

Swale Mental Health Action Group



Meeting on 3rd May, 2017, 2.00pm

At Swale Community Centre, Phoenix House, Central Avenue, Sittingbourne, ME10 4BX

PRESENT	ORGANISATION
Brian Clark	Chair/Carer
Marie McEwen	Minutes West Kent Mind
SA	MHAG member
JK	Expert by Experience
Hilary Johnston	Porchlight, Mental Health Wellbeing Manager
Paul Francis	SURF
Naomi Hamilton	Swale CCG Commissioner
Teresa Snowden	Porchlight Live Well Kent
Sarah Sayles	Amicus Horizon
Irene Chivere	KMPT
Sarah Jane Radley	Swale Gateway/Borough Council
Michael Foster	Shaw Trust
Claire Jordan	Therapy Partners
Sami Sharma	KMPT
Jenny Solomon	Insight Healthcare
Angela Lovegrove	Porchlight

APOLOGIES	ORGANISATION
Sandra Bray	Together Your Way
Nigel Martin	Sheppey Health Living Centre
Dee Purchase	DWP
Lindsey Kennett	Carers Support
Sarah Rodger Smith	Swale CMHT, Service Manager
Sarah Aldridge	Swale Borough Council

1. Welcome Introductions & Apologies

The Chair welcomed the group and apologies were noted as above. The group were reminded of the Terms of Reference Code of Conduct and to respect each other's views whether they agreed with them or not and to be mindful of confidentiality.

2. Single Point of Access Update – Sami Sharma

Sami is the Team Leader for the frontline secondary care mental health Single Point of Access service (SPoA). This offers telephone screening for the whole of Kent & Medway. The first year has been challenging and they have delivered more than expected. A second telephone hub has now been opened in Maidstone to provide more operators with one telephone number covering both sites. Some GPs and other professionals had experienced a delay to access a clinician. This was due to a shortage of staff at the time and more call handlers have now been recruited. The service will be reviewed at end of May to compare what was originally commissioned with what is actually being delivered. The review will consider having a separate telephone system for GPs/professionals. Any concerns or suggestions would be appreciated by email or leave feedback on the website. www.kmpt.nhs.uk/get-involved/how-are-we-doing.htm

Comments/Questions:

1. Carer had problems getting an urgent prescription through SPoA.
Response: SPoA do not have access to medical consultants and cannot therefore prescribe medication. The Care Co-ordinator should include how to access urgent medication in the care plan and you should discuss this with the community mental health team.
2. Expert by Experience reported SPoA has been an excellent experience as has the Crisis Team.
3. Why is the second hub located in Maidstone and how will staff know appropriate information for other parts of the County?
Response: Maidstone is easier for staff to get to and cuts down on travel. All staff recruited are trained and have the appropriate information for all localities. The Central team will be in Canterbury until Phase 5 is implemented which might be more local. SPoA liaise closely with all community mental health teams and are very aware of the services available.
4. The Swale Task & Finish Group looked at Crisis figures but there was no way to identify who had gone through SPoA without doubling up the figures. When will this be possible?
Response: The information is confidential and only known to KMPT senior management but we could work together to identify that number. Once the review is completed we can discuss this again. Urgent referral numbers into secondary care has dropped mostly due to wrong referrals. Figures go up and down and we will look at the quality of the journey. We are also looking at how many have come back into the service within a short time.
5. Where do you signpost people to?
Response: Lots of place such as Insight Healthcare, Primary Care Social Work Team etc. we look at the need and the choice the client has to make.

3. Task & Finish Report – Naomi Hamilton

A task and finish group consisting of Swale MHAG members was established with the purpose of mapping all the primary and community care services available for people over the age of 18 that prevent deterioration of health and support a person to remain well in the community. A final report was completed and was distributed to the MHAG members. NH provided an overview and context and each Provider representative presented their service to share the roles and responsibilities they each had in supporting a person to prevent a crisis and manage the transition from secondary care to primary care. Please see attached final report here <https://tinyurl.com/lb99qf4>

Comments/Questions raised:

1. Do Insight Healthcare offer counselling for single incident trauma or multiple trauma?
Response: Single incident recent trauma and if clear clinical need, a person is offered up to 20 sessions. IAPT providers also offer EMDR (Eye Movement Desensitisation Reprocessing) which is effective for PTSD but not for multiple trauma. For multiple trauma PTSD we refer/signpost to the Community Mental Health Team.
2. The group agreed that the Task & Finish group had been successful and has been helpful in gaining clarity, particularly on the cluster pathways within secondary care. Sami agreed to circulate the cluster information via MHAG.

Action 1: Sami will circulate cluster information via MHAG mailing list.

