

Thanet Mental Health Action Group

Meeting on 8th May 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)
Joy Brown	Ramsgate JobCentre, DEA
John Puddle	KMPT, Occupational Therapist
Lorna Kane	Windmill Community Gardens, Team Leader
SW	Carer
Philippa Eagleson	Avondale Care, Recovery Coordinator Team Manager
Joshua Kinsella	Avondale Care, Senior Recovery Coordinator
Steve Inett	Healthwatch Kent, CEO
Maggie Gallant	SpeakUp CIC
Eve de Gray Birch	Engaging Kent, Co-production Facilitator
Leonie Bell	Richmond Fellowship, Community Link Worker
LK	Carer
Mark Burkin	Take Off
AC	Service User
Sarah Gillam	Thinkaction, Team Leader
Rebecca Keeler	Rethink, MH Recovery Worker
Fiona Tapley	LWK Porchlight
Leonie Roke	RBLI Progression Coach

Apologies	Organisation
Linda Stocker	Garden Gate Project
Teresa Norton	Carers Support
Charlotte Lowther	Centra Housing
Lorraine Kent	Richmond Fellowship
Brian Heard	SpeakUp CIC
Hazel Malik	SpeakUp CIC
GP	Carer

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

From January:

- Establish who the current commissioner for Thanet is. Due to annual leave the CCG could not confirm the local Thanet lead before this MHAG. In the meantime, they have provided contact details of the wider team, to contact with any questions. **Carry forward.**
- Check referral pathway for the art group. Bliss from ThinkAction confirmed that the Art and Craft Group is made up of members that are either previous or current clients of Thinkaction. There is not a referral process as such but therapists are encouraged to speak to the clients about it during their therapy process or clients can approach reception and ask for the next date so they can join. **Completed**
- Jenny to email IAPT locations for physical conditions to MHAG. **Carry forward.**

From March:

- Ask The CCG if Personal Health Budgets (PHBs) exist in Thanet. Sarah Parker from the East Kent Mental Health Commissioning Team responded by email:

Currently in Kent (including Thanet) People who are eligible for Continuing Health Care (CHC) and parents/carers of children and young people eligible for NHS Continuing Care have had the right to have a Personal Health Budget. Further details about eligibility for Continuing health care can be found via this link <https://www.nhs.uk/conditions/social-care-and-support/nhs-continuing-care/>

The details you have below from our monthly team mail out is the consultation that is out now to extend the offer of personal health budgets beyond continuing health care. The consultation includes extending the right for people eligible for S117 and for people with ongoing mental health needs. This consultation closes on the 8th June and anyone who wishes to comment in the consultation can access the online survey here

<https://consultations.dh.gov.uk/commissioning-integration-and-transformation/extending-rights-to-personalised-budgets/> or via the link circulated below.

So currently they are not available for mental health conditions however this could change following the results of this consultation. There is further information on the Thanet CCG website here: <http://www.thanetccg.nhs.uk/about-us/personal-health-budgets/> **Completed.**

Action 1: David to circulate link to PHB survey.

2. Dr Uma to enquire about PHBs in Thanet. This has been answered above. **Completed**

3. Sharon B to discuss with KMPT estates regarding safety for Mark's cooking group. Mark is waiting to hear back from The Beacon about this. John offered to follow this up. **Completed**

Action 2: John to follow up with KMPT estates about safety for Mark's cooking group.

4. Dr Uma to enquire about reimbursement of travel expenses for visiting family members placed out of area. **Completed**

Action 3: Steve/John to ask EK commissioning about travel expenses for out of area visits.

Need to clarify whether this is overspill or whether there are no suitable facilities in Kent.

(b) County MHAG response to local question: None taken forward

2. MHAG and Service User Forum Consultation – Steve Inett & Eve de Gray Birch

Engaging Kent are conducting a co-production process 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 circulated scoping report, is available at: <https://westkentmind.org.uk/mental-health-action-groups/mhag-thanet>

Action 4: David G to circulate consultation presentation.

Action 5: David G to circulate MHAG scoping report.

Action 6: Forward co-production group details to John, to forward to KMPT peer workers.

5. Service User and Carer Questions/Feedback

(a) Questions raised at the pre-meeting:

1. Can travel expenses be reimbursed by KMPT, for visiting close family members placed in hospital out of area?

This issue was discussed earlier in the meeting and Steve/John are following this up.

2. An issue was raised about contact with a Care Coordinator.

Action 7: John to chase up contact with care co-ordinator issue.

Action 8: John to contact Forensic Lead.

Steve reminded the group to contact Healthwatch Kent if anyone would like to feed back about blanket limits imposed on the number of IAPT sessions offered.

