

Thanet Mental Health Action Group

Meeting on Tuesday 13th November 2018, 11am-12.30pm
At The Beacon, Manston Road, Ramsgate, CT12 6NT

Attendee Name	Organisation & Role
David Rowden	SpeakUp CIC (MHAG co-chair)
David Garrick	West Kent Mind (MHAG minutes)
LK	Carer
JC	Carer
Amanda McNeill	Carer's Support, Canterbury, Dover & Thanet
Yvonne Brown	KMPT, Operational Team Leader
Vicki Radford	DWP, DEA (Margate)
Marie Jennings	DWP, Work Coach
Joshua Kinsella	Senior Recovery Coordinator
Philippa Eagleson	Avondale Care, Team Manager (Thanet)
Tracy Dumbarton	Thanet CCG, MH Program Manager
Julian Tudor	Porchlight (Thanet)
Eve de Gray Birch	Engaging Kent CIC
CC	SpeakUp CIC
Mark Burkin	TakeOff
Hazel Brown	KMPT/NHS, CRHT Snr STR Worker & Carers Lead
Leonie Down	KMPT Acute OT Lead
Jackie Bergeron	Survivors Of Bereavement by Suicide
Jo Miller	Sanctuary Supported Living
Fiona Page	Sanctuary Supported Living, Project Worker
Jean Potter	Sanctuary Supported Living, Project Worker
Anon	Sanctuary Supported Living, Client
Anon	Sanctuary Supported Living, Client
SW	Carer

Apologies	Organisation
Tony March	DWP
Joy Brown	DWP
Alana Coia	Rethink Employment Services
Kay Byatt	SpeakUp CIC
Tracy Horn	KMPT
Lorraine Kent	Richmond Fellowship
Elaine Gorrie	Adult MH Social Work Service
GP	Carer
Sarah Gillam	ThinkAction

1. Welcome, Introductions, Apologies & GDPR Update

2. Minutes from last meeting – Approved without amendment

3. Action Points:

(a) From local MHAG

May.18-9: *Steve (Healthwatch Kent) to ask KMPT for numbers readmitted to the CMHT or hospital within 3 months of discharge.* Steve advised by email that he has not received a response to his request and suggested that it be brought up at KMPT's Patient or Carer Consultative Committee meetings. **Closed.** LK offered to do this.

Action 1: LK to ask KMPT for numbers readmitted to the CMHT or hospital within 3 months of discharge, at a KMPT Consultative Committee meeting.

Jul.18-1: *Joy (DWP) to confirm whether a carer can attend a PIP assessment on a person's behalf.* Joy advised by email that PIP confirmed that a 3rd party cannot attend in place of the claimant. Originally, PIP advised individual to speak to Assessment Provider (phone number on letter). Joy tried to find outcome of this case, but could not get in touch with the individual concerned. **Closed.** Vicki added that, if individuals are usually seen in their own home by their GP, they can ask for a home visit.

Sep.18-1: *Kay (SpeakUp) to follow up with Newington Big Local re crisis café.* Kay advised by email that, according to Newington Big Local (NBL), there were talks two years ago about the need for a crisis café and NBL expressed an interest in supporting one being set up in Ramsgate. Conversations are understood to have taken place with the Beacon during this period. Unfortunately, nothing further was progressed, although a café was set up at St Paul's Church in Cliftonville soon after these conversations. Kay recently found a flyer for a drop-in café at St Paul's Church, however this no longer seems to be operating. Kay will continue to make enquiries and inform the group of any further information. **Completed.**

Sep.18-2: *Mark (TakeOff) to provide costings for Takeoff's crisis group.* Mark advised that it would cost around £25k-£30k per year to provide a rota for 20 staff (with no rental costs), which is good value for the service that it provides. **Completed.** Mark asked if anyone could provide a premises free of charge. Insurance is an issue.

