



## **South West Kent Mental Health Action Group (MHAG)**

**Meeting on 28<sup>th</sup> July, 2016, 12.30pm**

**The Camden Centre, Market Square, Royal Victoria Place, Royal Tunbridge Wells, Kent TN1 2SW**

### **PRESENT**

Jacquie Pryke - Chair  
Sue Sargeant – Minutes  
Sue Hunt  
Jo Cobley  
Heidi Adamson  
Angela Holland  
Jenny Solomon  
Liz Russell  
Natasha Mikula  
Jill Grainger  
RD  
AM  
Linda Riley  
Al  
Michael Bourne  
Angela Shaw  
Alison Skulczuk

### **ORGANISATION & EMAIL ADDRESS**

West Kent CCG  
West Kent Mind  
Carers First  
Edenbridge Reachout  
IESO  
Imago, Kent Young Carers  
Insight Healthcare  
KMPT, Psychiatric Clinician  
KMPT, Primary Care Psychological Therapy Services  
Reachout co-ordinator MHR  
Reachout member, Hawkhurst & Cranbrook  
Reachout member, Hawkhurst & Cranbrook  
Service Users Involvement Group (SUIG)  
Service user  
Shaw Trust  
Thinkaction  
Tunbridge Wells Mental Health Resource

### **APOLOGIES**

Chris Munday  
Phil Davis  
Clare Lux  
Audrey Quansah-Abakah  
Pat Morgan  
Hannah Tubb  
James Thompson  
Jeremy Cross  
Ali Marsh  
Chris Hird  
Libby Notley

### **ORGANISATION**

Crossways Community  
DWP  
KMPT, Community Mental Health Team  
KMPT, Equality & Diversity Manager  
KMPT Highlands House  
PANDAS  
Service user  
Tunbridge Wells & District Citizens Advice Bureau  
ThinkAction  
West Kent Clinical Commissioning Group  
West Kent Mind

### **1. Welcome Introductions & Apologies**

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

### **2. West Kent CCG Autism and ADHD services, Chris Hird**

Chris was unable to attend but will reschedule for another time.

Liz stated that the definition of mental illness does not include ADHD/Autism. Shouldn't that be included?

**ACTION 1: Liz to check definition of mental illness with David Chesover (Clinical Lead for mental health), WKCCG**

**3. Minutes from last meeting** : The minutes were approved with the following amendments.

Page 3, 4. IAPT gap, 3<sup>rd</sup> paragraph – Amend to: “Jacquie is attending meetings being run by KMPT to look at and review the current pathway for Personality Disorders.”

Jacquie was elected co-chair at the last meeting. She is, unfortunately, unable to continue but there will still be regular representation from West Kent Clinical Commissioning Group at the MHAG meetings. There are now two co-chair vacancies. If anyone is interested in the role could they please contact Mental Health Action Group administration on [mhaag@westkentmind.org.uk](mailto:mhaag@westkentmind.org.uk) for more information.

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

##### **a) From local MHAG:**

1. **What is the difference between the PPCI and PET?** – Audrey confirmed that PET is the Patient Experience team which manages complaints and provides PALS (Patient Advice and Liaison Service), reporting results into service lines and corporately. It is one of a number of teams within Patient Public Community Involvement department which also provide Volunteers support, chaplaincy, Equality & Diversity, Surveys and wider patient engagement activity such as Patient Consultative Committees (PCCs).
2. **Audrey to contact other organisations to present to service users** – subsequent to the meeting Audrey responded: We have concluded presentations on the Community Engagement Strategy. What we would do is in the future in relation to consultation contact yourselves to link us up with forums as was suggested in MHAG meeting.
3. **Audrey to feedback on who is able to attend the Trust Wide Patient Engagement Group** – TWPEG has reps from service lines, PPCI, and a service user and a carer rep identified via PCCs. It is chaired by our Director of Nursing
4. **Audrey to look at whether all local Community Mental Health teams (CMHT) have service user groups** – Not all Community Mental Health Teams have local service user groups. In fact Highlands House is the only one I know does exist although Maidstone and Dartford, Gravesham & Swale have both discussed this, and may have progressed it. All localities have a commissioned user forum funded by Kent County Council or Medway Council and I would hope CMHTs have good links with these. Some user forums participate in Locality Leadership Groups (LLGs) and most MHAGs have both user and KMPT representation. Linda and Liz both agreed that it has been good at Highlands House having carers and service users attend the LLGs.
5. Jenny forwarded IAPT spreadsheet to Linda for her to complete with case studies
6. Linda sent personal experiences of IAPT gaps to Jacquie
7. Sue forwarded details of Crisis team experience to Jacquie which has been taken forward to County.
8. Phil emailed Catronia with details of service users experiencing a delay in accessing Live Well Kent service and they had been contacted and were in the programme so problem resolved. Customers are being called back much quicker now. Michael confirmed that call back times are reducing. They had expected 1100 referrals in the first year, but have already received over 700 for first 4 months. They are hoping this has now levelled out and people are responded more quickly. Michael/Catronia are happy to follow up on any delays.

