

County Mental Health Action Group

Meeting on 13th December 2017, 2pm

Darent Room, Sessions House, County Hall, Maidstone, ME14 1XQ

| Attendee | Organisation & Title |
|------------------|--|
| Alan Heyes | County MHAG Chair/ Mental Health Matters |
| David Garrick | Minutes/ West Kent Mind |
| Sue Sargeant | West Kent Mind |
| Amanda Godley | Co-chair Ashford MHAG/ Speakup CIC, Team Leader |
| Annie Jeffrey | Co-chair Ashford MHAG |
| David Rowden | Co-chair Thanet & Dover Deal & Shepway MHAGs/ Speakup CIC |
| Ellie Williams | Co-chair Canterbury & Coastal MHAG/ Take Off, Assistant Director |
| SA | Co-chair Swale MHAG (Acting) |
| Steve Inett | Healthwatch Kent |
| Sue Alder | Engage Kent CiC |
| Emma Hanson | KCC, Head of Commissioning |
| Sue Scammell | KCC |
| Louise Piper | East Kent CCG, MH Project Lead |
| Hilary Johnston | Porchlight, LWK Manager |
| Liz Bailey | Live Well Kent, Shaw Trust, Programme Lead |
| Wayne Goodwin | Kent Police, MH Liaison |
| Tony March | DWP |
| Catherine Button | MEGAN CiC |
| Maggie Gallant | SpeakUp CiC, Managing Director |
| Kay Byatt | SpeakUp CiC, Sessional Worker |
| Rebecca Slight | leso Digital Health |

| Apologies | Organisation |
|----------------|-----------------------|
| Nikki Oatham | KMPT |
| Sharon Dosanjh | Medway CCG |
| Alison Marsh | ThinkAction |
| Andy Oldfield | South Kent Coast CCG |
| Louise Clack | KMPT |
| Naomi Hamilton | Swale CCG |
| Sarah Deason | seAp Advocacy |
| Brian Heard | Co-chair, Thanet MHAG |

1. Welcome Introductions & Apologies

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

2. Mental Health Service User Engagement – Emma Hanson, KCC

Emma talked to the group about the future of mental health service user (MHSU) engagement in Kent, which included the following summarised points:

- A paper was submitted to The Adult Social Care Cabinet Committee. It was agreed that there would be no erosion of the MHSU engagement budget for the coming year, and that Kent County Council (KCC) would be working with Healthwatch Kent (HWK) through its contract holder, Engaging Kent CiC.
- HWK is a consumer champion for Health and Social Care users, with a long history in Kent.
- The grant for the next year (beginning 1st April 2018) will be transferred to Engaging Kent, who will distribute this funding.
- HWK will help to design the next model of MHSU engagement and to change the system so that it is outcome and person-focussed, and will work with The Sustainability and Transformation Partnership (STP).
- An example of HWK's work includes setting up a physical disabilities forum, to bring voices together. They were able to hold an NHS wheelchair provider to account.
- HWK have both the teeth and voice to amplify the voice of MHSUs.
- Currently, there are lots of meetings, but very little changes in the mental health system.
- LWK receives a lot of 'heat', but comprises only £4m out a £170m budget. The noise surrounding LWK is disproportionate to where the real issues are in the MH system.
- Us and you will do the work to organise how the MHSU voice can be brought into the system, e.g. through social media. It will involve translating balanced voices into real positive change.
- Sue Alder added that Healthwatch will not be delivering services, just facilitating a very honest and open conversation. A paper regarding co-production was sent out 6 months ago.

Action 1: Circulate the co-production paper.

Question: Will the funding for MHSU engagement be the same from 1st April onwards?

Response: Emma: Yes, funding will be the same for 2018/19.

- Sue Alder added that they will start talking about 2019/20. E.g. what are those core bits of money that we need? You will know what is critical to you. How do we engage other people around the County? How does it link with different meetings?

