIP or do we need to apply for PIP.

*Update: DLA only automatically transfers to PIP for those over age 65. Everyone else must apply within 28 days of receiving letter inviting them to do so or their benefit will be suspended. Please look out for this letter and respond immediately.*

**Centra Housing – John Gatto:** Most residents are doing well and getting ready to move on.

**David Hough –** attended assessment panel for new Chief Executive Officer for Kent & Medway Partnership Trust (KMPT). Good day with 4 strong candidates who all brought something to the table. Successful candidate was Helen Greateorex who has experience in this role in East Sussex. She is very service user focused.

4. **Staff Changes:** Need to wait until after 1<sup>st</sup> April know what changes we have.

## **6. Working Group – Financial Parity of Esteem**

Paul tabled a summary report outlining the groups terms of reference, some of the issues and information needed to proceed. The group had engaged with the County MHAG, Swale Patient Liaison Group, and had meetings supported by the Community Mental Health Team. Only one commissioner had been able to make one of the fortnightly meetings, Tim Woodhouse will

provide more information, Paul had met with Alan Heyes, Chair of the County MHAG and member of Swale health and Wellbeing Board. Alan will make a query of the board. The Swale Patient Liaison group is considering having a meeting focussed on Mental Illness as a consequence of the working groups report. It would be good for the MHAG to engage with this.

The information on budgets appeared to be a challenge for commissioners to provide. This is a national challenge, highlighted in the recent NHS England Task Force Review of Mental Health Services produced in February.. There is approximately £163.1m spent on mental health services. The group has not yet had authoritative figures from the Swale CCG. These figures would need to come from Swale CCG.

Brian advised the figures were published last year and they do not keep up with inflation up to 2018. It was agreed to postpone this working group for now dependent on new changes due on 1<sup>st</sup> April.

### Date of next meeting

18<sup>th</sup> May, 2016 at At Swale House, East Street, Sittingbourne, ME10 3HT.

### Action Table

No.	Action
1	Ask KMPT for assurances that Single Point of Access will work and people will not be told to go to A&E and to provide a good example of when it worked well. <i>SPoA offers a triage service for urgent and emergency referral to KMPT with the option of on-ward appointment booking. SPoA wouldn't suggest A&amp;E unless the risk indicated an emergency service response to a life threatening situation. It is difficult to give a specific example but due to SPoA's ability to book appointments we have been in situations when an appointment is available later that day and arranged for the service user on the phone to access community support within hours of contact. We have had similar situations when responding to GP's, who have clients still in their consulting room.</i>
2	Ask Porchlight to explain where the balance of the money has gone. KCC say no reduction in funding yet multiple organisations have received cuts to their funding and some have had to close. <i>There is no balance of money left. All has been distributed within the Live Well Kent service but the amounts of funding that organisations are receiving has changed. Porchlight had to submit a clear budget to KCC and agreed with all partners how much they would be receiving before submitting the final tender. Both Strategic Partners are capped on how much they can directly deliver. Porchlight is well below this cap. Porchlight has also invested a substantial amount of its own resources in order to establish the service</i>
3	Ask Porchlight what they plan to offer instead of informal day services. <i>Porchlight are continuing to work with the informal mental health services. The aim of the contract is to have services in different community settings. Organisations like Swale Your Way and Groundwork are great examples of organisations using community settings.</i>
4	Ask Sue Scamell why they chose the two strategic partners as they do not appear to know what they are doing and are not giving enough information on what will be provided. <i>Through the whole tender process we have been clear that we could have either 2 strategic partners, 3 or 4. The evaluation of the strategic partners was based on achieving the highest quality score which is why we have 2 strategic partners across Kent</i>
5	Ask Porchlight where people attending Swale Your Way will go now that they are closing? There are lots of displaced people. <i>Together Swale Your Way are part of our delivery network. For a period around three weeks Together withdrew from being a delivery partner (due to external factors relating to other contracts) but were back by the end of March. We greatly value Swale Your Way and the</i>

	<i>crucial services they provide. During the period when they had withdrawn, we had approached another organisation (not Porchlight) who were looking to take on the service</i>
6	<p>Ask Swale CCG to clarify if they are more concerned with wellbeing aspect rather than mental health aspect? Do they have any concerns of people falling through the net? We still do not understand the model? If some of the 60 agencies have now pulled out how are they going to deliver this?</p> <p><i>As we all know mental health and wellbeing are inextricably linked, you cannot have one without the other. Porchlight will be attending an MHAG in due course to explain the service, here is the link <a href="http://www.porchlight.org.uk/live-well-kent">http://www.porchlight.org.uk/live-well-kent</a></i></p> <p><i>By working with one strategic partner the possibility of people falling through the net is reduced as it spreads care across the whole system. Of course there are risks, as there are at any time of change; however, we are confident that the introductory period and handovers have reduced these risks. The CCG is sure that the MHAGs will welcome Porchlight to your meeting and share with them your knowledge and expertise of the Swale locality and how best to bed down the service so that all can benefit.</i></p>
7	<p>Ask Porchlight if the link worker Gwyn Morris still in post? Gwyn Morris has been back for the past 2-3 weeks. In the meantime, Angela Lovegrove has been covering for him. If people can't get through to the individual worker, they can ring the Live Well Kent central referral team on 0800 567 7699 or email <a href="mailto:info@livewellkent.org.uk">info@livewellkent.org.uk</a>.</p>
8	<p>As Porchlight if the link workers work jointly with the new Primary Care social care workers? <i>Yes the Community Link workers are working closely with the new Primary Care social care workers and we have case examples of this working extremely well. We are looking at adding value rather than duplicating roles.</i></p>

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

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