

Dover, Deal & Shepway Mental Health Action Group

Meeting on 26th September 2018, 11am - 12.30pm
Dover Town Council, Maison Dieu House, Biggin Street, CT15 1DW

Attendee Name	Organisation & Job Title
David Rowden	MHAG Co-chair/ SpeakUp CIC
David Garrick	West Kent Mind, MHAG Co-ordinator
Michelle Godfrey	Folkestone & District Mind, Operations Manager
Jo Miller	Sanctuary Supported Living, Local Service Manager
Cathy Finnis	South Kent Coast (SKC) CCG, Gov. Body Member for PPE
DH	Carer
Louise Piper	East Kent MH Commissioning
Jeanette Dean-Kimili	South Kent Coast CCG
SG	Service User
RB	Take Off, Service User
Wayne Smith	Take Off, Dover Coordinator
CS	Take Off & SpeakUp, Service User
Amanda McNeill	Carers' Support, Canterbury, Dover & Thanet
Lindsey Kennett	Carers' Support, Ashford, Shepway, Swale
Stacie Hogben	SKC CMHT, Interim Service Manager
Leonie Down	KMPT Acute Care Group
Tracey King	Sanctuary Supported Living, Dolphin Lodge Project Worker
Sarah Wadhams	Sanctuary Supported Living, St John's Church Project Worker
Margaret Ford	DWP, DEA
Eleanor Jones	DWP, Work Coach
Dawn Grant	DWP, Community Partner MH
KS	Carer
Sherrill Searle	The SOLVE Charity, Founder
Kay Byatt	SpeakUp CIC, Project Worker
AP	Carer
AP	SpeakUp, Service User
John Childs	SpeakUp, Project Worker
Brian Leetham	Porchlight, Project Manager
Madlin Brinton	Take Off, Folkestone Coordinator

Apologies	Organisation
Vicky Selman	KMPT
Dawn Hughes	DWP
Susan Williams	DWP
LH	Carer

1. Welcome, Introductions, Apologies & GDPR Update

2. Reprocurement of our IAPT services – Louise Piper

1. Re-procurement of East Kent IAPT services

The East Kent Clinical Commissioning Groups (CCGs) are now starting to look at redesigning their IAPT (NHS Talking Therapy services). We will be conducting a review of the services and looking at what has worked well and what has not. We are also looking for ideas for the IAPT services for the future and will also be looking to work with other areas in Kent. The procurement process

will take approximately 18 months and our engagement will involve surveys to current IAPT providers and clients of the IAPT service as well as workshops and opportunities to get involved in the actual procurement process. A service user/carer questionnaire will be circulated before the end of September and this will enable people to opt in to get involved, or email the East Kent MH Commissioning Team on EKmentalhealth.commissioning@nhs.net.

2. Local Care

The East Kent MH Commissioning Team will be expanding our MH primary care service. This expanded service will enable more people to access MH professionals locally, for example in GP surgeries as part of the local hubs. Local care is the phrase we are using to describe health and social care provided outside of a CMHT, at home, in a clinic, GP surgery or community hospital. The East Kent MH Commissioning Team will be advertising opportunities to get involved, in their monthly email. To receive this email please contact: EKmentalhealth.commissioning@nhs.net.

3. Commissioning Mental Health Forum

The Commissioning Team will meet local people and hear their views and questions about services at a venue to be confirmed on **Wed 21st November from 2-4pm**. This regular forum started with Ashford in July and will be held bi monthly around East Kent. Details will be emailed out via EKmentalhealth.commissioning@nhs.net closer to the time, please email them if you would like to join the mailing list.

3. Minutes from last meeting – Approved without amendment

4. Action Points

(a) Local Actions:

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

July.18-1: *Invite Tim Woodhouse to a future meeting. Completed:* Tim can attend November's meeting to talk about suicide prevention in Kent.

