

Canterbury & Coastal Mental Health Action Group

Meeting held on 5th March, 2018, 2pm

At Thanington Resource Centre, Thanington Road, Canterbury, Kent CT1 3XE

ATTENDEE NAME	ORGANISATION & ROLE
Ellie Williams, Chair	Take Off/Co-Chair Canterbury & Coastal MHAG
Sue Sargeant, Minutes	West Kent Mind, MHAG co-ordinator
Carol Boorman	Canterbury & Coastal CCG
John Watts	Canterbury Umbrella Centre/Carer
Lisa Whitehead	Chaucer House. Supported Housing Officer
Clive Wanstall	East Kent Carers Committee, Chair
Emma Park	KCC Social Services
Georgie Childs	mcch Personal Assistant
Barnaby Durell	mcch Personal Assistant
Scott Joiner	Shaw Trust Live Well Kent, Network Development Manager
Andy Oldfield	South Kent Coast CCG

APOLOGIES	ORGANISATION
Hannah Costin	Canterbury Umbrella Centre, Day Service Manager
Anna De-brauwier	Canterbury Umbrella Centre, Centre Manager
Jean Arnold	Carer, Herne Bay Umbrella Centre
Teresa Norton	Carers Support Canterbury, Dover & Thanet, Service Co-ordinator
Julie Garbett	CMHT, Interim Service Manager
Claire Harvey	DWP Jobcentre Plus, Disability Employment Adviser
Jenny Solomon	Insight Healthcare
Richard Bates	KCC, Kent Enablement & Recovery Team (KERS), Senior
BC	Service User
TM	Service User
Luwi Mahenga	Shaw Trust

1. Welcome, Introductions & Apologies

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

3. Minutes from last meeting – Approved without amendment

4. Action Points

a) Local Actions:

From November 2017:

- 1) *CMHT to ask team who are looking at unallocated cases if it is possible to contact people to update them.*

Julie Garbett, the new interim service manager, sent the following response:

The organisation as a whole is working on a process for doing exactly that, I understand the worry that not being allocated places on people who require our support and I am sorry for that. The proposal being discussed is for telephone contact with those people waiting for allocation at regular intervals (frequency not yet agreed), to see how they are and if we need to do anything more urgently. We will obviously discuss with individuals how frequently they

wish contact to be made, we don't want to be intrusive and for some every 2/3 weeks may be too much, but we do need to ensure that people are supported and safe. We are also working to ensure that those waiting are aware in writing what services are accessible to them while they await allocation. I will update you when I have a definitive process agreed.

The understanding of 'unallocated' is someone who has been assessed but not allocated a care co-ordinator.

ACTION 1: Ask CMHT for a breakdown of the number of people who are unallocated and those who are waiting to be assessed.

- 6) *Follow up with service user on concerns raised.* Julie Garbett confirmed these have been investigated and responded to.

From January 2018:

- 1) *What is being done to address the current psychological therapy waiting lists and confirm whether there is a target for secondary care psychological services (18 weeks?)*

Andy Oldfield confirmed that there is a target of 18 weeks but this hasn't been reached in East Kent for a long time and there have been waiting times in the range of up to 1 year in Canterbury and up to 2 years in Thanet. The CCG does not commission psychological therapies service specifically, it falls within a general service specification and the provider has to report back monthly.

Andy met with James Osborne, Lead Psychologist for East Kent Community, who confirmed that the numbers have come down but to nowhere near the 18 weeks. There is concern about the drop out rates and also whether referrals from CMHT are always appropriate as there is no triage system. The workforce is being reconfigured and retrained to allow Care Practitioner Nurses (CPNs) to undertake extra training to deliver this. This used to happen a number of years ago.

Clive reported that the East Kent Carers' Committee had also written to the KMPT Board about their concern for waiting times and the response from Helen Greatorex, Chief Executive, had acknowledged the concerns but hadn't responded to the question of what alternatives might be available if the NHS are unable to meet requirements in a clinical setting.

ACTION 2: Andy to raise the issue of disparity as there are processes for physical health which aren't put in place for mental health.

- 2) *Follow up on the process for application for Personal Health Budgets and what help is given to apply.*

Andy confirmed that this is not possible where the commissioners have commissioned a specific service, but in the case of psychological therapies it is technically possible as they have commissioned an organisation to provide the interventions rather than commissioning the service itself.

Subsequent to the meeting, Andy provided the following information:

Currently in Kent Personal Health Budgets may be available for people who are eligible for Continuing Health Care.

