

Ashford Mental Health Action Group



Meeting on Thursday 12th January, 2017, 2pm-3.30 pm
At the Live It Well Centre, Canterbury Road, Ashford, Kent TN24 8QF

PRESENT	ORGANISATION & EMAIL ADDRESS
Annie Jeffrey - Chair	Co-Chair Ashford MHAG
Sue Sargeant - Minutes	West Kent Mind
Graham Tarrant	Ashford & Tenterden Umbrella Trustee
Carol Boorman	Ashford CCG
Steph Shellock-Wells	Carer and Hearing Voices Group facilitator
Lindsey Kennett	Carers' Support, MH Outreach Worker
Jenny Solomon	Insight Healthcare, Service Dep Mgr
Lin Irwin	Invicta Health Primary Care Mental Health Nurse
Leonie Down	KMPT, Acute Services
Paul Head	MCCH
Paul Tipett	Shaw Trust Live Well Kent, Navigator
Lindsay Topham	Shaw Trust Live Well Kent
Ali Marsh	Think Action, Ops Manager

APOLOGIES	ORGANISATION
Amanda Godley	Co-Chair Ashford MHAG/SpeakUp CIC
Cheryl Giles	Jobcentre Plus, Partnership Manager for Dover, Folkestone and Ashford
Noreen Searles	Kent Community Health NHS Trust, Stop Smoking Service
Dave Rains	Rethink Mental Illness

1. Welcome, Introductions & Apologies

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

2. Minutes of last meeting – Approved without amendment

3. Action Points

a) From Ashford MHAG:

1	Take comments on lack of beds back and feedback at the next meeting.	From Carol: <i>Ashford bed use - there are currently no Ashford adult patients in out of area beds (non-east Kent beds) for both mental health beds and PICU (Psychiatric Intensive Care Unit). This has been the case since early November. There are twice weekly calls to monitor bed use and I have been part of these for some time. Before Christmas there were vacancies in East Kent MH beds.</i>
2	Carol will ask Andy Oldfield/Louise Piper to come and talk about out of area beds.	From Carol: <i>With reference to either Andy or Louise attending this particular meeting unfortunately they both have prior engagements, which cannot be altered, however if you or any members have specific questions for either of them, I am very happy to take these back.</i>
3	Feedback the clash between dates for MHAG and the Ashford Network meetings.	Carol confirmed they are being looked at. Sue has forwarded MHAG dates
4	Ask Ashford Volunteer Centre	Circulated to group.

for an update on their befriending service	The group had also heard of a new service with supported volunteering including a Task Force re gardening. ACTION 1: Contact Lee Robinson to find out more information
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- b) **Response to question taken to County MHAG:** (See County minutes for further discussions <http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/>)

Raise again the lack of beds for East Kent and concerns over proposed Day Clinic based in Dartford for all of Kent. Not practical to travel this distance for a day clinic.

Ashford: Cathy advised this should be raised locally at Ashford. These suggestions were part of a discussion of possibilities and do not mean it is actually going to happen.

Update from Nigel Louther, KMPT Assistant Director of Information and Performance: Apologies I wasn't able to respond in time for your meeting as was on leave however I have had a response from operational colleagues who have provided the update as follows: We continue to try to prevent the unnecessary use of any private beds. As of 15th December there were 2 PICU patients in private beds outside Kent. To enable this position we have put in significant clinical time and effort to ensure that there are no delays in patient treatment. To help sustain the current position of local beds being available, the way we support those patients with emotionally unstable personality disorder is being reviewed to provide a more joined up service across the Trust. Part of this may possibly be delivered through a service based at Dartford but delivered locally across the county, a final option has not been settled on.

Question: East Kent MH Commissioning groups had identified the need for an extra 17 beds so why does the Service Development and Improvement Plan (SDIP) state there will be no more out of area beds. What is happening to people who would need them?

Response: Leonie confirmed that the day centre in Dartford is something that could be replicated so discussions are around what model could be used for acute services. Commissioners agreed an extension for money would be available for out of area beds if they were needed.

