

Dartford, Gravesham & Swanley Mental Health Action Group

Funded by



Meeting on Wednesday 14th March 2018 at 2pm
The Riverside Centre, Dickens Road, Gravesend, DA12 2JY

Name	Organisation and Role
David Garrick – Minutes & Acting Chair	West Kent Mind, MHAG Co-ordinator
Jenny Solomon	Insight Healthcare, Bus. Dev. Manager
Lauren Alper	Porchlight, LWK Project Manager
Angela Powis	Porchlight
Sarah Huntley	DWP, Thames Gateway Partnership Manager
Kerry Freelove	DWP, Employer Engagement Advisor
Paul Francis	MH Recovery Officer
Michelle Riddall	KERS Team
Leanne Judd	KERS Team

APOLOGIES	ORGANISATION
Kashmir Powar	Dartford Borough Council
Alan Heyes	Mental Health Matters/County MHAG Co-Chair
Teresa Snowden	LWK Porchlight
Aileen Stalker	North Kent Mind

1. Welcome, Introductions & Apologies

In the absence of a co-chair or volunteer, David co-chaired and minuted the meeting. The Chair welcomed the group and apologies were noted as above.

2. Minutes from last meeting – Approved without amendment

3. Action Points

a) From local MHAG: From November:

- Caroline to include MHAG meeting details in the CCG weekly bulletin which goes out to GPs. David will forward to Caroline when DGS meeting locations are finalised. Carry forward.
- Teresa to forward the details of the Dartford Patient Participation Group (PPG) to MHAG admin. Carry forward.
- Invite a council housing representative to update on the current situation. A One You advisor will attend May's MHAG and a housing officer will attend September's MHAG. Completed.
- Kashmir to invite a Hero officer to give a talk about housing and the services they offer. Due to a timings mix up, the officer could not attend. Keep in mind for future. Closed.
- Sara to ensure someone from North Kent Mind (NKM) attends the HIG meetings. Angela informed the MHAG that someone from NKM attended The HIG meeting. Completed.
Angela advised asking Kashmir about areas that do not have access to the allotment project/learning how to cook, which were raised at The HIG.
Action 1: David to ask Kashmir about areas without access to HIG projects.
- Kashmir to send information to Caroline to add to the bulletins for GPs and the DXS referral system. Completed
- Teresa to co-ordinate a task and finish group meeting, mid January in Gravesend. Carry forward.

From January:

- Alan to feed back housing issues to County MHAG. Carry forward.
- Kashmir to investigate how to find out about grants, what they are for, and criteria for applying. A One You advisor will cover this at the next meeting. Ongoing.

3. Teresa to circulate meeting dates, if permitted. NKPCC dates have been circulated. **Completed.**
4. Gather case studies/evidence of refugee housing issues. (Arrange a T&F group.) Porchlight have a pool of case studies. **Ongoing**
Action: Ask Porchlight for any refugee housing case studies that can be shared.
5. Kashmir to send One You Advisor information to Tanya. **Carry forward.**
6. David to ask a rep from a large housing provider to attend an MHAG. Phoenix Co-operative housing society can attend May's MHAG. **Completed.**
7. Teresa to start getting themes and case studies together to share with the group. **Carry forward.**

b) County MHAG response to local question: None

4. Service User & Carer Questions

- a) Questions raised at today's pre-meeting: None.
- b) Questions going forward to County MHAG: None.

5. Information Sharing:

1. **County Update:** Please refer to the County draft minutes for full details of discussion, located at www.westkentmind.org.uk/mental-health-action-groups

The group discussed the STP (Sustainability & Transformation Plan) for Kent and its Mental Health Workstream. A new Kent-wide Strategic Commissioner will be established, to help to deliver The STP consistently across Kent e.g. to promote joint working and to pool resources.

Question: What is Rethink Sahayak?

Response: It is a service for individuals with mental health problems from BME (Black and Minority Ethnic) groups.

Action 2: Ask The CCG: What will the new Health and Social Care structure (e.g. the establishment of a Kent-wide Strategic Commissioner) look like, how will it be developed and how will specialized services be included in this structure (e.g. Rethink Sahayak, which reaches marginalized communities)?

It would be beneficial if services become more localized and work better together. But with less money and increased demographic pressure on agencies, need to ensure that they are sensitive to those with the greatest needs.

2. **Commissioners Reports:** All reports have been circulated and are located at www.westkentmind.org.uk/mental-health-action-groups

DGS Clinical Commissioning Group: Caroline could not attend today's meeting. See CCG report.

- There was discussion about individuals falling in the 'gap' between primary and secondary care psychological services, due to strict entry criteria. Also happens with dual diagnosis and those with difficulty getting a diagnosis. 'Ping-ponged' between services.
 - From The County MHAG – there is redesign work occurring in KMPT at the moment to offer a 'middle ground', which could reduce waiting lists and plug the gap.
 - Good that IAPT is expanding services to those with long-term/medically unexplained conditions, but this does not broaden entry criteria for others. There is still an issue in getting help for more complex cases.
- KMPT is piloting The Dialogical Approach / Open Dialogue.

Action 3: Find information about Dialogical Approach and circulate.

- Point 10 of CCG report: There is currently a national push for mentor/volunteer-led projects for veterans. In Job Centres, we work with partners to support veterans.

Question: Where is that support offered?

Response: There is a veterans champion at each site, who is available to customers.

