

Meeting on 20th July 2016, 2.00pm
At Swale House, East Street, Sittingbourne, ME10 3HT

PRESENT

David Hough – Chair
Marie McEwen – Minutes
Brian Clark
SA
Kim Solly
Angela Shaw
Mags Sayer
Sarah Aldridge
Sarah Sales
Angus Gartshore
Matt Bromley

ORGANISATION & EMAIL ADDRESS

Rethink SURF
West Kent Mind
Carer
MHAG member
Swale CCG
Thinkaction
Riverside, The Quays
Swale Borough Council
Amicus Horizon
KMPT Community Recovery Service
Together Swale Your Way

APOLOGIES

Lindsay Kennett
Sandra Bray
James Durkin
Jo Smith Kearney
Donna Lee
Sharon Jordan

ORGANISATION

Carers Support
Together Swale Your Way

Service User
Riverside, The Quays
Riverside, The Quays

1. Welcome Introductions & Apologies

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

2. Recovery Service Line Update – Angus Gartshore

I have been in this role with the Trust for 18 months. I have also worked at Oxleas and South London Trusts. I started as a healthcare assistant, then Community Psychiatric Nurse, and have worked in Community Mental Health and Forensic Mental Health.

The Swale Community Mental Health Team (CMHT) doesn't have same issues as other CMHT's with huge caseloads. Swale CMHT have good processes in place and I have been very impressed by their multi professional team who meet daily to discuss who is most in need etc. This is very well run and I have taken lots from the Swale team to share across the county.

I am passionate about getting people together through experience based co-design and getting staff, patients and carers together to make tweaks. I have done this before and it dropped complaints to zero. I have nearly finished putting this together for Kent and will introduce it through one of the CMHT teams (not Swale). Teams function differently from area to area but certain things need to be embedded in all teams. People should be seen quickly and we need to ensure the processes are right and that we only see those who need to be seen. Primary care in Kent and Medway have suffered because of lack of support at Primary Care and people end up in secondary services. Commissioners are keen that there are more services in primary care. I visited Camden and Islington Trust where their CMHT team is split with a 1/3 of staff in secondary care and 2/3 in primary care. The vast majority of people can be seen at primary care level, so less come through to secondary care and their caseloads are reduced to 20 complex with high risk needs. This emulates early intervention and they can now give people

their full attention, which means less people go into hospital and consequently they are now considering closing wards.

David expressed concerns with the gap or lack of informal day services to support people leaving acute hospitals. Once stabilized and ready to come out they need some social sustained level of interaction. Kim agreed with this and added that Porchlight need to start stimulating local facilities in the community.

The group discussed the need for a case to be put together for social care. Kim agreed that the social element is equally important but this was down to the local authority. This is seen as an emotional wellbeing need. The impact of not having this support will impact on your health. Transformation is about bringing together social and physical health services.

Brian added that the emergency re-admissions on leaving hospital since April this year was approximately 10% and things were getting worse. With 10% in a revolving door scenario it would make more sense to provide the support in the first place and would save a lot of money.

Brian would like to ask Porchlight if they know how many people Swale Your Way was supporting or how the reduction in their service has affected their mental state? Have they asked service users in this area, what services they want? How many have been re-admitted to hospital? How do you monitor/evaluate your own service?

Action 1: Marie to raise above questions with Porchlight

Kim commented that people need to move on - someone lost the contract and someone else won it. One of Porchlight's roles is to keep people active and healthy, meet people, support them with volunteering, managing money, improving relationships – how are they helping people now?

David stated there is a gap in service, we are all aware of it and need to do something about it.

Matt advised that he has 8 peer support workers with 800 service users and works more than the 16 hours he is commissioned as he is overwhelmed with cases. Cannot take services away. Reduction to Your way was because services are spread further. Can we find out what other organisations are now in place and is it being used/promoted? If not effective then need to look at this. Sue suggested there may be a bigger picture which the lay person might not always get to hear. There is not enough information or transparency.

Kim advised there were a series of workshops across Kent led by Kent County Council which invited all local providers of day services. They presented their services, costs etc and then contributed to debate and discussion on what a good service would look like. Service users' views were included when drawing up the new service.

3. Single Point of Access Update – Sami Sharma Unfortunately Sami was unable to make this meeting and will attend the next one in September.

4. Minutes of last meeting: Approved with one amendment:

Correction to page 2 item 4: Should read: "Service user was advised he could go private if he felt he needed further IAPT sessions. He received 6 then further 4 sessions but did not improve but was told he had improved and could not receive any further sessions. He had not improved as his feedback form did not change. He was told if he needed more he could go private. GPs do not know enough".

Thinkaction: IAPT is a short term service. There doesn't appear to be much for long term therapy. Angus acknowledged that the gap had been highlighted and that the commissioners and providers need to work together to plug that gap. The IAPT contact developed by the government was to get people back into work and has led to this gap.

Kim advised that the CCG is reviewing the IAPT specification to add step 3+ to fill the gap for long term needs. There will also be an online service to meet the needs of those who do not want to meet face to face. It was identified that specifically men and young adults fit in to this category. We will work with our providers to build the service. Once it has been finalised the providers should be invited to come to the MHAG to introduce their services.

