County Mental Health Action Group

Meeting on 22nd February, 2017 2pm at County Hall, Room Swale 3, Sessions House, Maidstone, ME14 1XQ

PRESENT	ORGANISATION & EMAIL ADDRESS
James de Pury– Chair	IESO Digital Health
Marie McEwen – Minutes	West Kent Mind
David Hough	Co-Chair Swale MHAG
Ellie Williams	Co-Chair Canterbury MHAG/Take Off
Karen Abel	Co-Chair Insight Healthcare
Brian Clark	Co-Chair Swale MHAG
Amanda Godley	Co-Chair SpeakUp CIC
David Rowden	Co-Chair SpeakUp CIC
Brian Heard	Co-Chair SpeakUp CIC
Liz Bailey	Shaw Trust
Dave Holman	West Kent CCG
Andy Oldfield	South Kent Coast CCG
Chris Coffey	Porchlight
Debbie Tyler	ActivMob
Julie Collins	ActivMob
Ali Marsh	Think Action
Annie Jeffrey	Carer
Yasmin Ishaq	KMPT
Martin Field	Kent County Council, Commissioning Officer
Laura Pearce	Kent County Council, Commissioning Officer
James Godfrey	KMPT Single Point of Access
Emma West	Kent County Council

APOLOGIES	ORGANISATION
Sue Scamell	Kent County Council Mental Health Commissioner
Tony March	DWP Jobcentre Plus
Insp. Wayne Goodwin	Kent Police
John Rea	KMPT Personality Disorder lead
Louise Clack	KMPT
Matt Stone	CAMHS
Steve Inett	Healthwatch Kent, CEO

1. Welcome, Introductions & Apologies

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

2. KMPT Peer-Supported Open Dialogue (POD) – Yasmin Ishaq & Annie Jeffrey

POD focuses on continuity of care and involves family and friends in your support from the beginning. Excellent outcome data from Finland showing less medication, more talking, less relapses and higher return to work figures, however, this is a different economy so we need to try it here to see if it works for us. POD is being picked up worldwide. The foundation study report started this month and there is also a largescale £2.4m research study. If we get the qualitative data we need then we could achieve National Institute of Clinical Excellence (NICE) guidelines. This is also included in the 5yr forward transformation plan.

Includes everyone from the beginning which deals with confidentiality from the start. All discussed together – no meetings without the person at the centre.

30 KMPT staff have been trained and are based in Canterbury where the first pilot started last week. Referrals come from Single Point of Access (SPoA) for people who are new to secondary mental health services or have been discharged more than 6 months. We also take referrals from the Early Intervention team. We interface with SPoA, Crisis teams and also look at admissions to hospital. We expect to have 120/140 referrals by end of the year. There will be 4 peer support workers in most groups. Funding has come from a variety of sources including £120,000 from Health Education England. Low caseloads will allow us to do crisis work and see people every day. The professionals do not determine the frequency of the meetings, the person in crisis decides.
Kent is first to have a standalone POD team in this country which has provoked a lot of interest and we are delivering a conference to Surrey and Sussex in March.

The handout explains the 12 key elements with 7 main principles. Professionals are saying they are enjoying working in this way and it is very exciting. We will come back in 6 months with some data on qualitative and quantitative levels.

Question 1: What about people who have been in secondary care long term?
Response: If discharged for 6 months they can access POD. Our hope is that time will show this is a more effective way of working and it will be brought in across the board. We have to try it small scale to gather evidence.

Question 2: Concerns about turnover of staff. SPoA took staff away from normal services and caused problems. Where will POD staff be sourced?
Response: We are doing the work of CMHT and not taking staff away. Research in other countries showed dramatic changes to staff turnover and we hope this will be replicated here. There is more incentive to stay in the job and will attract more staff into KMPT. We have already had interest from staff outside of Kent.

Question 3: Do you take people discharged from Section 136?
Response: We have already picked someone up from a 136 in Canterbury. They are seeing same clinicians every day thus not transferred to another service. The Crisis team came to us with this and are part of the assessment.

