

DGS Mental Health Action Group



Meeting on 25th May, 2016, 12.30pm
Dartford Civic Centre, Home Gardens, Dartford, Kent, DA1 1DR

PRESENT

ORGANISATION & EMAIL ADDRESS

Richard Giles	North Kent Mind
Marie McEwen	West Kent Mind
Steve Goldsack	MEGAN CIC
Andy Hales	MEGAN CIC
Teresa Snowden	Porchlight
Hilary Johnston	Porchlight
Raj Jhamat	Rethink
Chrissy Stamp	Carers First
Swaran Panasar	Assert
Carol Sommerville	Assert
Chris Bishop	Kent Police
Kashmir Powar	Dartford Borough Council
Audrey Quansah-Akabah	KMPT
Tracy Avis	Carers First

APOLOGIES

ORGANISATION

Carol Gosal	Rethink
Julie Brock	J&S Opening Doors
Alec Renmant	Insight Healthcare
Kim Solly	DGS CCG
Caroline Potter-Edwards	DGS CCG
Maria Bassett	KCC Floating Support
Annah Mapani	KCC Primary Care Social Work Service
Matthew Richards	Service User
Kevin Halpin	KMPT Community Mental Health Team

1. Welcome Introductions & Apologies

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

2. KMPT Community Engagement Strategy – Audrey Quansah-Akakah

Presentation has been circulated and can be found on this link along with the questionnaire. Please read and respond. <http://www.liveitwell.org.uk/local-news/dgs/#MHAGInformation>.

We want to hear your views to help identify gaps and what we need to do going forward.

Q&A:

1. Transgender incident. Staff at hospital did not deal appropriately, caused barriers on entry due to staff not recognising new gender. Is there any training happening for nurses and other staff?

Audrey: Not aware of this case. It would have been useful to use that case study. I have concerns with e-learning training. Information is not being retained and we need to sit and talk to people face to face.

Action 1: Chris to forward details of this incident to Audrey who will cascade down to staff under Equality & Diversity training.

2. Bank staff may not have same training as KMPT permanent staff and do not follow the correct criteria.

Audrey advised that Under the Equality Act 2010 the onus is on the bank which provides the staff to ensure appropriate training. Audrey to raise this with the medical director to ensure they at least do the basic e-learning training.

Action 2: Audrey to raise need for training of bank staff with the medical director to ensure they at least do the basic e-learning training.

3. Live Well Kent Service – Hilary Johnston, Porchlight

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

Additional comments:

Porchlight cover Swale, DGS, Thanet and South Kent Coast areas. The Mental Health and Wellbeing manager Teresa Snowden is the Personal Development and Training officer for this area. Future networking events will be in local CCG areas rather than for the whole of Kent.

The Innovation Grant will be launched later this year with £25,000 between DGS and Swale. Organisations can apply in September. There will be promotional events for each CCG.

Referrals for Live Well Kent are the same as usual – can be direct to MIND or MEGAN. If it goes to central referral team it will be passed to the appropriate service.

Once referred, the client will be assessed and within the week a wellbeing/recovery plan will be set up. This was raised at the service user mobilisation group and they asked to see the outcomes. The wellbeing scale used to measure outcomes is based on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) with slight adaptations -

<http://www.healthscotland.com/scotlands-health/population/Measuring-positive-mental-health.aspx>

This is completed at the beginning, middle and end of support.

If partners cannot support a client please signpost on and actively make this referral on the phone with the person present.

4. Minutes from last meeting – Approved with one amendment on Page 3 : should read – “rise in IMHA and decline in IMCA”.

1. (a) Action Points from local MHAG

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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?	Winfield – we had offered funding although less than before so withdrew. Did raise anxiety to those who used the computer training. NKM have now provided this.
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.

(b) County MHAG Question: None raised.

5. SU & Carer Questions

Steve: Issue raised around poor crisis care and increase in fast discharge. Inordinately large amount of problems with reaction and quality of care from the Crisis Team. Incidents of people who are hearing voices being told –don't listen; if hallucinating don't look. Client admitted on Sunday was told same day she would be discharged the following Friday, which she was and without anything being put in place. She was back in crisis the following day and has endured 5 week period of crisis. Similar experience by others in the group who now do not want to call the crisis team because they know they will get no help. For people with personality disorder, rejection is a big issue and to be rejected before being treated is a huge problem.

Chris: These situations then fall back on the Police. We argue with Littlebrook that they are not ready to be discharged but they say they cannot help as there is no medication for this. These people should be in hospital not in a police cell or in the community. Police need somewhere to take them to a place of safety that is not a 136 suite. Our version of crisis is different to CMHT version of crisis. All we can do is cuff and keep safe but this is not correct.

Steve: DGS is worst area for personality disorder. Medway has 3 other options and in Swale there are 2. With the Brenchley unit under threat of being closed there will be no options in DGS. How can people in crisis be sustained if being discharged prior to being admitted? Peer support is not treatment it is just supporting them. Those who were doing ok are now floundering waiting for a service that is in danger of closing.