Sep.18-3: *Sue (MHAG) to ask DWP about backdated carers' allowance.* Joy (DWP) advised by email that CA (Carers Allowance) have stated that a decision maker (DM) would look at each case on an individual basis. Normally the maximum time length would be 3 months but again it is up to the individual DM to make that decision. Joy would advise anyone to ask, the worst that can happen is they don't get it backdated as far as they would like. Sue has sent this information to the individuals who asked this question. **Completed.**

Sep.18-4: *Hilary (Porchlight) to forward information about UC direct payments to landlords.* This information has been circulated. **Completed.** Information from this link: "*Alternative Payment Arrangements can be considered at any point during the Universal Credit claim. They may be identified at the outset by the Jobcentre Plus work coach during a Work Search Interview, alongside Personal Budgeting Support, or during the claim eg because the claimant is struggling with the single monthly payment They can also be triggered by information received from the claimant, their representative, their caseworker or their landlord, advising of a build up of rent arrears. To safeguard the claimant's home, a landlord can notify Universal Credit of a build up of rent arrears and ask for the Universal Credit housing element to be paid direct to them where a rent arrears 'trigger' has been reached.*"

Sep.18-5: *Tracy (KMPT) to provide update on new carers' champion.* Yvonne (KMPT) advised that this information will come from the social care side of the CMHT. **Follow up.**

Sep.18-6: *David (MHAG) to ask Tracy (KMPT) if the Beacon are finding it difficult to manage depot injections.* Yvonne (KMPT) advised that there has been difficulty. They are currently running 5-6 clinics in the community (care homes, GP surgeries, etc). However, from January, clients will

come into the Beacon or to a clinic at QEQM Hospital for their depot injections/ Clozapine blood tests. This should improve the situation. **Completed**

Action 2: Yvonne to find out about provision for those who need a home visit from January for their depot injection.

(b) County MHAG response to local question:

1. Why do you have to pay for prescriptions on ESA? There is no consistency between anti-psychotic medication given as a tablet or liquid and as a depot injection.

Further info below from the Thanet MHAG meeting:

- Not everyone on Universal Credit or contribution-based ESA get free prescriptions
- GPs can sign an exemption letter, however this is only applicable for some long-term **physical** conditions, not mental.
- There is a prepaid prescription card which is £8.67 per month for unlimited items/prescriptions.
- Joy Brown added the following:

“Anyone on a low income not automatically entitled to free benefits should be completing an HC1 to see if they are eligible for an exemption certificate, and can also use the HC5 forms to request a refund of travel, eye tests, dental work, optical charges etc. Each case will be looked at on an individual basis.

<https://www.nhs.uk/NHSEngland/Healthcosts/Documents/2016/HC1-April-2016.pdf> “

Response from County MHAG minutes:

Tony March, DWP, advised by email that people can input their details at the following link, to check if they are eligible for free prescriptions: <https://www.gov.uk/help-nhs-costs>

Action 9: Dawn to follow up on details of free prescriptions for people on benefits, including contribution-based ESA and Universal Credit.

David R advised that many clients in supported accommodation in Thanet have to pay for prescriptions. Now being on Universal Credit/ benefits does not automatically entitle you to free prescriptions. Andy advised that when the CCG looked at this, they thought that this would virtually never happen (in the case that it did occur, they gave an exemption).

Hilary raised that the GP medical exemption letter should not draw the distinction between mental and physical conditions – parity of esteem.

Action 10: Steve to flag the disparity in medical exemption letters for those with physical and mental conditions

Action 11: David G/Annie to check whether this disparity is being addressed nationally e.g. by MIND/Rethink

2. The CMHT is changing from October to become more specialist, before primary care mental health services have been fully developed. It is more difficult to get people back in to the CMHT and voluntary sector and primary care services are seeing more people presenting with higher needs. What is being done to support these people?

Response from County MHAG minutes:

Vicky advised that this is likely related to the work that KCC are doing around caseloads. Some clients may be discharged from KMPT who still require a large element of social care, (i.e. the MH need is secondary to the social care need.)