Question 4: From the social care aspect, what are you doing to tie up with providers of social care?
Response: If social care needs such as housing or debt are identified then we focus on this first to alleviate the stress before looking at diagnosis. This follows the psychosocial model.

Question 5: How does this reflect on funding for providers if they have higher referrals?
Response: There are people who would come into system anyway for those needs so not necessarily an increase. Often these are relegated at the beginning but this way the need may be reduced if met first.

Question 6: It is good that things like the heating/housing etc are addressed immediately but demand will be increased to meet these. This could potentially identify large housing needs for Shaw Trust/Porchlight.
Response: That is for commissioners to identify. Resources would shift from hospital admissions though so should free up financial resources.

Question 7: What about GP involvement as they are usually the first point of call?
Response: We are working closely with Local Operational Meetings (LOM) and also arranging to present at the GP Protected Learning Time (PLT)s.

Comment 1: This is this very refreshing and could lead to people being far less dependent on mental health services, it gives people the power to make changes to their life. Very positive.

Response: This is what we hope for. Within the network meeting if it is identified that other providers are needed they will be invited. The person decides when they are ready to be discharged – they will not be told they are ready.

Comment 2: I applaud the direction this is going. It is not just medical – it is supporting the person's needs and working together with them at the front and centre, this is the answer. Not too much pressure on the family to cope alone.
Response: Agree. Discussions are in front of everyone – no decisions made without everyone present. Genuine multi-disciplinary working.

The group thanked Yasmin and Annie for a very informative and welcome presentation. POD leaflets were distributed. For more information please call the team on **01227 812044** or email opendialogue@kmpt.nhs.uk

3. **Supporting Independence Service & Accommodation Consultation: Laura Pearce & Martin Field**

The Promoting Independence consultation is now live until 26th March. The two individual services for housing related support (Supported Accommodation) and the Supporting Independence (at home) are coming to an end. The new service will bring both of these together under one contract.

Services as they stand are not as good as they could be and are very time and task orientated. Fluctuations in health has highlighted that a change is needed and the service should be more flexible to meet people's needs.

Posters have been distributed to GP surgeries/libraries etc. We are happy to come to your local groups to talk about this. Please promote the consultation and encourage as many people to take part.

Question 1: What are you proposing to replace this with?
Response: Nothing is changing. Same services being delivered but is made easier as people won't have to jump hoops to have another assessment if their needs change.

Question 2: What if the type of care he needs is not there or if what he is offered is not what he needs?
Response: The service would support him to access what he needs.

Comment: Live Well Kent provides support for social inclusion. Under the new combined service they could potentially be referred into Shaw Trust.

Comment: The net seems to be widening. More potential for people to fall through the net.
Response: Feed this back via the consultation.

Question 3: What will be replacing these two services?
Response: A much more flexible service. At different points in life people's needs change and they will be able to access services very quickly without going through a formal process each time. E.g. If 4 hours support is not enough or too much it can be amended quicker. This is about changing the model rather than the service.

Question 4: Will there be a reduction in funding for the service?
Response: yes, there will be a 10% efficiency saving by linking the two services into one.

Posters have been distributed to GP surgeries/libraries etc. Laura and Martin are happy to attend local groups to talk about this. Please promote the consultation and encourage as many people to take part. See website for more information www.kent.gov.uk/mentalhealthconsultation

4. **Minutes from last meeting:** Approved.

5. **Action Table**

Laura advised that the Housing Workshop is on Monday 27th February at County Hall and is by invitation only. This is being led by Kent Housing and will include key decision makers to look at housing need across the county.

