

# County Mental Health Action Group

Funded by



Meeting on Tuesday 12<sup>th</sup> June 2018, 2pm-4pm 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         |
| Annie Jeffrey    | Ashford MHAG Co-Chair                        |
| Jenny Solomon    | Swale MHAG Co-Chair, Insight Healthcare      |
| David Rowden     | DDS & Thanet MHAGs Co-Chair, SpeakUp CIC     |
| Clive Wanstall   | Canterbury MHAG Co-Chair, EKCC Chair         |
| Naomi Hamilton   | Swale & DGS CCG, Head of MH Commissioning    |
| Chris Hird       | West Kent CCG, Commissioning Project Manager |
| Nick Dent        | KMPT, Patient Experience Team Manager        |
| Victoria Stevens | KMPT, Deputy COO                             |
| Vincent Badu     | KMPT, Director of Transformation             |
| Liz Bailey       | Shaw Trust, Live Well Kent                   |
| Anthony March    | DWP Partnership Manager                      |
| Dawn Hughes      | DWP, Young Persons Community Partner         |
| Sarah Deason     | seAp Advocacy                                |

| Apologies       | Organisation                         |
|-----------------|--------------------------------------|
| Lizzie Lowrey   | Involve Kent                         |
| Amanda Godley   | SpeakUp CIC                          |
| Andy Oldfield   | East Kent Mental Health Commissioner |
| Ben Smith       | NELFT                                |
| Wayne Goodwin   | Kent Police                          |
| Hilary Johnston | LWK Porchlight                       |

## 1. Welcome Introductions, Apologies & GDPR update

The Chair welcomed the group, apologies were noted and a GDPR update was read out.

## 2. Minutes of last meeting

One amendment: Nick (not Meena) was to circulate the Personality Disorder strategy.

## 3. NELFT Children and Young People's Mental Health Service Update - Postponed

Dr Ben Smith, or a colleague, will update at a future meeting.

## 4. Action Points

**Dec.17-6:** *Look at the process of applying for Personal Health Budgets (PHBs) and feedback to the group. Completed.* East Kent MH Commissioning confirmed that PHBs are only available to those eligible for NHS Continuing Healthcare. A national consultation has just ended to extend PHBs to those with ongoing MH needs or under Section 117 aftercare. Chair advised monitoring this issue.

**Dec.17-7:** *Emma Hanson to ask Rebecca Smith if Scoping Paper about housing options for MH clients can be circulated. Completed.* Circulated to County MHAG mailing list. Rebecca will inform

us when a pilot project of the 'hub and cluster' approach begins. Chair advised monitoring this issue.

**Dec.17-10:** *Healthwatch Kent to gather feedback about IAPT session caps and produce a report. Completed.* This report will be circulated via the MHAGs.

**Feb.18-1:** *Circulate information about STP MH workstream projects before May MHAGs to get feedback. Carry forward.* Awaiting an update from the MH workstream.

**Feb.18-4:** *Sharon to research PHBs in Medway.* PHB policy is set nationally. **Closed**

**Feb.18-6:** *Steve to speak to Deborah Frazer about IAPT provider issue.* Steve was informed. **Closed.**

**Apr.18-1:** *Nick to share KMPT strategy for Personality Disorders. Completed.* This document has been circulated. **Action 1: Recirculate this strategy.**

**Apr.18-2:** *Invite Meena to update in October about KMPT's work to redesign their psychological therapy pathways. Ongoing.* Still need to confirm.

**Apr.18-3:** *Follow up service directory/ website issue at next MHAG. Completed.* On today's agenda.

**Apr.18-4:** *Nick to liaise with KMPT's director of facilities about plans for renewing leases on KMPT premises. Completed.* John Carey from KMPT advised that current thinking is that Coleman House service in Dover could relocate to the Buckland Hospital site, but plans are not finalised as yet, it should take about a year to complete such a change if agreed.

Clive - Is there a date for the closure of St Martin's Hospital in Canterbury? Vincent raised a number of complexities including finding a new, better location for the older people's service based there. Kent & Medway will be getting their own medical school – possible that the Medical Education Centre (currently at St Martin's) could relocate there.

