

## Dover, Deal & Shepway Mental Health Action Group

Meeting on 30<sup>th</sup> January 2018, 11am - 12.30pm  
Dover Town Council, Maison Dieu House, Biggin Street, CT15 1DW

Attendee Name	Organisation & Job Title
David Rowden - Chair	MHAG Co-chair/SpeakUp CIC
David Garrick - Minutes	West Kent Mind, MHAG co-ordinator
Hilary Johnston	Porchlight, LWK Manager
Fiona Tapley	Porchlight, LWK Development & Monitoring Officer
AW	Service User
LH	Carer
DH	Carer/Volunteer
KS	Service User at MCCH
SL	Service User at MCCH
KS	Carer
PH	MCCH, Volunteer
BB	MCCH, Volunteer
CS	MCCH Member
JM	MCCH Member
Paul Head	MCCH, Service Co-ordinator
Alice Fox	MCCH, Support Worker
Sheila Welsh	Housing Options Officer
Michelle Godfrey	Folkestone Mind, Operations Manager
Tanya Clark	Kent Police, Community Liaison Officer
Tracey King	Sanctuary Supported Living
Kemi Fatola	Shaw Trust, Support Manager Work & Wellbeing Programme
Sherrill Searle	SOLVE Charity for Mental Health (being registered)
Margaret Ford	DWP, DEA
David Crumley	DWP, Partnership Manager
Jeanette Dean-Kimili	SKC CCG, Commissioner. Local Care Lead
Janice Wood	Porchlight Prospects
Melanie Kendall	Porchlight, Prospects
Jane Southouse	Shaw Trust
John Childs	SpeakUpCIC, Project Worker

APOLOGIES	ORGANISATION
Jane Plummer	Coleman House CMHT
Teresa Norton	Carer's Support
Jyotsna Leney	Shepway District Council
Sally-Anne Spicer	Dover Counselling Centre

### 1. Welcome, Introductions & Apologies

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

### 2. Housing options in Dover – Sheila Welsh (Housing Options Officer, Dover District Council)

- We are currently developing properties, as there is no stock in the social rent sector. We have started a Social Lettings Agency, so that when people come to us facing homelessness, we can find them housing. We are trying not to put people into B&Bs and are improving the suitability of our temporary accommodation.
- From April, The Homelessness Reduction Act will bring big changes. Anyone facing homelessness within 56 days (up from 28 days), through no fault of their own, will be helped. So we can work with these people much earlier and can do more preventative work, rather than crisis managing. We will have more direct contact with individuals.

- There is a further 56 day duty on us at the relief stage (once people are placed into temporary accommodation). The Act will support groups such as single homeless people. Everyone will be issued with a Personal Housing Plan to prevent further homelessness.

**Question:** How do you support people coming out of hospital with a MH condition?

**Response:** We will be working with the hospital and will help them to make the best decision. Because we don't have social housing options, private housing is used. With the new Act, we can support people into 6 month tenancies, as opposed to 12 months. People have more options.

**Question:** Are there any new duties on The Council for vulnerable people?

**Response:** We already have measures in place and The Act certainly does not reduce that. Because of the longer time period, we think that more vulnerable people will have access to more support.

**Question:** How big is the team? Where has the Act been trialled?

**Response:** There are 6 of us. We will look at how we can deliver the same level of service with any increased workload. This has been trialed in Southwark.

- We have been trialling a new telephone duty line and would like feedback on this.

**Question:** What will happen if someone leaves an acute ward, but is homeless?

**Response:** In the same way as now e.g. will not have to wait e.g. 56 days.

### 3. Minutes from last meeting – Approved without amendment

### 4. Action Points

#### (a) Local Actions:

**From September:**

3. Leonie to email Vicky about contact from care coordinator. Carry forward
4. Invite Cathy Nyemeck to attend DDS MHAG. Cathy is retiring. Find out replacement.