Question: Going forward from 2019/20, will funding remain the same?

Response: There is no guarantee that funding will be the same, but KCC has no plans currently to change the budget. But a model promoting positive change is needed, which might be specified in a different way e.g. might not involve peer support. We will look at what elements will be in the new model and what the architecture of the meetings may be.

- There is lots of heat on LWK (with its £4m budget) but nothing changes. Heat should be put where it needs to be put. This will involve a conversation around the state of mental health in Kent. So, there is a year for us to do the work. After 2019/20, there is no guarantee, but at this time KCC are planning to invest the money.

Question: Will you look to see how money outside of the £4m LWK budget can be spent?

Response: Yes. Sue and Steve (from HWK) are involved in the top table STP discussions.

- Engaging Kent will be match funding a proportion of KCC funds to enable resources to be identified to undertake the facilitation of the 12 month development process.
- The trust run their own meetings – how does it all work together? It may mean that some meetings may stop e.g. where there is duplication. We will look at where people are going for support and make sure that concerns get heard in the right places.
- Emma added that, to be able to competitively tender something, we need to understand what needs to be done, but we are not in that place at the moment. At the end of this process we may still need to do a competitive tender, but will know what needs to be done.
- It might be the case that we will support those who need help in the tender process.
- Now is a good time to understand what is and isn't working. All of the organisations involved are different: Each one has gems of greatness, but can learn from each other. We have talked about peer evaluation e.g. what does organisation x do that organisation y could learn from? This includes sharing best practice. It might be that something different is needed in different areas with different needs.

Question: How are you envisaging engagement with each of the forums going forward?

Response: Steve: This will be straightforward initially, asking what is and what is not working. It will involve coming to you first and getting your views. We will ask how we can support you. Sue added that we will ask what you think the process should look like, and get a consensus of how we use the next year. A charter will be produced, so that everyone is clear on why this process is taking place, what we want to achieve and how it is being done.

Question: Do you have an idea of how things should look in 2019/20?

Response: Steve: No, we don't have an idea of how it should look. But we don't have the changes happening compared to the amount of feedback generated.

Question: Lots of the time, we take things forward and nothing happens.

Response: Emma: Things need a shake-up, e.g. Models of delivery. Professionally-led models have difficulty in recruiting and retaining staff. Money can be invested in a different way.

- Steve: There is lots of change occurring. If we can get a clear MHSU voice to organisations, there is a much better chance of getting the services and systems that we want. The argument for more money can always be made. Before that evaluation is made, we need to ensure that things are working effectively first e.g. in terms of duplication.
- Liz added that there is a lot of duplication. People report to the CCG, then take a report to The MHAG. Where is the MHSU voice coming into CCG meetings?
- The CMHT come to CCG meetings and raise issues, but nothing changes. There is a gap between all meetings and they are saying the same things. Commissioners also need to be involved in the development of the model.
- Steve: HWK meet quarterly with providers, have links with CCGs and have statutory powers, so that organisations have to respond to us. Questions are raised everywhere, which are often similar, into the NHS trust/CCG. But who is each person speaking on behalf of? The capacity of The MHAG is to speak for all of Kent, which is powerful. But focus is needed, as there are lots of different issues. What are the key things that we need to focus on?

3. Patient & Public Advisory Group update for The Sustainability & Transformation Partnership – Steve Inett, Healthwatch Kent (HWK)

Slides that accompany the presentation are circulated with the minutes and are available at <https://westkentmind.org.uk/mental-health-action-groups/mhag-county>

Key information not included on the slides:

Slide 2:

- When people feed back to HWK online about health and social care, the feedback is roughly 80% negative. Out in the community, the feedback is roughly 80% positive.
- Imagine a GP surgery where you could see a health professional, to give you the advice you need, in a few days. We often hear that people wait 2-4 weeks for a GP appointment, which is what people talk to us the most about.
- Currently, everyone has to go through their GP, but they do not always have the best knowledge or experience (e.g. compared to a dedicated Mental Health Worker).
- There are also issues surrounding the co-ordination of care. Once you are referred on to a professional, you are then in their hands. But what happens if the appointment does not appear? Who do you talk to? You would have to go to the GP, who may be difficult to see.
- The STP wants to put more services on your doorstep.

