

Swale Mental Health Action Group

Meeting on Wednesday 6th September, 2017, 2pm-3.30 pm
At Swale House, East Street, Sittingbourne, ME10 3HT

PRESENT	ORGANISATION
Brian Clark	Chair/Carer
David Garrick	West Kent Mind, Minutes
Sue Sargeant	West Kent Mind
Jenny Solomon	Insight Healthcare, Service Development Manager
Sam Higgins	Shaw Trust, MH Employment Advisor
Dee Purchase	DWP, Disability Employment Advisor
Nigel Martin	Sheppey Matters, CEO
Caroline Miller	Porchlight, Community Link Worker
Sarah Sales	Optivo, Tenancy Sustainment Officer
Paul Francis	SURF, Rethink Mental Illness
Lindsey Kennett	Carer's Support, Ashford, Sheppey & Swale
Dean Massett	Riverside Care & Support
Rebecca Hubbard	Riverside Care & Support
Sarah Rodger-Smith	KMPT
Sandra Bray	Together – Swale Your Way
JK	Expert by Experience Group (KMPT) & SURF (Forum for Swale)

APOLOGIES	ORGANISATION
SA	MHAG Member
Sharon Jordan	Riverside Care & Support
Donna Lee	Riverside Care & Support
Hilary Johnston	Porchlight
Teresa Snowden	Porchlight
Michael Foster	Shaw Trust
Naomi Hamilton	Swale CCG
Sarah-Jane Radley	Swale Borough Council
Cllr Sarah Aldridge	Swale Borough Council
Robert Lomas	Swale CAMHS

1. Welcome Introductions & Apologies

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

2. Live Well Kent delivery partners update – Postponed until next meeting

3. Minutes of last meeting – Approved without amendment

Members shared their positive experiences of the Single Point of Access (SPoA) service, since the SPoA presentation at the May MHAG.

4. Action Points

(a) Local actions:

1. Circulate cluster information via MHAG mailing list (Sami Sharma). *We have tried to contact Sami – will retry.*

2. Investigate lack of GP support for mental health needs (Naomi Hamilton). *Naomi is happy to discuss this issue with the individual, who can contact her by email or by mobile phone. David to take this forward.*

There was a discussion related to the 2nd action point, regarding GP support for mental health problems.

- Brian noted that 3-400 people in Kent will be taken out of secondary mental health care and discharged back to primary care. Brian suggested that many GPs are not up to speed with mental health, which was recently raised in the PPGs (Patient Participation Programmes).
- Sarah R-S noted that KMPT (Kent and Medway NHS and Social Care Partnership Trust) offered the required twice-yearly GP training, but were not approached by any GPs.
- Sarah R-S added that if GPs are unsure about medications, or if a patient requires a tweak of medication, then a helpline with a consultant psychiatrist is available.
- Paul noted that the Department of Health is guiding CCGs (Clinical Commissioning Groups) to reduce assessments in hospital by 15%. He questioned what impact this would have on service users (who may already have difficulty accessing their GPs), CMHTs (Community Mental Health Teams) and GPs, including the expectations put on GPs. Would GP training adapt to this change in directive?
- Paul said that SURF (Swale Service User Representative Forum) and The Listening Post had reported negative experiences with a local GP practice, related to a shortage of GPs.
- The group thought that inviting a GP to an MHAG would be useful, if they are not too busy to attend.
- Swale has 1.6 Primary Care Mental Health Workers (PCMHWs), for when individuals need extra support above GP care, to help to keep them out of hospital. GPs make direct referrals to these workers.
- JK noted that having more of these workers would take pressure off The CMHT. Brian added that these workers are needed more here than in West Kent, which Jenny said has 4 of these workers, as deprivation in Sheppey is underestimated. Sarah replied that each CCG has a different setup for these workers.
- Brian added that the MHAG needs reassurance from GPs that people are not slipping through the net.
- **ACTION 1 – Invite Naomi Hamilton (Swale CCG) to present to the MHAG how GPs are engaging with PCMHWs.**
- **ACTION 2 – Confirm how service users or carers can feed back any gaps in GP mental health knowledge.**
- Paul said that GP reception staff are under pressure. Jenny added that they are the gatekeepers and perhaps would need mental health awareness training to be aware of the signs of e.g. a patient being anxious: They could then speak to them in a room to the side, to better manage the flow of the process. Jenny also noted that it can be hard for service users to communicate with reception staff when in a crisis, and that it may be helpful for staff to be aware of these situations, to avoid e.g. a row.
- **ACTION 3 – Confirm what guidance and training is available to frontline staff (e.g. GP receptionists) to deal with a patient's mental health crisis.**
- Dee noted that online bookings, etc, mean that getting a GP appointment can be down to luck. Brian added that if your mental health problem is life threatening, then something else is needed.
- Sarah suggested asking a psychiatric nurse to attend.
ACTION 4 – Invite Cathy Smith to attend, to talk about the Primary Care Mental Health Specialist Service.
- Paul suggested asking Fiona Armstrong where the 15% reduction will likely have a knock-on effect.
ACTION 5 – Confirm how the planned 15% reduction in hospital-based mental health assessments will have an impact on access to GPs and the CMHT.

