

# Dartford, Gravesham & Swanley Mental Health Action Group

Funded by



Meeting on Wednesday 15<sup>th</sup> May 2018, 2pm - 3.30pm  
 Dartford Civic Centre, Home Gardens, Dartford, DA1 1DR.

Name	Organisation and Role
Alan Heyes - Chair	County MHAG Chair, Mental Health Matters
David Garrick – Minutes	West Kent Mind, MHAG Co-ordinator
Eve de Gray Birch	Engaging Kent, Co-production Facilitator
Steve Inett	Healthwatch Kent, CEO
Caroline Potter-Edwards	DGS CCG, Commissioner
Diane Basson	DWP, Disability Employment Advisor
Kevin Halpin	DGS CMHT, Senior MH Social Worker
Richard Jeffrey	Dartford Borough Council (DBC), One You Advisor
Kashmir Powar	DBC
Anton Tavernier	Sevenoaks District Council
Angela Powis	Porchlight
Lauren Alper	Porchlight, LWK
Baily Dhaliwal	Porchlight, LWK
Emma Jarnell	North Kent Mind
BG	
Raj Jhamat	Rethink Mental Illness
Vivien Okonkwo	CDS, The Co-Op Development Society

APOLOGIES	ORGANISATION
Teresa Snowden	LWK Porchlight

## 1. Welcome, Introductions & Apologies

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

## 2. Minutes from last meeting

Approved, subject to clarifying with Jenny about signposting on in 30% of calls to the service.  
**Action 1: David to clarify signposting statistic with Jenny.**

## 3. MHAG and Service User Forum Consultation – Steve Inett & Eve de Gray Birch

Engaging Kent are conducting a co-production process to explore how service user voice, and communication about services and changes, can be more effective. (Co-production is based on the sharing of information and on shared decision making between the service users and providers). The monies currently allocated by Kent County Council for the MHAGs, Service User Forums and peer support will remain the same but the co-production process will jointly define “what good should look like” and how best to deliver that. Engaging Kent also delivers Healthwatch, which is embedded in the Health and Social Care Act. Healthwatch is a good fit to help create a strong service user voice and has the authority to demand a response to questions raised about any service provided by the NHS. Healthwatch has already developed Kent-wide forums for older people and people with physical disabilities, and is also looking to develop a Foodbank forum. There are common issues across these groups, such as transport and loneliness and it is good to have a common voice.

So far they have:

- Talked to stakeholders to create a scoping report of their current views on the Service User Forums and MHAGs.
- Recruited Eve to facilitate the process.

Next steps are to:

- 1) Bring together a small Co-Production Group to include representatives from the Clinical Commissioning Group (CCG), Kent County Council (KCC), grant recipient organisations and service user and carer representatives currently engaged and MHAGs, Service User Forums or peer support as well as those who are not engaged in any of these.
  - To co-create a Charter that will capture what values and principles are important to create a safe, respectful and productive way of working together.
  - To be a sounding board for developing the practicalities and approach to be taken for each step of the co-production process.
  - To maintain oversight of the co-production process, reviewing responses/ findings/decisions made during the process and helping to shape each next step
- 2) Conduct a peer review of Service User Forums:
  - To support service users in visiting activities and service user forums in different areas to build a better understanding of what is happening across Kent
  - To be able to share the findings of the peer review at the workshop event in June to inform discussions
- 3) Talk to service users & carers who are not currently engaging with User Forums or MHAGs:
  - To build a better understanding of how people would like to be able to have their experiences of services heard
  - To be able to share this at the workshop event in June to inform discussions
- 4) To build some case studies of how Service User Voice has been raised via Service User Forums and / or MHAGs:
  - To be able to share these at the workshop event in June to inform discussions exploring success/ barriers in the current processes
- 5) To hold a Co-production Workshop Day on 18<sup>th</sup> June, Lenham Community Centre, Maidstone:
  - To bring all the stakeholders together to review feedback and information gathered to date and consider the emerging questions to inform the next steps of the process.
  - An invitation will be sent out with further details and a response will be needed so that numbers can be catered for.

Further information about the process, including the circulated scoping report, is available at: <https://westkentmind.org.uk/mental-health-action-groups/mhag-dartford-gravesham-and-swanley>

**Question:** How has service-user engagement been so far?

**Response:** Still quite early. We have had feedback from forums in Thanet about definitions and the peer review of peer support is building up.

**Question:** How are you looking at people who are hard to engage with?

**Response:** We are working with another organisation who will go onto the streets and gather feedback. It is surprising how few service-users currently engage with MHAGs and there is a focus on secondary care.

Times of the meetings may make it difficult for people to attend.

May be useful to engage with NELFT.

Please contact [Eve@engagingkent.co.uk](mailto:Eve@engagingkent.co.uk) with any questions.

