

County Mental Health Action Group

Funded by



Wednesday 15th August 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
Lizzie Lowrey	Maidstone MHAG Co-Chair/ Involve, Volunteering & Engagement M'ger
Amanda Godley	Ashford MHAG Co-chair/ SpeakUp CIC, Project Coordinator
David Rowden	DDS and Thanet MHAGs Co-chair, SpeakUp CIC
Jenny Solomon	Swale MHAG Co-Chair/ Insight Healthcare
Cheryl Fenton	Kent County Council
Tim Woodhouse	Kent County Council, Suicide Prevention Specialist
Heather Bates	Kent County Council, Commissioner
Vicky Stevens	KMPT, Deputy COO
Nathalie Mulroy	West Kent CCG
Andy Oldfield	South Kent Coast CCG, Head of MH Commissioning
Liz Bailey	Shaw Trust, Live Well Kent (LWK) Programme Lead
Alison Grainger	Shaw Trust, LWK
Teresa Snowden	Porchlight LWK, Development & Monitoring Officer
Tony March	DWP Partnership Manager
Steve Inett	Healthwatch Kent, CEO
Carol Sommerville	Assert/ Kent Advocacy

Apologies	Organisation
Vincent Badu	KMPT
Nick Dent	KMPT, PET
Sarah Deason	seAp Advocacy
Ali Marsh	Maidstone & SWK Co-Chair/ Thinkaction
Naomi Hamilton	Swale & DGS CCG
Sharon Dosanjh	Medway CCG

Apologies	Organisation
Diane Marsh	KCC
Clive Wanstall	Canterbury Co-Chair
Dawn Hughes	DWP
Rachel Hussey	NELFT CYPMHS
Hilary Johnstone	LWK Porchlight
Wayne Goodwin	Kent Police

1. Welcome, Introductions, Apologies & GDPR Update

The Chair welcomed the group, apologies were noted and an MHAG membership/data protection update was read out.

2. Minutes of Last Meeting - Approved without amendment

3. Improvements to the Mental Health Social Care Offer - Cheryl Fenton, KCC

Cheryl has prepared an update about the Kent County Council (KCC) and Kent & Medway NHS & Social Care Partnership Trust (KMPT) partnership transformation project. The key change is that social care staff within Community Mental Health Teams (CMHTs) will be managed by KCC from 1st October 2018, and the Approved Mental Health Professional (AMHP) service will be managed by KCC from 1st April 2019.

Action 1: Circulate Cheryl's KCC/KMPT transformation update to local MHAGs.

Please see the circulated update for further information.

Cheryl discussed the transformation. The main points included:

- Very little is changing, CMHTs will continue to work as Multi-Disciplinary Teams (MDTs).

- From October, line management of social care staff will come under KCC, which is historically where this lay.
- KCC & KMPT will ensure that clients are seen by the right person with the right skills and connections: Quite often will mean clients working with both a nurse and social worker.
- KCC & KMPT are excited about the changes – there will be a clearer focus going forward. They have been working together on preparing for the change since January.

Question: Will this affect the number of staff across Kent?

Cheryl - they have done detailed work across Kent to ensure that people using services and carers have Care Act Assessments, reviews of residential placements and care packages take place regularly, that nearest relatives/guardians are in place and that there are robust and rapid responses to safeguarding. There will be very few shifts in resources. Resources will not be reduced. In Canterbury many live in residential care: KCC are working with them to ensure that their goals and aspirations are met. Some resources will be shifted into the AMHP Service. So numbers aren't reducing, just shifting.

Question: What engagement will there be for people who want to give feedback?

Cheryl - after considering practicalities and demand on each locality, KCC have appointed 5 Service Managers covering 8 localities, the last of these will be in post by 12th November and will regularly attend MHAGs. KMPT are also reviewing their management structure to ensure that, day-to-day, they work in a multi-disciplinary way. It is hoped that KMPT representatives will also continue to attend MHAGs, in order that there can be a joint response to suggestions / feedback / issues raised at MHAG meetings

Steve - this change has been dictated by the Care Act, as currently people can only access the MH social work service via KMPT (secondary care). Cheryl – the change will also allow for more work with GP's and other community and primary care partners. Importantly, until now the majority of MH social work services have been in KMPT. KCC established the Primary Care MH Social Work Service, which took back line management of KERS (Kent Enablement & Recovery Service). This is all part of the transformation. The primary/secondary care divide in social work will come to an end by Feb 2019.

Question: With the further fragmentation of services, how will people find out how to access them?

