

South West Kent Mental Health Action Group



Meeting on Thursday 26th January, 2017, 12.30 pm to 2pm
The Eden Centre, Four Elms Road, Edenbridge, TN8 6BY

PRESENT	ORGANISATION & EMAIL ADDRESS
James de Pury - Chair	IESO Digital Health
Sue Sargeant - minutes	West Kent Mind
Linda Riley	Service Users Involvement Group (SUIG)
JT	Service user, Reachout
Keith Jennings	Carer
Chris Hird	West Kent CCG
Jo Cobley	Edenbridge Reachout
Jenny Solomon	Insight Healthcare
Dan Whidden	Insight Healthcare
Michaela Clack	Carers First
Lindsay Topham	ShawTrust Live Well Kent
Jill Grainger	Reachout Co-ordinator
Ali Marsh	ThinkAction
Stephanie Warner	ThinkAction
Laura Webb	West Kent Mind student
Phil Davis	DWP Disability Employment Advisor
SM	Carer & Service User
Pat Morgan	KMPT Highlands House

APOLOGIES	ORGANISATION
Bobbie Taiano	Carers Support
Val Shay	Carers Support
Alison Skulczuk	Tunbridge Wells Mental Health Resource

1. Welcome, Introductions & Apologies

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

2. Minutes of last meeting – Approved without amendment

3. Autism Spectrum Disorder Update – Chris Hird, West Kent CCG

Autism spectrum disorder (ASD) is different for everyone but essentially presents as a lifelong impairment with restricted repeat patterns of behaviour with fixed routines. It affects 4 males to 1 female but this is debateable as females are less likely to be diagnosed as they hide the symptoms. Many experience sensory sensitivity or under sensitivity and can have co-morbid problems such as Obsessive Compulsive Disorder (OCD) etc. Some adults with severe Attention Deficit Hyperactivity Disorder (ADHD) are also likely to have autism. ADHD is not often identified in adults as it is persistent from childhood. The cost to adult is very high with poor education, failed relationships, drug use etc. 5% of children are diagnosed compared to 3% of adults. 40% meet criteria for autism spectrum disorder and ADHD. Autism legislation 2009 places statutory duty to provide clear pathways but there is a better service for children nationally. When they leave services symptoms persist into adulthood but they do not receive the same services because of the higher need in children, suddenly find themselves on the cliff edge and struggle to obtain services. The National Institute for Clinical Excellence (NICE) advise a review at age 18 to identify any

needs for ongoing treatment with a needs assessment to signpost to adult services. Some people with ASD do not need/wish adult services. ADHD support is increasingly focused in childhood and not usually available over 18. In 2012 it was recognised that both child and adult services in Kent were fragmented with the absence of a clear pathway, long waiting times for diagnosis, inconsistent adult services and post diagnostic assessment. In 2014 a summit was held to look at this. Lots of work was carried out and an integrated pathway was developed and aligned for age 18-24 strategy which aligned with Child & Adolescent Mental Health services (CAMHS). Clinical Commissioning Groups (CCGs) worked on the health element of that pathway to provide higher level of support. The pathway was presented to decision makers for funding in 2015 to determine 25% more than the fragmented services, however, decision makers decided not to go ahead due to costs. The children's service was adjusted to include services for both ADHD and autism. An all-age neurodevelopmental pathway has been developed. Kent County Council (KCC) worked on their own project to look at doing things differently and this resulted in a joint KCC/CCG post recruited to last week and will lead to a phased approach to joint commissioning.

Adults with autism only will receive 8 referrals per month from GPs which go directly to KMPT for waiting list management. There is a small contracted service to manage the waiting list – which was increasing and had a 2/5 year waiting time for diagnostic assessment. A new provider, Psicon was taken on to carry out additional assessments. KMPT will be closing their service which means Psicon will be the sole assessors from March this year. 120 West Kent adults were waiting for assessment and this is now down to 30 as of yesterday. The oldest referral is 3 months but this is an improvement from a 2/3 year waiting time and is within NICE Guidelines. The remainder will be transferred to Psicon by March. If they have another mental health condition they are referred to the South London & Maudsley (SLAM) Behaviours and Genetics team via the out of area funding panel. In 2016/17 we have only referred 7 people. SLAM also offer post diagnostic support including psycho-education workshops. If under age 11 they are referred to Kent Community Foundation Trust Paediatrics. If over age 11 they go to Sussex Partnership Foundation Trust Child & Adolescent Mental Health Services (CAMHS).

West Kent CCG have invested money to reduce the children's' waiting list and recently bid for funding through the NHS England Transforming Care programme. This funding will be aimed at bringing out of area patients back into Kent and to develop a specialist team to work with Kent County Council with match funding by CCG/KCC.

There is no local community service in West Kent for adults with ADHD, all referrals go to SLAM via the GP out of area funding panel. There are larger numbers for ADHD than autism. This year there were 62 outpatient assessments, 25 referred for treatment, 31 ADHD assessments, 11 referred for CBT treatment and 3 prescription reviews for medication which were adjusted then referred back to GP. Chris added that there is a debate on whether the increase in numbers is due to better diagnostics or more people have the condition and suggested inviting KCC to talk about what services they provide for autism to meet social needs.