There was discussion about the discharge process from Secondary Care (CMHT):

- Is sufficient information supplied about other services when discharged?
- A perfect care pathway would involve peer workers (now managed by KCC) introducing clients to local/ voluntary services a couple of months before discharge. This would help to bridge the transition from the CMHT to new services and would manage any anxiety.
- TakeOff are receiving referrals from secondary care, but SpeakUp are not: John will meet with Maggie from SpeakUp after the meeting.
- The Live It Well website played a key role in referrals, but is now gone.
- Live Well Kent have a meeting with Paula to look at discharge pathways, as some delivery partners are being referred clients with high needs.

The group agreed that there is a gap in services:

- Speakup have people knocking on their doors who are so unwell, but there are no services for them.
- Steve advised that there is work underway, to bring together providers, Primary Care, KMPT, etc. People are moving around the system and don't necessarily fit what is there.

There are issues in MH care services:

- Joshua from Avondale Care advised that, if people who lead the recovery groups become unwell, then this affects the whole group.

- Additionally, many are discharging from care services because of financial issues and cannot manage their bill, despite not being well enough to leave.
- When people are assessed for care, financial constraints, such as debt, are not taken into account.

Steve is happy to collate feedback anonymously on any of the issues mentioned above. Please contact Healthwatch Kent to give feedback.

Discharge from Secondary Care was discussed again:

- We could ask KMPT for readmission rates, as a measure of early discharge.
- John advised that there must be recovery in the journey. Conundrum of intensity – if I had 100 people I would not be able to do any of them any good. We have to be able to work with the clients who need help.
- At DDS MHAG, local readmission rates had increased. However, fewer out-of-area beds were being used, increasing local demand. Additionally, having clients under The CMHT for less time means that more beds are available for people who need help.
- At Swale MHAG, a mapping exercise (Task & Finish Group) was conducted, to map out all of the available services, their eligibility criteria, etc. Although this could be complicated by different individuals having different needs.
- As an indication of being discharged too early, ask KMPT for readmission rates.

Action 9: Steve to ask KMPT for numbers readmitted to the CMHT or hospital within 3 months of discharge.

- Healthwatch found that the reduction in out-of-area beds was associated with a higher readmission rate. Statistics are one thing, but don't want to go back to what was there before (i.e. more out of area placements).
- Should also look at Primary Care.

Action 10: Steve to ask the CCG what GPs are doing to effectively manage those individuals with MH conditions.

- Steve advised that Thanet has a good case for more money, but the situation is complex: Also involves gaining a better understanding of the situation and that services are at capacity. Also, perhaps GPs should have dealt more effectively with people leaving the CMHT.
- We tend to look at KMPT and not what GPs are doing. In Kent & Medway we are trying to boost community services: GPs should be able to deal with a higher level of need.
- We would need to say that we have looked at the issue thoroughly before taking to The MP, asking for more money. Important that commissioners are in agreement first.
- At end of next MHAG – could stay later to talk about mapping services/eligibility criteria.

Action 11: David G to check room availability for mapping discussion.

Action 12: Put mapping discussion on the agenda.

(b) Questions going forward to County MHAG: None.

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
2. **CCG / Live Well Kent Reports:** All reports have been circulated and are located at www.westkentmind.org.uk/mental-health-action-groups

Thanet CCG report: The chair went through the circulated report.

Live Well Kent Porchlight, Fiona: Information not included in the circulated LWK update covering 1st April 2017 – 31st March 2018:

- Referrals from IAPT are low.
- 95 people were referred from GPs (53 direct and 42 given a leaflet by GP).
- 535 people were new to the service. Targets for contact time and starting a service within 7 days were met.
- In Thanet, only 43% of LWK referrals were male. In other areas, the gender balance is more equal. We have an innovation grant to look at this in Thanet.

- There have been a number of successes with Rethink, TakeOff, Richmond Fellowship and spAce – see the update for further details.
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.

DWP, Joy: I am from Ramsgate Job Centre and am standing in for Tony March today. We have our version of Ruby Wax's Frazzled Cafes and the Connect Café, called Talking Point. It is by invitation for anyone using the Job Centre. At Talking Point, work is not on the agenda – it is for people who may need to use MH services and to meet those in similar situations. Any organisation that would like to attend is more than welcome. They run on the last Friday of every month from 10-12. If anyone would like to come along and talk to our customers about how they can support them or would like more info could they email me at Joy.brown@dup.gsi.gov.uk or call me on 07774448419.

The Beacon CMHT, John: Sharon Buxton has left The Beacon and is now working for the AMHP service. Sarah Rodger-Smith is now the Service Manager. We are making improvements e.g. by implementing the CAPA (Choice and Partnership Approach) Model. This has already started. We are ensuring overlap with the Crisis Team and are tracking people who we are concerned about. 7-day follow-ups are visible, we know who are highlighted cases and know who can cover who. We are also trying to phone people in advance to offer a choice of appointments. This has reduced the DNA (Did Not Attend) rate. Staff are working overtime on Saturdays to clear the backlog of assessments. We are reviewing care plans and have updated risk assessments to give a more holistic view. There has been a big push in the last 2-3 months. We have appointed Lucy Love, Social Work Assistant as the Carer's Champion. We received good feedback from the Friends and Family Test. There is a huge demand on services. Need to think where we sit with the 3rd sector and Primary Care.

Windmill Community Gardens, Lorna: We have wellbeing services on Fridays from 10-2. We act as a springboard onto training, education, etc. Need to raise awareness e.g. at the Beacon. John – could have a guest slot at our team meeting on 1st Tues of each month. Or a teaching slot.
Action 13: Circulate info about Windmill Community Gardens.
Action 14: Circulate info about teaching slots at the Beacon
 There was discussion about the upcoming GDPR (more stringent data regulations).

Avondale Care, Phillipa: We have just started a Service User forum. Could a member of the forum attend this MHAG? Maggie suggested Speakup.

Speakup CIC, Maggie: We have a new group starting soon. We need leaflets from service providers for our drop-in Café and MH Awareness Week event.
Action 15: Maggie to forward email (requesting hard copy leaflets) to MHAG to circulate.
 There is lots going on, e.g. a Listen-Up event. We will be working with the Shaw Trust from 1st June to deliver an 8-week art therapy event. We are working with Porchlight to deliver LGBT groups in Dover and Deal, as well as a music group.

TakeOff, Mark: We are pleased to have been featured on BBC South-East News and this is one reason that we want to start a cooking group.

Rethink, Rebecca: We would also like leaflets.
Action 16: Rebecca to forward email (requesting hard copy leaflets) to MHAG to circulate.

Margate Job Centre, Vicky: Vicky to liaise with David R about organising a larger event, with all different agencies under one roof.

Richmond Fellowship, Leonie: I work as a progression coach, helping people with MH issues on probation. I look at where they want to make progress and produce a plan that is individually-

tailored to their needs. We offer this service for up to 2 years and can help with clothing costs, travel to and from training, etc. We help to organise any voluntary work.

Action 17: Leonie to forward email about progression coaching to MHAG to circulate.

7. Task and Finish Group

After the next meeting, there will be a meeting about mapping services/ eligibility criteria, to try to identify any gaps in services (e.g. for those individuals recently discharged from the CMHT).

At the last MHAG, there was discussion about organizing a provider meeting for joined-up working/networking, which has been successful at Maidstone MHAG.

8. Date of next meeting

Tuesday 3rd July 2018, 11am at the Beacon, Manston Road, Ramsgate, CT12 6NT

Meeting finished at: 12.15

Action Table

No.	Actions from January MHAG	Responsibility	Status
1	Establish who the current commissioner for Thanet is.	David	Waiting for roles to be confirmed, but we can contact Louise Piper/ The EK MH Commissioning Team in the meantime.
6	Email Thanet locations for LT physical conditions.	David/Jenny	Actioned
No.	Actions from this MHAG	Responsibility	Status
1	Circulate link to PHB survey.	David	Survey expired
2	Follow up with KMPT estates about safety for Mark's cooking group.	John	Actioned
3	Ask EK commissioning about travel expenses for out of area visits.	Steve/John	Actioned
4	Circulate consultation presentation.	David	
5	Circulate MHAG scoping report.	David	
6	Forward co-production group details to John, to forward to KMPT peer workers.	David	Co-production group already formed.
7	Chase up contact with care co-ordinator issue.	John	Actioned
8	Contact Forensic Lead.	John	Actioned
9	Ask KMPT for numbers readmitted to the CMHT or hospital within 3 months of discharge.	Steve	Actioned
10	Ask the CCG what GPs are doing to effectively manage those individuals with MH conditions.	Steve	Actioned
11	Check room availability for mapping discussion.	David	Completed
12	Put mapping discussion on the agenda	David	Completed
13	Circulate info about Windmill Community Gardens.	David/Lorna	
14	Circulate info about teaching slots at the Beacon	David/John	Actioned
15	Forward email (requesting hard copy leaflets) to MHAG to circulate.	Maggie	
16	Forward email (requesting hard copy leaflets) to MHAG to circulate.	Rebecca	
17	Forward email about progression coaching to MHAG to circulate.	Leonie	

Administration :

Phone: 01732 744950

Email: mhag@westkentmind.org.uk

Minutes and supporting documents are posted on:

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

