County Mental Health Action Group

Meeting on 15th June, 2016 2pm at County Hall, Room Swale 3, Sessions House, Maidstone, ME14 1XQ

PRESENT	ORGANISATION & EMAIL ADDRESS
Alan Heyes – Chair	Mental Health Matters
Marie McEwen – minutes	West Kent Mind
David Hough	Co-chair Swale/Service User
Jo Miller	Co-Chair DDS/Sanctuary Housing
Amanda Godley	Co-Chair Ashford/service user
Juliette Page	Co-Chair South West Kent
Jeanette Dean Kimili	CCG South Kent Coast
Hilary Johnston	Porchlight
Chris Coffey	Porchlight
Catronia Toms	Shaw Trust
Liz Bailey	Shaw Trust
Sue Scamell	KCC Commissioner
Nick Dent	KMPT
Anthony March	DWP Jobcentre Plus

APOLOGIES	ORGANISATION
Brian Heard	Co-Chair Thanet/Service user
Annabel Aitalegbe	Co-Chair Maidstone/Rethink
Ellie Williams	Co-Chair Canterbury/Take Off
David Rowden	Co-Chair Thanet & DDS/Speakup CIC
Karen Abel	Co-Chair Canterbury/Insight Healthcare
Richard Giles	Co-Chair DGS/North Kent Mind
Malcolm McFrederick	KMPT
Matt Stone	Sussex Partnership (CAMHS)
Janet Lloyd	KMPT
Jacky Pryke	CCG West Kent
Andy Oldfield	CCG South Kent Coast
Jennie Pasternak	Medway Council
Sharon Dosanjh	Medway CCG
Sarah Deason	Kent Advocacy
Steve Inett	Healthwatch Kent

1. Welcome Introductions & Apologies

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

2. Minutes from last meeting – Approved

3. Action Points

No.	Action	Responsible	Status
1	Share this IAPT engagement model with all CCGs.	Jeanette Dean-Kimili	Completed
2	Ask Service User for specific details on why she is not able to access CMHT or IAPT	Marie McEwen	Info not available.
3	Share local GP meeting model with all CCGs	Jeanette Dean-Kimili	Completed
4	Send details of cost of voluntary transport to Catronia Toms and Hilary Johnston.	Juliette Page	Completed

4. Locality Questions

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.

Action 1: Sue to chase Stephanie Clarke re AMHP service delays.
Action 2: Amanda to raise transport issue with Lisa Barclay

Canterbury: How many of the 10 new out of area beds will be allocated to Canterbury and will these be within Kent?

Action 3: Canterbury MHAG Chair to ask Louise Piper to confirm

DDS: Lack of trained Approved Mental Health Professionals. Jo highlighted that some clients are waiting 4/5 months after referral. One severe case (with diagnosis) was immediately refused and referred back to GP.
Sue Scamell advised that there should be no waiting list – must respond immediately and must go through GP. It is also about the number of people training and the team's capacity to release people to be trained. There are additional primary care workers across East Kent now in place, to put additional resource to prevent a secondary care MH admission where possible. Jeanette noted that primary care is also under pressure with some practices running with locums, if people are re-referred back to primary care unnecessarily only for a GP to make another referral that could have been done by other providers, this adds to unnecessary pressures on primary care. If secondary care services following an assessment identify that a secondary care service is not appropriate, increasingly people are being signposted and or transferred to other services in the system by KMPT colleagues. Local MHAGS may want to forge even stronger links with CMHT Service Leads, for SKC it is Marie Gallagher.

Action 4: Jo to meet with Marie Gallagher.

Maidstone: 1. Ongoing IAPT Gap: Jeanette confirmed she had circulated South Kent Coast IAPT Engagement Model to all CCGs, others may choose to adapt the model to fit with how local services are organized specific to their area. . Maidstone MHAG to raise with Jacquie Pryke, West Kent CCG Commissioner.

Action 5: Maidstone MHAG to raise IAPT Gap with Jacquie Pryke

2. Supported permitted employment: Catronia confirmed she had met with the service user to discuss her case and has asked Sue Scamell to develop a position statement around this and also the legal requirement of the Local Authority which will govern if amendment needed. In the interim MCCH can continue to support those within MCCH. This only impacts on Maidstone and we have put this in place and await further feedback.

MCCH letter – Catronia advised that neither the service user nor provider had a copy of the letter and she is therefore unable to comment.

After six months a decision will be made. MCCH have a yearlong contract and time to work this through. Juliette suggested there is a need to manage the expectation for ending the service as it is causing distress. Catronia noted it is a work in progress and that service users seemed reassured after their meeting.

South West Kent: 1. Crisis team lack of response case study. The Single Point of Access was put in place to avoid A&E but in this case was let down by the Crisis Team. It was noted that all the issues being raised today are about KMPT but there are no decision makers present at the meeting to take accountability.

Action 6: 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.

4. **Acronyms** – MHAG will continue to include as many explanations within the minutes and also add a link to a cheat sheet on Live It Well.

Action 7: MHAG to add link to Acronyms on Live It Well.

3. IAPT gap: This should go to West Kent CCG. Clinical presentation and level of need. They are within the cluster for KMPT and IAPT. Jeanette noted this was a good example of the need to have a good link between the provider and KMPT and to use the tool to ensure the person gets the most appropriate service. A professional conversation is needed here. The Personality Disorder service is currently being reviewed to look at improvements.

4. Supported permitted employment: See same issue under Maidstone above.

Thanet: Complex Case Study: There is a dual diagnosis protocol led by Public Health with the key driver to get both teams to work together. Jo added that Turning point have queried why KMPT are not following the protocol. Amanda added that SpeakUp CIC had been trying to support this client but because she is continuing to drink she is not getting any support from KMPT. The client has now disengaged with SpeakUp and we feel powerless to help. Jeanette advised Amanda should raise this directly with Thanet CCG Commissioner Linda Caldwell. Sue advised this has now been addressed.

