County Mental Health Action Group

Meeting on 17th August, 2016 2pm at County Hall, Room Swale 3, Sessions House, Maidstone, ME14 1XQ

PRESENT	ORGANISATION & EMAIL ADDRESS
Alan Heyes – Chair	Mental Health Matters
Dane Pulver - Minutes	Kent County Council
Annabel Aitalegbe	Co-Chair Maidstone/Rethink
Juliette Page	Co-Chair Maidstone
Ellie Williams	Co-Chair Canterbury/Take Off
Jo Miller	Co-Chair DDS/Sanctuary Housing
David Hough	Co-chair Swale/Service User
Brian Heard	Co-Chair Thanet/Service user
David Rowden	Co-Chair Thanet
Jeanette Dean Kimili	CCG South Kent Coast
Sue Scamell	Kent County Council Mental Health Commissioner
Anthony March	DWP Jobcentre Plus
Hilary Johnston	Porchlight
Liz Bailey	Shaw Trust
Sami Sharma	KMPT Single Point of Access
Helen Burns	KMPT AMHP Service Manager
Matt Crawford	Newton Europe

APOLOGIES	ORGANISATION
Andy Oldfield	CCG South Kent Coast
Amanda Godley	Co-Chair Ashford/service user
Catronia Toms	Shaw Trust
Chris Coffey	Porchlight

1. Welcome Introductions & Apologies

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

2. Overview of Approved Mental Health Professional Service (AMHPs) – Helen Burns

The Kent AMHP service started in June 2014. It has been used to manage all mental health (MH) professionals warranted under the Mental Health Act if someone needs to be placed in hospital or needs to be assessed outside of hospital; in addition to reducing Section 136's.

Prior to the Kent AMHP service, within MH teams there was an out of hours service in addition to the normal working hours service (8am-8pm), but this had caused some issues with time sensitive issues, so the new service was developed. Lessons are being learned throughout the life of the service as it is fairly new, but the biggest issue being faced is that nationally there are not enough AMHP's within the service. Recruitment is constantly underway, however; throughout the last 4 years there have been people leaving and retiring etc. which has shrunk the numbers further; and training takes one year to complete so number cannot be replenished quickly.

The current AMHP rate is 14.5 FTE's and 28 are what the desired number should be. 7 are about to get warrants and 11 have been successful for applying to next years' training but there are also people retiring etc. There are some AMHP's that just work for the service; others still have roles in the MH teams, in addition to others coming in on 0 hour contracts. As the AMHP's work a 12 hour, 3 day shift system, There is also an issue with conducting assessments due to the availability of doctors, as two are required for an assessment.

A radical shift in the service took place in pulling everyone together and there are no further plans for radical changes. Most of the employees are now working for KCC and are seconded to KMPT.

The service is felt to be better than the old service because of increased support and management support. Client demand shows average referral rate of 277 people in Kent but not Medway, and given that there is now 2 years' worth of data we can look at patterns of highs and lows throughout the year.

With regards to setting up the Single Point of Access (SPoA), currently there is only telephone access, as it has to work under the MH Act. This follows the least restrictive principle but face to face contact would have been needed to take place before that referral.

The Service only takes referrals from MH specialists or family members, then screening is done and the patient is visited if deemed necessary. If the home treatment team make that call, the home treatment team then make a referral to the service and make a judgement of whether the service is needed and then options are given. The time scale between the phone call and the assessment is being worked on with regard to crisis management so people get the service when they need it and then the assessment could be completed in a few hours. There is a concern that the bed should already be there, however; depending on the circumstance, the police may be called, but this would depend on whether the service user was involved in criminal activity; the police have an obligation under the MH act to keep people with MH needs safe. Currently the police will call the Single Point of Access and find out if they know the person and if there is any information that could help. Of the 277 referrals a month, a third comes from the police. Sometimes if there are no beds are available then custody is used.

3. Minutes from last meeting

Approved with minor amendments.

