



Swale Mental Health Action Group

Meeting on Wednesday 10th January 2018, 2pm - 3.30 pm
At Swale House, East Street, Sittingbourne, ME10 3HT

Name	Organisation and Role
Brian Clark	Chair/Carer
David Garrick	West Kent Mind, Minutes
MT	SURF (Swale Service User Representative Forum)
JSK	SURF & Expert by Experience Group (KMPT)
LD	SURF
Paul Francis	SURF, Rethink Mental Illness
Naomi Hamilton	Swale CCG, Commissioning
Dominic Quinn	Kent Enablement & Recovery Service (KERS) Worker
Teresa Snowden	Porchlight LWK
Irene Chivere	KMPT, Primary Care MH Specialist
Claire Mansfield	KMPT
Michael Foster	Shaw Trust, Service Advisor
Sam Higgins	Shaw Trust, Employment Advisor
Sarah Sales	Optivo, Tenancy Sustainment Officer
Dean Massett	Riverside Care and Support
Donna Lee	Riverside Care and Support
Brenda Ducran	Sanctuary Supported Living
Matthew Bromley	Together/Swale Your Way
Nigel Martin	Sheppey Matters & Sheppey HLC
Jane Durant	DWP Partnership Manager
Dee Purchase	DWP

Apologies	Organisation
Sandra Bray	Swale Your Way
Sarah Aldridge	Swale Borough Council
Ken Pugh	Swale Borough Council
Jenny Solomon	Insight Healthcare
Lindsey Kennett	Carer's Support
Sarah Rodger-Smith	KMPT
Catherine Button	MEGAN CIC
Sharon Jordan	Riverside Care and Support
SA	MHAG Member

1. Co-chair position

Unfortunately SA could not continue with the co-chair role, so the position will be re-advertised and a co-chair will be voted in at the next meeting.

2. Welcome, Introductions & Apologies

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

3. Universal Credit Presentation – Given later in the meeting

4. Minutes of last meeting - Approved with one amendment

Question: What is the status of The Task and Finish (T&F) group?

Response: At the next Primary Care Interface meeting, Teresa will get feedback about the T&F group, to establish if any areas were missed.

Action 1: Teresa to feedback from PC Interface meeting

5. Action Points

a) From local mhag:

From May:

1. Circulate cluster information via MHAG mailing list. Information requested recently from Sami. David G will chase up. **Carry forward**
2. Investigate lack of GP support for mental health needs. Naomi's contact details were forwarded to the individual who reported this issue. **Completed.**

From September:

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 advised that the CCG holds regular meetings with GP Practice Managers to support in local development which can include training and development themes. GP Practices determine the training required for GP Practice staff. The CCG is able to offer support for training but the GP Practice will make the final decision on this. The CCG has been in contact with, 'Time to Change' to discuss a primary care training programme that they have previously implemented in other parts of the country and to look at its suitability for Swale. This is being developed in partnership with KMPT and Swale Service User Forum.

Action 2: Naomi to meet with 'Time to Change'.

The issue of GP training for mental health conditions was discussed:

- Based on a recent negative experience, an attendee raised that GPs who are unfamiliar with a patient's history may not have the information available to understand the severity/urgency of crisis situations, as GPs do not have access to RiO (the electronic records system used by CMHTs).
- The attendee added that, at The Patient Participation Group (PPG), no GPs said that they had been on a mental health course.

Action 3: MHAG member to email Naomi about RiO / GP MH training.

- Naomi advised that, when training, every GP spends time in a Psychiatry department. In March, Swale GPs will receive training from a Consultant Psychiatrist during protected learning time.
- The attendee added that GPs invite the CMHT to discuss patients, but, in the attendee's experience, they do not attend.
- An attendee raised that Drs could be more aware of alternative support e.g. charities, when referring to MH services, where there is a waiting list. In West Kent, there is DORIS.
- Taking the issue of GP training forward: It is at a higher level than a Task and Finish Group. It was suggested that the issue is taken to Healthwatch Kent (HWK). They are a statutory body that have a responsibility to engage with the service user forums and hold services accountable for their quality of care.
- An attendee noted that this is particularly important, given that they have heard that over 300 patients have been discharged from secondary back to primary care. Reassurance is needed that something is happening.

