County Mental Health Action Group

Funded by Kent County Council

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

Attendee	Organisation & Title
Alan Heyes	County MHAG Chair/ Mental Health Matters
David Garrick	Minutes/ West Kent Mind
Sue Sargeant	West Kent Mind
Lucy Adams	West Kent Mind, Community Development Director
David Rowden	Thanet & DDS MHAGs Co-Chair/ Admin, Speakup CIC
Alison Marsh	Maidstone MHAG Co-Chair/ ThinkAction
Lizzie Lowrey	Maidstone MHAG Co-Chair/ Involve, Volunteering & Engagement M'ger
Jenny Solomon	Swale MHAG Acting Co-Chair/ Insight Healthcare, Bus. Dev. M'ger
Brian Clark	Swale MHAG Co-Chair/ Carer
Lauretta Kavanagh	STP Mental Health Programme Director
Steve Inett	Healthwatch Kent
Tony March	DWP Partnership Manager
Hilary Johnston	Porchlight, LWK Manager
Liz Bailey	Shaw Trust (Live Well Kent)
Victoria Stevens	KMPT, Deputy COO
Nick Dent	KMPT, Patient Experience Team Manager
Naomi Hamilton	Swale & DGS CCGs, Commissioning Programme Manager
Jacquie Pryke	West Kent CCG
Sharon Dosanjh	Medway CCG, Head of MH Commissioning

Apologies	Organisation
Sarah Deason	seAp Advocacy
Wayne Goodwin	Kent Police
Ellie Williams	Canterbury MHAG Co-Chair/ TakeOff
Amanda Godley	Speakup CIC
Clare Lux	KMPT
Andy Oldfield	East Kent CCG

1. Welcome Introductions & Apologies

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

2. Mental Health in Primary Care: Clare Lux, KMPT - Postponed

Clare sent her apologies for today's meeting

3. STP / PPAG update: Steve (Healthwatch Kent) and Lauretta (STP MH Prog. Director)

- Steve chairs The Patient Participation Group (PPAG), which gives input to all workstreams of The Sustainability & Transformation Plan (STP). Anna attends the MH workstream.
- Obvious advantage of making links with MHAGs: There are Service Users (SUs), carers and providers at MHAGs. We need to ensure that we make those links.
- Helen Greatorex is The Senior Responsible Officer for The MH programme and Lauretta leads it. Our goal is to up the ambition of MH in The STP, including influencing partners.
- The programme's goal is to transform mental wellbeing for the whole of the spectrum, from severely poor to good, so we cannot just improve services for those who are ill.
- STP plans are 'marked' using the 5 Year Forward View (5YFV) framework. This does not accommodate the improvement of MH wellbeing for the general population/whole spectrum.
- We need to consider talking about pathways as well as services e.g. IAPT, Liaison Psych, etc.
- The STP is all about people in the place that they live, and the systems that surround them, e.g. as a person, within a family, within a community, within a MH system.
- 3 key parts of The MH Programme: 1. 5YFV delivery, 2. Integrating mental and physical care and 3. Promoting positive mental wellbeing. At any time, 3 out of 4 people have good mental wellbeing. Improving the average for the whole population will lower rates of mental illness.
- We are creating projects that relate to these 3 points. They should be action-based with tangible goals, to see impact, e.g. increased life expectancy in severe mental illness.
- The following deliverables are: 1. Hit 80% of targets for 5YFV, 2. Provide 6 new examples of integrating mental and physical healthcare, 3. Run a mental wellbeing campaign and produce the evaluation framework, and 4. Publish aggregated data on outcomes.
- We are collaborating with delivery partners so that no MH resources are lost in the future.
- Our goal for 2018 is to publish outcome data. Our steps for the next 6 weeks include:
    - By 23rd March produce a transformation and delivery plan at granular detail.
    - By 15th March, deliver The Core MH workforce plan, which must include social care, MH services (e.g. LWK), IAPT and primary care.
    - MH Transformation funding.
    - Secure funding for suicide prevention.
    - Produce a plan to be reviewed before we can secure Indicative Allocation funding.
    - On 9th March bid to expand perinatal MH services.
- Whilst the core members of The STP will be from KMPT, we want it to be surrounded by an alliance of MH folk from across the spectrum.
- It can be challenging to get feedback within the timescale, but this is where MH is way ahead of the other workstreams – we already have this network (The MHAGs).
- We would like to add value to other workstreams. To integrate MH and physical healthcare, we will need to communicate with them.
- Kent has a higher suicide rate than the national average and 72% of those who committed suicide were not known to KMPT. So we can follow the 5YFV, but we won't help that 72%.
- People with severe MH conditions die much earlier, due to poor identification/management of co-existing physical health conditions. We need a whole person, holistic approach, seeing mind and body as 1 system.
- Ensuring that MH is at the centre of Multi-Disciplinary Teams (MDTs).