6. **Locality Questions**

The following questions/answers are abbreviated. Full questions/answers can be found on the Locality Question sheet on this link http://www.liveitwell.org.uk/your-community/county-mental-health-action-group

Ashford: 1. What is being done to centralise electronic notes between the services?
Angus Gartshore had responded that KMPT's electronic information system cannot be accessed by other services due to confidentiality issues. Annie asked how plans for multi-specialty providers (MSP) will work as information sharing is not happening. Andy advised that Public Health have started a pilot project for Kent Integrated Data (KID) which will hopefully produce good results.
It was noted that East Kent/West Kent have slightly different models for transferring people from secondary care to primary care and suggested Angus could explain it at the next County meeting in April and perhaps also at local MHAG groups.

Action 1: Ask Angus Gartshore to explain different models for East/West Kent for transferring from secondary to primary care.

2. Who is contracted to provide support for carers who are over 18 caring for under 18s with mental health needs? This point is to raise awareness only as it is being looked into by Carol Boorman, Canterbury CCG Mental Health lead. Laura added that carers' assessments do not have an age limit that she is aware of.

Canterbury: Street Triage update requested. Karen Dorey-Rees will be attending the Canterbury MHAG in May but provided a printed update in the meantime which has been circulated to all MHAGs.

DGS: Are people being discharged from out of area beds receiving the care they need in the community? Response: All are discharged through KMPT's usual systems, i.e. either back to one of KMPT's acute wards or would have been discharged in conjunction with their care coordinator and followed up in the appropriate way.

Swale: Question raised by carer at the meeting: Brian had queried a different meeting why there was only one and half Community Psychiatric Nurses provided for the whole of Swale and was told this was calculated by a specific formula. He would like to know what the formula is. Dave Holman suggested asking Angus Gartshore to explain. James also suggested asking Swale CCG as they are also accountable.

Action 1: Invite Angus Gartshore to attend the next Swale MHAG to explain formula for CPNs.

Chris advised that any issues on capacity for the Primary Care Mental Health Specialists in Swale should be raised with the Live Well Kent service. Dave Hough asked how GPs decide what to make available as they need to be accountable to ensure they are doing it right. Dave Holman noted that this highlights the complexity of delivering mental health support. Commissioners try to manage need and what is being delivered.

David Hough added that there had been an issue with a Swale GP Surgery mental health worker where the service provided was not adequate but nobody knew where to go with this as it appeared the surgery were providing this themselves. The group responded that it was difficult to know without further information i.e. was it provided by Porchlight, or the CCG – if so they

would be accountable. However, if the GP surgery had identified the need and employed the person themselves then the GP Surgery Practice Manager would be the correct person.

Amanda asked for clarification on the different mental health workers. Chris advised that:

1. Primary Care Mental Health (PCMH) specialists are nurses in the community providing clinical care, in Ashford they are OTs (Occupational Therapists).
2. Primary Care Mental Health (PCMH) Link workers are not clinical specialists. They provide social prescribing service and are employed by Porchlight.

Chris added that Live Well Kent can take away the confusion as they can explain which service is which and suggest which one the client might need.

Liz Bailey advised that there are 8 locality groups being set up to work with the MHAGs. Groups will include Live Well Kent navigators/link workers, Psychological Therapists, Primary Care Mental Health OT or nurse, Primary Care Social Work teams and the Kent Enablement & Recovery teams who work within the community setting. This will pick up exactly this issue. Details are included in the Shaw Trust update circulated. This will ensure good pathways, reduced repeat assessments and duplication. A governance structure will also be set up. These will take shape in the next few months and will reduce confusion.

This was piloted in Ashford and when people were tracked they were potentially assessed 5 or 6 times. We also mapped information and this highlighted the need to set up a new structure.

Thanet: Questions raised asking if care co-ordinators had been allocated and if caseloads had been reduced. Angus had replied that not everyone had a care co-ordinator yet but they are working on it. He advised that KMPTs Transformation Programme was working to ensure that caseloads were reduced to a maximum of 40. See full explanation here http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/

7. MHAG Terms of Reference Update – David Hough/Brian Clark

Swale MHAG had a workshop to look at the Terms of Reference for the group. The workshop was very positive and was attended by 20+ people. It was helpful to recognize the purpose of the meetings. The new draft TORs ask for a signed commitment from organisations to attend the meetings regularly. It was agreed that these should be circulated to all local MHAGs to comment and feedback with a view to all groups adopting the new TORs.