**Apr.18-5:** *Nick to liaise with Vincent Badu about attending an MHAG to talk about the following question from DDS MHAG: 'What are KMPT doing to plug any gaps in services, to reduce knock-on effects to emergency services e.g. Police?' Completed.* Vincent is attending today's meeting. **Action 2: Ask Vicky Stevens for any further information about avoiding gaps in KMPT services.**

**Apr.18-6:** *David to request more detail about the above question from DDS MHAG. Completed.*

**Apr.18-7:** *Address the question from SWK MHAG to Kent County Council (KCC). Completed:* "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 (LWK) Programme. Local providers are struggling to meet these needs through their own resources. How are KCC intending to address this need in the future?"

*Jo Empson, KCC Senior Commissioning Manager, responded:*

*"We jointly commissioned LWK (with Public Health and CCG commissioners) to be a preventative, asset based community mental health and wellbeing offer, it does not supersede or replace other services which can be accessed through both Health and Social Care teams where people have enduring needs. CCG partners commission KMPT and a range of other providers to meet the needs of those with more enduring and serious mental illness as you know; and KCC provides services such as KERS (Kent Enablement and Recovery Service) as well as commissioning other services such as SIS (Supporting Independence Services) to meet other MH social care needs, LWK is not a stand-alone service and is not expected to meet all needs across Health and Social Care. From a KCC Adult Social Care perspective individuals with the appearance of need have every right under the Care Act to an assessment to establish whether they have unmet eligible needs; they can then access SIS or other personalised services via contractual arrangements or a Direct Payment to then meet these established needs. Direct Payments are obviously a very*

*personalised option and can be utilised to commission on a very individual basis from a range of providers or community assets.”*

There was discussion about asking Learning Disability Teams to conduct assessments to identify needs that cannot be met by LWK.

**Apr.18-8:** *Request an update from Tony March (DWP) about the possible impact of Universal Credit on the reduced availability of housing. Completed.* Tony provided the following update:

*“The DWP have no influence over housing stocks, this falls to local and county councils to decide where house building will take place. People on Universal Credit are entitled to a housing element which is support for citizens for their rental liabilities. Changes in Universal Credit from 11 April now gives a two week housing benefit run on for those making a claim to Universal Credit who had a previous claim to housing benefit up to the day before making their Universal Credit claim to support with housing cost. The first Universal Credit payment will include the full months’ rent so the customer is now getting an additional two weeks rent paid in their benefit to support their housing or living cost. As from 11th April anyone placed in temporary accommodation will now claim Housing Benefit and this has been removed from the housing element on Universal Credit. So there has been some changes to Universal Credit to support people in Social or private rented accommodation. It would be unwise for me to comment on reasons why people become homeless which can include many different factors.”*

**Apr.18-9:** *Recirculate homelessness awareness session information and ask an MHAG representative to attend. Expired.*

**Apr.18-10:** *Pose a question that Swale MHAG took to the County MHAG to a Swale Housing Options Officer. Completed.*

*“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?”*

*Zoe Callaway responded: “Applicants who are moving on from supported accommodation are placed in Band B on the housing register. This is a high priority as to give a comparison households accepted as homeless living in our temporary accommodation go into the lower Band C.”*

**Action 3:** David to ask Teresa Snowden from LWK Porchlight about her work involving housing support.

Tony advised that Local Authorities have a lack of affordable/social housing. Some, such as Ashford, are running their own letting agencies, which gives guarantees to landlords. Thanet is just starting.

Horizons Supported Housing Service was discussed (now under Community Rehabilitation Services). Individuals could be supported by that community (e.g. neighbours) and friends could apply to be housed together. Part of the rehabilitation pathway.

**Action 4:** David to invite a representative (such as Linda Hardy, Service Manager) from Horizons Supported Housing (or its current equivalent) to speak at the next MHAG, about their service and how it fits into the future model of Health & Social Care (STP).