Chris finished by adding that he is happy for questions to be emailed directly to him at chrishird@nhs.net.

Question: GPs are not very familiar with the referral process - do NICE recommend GP is the best place to get help?

Answer: There are separate NICE guidelines for both conditions. The hope is to have a multi-disciplinary team (MDT) available. We are trying to work towards this with the current NHS England bid. KCC are working on the social care service but nationally they are recognised as very high quality.

If SLAM assessment identifies further mental health needs they would be referred to local mental health services.

Question: Is SLAM an outreach service?

Answer: No, this is delivered in London but travel expenses are reimbursed. East Kent CCGs have commissioned a satellite service from SLAM.

Stefan recommended the Kent Autistic Trust (KAT) support group for parents. The group has identified that there are problems for the over 40s who struggle and have never had support and it is difficult to

access the adult KCC service. The change from DLA to PIP is causing so many problems for those who are in and out of work and cannot maintain a job.

Phil advised that they can re-apply anytime and also appeal against decisions. Concerns being raised that adults aged 40+ being cared for by elderly parents and what will happen to them when parents cannot look after them. Nobody seems to be looking at life skills for them.

Linda thanked Phil for regularly attending the meeting but noted the PIP forms are not easy to complete and going through to an appeal is too stressful for some people. Phil advised that it is part of the statute and the only way to change it is to write to your MP. Linda added that people are not always able to this. Michaela advised that Carers First have staff trained to help with PIP (personal independence forms). Please refer to Michaela.clack@carersfirst.org.uk.

4. Live Well Kent: Shaw Trust - Lindsay Topham

Update on Live Well Kent Tier 3 procurement: In October we asked for expressions of interest from providers and what came back was very different to what we expected. We had a look at this and produced a new specification which now better suits what service users are asking for. This still being signed off by KCC and we hope to release this in the next few days. Once realised there will be 10 days for tenders to be submitted and we are working with people who expressed interest.

Tier 1 = KCC, Shaw Trust and Porchlight

Tier 2 = housing and employment providers (MCCH, Shaw Trust, Centra and West Kent Housing

Tier 3 = organisations who provide services for clients with mental health needs such as informal peer support, social inclusion activities, peer led groups

We fund the organisations and initiatives that we think best meet the needs of our clients. We are aiming to have the contracts for Tier 3 funding signed by the end of February. We must provide equity of service across all areas. In year 3 we will look at gaps in delivery for young people and carers to see what we are offering for them. Shaw Trust do not have any carers organisations contracted yet as Carers First are still with KCC.

Joint working at the beginning of journey as they progress to Tier 3. We commission based on what we think we need and not dictated by KCC. £240,000 shared between both lots. We plan to have all contracts signed by end February.

Question: Who provides employment support?

Answer: Tier 2 - KCC have asked us to work with MCCH, West Kent Housing, Centra, Social Enterprise Kent and our own Shaw Trust employment service. We all share the contract equally to help people back to work.

Question: Will Tier 3 funding set up new services?

Answer: Anyone can submit an expression of interest and we assess their submission fairly.

Question: How long is the contract?

Answer: Five years with a possible extension to 7.

5. Action Points

a) From South West Kent MHAG:

1. Contact Zena re sending an email to interested parties about new primary care.
Response - Alison Skulczuk is waiting to hear more details from Zena on engagement event for service providers and users. Zena attending the Hub on 30th January to share information and ask service users for their views.
2. Ask Liz Bailey to update on the Live Well Kent contract tender.
Response: Lindsay Topham has given update above.

3. Circulate link about the Borderline Personality Conference.

Response: There were 8 presentations at the conference and they are too large to email, however, Chris Hird has agreed to try and forward these.

b) Response to question taken to County MHAG:

1. Re-drafted question on self-harm raised again and the answer is the same. Self-harm support is for all ages. When attending A&E for physical injury they would be referred to Psychiatric Liaison team who operate at Maidstone and Pembury hospitals 7 days per week from 8am-8pm.
2. Live Well Kent provision for people with long term conditions. Live Well Kent provides a 12 month programme with follow up after 6 months. Hilary acknowledged there is a need for more than 12 months support for some people and advised that after the first year of Live Well Kent the data will be gathered and fed back to commissioners. Hilary asked if we are expecting people with serious mental illness to be able to exist in society without support as this appears to be the direction of travel. Cathy advised that we have to offer people this real world opportunity – some people just need initial support to do this but there are some who will always need support.

See County minutes for further discussions <http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/>)

6. Service User and Carer Questions

a) Raised at today's pre-meeting:

1. Large numbers being discharged from Secondary care to Primary care with only 4 Primary Care Mental Health workers to cover all of West Kent.
 - (a) How will the New Primary Care service be implemented?
 - (b) When will this happen?
 - (c) Is primary care ready for this and set up?

Chris noted that David Chesover spoke about this at the last meeting and the CCG update states it will be in place by 2017 for all of Kent. The group agreed to take (c) to County MHAG for Angus Gartshore to respond.