Action 4: Naomi to recommend to HWK that the concerns raised about GP training for mental health conditions is looked in to through Engage Kent from 1 April 2018.

The main points of the presentation are included below:

- Full service Universal Credit (UC) started in Swale on 6th December, for new benefits claimants with less than 3 children. It is going very well. There have been 100 claimants in Sheerness and 285 in Sittingbourne so far.
- UC includes housing costs. Payday is the same each month. The waiting time for payments has reduced from 7-8 weeks to 5 weeks. There is no longer 7 waiting days.
- Alternative payment arrangements are available for those unable to manage their own affairs.
- New claimants can get a repayable advance of up to 100% of their personal allowance.
- An attendee enquired about issues related to their own situation, which Jane responded to.
- Paul raised that individuals face challenges related to changes, dealing with lots of different agencies and confusion over who is responsible for what.
- UC is an online service, but there are assisted services (e.g. computers) at Job Centres.

Question: LWK Porchlight ask for feedback from people who are in the benefits system. How can we feed relevant information back to you?

Response: Contact Jane or Dee.

Question: Of the 465 people signed up in Sheerness & Sittingbourne, how many are in rent arrears? Many Service Users in Swale Your Way are in arrears.

Response: We have noticed no difference in arrears under UC. There are Financial Inclusion Officers who work hard to ensure that the rate of rent arrears does not increase. If claimants miss a month's rent, landlords can ask to be paid directly.

- Anyone on benefits who switches to UC Full Service will receive an extra (non-repayable) 2 weeks of housing benefit as a buffer.
- There was discussion about the difficulty of the process for many with mental health problems, both in terms of stress/change and access to computers. It was recognised that many such individuals are able to engage with the process.
- There are computers in Job Centres and we work with many organisations to ensure that people are supported.
- An attendee noted that some of the information that they had received suggested that UC was causing people severe problems.
- Dee responded that, once people get into it, they realise that the system works. Not every UC claimant is forced to work: They can be put into the no work category. It is for the individual, not one size fits all.
- Matthew advised that the thought of change is often worse than the actual change. Sarah added that this was also her experience when helping a client apply.
- Most people on existing benefits will not see changes for a long time. Existing benefits will be around until 2022. There is a build-up period, which gives people time to adjust. Everyone will have a face-to-face interview when switching.
- Dee advised that the department are being reactive. Every work coach in Kent has had suicide awareness training, so when Dover switched to full UC, staff were able to deal with an increase in declarations of suicide/self-harm. They are looking at getting more training and detecting mild/moderate mental health problems.
- The Complex Needs Plan is a living document that covers every scenario of customer care.

Question: Can it include the services that we provide?

Response: Any organisation can email us about their services, which can be included in the plan.

Action 5: If suitable, circulate email about adding local services to The Complex Needs Plan.

- The Job Centre is very different, not all about full-time work but supporting people with their journey. Deadlines have gone and we look at what is best for the individual customer.
- The 'Agile' system is being continually improved using feedback from staff and customers.

Question: How can SURF share service-user's experiences with The DWP?

Response: Email Jane or Dee.

Question: If individuals have difficulty in the mornings or with the cost of peak-time trains, can the Job Centre be flexible regarding appointments?

Response: Contact us and we will likely be able to accommodate you.

Question: Where do local agencies come in when service users feed back to The DWP e.g. about the Work Capability Assessment (WCA) process?

Response: Jane is happy to share information about the WCA and to have a separate meeting regarding the involvement of local services.

Action 6: Local services to meet with Jane regarding their involvement and WCAs.

(End of presentation).

5. Confirm how the planned 15% reduction in hospital-based mental health assessments will have an impact on access to GPs and the CMHT.

If Paul identifies where this information is recorded, this matter will be investigated. **Closed.**

11. Invite Dee to give a presentation on UC. Completed.

Action points from last MHAG:

1. Circulate PIP information. Completed

2. Meet/contact MHAG member about counselling/ The CMHT. Completed

3. Give Paul case studies relating to GPs.

Please send any case studies to Paul. Difficulty was noted on getting the word out about this. Naomi has not herself heard many concerns specifically about GP practices. **Carry forward.**

4. Take GP case studies to The PLG. See above. Carry forward.

5. Email MHAG details of the Parliamentary discussion. Completed.

6. Take the Task and Finish Group to The Interface Meeting. Teresa will attend the next PC Interface meeting. **Carry forward.**

7. Contact Lindsay Johnson about SU attendance at The Interface Meeting. Carry forward

8. Send Cathy Smith MHAG posters/ information. There are now MHAG posters for circulation. **Carry forward.**

b) **County MHAG response to local question:**

Nothing taken forward.

