

Swale Mental Health Action Group

Meeting on Wednesday 2nd May 2018, 2pm - 3.30pm
At Swale House, East Street, Sittingbourne, ME10 3HT

Name	Organisation and Role
David Garrick	West Kent Mind (Minutes)
Naomi Hamilton	Swale CCG, Commissioning
Paul Francis	SURF (Swale Service User Rep. Forum), Rethink Mental Illness
MT	SURF Member
JSK	SURF & Expert by Experience Group (KMPT)
Steve Inett	Healthwatch Kent, CEO
Eve de Gray Birch	Engaging Kent, Co-production Facilitator
Sue Alder	Engaging Kent
Brenda Ducran	Sanctuary Supported Living
Dominic Quinn	Kent Enablement & Recovery Service
Zoe Callaway	Swale Borough Council
Nigel Martin	Sheppey Matters
Rebecca Tong	DWP
Lindsey Kennett	MH Carers Support Co-ordinator

Apologies	Organisation
Sandra Bray	Swale Your Way
Jenny Solomon	Co-chair & Insight Healthcare
Brian Clark	Co-chair & Carer
Michael Foster	Shaw Trust

2. Welcome, Introductions & Apologies

Neither co-chair could attend today's meeting. Naomi kindly agreed to the request that she chairs, so that the meeting could proceed.

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

4. Minutes of last meeting

Approved with one amendment about SURF's meeting times.

Action 1: David to resend Jenny's (new co-chair) bio to MHAG member.

5. Action Points

a) From Local MHAG:

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.

- This concerns how staff can best react to a mental health need and also to provide resilience for themselves.
- Paul, Naomi and Alan Heyes are taking this forward (drafting a proposal, including suicide prevention and anti-stigma work. Will be peer-reviewed, then a subgroup will develop further. May have a 10-minute training session in Protected Learning Time.) **Completed.**

From January:

1. Teresa to feedback from Primary Care Interface meeting. Teresa sent apologies. **Carry forward.**

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

For service providers who are interested on being included on The Job Centre's Complex Needs Plan, please contact Rebecca on Rebecca.tong@dwp.gsi.gov.uk **Completed.**

From last MHAG:

1. *David to recirculate Swale T & F group cluster information. Completed*
2. *David to request further information from The CCG about GP training.* Naomi advised that they are in conversation with Fiona Armstrong. There is an Education Network and they have submitted a bid with HE England. The training could be delivered via protected learning events. **Completed.**

Action 2: Naomi to update about GP training progress at next MHAG.

3. *David to get an update on The KCC Homelessness Consultation.* Information has been circulated. Please send any questions to Naomi, for Teresa to collate. **Completed.**
4. *David to contact Porchlight for rough sleeper data.* Porchlight advised that up-to-date homelessness figures will be released soon. **Completed.**

Action 3: David to obtain recently-released Porchlight homelessness figures.

5. *David to ask Swale Council why people seeking shelter are asked for ID during SWEP (Severe Weather Emergency Protocol).*

Zoe, a Housing Options Officer from Swale Council, kindly attended the meeting and provided the following response:

“Any placement under SWEP still requires a formal homeless application. We are required to be able to identify the person. However as SWEP is not subject to the same eligibility rules and is humanitarian we would still place someone that night if they could not produce something at the time.”

6. *Brenda to look into a client's prescription situation.* This has been resolved. **Completed.** Steve advised of a relevant pilot that GPs and pharmacies are involved with.
7. *David to ask a representative from Housing Options to attend. Completed*
8. *David to circulate Porchlight Aspirations leaflet. Completed.*

5. MHAG & Service User Forum Consultation – Healthwatch Kent & Engaging Kent CIC

Sue explained the co-production process that Engaging Kent are conducting to explore how service user voice, and communication about services and changes, can be more effective. (Co-production is based on the sharing of information and on shared decision making between the service users and providers) The monies currently allocated by Kent County Council for the MHAGs, Service User Forums and peer support will remain the same but the co-production process will jointly define “what good should look like” and how best to deliver that. Engaging Kent also delivers Healthwatch, which is embedded in the Health and Social Care Act. Healthwatch is a good fit to help create a strong service user voice and has the authority to demand a response to questions raised about any service provided by the NHS. Healthwatch has already developed Kent-wide forums for older people and people with physical disabilities, and is also looking to develop a Foodbank forum. There are common issues across these groups, such as transport and loneliness and it is good to have a common voice.

So far they have:

- Talked to stakeholders to create a scoping report of their current views on the Service User Forums and MHAGs.
- Recruited Eve to facilitate the process.

