



## County Mental Health Action Group

Meeting on 11<sup>th</sup> October, 2017 2pm

County Hall, Room Swale 2, Sessions House, Maidstone, ME14 1XQ

Attendee	Organisation & Title
Alan Heyes	County MHAG Chair/Mental Health Matters
Sue Sargeant	MHAG Minutes/West Kent Mind
Amanda Godley	Co-chair Ashford MHAG/Speakup CIC, Team Leader
David Rowden	Co-chair Thanet & Dover Deal & Shepway MHAGs/Speakup CIC
Ellie Williams	Co-chair Canterbury & Coastal MHAG/Take Off, Assistant Director
Alison Marsh	Co-chair Maidstone Weald MHAG/ Thinkaction, Ops Manager
Anthony March	DWP Partnership Manager
Nicola Herbertson	DWP, Lead Community Partner
Nicola Oatham Edwards	KMPT, Trust Lead Psychological Practice
Victoria Stevens	KMPT, Deputy Chief Operating Officer
Julia Hargreaves	Live Well Kent, Porchlight, Head of Community & Preventative Services
Scott Joiner	Live Well Kent, Shaw Trust, Network & Development Manager
Liz Bailey	Live Well Kent, Shaw Trust, Programme Lead
Sarah Deason	seAp Advocacy, Team Manager
Andy Oldfield	South Kent Coast CCG Head of East Kent Commissioning
Chris Hird	West Kent CCG Commissioning Project Manager

APOLOGIES	ORGANISATION
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Annie Jeffrey	Co-chair, Ashford MHAG
Brian Clark	Co-chair, Swale MHAG
Brian Heard	Co-chair, Thanet MHAG
Naomi Hamilton	DGS & Swale Clinical Commissioning Groups (CCG)
Steve Inett	Healthwatch, CEO
Carol Infanti	KCC, Strategic Commissioning (Children's services)
Diane Marsh	KCC Deputy Cabinet Member for Adult Social Care
Wayne Goodwin	Kent Police
Louise Clack	KMPT

## 1. Welcome Introductions & Apologies

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

## 2. Live Well Kent (LWK) End of Year Review for Porchlight – Julia Hargreaves and Liz Bailey

Live Well Kent recently gave this presentation to the Cabinet Scrutiny Committee and received a positive response from the cabinet members. The full presentation is available at <https://westkentmind.org.uk/mental-health-action-groups/mhag-county> and includes:

Overview

Commissioning Model

Why the need for change?

Key facts

Achievements

Delivery Model

Programme and Wellbeing Outcomes

Performance

Programme and Local Successes

Challenges

Measures of Success

Next Steps

- The 5 year contract is based on outcomes so there is an opportunity to look at how the service is working along the way and adapt it according to clients' needs and external circumstances.
- This longer contract also gives an opportunity to look at the impact of Live Well Kent and include data and statistics which were not previously available. It also gives us the ability to reach out to different types of providers not previously included and other people not previously reached ie younger people, refugees, those affected by baby loss. There has been concern about services providing short term provision so we have been looking at providing longer term support within the parameters of the service, ie by using peer support.
- Live Well Kent works with networks and partners to enable a client to access all services across local area. Outcomes are tracked via patients' NHS numbers, although it is too early to tell whether there has been any impact on secondary or emergency services. We are also working with colleagues, statutory care and social services around duplication/overlap.
- We want to support current organisations. We have developed some quality standards to ensure consistency across the contract and are helping organisations to reach these standards.
- [www.livewellkent.org.uk](http://www.livewellkent.org.uk) website went live in June and is in constant development. Live it Well website resources migrated to Live Well Kent and on to One You website.
- There have been challenges but we are now able to demonstrate changes through working collaboratively using volunteers, peer support, capacity building, service user involvement/co-producton and demonstrating the impact.