'To be eligible for NHS continuing healthcare, you must be assessed by a team of healthcare professionals (a "multidisciplinary team"). The team will look at all your care needs and relate them to: what help you need/how complex your needs are/how intense or severe your needs can be/how unpredictable they are, including any risks to your health if the right care isn't provided at the right time.

Your eligibility for NHS continuing healthcare depends on your assessed needs, and not on any particular diagnosis or condition. If your needs change then your eligibility for NHS continuing healthcare may change.' (taken from link below).

To contact the team to assess eligibility (they will take the patient through the process) you will need to contact:

Continuing Health Care Team , North East London CSU
Kent House, Lower Ground Floor, Station Road, Ashford, Kent TN23 1PP
Email: nelcsu.chcenquiries@nhs.net

Definition of CHC: <https://www.nhs.uk/conditions/social-care-and-support/nhs-continuing-care/>

3) Provide an update of the current staffing of the CMHT.

Julie Garbett sent the following response:

Staffing is being closely monitored. I understand how lack of consistency for people can be very difficult and it is something we are proactively working on. I want to see a stable and motivated workforce that works well with partner agencies, GPs and users of the service. We do have a number of staff who are unable to work at the moment, due to sickness for example and I am working closely with them. We also have a couple of people looking to retire and are actively recruiting to their posts in advance. We currently have adverts out and have had some very good response to some of the roles. Unfortunately recruitment can take time, however our new Deputy Chief Operating Officer is working with HR to look at how this can be sped up to get people in and working more quickly. We have new starters between now and April and some staff returning from Maternity leave, which will all help.

There was group discussion around:

- Staffing levels (It is understood that the team is 13 staff members down)
- The pressures being put on the remaining CMHT members
- Problems for clients who keep seeing different people
- Example of lack of communication informing client of staff departure
- Example of client being discharged by letter
- Knock on effect to other organizations who are supporting the clients

ACTION 3: Invite Paula Campbell, Assistant Director of the CMHTs, to the next meeting to answer:

- a) What actions are being taken to address the shortfall in the Canterbury CMHT and what is the current staffing level**
- b) Concerns regarding communication to clients about changes to the team.**

4) Invite Louise/Andy to the next Canterbury & Coastal MHAG to give an update on how the mental health needs of students are being met.

Canterbury & Coastal CCG provides (historic) funding for mental health specialists at the University of Kent and Dr Bamber has also provided input. However, individuals are swamped both there and at Canterbury Christchurch University (CCCU). There is a huge need for student support with students experiencing the same levels of frustration felt by others at accessing secondary care services. However there are no new funding streams open to the mental health commissioners.

Andy has asked Natalie Alston, Manager of the University Medical Centre at Kent University, and Dr Ian Marsh and Lucie Duncan, Mental Health and Wellbeing Services Manager for CCCU, to put together a paper requesting support (by 9th March 2018). Andy will take this to the 4 East Kent CCGs to look at whether any funding can be made available to cover both universities. There are no guarantees but current provision is not acceptable.

Suicide prevention – £660,000 has been made available to Kent for this through Sustainability & Transformation Plan (STP) work. Had 2 or 3 weeks to put together a plan by 28th February. £30,000 for this year and £30,000 for next year could be available for universities to support their prevention and safety work.

- 5) *Leonie Down to provide some information about OTs working in Canterbury Universities.* Carry forward.
- 6) *Hannah Costin to contact Canterbury Christchurch about including more mental health organisations at Freshers Fairs.* Awaiting response. Carry forward.
- 7) *Circulate the MHAG Terms of Reference.* Completed.
- 8) *Look into alternative meeting venues.* Completed.
- 9) *Provide specific examples of CMHT discharge/referral concerns to be given to Sharon.* Closed.
- 10) *Circulate Healthwatch's draft proposal for consultation of the service redesign.* Completed.
- 11) *Invite a housing representative from Canterbury City Council.* Carry forward.

There is a set allocation per year for people leaving supported housing which can cause people to stay for longer. Anna Dale was suggested as a contact to talk about the Council's housing allocation policy and what stock is available, including for people being discharged from an acute hospital stay.

- a) **Questions raised at County MHAG** (full details are available in the County MHAG minutes which have been circulated to the group and are available, once approved, at <https://westkentmind.org.uk/mental-health-action-groups/mhag-canterbury-and-coastal>)

1. What is being done to reduce the current waiting list for Psychological Therapies in secondary care and what alternatives are available?

See also discussions under 'Action Points' above.