#### 4. Action Points

##### a) From local MHAG:

**From November:**

1. Caroline to include MHAG meeting details in the CCG weekly bulletin which goes out to GPs. Completed.
2. Teresa to forward the details of the Dartford Patient Participation Group (PPG) to MHAG admin. Completed
6. Teresa to co-ordinate a task and finish group meeting, mid-January in Gravesend. Carry forward.

**From January:**

1. Alan to feed back housing issues to County MHAG. Carry forward.

2. Kashmir to investigate how to find out about grants, what they are for, and criteria for applying. Carry forward
4. Gather case studies/evidence of refugee housing issues. (Arrange a T&F group.) Ongoing
5. Kashmir to send One You Advisor information to Tanya. Carry forward.
7. Teresa to start getting themes and case studies together to share with the group. Need to clarify where info will be drawn from. Ongoing

#### From March:

1. David to ask Kashmir about areas without access to Health Inequality Group projects. This information was forwarded to Angela, who raised the issue. Completed
2. David to ask the CCG about commissioning structure. The following question was asked: "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)?"

Caroline responded: *This is a much wider question than the CCG can answer as the proposals for changes for commissioners and providers will change the landscape but the detail behind this is complex. I would recommend the question is redirected to the STP who could give a much broader overview of the whole. There is a contact us section on the Kent and Medway STP website - <https://kentandmedway.nhs.uk/getinvolved/contact-us/> Completed*

**Action 2: David to forward commissioning structure question to the STP.**

3. David to find information about Dialogical Approach and circulate. Completed
4. David to ask Hilary/Teresa if LWK are involved in The STP process. Hilary responded that LWK are involved in so far as they have attended the STP days and receive the updates but there is no formal involvement of LWK. **Completed**
5. David to ask CCG what is being done to resolve the gap between IAPT and Secondary Care.

Caroline responded: *In DGS and Swale a number of actions are taking place. In the short term local providers are working together with KMPT and primary care to draft a document that articulates the roles and responsibilities of one another's services, in turn enabling any barriers related to different terminology used by providers to be recognised and relationships between key individuals to continue to be built. It is anticipated that the document should enable communications to improve particularly for patients whose initial assessment for either service may be inconclusive and requires joint discussion and planning.*

*In addition, in the shorter term, discussions about local MDT (Multi-Disciplinary team meetings) arrangements to enable clinical discussion across pathways are happening and this is part of the 'Local Care' plans within the STP. In DGS and Swale plans are currently being scoped with intentions to have MDTs in place in quarter 3 of this year.*

*In the longer term, the CCGs, as part of the commissioning cycle will likely be reviewing how IAPT may be commissioned in future years taking in consideration current challenges and opportunities regarding the integration between physical and mental health.*

Caroline added that they have linked up with Faversham Counselling to put together a decision tree regarding responsibilities for IAPT/Secondary Care (mentioned above). Once the decision trees are put together they can be shared. **Completed**

**Action 3: Follow up decision tree sharing with Caroline.**

6. David to circulate schedule for Stronger Kent. Completed
7. David to circulate Defrazzled Café dates and ask for service provider attendance. Dates circulated, but defrazzled cafes have been postponed. **Completed**
8. David to circulate KERS information. Carry forward.

b) **County MHAG response to local question:** None taken forward.

## 5. Presentation from Richard Jeffrey, One You Advisor

Please see the attached presentation slides, with footnotes and link to a OneYou Kent video.

Key information:

- One You Kent is spearheaded by Public Health England. It encourages us to question our health and our choices.
- There is an online quiz to assess your health, including heart age. After completing this, you can arrange to see a One You Advisor. Can also be referred by your GP or orgs such as Porchlight, Mind, CGL, etc. We get in touch within 48 hours to arrange an appointment.
- We take a holistic view, not just physical health and not just one aspect of health. We look at causes. One You is tailored and offers individualised advice. We triage to many orgs.
- We can do alcohol audits, offer weight groups and can provide free gym memberships for 3 months in certain circumstances.
- We have a number of mobile apps (see presentation), with Active 10 being very popular, which uses the device's accelerometer.

**Question:** Were you set up because of a gap in triage signposting?

**Response:** Anton – that is part of the reason - the gap between seeing a GP and using community services. Within the community in the past 10 years, weight management has been an issue, but this is caused by other problems, causing a revolving door. We look at these underlying causes. We have found that everybody with weight management issues has had other issues e.g. housing/debt, which we try to sort first.

- Lauren - There is some crossover between Porchlight's Primary Care Community Link Service and The One You Service. We should try to understand when LWK should be referring to each service and then replicate this. Anton – we are doing this type of work with West Kent CCG. As long as a referral is made, that is the important thing.
- We rarely get referrals with just MH problems. But, when assessing, MH issues arise.

**Question:** How successful is the gym membership scheme? Are people losing weight?

**Response:** Very successful, lots are losing weight.

**Question:** Is this also available in Gravesend?

**Response:** Gravesend (and Maidstone) are in the process of developing the One You service. For more info, contact The Gr@nd in Gravesend.

