County Mental Health Action Group

Funded by Kent County Council

Meeting on Tuesday 17th April 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
Alison Marsh	Maidstone MHAG Co-Chair/ ThinkAction
Lizzie Lowrey	Maidstone MHAG Co-Chair/ Involve, Volunteering & Engagement M'ger
Hilary Johnston	Porchlight, Live Well Kent
Liz Bailey	Shaw Trust, Live Well Kent
Nick Dent	KMPT, Patient Experience Team Manager
Louise Piper	East Kent MH Commissioner
Meena McGill	KMPT, Lead for Psychological Practice
Annie Jeffrey	Ashford MHAG Co-Chair
Clare Lux	KMPT, Service Manager
Zena Watson	West Kent CCG, MH Commissioner

Apologies	Organisation
Sarah Deason	seAp Advocacy
Sharon Dosanjh	Medway CCG
Amanda Godley	SpeakUp CIC
Tony March	DWP
Naomi Hamilton	Swale & DGS CCG
Ellie Williams	Take Off
Brian Clark	Carer

Apologies	Organisation
Steve Inett	Healthwatch Kent
Sue Alder	Engaging Kent
Jenny Solomon	Insight Healthcare
David Rowden	SpeakUp CIC
Vicky Stevens	KMPT
Clive Wanstall	Carer

1. Welcome Introductions & Apologies

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

2. Minutes of last meeting – Approved without amendment

3. Sustainability & Transformation Plan and The MH Workstream

To discuss at next meeting, if MH workstream plans/projects have been received.

4. Mental Health in Primary Care – Clare Lux, KMPT

Update on the Secondary to Primary Care transfer model and differences between East and West Kent:

- There are significant differences across The County, depending on CCG. Some CCGs commission services directly: In West Kent, there are 8 nurses aligned to GP clusters. In Medway, there are 3 nurses and 2 Health Care Assistants, whilst in Thanet there are 2 nurses. Other areas commission 3rd sector organisations, such as Invicta Health.

Question: Do Primary Care Mental Health (PCMH) services have similar roles across Kent?
Response: Yes. In West Kent, there is a focus on earlier intervention and supporting colleagues at GP Practices, which fits well with The Sustainability & Transformation Plan (STP) and providing local care. For more complex patients, PCMH services work as part of Multi-Disciplinary Teams (MDTs). There has been very good feedback from GPs and, in West Kent, these services have been allocated space in GP practices.

Question: If PCMH services are varied across Kent, how do you know that they are working well across the County?
Response: Dr Chris Koen is teaching GPs across The County. KMPT have nurses in practices, supporting their Primary Care colleagues
Question: Is there a standard caseload?
Response: It is usually 60, which has reduced since we introduced more nurses.
Question: Do referrals come from that GP practice or secondary care?
Response: Both. The more relationships get built, the more referrals the service receives, which reduces referrals into secondary care. There are still many who are not ready to be discharged from The CMHT back to their GP.

- There was discussion about the depot injection service in Primary Care, which is now receiving very good feedback.
- Louise advised that in East Kent there is Invicta. There are at least 3 PCMH workers in each area. Anything that is not acute will be at the level of local care. We have a team member devoted to devising the Primary Care agenda.

Question: In East Kent there is the MH worker model, attached to MDTs. In West Kent, are PCMH workers qualified?
Response: Yes, they are attached to GP clusters. Zena advised that there are plans to expand the clusters and bring in other disciplines.

- In Swale and DGS, they have commissioned Porchlight. PCMH workers (currently 3.5, soon to be 4) are more embedded in Live Well Kent (LWK) provision, but have a very similar role. There is a separate stream for 16-25 year olds. The main reason for the switch from KMPT to Invicta is that PCMH workers tended to be based at the Community Mental Health Team (CMHT), rather than based in the community and well known to GPs.

Question: What percentage of patients are seen at home?
Response: Delivery is becoming closer to home. Seeing people at home is very much about need. About 60% are seen at The GP Practice.
Question: What were the results of the West Kent GP questionnaire e.g. knowledge of the GP hotline to a Psychiatrist and the PCMH service?
Response: It was surprising that some GPs did not know the name of the PCMH worker, but since the questionnaire 18 months ago there has been lots of engagement work. PCMH workers have been offered space at practices.
Question: How has the GP hotline been promoted?
Response: The system has changed from an administrator taking a message and the Consultant Psychiatrist calling back, to the Psychiatrist carrying a mobile phone. This has improved feedback. Zena added that she hasn't received any negative feedback.
Question: Are CMHTs well-staffed?
Response: Nick responded that last year was the first where KMPT recruited more staff than they lost. We are putting lots of effort into recruitment (e.g. recruitment drives) and retention, but there is still a lack of qualified staff. Clare added they offer salary enhancements to some areas near London (e.g. Dartford) and offer recruitment packages, including relocation costs.