July.18-2: *Put co-chair voting on the agenda. Completed.*

July.18-3: *Ask about parking arrangements for staff and service users, if Coleman House moves to the Buckland Hospital site. Stacie responded that a 'dementia village' will be built, which could be on the Buckland Hospital site, but nothing has been decided/ confirmed yet. Completed.*

July.18-4: *Ask Coleman House why they were shut for 2 weeks, if it was successful and if they are planning it again. Stacie responded that this was only for a week, that there were still duty and assessment services operating and that staff were only off on individual days. John – cancellation of routine reviews. Stacie – was to clear a backlog. Completed.*

July.18-5: *Ask a representative from Coleman House to attend this MHAG. Completed.*

July.18-6: *Ask Vincent Badu for street triage pilot data (e.g. no. of contacts) and information about future plans. Completed:* Andy Oldfield, EK MH Commissioning, responded: "Regarding Street Triage service this was discussed at last week's Kent wide Crisis Concordat Meeting and it is scheduled to be discussed at a senior level by the Kent Police and Crime Commissioner and the Managing Directors of east and west/north Kent CCGs very soon. We are hopeful that an agreement as to the way forward may be reached at this meeting and we will update you as and when we have details."

David R – this was also brought up at Thanet MHAG. Louise gave further details of the pilot – it ran for a year in Thanet and Medway, with the main aim to reduce Section 136's. Did not meet this main aim, but had good 'soft' outcomes e.g. Police and MH services working better together. So they are using this learning and these positive outcomes to build on Kent-wide street triage.

July.18-7: *Leonie to ask for representation from KMPT older adult services. Older Adults Services asked if the MHAG would like representation from inpatient or community services. The group suggested that they alternate attendance. Completed.*

Action 1: David to ask Older Adults Services for alternating representation from their Inpatient and Community Services.

(b) Questions raised at 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?

From County MHAG minutes:

“Andy responded with the following main points:

- *Crisis Houses and Alternative Places of Safety (APoS) are very complicated issues.*
- *Lots of work has been done by MHAGs previously about this (when called LPMGs).*
- *In the UK, there are models where Crisis Houses work and where they don't.*
- *Have conducted engagement in East Kent about APoS (which meet needs of similar groups): Have a costed model with service specs, in case able to fund it.*
- *Already have 24hr services at QEQM Hospital in Thanet. Recent 3-month pilot of this at William Harvey Hospital in Ashford, but little demand out of hours. However, could take more time for people to realise that it is available.*
- *The argument for Core 24 is not as strong as 2-3 years ago – perhaps use that funding.*
- *APOS would cost 250k/year in East Kent. Would not be run by statutory services. Could be a MH crisis version of Maidstone's Urban Blue Bus, although work done by Louise Piper suggests a physical presence would be needed somewhere. In Kent, the section 136 rate is 3rd highest in the country – crisis pathway is under pressure.”*

Louise answered questions about crisis houses from the group: She confirmed that they are looking at Alternative Places of Safety (APoS), not places to stay such as the MayTree Respite Centre. They could have 1 APoS in East Kent (EK). Louise worked on this for 6 months and looked at all data. Last year around 5 people in EK in crisis turned up at hospital or went under section per day, so have to look at economies of scale and cost-effectiveness. Location – if only one location, people wanted Canterbury. Louise has since been to an APoS in London with an interesting 'open' model. Colleagues also looked at models in Sussex. Louise has contacted Joy Hibbins, but the London model is of most interest at the moment. Concern – need to link in with KMPT. The London APoS is commissioned by the MH service, with the Crisis Team visiting once per day.

Leonie discussed the current Urgent Care Review, which MHAGs circulated, regarding how needs can be met by KMPT. Is at a Kent & Medway level – looks at whole of crisis service. Keep bolting things on but need something more cohesive, including the voluntary sector.

Question: Are wards deemed as an APoS?

Response: Changes to the law mean that an APoS can be anywhere the person leaving the individual feels that they are safe. At the proposed APoS, there would be counselling, fast-track assessment and looking at context e.g. housing or substance abuse, which is not currently done.

2. What are the current plans for older adults inpatient services in DDS (SKC), e.g. Cranmer (older adults) Ward at St. Martin's Hospital, Canterbury?

