

Meeting on 24th May, 11.00pm

At Council Chambers, Dover Town Council, Maison Dieu House, Dover, Kent, CT16 1DW

PRESENT

Jo Miller – Chair
Marie McEwen – minutes
John Childs
Dawn Hyde
Sonya
LH
AW
TS
JM
Nick Esson
David Rowden
Lindsay Kennett
Louise Piper
Terry Balby
Rachel Rodgers
Hanna Roost
Kevin Sims
Tracey King
Linda Page
Janice Wood
Anand Louis
Michele Godfrey
Nick Dent
Paul Head
Julia Hargreaves
Hilary Johnston
Jayne Wheatley
Ian Swallow
Tanya Clark

ORGANISATION & EMAIL ADDRESS

Sanctuary Supported Living
West Kent Mind
SpeakUp CIC
Carer & Volunteer
Talk It Out
Take Off/Carer
Take Off
Take Off
Service User
KCC/KMPT
SpeakUp CIC
Carers Support
South Kent Coast CCG
ThinkAction
ThinkAction
Kent County Council Social Worker
Sanctuary Supported Living
Sanctuary Supported Living
Sanctuary Supported Living
Porchlight
Sanctuary Supported Living
Folkestone & District Mind
KMPT
MCCH
Porchlight
Porchlight
Jobcentre Plus
Kent Police
Kent Police

APOLOGIES

Marie Gallagher
Jeanette Dean-Kimili
Elaine Gilbert-Finch
John Rea
Jyotsna Leney
Keith Symes
Liz Frost

ORGANISATION

KMPT Community Mental Health Team Manager
South Kent Coast CCG
Dover Job Centre
KMPT Personality Disorder Service Lead
Shepway District Council
Carer
Carers Support

1. Welcome Introductions & Apologies

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

2. East Kent CCG Mental Health Strategy Engagement – Louise Piper

The PowerPoint presentation has been circulated and can be found on this link <http://www.liveitwell.org.uk/local-news/southkentcoast/#MHAGInformation>. The survey can be

completed via this link <https://www.surveymonkey.co.uk/r/EKMHComm> and is available until 31st May, 2016.

Additional comments:

Provision of place of safety to be provided at several locations across Kent, no Police cells to be used. There is only one place of safety for children and adolescents which is in Dartford. CAMHS will be going out to tender soon and covers ages 0-18. It will eventually cover 0-25, which will address drop off between ages 18-25 and link in with safeguarding vulnerable children.

Psychiatric liaison is now available at 3 East Kent hospital for 12 hours per day (up to 8/9pm) for all ages including older people. It is not currently possible to provide night cover under the budget but will be monitored with the intention of eventually being a 24 hour service. Data will be collected to identify needs and to review.

Parity of esteem will introduce waiting time guidelines which mental health services do not currently have, e.g. A&E have a 4 hour target and are held accountable if this is not met.

Please feedback through the survey link above. Louise will share the outcome of this survey and the draft strategy at the July MHAGs.

1. Porchlight Live Well Kent Service – Hilary Johnston

The PowerPoint presentation has been circulated and can be found on this link <http://www.liveitwell.org.uk/local-news/southkentcoast/#MHAGInformation>.

Porchlight are responsible for delivering services in Dartford, Gravesham & Swanley (DGS), Swale, Thanet and South Kent Coast.

Innovation grant launch will be launched in September with £45,000 available between South Kent Coast and Thanet. Organisation do not have to be a contracted partner to apply. More information to follow.

Q & A

1. Do you provide employment support for people on benefits?

Answer: The Community Link worker service can help or can refer on if necessary. Some link workers are based in Jobcentres and the Gateway but are flexible and can meet locally.

2. Does this link in with Care Act for social care assessment.

Answer: Hannah Roost – yes and if more complex we refer to Kent Enablement & Recovery service (formerly Support Time Recovery (STRs)).

3. Are personal budgets and direct payments accessible for this?

Answer : Not yet.

Hilary is happy to take any further questions by email on hilaryjohnston@porchlight.org.uk

4. Minutes from last meeting – Approved

3. (a) Action Points from Local MHAG:

1. MCCH Timetable circulated. Next month there will be a consultation to identify what groups would be helpful. Some groups are poorly attended. There is a limitation on what we are commissioned to deliver.
2. There are 1.5 staff for Dover and Deal.