6. Service User & Carer Questions:

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

(These questions were raised when discussing GP training and Universal Credit.)

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

With over 300 patients discharged from secondary MH care back to primary care in Kent, what is being done to address deficits in post-qualification GP training for mental health conditions, what is the timescale for any improvements and what evidence can be used to gauge any improvements?

A similar question was raised at the December Swale CCG Listening Post. All responses to questions raised at the Listening Post have been made available on the CCGs website.

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

The chair highlighted the main points contained in the County Minutes.

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

Swale CCG, Naomi Hamilton:

- KMPT have been running an enhanced Mother and Infant Service since 1st November 2017. Both individuals and Doctors can refer directly to this service by phone.

Action 7: Circulate enhanced service leaflet.

Question: What is the status of The Single Point of Access (SPoA)?

Response: We want to look at how The SPoA can interlink with the recommissioning of 111. With parity of esteem, mental health needs to be commissioned within 111. The procurement of 111 will take place over the next 12 months.

Live Well Kent (LWK) Porchlight, Teresa Snowden:

Teresa went through the main points of the circulated LWK update.

Question: Is there more information about the County-wide housing meeting mentioned in the pre-meeting email?

Response (From David): Melanie Kendall from Porchlight (Dover) will be attending a Kent Housing Options Group (KHOG) meeting in March to discuss housing issues experienced by those leaving mental health supported housing, with a focus on housing need classifications/bands and access to social housing.

Action 8: Ask supported housing providers to provide evidence for The KHOGs.

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.

Paul, SURF & Rethink: On 25th January, there will be a café event on Sheppey.

Action 9: Circulate café event information.

Dee, DWP: On the first Thursday of each month, there will be a Defrazzle café, which is a safe environment for customers to come in and see what local support is available. Lots of local organisations, providers and charities will be there.

Matt, Together / Swale Your Way: The Wellbeing cafes have been well attended, but we need to keep reaching people. 2 new peer support workers have been recruited, as there is a high demand for peer support.

Action 10: Circulate peer support information.

Workshops are run by people with lived experience and, once the workshops have ended, they continue to support people to move forward.

Question: Can individuals be referred directly to the service?

Response: You firstly sign up to LWK, after which you will do a peer support referral with Matt. Football therapy is going very well: We came 4th in the country.

8. Task and Finish Working Group / housing case studies

Teresa is due to feedback from the next Primary Care Interface meeting, to establish any missing areas from the T&F group.

As discussed, the issue of MH training for GPs will be taken to Healthwatch Kent (and the County MHAG) to see how this can best be taken forward.

9. Date of next meeting

28th February 2018, 2pm at Swale House, East Street, Sittingbourne, ME10 3HT. Pre-meeting at 1.30pm for service users and carers only.

Action Table

No.	Action Points from May MHAG:	Responsibility	Status
1	Circulate cluster information via MHAG mailing list.	David	
	Action Points from September MHAG:		
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	Naomi to meet with 'Time to Change'.
	Action Points from November MHAG:		
3	Give Paul case studies relating to GPs.	MHAG Members	
4	Take GP case studies to The PLG	Paul	
8	Send Cathy MHAG posters/ information	David	
	From this MHAG:		
1	Feedback from PC Interface meeting	Teresa	
2	Meet with Time to Change	Naomi	
3	Email Naomi about RiO / GP MH training.	MHAG member	
4	Contact HWK to notify of the concerns about GP training for mental health conditions and recommend that this is looked at as part of the new structure from 1 April 2018.	Naomi Hamilton	
5	If suitable, circulate email about adding local services to The Complex Needs Plan.	Jane/David	
6	Meet with Jane regarding local service involvement and WCAs.	Paul	
7	Circulate enhanced service leaflet.	Naomi/David	
8	Ask supported housing providers to provide evidence for The KHOGs.	David	
9	Circulate café event information.	Paul/David	
10	Circulate peer support information.	Matt/David	

Administration :

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Minutes and supporting documents are posted on:

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