From County MHAG minutes:

“Vicky - there is no current plan to do this. This may be linked to concerns about Cranmer (older adults) Ward at St Martin's closing. Background info - Cranmer Ward is situated in an old Victorian building. Care is excellent but CQC is mindful that the building is not conducive to high quality modern care. Lots of options for re-providing those 15 older adults beds. Ward closure is one possibility of many, but services will not be closed.

Question: Will Cranmer Ward's replacement be for acute or organic presentations?

The following points were made in response:

- *In Thanet, for instance, not certain whether to care for organic presentations of dementia alongside those with functional presentations (psychological illness). Perhaps rather than an older adults ward, will be for those with complex needs.*
- *Cranmer Ward is currently for both sexes, for dementia and functional presentations – this will not be replicated like-for-like. As soon as there is an update, KMPT will inform the MHAGs.*
- *They should be working as far away from bed-based services as possible.*

Question: we see people who are very poorly going home possibly before they are ready. The pressure on beds is worrying.

Vicky - KMPT have the right number of beds for the population, but sometimes admit people to a bed where, if there was alternative community support, they may not need one.
Andy - would have to be convinced it is the right thing to do before taking beds out of the system.
Vicky - Different place to a few years ago – the Patient Flow Team are improving admissions and discharges to increase the availability of beds. KMPT have put a huge amount of work into this.”

5. Service User & Carer Questions

(a) Questions raised at the pre-meeting:

1. Vulnerable people are being discharged from St Martin’s Hospital and signposted to inappropriate, unsafe housing such as Pavilion Court, Folkestone. This is a system-wide issue – who decides what accommodation Service Users are discharged into?

Leonie - St Martin’s do not place people into accommodation – but offer info to the council, who place them. Support Time and Recovery (STR) always talk to clients about housing issues and barriers. They do their best, but come across complex issues e.g. people not entitled to housing, or with a track record of causing difficulties. Finding housing is not a quick fix, but also concerns about staying in hospital for too long. Always try to find most appropriate place.

An attendee advised that Canterbury Council have a new policy for STR Workers – not based on points but vulnerability. Council meets with Team every 2 weeks. Could do that in Dover?

Brian – Both welfare and costings issues if placed in unsuitable housing – higher need for readmission. Although no magic money tree. Leonie- From point of view of acute care, once discharged – then back in community. If private landlords are unsuitable – may take off lists. Crisis Team have STR Workers – will likely be visiting these people – would be surprised if they don’t know this.

Michelle – lack of alternatives (lack of housing). Michelle discussed an individual case.

DH – could liaise with Housing and Social Care Policy Holders – let them identify private landlords and put them on their books, then you will know that they are safe.

Action 2: Leonie to feed back information about clients moving into potentially unsuitable housing when discharged from St Martin’s

Action 3: Attendees with concerns about service users re: housing, to inform Leonie or Stacey.

2. A Service User was discharged from Priority House and put on new medication. They only received one follow-up visit and a phone call from a previous care coordinator. They were then readmitted to St Martin’s. The Service User says this could have been avoided if there was more support from the Community Team. What is the standard support when discharged?

Stacie – there is not a standard – down to individual needs. Depending on level of need, might have a Care Coordinator or HCP Lead. Lots of discussion about this in KMPT, as having a care coordinator for all is not part of CAPA (the Choice and Partnership Approach). John – Service User trialled on a new drug with no follow-up planned and didn’t know who to communicate with. Stacie – standard practice – when a Consultant changes medications, a review is built in.

Action 4: Stacie to look into case regarding follow-up/review after a medication change.

3. I have a client on a Section 136, but no one went to see them afterwards. Used to have a meeting with a care coordinator.

Louise – some people are referred to the CMHT, some to Crisis Teams and some to GP. Stacie – depends on the outcome of the s136 – might have said no more action.

A similar situation involving another attendee’s client was raised, regarding a Section 2. Issues included discharge before the Care Programme Approach (CPA) meeting and returning to supported living without a risk assessment.

Action 5: Attendee to send Leonie details about this case.

4. A service user disclosed details of their case, involving difficulty contacting Coleman House/ having to contact police and helplines during a period of crisis.

Stacie kindly agreed to meet with the individual following the meeting.

