

Dover, Deal & Shepway Mental Health Action Group

Meeting on 17th July 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
DH	Carer
LH	Carer
CS	Service User
Teresa Norton	Carers Support, Coordinator
Sherrill Searle	Solve Charity, Founder
Jeanette Dean-Kimili	South Kent Coast CCG
Eleanor Jones	Job Centre+, Work Coach
Kieran Delbaere	Job Centre+, Work Coach
Sue Williams	DWP, Disability Employment Advisor
Tracey King	Sanctuary Supported Living, Project Worker
Leonie Down	KMPT Acute Care Group, O.T. Lead
Sally-Anne Spicer	Dover Counselling Centre, Chief Executive
Frances Button	Dover Counselling Centre, Clinical Lead Manager
Fiona Tapley	Porchlight LWK
Michelle Godfrey	Folkestone Mind
Kay Byatt	SpeakUp CIC, Project Worker

Apologies	Organisation
Janice Wood	Porchlight
Dawn Hughes	DWP
Margaret Ford	DWP
Jenny Solomon	Insight Healthcare
KS	
Wayne Smith	Take Off

1. Welcome, Introductions, Apologies & GDPR Update

The Chair welcomed the group, apologies were noted as above and a GDPR update was read out.

2. Minutes from last meeting – approved without amendment

3. Action Points

(a) Local Actions:

May.18-1: David G to Recirculate Healthwatch Kent scoping report about the MHAGs and SU forums. **Completed.**

May.18-2: David G/ David R to follow up carer/therapist issue. **Ongoing**

May.18-3: David G/ David R to follow up IAPT provider issue. **Completed.** IAPT Provider attending meeting.

May.18-4: David G to recirculate email asking for feedback to Healthwatch Kent about IAPT session limits. **Completed.**

May.18-5: Invite Tim Woodhouse to give an update about suicide and prevention in the area. **Completed.** Tim cannot make the next meeting, but his suicide prevention presentation was circulated with meeting documents.

Action 1: Invite Tim Woodhouse to a future meeting.

May.18-6: Circulate an email requesting another co-chair. Completed.

Action 2: Put co-chair voting on the agenda for September's meeting.

(b) Questions raised at County MHAG:

From the County MHAG minutes:

"Dover, Deal & Shepway:

1. If STEPPS and STAIRWAYS are recommended treatments for borderline personality disorder, why are they not available in all areas?

Vicky advised that Nicky Oatham is The KMPT Lead for Psychological Therapies. Nikki is taking responsibility for a robust Personality Disorder (PD) pathway, supported by Vicky. Regardless of location, individuals should have access to the same services. STEPPS is a therapeutic course provided over a number of weeks. KMPT are piloting a new model, starting in Medway. In this model, clients with Personality Disorders go straight into 8 sessions of support following initial referral to a CMHT, bypassing the assessment/ referral process. Following the 8 sessions, they may or may not need more detailed therapy (e.g. STEPPS).

Nick – Are KMPT thinking of providing STAIRWAYS, the 26 week programme? Vicky responded that KMPT has a design group, which is working with clinical experts to look at the evidence and at people with certain presentations, to design the pathways.

2. A carer and DDS MHAG Member brought the following learning for KMPT and all Coleman House younger adults service staff to our attention. This is following a serious incident, which resulted in a large and complex complaint being made against Coleman House. Every part of the complaint was upheld by Helen Greatorex (KMPT Chief Executive). The MHAG member wanted to share the lessons learnt, in case it is needed anywhere else, such as in West Kent.

The learning from this complaint is as follows:

- "The team should have communicated appropriately with you once instructed by x and ensured that x's up to date wishes were documented and communicated around the team in a consistent and timely manner. Protocol around this documentation and communication will be reviewed by the care group and steps taken to ensure this is more robust moving forward.*
- Given the conversations having taken place and the breakdown in relationship between yourself and some staff members within the team, it has been suggested as appropriate for all team members to complete KMPT customer care training, which will take place soonest possible.*
- All patient's risk assessments, care and crisis plans are to be reviewed via our new quality audits ensuring that they are up to date and relevant.*
- All staff within the team will undertake to read/review the Trust DNA (Did Not Attend) policy to ensure adherence with this.*
- All safeguarding alerts should be recorded within a patient's notes. The safeguarding actions referred to are to be sourced and acted upon."*

Nick advised that it sounds like they were not engaging and sharing with the carer. KMPT are seeking to improve on this through their triangle of care (specifically for carers)."

The possible relocation of Coleman House CMHT to the Buckland Hospital site was discussed.