**Apr.18-11:** *Link up supported housing providers who attend MHAGs, to take forward the issue of finding suitable accommodation for those leaving supported housing. Ongoing.*

**Apr.18-12:** *Contact Chaucer Housing about a possible solution to difficulties in moving on from supported housing. Completed.* Chaucer Housing no longer exists. A possible workaround was, however, identified at DDS MHAG. A supported housing provider there has an agreement with the local council: To ensure that there is enough space for people to enter the provider’s service, anyone who has been with them for more than 2 years will be moved from a band B to a band A housing need. Chair advised to join up providers (see Apr.18-11 above).

**Apr.18-13:** *Get feedback from The Kent Housing Options Group (KHOG) meeting. Closed.* No feedback. **Action 5:** Ask for an MHAG representative to attend the next KHOG meeting, to discuss difficulties in finding suitable accommodation for those leaving supported housing.

**Apr.18-14:** *Circulate CCG reports when circulating County MHAG documents. Completed.*

**Apr.18-15:** *Circulate links to Rethink bike ride and Festival of the Brain. Expired.*

**Apr.18-16:** *Louise to forward link to Personal Health Budget consultation for circulation. Completed.*

**Apr.18-17:** *Steve Inett to contact Deborah Frazer about pathways meeting. Closed. Steve informed.*

#### **5. Service Directory/ Website Update**

Liz advised that Shaw Trust are looking at how to incorporate all information about MH services into a searchable database on the LWK website. They are working on how to migrate over District Council service directories and KMPT website info, as well as including wider LWK assets. Liz will update at next County MHAG. This will be completed in under a year. Tony added that the DWP found difficulty in providers updating the database with changes.

Clive - I get asked regularly about benefits. I heard that LWK will put a benefits advisor in place. When will that be up and running? Liz responded Citizens Advice Bureaus (CABs) will be in their funded network, to receive referrals. They will give CAB funds for a range of services e.g. money management workshops. CAB is one of the highest needs of their clients. There was discussion about whether Porchlight would introduce this in their areas. Although Shaw Trust and Porchlight use different models of delivery – Porchlight signpost directly.

**Action 5: Ask Hilary from LWK Porchlight if they are planning to include CAB in their network too.** Access to CAB in Thanet was discussed.

#### **6. KMPT & Emergency Services - Vincent Badu (KMPT, Director of Transformation)**

Vincent explained that his role is KMPT Director of Transformation for Older Adults Services, but he is also taking responsibility for working with emergency service partners, e.g. Kent Police and South East Coast Ambulance Service (SECAMB) on how KMPT support people coming into contact with those services.

Vincent explained that Section 136 (S136) is a power under the Mental Health Act (MHA), which Police Officers pose to move someone from a public place to a place of safety for a fuller assessment under the MHA. In 2016, approximately 1300 people were picked up under S136 and taken to places of safety in mental health units or A&E across Kent & Medway. When assessed under the MHA, only 40-50% were deemed as needing an admission to a mental health acute inpatient bed. These outcomes suggest that people could be supported earlier and in an alternative way, without receiving that full MHA assessment. Could do things differently. Additionally, new legislation that came into operation in 2017 states a different S136 timescale, sets the expectation not to use police custody, that it would only be used for under 18s in very exceptional circumstances and that Police Officers must seek advice from a Mental Health professional before applying a S136 order. So KMPT have been working with Kent Police, SECAMB, Children's Services (NELFT CYPMHS) and Social Care Services to look at alternatives to support doing things in a different way e.g. in terms of their crisis pathway.

Kent Police need more support, training and alternatives in supporting these individuals. KMPT has, therefore, agreed a MH Policing Strategy. Key points of strategy below:

1. To run two twelve month additional pilot Community Street Triage services in the 2 highest areas of S136 activity: Thanet and Medway. Already have County-wide service in place (MH Support workers in Kent Police and SECAMB contact centre 3 days/week, MH practitioner doing assessments and a CPN supporting Police and Control Room.) Insufficient but effective: Geographical challenge and limitation of 3 days/week.