5. During a period of crisis, an appointment was made with Coleman House through the Single Point of Access (SPoA), but was then cancelled 2 hours later.

Stacie – unsure why occurred, SPoA book straight into CMHT staff diaries.

Action 6: Stacie to look into SPoA booking issue.

6. An attendee discussed an incident where a client, who awoke in severe pain and unable to move, waited four hours for an ambulance. Attendee was advised to make a complaint, so that the government are aware that SECAmb (South East Coast Ambulance Service) do not have the resources to meet the demands placed on the service.

Action 7: Invite a representative from SECAmb to this MHAG.

(b) Questions going forward to County MHAG:

Further to question 1 about post-discharge housing:

There are reports of clients being discharged back into the community from KMPT acute services and placed into apparently unsuitable, unsafe housing. What is KMPT's vetting policy for post-discharge housing?

6. Information Sharing:

1. **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

Main points from the County MHAG included:

- Changes to MH Social Care (KCC/KMPT Transformation - see above for info.)
- Retendering MH Care Homes – consultation will be sent round.
- STP – plans to improve the interfaces between services/ work better across pathways. Also looking at pressures on services: There will be a task and finish group regarding the crisis team, to look at gaps and what is reasonable for them to do/ not do.

Louise advised that there has recently been a big review of the Crisis Team across Kent.

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

The group discussed changes occurring in KMPT (Secondary Care):

- MH care is refocussing to become more specialised and localised.
- Concerns about patients being discharged from Secondary Care before provisions are in place in Primary Care. But rationale is to discharge people who do not need the care: Clearing caseload to work better for those still in the service.
- The KCC/KMPT transformation (Social care staff in CMHTs will be managed by KCC from 1st October) – needs will be best met by best professional – returning to what staff trained for.
- New pathway in SKC for Personality Disorder – able to offer interventions within 4 weeks (coping strategies, recovery-focussed model, 1-1 for 8 weeks). Hope to start in November.
- New enduring MH problem pathway.
- So pilots are occurring and services becoming more specialised. Realise that people are feeling changes. Are in the early stages of looking at caseloads.
- CCGs used to have MH Local Operation Meetings with KMPT teams, to discuss interface with other providers and resolve issues. Chaired by a GP and attended by various service leads and 2 Psychiatrists. Ended 18 months ago – system had bedded-in. But easy for things to drift without contact. These meetings will, therefore, start again tomorrow. Always have MHAG points on the agenda – Jeanette will feed today's points into that meeting.

Porchlight Live Well Kent: See circulated update.

East Kent MH Commissioning, Louise:

- Major work on s136 pathway for Kent and Medway – will be ready to circulate in next few months. Builds on the London pathway.
- Out of area placements: In whole of East Kent, have only 4 or 5 delayed transfers of care. Lots of work done with KMPT's new Patient Flow Team, which has resulted in positive outcomes. There has been no PICU client sent out of area in East Kent for nearly a year.

- Suicide prevention work – small pots of funding allocated for projects. Have also bid for more MH First Aid training and a suicide prevention app (e.g. ‘Stay Alive’ app by Grassroots).

South Kent Coast (SKC) CCG, Jeanette:

- Minor illness services launched, providing access to same/next day Primary Care appointments. There are plans to build a facility on the Marsh with KCC and have hub services running out of Royal Victoria Hospital, Oaklands Health Centre and Deal Hospital. Will add more capacity into the system: 110-120,000 additional minor illness appointments across SKC CCG. Patients will access care faster and GPs can spend more time with patients with complex/ long-term needs.
- Multi-Disciplinary Team (MDT) meetings – rolling out to GP practices.
- Adopting an MDT approach - more awareness that being joined-up provides the most support e.g. for those with more complex needs.
- Submitting further funding bids to develop our estates: Some GP practices used to be houses, whereas in other parts of the Country, there are larger centres with many services (inc. MH) under one roof. Hopefully a new centre in Folkestone and will be developing Deal Hospital.

3. **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.

Folkestone & District Mind, Michelle:

- Just accepted funding from the LWK innovation fund for workshops in the New Romney area.
- Running courses including Person-Centred Planning and safeTALK Suicide Prevention, out of their Folkestone Centre.