**Action 4:** David to circulate the One You presentation.

- We occasionally struggle with keeping up to date with any changes in services. Can we share future minutes?

**Question:** How are you finding housing?

**Response:** We deal with homelessness and trying to keep people in their homes through home adaptations. Not easy that housing stock is so hard to come by. It is a challenge but we're trying.

**Question:** Anton- in Swanley (and Ash Green) we are finding it hard to give people longer-term MH support. From the CCG point of view, what is available for older people with high MH needs? How can I support clients with dementia going forward?

**Response:** Angela - there is Porchlight, Age Concern, Mind at White Oaks Leisure Centre and looking for work groups. Caroline will talk to a colleague – there is a hub in Gravesend.

**Action 5:** Anton to provide a few case-studies/examples for Caroline.

- North Kent Mind run the Aspirations Service, which is funded through Porchlight and would include clients from Swanley. It tries to engage isolated people to join the community. North Kent Mind to liaise with Anton.

## 6. Service User & Carer Questions

a) Questions raised at today's pre-meeting: None

b) Questions going forward to County MHAG: None

## 7. 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](http://www.westkentmind.org.uk/mental-health-action-groups)

Housing was raised at the County MHAG.

**Action 6: Place housing on the agenda for the next DGS MHAG.**

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

**DGS CCG, Caroline:** Please see circulated update. In addition:

- Good news - the joint KCC/CCG bid for national funding for the suicide prevention programme in Kent was successful. Tim Woodhouse will lead the projects. There will be a suicide prevention steering group. This will increase the scope of the Release the Pressure campaign and will lead to training in Primary Care.
- We have been successful in our bid for wave 2 of funding for the community perinatal mental health service across Kent and Medway. This will support the social work element of the perinatal service alongside recruitment of some peer support workers.

**Live Well Kent (LWK) Porchlight, Lauren:**

- LWK, advocacy services and CMHTs think that there is a conversation to be had with primary care services regarding people falling through the gaps.
- Steve – we are trying to convene a meeting about this. There are difficulties getting help quickly for individuals presenting as suicidal e.g. which services are crisis services? We need to find the gaps and understand what services are commissioned for.
- Healthwatch Kent are happy to gather evidence of where people are falling through the gaps. Contact Healthwatch Kent to give anonymous feedback.

**Action 7: Share dates of the LWK Steering Groups.**

3. **Provider Service Update/New Members:**

**Phoenix Co-operative Housing Society, Vivien:** We are a co-operative: This is different, as the tenants are the ones who call the shots. We manage the tenants as agents – they are the ones in charge. We have a resident's committee at Phoenix Place – I will invite the chair of the committee to the next MHAG.

**Action 8: Vivien to invite committee chair to an MHAG**

**North Kent Mind:**

- We have been funded by LWK to continue to provide wellbeing courses and employment services.
- We have submitted a joint bid with national Mind to look at keeping people in work.
- We have just done a big promotion with all local GPs, promoting all of the work that we do supporting people with MH problems to get into support or education.

**Question:** Do you receive lots of IAPT referrals?

**Response:** We have received lots of North Kent Mind IAPT referrals. We receive possibly 2-3 overflow referrals per month from Arndale House (CMHT) and around 1-2 referrals per month from the Allington Centre (low secure inpatient service).

## **8. Task & Finish Group Update**

Homelessness and housing – will confirm with Teresa where themes/case studies should be drawn from.

## **9. Vacant Co-Chair Position and meeting locations going forward**

If anyone is interested in co-chairing this meeting, please contact David at [mhag@westkentmind.org.uk](mailto:mhag@westkentmind.org.uk)

The group agreed to continue alternating venues between Dartford and Gravesend.

## **8. Date of next meeting**

The next meeting will take place on **Tuesday 10th July 2018 at The Riverside Centre, Dickens Road, Gravesend, DA12 2JY**

Meeting finished at 3.40pm.

Action Table			
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No.	From November MHAG	Responsibility	Status
8	Co-ordinate a Task & Finish Group meeting, mid January in Gravesend.	Teresa	
No.	From January MHAG:	Responsibility	
1	Feed back housing issues to County MHAG.	Alan	
2	Investigate how to find out about grants, what they are for, and criteria for applying.	Kashmir	
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 March MHAG:	Responsibility	
1	Clarify signposting statistic with Jenny	David	
2	Forward commissioning structure question to the STP.	David	
3	Follow up decision tree sharing with Caroline.	David	
4	Circulate the One You presentation.	David	
5	Provide a few case-studies/examples for Caroline.	Anton	
6	Place housing on the agenda for the next DGS MHAG.	David	
7	Share dates of the LWK Steering Groups.	Lauren	
8	Invite committee chair to an MHAG	Vivien	

**Administration :**

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Minutes and supporting documents are posted on:  
<https://westkentmind.org.uk/mental-health-action-groups>