Found a high percentage of frequent attenders who are picked up on S136 . Solutions – ensure the dedicated KMPT phone number for Police Officers is used effectively and work better together to crisis-plan for frequent attenders – share expertise and give consistent responses to those individuals.

An evaluation of the County wide Triage service operated by KMPT found a decrease in A&E attendance and despatch of Ambulances as a result of better quality info given to Police officers.

Now under MHA, Police must seek advice from a MH professional. KMPT are currently evaluating the outcome of this new advice and are looking at introducing a street triage service across Kent.

2. There has been a change in the training requirements for Kent Police. KMPT are jointly delivering this training to all staff. Started in April, with 150 staff trained so far. Over an 18 month period, thousands of staff will be trained.

3. KMPT have been working with the South East Coast Ambulance Service (SECAMB). They have a Support Worker in the contact centre, providing clinical advice. Can check if known to services, can access RiO and offer support in calls. In discussion with CCGs about a 7-day service. In future – build on the aforementioned work with frequent attenders and frequent S136.

Individuals may be better supported by other forms of crisis support, but Crisis Cafes are not consistent. Officers sometimes have no option but S136. Social isolation is often at the root of emergency calls and threats to self-harm. Shouldn't just label these individuals as having a MH problem and need to help them down the road to be less socially isolated.

Clive – focus on S136 has greatly improved things in Thanet and Medway. There are concerns about staffing levels in S136 suites. Handover time is 4-5 hours in Canterbury, would expect 30 mins.

The increase in S136's per year to 1600, due to a change in legislation, was discussed.

Vincent responded that they need to address this earlier in the pathway. Suites are full until assessment by 2 x section 12 Drs, so not just about staffing the suites. Waiting in a suite for 6 hours and then being discharged to home/GP is not the right intervention. They know there's pressure. In KMPT, moving towards a 24/7 bed management function: Police can call ahead to see if suite is occupied. Also need to have the crisis plan for people known to their services in place before they come to the suite. Vicky - KMPT's focus is putting something in place in society that stops people going into a S136 suite in the first place.

Annie – the threshold for MH support in Kent is increasing. Parity of esteem, but in Kent not happening. No 24/7 Psych Liaison in Ashford. As David Chesover said, not the same money for MH.

Sarah from seAp Advocacy talked about seeing more and more individuals in crisis and difficulties finding the right pathway for these individuals.

Vincent responded that they made the Crisis Care Concordat in London very clear about pathways, roles and partner responsibilities. We are trying to take forward a similar piece of work in Kent and Medway. Jacqui Pryke, West Kent CCG is working on creating clarity about what happens when someone goes to A&E in a MH crisis. There is a commitment from the STP to deliver Core 24 A&E Psychiatric Liaison in all areas.

Vincent answered questions about street triage, relating to turning people away, managing people with personality disorders and welfare checks. Having MH staff available helps with follow up e.g. what services could support individuals locally.

The transition from local pilots to county-wide street triage is being considered.

Naomi added that the STP MH Workstream is looking at improving the quality of the whole of the urgent MH care pathway, as a 6-8 week piece of work that will likely start this Summer.

## 7. Locality Questions

### Dover, Deal & Shepway:

1. *If STEPPS and STAIRWAYS are recommended treatments for borderline personality disorder, why are they not available in all areas?*

Vicky advised that Nicky Oatham is The KMPT Lead for Psychological Therapies. Nikki is taking responsibility for a robust Personality Disorder (PD) pathway, supported by Vicky. Regardless of location, individuals should have access to the same services. STEPPS is a therapeutic course provided over a number of weeks. KMPT are piloting a new model, starting in Medway. In this model, clients with Personality Disorders go straight into 8 sessions of support following initial referral to a CMHT, bypassing the assessment/ referral process. Following the 8 sessions, they may or may not need more detailed therapy (e.g. STEPPS).

Nick – Are KMPT thinking of providing STAIRWAYS, the 26 week programme? Vicky responded that KMPT has a design group, which is working with clinical experts to look at the evidence and at people with certain presentations, to design the pathways.

