

## Swale Mental Health Action Group

Meeting on Tuesday 27<sup>th</sup> March 2018, 3pm - 4.30 pm  
At Swale House, East Street, Sittingbourne, ME10 3HT

| Name          | Organisation and Role  |
|---------------|--|
| David Garrick | West Kent Mind (Minutes)                                     |
| Jenny Solomon | Insight Healthcare, Business Development Manager (Co-chair)  |
| KB            | Sanctuary Support & General MH Representative                |
| David Robert  | Porchlight, Aspirations Coordinator                          |
| Sarah Sales   | Optivo, Tenancy Sustainment Officer                          |
| Brenda Ducran | Sanctuary Supported Living                                   |
| Mark Wood     | Kent Police, Vulnerable Adult Intervention Officer           |
| Rebecca Tong  | DWP  |
| Dee Purchase  | DWP  |
| Paul Francis  | SURF (Swale Service User Rep. Forum), Rethink Mental Illness |

| Apologies       | Organisation                              |
|-----------------|---|
| Sandra Bray     | Swale Your Way                            |
| Matthew Bromley | Together UK                               |
| Dominic Quinn   | Kent Enablement & Recovery Service (KERS) |
| Teresa Snowden  | LWK Porchlight                            |
| Naomi Hamilton  | Swale CCG                                 |
| Lindsey Kennett | Carers' Support                           |
| Nigel Martin    | Sheppey Matters                           |
| Brian Clark     | Carer                                     |
| Lauren Alper    | Porchlight                                |
| AL              | SURF                                      |
| MB              | SURF                                      |
| JSK             | SURF & Expert by Experience               |
| Sam Higgins     | Shaw Trust                                |
| Michael Foster  | Shaw Trust                                |

### 1. Co-chair position

Jenny had responded to the email requesting a co-chair and a bio had already been circulated. Jenny updated the group with a brief bio and was then voted in as co-chair.

### 2. Welcome, Introductions & Apologies

The Chair welcomed the group and apologies were noted as above. The original meeting date was rescheduled due to adverse weather conditions, hence numerous apologies.

### 4. Minutes of last meeting – Approved without amendment

### 5. Action Points

#### a) From Local MHAG::

#### From May:

1. David to circulate cluster information via MHAG mailing list. No response received to request for cluster information. **Closed.**

**Action 1: David to recirculate Swale T & F group cluster information.**

#### From September:

3. Naomi to confirm what guidance and training is available to frontline staff (e.g. GP receptionists) to deal with a patient's mental health crisis. Naomi gave an update via email:

*I have spoken to Time To Change, however they were not able to provide the information or support that we were looking for at this time. However, this was discussed at the County MHAG*

meeting, Alan Heyes noted that he may be able to offer a solution. Alan and I have since met and he is drafting a proposal for review by end April. We are also in discussion with Tim Woodhouse, who is leading on the Suicide Prevention work, as training for primary care is a project included within that programme. There may be opportunities to have one training package in place that potentially be rolled out across all of Kent (and Medway).

I am speaking with Tim tomorrow. I have contacted Paul Francis to ensure he is aware of most recent actions and I have asked if he could join the next meeting with Alan to review the draft proposal. If we are in agreement with the proposal, the draft is going to be taken to the Swale Practice Managers meeting on 22 May for their review and discussion about uptake locally. If there is a positive response, we will then liaise with KMPT regarding a local train the trainer approach. I spoke to Sarah Rodger-Smith last week to keep her up to date also. **Ongoing.**

#### **From November:**

3. MHAG members to give Paul case studies relating to GPs. Paul advised that the door is still open for this. KB can provide case studies. **Closed.**
4. Paul to take GP Case Studies to The PLG. Paul is happy to do this. **Closed.**
8. David to send Cathy Smith MHAG posters/ information. **Completed.**

#### **From January:**

1. Teresa to feedback from PC Interface meeting. Teresa not present. **Carry forward.**
2. Naomi to meet with Time to Change. See Action Point 3 from September, above. **Completed.**
3. MHAG member to email Naomi about RiO / GP MH training. **Completed.**
4. Naomi to 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 gave an update via email:

*We met with HWK at the end of February and I noted this point. Engaging Kent are undertaking a six-month co-production exercise from the start of April with a proposal piece to be completed by October. This element would be included in the co-production work that Engaging Kent undertake with the MHAGs over the coming months.*

