

Dover, Deal & Shepway Mental Health Action Group

Meeting on Tuesday 21st November, 2017, 11am - 12.30pm
Dover Town Council, Maison Dieu House, Biggin Street, CT16 1DW

Attendee Name	Organisation & Job Title
David Rowden - Chair	MHAG Co-chair/SpeakUp CIC
Sue Sargeant - Minutes	West Kent Mind, MHAG co-ordinator
KS	Carer
DH	Carer/Mental Health Volunteer
Andrew Clacy	Department of Work & Pensions (DWP)
Eleanor Jones	DWP, Universal Credit Work Coach
Sally-Anne Spicer	Dover Counselling Centre, Managing Director
Christine Atkin	Dover Counselling Centre, Clinical Lead
Michelle Godfrey	Folkestone Mind
Adam Barnard	KCC, Senior Kent Enablement & Recovery (KERS)
Alice Milne	KCC Primary Care Social Work Mental Health team, Social worker
Melissa Bellchamber	KCC, Student Social Worker
Tanya Clark	Kent Police, Community Liaison Officer
Estelle Brandreth	Kent Police, Vulnerable Adult Intervention Officer (PCSO)
Leonie Down	KMPT
Fiona Tapley	Live Well Kent Porchlight
Melanie Kendall	Porchlight, Prospects
Jane Southouse	Shaw Trust
Deborah Frazer	South Kent Coast CCG, Mental Health Commissioner
John Childs	SpeakUpCIC

APOLOGIES	ORGANISATION
-----------	--------------

Lyndsey Kennett	Carers' Support
Jan Stewart	Citizens' Advice Bureau
Jeanette Dean-Kimili	South Kent Coast CCG

1. Welcome, Introductions & Apologies

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

2. Caring for Carers (C4C) Study – Megan Setterfield

Megan was unable to attend this meeting. For information, please find below details of the presentation given at other MHAGs:

The KMPT clinical research team conducts many studies into mental health conditions. In the last year more carers' studies have been introduced as well as the previous service user studies. Brighton and Sussex Medical School is sponsoring this pilot study which aims to determine whether a writing therapy called Positive Written Disclose (PWD) is effective in improving the health and wellbeing of older adult caregivers of people with psychosis. This pilot trial will determine whether the intervention shows promise and consequently whether a definitive trial is justified.

There will be a baseline assessment and people will be randomly allocated to 3 groups:

- Positive Written Disclosure group - writing about a positive memory for 20 minutes a day for 3 consecutive days
- Writing control task group - writing about a neutral image for 20 minutes a day for 3 consecutive days

- Non-writing control group

This study is funded by an older adult charity and will be for over 50 year olds. This generation tends to have pressures from parents and children and is also appropriate as psychosis is often identified in the twenties. Information is also available at <https://westkentmind.org.uk/mental-health-action-groups/mhag-south-west-kent> under 'Supporting Documents'

3. Minutes from last meeting – Approved with the following amendment:

Michelle, Folkestone Mind confirmed that the new Safe Talk service referred to on Page 5 has not yet started.

4. Action Points

(a) Local Actions:

No.	Action	Status
1	Ask the CCG why this particular provider has a limit of six counselling sessions per course.	Please see discussions below in "Service user and carer's questions"
2	Invite CAB to an MHAG.	Jan Stewart from Dover, Deal & District CAB sent apologies for this meeting but hopes to attend in January.
3	Leonie to email Vicky about contact from care co-ordinator.	Leonie did this but didn't hear back. Carry forward.
4	Invite Cathy Nyemeck to attend DDS MHAG.	David G emailed Cathy on 24/10 and 6/11 but hasn't heard back. Carry forward.
5	Fiona to meet with group member.	Fiona met and followed up with the group member. The Community Link Service leaflet will be reviewed before next print run to ensure it is clear to people that this service is an advice and signposting service and not a support service.
6	Fiona to report on number of referrals received from CAB, if data is available.	No direct referrals have been received from CAB but it could be that CAB give the Live Well Kent leaflet out and people self-refer. Fiona reported that Live Well Kent have added a drop box "Where did you hear about the service" and hopefully this will pick these up.