2. A carer and DDS MHAG Member brought the following learning for KMPT and all Coleman House younger adults service staff to our attention. This is following a serious incident, which resulted in a large and complex complaint being made against Coleman House. Every part of the complaint was upheld by Helen Greateorex (KMPT Chief Executive). The MHAG member wanted to share the lessons learnt, in case it is needed anywhere else, such as in West Kent.

The learning from this complaint is as follows:

- *“The team should have communicated appropriately with you once instructed by x and ensured that x’s up to date wishes were documented and communicated around the team in a consistent and timely manner. Protocol around this documentation and communication will be reviewed by the care group and steps taken to ensure this is more robust moving forward.*
- *Given the conversations having taken place and the breakdown in relationship between yourself and some staff members within the team, it has been suggested as appropriate for all team members to complete KMPT customer care training, which will take place soonest possible.*
- *All patient’s risk assessments, care and crisis plans are to be reviewed via our new quality audits ensuring that they are up to date and relevant.*
- *All staff within the team will undertake to read/review the Trust DNA (Did Not Attend) policy to ensure adherence with this.*
- *All safeguarding alerts should be recorded within a patient’s notes. The safeguarding actions referred to are to be sourced and acted upon.”*

Nick advised that it sounds like they were not engaging and sharing with the carer. KMPT are seeking to improve on this through their triangle of care (specifically for carers).

**Maidstone Weald:** *There is a gap in the quality and consistency of care plans. Are formal care plans in place for discharge planning and what should a professional care plan look like?*

Response from from Buba Cooper, Service Manager, Maidstone and South West Kent CMHTs/Paula Campbell, Head Of Service – Community East Kent:

*“The process is the same throughout the CMHTs. Everyone in secondary care should have a care plan, this can take 2 forms:*

- *Anyone under the CPA (Care Plan Approach) for complex needs will have a care plan entered into the electronic system outlining their needs and including what to do in a crisis.*
- *For someone without a care co-ordinator who is just seeing a psychiatrist, this will take the form of an official letter (there is a letter template for this), on headed paper, sent to their GP and to the patient, also outlining their needs, plan of care and what to do in a crisis.*

*Patients and carers have a right to ask their care co-ordinator or lead care professional for a copy of their care plan although this should be distributed to all patients without them having to ask. There is a lot of work being done around care plans at the moment to ensure that everyone has one and a lot has already happened to address this. Each CMHT is now having 2 weekly quality checks. Within these checks, the Quality Manager will look at care plans standards, and ensure that there is triangulation of information from the risk assessment and core assessments detailed within the care plan. The plan of care on discharge would be captured within the GP letter copied to the client. There is a template for this.”*

Chair noted that this is a good comprehensive response – hopefully beneficial for all.

Vicky advised that care plan quality has become the top priority for KMPT’s care teams. They have employed Quality Managers to ensure that everyone has a care plan that is appropriate and needed. They have ‘quick checks’, or, sets of standards to audit care plans against. 4 months after they implemented this, care plan quality has improved. They look at all data and have action plans for each locality to improve quality month by month.

Clive and Vicky discussed the importance of the conversation about the client’s care plan.

Ali noted that the care plan was handwritten – doesn’t look good for e.g. benefits decisions.

Vicky advised that there is no standard template but standards to adhere to. Is bespoke. If handwritten – safety issue – S136 staff will not have access to that. Sarah added that care plans are often seAp’s starting point for those being discharged.

There was discussion about high caseloads, which can make it challenging for staff to do their paperwork, Kent not putting enough money into MH and transient staff/many vacancies. Vicky responded that KMPT are supporting clinicians, the quality of the care plan is a high priority,

community teams do not have many agency staff and staff are professionally registered and go through a 'check in' process.

**South-West Kent:** *The Primary Care Mental Health (PCMH) service is only for 16 to 65 year olds and does not cover older adults. What additional support is available for over 65s? Is it the same across the County?*

(Hilary Johnson confirmed by email that Porchlight is contracted by DGS and Swale CCGs to commission the PCMHS service in those areas. The age range is 16 and over.)

There was discussion about the PCMH service in West Kent - suitability/needs rather than age is important, transitioning between services, dementia services, national framework – age not a barrier.