3. Outstanding - Follow up with Jyotsna Leney/Housing Options.

(b) No question raised at County MHAG from Dover, Deal & Shepway.

4. SU & Carer Questions

a) Raised at Pre-meeting:

1. No acronyms please.
2. Service user with depression and attends courses for this every week. Work coach says she is expected to look for work for 36 hours a week.
Jayne stated this was incorrect, it is not a one size fits all. There is agreement to move closer to work, including addressing health or mental health issues which means working towards this. There should be no mention of sanctions for this. It also depends on which benefit they are receiving and includes conversation with work coach. Depends on individual. Jayne agreed to speak with service user after this meeting.
3. Are Work Coaches trained for mental health and how is this facilitated? Sometimes words used are unhelpful and can escalate a service users' mental health needs. Some have been discouraged from bringing support with them.
Jayne advised there are various methods including classroom based and online learning. Lots of up skilling happening and sometimes it works, sometimes not. We want to ensure staff understand they are dealing with people and to look beyond if someone doesn't turn up for an appointment. Paul added that Aspirations staff can support people with this.
4. GPs – some are very good can we highlight good practice?
Anyone can review through NHS choices online for this. Not something we can do – a big ask but would imagine most people in the community would know who they are. Hopefully hubs in the community will improve this but will be a long term goal. Some surgeries only have a single GP and others may only have one speciality. Lots of things can be resolved if reasonable adjustments are made i.e. receptionist not asking in public reception what is wrong. Education of GPs and staff is happening but can't happen overnight, however we can push and educate to change attitudes.
5. KMPT lack of communication has been highlighted in the past. Is this part of East Kent CCG Engagement strategy? i.e. family were not informed when a service user was being transferred from Canterbury to Cambridge.
Louise advised that the CCG is not directly involved in this as it would be KMPT. Nick Dent added that the Approved Mental Health Professional (AMPH) involved with sectioning would have responsibility to inform nearest relative. Nick Esson confirmed this but acknowledged it does not always happen. If it is the middle of the night it is normal practice to call in the morning. People's wishes should be in care plan but sometimes there is no care plan if it is the first time. We have a legal duty to listen to the wishes of the individual if they do not want us to contact the family. There could be safeguarding issues with domestic violence etc.
Dawn queried how quickly the police are notified as the person may well be listed as a missing person by their carer. Nick confirmed the police are notified when the place of safety has been agreed and the AMHP would speak to family unless told not to. Ideally people should not be moved at 2am but with the bed situation, needs must. Sometimes notes go on RIO to ask for call in the morning.
Sgt. Ian Swallow added that part of the strategy is to tell the police in every situation but the control room would contact relevant hospitals etc to find out if the person is there. Once we know, and even if there is a request not to reveal details, we can still call the family and say they have been located, usually within 20 minutes of locating them. With a Missing Person report it is standard procedure to contact places where they are likely to be such as hospitals.

Nick Esson noted that when being transferred from one ward to another the responsibility it is down to KMPT nurse in charge of the ward they are leaving, to notify the family and that 90% of the time AMPHS do make that call. Nick Dent agreed to speak with carer about their experience after meeting

6. Dawn advised that KMPT have agreed to give carers de-escalation training. Carers are on front line and trying to contain situations at home while waiting for help and need training to keep them safe. Training will be rolled out by locality and details will be circulated as soon as they are available.
7. Concerns raised at Police handling of service users in the community.
Sgt. Swallow is a mental health trainer at police headquarters and advised that there is big drive on mental health training at the moment. It is recognised across the board, joint triage is up and running. Core problem as first responders and enforcement agency. More aware of wider issues now. Problems in the past with other agencies abusing section 136 by forcing the police to take action when their service cannot deal. We are pushing back against use of 136s as it is a strong power to use when not necessary and should only be used if absolutely necessary. If crisis team should be dealing with the situation we say no. The control room would know before we go if it is a mental health crisis. Training is delivered every year and is a two-day course, with the 2nd day focusing on wellbeing, first aid and mental health. It is about doing the right thing at the scene. Feedback is good but please let me know if otherwise. Nick Esson added that the police do a great job but it can be difficult. In the latest incident the police were fantastic.
8. Is AMHPS training happening? Yes, there are 16 being trained this year. Not just about law, but also about how they apply it, not just locally, it is national. The process is complex. 5 AMPS for whole Kent with 25 referrals last week. Bed needs to be sought, 2 doctors and sometime police are all required to attend and this takes time to set up. If not all available the whole thing comes apart. If it takes 2/3 weeks please let me know. Not enough AMPHS across country. Kent are trying to recruit but not enough being trained and not enough funds. 16 being trained at the moment but Kent might only get 10/12 of those. High burnout rate as stressful role trying to manage so many dynamics including person in crisis. Sometimes doctors have a loose interpretation on the law. AMPHS have to monitor this to ensure it adheres to the law.

