

Swale Mental Health Action Group

Meeting held on Wednesday 12th June 2019, 2pm-4pm
Assembly Room, Swale House, East Street, Sittingbourne, ME10 3HT

Attendee	Organisation & Title
Jenny Solomon	Insight Healthcare, Business Development Manager (Chair)
David Garrick	West Kent Mind, MHAG Coordinator (Minutes)
BC	Carer
Daniel Lawton	Music & Mindfulness Workshops
Debra Forster	Sheerness Job Centre Plus, DEA
Dee Purchase	Sittingbourne Job Centre Plus, DEA
Gareth Locke	Swale MH Social Care, Service Manager
Terry Spillard	Optivo, Regional Manager
Michael Foster	Shaw Trust, Senior Advisor
Cllr John Wright	KCC Member for Sittingbourne South Division & Partner Governor of Medway Hospital Trust
Teresa Snowden	Porchlight, Development & Monitoring Officer
Karen Sexton	Porchlight, Service User Involvement
Nicole Griffiths	MMK Mind, Community Development Worker & Training Lead
Nigel Martin	Sheppey Matters & Sheppey HLC, CEO
Donna Peall	Riverside Quays
Oyebisi Oyewunmi	Porchlight, Student Social Worker
Eve de Gray Birch	Engaging Kent, Forum Manager

Apologies

Naomi Hamilton	Swale & DGS CCG	Wendy Goodban	NELFT
Paul Francis	SURF	Susan Hughes	Staying Put

1. Welcome, Introductions, Apologies & GDPR

The Chair welcomed the group, apologies were noted as above. A short explanation was given of how data relating to the meeting is handled.

2. Changes to the MHAGs – Eve de Gray Birch, Engaging Kent

From April 2018, Engaging Kent was given the money from KCC to deliver service user voice in mental health. The review has been a year-long process involving representation from the user forums in each area, a carer, a service user, carer's organisation, KCC, Clinical Commissioning Group (CCG), KMPT, West Kent Mind and Advocacy.

- New role of the engagement worker has time split into 3 main areas:
 1. To deliver user forum/peer support with a focus on hearing user voice,
 2. Outreach – an engagement plan across the year for new people (BME, young parents, people working, men over 70) as well as other communities.
 3. Networking and administration (including attending MHAGs which will now be quarterly, and recording feedback). This will be collated into a database and generate evidence based themes for local discussion at the local MHAGs as well as on a countywide basis.

The Swale Mental Health Action Group is part of Mental Health User Voice in Kent

- Concerns/compliments/feedback is collected. Also when and where and do they want follow up? 45% are requesting follow up and this will be done at a local level where possible
- County MHAG is still for escalation.
- Priority setting group, quarterly, with engagement workers and co-chairs to decide on hot topics and working groups
- Local MHAGs:
 - Pre meeting is no longer happening as service user and carer's experiences should already have been collected. Paul can come out to groups, contact on 01474 330282 or email surf@rethink.org
 - Meeting will move to problem solving, joint working and networking.
 - Minutes will have bullet points and key actions going forward.
- Training day on 3rd July 2019 for engagement workers and key organisations.

Action 1: Circulate information about new contracts (e.g. Community Navigation) for carers

3. Minutes of the Last Meeting

4. Music and Mindfulness Workshops – Daniel Lawton

Daniel talked to the group about his workshops and answered questions from the group. Further opportunities may be available through Terry, Eve, Take Off support groups and Swale Your Way.

Please visit Daniel's 'Abandon Window Workshop' Facebook page:

<https://www.facebook.com/groups/712501505870988/> This group is aimed at discussing the integration of mindfulness and meditation within the Kent area.