Cheryl - there is a clear pathway – if clients are referred to KMPT there will be a joint response. But need to get more information to GPs e.g. using the GP Referral Tool in East Kent and DORIS in West Kent.

Amanda described a situation where a service user's GP did not know how to access the Primary Care Social Work Service. Cheryl – this should be addressed by the ending of the primary/secondary divide in part, but we also need to improve how we communicate with GP's in a way that the information is received

The group raised the following points:

E. Kent GP Referral Tool – really good but not used in Thanet, some GPs don't know the Primary Care MH Service specification, takes time for GPs to realise what is out there, KCC Service Manager presence not being reduced but managed in a different way.

Tony suggested that a list of initiatives would be helpful - lots of test trials are not known about e.g. The Involve pilot in West Kent GP surgeries.

Cheryl gave details of the names of KCC Service Managers, as well as the two KMPT heads of service who will oversee the KMPT service managers.

4. Consultation on Retendering Mental Health Care Homes – Heather Bates, KCC

Please see circulated document for further information about the new care home contract for adults with a learning disability, physical disability, or mental health needs.

Heather discussed the following main points:

- The standard terms and conditions are out of date – the MH spec does not include recovery.
- Want a very clear pricing structure and to build stronger relationships with key providers. No performance measures are attached to these contracts at the moment.

- 1500 people in total are affected by these contracts. More specifically, about 380 people with MH needs (120 from outside of Kent), across 22 homes.
- The aim is not to reduce the number of places and it is hoped that clients will not have to leave Kent for specialist services.
- They need feedback from people using, or who might need, these services regarding how to go forward, e.g. what might be missing from the top-level specification and what are the key things to look at going forward.

Action 2: Circulate draft care home contract spec (when ready) to local MHAGs for feedback.

Heather responded to questions about how best to manage clients whose aspirations for independence are high and about whether there is a best-practise model.

Steve advised that Healthwatch Kent (HWK) were asked how best to get feedback from current/potential service users and can bring value e.g. via their networks, to widen the net.

5. Action Points

Feb.18-1: David to circulate information about the STP (Sustainability & Transformation Partnership) MH Workstream projects before May MHAGs to get feedback. **Expired.** Naomi Hamilton (Swale & DGS CCGs) provided an update that was read aloud. Key points included:

- Interfaces between services: CCGs are finalising a visual referral pathway across MH services, which will be shared with the STP and HWK for comment.
- A meeting is planned for September for local MH and wellbeing services to discuss working better and differently together across pathways.

Attendees added that:

- The STP are conducting a gap analysis (analysing the gap between actual and potential/ desired performance), involving a series of workshops with local teams.
- Kim Solly is looking at pressures on services, with a report by the end of August.
- There will be a Task & Finish Group in early September regarding the Crisis Team – to look at gaps and what is reasonable in terms of what they can/ cannot do.

Apr.18-2: David to invite Meena to update in October about KMPT's redesign of their psychological therapy pathways. **Completed.** Meena's colleague, Michael, will update in October.

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. **Carry forward.**

Jun.18-1: David to recirculate KMPT's strategy for Personality Disorders. **Completed**

Jun.18-2: David to ask Vicky Stevens for any further information about avoiding gaps in KMPT services knocking on to emergency services. **Carry forward.** Vicky is currently looking in to this.

Jun.18-3: David to ask Teresa Snowden from Live Well Kent (LWK) Porchlight about her work involving housing support. **Completed.** Teresa updated at today's meeting: Porchlight's MH specialist housing service looks at housing issues that impact on MH.

Action 3: Teresa to circulate anonymised housing case studies or information about where gaps/areas of risk have been identified.

Jun.18-4: Invite a representative from Horizons Supported Housing (or its current equivalent) to speak about their service and how it fits into the future model of Health & Social Care (STP). **Ongoing.** Linda Hardy (Service Manager) could not attend today's meeting. Future dates given.

Jun.18-5: Ask an MHAG representative to attend the next Kent Housing Options Group (KHOG) meeting, to discuss difficulties finding suitable accommodation for those leaving supported housing. **Carry forward.** The next meeting is on 1st November.

