

Dartford, Gravesham & Swanley Mental Health Action Group



Meeting on Tuesday 14th March, 2017, 12.30 – 2pm
 Riverside Community Centre, Dickens Road, Gravesend, DA12 2JY

PRESENT	ORGANISATION & EMAIL ADDRESS
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Name	Organisation and Role
Brian Clark	MHAG Co-Chair, Carer
Marie McEwen	West Kent Mind, MHAG Manager
Angela Powis	Porchlight, Community Link Worker
Danielle Sparks	MCCH, Employment Advisor
Kirstie Wright	Insight Healthcare, Therapist
Steve Sargeant	MCCH, Employment Advisor
Diane Basson	Gravesend Jobcentre Plus, Disability Employment Advisor
Edward Groves	Carers First, Carer Support & Assessment Co-Ordinator
Bobbie Taiano	Carers First, Carer Support & Assessment Co-Ordinator
Swaran Panasar	Assert Kent Advocacy
Raj Jhamat	Rethink Mental Illness
Jeanne Clarke	Carer
Kathy Waters	Dartford CAMHS
Steph Ludlow	Dartford CAMHS
Jo Murdoch-Goodwin	Medway Council Fortis Research Project
Teresa Snowden	Porchlight/Live Well Kent, Development & Monitoring Officer
Christine Aikenhead	Kent Enablement & Recovery Service

APOLOGIES	ORGANISATION
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Kashmir Powar	Dartford Borough Council
Sarah Huntley	Thames Gateway

1. Welcome, Introductions & Apologies

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

2. Minutes from last meeting – Approved without amendment

3. Action Points

(a) from last meeting:

Action No.	Action Point	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	Action sent to Gwen McGahey.
2	Advise Medway CMHT Manager Jane Adams that service users are reporting that their CPNs are not communicating with them and not	Marie McEwen	Team have been made aware of this. Emails are not a secure method of communicating and should be discouraged.

	responding to emails		
3	Look into how readmissions are monitored.	Caroline Potter-Edwards	Completed with further action to Medway CRHT: Concerns raised by Brian Clark that re-admissions are being recorded as new admissions which skew the data and does not give an honest picture.
4	Ask Medway CMHT why they will not collaborate with CGL under dual diagnosis protocols.	Marie McEwen	CGL do not provide a service in Medway. Turning Point is the substance misuse provider for Medway. The CMHT follows KMPT's Dual Diagnosis policy.

Raised at the 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.

Response from Angus Gartshore: All the 70+ people returned from the out of area beds were discharge through KMPT's usual systems, i.e. either back to one of KMPT's acute wards or would have discharged in conjunction with their care coordinator and followed up in the appropriate way.

4. Service User & Carer Questions

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

1. KMPT Patient Survey sent to 800 people received 256 replies therefore the group felt that this is not a fair representation. *Response: This is a random sample and one determined by the statisticians overseeing the survey. My view is that they have come out with this figure as it is statistically relevant and so the findings are felt to be*

The group discussed and the following questions were suggested:

- i. How was the survey communicated to hard to reach groups?
Response: The survey was conducted by an outside agency who sent out written questionnaires for respondents to complete and then chased up respondents twice before finalising, I am not sure that they made any attempt to target particular groups, or provided additional support to anyone although the sample was random and could easily have included respondents from 'hard to reach' groups.
- ii. Are people asked at discharge if they would recommend the service to friends and family?
Response: I am not sure if this always happens but we do ask that staff provide the Friends & Family Test (FFT) when someone is discharged, or transferred from any KMPT service.
- iii. Internal strategy needed to follow this up. *Response: I don't understand this point but we do have a strategy to improve responses including incorporating FFT question into PREMs.*
- iv. Difficult to get feedback unless service is really good/poor. Those in the middle don't feel the need to comment. *Response: Those in the middle don't feel the need to comment. – I recognise this comment although we encourage feedback from all and surveys are more inclusive than some other patient experience information such as compliments and complaints.*

- v. LWK have different ways of following up to get feedback. *Response: Happy to discuss what they do. KMPT has various routes to provide feedback to: PCCs, CCCs, representation at MHAGs, PREMs, FFT, National Patient Survey, Carer Survey etc.*
- vi. Sometimes a survey is the last thing people need/want to be doing. *Response: While we don't oblige people to complete our surveys we feel it is important that people have the opportunity to, which they do.*

Action 1: Above points to be forwarded to Nick Dent for comment. See responses above

- 2. Where will the 20 beds for eating disorders be located?

Action 2: Ask CCG where 20 beds for eating disorders will be located.

- 3. CCG have said they aim to reduce suicide rates by 10% by 2021. The Chair felt that the target should be higher and would like to know how they reached this figure.

Action 3: Ask CCG how they arrived at the 10% target for suicide reduction by 2021.

- b) Raise at County MHAG: Brian asked who decided to stop funding Medway MHAG and why? Where can Medway MHAG member take their questions? This has been answered many times by Medway CCG. The group are welcome to continue meeting if they wish to but West Kent Mind are no longer funded for the admin side of this. Any questions can be raised directly with Medway CCG.

5. Information Sharing:

- 1. **County Update:** 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/>.

- 2. **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>.

3. Provider Service Update/New Members:

CCG Report – Caroline Potter-Edwards/Kim Solly: Brian questioned the length of time until the target will be realised and would like to know why the date 2021 was decided for the implementation of the Core 24 Model for liaison psychiatry

Action 4: Advise CCG of above concerns for comment.