**From November:**

1. Forward supporting figures for rise in hospital admissions to Deborah. Completed.
  2. Forward information about Housing Allocation Policy question to Deborah to follow up. Completed.
  3. Find out who the CMHT manager is. Stacie Hogben is The Interim Manager. Completed.
  4. Deborah to take back the concerns about contacting The CMHT. Carry forward.
- Difficulties were raised about contacting Coleman House CMHT by phone. KMPT have said before that they would upgrade the system. Thanet CMHT have upgraded theirs. Coleman House are aware of the problem. **Take to County MHAG.**
  - 5. Deborah to share the workforce plan. Carry forward.
  - 6. Deborah to send out another note to IAPT providers to make sure a clear message is being given. Completed.
  - 7. Provide some case studies of IAPT experiences. There was discussion about the number of sessions offered by IAPT providers:
    - **Take this issue back to County MHAG.**
    - The number of sessions depends on clinical need, up to e.g. 18 for Step 3+.
    - An attendee noted that some providers say that they can only offer 5 sessions.
    - If anyone experiences this, feed back to MHAG admin team so that Jeanette can take the issue forward. Need specific examples.
    - Need to be mindful that it is a clinical decision and people may still be discharged after 5 sessions, based on this decision.
    - The issue is being informed of session limits pre-assessment. Being offered 5 sessions isn't necessarily wrong.

**Question:** Is it possible to have reasons for discharge from IAPT in writing (like The CMHT)?

**Response:** Jeanette cannot speak for IAPT.

**Question:** What are the waiting times for psychological therapy through The CMHT?

**Response:** An attendee thought that the waiting time for Ash Eaton is 12 months. Jeanette advised to speak to Deborah Frazer about The CMHT. David R added that, according to The County minutes, CCGs are looking at various schemes to reduce the load.

- Jeanette added that IAPT has very good outcomes and access rates and that it is easy to focus on negatives, particularly when considering the pre-IAPT environment.
8. Hilary to follow up on secure LWK email address for use by KMPT. Porchlight LWK receive lots of emails from KMPT and have secure email. This hasn't been an issue in other areas of Kent but can look at this again. **Carry forward.**

**(b) Question raised at County MHAG:**

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 6 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?

The chair went through the County MHAG response and advised that this could be raised again.

## 5. Service User & Carer Questions

**(a) Questions raised at the pre-meeting:**

**Question:** How many staffing gaps are there at Coleman House?

**Response:** (Coleman House sent their apologies, so could not attend today's meeting.)

**Action 1: David G to send Coleman House today's questions.**

**Question:** What is being done to tackle the issue of depot injections administered outside of the time window? (Send to Coleman House).

**Question:** What has happened with Marie Gallagher? (Send to Coleman House).

- An issue was raised about an experience with an IAPT provider, who apparently asked the client to self-refer back into the service, as they needed more sessions, but did then not offer any further sessions upon re-referral.

**Action 2: Feed IAPT experience back to Jeanette, with NHS number.**

**Question:** When will we find out about future plans for The MHAGs?

**Response:** The chair went over the current situation, as discussed at The County MHAG, whereby Engage Kent CIC/ Healthwatch Kent are reviewing The MHAGs and SU forums.

**Question:** Could the funding for MHAGs stop?

**Response:** They could in April 2019, but at the moment KCC intend to continue the funding.

- An attendee noted that there are 27 people in this room – these meetings are so important and needed – there is nowhere else to have a voice.

