

Ashford Mental Health Action Group



Meeting on Thursday 14th July, 2016 2pm-3.30 pm
At St Stephens Health Centre, St Stephens Walk, Ashford, Kent TN23 5AQ

PRESENT

Amanda Godley - Chair
Annie Jeffrey - Chair
Sue Sargeant - Minutes
MH
Catronia Toms
Liz Bailey
Rosemary Sheppard
Debbie Stewart
Ali Marsh
Sharon Gerrard
Julie Blackmore
Dave Rains
Lorraine Burley
Lee Robinson
Sarah Parker
Louise Piper
Graham Tarrant
Jenny Solomon
Rekha Bhogal

ORGANISATION & EMAIL ADDRESS

Co-Chair Ashford MHAG/SpeakUp CIC
Co-Chair Ashford MHAG
West Kent Mind
Service user
Shaw Trust Live Well Kent
Shaw Trust Live Well Kent
Ashford CCG
Ashford CCG
ThinkAction
KMPT Community Mental Health Team
Maidstone & MidKent Mind
Rethink Mental Illness
Ashford Volunteer Centre
Ashford Volunteer Centre
South Kent Coast CCG
South Kent Coast CCG
Ashford & Tenterden Umbrella
Insight Healthcare
KMPT, OT Therapist

APOLOGIES

Lindsey Kennett
Bob Ditchburn
DH
JB
Ruma Kinkead-Weekes
Michael Cloughton

ORGANISATION

Carers' Support
KMPT, Community Mental Health Team
Speakup CIC service user
Speakup Umbrella service user

1. Welcome Introductions & Apologies

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

2. Minutes of last meeting – Approved without amendment

3. East Kent CCG Mental Health Strategy Engagement - Louise Piper

We received nearly 400 responses with 220 people who want to be involved going forward in various categories. 20 items were pulled from the 5 year forward view which people were asked to prioritise. A significant amount of people wanted quick access to mental health services, with better care for people in crisis, suicide prevention and children's and young people's mental health being the top 3 priorities.

There is an equivalent team for young person's service in Thanet.

NHS England is working on integrated care models which can be based in various locations, ie GP surgeries. Basing secondary care services in primary care will help to free up specialist services.

The results of the survey and responses to common themes are available at: <http://www.liveitwell.org.uk/mental-health-east-kent/>

Q. 160 out of 376 people have not had a positive experience and a lot of this is down to lack of continuity of care. What is being done about this?

A. The survey was very broad but we need to look at the whole service to look at continuity. That is what we intend to do and why we have asked people to become more involved in different workstreams.

5. Action Points

a) From Ashford MHAG:

1&2. Louise confirmed the calculation of collection of figures for beds as follows:

Public health (Kent Public Health Observatory) and KMPT worked together with commissioners to calculate exactly how many bed days were used over the course of the last year and what the gap was between the extra beds that have been opened and the number of bed days used. The allocated yearly use of beds 2015 – 2016 was compared to the actual bed use in east Kent. This was calculated to be approx. six beds higher than the 76 beds allocated for east Kent. With an additional four to cover delayed transfers of care and beds kept open for patients on leave from the ward it was agreed that on average an additional ten beds would be required in the short term. Work is ongoing with KCC to reduce delayed transfers of care which are largely down to a shortage in social housing / support.

- These 10 extra beds should be in place by Autumn and will be in Dartford. They are not PICU.
- There was concern that this figure still didn't reflect need. Does it include AMHP team frequency of no beds being available?
- Debbie explained that they are very much aware that bed capacity is an issue and are working closely on it with on it with KMPT including taking part in phone calls 3 times a week to look monitor the situation.

ACTION 1: MH to draft a letter to MP re lack of money for beds.

ACTION 2: Louise to check whether occurrences of no beds being available, such as AMHP team referrals are being taken into account for calculation of figures?

3. Updated slides for EKCCG Mental Health Engagement were circulated.

4. Confirm KCC's funding reduction figures for the Ashford area.

All CCG monies contributed to the voluntary sector through the Section 256 arrangements remain unchanged but there has been a shift in the Public Health and Social Care funding based on mental health activity, deprivation and need. This has resulted in a £192k reduction in Ashford and an increase in investment across South Kent Coast and Thanet which was underfunded to meet the Mental Health need.

ACTION 3: Sue Scamell to confirm actual figure being spent in Ashford.

5,000 new homes are planned in Ashford. Has this been included in the calculation of health and social care monies? Catronia confirmed that this has been discussed at the Ashford Patient Participation Group. The Health services response was given by Caroline Harris

ACTION 4: Sue Sargeant to contact Caroline Harris for mental health breakdown of monies

5. Look at whether AMHP service can be included in EKCCG Mental Health Engagement Strategy.

Louise confirmed they will be looking at crisis support and working with KCC (who manage the AMHP service). We can look to influence but we have no direct control.

