

# County Mental Health Action Group

Funded by



Wednesday 12<sup>th</sup> December 2018, 1.30pm-3.30pm at Maidstone Community Support Centre, Marsham Street, Maidstone, ME14 1HH

Attendee	Organisation & Title
Sue Sargeant	Chair/ West Kent Mind (WKM), MHAG Coordinator
David Garrick	Minutes/ WKM, MHAG Coordinator
Ali Marsh	Maidstone & SWK MHAGs Co-chair/ Thinkaction, Ops Manager
Teresa Snowden	Porchlight LWK, Development & Monitoring Officer
Tony March	DWP, Partnership Manager
Chris Hird	West Kent CCG, Commissioning Project Manager
Sarah Deason	seAp Advocacy, Team Manager
Nick Dent	KMPT, Patient Experience Manager
Eve de Gray Birch	Engaging Kent, Co-Production Facilitator
Annie Jeffrey	Ashford MHAG Co-chair
Jenny Solomon	Swale MHAG Co-Chair, Insight Business Dev. Manager
Victoria Stevens	KMPT, Deputy COO
Andy Oldfield	East Kent CCGs
Cheryl Fenton	Kent County Council, Assistant Director Mental Health

Apologies	Organisation
Jo Miller	DDS Co-chair
Emma Jarnell	DGS Co-chair
Ellie Williams	Canterbury Co-Chair
David Rowden	Thanet Co-chair
Phil Davis	SWK Co-chair
Amanda Godley	Ashford Co-Chair
Alison Grainger	Shaw Trust
Liz Bailey	Shaw Trust
Lauretta Kavanagh	K&M STP

Apologies	Organisation
Rosalynne Styles	Sanctuary Supp' Living
Rachel Hussey	NELFT
Naomi Hamilton	Swale & DGS CCG
Vincent Badu	KMPT
Tim Woodhouse	KCC
Dawn Grant	DWP
Sharon Dosanjh	Medway CCG
Nicola McLeish	KCC
Alan Heyes	County MHAG Chair

## 1. Welcome, Introductions, Apologies & GDPR Update

Alan Heyes was not able to chair today's meeting. Sue Sargeant chaired the meeting in Alan's absence. 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. KCC/KMPT Transformation Project Update – Cheryl Fenton, KCC

*Please see circulated presentation slides and circulated information about the KCC & KMPT Transformation Project and new delivery model processes. This relates to the new KCC Mental Health Social Care structure, which took effect from 1st October 2018 and involves community social care staff returning to the line management of KCC.*

Cheryl described the build-up and planning for the 1<sup>st</sup> phase of the project, which ended on 1<sup>st</sup> October this year. Further points from Cheryl and other attendees included:

- New robust approach to improve health and social care delivery. Provides packages of care according to the Care Act.
- Model of working on strengths, aspirations and interests – tested by the Primary Care Social Work service, Live Well Kent and KERS for 2.5 years – have now embedded this model into the future Social Work Service.
- See presentation slides for further detail.
- People are eligible for advocacy under the Care Act.
- Social workers will receive a detailed training package, which will include the Mental Capacity Act.

**Action 1: Cheryl and Tony to liaise about sending Social Care Service leaflets to DWP.**

- Carers can receive support (costed packages, direct payments) through the MH social care service, if meet eligibility criteria. If not, can receive support via KCC commissioned services.
- Forensic Social Workers – Janine Hudson is the KCC Service Manager for this service. Provides 'Social Supervisors' for individuals leaving forensic services under Ministry of Justice restrictions.
- Cheryl confirmed that DWP should continue to refer clients to other resources (e.g. Live Well Kent) first. But can contact the SW service if there are concerns that they might need a social work service.
- People can still call the CMHT duty number/drop in – the CMHT then decides which of the parallel systems is most suitable for them to access (pure MH, MH social care, or both).
- Tony raised the issue of e.g. an individual who is homeless or in a MH crisis presenting at a job centre at 4.30pm – staff phone relevant numbers but are unsure of most appropriate/ direct route to get assistance. Would be useful to have a list of phone numbers. Sarah and Eve advised that this would also be helpful for advocacy and foodbank services.

**Action 2: Cheryl and Vicky to compile a guide/ list of contact numbers (to share across Kent), for assistance with clients who are homeless or in a MH crisis, both in and out of hours.**

- Will do away with primary/secondary care divide – single social care service.
- Improvements in access to MH social care assessments. More time to consider most appropriate form of residential care, reviewed regularly and ensure that goals, aspirations and needs of individuals at home or in residential care are met.
- Staff were previously working in a generic way, rather than according to their specialisms. Risk losing their skills.
- Social care teams are not bound by primary/ secondary care – should reduce numbers requiring secondary care interventions, if referrals for purely social care go straight to social care.
- More consistency of social workers, regardless of whether someone is receiving support for their mental health from primary care or secondary care.
- 3 more posts moved into AMHPS (Approved MH Professional Service).
- Under Care Programme Approach (CPA) – idea is that everyone is allocated a lead professional and those with complex needs also have care coordinators. But many were put on this pathway when it wasn't needed for their MH. May e.g. see a CPN and attend the Clozapine clinic, but majority of support will be via the social worker.

**Action 3: Annie to send feedback to Cheryl e.g. about concern that the AMHP undertaking a MHA assessment does not always know the person they are assessing.**

**Action 4: Circulate KMPT/KCC Transformation slides, with related documents, to MHAGs.**

- Centralised, dedicated AMHPS – ready to respond immediately.

#### 4. Action Points

**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).* No response received. **Closed**

**Action 5:** Nick or Vicky to invite Linda to speak at County MHAG

**Jun.18-9:** *Circulate KMPT's response to Clive's letter about the recent CQC report.* Latest CQC inspection paper has been circulated. **Completed.**

Vicky updated the group in more detail about the CQC inspection processes and outcomes. CQC noted a phenomenal improvement in early feedback – full report due in 10 days time.

**Aug.18-2:** *Circulate draft care home contract spec (when ready) to local MHAGs for feedback.* No response received. **Closed.**

**Aug.18-7:** *Tim to provide Vicky with GP visit data (24x/year), stratified by gender.* **Completed.**

**Oct.18-1:** *Clarify KMPT gaps/ emergency services question.* **Completed**

**Action 6:** David to send any examples of gaps in KMPT services to Vicky, Andy and Nick, for feedback to DDS MHAG.

**Oct.18-2:** *Vicky to provide a highlight report of care pathways with details of SU/ carer involvement (inc. current engagement and spaces available) and an update on the 3 psychological services pilots to be circulated to local MHAGs.* **Closed**

**Action 7:** Vicky to present information about psychological therapy pathways in February, once pilots are completed.

Nick confirmed that there is a commitment to up to 4 Experts by Experience (service users or carers) on programme boards/ care pathways. There are 2 new pathways (continuing care and dementia), as well as a Care Pathway Programme Board comprised of Experts by Experience.

**Action 8:** Nick to send over details of numbers/vacancies on care pathways/programme boards.

**Oct.18-3:** *Circulate questions about drug and alcohol services to the MHAGs.* **Completed.**

**Oct.18-4:** *Alan to arrange a meeting immediately prior to January's Dartford MHAG meeting, to discuss how housing is affecting mental health and take action.* **Closed.** Chair advised that housing has been raised at DGS MHAG, with echoes at other MHAGs, but have struggled to get engagement. Have invited housing officers to MHAGs and have tried to input to Kent Housing Options Group. Chair asked for suggestions from group:

- Potential causes of housing issues were discussed.
- Councils are starting lettings agencies and a LWK service offers support where MH affects housing.
- Supported housing due to change from Jan 2019 – contracts retendered.

Group suggested the following:

**Action 9:** Encourage local engagement from housing teams, housing options and supported housing providers with MHAGs to identify specific problems and find solutions.

Chris updated the group about the New Care Models programme in secure services, led by KMPT. Dr Mike Kingham is the regional lead.

**Oct.18-5:** *Invite Lyndsey Johnson to give an update about housing at the next DDS MHAG meeting.* **Completed.**

**Oct.18-6:** *Sanctuary Housing to feed into January's housing meeting in Dartford.* **Closed**

**Oct.18-7:** *Highlight referrals to inappropriate housing to KMPT's patient discharge team.* **Closed.** