

## Thanet Mental Health Action Group

Meeting on 15<sup>th</sup> January 2018, 11am-12.30pm

At Richmond Fellowship, 17 St Johns Road, Margate, CT9 1LU

Attendee Name	Organisation & Role
David Rowden	SpeakUp CIC (MHAG co-chair)
David Garrick	West Kent Mind (MHAG minutes)
GP	EKCC, Carer
LK	Carer
Fiona Tapley	LWK Porchlight, Development & Monitoring Officer
Mark Burkin	Take Off Co-coordinator for services in Thanet
Rebecca Keeler	Rethink, MH Recovery Worker
Aaron Gander	Thinkaction
Sarah Gillam	Thinkaction
Linda Stocker	Garden Gate Project
Teresa Norton	Carers Support CDT, Carers Service coordinator
Tony March	DWP
Leonie Bell	Richmond Fellowship, Community Link Worker
Jenny Solomon	Insight Healthcare
Sharon Buxton	KMPT, The Beacon CMHT, Service Manager

Apologies	Organisation
Annette Wolujewicz	Porchlight
Hannah Roost	KCC, MH Social Worker
Vicki Radford	DWP
Hazel Malik	SpeakUp CIC

### 1. Welcome, Introductions & Apologies

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

### 3. Minutes from last meeting – Approved without amendment

### 4. Action Points:

#### (a) From local MHAG:

- Megan to liaise with LK about speaking at the carer's group.  
LK has emailed Megan and will follow this up. **Closed**
- Sharon G to raise access to Personal Health Budgets at the LLG meeting.  
Fiona and/or GP will raise this at the next LLG meeting on 23/1/18. **Carry forward.**
- Alana (role) to contact Sharon G about referrals from The Beacon to Thanet Way Employment Service. Alana advised (by email) that they have developed a new plan together: Alana will be working with the vocational and clinical teams at The Beacon on Tuesdays, to support service users to find employment. **Completed.**
- Alana to put MHAG member in contact with the peer leader group.  
Alana advised (by email) that she will follow this up, so that the possibility of starting a new carer's group can be discussed. **Carry forward.**
- Ask The CCG what each IAPT service is commissioned to do in Thanet and whether this corresponds with what these services are delivering.  
No response received from Fay Gooderson (Commissioner).  
A similar issue was raised at The November Dover, Deal and Shepway MHAG. There, Deborah Frazer (CCG) responded that, following assessment, IAPT providers should look at

individual need to assess the number of sessions required (see minutes). Deborah then contacted providers to ensure that a clear message is being given by IAPT providers.

Aaron (Thinkaction) advised that they usually offer 6-8 sessions, with up to 12 for more complex clients. This comes directly from commissioners and has become more stripped back.

**Question:** Is there a waiting list? What if the client's condition is severe?

**Response:** The waiting list is 4 weeks after assessment. Those under secondary care will be referred straight back. As this is an IAPT service, those with e.g. personality disorders, bipolar disorder or psychosis, even if managed, are not suitable. This boundary has been tightened by commissioners. We see lots of people with e.g. bipolar disorder, seeking support for anxiety/depression, but we don't offer enough sessions to support the complexity.

The chair highlighted that this action needs addressing i.e. clarification of what Thanet CCG is commissioning. **Carry forward.**

**Action 1: Establish who the current commissioner for Thanet is.**

6. David to ask Teresa to drop leaflets/resource booklet to Sharon at The Beacon. Completed.

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

What is happening with The MHAGs next year?

The chair advised that the funding will remain unchanged until April 2019 and to see the December County MHAG minutes for further information.

## 5. Service User and Carer Questions/Feedback

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

1. Is anyone engaging with 'Esther' cafes? (Esther is a new Swedish model of H&S Care)

**Action 2: Teresa to forward Esther details to MHAG for circulation.**

There are workshops (not just for carers) to discuss the future of these cafes. Please feel free to attend. There was a discussion about Carer's Support liaising with The Beacon.