Subsequent to the meeting, Leonie confirmed the following beds available in Kent:

For younger adults...

- 78 beds for East Kent patients (69 at St Martins Hospital, Canterbury and 9 in Priority House, Maidstone)
- 45 beds for West Kent patients at Priority House, Maidstone
- 48 beds for North Kent patients in Dartford.
- Also a total of 12 Psychiatric Intensive Care Unit (PICU) beds (not sure about the breakdown of those locality wise but all located at Dartford)

Older adults beds to be confirmed.

ACTION 2: Leonie to confirm number of mental health beds available for older across Kent.

Question: What services are being put in place in the community to accommodate people who do not need the beds, ie for some people with personality disorder. The pressure is being put on the carers. It may not be suitable for some of these people to be in hospital but the support is not there in the community so what happens in the meantime while the services are being reviewed? They need someone they can touch base with every day to help them feel centred. If they have been put back in the community, they don't need secondary care.

Response: Live Well Kent is trying to prevent people going into secondary care. Someone could be assigned to a Community Navigator for up to a year guide them through the process and to signpost to a peer support group, or to local community groups to help prevent them going back to secondary care.

There was concern that people hadn't heard anything back from the Live Well Kent service which is now fully staffed. Lindsay asked for details of these people so she could follow up. Paul, the new Community Navigator has contacted 47 people in the last 7 days.

4. Service User and Carer Questions

a) Raised at today's pre-meeting:

1. A carer was encouraged to make a complaint about CAMHS via Healthwatch but has heard nothing. Is this a good channel or are there any other avenues? Policy has been changed but the actions of staff have not been changed to reflect this.

Healthwatch passes on complaints. The group suggested contacting the Care & Quality Commission.

2. CAMHS crisis team do not visit the home. Carer is regularly advised to take 17 year old son to A&E when in crisis and has to wait all night for Psychiatric Liaison to arrive as no-one from CAMHS ever attends.

ACTION 3: Carol to follow up with Andy Oldfield

3. Incompatibility of systems between South London & Maudsley (SLAM), Sussex Partnership and KMPT causes an incorrect phone number to be passed on by the Community Mental Health Team every time a hospital admission occurs, even though this has been corrected several times.

General discussion followed about sharing of information between organisations:

Lin, Invicta Health Primary Health Care Nurse, doesn't have any access to GP records through RiO, the electronic patient record system, in Ashford at the moment, not even read only access, and has to depend on the care co-ordinators.

Lindsay, Carers Support, is delivering the Carer's Assessment contract so can access AIS across all areas but not RiO. She has to contact the CMHTs in Ashford, Shepway, Swale, Dover, Canterbury and Thanet to access or update information. It is very time consuming to get responses to misinformation. They do use the AIS which requires a fob (which costs £120) and training.

RiO needs an actual card reader to access the system. The data is owned by KMPT and you can look at anyone on system so there are data confidentiality issues. Are there any thoughts on how other organisations may be able to access RiO?

Carol mention MIG as an option and confirmed more details subsequent to the meeting:

The MIG (Medical Interoperability Gateway) is a system that allows NHS organisations to access a summary of a patient's medical records from a GP Practice. The summary would include medications the patient is currently taking and cannot be edited by anyone other than the Practice and the Practice can see who has looked at the patient's summary. All Practices in both Ashford and Canterbury have agreed to have this patient record sharing system. Patient consent is sought before accessing medical records, however I would imagine that if the patient presented in secondary care with life threatening injuries and was not in a position to consent, in the best interests of the patient they could go ahead and access.

The organisations that have access to the summary records via the MIG are;

East Kent Hospitals University Foundation Trust (EKHUFT), Kent Community Health Foundation Trust (KCHFT), Kent & Medway Partnership Trust (KMPT) and Primecare (out of hours and 111).