5. Actions from Previous Meeting

No.	Action	Responsibility
Nov.18-2	<p><u>Ask KMPT to confirm if the funding for the Frank Lloyd Unit has been reduced by 50%.</u></p> <p>This question was answered at County MHAG by KMPT. The service offered at the Frank Lloyd Unit is different to their other services, as it is funded through NHS Continuing Healthcare. CCGs decide who is eligible. 2 years ago there were 40 beds for Continuing Healthcare as that was the level of demand, but don't currently have this demand. Have been reviewing this over the past 2 years, as there are other forms of support available e.g. in nursing homes.</p> <p>Action 2: Ask CCGs/KMPT for clarity on the intentions for the unit</p>	David
Mar.19-1	<p><u>Circulate referral form for Staying Put.</u> Completed</p>	Susan/David
Mar.19-2	<p><u>Revisit hoarding in June, to see if the new Care Navigation Service has improved the situation.</u></p> <p>David read out an update from Susan, who is meeting with care navigators to find a way of working together, working on bids, ensuring that the team receive training and employing a new part-time post to help with hoarding. Ongoing</p>	David
Mar.19-3	<p><u>Share KB's work on the Task and Finish Group.</u> Closed</p>	Paul
Mar.19-4	<p><u>Work on using available funds for hospital transport e.g. to/ from Sheppey.</u></p> <p>Appears that NHS are unwilling to look at this. Nigel to forward email correspondence to John.</p> <p>Ongoing</p>	Nigel/ Paul

Question taken to last County MHAG:

As part of the Urgent Care Review, could additional funds to be made available in contracts for Swale, given the rural nature of the area and issues with accessibility?

Naomi Hamilton responded:

'NHS England are responsible for allocations of financial resources to Clinical Commissioning Groups. The allocations process uses a statistical formula to make geographic distribution fair and objective so that it more clearly reflects local healthcare need and helps to reduce health inequalities. Population figures for allocations are based on GP registered list sizes and increases in allocations for future years are based on the Office of National Statistics estimates of population trends for resident populations. Funding allocations therefore take in to account various indicators to reflect unmet need, enabling CCGs to tackle the impact of health inequalities and improve outcomes through ensuring provision is accessible and appropriate to its local population'.

The following points were made:

- What is the plan to provide for the poor GP/Patient ratio in Swale and deprivation on Sheppey?
- GPs / IAPT staff drawn to London.
- In other parts of Kent, such as Canterbury, organisations are employed to sit in GP surgeries to do social prescribing. Needed due to GP/Patient ratio

Action 3: Ask the CCG what is being done to introduce social prescribing and multi-disciplinary teams in Swale, given the low numbers of GPs for the population.

6. Issues Raised by Service User Feedback in the Locality

Please see circulated document for further details.

7. Service User Feedback across the County

David updated the group.

8. Hot Topics

The group discussed the following hot topics. Feedback is being gathered about these topics from across the network and findings will be published as reports in July.

1. Access to CMHTs (Community Mental Health Teams) out of hours.

- Do you feel that CMHT hours need to be extended beyond 9am-5pm? Please give reasons for your response.
- If yes, which particular CMHT functions/ services would be most needed during these extended hours?
- If you are not able to engage with the CMHT due to the current operating hours, what is the reason(s)?

2. Levels of mental health support following discharge from hospital (for both physical and/or mental health conditions).

- What is your experience of mental health support following discharge from hospital (for both physical and/or mental health conditions)?
- Was the mental health support sufficient or could improvements be made?
- What improvements, if any, would you suggest?

9. Information Sharing

Please see circulated CCG and Live Well Kent updates.

Attendees shared information e.g. about their services.

The Swale Mental Health Action Group is part of Mental Health User Voice in Kent

Please email mhag@westkentmind.org.uk if you wish to share any information with MHAG members in your area or across Kent.

9. Next Meeting

The next meeting will take place on Wed 4th September, 2pm-4pm, at the same venue

Actions for the next meeting:

No.	Action	Responsibility	Status
Mar.19-2	Revisit hoarding, to see if the new Care Navigation Service has improved the situation.	David/Susan	Ongoing
Mar.19-4	Work on using available funds for hospital transport e.g. to/ from Sheppey.	Paul/Nigel	Actioned
Jun.19-1	Circulate information about new contracts (e.g. Community Navigation) for carers	David	Circulated on 17 th June
Jun.19-2	Ask CCGs/KMPT for clarity on the intentions for the Frank Lloyd unit	David	Actioned
Jun.19-3	Ask CCG what is being done to introduce social prescribing and multi-disciplinary teams in Swale, given the low numbers of GPs for the population.	David	Actioned

Administration :

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Minutes and supporting documents are posted on:

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