**Question:** Why is Dover and Deal MCCH closing at the end of March?

**Response:** Hilary from Porchlight read out a written statement. In summary:

- LWK is about providing the best services and those that are good value or money. It is not about long-term support for years but more about short-term support. During that time, people are meant to be helped to integrate into the local community, to things that are not funded by LWK.
- There are a number of reasons why MCCH is closing. The biggest is lack of demand from new SUs. Last year the target was 65, but there have been 11 since 1<sup>st</sup> April.
- Folkestone and District Mind extend into the Dover area. They receive a similar amount of funding but signed up 122 new people and met targets about 2 day response rates, whereas MCCH missed 27% of their contacts within 2 days.
- Folkestone Mind started a pilot in Dover and had 13 people sign up for their mindfulness and person-centred planning programme.
- In Deal, the delivery partner is Maidstone and Mid Kent Mind, who will offer coping with life, anxiety courses, etc.
- It is great to see so many people here today. We are contacting all current MCCH clients by phone and will meet with each client one-to-one if they would like.
- We recognise the difficulty for those who have accessed MCCH for many years, but The LWK contract is not there for long-term support. We hope that all MCCH members and SUs will benefit from the changes. Both Minds have a track record for value for money and quality.

**Question:** What services are there for people with long-term, enduring MH problems? MCCH may not be part of LWK, but people have been accessing it for over 20 years.

**Response:** We have asked The Richmond Fellowship and North Kent Mind to set up peer support groups. MCCH was offered additional funding this year for that purpose, but did not do it. It is important to use this funding. North Kent Mind have brilliant peer support groups and we fund how they're trained, etc. We were disappointed that this didn't happen at MCCH, as this could have enabled it to continue.

**Question:** When will the new services start?

**Response:** From 1<sup>st</sup> April. Maidstone Mind will be using the Landmark Centre in Deal. Folkestone Mind will confirm their venues.

**Action 3: Hilary to forward MCCH statement to MHAG admin to circulate.**

- Clients don't care about these reasons and feel it is like tearing a family apart. Porchlight acknowledge the difficulty for people, especially those who have attended MCCH for many years, and are following up each person individually.
- There was an unfortunate turn of events regarding people being informed of the closure. MCCH were responsible for informing clients but unfortunately the landlord disclosed the information before people had been told by MCCH.

**Question:** People would like to meet MCCH's replacement e.g. Folkestone Mind, to see what they can offer. Lots of SUs would like their anxieties allayed.

**Response:** The new providers will be providing something different to MCCH. That is why we are contacting you to see what else may be available to you, inside and outside of LWK, e.g. A social club. So make sure that Paul from MCCH has your up to date contact details.

**Question:** People have confidence in MCCH and may relapse and go into hospital. Many with MH conditions need to know far in advance.

**Response:** With all contracts, things have to be taken one step at a time. We have already started contacting people. We have also contacted MCCH to ask if anyone needs contacting as a priority.

**Question:** What is the timescale for contacting everyone?

**Response:** Within 2-3 weeks and everyone should have been referred on by the end of February. I will collect MHAG attendees contact details after the meeting and will contact them ASAP.

**Action 4: Fiona to meet MCCH users at the end of the meeting.**

**Question:** What is the situation with TakeOff? Will they be taking over the building? Could you encourage them to come to MHAG meetings, to find out what they will be offering?

**Question:** I self-referred to MCCH – would I still be made welcome at the new groups? Will they benefit me? What if there is no capacity or I don't fit the criteria? What will the groups involve?

**Response:** LWK does not have criteria, you just need to be well enough to access the course locally. There is no reason why you would be turned away. You will be very welcome.

- The chair highlighted that people will be able to talk about what they would like from the service when they talk to / meet with Fiona.

#### **(b) Questions going forward to County MHAG:**

1. We have received reports of difficulties when contacting Coleman House CMHT by phone. Thanet CMHT's phone system has been upgraded due to similar issues. Are there any plans to upgrade the phone system at Coleman House?

- To clarify the issue of IAPT sessions, we need to find out what IAPT providers are contracted for. If SKC CCG is happy to share their IAPT contracts, then others should too.

2. To address the issue of set limits on IAPT sessions, SKC CCG has agreed to share their IAPT contracts with Thanet MHAG. Could the other CCGs in Kent also consider sharing these contracts with The MHAGs, to clarify the number of sessions that these services are commissioned to provide?