Action 3: Ask about parking arrangements for staff and service users, if Coleman House moves to the Buckland Hospital site.

4. Service User & Carer Questions

(a) Questions raised at the pre-meeting:

1. Why was Coleman House CMHT closed for 2 weeks while admin staff did paperwork?

Leonie advised that this was likely a one off event, to embed new, urgent processes.

Action 4: Ask Coleman House why they were shut for 2 weeks, if it was successful and if they are planning it again.

Action 5: Ask a representative from Coleman House to attend this MHAG.

2. *Why is Sandwich in Canterbury & Coastal CCG, if it is part of Dover District Council?*

Jeanette advised that this is complex. Primary Care services decided how CCG areas were first formed. Also the case with Faversham – it is under Swale Borough Council but not Swale CCG.

3. *The Street Triage pilot in Thanet and Medway is now closed. Can we have data on how it went and what will be rolled out in the future?*

Action 6: Ask Vincent Badu for street triage pilot data (e.g. no. of contacts) and information about future plans.

Street Triage training has been positive – police and MH workers on the same page.

DH advised that Police should be Police – when phoning the crisis team it should be the MH service responding, not the Police.

4. *Is anything moving forward with Crisis Houses in Kent?*

Sherrill advised that Joy Hibbins set up Suicide Crisis in Cheltenham, involving volunteer counsellors and psychotherapists. Not had a single suicide for 3 or 4 years. Joy released a book on how to set a Crisis House up. DH advised that the head of EK MH commissioning backed it. Sherrill mentioned that Louise Piper has done work on suicide prevention. LH mentioned that in Manchester they have suicide houses. Jeanette advised **taking to County MHAG.**

5. *A service user went into hospital in Maidstone, where their clothes were lost.*

Leonie will follow this up.

6. *We heard that, at St Martin's Hospital, Cranmer Ward (Older Adults) will be closed and moved to Samphire Ward (male 18-65), resulting in the loss of 15 beds from Samphire Ward. Is this true? Take to County MHAG.*

7. *Is it possible for a representative from older adult services to attend this meeting?*

Action 7: Leonie to ask for representation from KMPT older adult services

(b) Questions going forward to County MHAG:

1. *Are there any plans to set up Crisis Houses in Kent, such as that set up by Joy Hibbins in Gloucestershire, for individuals at risk of suicide?*

2. *What are the current plans for older adult inpatient services in DDS (SKC), e.g. Cranmer (Older Adults) ward at St. Martin's Hospital, Canterbury.*

5. Information Sharing:

1. Engaging Kent Update:

Update from Engaging Kent about the current MHAG/ Service User Forum review:

Thank-you to all who attended the workshop on the 18th June in Lenham. We had a fantastic day with representatives from many service user groups, service users themselves, carers, KCC, CCG, KMPT, housing, voluntary services, mental health charities and more. We will be spending the next few weeks getting round the county to visit as many service user groups as possible to make sure that their voices are heard, especially those that were unable to attend the event. We will then be producing a report to help us together to take the next steps in shaping future services. Email Eve with any feedback or questions: eve@engagingkent.co.uk

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

The chair gave a brief overview of the County MHAG: Vincent Badu spoke about street triage. Found a decrease in A&E attendance and better quality advice given. KMPT have been delivering training to Kent Police.

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

Porchlight Live Well Kent, Fiona: During MH Awareness Week, there were 11 events in DDS with many attending – see circulated report for details. We launched our innovation fund in May, worth between £500-10,000. Funding will start in October. Folkestone Mind are opening a LWK hub in the Charlton Centre. Maidstone and Mid-Kent Mind's Coping with Anxiety and Stress Courses have been really successful and more are planned for September. We are very pleased that SpeakUp CIC have joined LWK. Jeanette (SKC CCG) has cascaded this information out to GP practices.

South Kent Coast (SKC) CCG, Jeanette:

4 minor illness hubs were launched in April in SKC – see circulated report for details. Not for complex medical issues, but for eye/ear infections, sprains, sore throats, etc. £1.4 million investment. GP practices are under pressure – difficult to recruit GPs, so they are diversifying their workforce, e.g. more nurse/paramedic practitioners. The hubs should, however, relieve pressure on GPs. In return, it is hoped that GPs will spend more time with those with long-term conditions. For example, those with serious MH needs often have coexisting physical health needs.

There has been lot of investment in Multi-Disciplinary Team working e.g. at hubs.

In October, Primary Care Mental Health (PCMH) support will be rolled out at the hubs, which will provide additional MH support in Deal, Buckland, Folkestone and Hythe Rural.

The long-term plan is to develop a new medical centre in Hythe.

Question: What services will these centres provide? Would they support those with e.g. Borderline Personality Disorder?

Response: Jeanette explained that they will provide Primary Care services, including for people who have been in secondary care and present in practices frequently. In the case of Borderline Personality Disorder, they can provide support for people who e.g. were discharged a year ago, but have a blip and need help to stabilize.

Question: If you phone the Crisis Team and they can't come out, can you go to Buckland Hospital?

Response: No, it is not for drop-ins, but for people who would be seen in their GP surgery.

There was discussion about whether Buckland should be called a hospital; that recovery is much better in the community compared to in hospital; and needing to keep people well, getting people in and out of hospital and into responsive community services.

Question: At e.g. the Hythe hub, if someone has MH issues, what would they be offered?

Response: Jeanette advised that it would be 1-1 therapy. The PCMH specialists are MH nurses who are trained in a range of modalities. In terms of e.g. number of sessions, they would do what is clinically necessary. They can then refer on to Secondary Care where necessary. It is about accessible services – getting people in and out of services, not staying on caseloads for life.

- 4. Provider Updates/ New Members:** Please send any electronic information or leaflets to the MHAG admin team who will be happy to circulate them to the mailing list.

Solve Charity, Sherrill: Solve are currently trying to get registration from the charity commission.

Carers Support, Teresa: CS are still supporting carers in the community. The monthly MH Carers Support Group is taking place on Thursday at The Ark in Dover 5pm-6.30pm. They are linking up with other local support services to raise awareness of the support available to carers.

KMPT, Leonie: At St. Martin's Hospital, there was a Triangle Of Care tea party. There is an article to circulate for Teresa about Carers Support.

Dover Counselling Centre (DSC), Sally-Anne and Frances: Advised that they have restructured their management team. Frances is now full-time. They have tweaked what they are doing to best suit Service User needs.

The following points were discussed: Having to hold on to clients for longer than their remit; individuals falling into the gap between Primary and Secondary Care – neither can take them; need a service that they can refer people e.g. with Borderline Personality Disorder (BPD) to, who need longer-term counselling (e.g. if have suffered abuse), as can only look at stabilizing them in IAPT; lots of counsellors trained to deliver long-term therapy – funding needed to train them in shorter-term therapy; issue of clients 'pinging back' into another course of therapy; sometimes need to

stabilize clients first (e.g. if alcohol or anger are issues) before looking at the issue; need to look at remit from CCG; BPD is underdiagnosed; PDs require long-term 1-1 work.

Folkestone & District Mind, Michelle: Folkestone Mind are opening a LWK Hub in the Charlton Centre, Dover. Hoping to use this unit rather than the Discovery Centre. They are already offering Mindfulness and Selfwise courses, but will also be offering 6 week person-centred planning courses. They also offer the Safetalk Suicide Prevention service, which is by appointment only.

CS: Voiced that Take Off are doing a great job and distributed Take Off leaflets.

SpeakUp CIC, Kay: SpeakUp have started new music appreciation and peer support groups in Deal. They also have the Nightowls group, for those with difficulty sleeping. They are also launching LGBTQ groups.

There was discussion about gaps in services: System needs to get smarter; people don't come in neat packages; not everywhere has IAPT 3+; good news stories e.g. about innovation grants; KMPT put lots of work into not sending clients out of area; MHAGs so important.

The group thanked Janice Wood, who is leaving Porchlight, for all of her hard work and her considerable contribution to the MHAGs.

5. Task and Finish Working Group

Not discussed.

7. Date of next meeting

The next meeting is on **Wednesday 25th September**, 11am at Council Chambers, Dover Town Council, Maison Dieu House, Biggin Street, Dover, Kent CT16 1DW.
Meeting finished at 12.45

Action Table

No.	Action	Responsibility	Status
May.18-2	David G/ David R to follow up carer/therapist issue.	David G / David R	
July.18-1	Invite Tim Woodhouse to a future meeting.	David G	
July.18-2	Put co-chair voting on the next agenda	David G	
July.18-3	Ask about parking arrangements for staff and service users, if Coleman House moves to the Buckland Hospital site.	David G	
July.18-4	Ask Coleman House why they were shut for 2 weeks, if it was successful and if they are planning it again.	David G	
July.18-5	Ask a representative from Coleman House to attend this MHAG.	David G	
July.18-6	Ask Vincent Badu for street triage pilot data (e.g. no. of contacts) and information about future plans.	David G	
July.18-7	Leonie to ask for representation from KMPT older adult services	Leonie	

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

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