Jun.18-6: Ask Hilary if Porchlight are planning to include CAB (Citizen's Advice Bureau) in their LWK network. **Completed.** Hilary responded via email:

“We were interested to hear from the MHAG that Shaw Trust are giving some funding to the CABs. KCC had confirmed in 2017 that the mental health funding awarded to Live Well Kent had not included any former CAB funding. We understood that the CABs were funded from other funding streams. As you mention, there are two different LWK models. We do recognise the negative impact that lack of finances has on an individual’s mental health and wellbeing and the Porchlight LWK link workers are involved in benefits work and financial maximisation with clients. This work has increased where Universal Credit has been rolled out. Staff do refer clients to different organisations like CABs, DISK and CAP for further specialist financial help if needed. The only funding Porchlight LWK is still to allocate this financial year is the Innovation Fund but unfortunately no CABs have applied for this. We will be looking at whether there should be any funding changes for 2019-20 and would be interested to know what cuts in funding the CABs have faced and the implications of these cuts.”

- Carol - their advocacy clients find it difficult to access CAB. Benefits difficulties are a common issue - used to refer to CAB for this, but now CAB do not have time to see these clients.
- Tony - DWP already fund CABs to give budgeting (but not debt) advice, which landlords are also involved with. This is due to the move from fortnightly to 4-weekly benefits payments.
- Porchlight’s Link Worker Service could help, as well as Christians Against Poverty.

Jun.18-7: *Vicky to check the Primary Care MH (PCMH) Service specification to answer SWK’s question about access to over 65s. Completed.* Vicky - historically there has been a split at age 65, but currently there are a number of under-65 in the over-65 service and a number of over-65s in the PCMH Service. It is based on client need/presentation.

Andy - in East Kent, they are revising the service spec, with a multi-agency workshop on 6th September with Martine McCahon.

Jun.18-8: *Ask Ben Smith if anyone from NELFT Children & Young People’s MH Service should attend/ receive County MHAG minutes. Completed.* Dr Rachel Hussey from NELFT will attend.

Jun.18-9: *David to circulate KMPT’s response to Clive’s letter about the recent CQC report. Carry forward.* There are now further relevant documents. David will check with KMPT before circulation.

6. Locality Questions

Ashford:

1. A new GP Care Navigation System, in which GP receptionists signpost to relevant organisations, recently started in West Kent. Are there any plans to roll this system out to other areas of Kent?

Action 4: Andy to look into the prospect of GP receptionist signposting in East Kent.

Action 5: David to invite Cathy Bellman (Kent and Medway STP Local Care Lead) to speak about GP receptionist signposting in East Kent and local care in general.

2. We have heard that services for 18-65 year olds at St Martin’s Hospital, Canterbury, are due to close. Could we have clarity on when this will happen and what will be put in its place?

Vicky - there is no current plan to do this. This may be linked to concerns about Cranmer (older adults) Ward at St Martin’s closing. Background info - Cranmer Ward is situated in an old Victorian building. Care is excellent but CQC is mindful that the building is not conducive to high quality modern care. Lots of options for re-providing those 15 older adults beds. Ward closure is one possibility of many, but services will not be closed.

Question: Will Cranmer Ward’s replacement be for acute or organic presentations?

The following points were made in response:

- In Thanet, for instance, not certain whether to care for organic presentations of dementia alongside those with functional presentations (psychological illness). Perhaps rather than an older adults ward, will be for those with complex needs.
- Cranmer Ward is currently for both sexes, for dementia and functional presentations – this will not be replicated like-for-like. As soon as there is an update, KMPT will inform the MHAGs.
- They should be working as far away from bed-based services as possible.

Question: we see people who are very poorly going home possibly before they are ready. The pressure on beds is worrying.

Vicky - KMPT have the right number of beds for the population, but sometimes admit people to a bed where, if there was alternative community support, they may not need one.

Andy - would have to be convinced it is the right thing to do before taking beds out of the system.
Vicky - Different place to a few years ago – the Patient Flow Team are improving admissions and discharges to increase the availability of beds. KMPT have put a huge amount of work into this.

Dartford, Gravesham & Swanley: *Can the County MHAG help to implement County-wide Task & Finish groups, which join up local MHAGs e.g. using teleconferencing, to improve issues related to housing/homelessness?*

Data regarding housing/homelessness is needed first. David is due to circulate such data.

Teresa – Dartford Borough Council are setting up a hub for housing need.

Action 6: David to ask DGS MHAG to gather information about the housing hub.