4. Action Points

Action No.	Action Point	Responsibility	Status
1	Chase Stephanie Clarke re AMHP service delays.	Sue Scamell	Completed
2	Raise transport issue with Lisa Barclay (why was service user sent home on bus when seriously unwell?)	Amanda Godley	Chase this up
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	Juliette thinks it has been dealt with but will check.
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	Completed. 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 http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/
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

4. Locality Questions

Ashford: How do KCC see the future of the AMHP service since centralisation of the service? See Update above by Helen Burns at point 2.

Canterbury: 1) Staffing concerns. KMPT are currently trying to get everyone off the waiting lists through reducing the case load over 6 months, though it doesn't appear to have been completed due to the lack of resources available. There is a staff shortage but they are recruiting.

Action 1: MHAG to contact Lisa Barclay or Andy Oldfield about contract monitoring for KMPT. Not sure why this was raised for Debbie Stewart in the actions bellow. Also seems to duplicate the next action. Angus is attending the December meeting to discuss this.

Action 2: Invite Angus Gartshore to discuss staffing shortages at the next county meeting.

In Swale GP transfers are at agreeable levels, on transfer the GP makes a call to the primary health care worker, who accesses the services and so on so people move through the system rather than going round and round.

If someone needs secondary mental health input they are screened and moved to an appropriate service through referral. The referral line covers the whole of Kent which could help ease pressures on the service

There is no mapping service stating how all different services are run and how they differ (SPA, AMHP's etc.)Professional relationships still need to be built up.

There is a 3 month wait for assessments in Canterbury at the moment

2) Still waiting on appropriate response on transport question from Malcolm McFrederick. A further email has been sent on 3/8/16.

Another email has been sent about what vehicle is being used to transport people and how many breaks they have etc. This will be monitored as there hasn't been a response yet

3) Transitional funding for care support in Thanet and SKC but at the moment nobody has anywhere else to go

There is no support from colleagues other that in the Umbrella Centres and the transitional funding may be used up soon. A bigger update will be provided on that

There is a concern at KMPT about shortages of resources.

DDS: Local traffic issues caused by Operation stack are causing problems with assessments etc. Queries around whether a blue light service can be employed as a result. There is a contingency for the police when there are issues like that, so the arrangement with the police is being investigated. It may be a question for someone in the trust like Malcolm McFrederick as each business needs a contingency plan.

Action 3: Ask Malcolm McFrederick what protocols are in place for such emergencies.
Response: KMPT has a full range of business continuity and emergency planning procedures. We regularly train with all the other emergency services to work through how we deal with such contingencies including this one. Recently we held joint exercises on the impact of floods across Kent, major transport incidents / accidents and others.

Thus we have practical responses to such contingencies including where necessary, having KMPT personnel in the police control room. This is already a routine occurrence on Thursday, Friday and Saturday night.

South West Kent: Incorrect Crisis Information: This is anecdotal around protocol. The correct information has since been circulated by Sami via the MHAG mailing list. If someone is in crisis they will be dealt with regardless of team. Those concerned should contact SPoA where they will then be referred on.

Medway: Local pathway for PRN prescription/Care Planning: SPoA does not have access to a consultant. During the day teams can be contacted but not during out of hours, however; in that situation a doctor sitting within the crisis team will be contacted or the hospital. Evidence is needed as part of the care plan. For SPoA there is not a doctor there, which may be a way of moving forward.

Action 4: Sami will take this comment back and follow up.
Response from Malcolm McFrederick: I have passed this on for further clarity on what the process should be, this does not seem right and causes me concern.

5. Information Sharing

Liz Bailey – Shaw Trust: We will provide a report for West Kent and Ashford, which will include the relevant data; but in summary, we have a number of delivery network providers, central referral point and wellbeing workers who work with the clients on long and short term pathways and there are a range of different providers. The headline numbers include the number of referrals for the last 5 months at 870 and the analysis showed that it was 50% over what was expected. There is a query over whether this will stick or if the increase is because it is a new service.