Slide 4

- There is a focus on GP practices working better together, e.g. in clusters of 8-10, which would include physiotherapy, outpatient services, x-rays, blood tests, etc.
- At the next level are hubs, which are based on natural communities e.g. Dover.
- At the highest level are e.g. West Kent-wide services, as we still need services that function on a bigger scale.

Slide 5:

- In Integrated Care Hubs, both Mental Health Workers and Care Navigators are involved.
- We need to get involved to make sure that this happens. Money to resource this will need to come out of the hospital system and into the community.

- Currently, hospitals are paid for each visit, which is how they generate income. The flow of people to hospitals needs to be stemmed, so that CCGs can start investing in the community.

Slide 7:

- The programme board includes CCGs, providers, KCC and NHS England.
- Under 'Care Transformation' is 'Case for Change', which can be accessed via the following link: <http://kentandmedway.nhs.uk/stp/caseforchange/>
- The decision was made for a separate Mental Health work stream.
- Under 'Workforce', Hospitals are now sharing staffing processes. Before this, hospitals were poaching staff from one another. They are also now all paying agency staff the same.
- Under 'Digital', data protection concerns mean that information, such as GP records, are not being shared. But how can e.g. A patient's care plan be seen by paramedics, hospitals, etc?
- Under 'Productivity', millions of pounds have already been saved by, for the first time, coming together and using buying power to purchase items.
- The Patient and Public Advisory Group (PPAG) includes lay members from CCGs, patients and the public. Steve currently chairs this and is looking for more members.

Slide 8:

- The Mental Health Five Year Forward View (5YFV) will identify independent pockets of good practice, such as street triage, and spread these practices across Kent.

Slide 9:

- Next Steps: There is an opportunity for The County MHAG to become The Mental Health Workstream Group.
- Only substantial changes to a service need to be consulted on, but HWK can ensure that organisations still engage with us.
- See the Kent STP bulletin: <http://kentandmedway.nhs.uk/kent-medway-stp-bulletins/>
- HWK is very aware of all that is going on and is everywhere. HWK can be the doorway to get people involved in the things that they are interested in.
- There is an STP Mental Health Conference in 13th March. (Details already circulated.)
- The County MHAG would have power as The Mental Health Workstream Group. If people are happy about The County MHAG becoming the MH Workstream Group, send an initial expression of interest to Steve, who can forward this to the programme group.

Action 2: Communicate to MHAG members that they can express interest about the County MHAG becoming the MH Workstream group.

Question: What discussion has there been about Open Dialogue (OD) in The STP?

Response: OD is a big part of the changes that have happened and that are in progress. OD is essential. On the HWK website, there is a video that talks about OD.

Question: Does The STP include CAMHS/NELFT, SLaM and KMPT?

Response: Louise: The new version of the STP looks at the whole of the mental health workstream.

4. Minutes of last meeting – Approved without amendment

5. Action Points

From April County MHAG:

2. *Invite Ivan Rudd to give an update on the evaluation of the Ashford Crisis Café.*

A report on the Ashford Crisis Café has been circulated to the Ashford and County MHAG mailing lists. Invite Ivan to attend County in The New Year. **Carry forward.**

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.*

Ben will be invited when appropriate in The New Year. **Carry forward.**

From October County MHAG:

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

Clare could not make today's MHAG. We will ask Clare if she can make the new date for the February County MHAG. **Carry forward.**

2. *Post the expense forms on the new MHAG link on the West Kent Mind website.*

Completed.

3. *Provide a timeframe for investigation into the hospital readmission figures.*

Steve read aloud the following email correspondence:

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).

Mary Mumvuri, Executive Director of Nursing & Quality, KMPT:

Our data indicates that there has been a 3% rise in readmissions rates at 28 days over the course of 2017 (Not full year effect). In part this is due to the high admission rates and lower levels of length of stay that ensure no person is sent out of area unnecessarily. It is an area that is under continuous review to ensure full understanding of the increase and to identify actions needed to reduce the number of readmissions.

Steve: *Could you give me your view on whether there has been an increase and whether this has changed trajectory since out of county placements were minimised?*

It would also be good to get an updated view on the status of community mental health teams and crisis teams to share with MHAG.

Mary: *I wonder if it might be useful for someone to attend to talk through the improvement work in Community.*

- David R responded that this does not provide an answer as we need to know whether this is occurring as a result of something tangible.

Action 3: David R to join the meeting with Steve and Mary and feedback to The MHAG.

There was discussion about PIP (which was mentioned in the above question):

- Tony is happy to look at individual cases.
- A lot of the advocacy budget is spent on PIP decisions.
- PIP decisions are made outside of the local DWP network. Appeals are usually only successful if there is further evidence, unless a major error has been made.
- Feedback from MHSUs suggest that there is a focus on physical capability, as opposed to mental health. Tony responded that things like communication skills, retaining information and other aspects of mental health are taken into account.
- There is lots of noise around this. It impacts people's lives.
- Ashford CAB may know if any work is being done.
- Steve to contact Clive about PIP assessments for those with mental health problems. Clive has previously looked at data surrounding Universal Credit.

Action 4: Steve to contact Clive about PIP assessments for those with mental health problems.

Action 5: Sue S and David G to ask for PIP case studies at local MHAGs.

4. *Provide a contact at Dover Council to follow up on housing question.*

Dover Council were contacted and a response was received from Elly Toye, Housing Options Manager at Dover District Council. This response has been circulated. (Please see the DGS locality question below for further information.) **Completed**

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

Clare will be asked to attend the February County MHAG. **Carry forward.**

6. *Send meeting attendance information for CCGs and CMHT to Andy and Vicky.*

Completed.

5. Locality Questions

Ashford: *Can Emma Hanson please give an update on the review process at the County Meeting to be fed back to all the MHAGs?*

Emma gave an update at today's meeting.

Canterbury and Coastal:

1. *There are long waiting lists for KMPT psychological therapies with no other options available. If treatment for a physical health problem cannot be provided through the NHS then funding is available for private treatment. Is there parity of care for access to private therapy or counselling?*

Response from Andy Oldfield, East Kent Clinical Commissioning Group: *Firstly the principle is the same for both physical and mental health treatments, that is if there is no local provision then funding is available for private treatment, and this can be seen by the numbers of people who are sent for specialist MH treatment where no local service exists. The problem with psychological therapies as described here is that there is locally commissioned provision (albeit with long waiting lists) therefore no extra funding exists to provide this privately.*

The following points were discussed:

- Could Personal Health Budgets pay for psychological therapies? These can be applied for online, but a co-chair had been told that these were not available in Thanet.
- A co-chair reported a specific case of a long waiting time for therapy.

Action 5: Ellie and Catherine to look at the process of applying for Personal Health Budgets and feedback to the group.

- The East Kent Commissioning Team will be conducting research regarding psychological therapies. Louise will circulate details when this starts, so that people can get involved.
- There is no waiting list target for KMPT Psychological Therapy. For physical health conditions, there are national targets for waiting times and data feeds into national statistics.
- There is currently a consultation about the waiting lists for young people's mental health, Eating Disorders and Young People's Psychosis services.
- Individuals may get triaged within the window, but will not necessarily receive treatment.