**Question:** It would be useful see the percentages of people coming through the service and into work.

**Response:** Liz can have a separate conversation with Tony about this.

**Question:** Is referral through the website?

**Response:** Yes and a response should be received the same day.

**Question:** Not everyone signs up after a referral. Why is this?

**Response:** We do record these details, ie inappropriate referrals from secondary care where needs are too high.

**Question:** How easy is it to step up if someone's needs are too high?

**Response:** We don't deal with clients' medical needs so most of these would go to the Single Point of Access. Providers are concerned that clients may be falling through the net and we need to do some work around marketing and criteria. We are working with the commissioners to have more clarity around the criteria which is currently to be 17 and older and not in crisis. It is a universal service but this is too broad and we need to screen people in an appropriate way.

**3. Minutes of last meeting** - Previous minutes approved with no amendments.

#### **4. Action Points**

**From April County MHAG:**

- 2. Invite Ivan Rudd to give an update on the evaluation of the Ashford Crisis Café.*  
Ivan will attend a future MHAG (to be confirmed) with Maidstone & Mid Kent Mind (MMK) who are running the cafe. **Carry forward.**
- 3. Contact Vicky Stevens to explain different models for East/West Kent for transferring from secondary to primary care.*

Vicky and Andy confirmed that the 8 CCGs have been empowered to develop local models versus a single overarching model and so have developed similar but different models. Andy Oldfield is responsible for East Kent and David Chesover for West Kent.

The main difference is from a provider perspective with the primary care model being delivered either by KCC employees or third party providers, which may cause a gap in provision. West Kent's service is very slick.

It is important to have a locality feel to meet the needs of different areas but there must be a parity of service across the county to expect the same basic level of care. It is important for The Sustainability & Transformation Plan (STP) will be helpful to ensure that mental health is integrated into local care and it is important for the STP to pick this up.

Clare Lux is the new Primary Care Manager and is taking the lead across the county to work with statutory and non-statutory providers and GPs to get a framework.

**ACTION 1: Invite Clare Lux to come to give an update on the secondary care to primary transfer model and the challenges.**

- 4. Invite Vicky Stevens to attend Swale MHAG to explain formula for CPNs.*  
Shirley responded: In regards to the 1.5 CPNs, do you know where this information was sourced because I have been informed that its incorrect. We have 5 Band 6 CPN and 1 Band 5 CPN in Swale. Please can you check what the concern is that has been raised. Sue is awaiting confirmation from Brian. Clare Lux has confirmed that she will attend the November Swale MHAG to explain this.

**From August County MHAG:**

- 1. Contact Ben Smith regarding CAMHS attendance at meetings, in relation to the new Eating Disorder and Children and Young People's Service.*

Zena responded that NELFT are currently working extremely hard to support the new Kent and Medway services and the workforce and we are in contact at the moment mainly through teleconferences. Can I suggest that we hold off inviting Ben to the MHAG meetings until the new year, allowing Ben to focus his time on the mobilisation and transition and also for the new services to become more settled. Mental health commissioners should be able to give a written and/or verbal update on the services prior to this. **Carry forward.**

2. *Put together a draft specification for consultation by the end of October.*

No response was received from Emma Hanson. **Carry forward.**

3. *Porchlight update at next meeting regarding meeting with SpeakUp.*

Amanda has met with Porchlight and Shaw Trust and communication has been positive moving forward.

4. *Take Off to contact Nicky at Healthwatch regarding crisis and the Local Leadership Group (LLG) meetings.*

Ellie confirmed that she has been in touch with Nicky but has not yet organised a meeting to discuss this as Emma has offered to be there too and we haven't been able to pin a date down.

5. *Clarify expenses payments for going to MHAGs.*

Porchlight and Shaw Trust will pay mileage, parking, public transport or voluntary car scheme expenses for service users and carers attending the MHAGs. Porchlight's form requires the first authorisation signature of someone at the MHAG, ie chair, minute taker, Porchlight representative or other attendee documented as attending. For forms completed after the meeting both Porchlight and Shaw Trust will check the minutes to confirm the person attended. Expense forms are available from the Live Well Kent or the MHAG admin team.