5. Action Points

No.	Action	
1	Ask Yasmin Ishaq for KMPT Referral flow chart to assist GPs when referring people for social care.	Referral flow chart for Primary Care Social Care services has been circulated. MHAG members complained it is not easy read language/acronyms and does not fit on the page. Mags from The Quays reported ongoing problems in normal hours but it is easier out of hours. Action 1: Kim to circulate SPA flyer.
2	Invite SEAP to respond to advocacy issues.	<p>Response from Sarah Deason, SEAP Team Manager: Many thanks for your email, I can confirm that I am able to attend the County MHAG in June. With regard to the queries raised regarding Kent Advocacy, whilst I cannot go into specifics around a particular case, some of the issues might be:</p> <ul style="list-style-type: none"> • Our Contact Centre where all initial referrals are made is based in Hastings • If a referral is made with several issues, we need to break these down into different issues as some may be considered to be advocacy and some not. For example, helping someone fill out forms for benefits is not advocacy and therefore we would likely signpost them on to the CAB. • Referrals to Kent Advocacy are acknowledged within 3 working days and there is no evidence to suggest this is not happening. Allocation of an advocate may take slightly longer depending on the issue and location and availability of the client. <p>Further comments made by the group:</p> <ul style="list-style-type: none"> • Amicus Horizon have finance income teams to help with benefit forms. DWP do help with this and it is good most of the time. Most housing associations help. As do new social workers. • Porchlight can help to manage money, housing etc. • The service which was straight forward and easy to access has now become very complicated and signposting is not happening as it should be. • Fight for Justice is a paid service. Voluntary organisation who also help with form filling and can attend tribunals. About £4.50 per month but it gives lots of advice.

(b) County Question: None raised

6. SU & Carer Questions:

a) Raised at today's pre-meeting:

1. Additional 16 beds going into Dartford is it true there will be 18 beds at Medway? Angus and Kim had not heard about Medway but confirmed the 15 beds at Dartford would be split 5 each for Dartford, Medway and Swale.
2. Concerns with Psychiatric Intensive Care Unit (PICU) over occupancy. Kim advised that Swale CCG are monitoring this and there were no PICU out of areas for Swale currently.
3. Could the Swale beds be allocated to Maidstone instead of Dartford? Kim will find out and asked if these questions could be raised directly with her in future.

Action 2: Kim to find out if extra Swale beds could be based in Maidstone instead of Dartford.

4. It was reported last week that Medway hospital is running at £30m deficit. KMPT have spent £19m on out of areas beds because they lost that funding. Whoever decided this did not look at the implications of their actions. It is still relevant today and has been for 4 years. Kim advised that the CCG is aware that there are some inefficiencies in the system and we are working on this. We have weekly phone calls to look at delayed TOC etc.
5. Concern raised over long delay at A&E waiting for Psychiatric Liaison after waiting for 6 hours (10pm to 4.30am). It is not easy for a carer to manage someone experiencing a psychotic episode for this length of time. Marie advised that there is a pilot in **East Kent** where Single Point of Access manage the psychiatric liaison phone after 8pm to avoid lengthy waits at A&E. They can book people into Crisis team, CMHT etc depending on their need. Kim expressed concern that there had been a 6 hour wait at Medway when it should have cover 24/7 and will look into this. You should not wait for physical interventions before being passed to the mental health team as in the past, this should happen at the same time.

Action 3: Brian to email details of long wait at A&E for Psychiatric Liaison to Kim Solly to take this back. We are paying for 24/7 service and this does not appear to be happening.

6. Carer's questionnaire circulated. Some carers did not received this because their name was not on RIO system. Ask Lindsay Kennett to publicise this.

Action 4: Ask Lindsay Kennett to publicise the Carer's Questionnaire and to raise awareness that not all carers are on the RIO system

(b) Questions forward to County MHAG: None

7. Information Sharing:

1. **County MHAG Update:** The trend raised across the county was lack of trained Approved Mental Health Professionals (AMHPs). The lead for the service has been invited to attend the next County meeting on 17th August. To read the discussion please see draft County minutes <http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/>
2. **Commissioners' Reports:** Both circulated and added to Live It Well website <http://www.liveitwell.org.uk/local-news/thanet/#MHAGInformation>. If you have any questions on either report please email Sue Scamell (sue.scamell@kent.gov.uk) or Kim Solly (kimsolly@nhs.net)

3. Provider Updates/New Members:

Thinkaction - Angela Shaw: Is the new team leader for Swale and West Kent Thinkaction IAPT. Based out of Sheppey Gateway and Sittingbourne Volunteer centre. We offer face to face counselling sessions with a maximum of 12 depending on assessment. We are working with GPs etc to get more referrals.

4. **Staff Changes:** Swale Your Way: Matt – we now have 2 support workers rather than 4 who are now based at The Quays instead of Sittingbourne. Some staff have been made redundant and one is coming back to volunteer. We are moving forward trying to do what we can. David asked if there was any news on peer support involvement. Kim advised that MEGAN CIC are commissioned for Personality Disorder Peer Support

7. Working Group

No working group in place. Please consider suggestions for next meeting. Kim suggested that the group work together to report on the 5 year forward implementation plan by the Department of Health. It would be helpful to articulate this for people of Swale. Kim will circulate the plan via MHAG.

Action 5: Kim will circulate the Department of Health 5 Year Forward plan.

Date of next meeting

14th September, 2016, 2pm at Swale House, East Street, Sittingbourne, ME10 3HT. Pre-meeting at 1.30pm for service users and carers only.

ACTION TABLE

No.	Action	Responsibility	Status
1	Circulate Single Point of Access Flyer	Kim	Completed
1	Find out if extra Swale beds could be based in Maidstone instead of Dartford.	Kim	
2	Brian to email details of long wait at A&E for Psychiatric Liaison to Kim Solly to take this back. We are paying for 24/7 service and this does not appear to be happening	Brian/Kim	
3	Ask Lindsay Kennett to publicise the Carer's Questionnaire and to raise awareness that not all carers are on the RIO system	Marie	
4	Kim will circulate the Department of Health 5 Year Forward plan via MHAG	Kim/Marie	Completed

Administration:

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