Clive mentioned that some clients have had care coordinators taken away as a result of this process – difficult for clients who cannot handle change. Vicky responded that, in the main, this is being handled sensitively and KMPT are working closely with KCC. Under the CAPA model, you shouldn't have social workers who are coordinating care. Over the past few months, staff have been looking over caseloads and considering who is the best person to look after each individual, so clients are being transitioned over.

(Andy Oldfield and Cathy Bellman gave a presentation, which included the announcement that the Primary Care MH (PCMH) Service will be extended to all hubs and GP surgeries in East Kent, which will help to support people in primary care.)

Tracy (CCG) added that this expanded PCMH service will start in around June 2019.

4. Service User and Carer Questions/Feedback

(c) Questions raised at the pre-meeting:

1. *Question raised about not getting contact from new care coordinator at the Beacon.*

Yvonne (KMPT) offered to look at the specific details after the meeting. Unfortunately the Beacon are having to contend with lots of sickness at the moment – caseloads are either given to seniors or are put onto another care coordinator's caseload.

2. *Question raised about receiving a phone call to say that they do not have a Care Coordinator anymore – have been passed over to the social care side. No explanation of what therapies are available and told waiting list is 18 months.*

Yvonne (KMPT) – as there is a long wait for psychological therapies in secondary care, prefer people to engage in Primary Care as much as possible. Yvonne to get details of this case.

A gap between primary and secondary care was discussed – examples given of people who are too severe for primary care, but do not meet the threshold for secondary care (e.g. high need, low risk). The new extended local care service (i.e. PCMH workers in hubs/GP surgeries) will look to remove gap. Locally procured service, as oppose to national service.

(d) Questions going forward to County MHAG: None taken forward

5. Information Sharing:

1. Engaging Kent Update:

Eve explained that the Co-production process started in April and that she and Sue had been visiting and working with local service user and carer groups. Eve thanked everyone for their feedback so far and explained that the proposed model had been circulated via the mhag network and more feedback received. The feedback has been incorporated into the thinking about the model and shared with the Co-production group.

The Co-production group have started work on what the role will entail from April 2019 including how much time should be spent on networking, outreach and peer support/forum work and will next be working on focusing on the specification. Once agreed the draft specification will go to commissioners for comment. If approved there will be a stakeholder event in January/February to share the model further. Training and support is to be designed and implemented for those delivering the model with the new specification being delivered from April 2019.

Action 3: Eve to contact Pam Wooding, as suggested by Leonie, about the module on parity and challenging stigma at the Recovery College.

2. County Update: Please refer to the County draft minutes for full details of discussion, located at www.westkentmind.org.uk/mhag-county

Main points included 1. Pilots of three new Psychological Therapy pathways in KMPT are occurring and 2. The Primary Care MH (PCMH) service will now be expanded to all hubs and GP practices in East Kent – was previously a pilot project.

3. CCG / Live Well Kent Reports: All reports have been circulated and are located at: www.westkentmind.org.uk/mhag-thanet

a) Thanet CCG Update, Tracy:

Have already covered the 2 big pieces of work (developing local care and mapping MH pathways). Also working on RISE – Thanet rough sleeper project, as well as with drug and alcohol services.

The ending of Thinkaction's therapy services in Thanet was discussed. This activity is still being commissioned, but is being provided by Dover Counselling and Insight, who have been working closely with Thinkaction to handover. Thanet CCG have been in contact with all 3 organisations to manage this. Waiting lists may rise initially, but longer term they will want to provide the best service that they can.

b) **Live Well Kent (LWK) Porchlight:** The chair went through the circulated update.

4. **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.

Carers Support, Amanda: Currently looking to start a new MH group for carers and have put out a survey to decide location– Deal may be the best place

DWP, Vicki: Have been asked to do a quick update on Universal Credit (UC). Things are changing all of the time. Work allowances have increased by £100. There is more support for the self-employed from July 2020. Guarantee that when people move over from JSA, they will not be worse off. If you have any questions – phone or email us. Whilst it might not seem it, lots of people are better off on UC. When moving from JSA to UC, now paying an extra fortnight's money, so get 6 weeks instead of 4, to help with the transition.