Next steps are to:

- 1) Bring together a small Co-Production Group to include representatives from the Clinical Commissioning Group (CCG), Kent County Council (KCC), grant recipient organisations and service user and carer representatives currently engaged and MHAGs, Service User Forums or peer support as well as those who are not engaged in any of these.
 - To co-create a Charter that will capture what values and principles are important to create a safe respectful and productive way of working together.
 - To be a sounding board for developing the practicalities and approach to be taken for each step of the co-production process.
 - To maintain oversight of the co-production process, reviewing responses/ findings/decisions made during the process and helping to shape each next step

- 2) Conduct a peer review of Service User Forums:
 - To support service users in visiting activities and service user forums in different areas to build a better understanding of what is happening across Kent
 - To be able to share the findings of the peer review at the workshop event in June to inform discussions
- 3) Talk to service users & carers who are not currently engaging with User Forums or MHAGs:
 - To build a better understanding of how people would like to be able to have their experiences of services heard
 - To be able to share this at the workshop event in June to inform discussions
- 4) To build some case studies of how Service User Voice has been raised via Service User Forums and / or MHAGs:
 - To be able to share these at the workshop event in June to inform discussions exploring success/ barriers in the current processes
- 5) To hold a Co-production Workshop Day on 18th June, Lenham Community Centre, Maidstone:
 - To bring all the stakeholders together to review feedback and information gathered to date and consider the emerging questions to inform the next steps of the process.
 - An invitation will be sent out with further details and a response will be needed so that numbers can be catered for.

Further information about the process, including the scoping report, has already been circulated to MHAG members and is available at: <https://westkentmind.org.uk/mental-health-action-groups/mhag-swale>

- The group discussed that different areas may require different types of forums e.g. due to differences in deprivation, infrastructure and MH services.
- Do not want to throw the baby out with the bathwater – not every area needs to be the same, as long as there are reasons.
- Engaging Kent would like the consultation process to be as inclusive as possible and will refund all expenses. People should not feel excluded if they cannot get to a physical meeting.
- Naomi added that, with the work that HWK/Engaging Kent are doing, it might make sense to take things forward through them rather than through Task and Finish groups, so that there is one channel for the voices of carers and service users to go down.
- The Task and Finish group from last year, led by Kim Solly, showed that we actually do have a lot of services in Swale and we were able to lever responses e.g. to housing issues. But need to have consequences rather than just info. Need to have a working group.
- Steve advised that big issues e.g. housing may be better tackled on a Kent and Medway level, rather than at a district level, as changing the fundamentals will be difficult. But there are probably a range of issues to get involved in.

b) County MHAG response to local question:

From the minutes:

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)?*

Universal Credit may be a factor. Housing benefit no longer goes straight to the landlord. Additionally, the Homelessness Reduction Act doesn't mean that new homes have to be built, but just changes e.g. contact with individuals.

Porchlight is, however, working with private landlords, UC is softening up and, additionally, supported housing is being retendered across the board.

Action 8: Request an update from Tony March

Action 9: Recirculate homelessness awareness session information and ask an MHAG representative to attend. (Ask Emma who best to contact about it.)

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?

Action 10: Pose Swale question 2 to Swale Housing Options Officer.

DDS MHAG is also taking forward this issue, surrounding the housing allocation policy.

Action 11: Supported housing question- Link Swale MHAG members up with DDS members.

Nick advised that Chaucer Housing in Canterbury had a system that appeared quite robust. It may be that they have identified a workaround.

Action 12: Contact Chaucer Housing for details of a possible supported housing workaround.

The housing allocation policy is set by the local council. Even in the top priority banding, it is still difficult to find suitable accommodation.

Action 13: Get feedback from The Kent Housing Options Group meeting, (which reps from DDS MHAG were due to attend).

Zoe, a Housing Options Officer, kindly gave the following response to questions 1 & 2:

1. "There has been an increase in homelessness nationally so this will be addressed by the County MHAG. Each local authority provides quarterly statistics to the Ministry of Housing, Communities and Local Government. Kent County Council then collate each district authorities figures and produce a Homelessness bulletin. <https://www.kent.gov.uk/about-the-council/information-and-data/Facts-and-figures-about-Kent/deprivation-and-poverty#tab-3> "
2. "Applicants who are moving on from supported accommodation are placed in Band B on the housing register. This is a high priority as to give a comparison households accepted as homeless living in our temporary accommodation go into the lower Band C. Supported accommodation does not go through Swale's housing register so the comment about people being given Band A and missing supported accommodation would not apply."

