

# Dartford, Gravesham & Swanley Mental Health Action Group



Meeting on Tuesday 17<sup>th</sup> January, 2017, 12.30 – 2pm  
Dartford Civic Centre, Home Gardens, Dartford, DA1 1DR.

PRESENT	ORGANISATION & EMAIL ADDRESS
Andy Hales - Chair	MEGAN CIC
Marie McEwen - minutes	West Kent Mind
Brian Clark	Carer
Jeanne Clark	Carer
Caroline Potter-Edwards	DGS CCG
Bobbie Taiano	Carers First
Chrissy Stamp	Carers First
Kashmir Powar	Dartford Borough Council
Pat North	DGS Community Mental Health Team Manager
Kirstie Wright	Insight Healthcare
Matt Burchell	Insight Healthcare
Joanna Tibby	DGS Kent Enablement & Recovery Service
Jo Murdoch-Goodwin	Medway Council Project Manager
Teresa Snowden	Porchlight Live Well Kent

APOLOGIES	ORGANISATION
Jenny Solomon	Insight Healthcare
Amerdeep Hunjan	Rethink
Angela Powis	Porchlight
Kevin Halpin	KMPT Community Mental Health Team
Aileen Stalker	Service User
Tracey Chapman	MEGAN CIC

## 1. Welcome, Introductions & Apologies

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

## 2. Minutes from last meeting – Approved with one amendment on Page 5, Action 1 should read CRHT not CMHT.

## 3. Action Points

(a) from last meeting:

1. Ask CRHT Manager to confirm that it is not appropriate for staff to tell people in crisis to go to A&E.

**Response:** This was raised by MEGAN CIC and should therefore be sent to Medway CRHT not DGS.

**Action 1: Marie to forward question to Medway CRHT.**

2. Advise CMHT Manager that service users are reporting that their CPNs are not communicating with them and not responding to emails.

**Response:** This is for Medway CMHT, however DGS had same issues in the past and have changed their system. Admin now take messages and email the worker, this also means

there is an email trail to monitor. If anyone does not receive a response please contact Pat on [01322 522230](tel:01322522230).

**Action 2: Raise with Medway CMHT.**

3. Ask CMHT Manager why they will not collaborate with CGL under dual diagnosis protocols and are refusing to work with clients.

**Response:** This action was raised by a Medway service user and should be sent to Medway CMHT not DGS. Pat confirmed that DGS Dual Diagnosis protocol is in place but decisions are made individually and if the assessment shows they are not in the right place to benefit from intervention then another pathway might be more appropriate for them. CMHT would work with them to help them understand why this decision is made to avoid feeling rejected. Dual diagnosis service is not automatic, not for everyone and depends on eligibility for secondary care and also their ability to engage and whether they are ready for this or not. Pat is happy to be contacted if anyone has any problems.

Bobbie suggested that they should also look at the broader issues in someone's life to ensure early help to avoid escalation. Early intervention should not just be for younger people. Pat noted that the service now covers up to age 35 with plans to extend this.

4. Ask Sharon Dosanjh, Medway CCG to confirm who decided to stop funding Medway MHAG and why? Who will represent Medway service users and carers at the County MHAG in future and how can service users and carers raise issues with Medway CCG or CMHT?

**Response:** Sharon has asked Medway CCG Communications to respond to this. She will chase it up but is happy for anyone to contact her directly with appropriate questions on Medway CCG. Sharon will continue to attend County MHAG.

**This item is still outstanding and Marie will follow it up.**

- (b) Raised at the County MHAG: Raise awareness of several issues raised for Community Mental Health Team. Outcome: Cathy Nyemeck will take this back and ask CMHT Manager to attend the next DGS meeting.

#### 4. Service User & Carer Questions

##### a) Questions raised at today's pre-meeting:

1. Concerns raised that over 70 people who were in Out of Area beds have been repatriated back to Kent. Have heard this was possible because KMPT removed people who should not be in hospital. Would like to know if they have received help in the community.

**Response – Pat North CMHT:** Systematic work has been done to look at people on inpatient units. The plan is to repatriate to KMPT bed as soon as possible. CCG, Acute service line and CMHT have regular telephone conferences to look at individual people and any barriers causing bed blocking, be it housing etc. This has clearly contributed to more throughput. Medway had a high number of Out of Area beds but in DGS clients have remained in acute beds because of housing need or specialist need ie – need NHS England or CCG specialist inpatient bed but don't need acute bed. Very systematic and acting on what needs to be done to facilitate the move on and they are not left in acute bed unnecessarily.