Question: Where do we stand on parity of esteem for MH and physical health conditions? There are problems e.g. with GPs managing patients with MH conditions (example given).

Response:

- We need to understand what parity is when planning services. Is it GP training or should other staff be involved e.g. MH Workers? Between KMPT and primary care there are lots of staff, but it's not always obvious who the best person to go to is.
- Parity is about getting the 'penny to drop' that mental and physical health interrelate, as one system. We will ask The STP to question habitual behaviours and to adopt mental wellbeing impact assessments/ population stratification when designing new services.
- We will be audited about the MH investment standard in May. We have the 3 bids, so have lots of MH transformation funding. We don't want services to stop, so will include in the programme that services will be financially sustainable in the future.

Question: How are Recovery Colleges funded?
Response: Lauretta met with Pam Woody. We will find a way to lift it out of The STP. When asked via Survey Monkey, the most popular course choice was help in navigating the MH system.
Question: Does The STP have power, or just encouragement? The DWP offers to work with GPs, but only 30% take this up. Is there power to ensure that we can do our good work with all GPs?
Response:

- The STP is not statutory: Our CCGs, Councillors and Trusts are the statutory orgs. When they all merge in The STP, they are all leaning into it. There is the expectation of changes over the next 1-2 years e.g. 1 strategic commissioner and a 2nd/ 3rd care partnership, so currently in a messy place. But even in this new world, no one will be telling people what to do.
- It may be about speaking to the right person in The CCG.
- GPs are underfunded, stressed and fighting against their lack of capacity.
- Opportunity here for GPs. HWK know that patients are comfortable seeing other professionals.
- Would be helpful to have a MH nurse onsite, rather than others engaging from a distance.

Question: People on benefits often start with physical health problems, but develop MH problems after a few months. We (DWP)/ LWK can make referrals, but there is no actual journey plan.
Response: The Esther cafes are workshopping how GPs could function better e.g. in signposting. The DWP are starting a defrazzled café in Margate, where people can talk to professionals.

- MH workstream should be seen as generous, how can we help you? (Other workstreams).
- Need to work on language. In physical health, we talk about maintenance e.g. Fitbits, but in MH we talk about conditions e.g. Schizophrenia, which knocks on to GPs. Similarly, we need to see MH as cyclical, in the same way as physical health. National campaign: Easier to engage people when referring to wellbeing, brain health and using certain phrasing around MH.
- Workshop on 28th Feb with commissioners to consider the projects to deliver the programme. From April, we will have the group of projects. We can share this information before the local MHAGs in May, to create questions and find solutions, to elaborate and put flesh on the bones.

Action 1: Circulate project information before Local May MHAGs to get feedback.

- Could use Surveymonkey/ a webpage for feedback.
- Would like to reach introverted people and cross-network with physical health.
- Naomi is meeting with Engaging Kent re: how to take the workstream's ideas forward.
- There are blind spots e.g. perinatal services and 20,000 people going through IAPT.

Action 2: Set agenda to discuss further at April County MHAG e.g. to set workstreams, if needed.