**ACTION 2: Sue S to post the expense forms on the new MHAG link on the West Kent Mind website.**

6. *Hilary Johnston to arrange to contact Anthony/Emma to discuss DWP issues further.*

This has been completed.

7. *Take Off to send questions to Emma to address to Shaw Trust.*

Ellie confirmed that Take Off have met with Emma to discuss this.

8. *Maggie to provide Emma with the contact details of the Live It Well Centre worker.*

Maggie was unable to locate the details of the person concerned.

9. *Circulate Concordat report.* Completed.

## 5. Locality Questions

The following questions/answers are abbreviated. Full questions/answers can be found on the Locality Question sheet on this link: <https://westkentmind.org.uk/mental-health-action-groups/mhag-county>

### Dover, Deal & Shepway (DDS):

1. *Since 2015, readmissions into hospital for mental health problems have risen by 6%. Could Healthwatch investigate this statistic and its possible causes, including any reductions in the length of hospital stay, the robustness of community support once discharged, or stress associated with the introduction of Personal Independence Payments (PIP)?"*

Steve Inett confirmed that Healthwatch would take this up and will email an update.

Andy and Vicky agreed that there will be multiple factors involved and welcomed an independent view from a third party.

**ACTION 3: Ask Steve Inett to provide a timeframe.**

- 2. The current Housing Allocation Policy in Kent classifies those leaving Mental Health Supported Housing as a Band B housing need. As a result, MHAG members report that subsequent housing is often either unavailable or unsuitable, leading to residents unnecessarily remaining in supported housing. This causes residents to become institutionalised and leads to bed blocking, whereby beds are not available in Supported Housing for those leaving hospital. Would KCC consider amending the current Housing Allocation Policy, so that those leaving Mental Health Supported Housing are included in Band A? This could give residents better access to Housing Association and Council properties.*

Band B is not a high priority for social housing but for someone not independent enough for private housing.

Mel Anthony, KCC advised that housing is a statutory responsibility which falls to the respective districts and boroughs, not the county council.

Janet Wood, Porchlight, Dover responded that they were informed that Dover council follows county directives on allocation policy.

“The outcomes have not been successful on the four occasions we have moved clients with mental health issues into the private rented sector, and we do work with private landlords and Porchlight have their own Landlord Liaison officer. Our clients fare better with a named housing officer they can relate to, and who has empathy towards their issues. This is rarely or less likely to happen with private landlords.”

**ACTION 4: Andy Oldfield to provide a contact at Dover Council to follow up.**

**Swale:** *How is mental health training for GPs being addressed and funded across Kent?*

The group discussed the disparity of GP's knowledge of mental health and the Primary Care Mental Health Specialist (PCMHS) service which has been in existence for 3 years and the difficulty of communicating with GPs who are trying to do a difficult job under difficult circumstances. They get bulletins and Protected Learning Time (PLT) but it is often the people who are already interested that engage with this information.

Andy mentioned that in East Kent they are looking at a referral tool on GP internet sites to flag the options available.

West Kent primary care have given presentations and sent out a questionnaire to gauge GPs knowledge of the Psychiatrists hotline to call for medication and mental health advice and also the PCMHS.

Vicky advised that 8 new members staff have started in the PCMHS in the last 4-6 weeks so this should support the service.

**ACTION 5: Invite Clare Lux to give share the results of the West Kent GP questionnaire and update how the service is being promoted.**

## 6. Information Sharing

**West Kent CCG, Chris Hird:**

- 4 more PCMH Specialist have been recruited bring the total to 8.
- The Hope and Solace crisis cafes in Maidstone and Tonbridge have received a further 6 months funding from September 2017.

**SpeakUp CIC, Amanda Godley:**

- A poetry event is running on Sunday at the Turner Contemporary as part of World Mental Health Day
- Lorna Henderson, CMHT service manager has been coming to Ashford Forum meetings and we have opened up avenues of communication to Shaw Trust Live Well Kent from this Forum.
- We have also had conversations with Porchlight Live Well Kent about a number of complaints from the Forum in other areas so they feel they are being listened to.
- This is a good outcome from last County MHAG.