Live Well Kent (LWK) Porchlight: Teresa sent apologies for today's meeting.

Question: Is LWK involved in The STP process? **Response:** Address to Hilary/Teresa.

Action 4: Ask Hilary/Teresa if LWK are involved in The STP process.

- The IAPT/Secondary Care gap was discussed further:
 - People with the most acute needs are often too complex for IAPT. Gap has been an issue for years, sector not catered for.
 - Several other MHAGs have done work on this. Last year a workshop from SWK MHAG went to the commissioners and IAPT had a meeting about this issue.
 - We signpost on in about 30% of our calls. Need to educate referrers about who can be referred. IAPT is a 9-5 service and not commissioned for that complexity.
 - At STP conference yesterday there was no mention of this gap.
 - The threshold for secondary care is ever-increasing and only seems to take those with risk. Those with complex needs without risk will wait a long time for support.
 - LWK is not commissioned to fill the gap but can support with housing, benefits, etc. The Community Link Service gives 8 weeks of support and can signpost to appropriate psychological support.
 - Important to get a diagnosis for support with medication.
 - If some Job Centre clients had 1-1 support, it could help them to get into employment.
 - If too complex, under CMHT or need help for substance misuse, then IAPT cannot support.
 - The CCG acknowledge the existence of the gap. SWK report has case studies.

Action 5: Ask CCG what is being done to resolve the gap between IAPT and Secondary Care.

- If someone has social care needs: Shift between CMHT and community services.
- KERS can help with social care needs (See update below).

3. Provider Service Update/New Members:

Insight Healthcare, Jenny: The Stronger Kent Community Fair in Dartford was very helpful. There will be another in Gravesend.

Action 5: Circulate schedule for Stronger Kent.

We offer counselling/CBT from The Live It Well Centre and also work out of the Community Hub in Gravesend. We offer low-intensity CBT at The Gr@nd. Clients can self-refer via email/ website and Skype sessions are available.

DWP, Sarah: Since the last DGS MHAG, Kashmir enquired about a OneYou advisor drop-in. There is already one at The Job Centre but another will be based at The Orchards. The Defrazzled Cafés start in April at The Healthy Living Centre and Gr@nd.

Action 7: Circulate Defrazzled Café dates and ask for service provider attendance.

Porchlight, Lauren: I manage 2 projects in DGS: The Primary Care Community Link Service, which provides 1-1 advice and guidance and The Community Wellbeing Network. It targets specific postcodes in specific areas. It is modelled on asset-based community development, to get the community together and use the skills that the community has. It is a different approach that comes from the community up. Please email me if anyone is interested in being involved or joining meetings.

Caroline Moore and Zena Austen are the 2 project ambassadors. The project is only a year long but, hopefully, it will be self-sustainable.

Porchlight, Angela: The Community Link Service involves meeting individuals and assessing their support needs. We refer on to lots of organisations and help them to access this support, to address anything affecting their mental wellbeing. People can self-refer through the Porchlight helpline and are then triaged. There are lots of different services e.g. The Community Inclusion Service and Aspirations. Our number is 0800 5677699.

KERS, Michelle: The role of KERS is to help with social care needs. We receive lots of referrals from Primary and Secondary Care e.g. from Social Workers and CPNs.

We have just had an evaluation from clients using smartphone apps. We are the first service to do this. All of this information goes directly to commissioners.

Action 8: Circulate KERS information

Question: Can IAPT refer to KERS?

Response: If the client has a care coordinator, but clients cannot self-refer.

6. Task & Finish Group Update

To discuss at next MHAG.

7. Vacant Co-Chair Position

To discuss at next MHAG.

8. Date of next meeting

Meeting finished at 3.40pm. The next meeting will take place on **Tues 15th May, 2pm-3.30pm at Dartford Civic Centre, Home Gardens, Dartford, DA1 1DR.**

Action Table

No.	From November MHAG	Responsibility	Status
1	Include MHAG meeting details in the CCG weekly bulletin which goes out to GPs.	Caroline	Completed
2	Forward the details of the Dartford Patient Participation Group (PPG) to MHAG admin.	Teresa	Carried forward
8	Co-ordinate a Task & Finish Group meeting, mid January in Gravesend.	Teresa	Carried forward
No.	From January MHAG:	Responsibility	Status
1	Feed back housing issues to County MHAG.	Alan	Carried forward
2	Investigate how to find out about grants, what they are for, and criteria for applying.	Kashmir	One You advisor at next meeting
4	Gather case studies/evidence of refugee housing issues. (Arrange a T&F group.)	Teresa	
5	Send One You advisor information to Tanya.	Kashmir	
7	Start getting themes and case studies together to share with the group.	Teresa	
No.	From this MHAG:	Responsibility	Status
1	Ask Kashmir about areas without access to HIG projects	David	
2	Ask The CCG about commissioning structure.	David	
3	Find information about Dialogical Approach and circulate.	David	
4	Ask Hilary/Teresa if LWK are involved in The STP process.	David	
5	Ask CCG what is being done to resolve the gap between IAPT and Secondary Care.	David	
6	Circulate schedule for Stronger Kent.	David	
7	Circulate Defrazzled Café dates and ask for service provider attendance.	David/Sarah	
8	Circulate KERS information	David/Michelle	

Administration :

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Minutes and supporting documents are posted on:

<https://westkentmind.org.uk/mental-health-action-groups>