5. Action Points

From August County MHAG:

1. *Contact Ben Smith regarding CAMHS attendance at meetings, in relation to the new Eating Disorder and Children & Young People's Service.* Ben can attend the June MHAG. **Completed**

From October County MHAG:

1. *Invite Clare Lux to give an update on the secondary care to primary transfer model and the challenges.* Clare attended today's MHAG. **Completed**
5. *Invite Clare Lux to share the results of the West Kent GP questionnaire and update how the PCMHS service is being promoted.* Clare attended today's MHAG. **Completed**

From December County MHAG:

6. *Look at the process of applying for Personal Health Budgets (PHBs) and feedback to the group.*

This relates specifically to PHBs to pay for psychological therapy where waiting lists are high. Nikki Oatham has asked Meena McGill to speak today about redesign work in KMPT to reduce such waits. The PHB situation in Kent is not clarified. **Ongoing**

7. *Emma to ask Rebecca Smith if The MH Scoping Paper can be circulated.* **Carry forward**
10. *HWK to gather feedback about IAPT session caps and produce a report.* Steve has produced an anonymised summary of feedback. He will collate until today's MHAG and will produce a report. To feedback, Telephone 0808 801 0102, Email: info@healthwatchkent.co.uk **Ongoing**

From February County MHAG:

1. *David to circulate STP project information before Local May MHAGs to get feedback.* No response received. **Carry forward**
2. *David to set agenda to discuss STP involvement further at April County MHAG e.g. to set workstreams, if needed.* **Completed**
3. *David to invite Nikki Oatham to speak about redesign work/ reducing waits in KMPT.* Meena McGill will update the group about this today. **Completed**
4. *Sharon to research Personal Health Budgets in Medway.* **Carry forward**
5. *David to recirculate IAPT email with deadline to gather more feedback.* **Completed**
6. *Steve to speak to Deborah Frazer about IAPT provider issue.* Louise advised that all providers are contracted for the same number of sessions. Ali believes that Steve is following this up. **Carry forward**
7. *David to circulate service user and carer conference information.* **Completed**
8. *David to circulate stroke consultation document.* **Completed**

6. Care Pathway Plans in Secondary Care – Meena McGill, KMPT

As Andy Oldfield mentioned at a previous MHAG, the resources are quite small and the demands quite high for community teams overall. As a Trust, we are reviewing care pathways. As part of CAPA (the Choice And Partnership Approach) we are looking at what we deliver from the point of referral, to reduce pressure on specialist interventions. Also, we are improving the flow from referral to assessment to intervention. Additionally, we need to think about what is available in Primary Care to reduce pressure on Secondary Care. Below are details of three pathways:

1. **Personality Disorder (PD) pathway.** Prof Anthony Bateman's model could be used for more generic PD interventions, delivered by a CMHT team member, rather than a psychologist. This has been used successfully in Devon. There is an 8 session model, supported by psychological therapy. The formulation includes personal & background needs, what causes continual difficulty, history of trauma, regulating emotions, managing distress and managing social networks. Hope to do a pilot in Medway. Acute settings are also reviewing their pathways: In East Kent there will be a similar programme, which will focus on the reason for admissions, to stabilise the individual back into a community care package.
2. As used in Devon, there could be a more generic, **core pathway** that offers 4 sessions as soon as the individual accesses services. This goes alongside group programmes (e.g. recovery, or physical health and wellbeing.)
3. **Early Intervention (EI) in psychosis** – a very structured pathway for all ages, which is concordant with the waiting times standard and NICE concordant care packages.

- We are very much in the early stages. Would be good to update in 6 months time. The Medway pilot will hopefully start in June. There is a core pathway trial planned in East Kent and the psychosis EI pilot will occur alongside an Open Dialogue research trial.
- In terms of reducing waits for psychological therapy, Devon found that timely access to services meant that fewer specialist interventions were required. If you don't have a robust EI package, then more people will be waiting for more intense therapies. More clinical supervision and reflective practice could, however, cause an initial increase in waiting times.

Question: Is this the Autumn Care Pathway?
Response: It is more refined than this pathway. The strategy was very comprehensive but now incorporates what can be delivered, given our resources. A document is available.

Action 1: Nick to share strategy for Personality Disorders.
Question: How does relying on CMHT staff work in areas where staff are struggling?
Response: The intervention does not necessarily affect contact time, but makes it count in a different way.
Question: What are the details of the pilot?
Response: We have another workshop with Medway CMHT, to work out the starting date, duration and sample size. In Devon, there were 30-40 clients in the first pilot. We will measure outcomes using CORE and BEST (for patients and staff). Preliminary feedback from Devon suggests that clients tend to complete the 8 weeks. Some will be discharged back to Primary Care, some will access the 3rd sector/community services and some will need more formalized group/specialist interventions. The proportion going on to Primary Care or generic interventions is higher than before.
Action 2: Invite Meena to update in 6 months time.