**sEAP Advocacy, Sarah Deason:** We are concentrating on awareness raising of advocacy around the county. Please contact her on [sarah.deason@seap.org.uk](mailto:sarah.deason@seap.org.uk) if you are interested in someone coming to give a talk.

**East Kent Commissioning Group, Andy Oldfield:**

- We are working with KMPT to increase PCMH specialists across Kent
- Psychiatric Liaison is moving to a full 24 hour service on 20<sup>th</sup> November 2017
- Andy is joining a working group at Christchurch University to looking at mental health support for its students.

**ThinkAction, Ali Marsh:** We have been successful in the bid for lead provider for the IAPT service in West Kent and will be working with IESO, West Kent Mind and Maidstone & Mid Kent Mind.

**KMPT, Vicky Stevens:** Jackie Mowbary-Gould has been appointing to the new role of Chief Operating Officer, taking over from Malcolm McFrederick who was Director of Operations.

**DWP, Nicky Herbertson** is new in post as lead community partner in Kent. The district has identified mental health as top priority and there will be 5 community partners in total with the roles being given to people with lived experience. Nicky has a 1 year contract around how to change the view of mental health. She wants to make connections with local services and GPs and is keen to get the service user voice. Nationally DWP is looking at how to support their own staff to build resilience as there are lots of pressures around the changes to the benefit system. Training is needed for work coaches around mental health awareness.

**DWP, Tony March:** London and home counties are looking to recruit new work coaches in DWP, for all enquirers please go to Civil Services website. As outlined above, Kent now has a lead Community Partner (Nicky Herbertson) to improve services for people with mental health conditions in Kent, however Tony will still act as Kent Mental Health lead for DWP. A new Work and Health Programme is replacing the Work Programme and Work Choice which will provide specialist support for the long-term unemployed and claimants with health conditions and disabilities and Shaw Trust has been awarded the contract from January.

**Take Off, Ellie Williams:** We have launched our new website ([www.takeoff.works](http://www.takeoff.works)) which is mobile phone friendly and includes biographies of peer support worker. We have seen an increase of referrals into our crisis group over last couple of months. A number of these are from Dover so looking at funding to replicate a group there.

**MHAG, Sue Sargeant:** The MHAGs have noticed a lack of attendance from the CCGs at recent meetings. KMPT CMHT attendance also varies from group to group. Andy confirmed that there has been a restructure in East Kent so responsibilities have changed. He will ensure there is better attendance going forward. Vicky said that staffing shortages can affect KMPT attendance but will also look at this.

**ACTION 5: Send meeting attendance information for CCGs and CMHT to Andy and Vicky.**

## 7. Date of next meeting :

The next meeting is will be on **13<sup>th</sup> December, 2017**, 2pm at Sessions House, County Hall, Maidstone, ME14 1XQ

### ACTION TABLE

No	Action	Responsibility	Status
	<b>From April MHAG</b>		
2	Give an update on the evaluation of the Ashford Crisis Café.	Ivan Rudd/MMK	Awaiting confirmation date.
	<b>From August MHAG</b>		
1	Contact Ben Smith regarding CAMHS attendance at meetings, in relation to the new Eating Disorder and Children and Young People's Service.	Zena Watson & Alan Heyes	Carry forward to New Year.
	<b>From October MHAG</b>		
1	Invite Clare Lux to give an update on the secondary care to primary transfer model and the challenges.	Sue Sargeant	Email sent
2	Post the expense forms on the new MHAG link on the West Kent Mind website.	Sue Sargeant	
3	Provide a timeframe for investigation into the hospital readmission figures.	Steve Inett	
4	Provide a contact at Dover Council to follow up on housing question	Andy Oldfield	
5	Invite Clare Lux to give share the results of the West Kent GP questionnaire and update how the service is being promoted.	Sue Sargeant	
6	Send meeting attendance information for CCGs and CMHT to Andy and Vicky.	Sue Sargeant	

#### Administration :

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Minutes posted on: <https://westkentmind.org.uk/mental-health-action-groups/mhag-county>