(b) Question raised at County MHAG: Please see County MHAG minutes for full discussion:

- 1) "Since 2015, readmissions into hospital for mental health problems have risen by 6%. Could Healthwatch investigate this statistic and its possible causes, including any reductions in the length of hospital stay, the robustness of community support once discharged, or stress associated with the introduction of Personal Independence Payments (PIP)?"
Steve Inett confirmed that Healthwatch would look into this.

Deborah suggested that some of these may be planned admissions although the findings of the original request for figures suggest a correlation between the amount of time people had been in for and the support following discharge.

Adam added that a new advanced KERS worker role has been introduced to support people after discharge.

ACTION 1: Forward supporting figures for rise in hospital admissions to Deborah.

- 2) "The current Housing Allocation Policy in Kent classifies those leaving Mental Health Supported Housing as a Band B housing need. As a result, MHAG members report that subsequent housing is often either unavailable or unsuitable, leading to residents unnecessarily remaining in supported housing. This causes residents to become

institutionalised and leads to bed blocking, whereby beds are not available in Supported Housing for those leaving hospital. Would KCC consider amending the current Housing Allocation Policy, so that those leaving Mental Health Supported Housing are included in Band A? This could give residents better access to Housing Association and Council properties.”

Band B is not a high priority for social housing but for someone not independent enough for private housing.

Melanie also added that someone on the ward waiting to be discharged can be classed as Band A (more urgent need), whereas people moving on from supported housing are Band B.

The action from the County MHAG was to follow up with Ellie Toye, Housing Options Manager, Dover District Council. Melanie, Porchlight, confirmed that they had previously approached Ellie Toye and Charlie Elphicke MP but had received no definitive response.

Subsequent to the meeting a response was received from Ellie Toye which will be followed up at the County MHAG, and a MHAG representative has been invited to attend the Kent Housing Options Group meeting in March.

ACTION 2: Forward information to Deborah to follow up.

5. Service User & Carer Questions

(a) Questions raised at the pre-meeting:

1. *Will the current Vocational Rehabilitation Service (VRS) be included in the Sustainability & Transformation Plan (STP) bid to double access to Individual Placement and Support (IPS) services as agreed in the 5 year forward plan? Will this happen in all areas?*

Deborah responded that IPS is currently offered in 2 ways: by Shaw Trust through Live Well Kent and by the Community Mental Health (CMHT) teams in KMPT.

The Department of Health announced that the Clinical Commissioning Groups (CCGs) now have to bid for this money. In wave 1, Medway CCG was awarded this but South Kent Coast (SKC) was unsuccessful. Medway has a bigger footprint and only has 1 provider whereas we have 4 in East Kent, but we have been told we have a good chance of being successful in wave 2. East Kent will be bidding but I can't speak for North or West Kent. There is money available outside the bid currently for this service but we intend to go for the bid anyway.

Jane from Shaw Trust wanted to advertise the IPS they offer. She noted that the CMHT vocational adviser at Coleman House is at full capacity, whereas she, also at Coleman House, is getting few referrals. Referrals are through the Live Well Kent service and can also come from the primary care mental health specialists and IAPT services. The main difference between the 2 services is that the KMPT vocational support for people with a care co-ordinator.

2. *Is Marie Gallagher still the Manager of the CMHT at Coleman House? A number of service users have reported that they are having regular problems getting in touch and that even if they do, response times can be 2 to 3 weeks. One person has resorted to adjusting their own medication.*

Deborah suggested calling the Single Point of Access as a way of getting an immediate response.

Leonie mentioned that the team are changing to the Choice and Partnership Approach (CAPA) model of care which will promote efficiency.

ACTION 3: Alice or Leonie to find out who the CMHT manager is

ACTION 4: Deborah to take back the concerns about contacting CMHT

3. *How many vacancies are there currently and how many posts are going to be refilled within KMPT?*

Leonie reported that at St Martin's Hospital there are clinical and qualified staff vacancies on the wards. They are managing to recruit into the occupational therapy (OT) and support roles but are having a difficulty finding qualified nurses and are trying different avenues such as looking to Ireland, and agencies. They are reviewing their staffing skill mix to ensure there are enough qualified staff with experience, ie enough Band 6 to support Band 5s and grow into those roles. They are hopeful that things are improving. The High Impact Changes (HIC) team has a social worker role starting in the new year.