2. *How are local CMHTs being funded or supported to take into account additional strains caused by local universities across the county, ie Canterbury Christchurch and Kent Universities?*

Response from Andy Oldfield, East Kent Clinical Commissioning Group: *With regard to universities there is no extra funding provided centrally to support these institutions however Canterbury/Coastal CCG do commission Eating Disorder and Liaison Psychiatry services which work specifically with Kent University, and this is being extended to cover Christ Church University as well.*

- The Canterbury Umbrella Centre, in-house University services and IAPT services on The University of Kent campus all offer support for students.
- Waiting lists may mean that students go to The CMHT.
- Louise will be attending a meeting at Canterbury Christchurch about this subject.
- A service for 18-24 year olds will be introduced within 2 years.

3. *How are universities being worked with to address the needs of students?*
(See above).

Dartford, Gravesham and Swanley:

1. *How is the lack of suitable housing and the problems linked to it being addressed across Kent?*

- Sue Sargeant described a recently raised issue in Dover, Deal and Shepway regarding the housing allocation policy, where those leaving Mental Health Supported Housing are classified as a Band B, rather than a Band A housing need. A supported housing provider reported that this banding largely excluded individuals from moving in to social housing, where individuals have tended to have better outcomes than in privately-rented accommodation.
- KCC and Elly Toye (Housing Options Manager for Dover District Council), responded to the enquiry. These responses have been circulated. Elly offered to invite an MHAG representative to a Kent Housing Options Group (KHOG) meeting, to discuss the wider issue with Housing Options Managers from across the County.

- Additionally, housing representatives have been invited to relevant local MHAGs, including DGS, to discuss housing issues. Any unresolved concerns can then be passed to the MHAG representative, who will attend the County-wide KHOG meeting.
- Emma advised that there is a Mental Health Scoping Paper that is relevant to this issue.
- Housing has been a significant issue for LWK and KMPT.

Action 7: Emma to ask Rebecca Smith if this paper can be circulated.

- The group decided to ask Melanie Kendall from Porchlight if she would attend the KHOG on behalf of The MHAGs.

Action 8: Ask Melanie Kendall to attend The KHOG.

2. *Highlight the HERO (housing, home energy and retraining options) advice service, does this exist in other areas or could it?*

https://www.sevenoaks.gov.uk/info/20045/housing_options/131/hero_housing_home_energy_and_retraining_options_advice_service

Dover, Deal and Shepway: *How can we clear up the confusion between the number of sessions that IAPT providers are saying are available and what other providers are hearing on the ground about people being told they will only get 4 or 6 sessions? Is it possible for the IAPT providers to explain that each individual case is being assessed on merit and that more sessions can be provided if required, and give clear reasons for discharge?*

- Deborah Frazer, SKC CCG has sent out a message to the IAPT providers in the area about capping sessions and communication to staff.
- David R and SA gave examples of situations in which a set number of therapy sessions were offered/advertised to MHSUs. Louise added that the specification includes going up to 20 sessions where needed.

Question: Do providers get paid for the extra sessions?

Response: Louise: Providers are paid for the sessions that they deliver, but are heavily monitored.

Statement: Providers should be offering more than 6 weeks, so need to stop telling people that there is a set limit.

Response: Louise: Deborah is already working on this issue.

- Data can miss out the human voice. There is the question of therapist presence when feedback forms are being filled in.
- Based on recovery rates (which are monitored by NHS England), The CCG has recognized where the gaps are, but haven't been involved with this work going forward.
- The statistics say that more than 6 sessions are being offered on average, although some staff are not saying this. Capped therapy sessions could be a good topic for a survey. Louise will be doing this for East Kent.
- Those in need of longer-term therapy, who might have been put off by any advertised session limit, may not come forward.
- Need to get data and take action regarding the personalization process. Not about criticizing.
- People can contact HWK or HW Medway by email or phone about any experiences with therapy session caps, relating to themselves or on behalf of another. HWK will then produce an anonymized report that can be circulated.