##### **b) County response to SWK questions: (See April County minutes for full responses)**

1. MHAG to invite KMPT Crisis Service Director Karen Dorey-Rees and Service Manager Maria Stafford to respond and to attend future County MHAG meetings regularly. Also for representatives to attend local MHAGs.
2. **Acronyms:** MHAG will continue to include as many explanations within the minutes and has circulated a cheat sheet to the group. A link will also be added to the Live It Well website.

3. **IAPT gap:** This refers to a gap identified between primary and secondary psychological services. East Kent CCG outlined how they would be addressing this going forward and West Kent CCG were asked to do the same.

Jacque explained that she has liaised with the other CCG's to see how they had addressed the gap. She also received a letter from Linda Riley expressing her concerns, which she has responded to.

Certain changes have been agreed with providers and KMPT and the following actions were agreed:

- Eligibility criteria was reviewed and agreed
- It was acknowledged that there are currently long waiting times for psychological therapy at KMPT due to high level of demand, under resourcing and the length of course duration. The new Live Well Kent service started 1st April 2016 and patients can be signposted to Live Well Kent to support patients either following IAPT treatment or whilst waiting for secondary services
- It was agreed that going forward if a provider receives a referral from another provider that they think might be inappropriate for their services they will phone the referring provider to discuss the case and mutually agree the best place for that patient to be seen, rather than refer the patient back to the patient's GP.
- The provider to provider transfer of care form was reviewed and updated.

Jacque is hopeful that these interventions will help to address the gap identified in West Kent as they use the same providers as East Kent (Insight and Think Action). They have meetings scheduled to address this to ensure that there is consistency across Kent with all providers and KMPT.

However it is also acknowledged that this is also an issue of resources. Mental Health is undergoing many service changes and transformation as part of the Government's Five Year Forward View and although not an immediate resolution it is part of the long term vision to improve these services.

KMPT are currently reviewing the personality disorder pathway and any individual cases going forward should be pursued through the complaints route, firstly to the provider, then escalate to CCG, then to Ombudsman. This will ensure that if treatment has been received that is not acceptable then the CCG hears about it.

In response to suggestion that CCG funds some longer term help within primary care, Jacque explained that the part of 5 year forward plan is to look at moving some services out of secondary care and into primary care.

4. **Supported permitted employment:** Concern that this support is no longer being offered and that a position statement needs to be developed for it.

Catronia responded prior to the meeting that it had been agreed that support would be provided for existing clients (only MCCH has been identified as having clients accessing this scheme). KCC has also confirmed that this scheme will not exist following the roll out of universal credit.

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

- a) An email was forwarded to the MHAG from the Service User Involvement Group (SUIG) containing information about applying for ESA/PIPs. It was sent with the best intentions however this information was incorrect and Linda apologised for any distress caused to service users or to the Department of Work & Pensions. However, she did stress the importance of establishing a paper trail to record who you have been working with and suggested [www.benefitsandwork.co.uk/employment-and-support-allowance](http://www.benefitsandwork.co.uk/employment-and-support-allowance) as another source of advice.
- b) Al gave a harrowing account of experiences of being in extreme crisis. The number given by the GP had produced responses such as “you are not in Canterbury so we can’t help you” and “I haven’t got the foggiest idea of who can help you”. It is not clear what the process is for getting help.

Liz Russell explained the following contact process:

- If already under secondary care then the process is to call Community Mental Health Team (CMHT) during working hours (Highlands House: 01622 725000) and Crisis Team out of working hours. They will either come out or ask someone to come to them.
- Single Point of Access (SPoA) (0300 333 0123) can put anyone through to services including existing secondary care service users.
- Someone presenting at A&E will have access to the psychiatric liaison service which is covered out of hours by the SPoA.

Liz and Jacquie to talk to Al after the meeting to confirm course of action to be taken by Al in case of crisis.

**ACTION 2: Invite Crisis Team to come to next meeting to talk about the contact and response process**

**ACTION 3: Michael at Shaw Trust to ensure correct numbers have been given out to their staff**

- c) Jill Grainger mentioned that a service user wanting to advise of address change had been given an incorrect form by DWP which would have put him onto different benefits. She wanted to emphasise the importance of training being given on every benefit available for service users and wondered what mental health awareness and training was available for staff? It was suggested that Phil Davis would be able to help her with this.

**ACTION 4: Jill to follow up with Phil at DWP**

- d) A personal experience of a family member with depression was referred to and praise was given to the mental health services at Darenth Valley and Maidstone for their work.