Deborah reported that the CMHT should have an expected headcount of 91, but currently have 12 vacancies although 4 are being covered by temporary staff. Pressure is being put on the Trust to address the shortfall and they are trying hard. There is no block on recruitment, they have managed to get rules changed about using particular agencies and the block on recruiting for maternity leave has also been removed.

Leonie also confirmed that one initiative is to have apprenticeships to become a Band 4 nurse. Student placements are also offered for Christchurch University.

The group were encouraged to hear about the ways the Trust is combatting the shortages.

ACTION 5: Deborah to share the workforce plan

4. *How many IAPT sessions are offered for counselling? This question also follows on from concerns raised at the last meeting that the number of IAPT sessions were being limited to 4 or 5 sessions and a client needed to re-refer to get more sessions. There were other examples of people being told this.*

Deborah explained that before sessions start, a client is asked to complete a questionnaire to measure for Generalised Anxiety Disorder (GAD-7) or for Depression (PHQ9). Scores of 8 to 14 might be a Step 2 or 3 depending on clinical judgement. The IAPT provider will look at individual need to assess the number of sessions needed. CBT, talking therapies, Eye Movement Desensitization and Reprocessing (EMDR), counselling can be accessed through IAPT service.

Dover Counselling confirmed that they do not limit the number of sessions. Their records for South Kent Coast for the last 6 months show that for Step 2, although the recommended average number of sessions is 4 DCC's average was 5.39. For Step 3 the recommended average is 8, but DCC's was 8.3 and for Step 3+ the recommended average is 12 but DCC's average was 15.66.

Deborah added that since 2009, provision of IAPT has increased to many thousands and recovery and waiting times are above targets. As Commissioners, they are constantly checking performance across all IAPT providers and, on paper, services are good and patient experience is in the high 90s.

There could be reasons why clients are being told the number of sessions in advance, such as managing expectations and time commitments.

ACTION 6: Deborah to send out another note to providers to make sure a clear message is being given.

Question: Is it possible to access IAPT if someone is under secondary care?

Response: No, it is not appropriate for them to be sent to IAPT services from a safety and risk point of view. The KMPT waiting list is something that Deborah is working on.

Leonie also mentioned the Emotional Regulation Group which is being launched by KMPT to help give access to short term psychological support. Nurses and OTs are being supported to deliver this group session twice a week. Medway has had success with a particular psychiatrist heading up a multi-disciplinary team to look at immediate need. KMPT also has a project for psychiatric teams to cascade cases to nurses to deliver psychological care.

Question: In Shepway, Folkestone Mind is seeing lots of people who are stuck between CMHT assessments and needing psychological intervention which, if given earlier could prevent the need for secondary care. Incorrect GP referral to CMHT stops people from accessing IAPT.

Response: Leonie explained that KMPT is also trying to increase the number of staff working in GP surgeries to help educate the GPs.

Deborah added that there should be a maximum 28 day wait, not 6 to 8 weeks for CMHT assessment. It is also important to identify misdirected referrals. Last year there were 25,000 referrals through Single Point of Access (SPoA) but only 10,000 ended up in the service. There is a piece of working going on to identify themes to educate GPs to give them a better understanding of the service. They are also doing this with the Live Well Kent service. This has now started following the 3 big personnel changes in KMPT.

(b) Questions going forward to County MHAG:

To County: How can we clear up the confusion between the number of sessions that IAPT providers are saying are available and what other providers are hearing on the ground about people being told they will only get 4 or 5 sessions? Is it possible for the IAPT providers to explain that each individual case is being assessed on merit and that more sessions can be provided if required, and give clear reasons for discharge.