Action 9: Make MHSUs aware that they can contact Healthwatch to feed back about IAPT therapy session caps.

Action 10: HWK to gather feedback about IAPT session caps and produce a report.

- Feedback to HWK using the following links: <https://kent.healthwatchcrm.co.uk/your-views> or <http://www.healthwatchkent.co.uk/>

Maidstone Weald: None

South West Kent: *Concern was voiced about the distress being caused to service users due to the uncertainty of the future of the service user forums. It has not been possible to get anyone from KCC out to visit service users and there has been no feedback from the July meeting in Aylesford.*

Emma gave an update at today's meeting.

Swale: None

Thanet: *What is happening with The MHAGs next year?*
Emma gave an update at today's meeting.

6. Information Sharing

DWP, Tony: Please see the circulated 'Changes to Universal Credit' document, which is also available at <https://westkentmind.org.uk/mental-health-action-groups/mhag-county>

leso, Rebecca: Ieso offer internet-enabled CBT and are part of The IAPT service within West Kent and Medway. This involves live, one-to-one interaction with a therapist. The number of sessions is decided on an individual basis. It operates 24h/day and has over 500 high intensity therapists. Individuals in West Kent can self-refer. In Medway, referrals are through The Single Point of Access (SPoA).

East Kent CCG, Louise: The Queen Elizabeth The Queen Mother Hospital in Margate now has a 24h Liaison Psychiatry service.

Question: Is there 24h Liaison Psychiatry at William Harvey Hospital in Ashford?

Response: No, but if more funding becomes available then we will put in a bid.

Question: Who currently sees patients out of hours?

Response: The crisis team. The patient would have to wait in A&E until morning. We had to put the service in where there was most need for it.

Kent Police, Wayne: There has been a recent legislative change in The Mental Health Act, which includes a reduction in the detention period for Sections 135/136 to 24 hours.

Question: Where can people be held (outside of their home)?

Response: If there is no place of safety, individuals are taken to the nearest A&E, where the 24h countdown begins. Our instructions are to liaise with the crisis team.

KCC, Sue Scamell: Sue is leaving KCC after many years and is wished all the best.

SpeakUp, Kate: Contact SpeakUp for 2018 calendars, which are available for £5

7. Date of next meeting :

Thursday 22nd February 2018, 2pm, at Maidstone Community Support Centre, 39-48 Marsham Street, Maidstone, ME14 1HH.

Time finished: 4pm

ACTION TABLE

| No | Action | Responsibility | Status |
|----|---|--------------------------|--------|
| | From April MHAG | | |
| 2 | Give an update on the evaluation of the Ashford Crisis Café. | Ivan Rudd/MMK | |
| | From August 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 Watson & Alan Heyes | |

| From October MHAG | | | |
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| 1 | Invite Clare Lux to give an update on the secondary care to primary transfer model and the challenges. | Sue Sargeant | |
| 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 | |
| From this MHAG | | | |
| 1 | Circulate the co-production paper. | MHAG | |
| 2 | Communicate to MHAG members that they can express interest about the County MHAG becoming the MH Workstream group. | MHAG/Steve | |
| 3 | Join the meeting with Steve and Mary and feedback to The MHAG. | David R | |
| 4 | Contact Clive about PIP assessments for those with mental health problems. | Steve | |
| 5 | Ask for PIP case studies at local MHAGs. | MHAG | |
| 6 | Look at the process of applying for Personal Health Budgets and feedback to the group. | Ellie/Catherine | |
| 7 | Ask Rebecca Smith if this paper can be circulated. | Emma | |
| 8 | Ask Melanie Kendall to attend The KHOG. | MHAG | |
| 9 | Make MHSUs aware that they can contact Healthwatch to feed back about IAPT therapy session caps. | MHAG | |
| 10 | HWK to gather feedback about IAPT session caps and produce a report. | Steve | |

Administration :

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