- (b) **Question raised at County MHAG:** There were no questions raised from any of the eight local MHAGs at the county meeting. This is very positive and shows that queries are being responded to appropriately by local services.

5. Service User & Carer Questions:

(a) **Questions raised at the pre-meeting:** None

- Brian reported that Street triage, which involves a Psychiatric Nurse travelling with Police, has been very effective and has reduced the number of Section 136s.
- A group member described an event where an individual, in crisis at a Kent A&E, was given the choice of seeing the psychiatric liaison (and declined), instead of this occurring automatically. The NHS choices website says, however, that individuals with certain conditions should be referred for an assessment before leaving hospital. The member was pleased to report that, at the next occasion, the individual did automatically see the Psychiatric Liaison service.
- A group member also described an incident where an individual presented to A&E with a medical problem, but after waiting to be seen for four hours, their mental health problems escalated, with negative medical consequences. The member asked for more mental health training for staff treating physical health conditions.
- **ACTION 6 – Confirm whether A&E staff receive training (e.g. from Liaison Psychiatrists) for situations when patients present with a physical complaint, but where their mental health subsequently deteriorates.**
- Paul asked to clarify when the Core 24 model (24/7 Liaison Psychiatry in Hospitals) begins, as multiple dates are given in the CCG update.
- **ACTION 7 – Clarify with Swale CCG when the Core 24 service starts at Medway Maritime Hospital.**
- Brian said that assurances are needed about GP mental health training, such as protected learning time, and asked how this is funded (e.g. through the CCGs?)
- **County MHAG Action Point – see 5b.**
- Dee asked about the availability of free mental health training (e.g. MH awareness or MH first aid) for Job Centre staff, as funds are not currently available for this and it could be beneficial for work coaches.
- **ACTION 8 – Confirm whether free mental health training is available for Job Centre staff in Swale.**

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

“How is mental health training for GPs being addressed and funded across Kent?”

6. MHAG and Service User Forum review update

Sue read out the main points of the circulated email from Emma Hanson, Kent County Council, about the MHAG and Service User Forum review, and added that a draft service specification will be released at the end of October. Sue also mentioned that an MHAG survey is being conducted by West Kent Mind, which can be completed online.

7. 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
3. **Service Update/Introduction for 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.

Together – Swale Your Way, Sandra: A wellbeing café is opening on 27th October at two venues – Sandra will circulate a poster in due course. Peer support workers will be available at each venue and, as part of the Live Well Kent service, will be very aware of local services and will help attendees to find the service that will be most helpful for them. Funding is initially available for 30 weeks.

KMPT, Sarah R-S: Swale CMHT is introducing the CAPA (Choice and Partnership Approach) model. It is a whole systems approach that is well suited to Swale. The CMHT is nearly full staffed. There is another lead in the team and all nurse posts have been filled. Service users are being allocated quite quickly (within 28 days). DNA (Did Not Attend) rates are high, so they are looking to introduce measures such as phoning, texting and explaining how much each missed appointment costs.

Riverside Care and Support, Dean and Rebecca: They are doing lots of work to improve links with the community and The CMHT, and work well with Swale Your Way. They are running a number of services, such as free trauma counselling, Rubicon and Megan drop-ins. Jenny noted that these services sound very useful and requested that they be circulated.

ACTION 9 – Send information about services for circulation (Dean/Rebecca)

Carers' Support, Lindsey: If anyone notices a family member who might need support, please refer to Carers' support: CarerSupportASS@kent.gov.uk

SURF (Swale Service User Representative Forum), Paul: Meetings are held at Sheppey on the first Thursday of each month and in Sittingbourne on the last Thursday. It is an open space, to look at whatever people feel needs addressing. Please refer.