6. Amanda followed up on carer's AMHP service experience – See County response.

b. From local questions taken to County MHAG (full answers available in June County minutes):

Ashford : Approved Mental Health Professional (AMHP) service delays highlighted. Sue Scamell advised that in the past the service was under the Community Mental Health Team (CMHT) but this was unsustainable. Two years ago it was changed to a centralised system with some full time and some mixed role AMHPs. Sue has already escalated this to Stephanie Clarke who is responsible for the service and is waiting for a response. The AMHP service is responsible to Kent County Council but managed by Kent & Medway Partnership Trust (KMPT). The AMPH service and Crisis service work closely together and are managed by KMPT. If there is no bed available at the time the AMPH would have to go out again to assess and this is causing pressure on the system.

Amanda noted that in the particular case study discussed the carer had to pay £1,000 for a Maudsley Assessment and this was not acceptable. Jeanette suggested this was an operational issue to be raised at the Local Operational Meeting (LOM) for the referral pathway to be clarified, it was noted that the Maudsley Service has been under pressure due to pressures on recruitment .

Patient transport issue here could also be raised at LOM. Provider could have referred to patient transport in this situation rather than send them home on bus. This should be raised with the CCG in first place – Lisa Barclay. Amanda will raise this with Lisa tomorrow.

Amanda took to this to the CCG meeting and then the Clinical Quality Manager who has able to resolve service issue for the service user in question. The carer has been contacted by KMPT.

Response received from Helen Burns, AMHP service and read out at the meeting:

"KCC and KMPT are working to increase recruitment and retention of AMHPs and this will have an impact in the future.

All referrals into the service are prioritised on level of risk and need. Support for service users and carers is established with the referrer if assessment cannot happen immediately. Mental Health Act assessments will take place regardless as to whether a bed has been identified or not unless the risk to service user or carers prevents this.

Community assessments are prioritised by Crisis Home Resolution Team (CHRT) for beds and the AMHP Service reports daily as to the potential need for beds so this can be planned for. If there is no bed available after a Mental Health Act assessment then the AMHP may need to leave the service user whilst a bed is found. The AMHP Service monitors the frequency of this occurring. Unfortunately the service user may then need another AMHP to assess once a bed becomes available if the first AMHP has finished their shift. We try to do this so it has the least impact on service users and carers but the AMHP works independently and has to be satisfied that detention is appropriate.

Reassessments also impact on the availability of AMHPs."

- The AMHP service was taken out of Community Mental Health Team (CMHT) 3 years ago as part of a national policy.
- The service is now very detached as the AMHPs don't know the patients and history. Sometimes people can present well and not appear to fulfil criteria.
- Role is no longer a mixed care co-ordinator/AMHP role so care co-ordinator is now taken out of CMHT for AMHP role for 1 out of 4 weeks with duty taking over. Annual leave might lead them to be away from CMHT for longer.
- Mental Health assessment should be referred to immediately, not in 3 days.
- If someone needs assessment but because no beds are available the service user has been left with carer when in crisis. The CCG should be funding someone to come in to help care.

6. Service User and Carer Questions

1. Changes to services disrupt people and can have long term effects. There was a case of someone who has been affected by changes made 5 years ago. Unfortunately changes do happen as services move forward.
2. There is a discrepancy between the number of people who used the Live It Well centre before April 2016 and now.
Catronia confirmed that over the whole 12 months prior to the change 201 people used Mcch services. However, for some people this may have only been once and as at end of April only 45 service users were actively engaged. 35 to 40 have taken up the new service. Mcch have rung, written and offered for their service users to come along to meet Shaw Trust, however Mcch may not have had up to date contact details. Anyone is welcome to access the service. The Crisis Café is now at the Live It Well Centre and Julie is finding people are turning up there. (See Provider update).

Take to County:

How do KCC see the future of the AMHP service since centralisation of the service? The mixed role is currently filling gaps.

7. Information Sharing:

1. **County MHAG Update:** Please see the County MHAG minutes which were circulated before the meeting for full details. The minutes and local questions are all available at <http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/>
 - Thanet raised the need for organisations working with drug and alcohol problems to work more closely with CMHT. Louise attended a meeting and the East Kent Diagnosis Forum is going to be set up to ensure no gaps. There is an option to link in with West Kent for this service.
ACTION: Invite Larry Weekly from Turning Point to attend future Ashford MHAG meetings.
 - Dover, Deal and Shepway Mental Health Action Group are organising a Kent Mental Health Festival on the 11th October 2016 at the Leas Cliff Hall in Folkestone. Jo Miller, Sanctuary Housing, is the lead and money raised with go towards a Wellbeing Café in the local area.
2. **Commissioners Reports:** These have been circulated before the meeting and are available on the Live It Well website <http://www.liveitwell.org.uk/local-news/ashford/#MHAGInformation>
 - a. Sue Scamell, KCC: An update was given on the Primary Care Social Care Service. The service covers Ashford and the Kent Enablement Recovery Service (KERS, previously STR) team is based at the Live it Well Centre. They will look at assessment under care act for eligibility for social care needs, ie housing, financial. CMHT refers to them and they are screened by primary care social care workers. KERS then works with them for 6 weeks intensively. It is a new service just finding its feet and the hope is that by meeting needs earlier further problems can be prevented.
The Primary Care Mental Health Specialist is Lynn Irvin. She is currently spending time with different teams and is based in Ashford when she is here. She has a caseload of 40 and is employed by Invicta.
ACTION 5: Invite Lynn to the next meeting
 - b. The CCG Commissioners' Report was circulated