Dawn queried whether 3 of the 5 AMHPs on duty are involved with the 136 suites?

The crisis team provides support to 136 not AMPHS. Crisis team do not link with AMPHS as they are not qualified so not allowed. Lots of pieces of jigsaw to come together, once bed has been found an ambulance can be called. But if no bed available when doctors/police and ambulance turn up then cannot carry out the section 136.

Dawn felt this was unacceptable as the family are left to cope. Nick Esson said there was a code of practice to be adhered to and this can be challenging. In past there was a window of opportunity for AMPH to put in services to keep people out of hospital, but this is now dwindling. A crisis is now a crisis. Circumstances are becoming more difficult. It is a difficult job.

Louise noted that Ashford MHAG had also raised issue with AMHPS and that Sue Scamell and Andy Oldfield will be looking into this.

Nick Dent added that the training is now 10 months and staffing will be varied with some permanent, some 2 days a month, or one in 7 days. But only achieving 1 in 4 days at the moment.

Louise noted that there are problems recruiting lots of other positions, including GPs. There is a need to link in more with Christchurch University to try and persuade people to stay in Kent and not go to London jobs.

Dawn thanked Nick Esson for his honesty and that it highlighted the need for the community to get behind this and get stronger.

- b) **Going forward to County:** 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 a rota to fill the role to avoid burn out mentioned above?

5. Information Sharing:

1. County MHAG update: February Minutes circulated and are available on the Live It well website on this link - <http://www.liveitwell.org.uk/your-community/county-mental-health-action-group>

2. Commissioners' Reports:

KCC – Sue Scamell - Nothing new to report at the moment whilst the new Live Well Kent service beds down. Porchlight and Shaw Trust will provide their own updates going forward. Sue chaired the recent County MHAG meeting and has responded to all questions raised on the Live Well Kent service. The new Primary Care Social work team will be attending local MHAGs and will also be able to give updates on the service. Sue happy to take any further questions by email at sue.scamell@kent.gov.uk

CCG Update – Jeanette Dean-Kimili: Not provided.

3. **Nick Dent** : KMPT Community Engagement Strategy presentation has been circulated to all local MHAGs and can be found on this link <http://www.liveitwell.org.uk/local-news/southkentcoast/#MHAGInformation>. We were unable to fit a third presentation into the meeting today but please do read the document online. KMPT are renewing their 5 year communication strategy for 2015-2020. We were doing quite well but felt our engagement with Black, Minority Ethnic (BME) groups, Older People and travellers could be improved. We have therefore developed a new strategy which has been co-produced with very high level of engagement with service users and carers. We need your help to improve it further, please give us your views. There are 3 questions we would like you to answer :

1. What community engagement activities does KMPT do well?
2. Where can KMPT improve in better working with diverse communities?
3. Are there any suggestions to be included or removed from the Community Engagement Strategy (CES)?

Nick and Audrey Quansah-Abakah are attending all Mental Health Action groups during May and other forums to get your ideas and feedback and will come back with the finalised strategy later in the summer.

4. **Provider Updates/New Members.** Due to lengthy discussions above there was no time for individual updates. Paul Head noted that the Live Well Kent branding is being confused with the Live It Well website and other similarly named projects and suggested it should be rebranded.

5. **Staff Changes:** No time for updates at this meeting.

6. Working Group – Mental Health Festival 11th October The first meeting for the working group will take place here today after the MHAG meeting. All local secondary schools will be invited to take part in the event.

7. Date of next local Meeting

26th July, 2016, 11am (Pre-meeting for service users/carers only at 10.30am)

At Council Chambers, Dover Town Council, Maison Dieu House, Dover, Kent, CT16 1DW

There were no actions from this meeting to take forward.



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