Sheppey Matters, Nigel: A monthly activity list is available for The Healthy Living Centre in Sheppey, which also hires out rooms. Sheppey Matters has a new brochure, including the latest day trips.

ACTION 10 – send any information to be circulated to MHAG (Nigel).

DWP, Dee: Lots is changing, with Swale and Sittingbourne switching to Universal Credit (UC), which combines six benefits. The premise is that it will always pay to work and always encouraging claimants to try to participate in some sort of work e.g. if they have a medical certificate. Benefits are paid monthly and includes rent payments, so that claimants are responsible for paying their own rent (with some exceptions). Claimants will register with 'Verify', the government verification system.

The initial interview with a work coach could involve meeting each day for a week. There will be a transfer period for those already claiming Job Seekers Allowance, but any change of circumstances will mean that the claimant automatically goes on to UC. To make a claim, individuals will need to be digitally aware. There are computers in Job Centres for claimants who do not have access to a computer.

No claimants are now exempt from UC, except for those claiming DLA, PIP, Carer's Allowance or pensions. The Job Centre have been working for years to make claimants aware of the new system.

The Job Centre will support people with disabilities to keep their journals and will make reasonable adjustments, but most claimants will not need to go into the Job Centre.

For lots of vulnerable people, such as those with anxiety or depression, it may be quite an ordeal to be told that you can work with these conditions. The Job Centre is organising monthly coffee

mornings and will invite service providers, etc, so that individuals can seek support independently, as opposed to feeling any pressure to seek support through work coach referrals.

ACTION 11 – Invite Dee to give a presentation on Universal Credit.

Dee clarified that people who are very self-sufficient e.g. with their job search and keeping their journal, will likely not need to come in to the Job Centre. There can be sanctions if journals are not kept up to date.

Paul noted that, when applying online, errors can follow through from the initial to subsequent applications. He added that there is lots of deprivation in Sheppey and Sittingbourne that is not accounted for.

Shaw Trust, Sam: Social Enterprise Kent are offering free training, related to budgeting, employability skills, etc, to anyone who is unemployed, and also to Shaw Trust’s clients. Shaw Trust Swale Employment Service is continuing to take referrals and if there are clients that need employment advice then please refer.

Insight Healthcare, Jenny: They are looking to increase the face-to-face contact that they have with clients and Jenny asked the group about room availability. Nigel is able to help with this.

The group then discussed events for World Mental Health Day on 10th October.

4. Staff Changes: None mentioned

8. Task and Finish Working Group

No update.

9. Date of next meeting

1st November, 2017, 2pm at Swale House, East Street, Sittingbourne, ME10 3HT. Pre-meeting at 1.30pm for service users and carers only.

Meeting finished at 3.30pm

Action Table

No.	Action Points from May MHAG:	Responsibility	Status
1	Circulate cluster information via MHAG mailing list.	David	
2	Investigate lack of GP support for mental health needs.	Naomi/David	

No.	Action Points from this MHAG:	Responsibility	Status
1	Invite Naomi Hamilton (Swale CCG) to present to the MHAG how GPs are engaging with PCMHWs.	David	
2	Confirm how service users or carers can feed back any gaps in GP mental health knowledge.	Naomi Hamilton	
3	Confirm what guidance and training is available to frontline staff (e.g. GP receptionists) to deal with a patient’s mental health crisis.	Naomi Hamilton	
4	Invite Cathy Smith to attend, to talk about the Primary Care Mental Health Specialist Service.	David	

5	Confirm how the planned 15% reduction in hospital-based mental health assessments will have an impact on access to GPs and the CMHT.	Naomi Hamilton	
6	Confirm whether A&E staff receive training (e.g. from Liaison Psychiatrists) for situations when patients present with a physical complaint, but where their mental health subsequently deteriorates.	Naomi Hamilton	
7	Confirm when the Core 24 service starts at Medway Maritime Hospital.	Naomi Hamilton	
8	Confirm whether free mental health training is available for Job Centre staff in Swale.	Naomi Hamilton	
9	Send information about services for circulation.	Dean/ Rebecca	
10	Send any information to be circulated to MHAG.	Nigel	
11	Invite Dee to give a presentation on UC.	David	

Administration :

Phone: 01732 744950

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Minutes and supporting documents are posted on:

<https://westkentmind.org.uk/mental-health-action-groups>

APPROVED