**Action 7: Vicky to check the service specification to clarify the answer to this question**

No questions from Ashford, Canterbury & Coastal, Dartford, Gravesham & Swanley, Swale or Thanet MHAGs were taken forward.

#### **8. MHAG & Service User Forum Co-Production Update – Steve Inett**

Update postponed

#### **9. Information Sharing**

**DWP, Dawn:** Has just taken on the role of Young Persons Community Partner, to support young people with complex needs and to support Job Centre staff working with young people. More and more young people are presenting to Job Centres with MH problems – Dawn requested information on how to manage them and how best to advise frontline staff.

Vincent and Dawn to discuss further. Vincent advised that NELFT should also be involved.

**Action 8: Ask Ben Smith if anyone from NELFT should attend/ receive County MHAG minutes**

Naomi to send Dawn a phone number for information/support. Dawn confirmed that she sees young people from ages 16-25.

Tony advised that DWP staff receive very good 2 day training, which involves how to engage and work with people with MH problems. The new Community Partner role involves going out to find useful information and bringing this information back into Job Centres.

**East Kent Carers Council, Clive:** Advised that the CQC (Care Quality Commission) audited KMPT at the beginning of the year and issued an improvement notice. Clive put forward the formal question: "Can we see the action plan from KMPT to put right what was found to be wrong?"

Clive's group also wrote to KMPT to suggest holding surgeries in KMPT sites across the county, e.g. about S136, to make board members more visible.

**Action 9: Circulate KMPT's response to Clive's letter about the recent CQC report.**

Helen Greatorex is prepared to meet with Clive to discuss issues such as who cares for the carer?, the crisis team not seen as a crisis service, disquiet due to many being moved back to primary care, readmission figures/revolving door. They are happy for this to be shared.

Vincent mentioned that the board meeting is moving around, e.g. in Canterbury this month. He is interested in the point about visibility. The board papers give lots of info about who the board members are and where they have been. Vincent to send electronic version over to Clive.

#### **10. Date of next meeting**

**Wednesday 15<sup>th</sup> August 2018, 2pm-4pm, Maidstone Community Support Centre**

### **ACTION TABLE**

| No        | Action   | Responsibility     | Status |
|-----------|--|--------------------|--------|
| Feb.18-1  | Circulate information about STP MH Workstream projects before May MHAGs to get feedback.   | Lauretta/<br>David |        |
| Apr.18-2  | Invite Meena to update in October about KMPT's redesign of their psychological therapy pathways.   | Meena/ David       |        |
| Apr.18-11 | Link up supported housing providers who attend MHAGs, to take forward the issue of finding suitable accommodation for those leaving supported housing.   | David              |        |
| Jun.18-1  | Recirculate KMPT's strategy for Personality Disorders  | David              |        |
| Jun.18-2  | Ask Vicky Stevens for any further information about avoiding gaps in KMPT services knocking on to emergency services.  | David/Vicky        |        |
| Jun.18-3  | Ask Teresa Snowden from LWK Porchlight about her work involving housing support.   | David/<br>Teresa   |        |
| Jun.18-4  | Invite a representative (such as Linda Hardy, Service Manager) from Horizons Supported Housing (or its current equivalent) to speak at the next MHAG, about their service and how it fits into the future model of Health & Social Care (STP). | David              |        |
| Jun.18-5  | Ask an MHAG representative to attend the next Kent Housing Options Group meeting, to discuss difficulties finding suitable accommodation for those leaving supported housing.  | David              |        |
| Jun.18-6  | Ask Hilary if Porchlight are planning to include CAB in their LWK network.   | David/ Hilary      |        |
| Jun.18-7  | Check the service specification to answer SWK's question about the PCMH and over 65s   | Vicky              |        |
| Jun.18-8  | Ask Ben Smith if anyone from NELFT should attend/ receive County MHAG minutes  | David/ Ben         |        |
| Jun.18-9  | Circulate KMPT's response to Clive's letter about the recent CQC report  | Clive/ David       |        |

**Administration :**

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