Porchlight Live Well Kent Update - : No comments on report. Porchlight are the strategic partner for DGS, Swale, Thanet and South Kent Coast offering mental health support focused on recovery. Leaflets have details of providers. Link to leaflet on website: <http://tinyurl.com/kltvdaj>

4. Provider Service Update/New Members:

Rethink – Raj Jhamat: Nothing new to report – business as usual. Leaflets supplied to group.

ASSERT Advocacy – Swaran Panasar: Leaflets shared. Busy but would still like referrals for advocacy. We provide support for lots of things such as attending hospital appointments, discharge planning, or anything where the client feels their wishes are not being listened to. We also help with benefit and housing issues with as fast a turnaround as possible.

Carers First Medway – Bobbie Taiano: We support family carers of all ages for people with a wide range of health conditions. I work mostly with mental health and substance misuse. Lots of support around benefits/housing/information and accessing services including emotional support.

Carers First DGS – Ed Groves: Taken over Chrissy Stamp's role for carers assessments and networking. New to role coming from a mental health background within the NHS. Primarily in DGS but can also contribute to North West Kent and Medway. Teresa Snowden commented that Porchlight had been looking at data and would like to see more referrals to support carers. All providers are asked to make referrals please.

Gravesend Jobcentre Plus - Diane Basson: Employment Support Advisor for 8 years but new to disabilities and undergoing training. Not a work coach anymore and have a major role to educate colleagues.

DGS Kent Enablement & Recovery Service (KERS) – Christine Aikenhead: Fully staffed. We mostly signpost and support. Leaflets and copies of Operational Protocols shared.

MCCH – Steve Sargeant/Danielle Sparks: We provide employment services. Danielle covers DGS to support people with mental health needs to access employment through CV writing, presentation skills, job searching and interview skills. Also supporting people into voluntary work to prepare them for employment. We can signpost to CAB, and talking therapy. We get lots of referrals from Porchlight, GPs, and more recently from probation services. We hope to start receiving CAMHS referrals.

Porchlight - Angela Powis: Angela covers Swanley and Northfleet, another colleague covers Gravesend. We work with people for 8 weeks and then if needed would signpost to other services for long term wellbeing.

Insight Healthcare – Kirsty Wright : We provide primary care IAPT (talking therapy) for all Kent. Kirsty covers DGS and South West Kent. We now have a new venue in Greenhithe and hope to increase provision. Waiting time depends on the locality and availability of the client. SWK is one week, DGS is 4 weeks. With therapy usually starting within 4/6 weeks. Initial assessment is 1 day to 3 weeks depending on specific times. Please note carers can also be referred.

CAMHS – Kathy Waters/Steph Ludlow: New to this meeting and looking forward to working with everyone. Pleased to report that the waiting list is decreasing.

Medway Council Fortis Research Project – Jo Murdock-Goodwin: Free courses offered for people age 19+ with mild to moderate mental health needs through Adult Education, running until end of July. There is an assessment process. Courses vary – details on this link <http://tinyurl.com/luxbzuy>. There are 57 national projects. The DGS contract is slightly different to Medway for data collection purposes. Jo will forward MHAG details of the DGS contact to be invited to attend the meeting.

Staff changes: Nothing reported by the following comment was made:

Staff turnover is 21.9% in DGS and in Medway it is 36.7%. The Chair felt that this was very high and was concerned about the effect this might have on service users.

Ed advised that Priority House, Maidstone are looking at these stats. Ward names were changed and are now Therapeutic Wards led by Occupational Therapists. In the past there would have been 2 nurses and 2 unqualified health care assistants. They now have 1 nurse, 2 Occupational therapists and 1 unqualified healthcare assistant. There are also new incentives to try and retain DGS staff. Agency staff are not primary nurses. There are now integrated courses which include an extra year to ensure that mental health nurses are also trained to do physical health care and vice versa.

6. Working Group – Crisis Cafe

Sgt Paul Squires had sent apologies and hopes to attend the next meeting.

It was noted that this should not be referred to as a Crisis Café as there will be no clinical staff. Marie confirmed it is just a working title as all of these cafés had started as this then changed to Wellbeing Café once set up. Marie also advised that West Kent Mind will be providing a Wellbeing Café 5-9pm on Thursdays and Saturdays in Tonbridge from 20th April and Maidstone & Mid-Mind will cover Fridays & Sundays in Maidstone.

It was suggested that the group should identify another project to work on and everyone was asked to bring ideas to the next.

7. Date of next meeting

The next meeting will be on **16th May, 2017**, 12.30am at **Dartford Civic Centre**, Home Gardens, Dartford, DA1 1DR. Pre-meeting at 12pm – no need to book just turn up.

The group discussed venues and decided to trial having the meeting at only one venue. It was identified that the Dartford Civic Centre suited everyone in attendance. It was also noted that there is no service user attendance at this meeting. Providers are asked to encourage representation at the meeting. Details will be circulated to the wider mailing list and if no objections are raised then this will be agreed at the next meeting. Marie will check venue availability.

Action Table

No.	Action	Responsibility	Status
1	Forward comments on KMPT Patient Survey to Nick Dent for comment.	Marie McEwen	Completed
2	Ask CCG where 20 beds for eating disorders will be located.	Marie McEwen	Completed
3	Ask CCG how they arrived at the 10% target for suicide reduction by 2021.	Marie McEwen	Completed
4	Ask CCG why the target is 2021 for implementation of the Core 24 Model for liaison psychiatry.	Marie McEwen	Completed

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

Administration :

Phone: 01732 744950

Email: mhaq@westkentmind.org.uk