Action 8: Thanet MHAG chair to check with Sharon Buxton, CMHT Manager if this has been dealt with and if not raise with Linda Caldwell.

Jo noted that all Horizon Housing Projects refuse to take people with a diagnosis of personality disorder and this is causing the Sanctuary Housing Projects to be overwhelmed. Sue advised there will be a Service specification but she is not aware of any exclusions. Sue suggested Jo should raise this with Karen Dorey-Rees at KMPT and Linda Stocker at Horizons.

5. Information Sharing

KMPT Community Engagement Strategy Presentation. Audrey and Nick have attended all of the MHAGs in May to gather feedback. The documents can be found here http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/ Catronia commented that it is too early Shaw Trust to comment but carers appear to have some issues with lack of engagement and getting the services they need. Hilary noted that a number of IAPT providers in DGS and Swale have mentioned that there is a gap between IAPT provision and secondary care provision in KMPT. Work is being undertaken to look at how this gap can be addressed. Juliette highlighted that older people are reluctant to engage with services or even complete the assessment as they do not talk comfortably about mental health, depression isolation etc.

Swale Mental Health Action Group co-chair David Hough has been involved with smoke free policy with KMPT. Policy now is across the Trust. No smoking if admitted to hospital but replacement options offered. He is raising awareness of this at all meetings and service user forums.

DDS Mental Health Action Group co-chair - Jo Miller: Our Working Group is organising a Kent Mental Health Festival on 11th October (day after World Mental Health Day). We are inviting the whole of Kent to participate in the planning meetings on 28th June, 26th July, 30th August and 27th September. All meetings will be at the Dover Town Hall 11-1pm – please come and give your support. The event will be at the Leas Cliff Hall, Channel Suite with stalls, music, stalls, etc.
The Sanctuary PR department are helping to get celebrities in and we have links with ITV etc Proviso to get the hall is to invite all the secondary schools – year 11 up. Mental Health Choir from QEQM Hospital performing. We can add films etc on loop on screens. We need providers on board. There will be talks, workshops, plays, music. Mayor giving opening speech. Good opportunity for co-production. There will be a meal and a play at end of day to raise funds for Crisis Cafes. We are asking Ruby Wax if we can use her play. Possibly charity auction event to raise funds for this event. Anyone involved with organisation of the event will get their stall free. Lots already happening but need more people on board.

Porchlight – Hilary Johnston: Steering groups will be starting at the end of July and will be for the individual CCGs. Service users from all contracted providers expected to attend. We will be interested to see the differences between the CCGs.

South Kent Coast CCG – Jeanette Dean-Kimili : We have been highlighting the new mental health service at GP Practice Learning Times (PLT's), where at any one PLT session we can have 90+ GPs in one room. IAPT providers and Live Well Kent delivered presentations. The community Mental Health Model emphasised that people may step up and down on the service spectrum as they do for physical health with intermediate care services. This is a familiar way of working for GPs to adopt around managing the mental health needs of their patients. SKC Practice Mangers have asked for a similar presentation that is planned for tomorrow. Hilary Johnstone from Porchlight will present the Live Well Kent services to the Practice Managers
Porchlight attended the targeted Primary Care Health Inequality group that supports practices have the highest health inequalities. The group prioritises services available to more proactively support these practices that have greater needs.

Shaw Trust – Catronia Toms: The Live Well Kent Programme Oversight Group identified that we need to engage with GPs. We are attending the patch meeting in Maidstone, the Canterbury/Ashford network meetings, Faversham event celebrating health and a Maidstone Community Wellbeing Networking event with a drop-in somewhere during the day.
Theory of Change workshop is planned, KCC and others invited, facilitated by external expert to help see pathways and bridges to where they want to be in five years. We are developing our internal interface user group to get feedback and develop strands of co-production. Liz Bailey is new in post and is recruiting for Care Navigators and the Network Development Manager is also

visiting providers. Catronia will continue to have a role to support Liz and the Kent Team from centralised perspective. Slow handover to Liz.

Department of Work & Pensions – Tony March: Please let me know about any events which can be linked to all Jobcentres. Any vacancies too.

9. Date of next meeting

The next meeting will be on **17th August**, 2016, 2-4pm at Swale 3, County Hall, Sessions House, Maidstone, ME14 1XQ

ACTION TABLE

Action No.	Action Point	Responsibility	Status
1	Chase Stephanie Clarke re AMHP service delays.	Sue Scamell	Helen Burns – AMHP lead now attending next meeting.
2	Raise transport issue with Lisa Barclay (why was service user sent home on bus when seriously unwell?)	Amanda Godley	
3	Ask Louise Piper to confirm how many new out of area beds will be allocated to Canterbury and if they will be within Kent?	Canterbury MHAG chair	Completed
4	Arrange meeting with Marie Gallagher to discuss long waiting time after referral to AMPH service.	Jo Miller	Completed
5	Raise IAPT Gap with Jacquie Pryke	Maidstone MHAG Chair	
6	Invite KMPT Crisis Service Director Karen Dorey-Rees and Service Manager Maria Stafford to respond to actions and to attend future County MHAG meetings regularly.	Marie McEwen	KDS And MS wrong contacts. Julie Meadows and Louise Clack have now been contacted
7	MHAG to add link to Acronyms on Live It Well.	Marie McEwen	Completed
8	Check with Sharon Buxton, Thanet CMHT Manager if case has been dealt with and if, not raise with Linda Caldwell.	Thanet MHAG Chair	Completed

mind | West Kent
for better mental health

T: 01732 744950

E: mhag@westkentmind.org.uk

Minutes posted on :
http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/