3. Provider Service Update/New Members:

Maidstone & MidKent Mind, Julie: The Wellbeing Café moved to the Live It Well centre 3 weeks ago, supported by Shaw Trust. The Stour Centre averaged attendances of 16-20 on Friday and also on Saturdays. Last weekend there were 17 attendances on both evenings at the new venue so there has been no dip in numbers and service users seem to prefer the new location. On average there have been 7 to 8 new sus per month but they are now seeing 4 new service users per night. There are always 2 members of staff and 2 formal volunteers. Volunteers have been service users and offer peer support. They receive mental health awareness training, mental health first aid lite and any other relevant training and go through security checks. Anyone else is welcome from other organisations. The highest number of people seen so far is 25 and there has never been a night where we are unable to maintain service.

There are a few regular users but most people dip in and out. Highest figure is between 5 and 9 visits. We have seen 67 different people, 665 total attendances in 9 months. We offer crisis support to stop people calling A&E and the crisis team. There is a lot of signposting and we can signpost back to Maidstone Mind on Monday morning where a member of staff is available by telephone or email or face to face. We have funding until December 2016 and are planning around what happens after that.

Murray thought they needed more staff as it had to close early the other day. Julie welcomes feedback from service users.

ACTION 6: Julie to provide updated information for circulation.

Ashford Volunteer Centre. Lee: The Centre has had a complete changeover of staff with only Sue Sawyer remaining. 5 people started on Monday. There are now 2 volunteer service co-ordinators (Lee and Lorraine) an administrator, apprentice, care navigator and office manager. There was no handover so their priority is to contact service users and volunteers. Ashford Volunteer Centre offers volunteer brokerage and has a "Can Do" crew of 16 -25 volunteers. They offer a Community car scheme which is cheaper than a taxi with 35 drivers and 400 active users. Befriending service has 35-40 befrienders who work one to one with befriendees. Care Navigator service is based at the hospital and they are intending on employing another.

KMPT, OT Therapist, Rekha: We have created a 7 day bed finder role to ease process of identifying beds locally. A paid peer support worker role is now embedded within St Martins and is having a significant impact.

When someone is in a private bed, KERS workers are liaising with the private provider about their needs at home. Discharge co-ordinators are visiting people in out of area beds to ensure that their discharge is co-ordinated.

KMPT is also engaging with the Thanet task force which is a multi agency group set up to improve mental health services (Sharon Buxton).

Triangle of Care: they send carers an information pack and contact carers at the point of admittance of service users. There are 3 people responsible for this. They also have a carers' support group twice a month.

ACTION 7: Rekha to send information about support group for circulation.

4. Staff Changes: See details in CCG Commissioners Report.

Sharon reported that they are understaffed with 3 band 6 vacancies. They have lost staff to other services: primary care, AMHP, Single Point of Access (SPA) which all started up on 1st April. They are recruiting but have lost 2 positions. They have a locum but they can go at any time. Seniors have caseloads for people who have left and everyone will be contacted. Care co-ordinators have been allocated. They are doing their best. They have a new Doctor who will be a permanent member of staff.

8. Working Group

At the January meeting a new working group was formed to look at helping teenagers struggling out of hours instead of going to A&E. Debbie Stewart, Sue Sawyer, Amanda Godley and Alan Heyes met and decided to carry some scoping exercises to think about ideas going forward.

ACTION 8: Lee to follow up with Sue to see whether she wants to take it forward.

9. Date of next meeting

8th September, 2016, 2-3.30pm at St Stephens Health Centre, St Stephens Walk, Ashford, Kent TN23 5AQ.

Meeting finished at 3.38pm

ACTION TABLE

| Action No. | Action Point | Responsibility | Status |
|------------|--|-----------------------------|--------|
| 1 | Draft a letter to MP re lack of money for beds. | MH | |
| 2 | Check whether occurrences of no beds being available, such as AMHP team referrals are being taken into account for calculation of figures? | Louise | |
| 3 | Confirm actual figure being spent in Ashford for social care | Sue Scamell | |
| 4 | Provide calculation of health and social care monies. Does it include planned new homes? | Sue Scamell/Caroline Harris | |
| 5 | Invite Lynn Irvin to next meeting | Sue Sargeant | |
| 6 | Provide updated information on Wellbeing Café location for circulation | Julie | |
| 7 | Provide details of carers' group for circulation | Rekha | |
| 8 | Follow up with Sue Sawyer re taking forward the working group | Lee | |

Administration :

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