6. Service User & Carer Questions:

(a) Questions raised at the pre-meeting:

1. I have had difficulties with my PIP assessment – it was very nerve-wracking.
 - PIP assessments are conducted separately from The Jobcentre. We telephone and then wait for the assessment date.

Question: What can The DWP do about a looming PIP assessment?

Response: We are not able to attend with them. In extreme circumstances, assessments can be done at home. I always recommend that someone accompanies them. Lots got to CAB.

Question: Who assesses whether the case is extreme?

Response: I have done that on someone's behalf. Done by business case. We can go through the paperwork with individuals – just contact the Job Centre. There is an 0800 number for help with PIP. We try to help where we can.

Individuals can also seek support through Live Well Kent (LWK).

2. Where do I go for support if I am not under The CMHT and would like help in reapplying for a blue badge

Attendees made suggestions:

- The Council and LWK could help – call the LWK main number.
- Could use any DWP benefit documents as evidence.
- A DWP customer needed their fit notes, but those were physical disabilities.
- There has been a policy change – the GP can no longer certify.
- Steve is happy to write to the blue badge department and also to look at available support for PIP assessments

Action 4: Steve to get clarity about help in applying for blue badges.

Action 5: Steve to enquire about support/guides for PIP assessments.

(b) Questions going forward to County MHAG: None

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

Live Well Kent Porchlight Update: Please see circulated report.

Swale CCG Update, Naomi: Please see circulated report.

- We have met with KMPT and IAPT providers regarding the risk management of services.
 - In collaboration with Primary Care Clinicians, we have put together a decision tree regarding how e.g. referral to IAPT or referral from Secondary Care to IAPT would work. Subsequently, we may put together a working group to look at patients being 'bounced back' from services in DGS and Swale. Jenny Solomon from Insight Healthcare is also involved.
 - Paul added that risk management is a big challenge. In IAPT, there is a tendency to take the low risk, 'low hanging fruit', whilst The CMHT take severe, risky cases. This leaves a middle section of clients that no service wants.
 - IAPT does have to clinically assess individuals and can offer up to 20 sessions.
 - There is difficulty around whether IAPT would benefit certain patients in the long-term e.g. those with acute psychosis, anxiety and depression. Not necessarily a financial issue, more about using it in the best way possible.
 - Might involve making the decision jointly (i.e. Primary and Secondary Care Services liaising). We are discussing the idea of having an independent economic evaluation for e.g. cluster 4 individuals – in which service would they have better outcomes?
 - Steve is still happy to collate IAPT session-limit feedback – not received any from Swale.
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: There is a Service User and Carer Conference on 3rd May in Canterbury.

DWP, Rebecca: Please contact me to be included in our Complex Needs Plan.

Sanctuary Supported Living, Brenda: Brenda will liaise with Zoe about supported housing, e.g. regarding the local Virtual Panel for supported housing providers.

MT (MHAG member):

Question: Is there support for people who have their own property? I was on ESA and had no help at all. It was taken over by Serco and you have to pay back interest.

Response: Universal Credit will replace all of these benefits. In the first 9 months, you would not get help. After that, you can receive a loan (repayable) to cover the interest on the mortgage.

Question: Why is this better?

Response: I am not saying it is better and it is an issue. The Government are not prepared to buy someone an asset. Please take my contact details.

Healthwatch Kent, Steve: From the earlier discussion about people falling through the middle. LWK have shared their challenges with us, e.g. where people are in crisis. KMPT are looking to move people into Primary Care. Risk that people will fall into the gap – need to understand what organisations are providing. We are offering to support those organisations. We are working initially with providers and then will broaden to commissioners. Will plan a date soon.

As Paul mentioned, Healthwatch are involved with MH Social Workers changing teams. We would like a reference group for this.

8. Task and Finish Working Group

Issues may now be taken forward in collaboration with Healthwatch Kent (e.g. feedback about IAPT session limits).

Further work needed to fully realise the consequences of last year's task and finish group.

9. Date of next meeting

27th June 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
	From January MHAG:		
1	Feedback from Primary Care Interface meeting	Teresa	
	From this MHAG:		
1	Resend Jenny's (new co-chair) bio to MHAG member.	David	
2	Update about GP training progress at next MHAG.	Naomi	
3	Obtain recently released Porchlight homelessness figures.	David	
4	Get clarity about help in applying for blue badges.	Steve	
5	Enquire about support/guides for PIP assessments.	Steve	

Administration :

Phone: 01732 744950

Email: mhag@westkentmind.org.uk

Minutes and supporting documents are posted on:

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