2. Feedback was given about The Crisis Team:

An individual's GP referred them to Psychiatric Liaison, who said that they needed to be in a place of safety. The Crisis Team were called and said that they needed to sort out their alcohol problem first.

The Chair noted that MH problems can get in the way of resolving drinking problems. Sharon (The Beacon) advised that they are working closer with East Kent Alcohol Service to better manage dual diagnosis. They also do dual screening and have dual assessment slots, so that both psychiatric and alcohol services can work together.

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

What are acute and crisis teams doing to plug the gap in dual diagnosis assessments?

## 6. 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)

2. **CCG / Live Well Kent 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)

Thanet CCG Commissioner – Fay Gooderson: Report not available.

### **Live Well Kent Porchlight, Fiona:**

Key information not included in the report:

- Please email or call for more leaflets.
- We are working with Rethink and Thinkaction to increase IAPT referral rates.
- Leonie and Rebecca have started a new service.

**Question:** Is the time taken to receive a service based on being offered or starting a service?

**Response:** It refers to being offered, assessed and ready to start e.g. a course.

- Referrals from over-65s may increase, as we are working with Ageless Thanet.
- Since Jason McCarthy met with the EK Psychiatric Liaison Matron, LWK are now taking referrals directly from A&E, for frequent A&E attenders.

**Question:** Are these referrals from people in crisis / who are suicidal?

**Response:** No, these are people who attend A&E a few times a week. They might be referred into e.g. Porchlight's Social Inclusion Service.

### **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.

**Rethink, Rebecca:** Alana will be at The Beacon every Tuesday for both new referrals and Beacon Service Users, to support individuals to find employment.

**Question:** What is the status of The Mental Health Job Club? It would be ideal for those in Margate who need extra support.

**Response:** The Application has been sent. Fiona to liaise with Rethink about this.

**Action 3:** Fiona/Rebecca/Tony to clarify the status of the MH Job Club.

**Thinkaction, Aaron:** The art group meets every other Thursday at Cecil St and is going well.

**Action 4:** Aaron to check referral pathway for The Art Group.

We are considering starting a new psychoeducation group.

**Take Off, Mark:** No form is needed to refer to this service – just turn up. Four groups are running in Thanet and we should have an allotment soon. Growing both flowers and food. This is a great next step from The Garden Gate project.

**Action 5:** Check if leaflets are in Beacon reception.

**Question:** Can people in Secondary Care access your service?

**Response:** Yes, anyone can come along, as long as they are settled and stable. There have been very few instances where the service has not been for them. It is about helping people get back to a normal existence. Sharon to talk to Mark about cooking group.

**Insight Healthcare, Jenny:** We are one of The IAPT providers who are part of the programme in East Kent for people with long-term physical conditions, such as diabetes, heart conditions, COPD and chronic pain. We are working with those specific groups to set up clinics in their area. 6 of our clinicians have done the national bespoke training for this work.

**Action 6:** Jenny to email Thanet locations for LT physical conditions to MHAG.

**Garden Gate Project, Linda:** There are opportunities to get involved in gardening, craft and social activities. Come along for music, food and drinks on Annual Music Day. Advance tickets are £5.

The project is by referral, for anyone who feels they would benefit from a 'green' environment. Mainly funded by direct payments. Another group starts in March. It is a 16 week course, some of which is structured and some is self-directed. We recommend that people come for a couple of days to see if it's for them, to have a look around, etc. We are always open for people to drop in for a cup of tea.

**Carer's Support Canterbury, Dover and Thanet, Teresa:** We cover East Kent and do outreach work at GP practices. We are recruiting new coordinators, have a new volunteers manager and will be starting new projects soon.

The MH Carer Support group meets on the first Wed of the month, 2pm-3.30pm at Trinity Resource Centre. More training for carers will be available soon, e.g. a first aid course. There will be more MH awareness sessions for carers this year.