7. Locality Questions

Ashford: *How are services such as Live Well Kent (LWK) and other groups in the community being communicated to local people? Is there a central place that people can find out what is on offer, such as the old Live It Well (LIW) website?*
Liz advised that everything on The LIW website was migrated to the LWK and OneYou websites. We are building a directory of services for the whole of Kent. We have LWK leaflets for each area, which are in GP surgeries. Hilary advised that Porchlight have CCG-specific leaflets. Overall, there was far more uptake than expected and contracted for, so there is a slight tension in advertising. If referrals drop in an area, then staff will focus on advertising in these areas. We also look at advertising in areas of deprivation e.g. hospitals, GP surgeries.
Question: The LIW website had everything listed and was easy to navigate.
Response: We are building a directory of services and are looking at how LWK comes up in google searches. Our directory needs to be geared up to type in e.g. anxiety, and relevant information appears. When The LIW website disappeared it left a gap, but LWK is separately commissioned. The LIW website had been around for many years and so was at the top of google searches. Louise advised that they have recently developed a GP referral tool for local care in 3 of the four CCGs in East Kent.
Question: Can we encourage providers to contact you to be added? The 'One You' website is a little convoluted: There are dropboxes for anything except mental health, which you can only access through 'Social Care'
Response: We have a meeting to discuss this on 1st May.
Action 3: Follow up service directory/ website issue at next MHAG.

Canterbury & Coastal: None
Dartford, Gravesham & Swanley: None

Dover, Deal & Shepway:
1. *What are KMPT's plans for renewing leases on their premises across the county?*

Nick is happy to raise this with KMPT's director of facilities.
Action 4: Nick to liaise with director of facilities about leases on premises.

2. *What are KMPT doing to plug any gaps in services, to reduce knock-on effects to emergency services e.g. Police?*

This can be addressed to Vincent Badu, Director of transformation for KMPT. Ideally, he could come along to the next County MHAG.
Action 5: Nick to liaise with Vincent Badu about DDS q2 & attending an MHAG.
Action 6: David to request a more detailed question from DDS MHAG.

South West Kent: *There is a lack of funding for supporting clients with longer-term needs in the community, i.e. longer than the current 1 year Live Well Kent Programme. Local providers are*

struggling to meet these needs through their own resources. How are KCC intending to address this need in the future?
Providers have met with KCC individually about this. KCC have had a big restructure, so new commissioners may be uncertain about this at the moment.
Action 7: Address the SWK question to Emma Hanson and Jo Empson

Swale:
1. *There is an increased need for housing in Kent, whereby housing availability is decreasing and homelessness is increasing. This may partly be due to people being moved from London Boroughs out to Kent and losing their housing entitlement. How are changes in housing need/ associated factors being measured, recorded and monitored in local populations (e.g. KCC's homelessness consultation and Joint Strategic Needs Assessments)?*

Universal Credit may be a factor. Housing benefit no longer goes straight to the landlord. Additionally, the Homelessness Reduction Act doesn't mean that new homes have to be built, but just changes e.g. contact with individuals.
Porchlight is, however, working with private landlords, UC is softening up and, additionally, supported housing is being retendered across the board.
Action 8: Request an update from Tony March
Action 9: Recirculate homelessness awareness session information and ask an MHAG representative to attend. (Ask Emma who best to contact about it.)

2. *As raised at The Dover, Deal and Shepway MHAG recently, what more can be done to help those moving on from MH supported housing to find suitable housing in a reasonable timescale?*

Action 10: Pose Swale question 2 to Swale Housing Options Officer.
DDS MHAG is also taking forward this issue, surrounding the housing allocation policy.
Action 11: Supported housing question- Link Swale MHAG members up with DDS members.
Nick advised that Chaucer Housing in Canterbury had a system that appeared quite robust. It may be that they have identified a workaround.
Action 12: Contact Chaucer Housing for details of a possible supported housing workaround.
The housing allocation policy is set by the local council. Even in the top priority banding, it is still difficult to find suitable accommodation.
Action 13: Get feedback from The Kent Housing Options Group meeting, (which reps from DDS MHAG were due to attend).

Thanet: None

6. Information Sharing

West Kent CCG, Zena:
Action 14: Circulate CCG reports/links to reports when circulating County MHAG docs.
- In September, The Children's & Young People's Service (CHYPS) went through a staff consultation period, with workstreams emerging. Senior staff are in place and are recruiting more staff.
- We have received lots of positive feedback about the new CHYPS Single Point of Access.
- There will soon be a draft for the crisis strategy for Kent and Medway. West Kent has funding for crisis cafes to continue.
- We have 'Kinesis', which is a conferral system for GPs to talk to Consultants without using letters. This supports GPs and saves unnecessary referrals into acute and secondary care. Currently in piloting stage, but expecting it to be rolled out.
- In West Kent, there is a new hoarding service from West Kent Mind, which is an exciting initiative.