3. CMHT were unable to attend today but Sami advised on their behalf that the CMHT is in the process of recruitment and they are able to take all urgent referrals from SPoA. The SPoA and CMHT team work closely together.
4. Paul noted that some people feel none of the services meet their needs and asked how this gap could be bridged. JK agreed and added that she would really welcome employment support but feels is unable to find help to do this.
Response: Shaw Trust and Porchlight offer employment support. It was noted that there may be a requirement for those providers to look at the structure of this support.
5. The group discussed a point that had been raised by SURF forum users. People may not be interested in policies, but would rather just talk to someone about their needs/issues. The group discussed reminding services to signpost people in recovery clients to SURF.
6. Carers Support: Brian suggested two different carers groups were needed. One for those who would want to receive peer to peer support and one for those who want to partake in the development of services.
Response: Naomi noted that the Task & Finish Report had recommended looking at what carers wanted and she will be discussing this with Wendy Lakin together with representatives from this group to take this forward.
7. Naomi noted that the report contained a snapshot of data to demonstrate there are still a vast number of people accessing community care compared to those accessing crisis provision. There are also a number of people accessing crisis care at home. The report also made recommendations to promote self-help resources, particularly for Children & Young People.

2. Minutes of last meeting: Approved

3. Action Points from last meeting.

1. Invite Sami Sharma to attend next meeting to provide Swale SPoA Stats. *Completed and Sami is in attendance today.*
2. Ask Bob Lomas to provide regular local updates. *Email sent to Bob 14/3/17. Marie to chase this up.*
3. Discuss and Feedback on IAPT representation at MHAG. Jenny has contacted other IAPT providers and invited them to attend future meetings. Jenny asked the group what kind of information they would like and they suggested recovery rates, case studies, waiting times and recovery rates in Swale compared to national figures.

Jenny advised that there had been 2,199 referrals to Swale IAPT services which averaged out about 180-200 per month. Out of those 1,142 completed treatment which is about 56%. Those who don't complete are either not ready or are inappropriate referrals. We work closely with CMHT and SPoA. Recovery rate for the year was 47.7% this is based on how well they are when they finish. Out of the 1,142 who completed treatment 592 recovered. This is slightly lower than the national average.

If people need further treatment they would be signposted on. Swale is an area of high deprivation and lots of different things affect mental health. If there is a housing problem or other unstable lifestyle therapy won't work until these needs are addressed. They would be signposted appropriately and once that is addressed they would come back to IAPT. Jenny agreed to gather some case studies to show journey for next time.

SA noted there was lots of good work happening but was concerned that lack of funding sometimes compromises this and some people might be slipping through the net. Jenny

acknowledged this and advised that at the County MHAG there was a discussion about gaps where people don't fit into either primary or secondary care services and the commissioners are working together to resolve this. Sami noted that cutting down on duplication would help and this is being looked at i.e. a person can be assessed at least 4 times via GP/CMHT/SPoA and other services. There is frustration with confidentiality and we need a system to manage this information sharing.

4. Identify numbers of referrals to LWK due to housing crisis in Swale. *Hilary confirmed that there were a total of 82 people who had been referred via Porchlight, Swale Your Way or CMHT. 3% of referrals to CMHT have unsettled accommodation.*
5. Forward details for the Hero project to Roxanne to see if Swale Borough Council can replicate the model. Completed.

(a) **County Question:** None raised.

4. Service User & Carer Questions:

(a) Raised in pre-meeting:

Loss of confidence in GP who was rude and unsupportive of mental health needs.

Response: Sami advised that under NICE guidelines the GP should always be first point of contact. If it is a crisis/emergency you can go directly to SPoA. Irene is a Primary Care Mental Health Specialist and the team work closely with GPs. Some are getting better at referring to the team. Naomi agreed to take this forward with the client outside of the meeting.

Action 2: Naomi to look at lack of GP support for mental health needs.

(b) Question to be raised at the next County MHAG: *None identified this time.*

6. Information Sharing:

1. **County MHAG Update:** No questions raised across MHAGs from March meetings which is a positive sign that questions are being answered locally. Notable discussions at the meeting around Wellbeing/Crisis Cafés. See draft minutes circulated, however these will not appear on the Live It Well website until they are approved at the next County MHAG on 14th June.
2. **Commissioners' Reports:** These have been circulated and are available at www.liveitwell.org.uk/local-news/swale
3. **Service Update/Introduction for new members**

Therapy Partners - Claire Jordan: We are offering one to one support for age 14-25yrs with eating disorder needs with or without specific diagnoses. Also have time limited groups for Peer support, Family Support, and training for professionals. Please refer to us or call for a chat about how we can help.

Question: Can you support an older adult age 70 with eating disorder? **Response:** No but they could join the peer support group.

Shaw Trust – Michael Foster: Referrals for Employment support have dropped, there were only 3 referrals from IAPT last year. Teresa noted that Porchlight will be setting up joint meetings with IAPT providers to look at referring people and out of services. Michael asked everyone to remember to refer clients for Employment Support please. Sarah advised that Amicus Horizon also offer employment workshops for their own clients.

4. **Staff Changes:** Nothing to update.

8. Date of next meeting

6th September, 2017, 2pm at Swale House, East Street, Sittingbourne, ME10 3HT. Pre-meeting at 1.30pm for service users and carers only.

PLEASE NOTE THE JULY MEETING HAS BEEN CANCELLED DUE TO THE MHAG REVIEW

Meeting finished at: 3.55pm

ACTION TABLE

No.	Action	Responsibility	Status
1	Circulate cluster information via MHAG mailing list.	Sami Sharma	
2	Investigate lack of GP support for mental health needs.	Naomi Hamilton	

Administration:

Phone: 01732 744950

Email: mhag@westkentmind.org.uk



Minutes posted on: <http://www.liveitwell.org.uk/local-news/swale>