Dover, Deal & Shepway:

1. *Are there any plans to set up Crisis Houses in Kent, such as that set up by Joy Hibbins in Gloucestershire, for individuals at risk of suicide?*

Andy responded with the following main points:

- Crisis Houses and Alternative Places of Safety (APoS) are very complicated issues.
- Lots of work has been done by MHAGs previously about this (when called LPMGs).
- In the UK, there are models where Crisis Houses work and where they don't.
- Have conducted engagement in East Kent about APoS (which meet needs of similar groups): Have a costed model with service specs, in case able to fund it.
- Already have 24hr services at QEQM Hospital in Thanet. Recent 3-month pilot of this at William Harvey Hospital in Ashford, but little demand out of hours. However, could take more time for people to realise that it is available.
- The argument for Core 24 is not as strong as 2-3 years ago – perhaps use that funding.
- APOS would cost 250k/year in East Kent. Would not be run by statutory services. Could be a MH crisis version of Maidstone's Urban Blue Bus, although work done by Louise Piper suggests a physical presence would be needed somewhere. In Kent, the section 136 rate is 3rd highest in the country – crisis pathway is under pressure.

2. *What are the current plans for older adults inpatient services in DDS (SKC), e.g. Cranmer (older adults) Ward at St. Martin's Hospital, Canterbury?* See Ashford Qu.2 above.

No questions from Canterbury & Coastal, Maidstone Weald, South West Kent, Swale or Thanet.

7. Kent and Medway STP Suicide Prevention Overview – Tim Woodhouse, KCC

Please see circulated slides for details of Tim's presentation.

Key points or information not included in the slides:

- Have stripped away the MH element of 'Release the Pressure' to encourage engagement.
- Key statistic: 41% of attendees on Suicide Awareness & Prevention training used their training in a real life situation in the 3 months following the training.
- Have increased calls from men to Mental Health Matters' Helpline by 82%.
- Kent suicide rates – well above national average – goes against economic argument as Kent is generally wealthy, despite pockets of deprivation.
- In West Kent, the male suicide rate is comparatively low, yet the women's rate is the second highest in the County (7.0/ 100,000). Unsure why this has occurred.
- Whilst 67% are not known to services, many who take their own lives are just going through a very rough time and would not have had a previously diagnosable MH condition.
- Those who visit their GP 24 times or more per year – 12 fold increase in suicide risk.

Action 7: Tim to provide Vicky with GP visit data (24x/year), stratified by gender.

- They are committed to continue funding Mental Health Matters.
- Today, launching the procurement for a number of services, including an app.
- University students and the construction and agriculture industries are high risk.

Question: will the 3 hour Suicide Awareness & Prevention workshops be part of the Recovery College?

Tim – No plans at the moment, but would be very useful. Surrey have 6 x 2 hour modules.

- Little evidence of what types of Suicide Prevention are effective in the community – so KCC will be asking for creative and imaginative ideas.

Action 8: Circulate requests from KCC for creative & imaginative suicide prevention ideas.

- 1/3 of those who commit suicide are known to primary, but not secondary care. What else can be put into the primary care setting? E.g. to identify high risk individuals and put a safety net around them. Will put a workshop together for that. E.g. Men who see GP 24x/year - auto-referral to PCMH Services.

8. Information Sharing

Involve Kent, Lizzie: Have 5 co-ordinators who are using social prescribing for the most frequent GP attenders. Using 'Connect for Wellbeing' to improve wellbeing holistically. Also have £25k pot for West Kent – more info at Involve's AGM on 14th September.

Lizzie arranged to meet with Liz (LWK Shaw Trust) to join up about referral pathways.

Mapping of services/ service directories was discussed. LWK Shaw Trust are still working on their directory. Amanda is involved in an Ashford-specific directory, also available as a paper copy.

10. Date of next meeting

Wednesday 17th October 2018, 2pm-4pm, Maidstone Community Support Centre

ACTION TABLE

No	Action	Responsibility
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.18-2	Ask Vicky Stevens for any further information about avoiding gaps in KMPT services knocking on to emergency services.	David/Vicky
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.18-9	Circulate KMPT's response to Clive's letter about the recent CQC report	Clive/ David
Aug.18-1	Circulate Cheryl's KCC/KMPT transformation update to local MHAGs.	David
Aug.18-2	Circulate draft care home contract spec (when ready) to local MHAGs for feedback.	David
Aug.18-3	Circulate anonymised housing case studies or information about where gaps/areas of risk have been identified.	Teresa
Aug.18-4	Look into the prospect of GP receptionist signposting in East Kent.	Andy
Aug.18-5	Invite Cathy Bellman (Local Care Lead) to speak about GP receptionist signposting in East Kent and local care in general.	David
Aug.18-6	Ask DGS MHAG to gather information about the housing hub.	David
Aug.18-7	Provide Vicky with GP visit data (24x/year), stratified by gender.	Tim

Administration :

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Minutes and supporting documents are posted on:

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