#### **Action 2: David to request further information about GP training.**

5. If suitable, David to circulate email about adding local services to The Complex Needs Plan. Rebecca is the Complex Needs Lead at The Job Centre and attended today's meeting:
  - The Complex Needs Plan is a living document that offers guidance to work coaches for complex scenarios, such as homelessness and substance abuse.
  - We ask that all organisations email us their contact details and support offered, to include in the Plan. It does not just cover MH problems. Please keep us updated with any changes. It may be possible to share this document with other providers. **Ongoing.**
6. Paul to meet with Jane regarding local service involvement and WCAs. **Completed.**
7. David to circulate enhanced MIMHS service leaflet. **Completed.**
8. David to ask supported housing providers to provide evidence for The Kent Housing Options Group meeting. **Completed.**
  - Regarding the above, representatives from Dover MHAG are requesting that the housing allocation policy for those leaving hospital/ MH supported housing is changed, so that supported housing can be used more effectively.
  - KB advised that they and others have been waiting between 4/5 years to move out of supported housing due to a lack of housing availability, despite being told initially that they would only be in supported housing for up two years. Sometimes there are 80 people bidding for the same property and they are competing with about 1000 homeless individuals. They could wait for another 4/5 years for housing, but need to get their independence back.
  - Paul advised that the local demographic may be changing, partly as a result of people being moved from London Boroughs out to Kent and losing their housing entitlement. This could be increasing the local demand for housing. There is currently a KCC homelessness consultation and Joint Strategic Needs Assessments. **Question for County MHAG.**

#### **Action 3: David to get an update on The KCC Homelessness Consultation.**

**Question:** Is there any way of getting statistics about homelessness in the area?

**Response:** Ken may have statistics. David Robert advised that Porchlight monitor rough sleepers.

**Action 4: David G to contact Porchlight for rough sleeper data.**

9. David to circulate café event information. Check to see if expired. **Carry forward.**

10. Circulate peer support information. **Completed.**

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

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 Swale CCG Listening Post. See December 2017, question 6: <https://www.swaleccg.nhs.uk/get-involved/listening-post-events/>)

From County MHAG minutes:

- *Fiona Armstrong (Swale CCG Chair) is aware of this and we are following this up with her.*
- *The CCG has no direct jurisdiction over primary care staff, but we can influence the training offered to them. We are in contact with Time to Change about a MH training package, which might involve SUs and experiences of local patients.*
- *There are also issues about knowing the severity of a patient's MH condition e.g. RiO access.*
- *In West Kent, we are working towards integrating care plans, which will include RiO.*
- *The electronic discharge notification will include any risk information. Discharge to GP involves lots of consultant-GP communication. But the same system would be easier.*

## **6. Service User & Carer Questions:**

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

1. How are carers represented at MHAGs? It doesn't feel that the carer voice is represented.

**Carry forward** until Lindsey from Carers Support attends.

2. A client has had an issue with Universal Credit (UC). They received a letter saying that their benefits had been stopped. For the past 5 weeks they haven't known whether they are entitled to benefits or not, which was frightening for them.

This sounds like a change of circumstances triggering a change to UC Full Service. This is paid monthly with the first payment in 5 weeks. There is always the option of an interest-free loan/advance from The Job Centre, which can be paid back over a 12-month period.

**Question:** When you switch benefits, is there still a 2-week period without benefits? If not, can payments be backdated for those who have experienced this?

**Response:** This delay has been dealt with and no longer exists. Unfortunately cannot backdate.

**Question:** A client is currently waiting to meet a work coach after transferring to UC.

**Response:** We are working on reducing the waiting time: New coaches are being trained.

If clients have concerns, e.g. we have been in touch and they are worried that they will be forced to work, ask them to speak to their work coach. It could just be a change in benefit, not situation. We can transfer to other benefits over the phone, if ID is verified.

**Question:** Will everyone be on UC? I have just had a PIP assessment, which I found extremely anxiety-provoking and am worried that I will have to go through it again for PIP.

**Response:** If you have already had a Work Capability Assessment, this could feed straight in to UC. But PIP and DLA are allowances and are separate to UC: They are disregarded.

**Question:** What can you do if someone is struggling with ID?

**Response:** We can do a 'biographical ID'.

**Question:** Can you purchase drivers licences for people?

**Response:** Yes, we have a 'Flexible Support Fund', to remove any barriers to people either claiming benefits or getting work. We have also paid for haircuts, dental treatment, phones, shopping and travel tickets, if they are barriers. It is at the advisor's discretion.

3. A homeless service-user was asked for ID when going to the council building for shelter during SWEP (Severe Weather Emergency Protocol). They then had to go to the benefits office to get ID before they would be given shelter from the cold.

**Action 5: David to ask Swale Council why people seeking shelter are asked for ID during SWEP.**

4. Is it possible for me to have support with managing my repeat prescription, or for it to be more automated? When I am unwell it is very difficult for me to manage e.g. accessing my records online, applying for each prescription and dealing with any problems in the process. I have already tried contacting Sittingbourne Memorial Hospital.