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

### South Kent Coast Clinical Commissioning Group (CCG), Jeanette:

- We have just launched a joint IAPT service for people with long-term physical conditions.
- CCGs are launching locality hubs for minor illnesses, which will include Primary Care Mental Health Services and will be staffed by GPs and nurses. The point of entry is now through the GP. This is additional to the current system and should help with getting GP appointments. Jeanette will give a further update in April.

### Live Well Kent (LWK), Fiona:

The majority of referrals from April-December have been self-referrals. In Shepway, there has been lots of integrated working.

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

DH: There is a dementia conference on 27<sup>th</sup> February at Dover Town Hall

### DWP, Margaret:

- We've gone out to local groups, with the view to make people aware of who we are and what support DWP have for our most vulnerable customers.
- Jane from The Shaw Trust is periodically at The Job Centre for new referrals.
- We understand that people have other issues before they get in to work. We are trying to encourage GPs to use social prescribing.
- Tracey from Sanctuary Supported Living raised an issue, where 8 members of a house could get housing benefit, but the 9<sup>th</sup> could not get it through Universal Credit (UC). Margaret added that UC is mainly dealt with by the service centre and that her role is getting people into work.
- An attendee added that someone from The DWP needs to start asking questions about UC, that UC is putting people in dire circumstances and in more debt, creating more admissions.
- Healthwatch are looking into increases in hospital admissions e.g. caused by UC. David R will be meeting with them.
- Sheila from DDC added that they have seen a huge increase in rent arrears within their team.
- David from DWP advised that the government is listening and is changing the way in which UC is being delivered. Waiting days will be abolished from February and the total wait of 6 weeks has now reduced to 5 weeks. A 100% advance will be paid if needed. Where there are issues surrounding rent arrears, this can be covered, but evidence of rental arrangements is needed.

**Action 5: Ask DWP what is being done to support the Job Centre staff who are supporting the more vulnerable people in the community.**

- Margaret advised that DWP staff are fully trained to deliver the service that is specific to their role.

### Folkestone and District Mind, Michelle:

- From 5<sup>th</sup> February, we will have a new part-time Support Worker and 5 Canterbury University students on weekly placements.
- We have been invited by Balfour Beatty to attend an event at The Channel Tunnel for employee mental health awareness.
- Regarding the new contract in Dover, we will be establishing what services are already in place in that area and will be focusing on delivering self courses, mindfulness and person-centred planning. We hope to continue using the Discovery Centre. This venue has received very good feedback in past courses.

Carers Support, Teresa Norton/ Lindsey Kennett: Please see attached information sheet.

**7. Task and Finish Group / housing case studies**

None discussed.

**8. Date of next meeting**

The next meeting is on **20th March 2018**, 11am at Council Chambers, Dover Town Council, Maison Dieu House, Biggin Street, Dover, Kent CT15 1DW

Meeting finished at 12.45

**Action Table**

No.	Action	Responsibility	Status
	<b>From September MHAG:</b>		
3	Leonie to email Vicky about contact from care coordinator.	Leonie	
4	Invite Cathy Nyemeck to attend DDS MHAG.	David G	
	<b>From November MHAG:</b>		
4	Take back the concerns about contacting CMHT	Deborah	
5	Share the workforce plan	Deborah	
7	Provide some case studies of IAPT experiences.	David/John	
8	Follow up on secure LWK email address for use by KMPT.	Hilary	
	<b>From this MHAG:</b>		
1	Send Coleman House today's questions.	David G	
2	Feed IAPT experience back to Jeanette, with NHS number.		
3	Forward MCCH statement to MHAG admin to circulate.	Hilary	
4	Meet MCCH users at the end of the meeting.	Fiona	
5	Ask DWP what is being done to support the Job Centre staff who are supporting the more vulnerable people in the community.	David G	

Minutes posted on: [www.westkentmind.org.uk/mental-health-action-groups](http://www.westkentmind.org.uk/mental-health-action-groups)

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