Porchlight, Julian: Works for Porchlight in Thanet. Trying to do drop ins all around Thanet and are seeing lots of vulnerable people. Never turn anyone away, but might refer to TakeOff, Richmond Fellowship or SpeakUp.

Engaging Kent, Eve: Healthwatch Kent are currently doing a project on CMHTs – please contact them if you have any case studies.

TakeOff, Mark: Offer services in SKC and Dover, but not exclusively for people living in those areas. Sometimes have a chemist come in to talk about meds, DWP to talk about benefits, etc.

KMPT, Leonie: It was Occupational Therapy week last week. New strategy just launched – independence as key. Hopefully OTs are helping people to navigate out of secondary care into primary care.

Survivors Of Bereavement by Suicide, Jackie: Would like to highlight services offered. Offer support groups in Ashford, Maidstone and Orpington.

Sanctuary Supported Living, Jo: Have supported housing for clients with low-medium needs in Ramsgate. Have a full house at the moment, but are taking referrals.

Rethink Thanet Way Employment Service, Alana (via email, read aloud by David G):

- Rebecca Keeler and Georgina Bush are no longer working for the company.
- We have 2 new Staff in place William Hebdich and Darran Smith who are both full time, we are also recruiting for another full time Employment Specialist.

Referrals external from Live Well Kent:

Please see attached form for those who are external from Live Well who wish to refer to our service, once referral form is completed please send to our shared, secured email which is thanetway@rethink.org only Rethink Thanet Way staff have access to this.

We are getting our new flyers updated and will send out to everyone once done.

ThinkAction, Sarah Gillam (via email): Thinkaction will no longer have a presence in Thanet and the South Kent Coast from January 2019. Services are being withdrawn as we are no longer able to meet the need of the clients due to having great difficulty recruiting in the area and it is not due to any funding issues. We will continue to offer the service in Ashford and Canterbury and all the areas within the CCG surrounding them.

6. Task and Finish Group

MH service directory – only had 9 people send their details in to SpeakUp at <http://speakupcic.co.uk/mhag/>

Vicki (DWP) advised that she has lots of details from a networking event On 24th Oct, but cannot share due to GDPR. There were 20 people there. Will hold every 6 months. If anyone interested in attending, email Vicki at Vicki.radford@dwp.gsi.gov.uk

Crisis café – the group decided to continue looking into setting one up. The following points were discussed:

made a difference to clients in Canterbury – feedback forms – built bonds with other clients; grants – from NHS funding; need a lead partner – was St Pauls; s.75 – Canterbury Council.

Action 4: David R to visit the crisis café in Canterbury, to see how it's working.

Action 5: David G to ask WKM about any plans for a crisis café in Thanet.

Action 6: Group to arrange to meet to discuss crisis café plans further.

8. Date of next meeting

Tuesday 15th January 2019, 11am at Richmond Fellowship, 17 St Johns Road, Margate, CT9 1LU

Action Table

No.		Responsibility
Sep 18-5	Provide update on new carers' champion.	Yvonne
Nov 18-1	Ask KMPT for numbers readmitted to the CMHT or hospital within 3 months of discharge, at a KMPT Consultative Committee meeting.	LK
Nov 18-2	Find out about provision for those who need a home visit from January for their depot injection.	Yvonne
Nov 18-3	Contact Pam Wooding, as suggested by Leonie, about the module on parity and challenging stigma at the Recovery College.	Eve
Nov 18-4	Visit the crisis café in Canterbury, to see how it's working.	David R
Nov 18-5	Ask WKM about any plans for a crisis café in Thanet.	David G
Nov 18-6	Group to arrange to meet to discuss crisis café plans further.	All

Administration :

Phone: 01732 744950

Email: mhag@westkentmind.org.uk

Minutes and supporting documents are posted on:

www.westkentmind.org.uk/mhag-thanet