The issue of Carer's Support liaising more with The Beacon was raised again. It was mentioned that the carer's events are very good (e.g. 28 providers at a recent event), but concerns were raised about dealing with carers in crisis and also knowing what is going on at The Beacon, as the Carer's Support meeting is no longer held there.

**Action 7: Teresa and Sharon to meet with LK and GP at the end of the meeting.**

**DWP, Tony:** If anyone has any issues about Universal Credit (UC), go to your work coach first, but if any issues are unresolved please contact Tony. Vicki Radford has been working with The Beacon and their benefits person. If anyone has any benefits issues, or would like Tony to talk at a group (e.g. do a Q&A) about benefits, please contact him.

Tony and Sharon have liaised and now Service Users without internet access have been supplied with dongles (to access online DWP services.)

When supporting someone who is placed in temporary accommodation by the local authority, ensure that they have declared that they have a rental liability, which will be covered through UC.

**Question:** Is there a cap on what UC pays for temporary accommodation?

**Response:** Yes, but the local authority pays the remainder.

**Question:** Does The Beacon have a benefits clinic?

**Response (Sharon & Tony):** Yes, there is an advert in reception. Vicki from DWP supports this. A social work assistant runs the clinic, which is very well attended. Tony added that Vicki does not have internet access at The Beacon, so can't access the system on the spot.

**The Beacon CMHT, Sharon:** There was a difficult patch last year, with minimal staff. The recruiting process is going very well now. There are 1.4 band 6 vacancies, 1 band 5 and 3 Social Worker vacancies. We continue to have a Senior Social Worker vacancy, which has been advertised year after year. We recruited a senior locum, which is very good news.

We are implementing The CAPA model, which gives clients choices of appointment time. This has reduced waiting times for both initial and follow-up appointments and has reduced the DNA rate. CAPA is being implemented across the trust, which will take 18 months to a year and should reduce waiting times.

The Recovery Through Activity group is very popular.

**Action 8: Sharon to talk to Mark about cooking.**

The issue of calling reception vs the mobile numbers of Beacon staff was discussed. The following points were made:

- If staff are unable to pick up a mobile voicemail from someone very unwell, this creates a risk, so people are encouraged to use the switchboard.
- There can be a long wait to get through to reception and if everyone were to call reception, could it cram the switchboard (unless more phone lines/staff were present)?
- The total number of messages would still not be reduced.
- If you get straight through to the care coordinator, you do not have to go via duty.
- But chasing a message from someone unwell can create much more work.
- The Beacon would prefer all calls to go via the switchboard, who can divert to mobiles. It is then known that that person has called.

**Richmond Fellowship, Leonie:** Leonie facilitates courses and workshops and does one to ones.

## 7. Task and Finish Group

No update

## 8. Date of next meeting

6<sup>th</sup> March 2018, 11am at The Beacon, Manston Road, Ramsgate, CT12 6NT

Meeting finished at: 12.35

**Action Table**

No.	Actions from November	Responsibility	Status
2	Sharon to raise access to Personal Health Budgets at the LLG meeting.	Sharon G	Carried forward
4	Alana to put MHAG member in contact with the peer leader group	Alana	Carried forward
5	Ask The CCG what each IAPT service is commissioned to do in Thanet and whether this corresponds with what these services are delivering.	David	Carried forward
No.	Actions from this MHAG	Responsibility	Status
1	Establish who the current commissioner for Thanet is.	David	
2	Forward Esther details to MHAG for circulation.	Teresa	
3	Clarify the status of the MH Job Club.	Fiona, Rebecca & Tony	
4	Check referral pathway for The Art Group.	Aaron	
5	Check if leaflets are in Beacon reception.	Mark	
6	Email Thanet locations for LT physical conditions to MHAG.	Jenny	
7	Meet with LK and GP at the end of the meeting.	Sharon B & Teresa	
8	Talk to Mark about Cooking	Sharon	

**Administration :**

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Email: [mhag@westkentmind.org.uk](mailto:mhag@westkentmind.org.uk)

Minutes and supporting documents are posted on:

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