- There is an STP Conference on 13th March in Maidstone.
- Most concerned about integrating MH & physical health. No blueprint & each locality is different.

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.*
   An Ashford Crisis Café update has been circulated. **Completed.**

From August County MHAG:

1. *Contact Ben Smith regarding CAMHS attendance at meetings, in relation to the new ED and Children and Young People's Service.* Ben has been invited to the April meeting. **Carry forward.**

From October County MHAG:

1. *Invite Clare Lux to give an update.*
   Clare could not attend today's meeting. Postponed to next meeting. **Carry forward.**
2. *Invite Clare Lux to share the results of the West Kent GP questionnaire and update how the service is being promoted.* See above. **Carry forward.**

From December County MHAG:

1. *Circulate the co-production paper.* **Completed.**
2. *Communicate to MHAG members that they can express interest about the County MHAG becoming the MH Workstream group*. See further discussions. **Closed**
3. *David R to join the meeting with Steve Inett and Mary Mumvari and feed back to The MHAG*. **Completed.**

4. *Contact Clive about PIP assessments for those with mental health problems*. No response received. **Closed**
5. *Ask for PIP case studies at local MHAGs.* See above. **Closed**
6. *Look at the process of applying for Personal Health Budgets (PHBs) and feedback to the group.*

- This relates specifically to PHBs for psychological therapy where there is a long waiting list.
- In Medway, there is no waiting list for therapy in secondary care.
- In Kent there are particularly long waits. We are doing lots of redesign work, so the wait should reduce shortly. KMPT are looking to help people who need something more robust than IAPT, but not necessarily a psychologist in secondary care, i.e. another team member. **Ongoing**

Action 3: Invite Nikki Oatham to speak about redesign work/ reducing waits.
Action 4: Sharon to research PHBs in Medway.

7. *Emma to ask Rebecca Smith if The MH Scoping Paper paper can be circulated.* No reply. **Carry forward**
8. *Ask Melanie Kendall to attend The KHOG.* Melanie will attend on 15th March. MHAG admin have contacted supported housing providers for evidence. **Completed**
9. *Make MHSUs aware that they can contact Healthwatch to feed back about IAPT therapy session caps.* Email circulated. **Completed**
10. *HWK to gather feedback about IAPT session caps and produce a report.* **Carry forward**

Action 5: Recirculate IAPT email with deadline to gather more feedback.

- IAPT session caps were discussed at the last MHAG. Ali advised that Thinkaction have taken over from providers in West Kent, where a 6 session culture was previously in place. Cannot give every client 20 sessions, but everyone should get what they clinically need.
- Good outcome from The MHAGs – flagged here. Limits linked to long waiting lists.
- Nice guidance for IAPT should determine the number of sessions.
- In West Kent, we are moving towards inclusive criteria: Don't want to say 'you don't fit here'.

5. Locality Questions

Swale: *With over 300 patients discharged from Secondary MH Care back to Primary Care in Kent, what is being done to address deficits in post-qualification GP training for mental health conditions, what is the timescale for any improvements and what evidence can be used to gauge any improvements? (A similar question was raised at the Swale CCG Listening Post. See December 2017, question 6: https://www.swaleccg.nhs.uk/get-involved/listening-post-events/)*

- Fiona Armstrong (Swale CCG Chair) is aware of this and we are following this up with her.
- The CCG has no direct jurisdiction over primary care staff, but we can influence the training offered to them. We are in contact with Time to Change about a MH training package, which might involve SUs and experiences of local patients.
- There are also issues about knowing the severity of a patient's MH condition e.g. RiO access.
- In West Kent, we are working towards integrating care plans, which will include RiO.
- The electronic discharge notification will include any risk information. Discharge to GP involves lots of consultant-GP communication. But the same system would be easier.