SECAMB do not currently have access, as their system is not compatible however I believe this is being addressed. I have also been advised that the Hospice will soon have access.

b) Take to County:

1. What is being done to centralise electronic notes between the services? Is it possible to open up the RiO electronic patient record system to other services or organisations, even just one person in the company, ie Carers Support.
2. Ask KCC who has the contract in Kent for support for carers who are over 18 caring for under 18s with mental health?

5. Information Sharing:

1. **County MHAG Update:** Please see the County MHAG minutes which were circulated before the meeting for full details. The minutes and local questions are all available at <http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/>
2. **Commissioners' Reports:** These have been circulated before the meeting and are available on the Live It Well website <http://www.liveitwell.org.uk/local-news/ashford/#MHAGInformation>

Ashford CCG Commissioners' Report. Carol highlighted the following from her report:

- No out of area beds for mental health or PICU and regular calls continue to be held twice weekly.
- Eating disorder service is moving towards procurement.
- ADHD. Prescriptions for adults to be reviewed through their own GPs.
- IAPT review going ahead to develop a new Service Development and Improvement Plan (SDIP)
- The first East Kent Care Crisis Concordat Group will include suicide prevention and look at mental health frequent attenders in A&E and redesign of personality disorder services.
- KMPT has no vacancies in Ashford but 2 long term sick leaves which are being managed via the Trust's Absence Management Policy.

Comments that the psychiatric liaison service is brilliant but not 24 hour. It is not possible to get a doctor to write a PRN prescription for a child at midnight, so 24 hour psychiatric liaison is key. This is a target to be achieved by 2020. For now there are more people attending during the day than at night and it helps to have assessment at hospital by psychiatric liaison during the day so that the referral to CMHT is speeded up.

Live Well Kent Ashford Report: The meeting overran so Lindsay quickly summarised:

- The Kent Enablement Recovery Service (KERS), Improving Access to Psychological Therapies (IAPT) and Primary Care Mental Health Social Work and Nursing teams all work together out of the Ashford Live it Well Centre so are working together more robustly.
- Paul Tippet is the new Community Navigator for Ashford who has been in post just over a week.

3. Provider Service Update/New Members:

KMPT Acute Services, Leonie: Running a co-production at St Martin's to look at people working together to create a central group programme for inpatients at St Martins. First meeting very positive.

There are 2 films now available about therapeutic staffing; one to aid recruitment and one to explain initiatives in acute services. Links as follows.

Short recruitment film: <https://www.kmpt.nhs.uk/work-for-us/therapeutic-staffing-model.htm>

Full film: <https://www.kmpt.nhs.uk/information-and-advice/therapeutic-day.htm>

Carers Support, Lindsey: Carers News goes out to all carers and reaches around 3,000 people. The deadline to receive entries for the publication is 19th January so please forward anything you want to add before then.

Insight Healthcare, Jenny: We provide IAPT in East Kent for 17 year olds and over. We are currently running a pilot study using Skype as a medium to provide cognitive behavioural therapy (CBT), counselling and guided self help from 9am to 5pm. This is aimed at hard to reach clients e.g housebound clients, carers and clients living in areas with no face-to-face community provision.

ThinkAction, Ali: We currently have no waiting lists for IAPT.

Ashford & Tenterden Umbrella, Graham: Noted a drop in service user participation at the MHAG and will try to promote higher engagement. The MHAG administration team are also trying to avoid meeting clashes that might prevent service users from attending.

6. Working Group

From the November MHAG: Amanda suggested a working group could collect the questions for Andy Oldfield for the County MHAG meeting on 14th December. Amanda, Jenny and Annie agreed to do this. – carry forward to the next meeting.

7. Date of next meeting

9th March, 2017, 2pm - 3.30pm at the Live It Well Centre, Canterbury Road, Ashford, Kent TN24 8QF

Meeting finished at 3.45pm.

Action Table

Action No.	Action Point	Responsibility	Status
1	Contact Lee Robinson to find out more information about gardening task force.	Sue	
2	Confirm number of mental health and PICU beds available across Kent.	Leonie	
3	Follow up with Andy Oldfield re CAMHS crisis team not making home visits.	Carol	

Administration :

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