Action 2: Circulate draft Terms of Reference to all groups for comment/approval.

It was noted that Children &Adolescent Mental Health Services (CAMHS) do not attend the County or any local MHAGs despite repeated requests. Dave Holman will take this back.

Action 3: Dave Holman to request CAMHS attendance at MHAGs.

8. Information Sharing

Take Off – Ellie Williams: We offer peer support training. We are looking to set up Folkestone Mind Crisis service. We operate a Crisis Café in Canterbury and are happy to talk to organisations to use our model around crisis cover over the weekends.
Some comments made here about different models of crisis cafes across the county and how they are funded. Dave Holman chairs the Crisis Concordat meetings and suggested we invite Insp. Wayne Goodwin and perhaps CCGs to do a joint presentation to explain the context.

Action 4: Invite Insp. Goodwin & CCGs to attend next meeting to explain Crisis Concordat/Cafe

Insight Healthcare – Karen Abel: Referrals have increased. We have secured a contract for Medway to deliver step 2 IAPT.

Shaw Trust - Liz Bailey: Updates are provided to all the MHAG local meetings. Liz suggested that Porchlight and Shaw Trust get together to deliver a Live Well Kent end of year presentation at the next County MHAg on 19th April.

Thinkaction – Ali Marsh: We currently have no waiting list. Please refer in.

Porchlight – Chris Coffey: We provide Live Well Kent Updates to all local MHAG meetings. There have been 2,000 referrals since April. Higher number than expected for serious mental illness. The expected target for DGS & Swale has reached 250% which highlights that more intervention and support is needed. We are discussing this with the commissioners. 87% of people were contacted within 2 days of referral. Tried to keep telephone contact at the centre. Over 80% have come from quintiles 1 and 2, i.e. the most deprived areas and we are flagging this with commissioners.

Swale **MHAG – David Hough:** David introduced the new Swale co-chair Brian Clark and welcomed him to the meeting. Brian is a carer which means there are now two carers attending the County MHAG.

SpeakUp CIC - Amanda. Pleased to advise that we have been awarded funding for the Sandwich group and the official opening is on 28th February. We are relaunching our peer support and service user forums in Deal on 10th March. We are working with Sol Leisure Ashford on a new Active Body & Mind project providing 8 weeks support. Still places available, please refer, all welcome.

KMPT – James Godfrey: First time attending the meeting and represents the Single Point of Access hub at Priority House which covers all Kent. There have been minor teething problems which have been resolved.

KCC – Emma West: We are now in the design phase of the social care review of residential care led by KCC. This is looking at who could be better supported in the community and where the best place in the community will be for them. Pilot starting in May working with commissioning team and the available accommodation. Will update in April. Also looking at needs of local groups.

9. **Date of next meeting** :

The next meeting is will be on **19th April**, 2017, 2pm at Sessions House, County Hall, Maidstone, ME14 1XQ

Action Table

No	Action	Responsibility	Status
1	Invite Angus Gartshore to attend ISwale MHAG to explain formula for CPNs	Marie McEwen	Attending Swale on 5/7/17
2	Ask Angus Gartshore to explain different models for East/West Kent for transferring from secondary to primary care	Marie McEwen	Attending County on 16/6/17
3	Circulate draft Terms of Reference to all groups for comment/approval.	Marie McEwen	Completed
4	Request CAMHS attendance at MHAGs.	Dave Holman	Completed. CAHMS now attending local MHAGs

5	Invite Insp. Goodwin & CCGs to attend next meeting to explain Crisis Concordat/Cafe	Marie McEwen	Insp. Goodwin is not the correct person to do this. Take this back to Dave Holman.

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for better mental health

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Minutes posted on
http://www.liveitwell.org.uk/your-community/county-mental-health-action-group/