Involve Kent, Lizzie: Rethink have a sponsored bike ride. There is also Festival of the Brain at Folkestone Quarterhouse.
Action 15: Circulate links to Rethink bike ride and Festival of the Brain.

KMPT, Nick: We have The Service User and Carer Conference on 3rd May, which will include Open Dialogue. We still have more places, so please do attend. At the end of May, there will be a consultation around older adults services e.g. how we plan their care.

Thinkaction, Ali: We have postponed the launch of West Kent Talking Therapies to 10th May.

Porchlight LWK, Hilary: Mental Health Awareness Week is 12th-19th May. We are involving local delivery partners.

Shaw Trust, Liz: The tender is out for tier 3 services, with 25 bids for art therapy. Themes include the natural environment, bereavement and loss. There are 2 evaluation panels. Results will be announced at the beginning of May.

East Kent CCGs, Louise:

- We are still waiting to hear about the suicide prevention funding bid. This includes Primary Care training, an app, support for those working with young people and 'Release the Pressure' for the construction and haulage industries.
- We are presenting our Alternative Place of Safety paper to East Kent CCG clinical boards in the next month. The model is based on the co-production workshops we held last year. We are planning the service for 7 days a week, with follow up and social prescribing.
- I have been involved with Section 136 pathway work. Also involved in the independence pathway regarding MH supported housing in Kent and Medway.
- There is a national consultation on Personal Health Budgets. Potential to extend PHBs from those with continuing healthcare needs to those with continuing mental health needs.

Action 16: Louise to send PHB link to MHAG for circulation.

Healthwatch Kent, Steve (email update read aloud):
Coproduction redesign of MHAGs and service user forums:
We have circulated an update report on what we have heard so far.
We will be visiting local MHAGs through May to talk about the next steps and to develop the co-production charter and will be holding an event on **Monday 18th June at Lenham Community Centre** to ensure everyone has had the opportunity to participate.

People falling through the gap between Live Well Kent and KMPT services
Live Well and advocacy services have shared their feedback with us on the difficulties of getting service users accepted into secondary care. We are sharing these with KMPT and have offered to host an improvement workshop with the organisations to look into the concerns.

Healthwatch Kent priorities for 2018:
Autism- We will be working with the developing autism strategies and changes to services and are keen to gather feedback on autism services. You can contact us on the same details as for IAPT.
Community Mental Health Teams- we will be visiting community mental health teams at the end of this year and will be beginning planning this with the Trust in May

Liz added that there is a meeting next week about pathways, organized by Deborah Frazer.
Action 17: Steve to contact Deborah about pathways meeting.

7. Date of next meeting

Tuesday 12th June 2018, 2pm-4pm, Maidstone Community Support Centre

ACTION TABLE

No	Action	Responsibility	Status
	From December MHAG		
6	Look at the process of applying for Personal Health Budgets and feedback to the group.	Ellie/Catherine	Ongoing
7	Ask Rebecca Smith if paper can be circulated.	Emma	Completed
10	HWK to gather feedback about IAPT session caps and produce a report.	Steve	Ongoing
	From February MHAG		
1	Circulate project information before Local May MHAGs to get feedback.	Lauretta	
4	Research PHBs in Medway.	Sharon	
6	Speak to Deborah Frazer about IAPT provider issue.	Steve	
	From April MHAG		
1	Share strategy for Personality Disorders.	Nick	
2	Invite Meena to update in 6 months time.	David	
3	Follow up service directory/ website issue at next MHAG.	All	
4	Liaise with director of facilities about leases on premises.	Nick	
5	Liaise with Vincent Badu about DDS q2 & attending an MHAG.	Nick	
6	Request a more detailed question from Thanet MHAG.	David/Thanet MHAG	
7	Address the SWK question to Emma Hanson and Jo Empson	David	
8	Request an update from Tony March	David/Tony	
9	Recirculate homelessness awareness session information and ask an MHAG representative to attend.	David/Louise	
10	Pose Swale question 2 to Swale Housing Options Officer.	David	
11	Supported housing question- Link Swale MHAG members up with DDS members.	David	
12	Contact Chaucer Housing for details of a possible supported housing workaround	David	
13	Get feedback from The Kent Housing Options Group meeting,	David	
14	Circulate CCG reports/links to reports when circulating County MHAG docs.	David	
15	Circulate links to Rethink bike ride and Festival of the Brain.	David	
16	Louise to send PHB link to MHAG for circulation.	Louise/David	Completed
17	Steve Inett to contact Deborah about pathways meeting.	Steve/David	

Administration :

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