Canterbury & Coastal: *What is being done to reduce the current waiting list for Psychological Therapies in Secondary Care and what alternatives are available?*

- See earlier response re: redesign work/ reducing waits in Secondary Care.
- Andy Oldfield (East Kent CCG) responded via email:

KMPT are currently carrying out an extensive improvement programme across all of their CMHTs, which includes the review of the provision of psychological therapies. The current staff available to deliver these interventions is a very small number therefore it is vital that these highly skilled staff are utilised in the best way possible, and this will include supervising other members of the CMHTs to deliver the psychological interventions required. Whilst waits for psychological therapy remain high across all of the CMHTs in east Kent the waiting times have actually started to shorten, albeit very slowly, and it is likely that it will take some time before substantial improvements will be noted with regard to waits. Commissioners are aware of this issue and are actively looking at supporting KMPT with this work and also the potential for designing a more flexible psychological therapy service that would be based in primary care, and the results of this work will be made available as soon as possible…

Thanet: *What are acute and crisis teams doing to plug the gap in dual diagnosis assessments?*

- The CMHT are working closer with alcohol services, but what about the acute, crisis side?
- If under the influence, it is difficult to assess what is alcohol and what is the MH condition.
- If e.g. presenting to the crisis team, would have to wait to sober up before assessment.
- In East Kent, there is co-production work to improve drug and alcohol services, which a member of the crisis team is involved with. There are dedicated dual diagnosis staff. They are looking to improve that area of support.

Question: What is the process when someone presents in a crisis?
Response: The majority go to A&E for physical assessment. If under a section 136, taken to a place of safety suite to stay safe until sober enough to be assessed.
Question: Is dual diagnosis relevant to the alternative place of safety?
Response: Possibly. Important not to presume drunkenness e.g. Exclude neurological conditions.

Ashford: *The children's section 136 provision runs out at the end of March 2018. What will be happening after this date?*

- Jacquie advised that, in the current contract KMPT provide support to NELFT and there has been an agreement that Littlebrook s136 suite is used for CYPS services, this agreement expires in April and will not be renewed by KMPT, thus an alternative s136 suite is required. Kent & Medway have submitted a bid to DoH to refurbish the woodlands suite in Staplehurst so that this could provide the s136 suite, however this is still subject to final agreement between NELFT and SLaM (who own the suite).
- If we don't get funding we will extend the contract at Littlebrook, Jacquie Mowbray-Gould (KMPT COO) has agreed to extend the KMPT contract until a suitable alternative has been found.
- The difficulty with that suite is finding a placement after assessment. This is more difficult now with The Police & Crime Act (i.e. less time), but work is being done around this.

Dartford, Gravesham & Swanley: None

Maidstone Weald: None

Dover, Deal & Shepway:
1. We have received reports of difficulties when contacting Coleman House CMHT by phone. Thanet CMHT's phone system has been upgraded due to similar issues. Are there any plans to upgrade the phone system at Coleman House?

- The issue is less about the phone system and more about all calls coming into reception, which also deals with people coming through the door. We are now diverting calls to the admin team. We will monitor this over time, but hopefully this will resolve the issue.

2. To address the issue of set limits on IAPT sessions, SKC CCG has agreed to share their IAPT contracts with Thanet MHAG. Could the other CCGs in Kent also consider sharing these contracts with The MHAGs, to clarify the number of sessions that these services are commissioned to provide?

- We have clarity of what providers are commissioned for.
- A further issue was raised of a client allegedly having to pay an IAPT provider for extra sessions. It was advised that the individual raises this with The CCG.
- The provider should be commissioned for up to 20 sessions.
- Deborah Frazer is well aware of this type of issue. Helpful to ask for details of specific cases, if the individual is happy to present that.
- IAPT tariff – provide least amount of services.
- Provider has already given a report to The CCG, but need to capture the statistics.

Action 6: Steve to speak to Deborah about IAPT provider issue.