5. Service User & Carer Questions/Feedback

- a) **Questions raised at the pre-meeting:**

1. Is there any update on the move from Laurel House to a new location?
ACTION 4: Follow up with Julie Garbett
2. Is the disabled toilet on the lower floor of Laurel House suitable for an electric wheelchair?

- b) **Questions going forward to County MHAG:** None

6. Information Sharing:

1. **County MHAG Update:** The draft minutes are circulated to the MHAG mailing lists and, after approval, are posted on the West Kent Mind website here: <https://westkentmind.org.uk/mental-health-action-groups/mhag-canterbury-and-coastal>
2. **Commissioners' Updates** – All reports below have been circulated and are available at <https://westkentmind.org.uk/mental-health-action-groups/mhag-canterbury-and-coastal>
 - a) **Canterbury & Coastal Clinical Commissioning Group (CCG) – Carol Boorman:**

Louise Piper has been in touch to make sure service information is up to date for the GP referral tool. Carol can also send any information about events or services on to practice managers.

b) Live Well Kent (LWK) Canterbury & Coastal Report – Scott Joiner, Shaw Trust:

- Interactive self awareness sessions are being offered outside where possible.
- LWK have brought new providers in under the Innovation Fund and are launching this again with a focus on carers and young adults.
- Tenders are also being put out across all areas for money management, art therapist, natural environment, bereavement and loss. An invitation for expressions of interest is going out on 16th March. There will be a panel to assess applications and they want to get service users involved in making final decisions.
- 10 sessions are currently being offered for bereavement then on to tailored group sessions. Tender is for 8 sessions with additional counsellors in group sessions if needed.

Scott stressed the difference between an art therapy with structure and a set outcome versus the social support given at the local art groups which can be used as part of the step down process.

There have been difficulties referring to art therapy groups in the past but there is now the flexibility to run them from 4 different art studios or galleries. People who are new to Shaw Trust have to go through the whole referral process although Scott is working on an idea for a different process. But it is a good idea to refer now so they are ready to go when art therapy groups are available.

3. Provider updates/new members:

KCC Social Services, Emma works for childrens' services and is meeting parents who have agoraphobia. Are there any services to help with that?

A buddy scheme is advertised on leaflets in Laurel House. Take Off offers peer support for people who can come to their offices. CMHT used to offer graduated exposure therapies by care co-ordinators and travel training. The KERS team have worked with people previously. IAPT providers may come out to visit and IESO offer online therapy.

Chaucer House, Lisa. 2 year supported living service with 15 self contained flats but they are not getting many referrals into the service as the eligibility criteria is to have a care co-ordinator. They have received the odd referral from Dr Osaka and from shared services. Currently 4 voids.

Mcch, Georgie: We have a housing vacancy at 10 Canterbury Road, a 6 bedroom shared house, and would be grateful for any referrals. Applicants have to have been sectioned under section 3 of mental health act. This is a 3 year service but can be longer if someone is not ready to move on or local housing is not adequate for their needs.

Take Off, Ellie: We offer a wide number of peer supported activity and support groups over East Kent. More information is available at www.takeoff.works

8. Task & Finish Group – none agreed

9. Vacant co-chair position

Thanks to Clive Wanstall who put himself forward for the vacant position and was voted in as co-chair.

9. Date of next meeting

3rd May, 2018 at 2pm at Riverside Church, Thanet Way, Whitstable, Kent CT5 3JQ.

Meeting finished at 3.31pm

Action Table

No.	Action	Responsibility	Status
	From January 2018		
6	Hannah Costin to contact Canterbury Christchurch University (CCCU) about including more mental health organisations at Freshers Fairs.	Hanna Costin	Awaiting response from CCCU
11	Invite a housing representative (Anna Dale) from Canterbury City Council	Sue Sargeant	Email sent 25/3/18
	From March 2018		
1	CMHT to provide a breakdown of the number of people who are unallocated and those who are waiting to be assessed.	Julie Garbett	
2	Raise the issue of disparity as there are processes for physical health which aren't put in place for mental health.	Andy Oldfield	
3	Invite Paula Campbell, Assistant Director of the CMHTs, to the next meeting to answer: 1) What actions are being taken to address the shortfall in the Canterbury CMHT and what is the current staffing level 2) Concerns regarding communication to clients about changes to the team.	Sue Sargeant	
4	Update on Laurel House move	Julie Garbett	

Administration :

Phone: 01732 744950

Email: mhag@westkentmind.org.uk



Minutes and supporting documents are posted on:

<https://westkentmind.org.uk/mental-health-action-groups/mhag-canterbury-and-coastal>