Lots of reasons for discharge though. People with personality disorder do not do well in hospital and would only be admitted for 72 hours if in crisis.

Caroline added that the CCG has a weekly joint call to look at all patients in Out of Area beds and there is only one DGS person Out of Area at present. If they were readmitted quickly we would be able to look at what/why so this is being monitored weekly. Pat noted that it would only show on the discharge sheet that it was a readmission. They could be readmitted and not appear on your weekly conference call as it is different data. Caroline will look into this.

**Action 3: Caroline to take query back on readmission data.** *Response: The readmission rate is monitored at the KMPT performance meetings. The percentage of readmissions has been decreasing since November, any further information should be requested from KMPT.*

2. Concerns over high KMPT staff turnover in West Kent is 23% and Medway 28%. Raised with HG. Care-coordinators moved to crisis team cause service users anxiety as they cannot handle all these changes. Agency staff is not the answer.

**Response – Pat North:** This is a national NHS problem but is critical for DGS. Recruiting permanent staff is very difficult both for CMHT, Acute and CRHT. KMPT and KCC have looked at lots of strategies to support recruitment. It is difficult to recruit even locum staff but would prefer not to use them as turnaround is too quick and it is not good for service user to have so many changes. We have tried everything to both keep and recruit staff but they move on for lots of reasons. We have looked at whether it is about our team or KMPT or something we are not offering, but there does not appear to be any theme. High level of vacancies puts stress on staff. We want to deliver the best service we can. KMPT recruitment and retention premium pilot is now in place. Caroline added that staffing is high on all agendas and NHS England are aware.

3. Is KMPT monitoring re-admission rates if people are being sent home? What support are they getting?

**Response Pat North:** People admitted to Health funded placements via NHS England or CCG would remain open to CMHT and would be assigned a support worker. We do have responsibility to do that and attend the CPA. If placed in residential care funded by KMPT we have a care management responsibility. If discharged back home after acute bed they should be allocated a support worker within 24/72 hours and then to a care coordinator with 7 day follow up etc. There is a responsibility that the follow up happens, not necessarily long term, can happen once and never need mental health services again.

- b) **Raise at County MHAG:** Would like evidence/reassurance that the 70+ people discharged from out of area beds are receiving the care in the community that they need.

## 5. Information Sharing:

- c) **County Update:** Discussions were around lack of single occupant housing for people being discharged from hospital or waiting to leave supported housing. A housing conference was scheduled for January but has been postponed. The DWP announced that they have implemented a Direct Purchasing System to buy in local services and encouraged local services to register. Please refer to the County draft minutes for full details of discussion on the Live It Well website on this link <http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/>.

- d) **Commissioners Reports:** All reports have been circulated and can be found on this link on the Live It Well website: <http://www.liveitwell.org.uk/localnews/thanet/#MHAGInformation>.

**KCC Commissioner Update Sue Scamell:** Porchlight now provide reports on behalf of KCC but Sue is always happy to respond to direction queries sent to [sue.scamell@kent.gov.uk](mailto:sue.scamell@kent.gov.uk)

**Porchlight Live Well Kent Update – Teresa Snowdon:** Reports circulated. No questions or comments raised.

- e) **Provider Service Update/New Members:** The meeting ran out of time.

## 6. Working Group – Crisis Cafe

No news from Paul or Chris on when this is happening.

## 7. Date of next meeting

14th March, 2017, 12.30am at Riverside Community Resource centre, Dickens Road, Gravesend, DA12 2JY. Pre-meeting for confidential discussions with service users/carers will be at 12pm. No need to book, just turn up.

## Action Table

No.	Action	Responsibility	Status
1	Ask Medway CRHT Manager to confirm that it is not appropriate for staff to tell people in crisis to go to A&E.	Marie McEwen	Outstanding
3	Advise CMHT Manager that service users are reporting that their CPNs are not communicating with them and not responding to emails	Marie McEwen	Outstanding
2	Look into how readmissions are monitored	Caroline Potter-Edwards	Completed see response in body of minutes under action point

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

### Administration :

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