The breakdown of clients shows that 40% have a serious mental illness and 60% have a common mental illness and the biggest age bracket is 26-50 year olds (50%ish). The figures are generally equal across gender. Primarily the users come through self-referrals, although some from primary and secondary care and other programmes and 1000 interventions have been carried out in that time. Any other information can be supplied if needed. The service is also looking to commission a range of services around safe spaces, structure groups and peer support. More detail will be given on 12th September in terms of procurement timelines.

A survey will go out 25th August and applicants are given a week to complete it (might be extended) to gain insights from everyone at the meeting.

A minimum of 50 volunteers must go into the programme by September and are currently only 17, but 14 more are in the pipeline. A couple of groups are now up and running and a peer support programme is being offered

South Kent Coast CCG - Jeanette Dean-Kimili: Kent Advocacy is a one stop shop. It has statutory partnerships and health complaints advocates. The Care Act which KCC are required to support by law and then there are community based support modules. Leaflets are available for information. http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/

Maidstone MHAG –Juliette Page: Some changes are coming, with regard to how to support people with MH issues and physical disability. The service will look to make more links to GPs and practitioners on how to best help people. At the moment things are just business as usual but over the next year or two things will be changing

Porchlight – Hilary Johnston – NHS England will be rolling out further IAPT provision across England. The NHS will work with people with long term conditions. The funding will be used for education, specialist training and to help understand clinical issues. The funding model will be based on the primary care model. There will bring physical and mental health care together. The timescale for the bid is November 2016 and the service must be up and running by April 2017

Referral numbers to the Live Well Kent service were higher than expected from the report provided to all. The innovation grant will be launched in September 2016, which will be looking for innovation in work being done in the UK; in particular areas around arts, sports and healthy life style.

Dover, Deal & Shepway MHAG - Jo Miller: The Kent Mental Health Festival is coming together and is pretty much set up – a lot of interest in the workshops so more room will be provided, looking for more funding though.

Thanet MHAG – David Rowden: We are close to getting a Wellbeing Cafe pilot set up in Thanet, we have identified a venue which will be provided free of charge and there are volunteers available.
SpeakUp CIC have launched a campaign for one of their members who was murdered. Delyth Andrews was failed by a lot of agencies and they are looking to who was accountable to ensure this does not happen again. Updates will be given at a later date.
Brian Heard – Through running a bipolar group in Thanet, there are queries around a situation where people don't get on with their next of kin, would processes such as referral have to be done through a solicitor? The nearest relative can be enforced by law, but for clarification people need to speak to a professional in care and advocacy, which can be provided to displace their relative if they don't get on with them. A legal process can change ones next of kin.

Swale MHAG - David Hough: we are trying to get more service users involved to get more ideas, which is linked to porchlight.

Newton Europe – Matt Crawford: We are working with KCC Mental Health to look at barriers on how a case goes through from a referral to a placement and why it takes so long. Making the most of strategic partnerships is the priority.

Mental Health Matters – Alan Heyes: Alan is researching websites for suicide support and putting a petition together to look at the possibility of the optimisation of helpful websites on Google to deter suicide websites. Survivors of Bereavement by Suicide (SOBBS) group have been attending the MHAGs and is working with Alan on this. The Release the Pressure campaign was very successful through Pay Per Click on Google and there is an effort to get it onto social media too.

9. Date of next meeting

The next meeting will be on **12th October**, 2016, 2-4pm at Swale 3, County Hall, Sessions House, Maidstone, ME14 1XQ

ACTION TABLE

Action No.	Action Point	Responsibility	Status
1	Contact Debbie Stewart about contract monitoring for KMPT.	MHAG	Action is for Lisa Barclay not Debbie Stewart
2	Invite Angus Gartshore to discuss staffing shortages at the next county meeting	MHAG	Attending 14/12/16
3	Ask Malcolm McFrederick what protocols are in place for emergencies such as Operation Stack	MHAG	See response under action above.
4	Report back on PRN Medication/Care Plan	Sami Sharma	Ongoing

Phone: 01732 744950
Email: mhag@westkentmind.org.uk
Minutes posted on
http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/