Action 2: Marie to seek clarification if the Brenchley Unit is closing. *Response can be found on this link: <http://www.liveitwell.org.uk/local-news/dgs/>*

6. Information Sharing

1. County MHAG Update: Please see the draft minutes for more information on this link <http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/>.

2. Commissioners Reports:

Kent County Council Commissioners Report – 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

Dartford, Gravesham and Swanley Clinical Commissioner Report – Kim Solly : report circulated and can be found here <http://www.liveitwell.org.uk/local-news/dgs/#MHAGInformation>

3. Provider updates:

MEGAN CIC – Steve Goldsack : The Heart of the Matter and Sahara forum have merged and are now being run by MEGAN CIC; now known as DGS Service User Forum. This is going well, although there have been some issues around translation but have 20 people attending regularly. We also run the Patient Council at Littlebrook Hospital, listening to service users about their experiences on each of the wards. We also continue to run the Personality Disorder Peer Support Group for DGS area.

Assert Advocacy – Carol Sommerville: Assert are now responsible for community advocacy and Independent Mental Health Advocacy in Dartford, Gravesham and Swanley as of 1st April, 2016. Press release can be found on this link <http://www.liveitwell.org.uk/wp-content/uploads/2016/05/Kent-Advocacy-press-release-Mar-2016.pdf>

Swaran Panasar– Has now moved from Invicta Advocacy to Assert. Please send advocacy referrals to swaran@twmhr.org.uk

Kent Police – Chris Bishop: We now have an office at Littlebrook Hospital to work out of there. We still have responsibility for Bracton and North Division Community which covers Dartford, Gravesham, Swanley, Swale and Medway. Only two on the team to cover all these sites. Our model is being replicated throughout Kent with Mental Health Liaison officers being rolled out across the county. There is an opportunity for the role to grow with another 3 officers in 6 months.

Dartford Borough Council - Kashmir Powar: New pilot starting at Dartford Football Club for men's health group led by Cat Baggett at North Kent Mind. Men do not come forward to ask for help and hopefully this will bring them in. Peer support element within this.

North Kent Mind – Richard Giles: We have merged with Depression Alliance and are working with them in Greenhithe and Northfleet.

4. Staff Changes: None reported.

7. Working Group: Wellbeing Café Update- Chris Bishop

From Police point of view Personality Disorder is taking up at least 50% of our time. We need an alternative to a section 136 suite and are trying to set up a drop-in Wellbeing Cafe. There are different levels of crisis and some people just need to talk to someone. We had identified a small café who were willing to facilitate this but it was too expensive. We have now secured a space in the Orchard Centre for free, staffed by North Kent Mind (NKM) staff on a Saturday and Sunday evening. This will be advertised to patients from Littlebrook and the Crisis Team. We are in the process of talking to Dartford Borough Council (Kashmir) about having other activities/peer support at same time. For six months it will cost approximately £50,000 and we are looking to fund raise for this. We hope this will be up and running by end of July. Our new Police & Crime Commissioner Matthew Richard Scott has included mental health on his 6 point plan, he is visiting us tomorrow. We are not the best people to lead this but have asked NKM MIND to project lead. We will still have a stakeholding interest to ensure it keeps going and doing what it should be doing. There has been an overwhelming rate of buy-in from service users. This would serve as drop-in diversion tactic to 136. The Orchard Centre is closed at night so people would need to phone ahead to arrange for access by centre security staff. It is a pleasant place and is a good size and we have some money to help paint and furnish it. Kashmir added that she is re-launching the Health Inequalities Group next week and this would be good opportunity to include this in the Wellbeing Café.

8. Date of next meeting

The next meeting will be on 19th July, 12.30pm at the Riverside Community Resource Trust, Dickens Road, Gravesend, DA12 2JY. The pre-meeting will be from 12-12.30pm for service users and carers to speak to the Chair in confidence.

Elect new MHAG co-chair: Richard has been chairing solo for a long time and would really appreciate some support. Please consider sharing the role. In the meantime if Richard is not available to chair the MHAG, in the first instance Alan Heyes from Mental Health Matters can support or one of the co-chairs from one of the other MHAG localities.

ACTION TABLE

Action No.	Action Point	Responsibility	Status
1	Forward details of Littlebrook Transgender case study to Audrey who will cascade down to staff under Equality & Diversity training.	Chris Bishop	Outstanding

2	Raise need for training of bank staff with the Medical Director to ensure they at least do the basic e-learning training.	Audrey Quansah-Abakah	Preliminary discussion already done but will be fully discussed at the Equality & Diversity Steering Committee where the Head of Training will be represented. Date of meeting is 12 July.
3	Seek clarification if the Brenchley Unit is closing.	Marie McEwen	Completed. See update link above.

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