South West Kent: *It is increasingly difficult to find out information or engage with services without using email or the internet. Linda (SUIG) would like to make KMPT and KCC aware that people with mental health difficulties, who do not have access to the internet or are not computer literate are, for various reasons, being excluded. Other means need to be found to communicate with these people. Can Healthwatch Kent be aware of this when conducting their review? How can KMPT/KCC/Healthwatch Kent ensure that they reach these people and give them a voice?*

- A statement detailing the background to this question was read out (see separate document).
- Nick advised that there are already some answers in the statement e.g. hard copies. KMPT groups are advertised in MH centres with phone numbers (e.g. patient and carer committees). They are happy to send hard copies.
- Community Engagement Strategy – important that Service Managers engage with local groups e.g. MHAGs.

Question: People on benefits often can't afford laptops, etc.
Response: Tony advised that some people will need coaching to learn and engage in the digital agenda to become confident in using computers to look for work or maintain their Universal Credit Journal. Alternative methods for DWP customers who are unable to get to a PC due to a health condition may be entitled to a home visit, but usually if due to lack of ability to use a computer (there is an agreement with Local Authority for Assisted Digital Support). DWP work with providers to encourage citizens to be digitally involved.

- Hilary advised that LWK leaflets with tear-off slips were important for some people. ThinkAction speak to people initially by phone. In the MHAG survey, 15/89 responses were submitted as hard copy. Hard copy meeting documents are sent to 5 or 6 MHAG attendees.
- Sue Alder (Engaging Kent CIC) responded by email:

I can confirm that we will be building in face to face time with service users, either directly or via the facilitators of user forums and peer support activities to engage people in the co-production process. We will be looking at as many ways as possible to make sure that the many stakeholders involved in this process are engaged in the process and feel informed. We will also be building something into the 'charter' for organisations to pledge their active support in cascading information in appropriate and relevant ways to their service users, which will not negate our moral duty to build effective communication but will support it and build on the trust that already exists between organisations and their service users.

6. Information Sharing

- **Swale and DGS CCGs, Naomi:** The enhanced MIMHS (Mother and Infant Mental Health Service) has now been launched.
- **West Kent CCG, Jacqui:** The Crisis Café has funding until April, meeting on 27th Feb to discuss. We are currently writing our Section 136 place of safety strategy.
- **Medway CCG, Sharon:** Core 24 Liaison Psychiatry went live in October and there is now an urgent care treatment centre. We are developing a permanent waiting room at Medway Hospital using Winter Pressures Funding.
  Question: Would people be on their own in the waiting room?
  Response: No. It is more like a comfortable lounge specifically to wait for liaison, with food.
- **KMPT PET, Nick:** KMPT are organizing the next User and Carer Conference on 3rd May in Canterbury, which came from The MHAGs.

Action 7: Circulate conference information.

- **Healthwatch Kent, Steve:** Please see HWK's stroke consultation work.

Action 8: Circulate stroke consultation document.

7. Date of next meeting

Tuesday 17th April 2018, 2pm-4pm, Maidstone Community Support Centre

ACTION TABLE

No	Action	Responsibility	Status
	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		
1	Invite Clare Lux to give an update on the secondary care to primary transfer model and the challenges.	David Garrick	
5	Invite Clare Lux to give share the results of the West Kent GP questionnaire and update how the service is being promoted.	David Garrick	
	From December MHAG		
6	Look at the process of applying for Personal Health Budgets and feedback to the group.	Ellie/Catherine	
7	Ask Rebecca Smith if paper can be circulated.	Emma	
10	HWK to gather feedback about IAPT session caps and produce a report.	Steve	
	From this MHAG		
1	Circulate project information before Local May MHAGs to get feedback.	Lauretta	
2	Set agenda to discuss further at April County MHAG e.g. to set workstreams, if needed.	David G	
3	Invite Nikki Oatham to speak about redesign work/ reducing waits.	David G	
4	Research PHBs in Medway.	Sharon	
5	Recirculate IAPT email with deadline to gather more feedback.	David G	
6	Speak to Deborah Frazer about IAPT provider issue.	Steve	
7	Circulate conference information.	Nick/David G	
8	Circulate stroke consultation document.	Steve/David G	

Administration :

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for better mental health

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