ACTION 7: Provide some case studies to take forward with this question

6. 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

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

a) South Kent Coast Clinical Commissioning Group (CCG):

The Chair read aloud an update from the South Kent Coast Clinical Commissioning Group about Locality Hubs which will be phased in across the 4 SKC Localities from Jan 8th 2017 at Deal Hospital, Buckland, RVH Folkestone, Romney Marsh Day Centre and Oakland's Hythe

The initial model of a single primary care mental health worker (PCMHW) in each hub location undertaking assessments for patients as referred by the GP and carrying their own caseload will be phase one of the model, and as the Hubs expand there will be scope to develop and collocate more primary care mental health provision with the Hub services.

Each locality has set up an Alliance Management Team (AMT), made up of Key service Team Leads from older people's mental health (OPMH), CMHTs, Social Care, Care Navigation, Housing Support, Individual Practices and Practice Locality Patient Participation Groups. The purpose of AMT will be to agree systems and processes to enable services to integrate and work together more effectively.

b) Live Well Kent (LWK), Fiona Tapley:

Fiona mentioned their goal of making every contact count and highlighted targets: People are being contacted within 2 days and they are moving towards starting the service within 7 days. They have also been attending the Primary Care Interface meetings. Leonie mentioned they have been promoting the LWK service through the Moving On group at the hospitals and have formed a good partnership. She is concerned that she is not able to email referrals as it needs to be a kmpt.gov or nhs email to be secure.

ACTION 8: Fiona to follow up on secure email address with Hilary

3. Provider Service Update/New Members:

Speak Up CIC, John: – Following the success in October at the Turner Contemporary, we are holding a Christmas themed Listen Up event on 17th December from 1.30pm to 4pm. It is a musical, drama event about people's journey with mental health speak and anyone is welcome. Kent Wildlife Trust are promoting their services and events. They have mindfulness walks at the local Wildlife Centre and can also organise special events.

Kent Police, Tanya. The Community Support Unit are getting more crisis calls, such as for incorrect medication and are continuing to put an emphasis on mental health education for their front line officers. They had one recently in Maidstone on personality disorder.

Kent Police: Estelle, PCSO, is a Vulnerable Adult Intervention Office trying to bridge the gap between identification and referral. Leone suggested spending a day with the CMHT, and Live Well Kent and Dover Counselling also suggested she contacts them.

Folkestone Mind, Michelle: We are looking to recruit a part time support worker. We are also in the process of opening our third charity shop, in Folkestone.

KMPT, Leonie: Anyone is welcome to our Moving On group to talk about their services.

KCC Primary Care Social Work Mental Health team, Alice covers East Kent but will be attending the South Kent Coast interface meetings.

KERS, Alan is a senior support worker receiving primary and secondary referrals, supporting people to help themselves.

DH mentioned a Dementia Day event on 27th February at the main Town Hall in Dover if anyone wants to get involved or attend.

4. Staff Changes: None reported

7. Task and Finish Group

None discussed.

8. Date of next meeting

The next meeting is on 30th January, 2018, from 11am - 12.30pm at Dover Town Council, Maison Dieu House, Biggin Street, CT16 1DW

Meeting finished at 12.30pm

Action Table			
--------------	--	--	--

No.	Action	Responsibility	Status
	From September MHAG:		
3	Leonie to email Vicky about contact from care co-ordinator.	Leonie	
4	Invite Cathy Nyemeck to attend DDS MHAG.	David	
	From November MHAG:		
1	Forward supporting figures for rise in hospital admissions to Deborah.	Sue	
2	Forward information about Housing Allocation Policy question to Deborah to follow up	Sue/Deborah	
3	Find out who the CMHT manager is.	Alice/Leonie	
4	Take back the concerns about contacting CMHT	Deborah	
5	Share the workforce plan	Deborah	
6	Send out another note to providers to make sure a clear message is being given.	Deborah	
7	Provide some case studies of IAPT experiences.	David/John	
8	Follow up on secure LWK email address for use by KMPT	Hilary	

Minutes posted on: www.westkentmind.org.uk/mental-health-action-groups

Administration :

Phone: 01732 744950

Email: mhag@westkentmind.org.uk