- (d) When will KMPT announce the budget needed to achieve a good mental health service? Suggest inviting Dave Holman to discuss commissioning priorities.
- (e) Service users were told we can self-refer to CMHT but now told this is not correct. Pat advised that Single Point of Access/CMHT had not been correctly advised on this and were not aware they could take self-referrals.
- (f) We understand that the Mulberry Centre in Sevenoaks is transferring to the Brenchley unit in Maidstone. This will cause difficulties with travelling/parking etc. Pat advised that details will be included in the Discharge letter. This in turn raised questions about the discharge letter which the MHAG had helped develop two years ago which did not appear to have been implemented. Pat advised it is being piloted at Maidstone.
- (g) SU expenses not received in time for Christmas. Marie will chase with Shaw Trust.

- b) Take to County:** Large numbers being discharged from Secondary care to Primary care with only 4 Primary Care Mental Health workers to cover all of West Kent. Is Primary care ready for this and set up?

7. Information Sharing:

1. **County MHAG Update:** Two issues were highlighted – need for councils to provide appropriate single occupancy housing and for housing providers to engage with MHAGs. DWP requested that third sector providers register for the new direct purchasing scheme. See County minutes for DWP link.

The minutes and local questions are all available at <http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/>

2. **Commissioners' Reports:** These have been circulated before the meeting and are available on the Live It Well website <http://www.liveitwell.org.uk/local-news/ashford/#MHAGInformation>

South West Kent CCG Commissioners' Report. See link above for full details.

Highlights noted:

- Primary Care Mental health Service pilot in 2 practices starting April.
- West Kent CCG are leading on the new care pathway for Eating Disorders. Procurement takes several months and will service will be in place from September this year. The CCG are currently evaluating bids. Skills workshops have been commissioned for parents/carers of people with eating disorders.
- Crisis Café – opening April 2017 from 5pm-9pm on Thursdays and Saturdays.
- Psychiatric Liaison funding prioritised to those already close to providing a 24 hour service. Maidstone and Pembury Hospitals currently provide cover 8am-8pm.

Query on Page 6 of the report for Out of Area bed placements stated as 35. Helen advised that as of yesterday there were only 1 acute and 1 psychiatric intensive care unit placements out of area. Chris added that these are for specialist services such as personality disorder or the psychosis unit in London. Processes are in place to look at Out of Area bed use twice daily to plan discharge back to Kent and are followed up within 17 days.

Question: If the criteria to go out of area is harder to meet is there a chance they might not get a place? **Response:** Chris advised that those referrals come to CCG and the person would generally already be an inpatient with the need to be referred out of area for specialist treatment. If coming through crisis services it would have to go through the funding panel. There is no process for inpatient specialist via GP.

Live Well Kent Ashford Report: Lindsay Topham : See above. Lindsay had to leave early and gave her update at the beginning of the meeting.

3. Provider Service Update/New Members:

ThinkAction - Ali Marsh: No waiting list for IAPT and we would welcome referrals.

Keith Jennings: Attended meeting at Canterbury Christchurch on 16th December to look at how Community Psychiatric Nurses (CPNs) are trained. This was very interesting but poorly attended by KMPT staff. Christchurch are planning to change the content of the curriculum and need carers to attend to influence what happens in the future.

West Kent Mind - Laura Webb: Laura is an Occupational Therapist student on placement at West Kent Mind and has also been on placements at other charities. This meeting is very positive experience and a great way to widen knowledge. Michaela noted that Carers First has placement students working on carers assessments. Pat advised that universities are buddying students before going on placement. Workbooks were set up by KMPT and university bought the book for carers.

Carers First – Michaela Clack: Our first TLC group is at lunchtime tomorrow, 1pm-3pm at The Cross Keys Pub in Southborough.

Insight Healthcare – Jenny Solomon: We will be starting a pilot counselling service, 9am-5pm using skype for difficult to reach clients, such as carers or client areas where there is no face to face counselling. Starting in few weeks and will update at next meeting. Pat asked if anyone else offered EMDR (Eye movement desensitization and reprocessing) as there is a limited resource in KMPT at both Primary and Secondary care levels. Ali confirmed that ThinkAction offer this but is dependent on location. Assessment is needed to identify need and requires good information.

Subsequent to the meeting, Natasha Mikula, KMPT IAPT confirmed that KMPT Primary Care Psychological Therapy Service has one practitioner working from Sevenoaks and Maidstone who offers supervised treatment to a select caseload who have been assessed as appropriate for this approach and there is one therapist in the Secondary Care Psychological Therapies team who is trained but for whom the waiting times are longer.

8. Working Group

The group discussed ideas for the working group and agreed to look at support for carers and the impact it has on their life. Michaela, Linda and Keith will put a proposal together.

7. Date of next meeting

The next meeting will be on **23th March, 2017**, 12.30pm to 2pm at the Angel Centre, Angel Lane, Tonbridge, Kent TN9 1SF. This will be James' last time chairing the meeting and asked that two people please step forward to take up the co-chairing roles for the meetings going forward after March.

Meeting finished at 2.10pm.

Action Table

There were no actions raised at this meeting.

Administration :

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