### **Take to County:**

There seems to be a lot of uncertainty about who to contact when in crisis, how to access the crisis team and the role of the Single Point of Access. Can this be clarified?

## **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:** These reports were circulated separately and are also available on the Live It Well website.

**Sue Scamell, KCC:**

**Jacquie Pryke, West Kent CCG:**

**Crisis Café:** Very sadly although first agreed by the CCG, due to some current changes in funding, all new projects for the CCG have been put on hold. They will be reviewed again in September and we are hoping that we get the go ahead for funding then. It is very disappointing, but I have liaised with both Maidstone Mind and West Kent mind. At this stage there isn't anything further I can do, other than put a strong case forward in September.

The street triage pilot has 1 mental health nurse for 3 nights a week and funding can only continue as for now as a permanent service. Jacquie is in the process of writing a bid for money through the crisis care concordat. £15 million is being put forward from Department of Health. It is possible that preventative measures such as expansion of the street triage service and crisis cafes can be part of it. Additional IAPT funding is also possible in the next wave in April.

Zena Watson is off sick

Kate Parkin has set up an Armed Forces confederation in Sussex. This is currently being developed and Teresa Boffa will come to next meeting to update.

**c) Provider updates/New members**

**Edenbridge Reachout, Jo:** Our group of around 10 meets every fortnight on a Tuesday and we alternate this with an Art Group. The parish nurse attends and we also have a Pets As Therapy (PAT) dog. It is an opportunity for people to share their experiences in confidence in an environment of empathy and understanding. We are always looking for speakers.

**Reachout, Jill:** We are launching 2 pilot youth groups in September in Tunbridge Wells (for 11-16 year olds) and Edenbridge (for 14-18 year olds). We will also look at 18 plus and would hope to expand to rural communities where there is also a lot of need. Referral only or by self-referral.

**ACTION 5: Jill to forward a leaflet on Reachout groups for circulation**

**ThinkAction, Angela:** She is the new team leader for the IAPT service and is looking to drive up awareness of their services, especially step 2 level telephone support and step 2 therapies. Perinatal support is also available for women from pregnancy (from 30 weeks) up to children of 2 years and Angela wants to create a relationship with health visitors, local mum's groups and children's centres.

**Shaw Trust, Michael:** We have 2 new staff members; a navigator to join Richard Burrridge and new community link worker who will be a Porchlight employee working under Shaw Trust. During the first quarter of the contract (April to June) there were 650 referrals in total across all lots, with 282 from West Kent. There were 41 referrals in South West Kent in the last month. In general the age group breakdowns are as follows: 25 - 50 year olds (67%) 17-25 at 13%, 50-65 are 16%. Split of 55%-45% serious mental illness v common mental illness which is not what we expected. This could be due to pressures in KMPT.

Top interventions were around healthy lifestyles, employment, housing, informal mental health support (groups within network), benefits and finances. Some of the first year is looking to see where the programme fits within health and social care sector. It is a challenge that different services are offered in different areas and we are looking at how we can improve this network.

Most people are going into journey 2 (up to 12 months) so we haven't seen many outcomes from people leaving services, but we have had positive case studies and experiences.

**Natasha, KMPT:** We are delivering Step 2 psychological therapies for more mild severity. We have extended step 2 work and assessments from 8am to 8pm at our hub in Maidstone which was set up in April. Step 3 is predominately face to face predominately. Step 1 is GP's watchful waiting. The phone line is now up and running and being manned. Self referral and professional and referrals are accepted.

**Kent Young Carers, Imago Community, Angela:** We support young carers aged 5 to 18 years and would like to raise awareness of our services.

**SUIG, Linda:** Lynn Spicer, Primary Care Mental Health Specialist came to talk to the group. It would be useful for her to come to the MHAG.

**ACTION 6:** Invite Lynn Spicer to talk at the MHAG

d) Staff changes - None reported

## 7. Working Group

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

The discharge letter has been taken to the Trustwide Patient Safety Group for a 6 months pilot.

## 8. Date of next meeting

22<sup>nd</sup> September, 2016 at 12.30 at the Sevenoaks Community Centre, Cramptons Road, Sevenoaks TN14 5DN.

Meeting finished at 2.08 pm

## ACTION TABLE

Action No.	Action Point	Responsibility	Status
1	Liz to check definition of mental illness with David Chesover (Clinical Lead for mental health), WKCCG	Liz	
2	Invite Crisis Team to come to next meeting to talk about the contact and response process	Sue	
3	Ensure correct numbers have been given out to their staff	Michael	
4	Follow up with Phil at DWP on staff training	Jill	
5	Forward electronic leaflet on Reachout groups for circulation	Jill	
6	Invite Lynn Spicer to talk at the MHAG	Sue	

**Administration :**

Phone: 01732 744950

Email: [mhag@westkentmind.org.uk](mailto:mhag@westkentmind.org.uk)



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