**Action 6: Brenda to look into prescription situation.**

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

1. There is an increased need for housing in Kent, whereby housing availability is decreasing and homelessness is increasing. This may partly be due to people being moved from London Boroughs out to Kent and losing their housing entitlement. How are changes in housing need/ associated factors being measured, recorded and monitored in local populations (e.g. KCC's homelessness consultation and Joint Strategic Needs Assessments)?

The group requested that a representative from Housing Options attends and that the issue of leaving MH supported housing is taken to The **County MHAG**

**Action 7: David to ask a representative from Housing Options to attend.**

2. As raised at The Dover, Deal and Shepway MHAG recently, what more can be done to help those moving on from MH supported housing to find suitable housing in a reasonable timescale?

**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](http://www.westkentmind.org.uk/mental-health-action-groups)
- The chair highlighted the main points from the County Minutes.
2. **Commissioners Reports:** All reports have been circulated and are located at [www.westkentmind.org.uk/mental-health-action-groups](http://www.westkentmind.org.uk/mental-health-action-groups)

**Swale CCG, Naomi:** Sent apologies for today's rescheduled meeting.

**Live Well Kent (LWK) Porchlight, Teresa:** Sent apologies for today's rescheduled meeting.

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.

**SURF, Paul:** SURF (Swale Service User Representative Forum) meets at the Healthy Living Centre, Sheppey, on 2nd Thursday of each month at 2pm and Phoenix House, Sittingbourne, on the last Thursday of each month.

**DWP, Dee:** Defrazzled Cafes are being rolled out nationally. We are starting one in Sheerness Job Centre on 20<sup>th</sup> April. We are delivering MH awareness training to all work coaches in May, as well as Connect 5 training. We are taking mental health very seriously.

**Sanctuary Supported Living, Brenda:** We have one self-contained one bedroom flat at Prices Court, Murston, Sittingbourne. For someone with low-medium support needs who is self-medicating.

**Question:** Do you take referrals from Secondary Care and from Care Coordinators?

**Response:** Yes, from both.

**Porchlight Aspirations, David Robert:** Aspirations is a MH project operating across Kent & East Sussex. We offer 1-1 bespoke support for people who recognize that their MH is a barrier to their progress. We give tailor-made support to people to reduce social isolation. There is access to literacy, numeracy and ICT training and we can help people to access the wider world of education/training. We help people to prepare for work. The service is for anyone 18-65 who has

not been in substantial employment for a month. We look for an average of 4-6 months in the service. There is currently no waiting list. Contact me to discuss/for referrals.

**Action 8: David G to circulate Aspirations leaflet.**

**Insight Healthcare, Jenny:** We offer 1-1 sessions at Brogdale and work out of Sheppey Matters on The Island. We are trying to offer more Skype work, to offer more flexibility.

I would like to bring attention to The County MHAG minutes, which say that commissioners are aware of the gap between IAPT and Secondary Services and are supporting KMPT with redesign work to offer a more flexible psychological therapy service.

**8. Task and Finish Working Group**

At the next meeting, Teresa may be able to give feedback from The Primary Care Interface regarding The Swale T&F group.

A T&F group related to housing was discussed. It could consider questions and gather housing data, for discussion with the Housing Options representative when they attend. For instance, some people have complex housing needs, analogous to complex MH needs.

**9. Date of next meeting**

**2<sup>nd</sup> May 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  | Responsibility | Status                         |
|-----|---|----------------|--------------------------------|
|     | <b>From September MHAG:</b>   |                |                                |
| 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 | Ongoing                        |
|     | <b>From January MHAG:</b>   |                |                                |
| 1   | Feedback from PC Interface meeting  | Teresa         |                                |
| 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 | See April Action Point 2 below |
| 5   | If suitable, circulate email about adding local services to The Complex Needs Plan.   | Jane/David     | Ongoing                        |
| 9   | Circulate café event information.   | Paul/David     | Was on 25 <sup>th</sup> Jan    |
|     | <b>From this MHAG:</b>  |                |                                |
| 1   | Recirculate T & F cluster information.  | David          |                                |
| 2   | Request further information about GP training.  | David          |                                |
| 3   | Get an update on The KCC Homelessness Consultation.   | David          |                                |
| 4   | Contact Porchlight for rough sleeper data.  | David          |                                |
| 5   | Ask Swale Council why people seeking shelter are asked for ID during SWEP.  | David          |                                |
| 6   | Look into prescription situation.   | Brenda         |                                |
| 7   | Ask a representative from Housing Options to attend.  | David          |                                |
| 8   | Circulate Aspirations leaflet.  | David          |                                |

**Administration :**

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Minutes and supporting documents are posted on:

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