Question: Can I access these courses if I live in Deal? Can we travel to Folkestone/Dover?

Response: (Following the meeting, Michelle discussed this question with Hilary Johnstone from Porchlight, who advised that the services delivered by F & D Mind under LWK contracts in Folkestone and Dover are, in fact, available to any service users wishing to access them within Lot 4 (South Kent Coast and Thanet CCG areas), if they are willing to travel and this service is not on offer in their own area, excluding employment services as these are the same across Lot 4.)

Sanctuary Supported Living, Jo: At Dolphin Lodge we have filled all places, but are still receiving referrals. We are recruiting for staff, including bank staff. Waiting for news on tenders from Porchlight, which we should receive in the next 6 months.

SKC CCG, Cathy: The CCG has a Health Reference Group, involving a 2-way process between the CCG and people who use services. I am hoping to give it a new face and would like carers to attend too. Will circulate details via MHAG.

EK MH Commissioning, Louise: Look out for our survey and please visit us on 21st Nov.

SG: Have been in contact with Take Off, who have really helped with a couple of issues.

RB: Going to Take Off and doing activities – helps to deal with issues. Margaret answered a question from RB about PIP.

Take Off Dover, Wayne: Had our open day last week – good turnout with very positive feedback. A new kitchen is being installed next week, after which more groups will hopefully start.

CS: Great meeting – lots of issues raised. Take Off and SpeakUp are doing a great job.

Carers’ Support, Lindsey: This is the only MHAG where both Carers’ Support organisations cross over – refer to either Amanda or myself.

KMPT Acute Care Group, Leonie: Lots of new staff starting, so things should improve on that front. The ‘Moving On’ group at St Martin’s - introduces people to Take Off, SpeakUp, DWP, LWK, etc,

so shares information. We have speakers each week from people who use these services. If anyone would like to have 5 minutes in the spotlight, contact Leonie.

DWP, Margaret: We have had Universal Credit in this area for over a year. Now that it is embedded, there are fewer suicide threats. All staff have received MH training and we continue to upskill our staff. Thank you to Take Off, SpeakUp and Mind.

DWP, Dawn: The Community Partner for MH is a relatively new post: I am working with Job Centre staff across Kent. In this area, staff are very skilled up. I am also looking at local MH provision.

The Solve Charity, Sherrill: We are still waiting to be registered as a charity. When registered, we hope to work with KMPT – had an initial meeting with Helen Greatorex (KMPT CEO).

SpeakUp CIC, John: We hold music groups with Take Off in Dover and hold a weekly music group in Deal under LWK. During these, I hold a Service User advisory clinic, to help with concerns and signpost. SpeakUp also hold a monthly LGBT group and the Night Owls Facebook group.

Porchlight, Brian: The Primary Care Mental Health Service has hit all of their targets. We have been working with Folkestone Mind's drop-in service.

Take Off Folkestone, Madlin: We are having a great Summer, with 2 groups per week. Also 1 group per month in Hythe.

7. Task and Finish Working Group

Not discussed.

8. Vote in new co-chairs

The group voted in Wayne Smith and Jo Miller as new co-chairs of this MHAG.

9. Date of next meeting

The next meeting is on **Wednesday 28th November**, 11am at Council Chambers, Dover Town Council, Maison Dieu House, Biggin Street, Dover, Kent CT16 1DW.

Meeting finished at 12.40

Action Table

No.	Action	Responsibility
May.18-2	David G/ David R to follow up carer/therapist issue.	David G / David R
Sep.18-1	Ask Older Adults Services for alternating representation from their Inpatient and Community Services.	David
Sep.18-2	Feed back information about clients moving into potentially unsuitable housing when discharged from St Martin's.	Leonie
Sep.18-3	Attendees with concerns about service users re: housing, to inform Leonie or Stacey.	
Sep.18-4	Look into case regarding follow-up/review after a medication change.	Stacie
Sep.18-5	Attendee to send Leonie details about the section 2 case.	
Sep.18-6	Look into SPoA booking issue.	Stacie
Sep.18-7	Invite a representative from SECamb to this MHAG.	David

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

Administration :

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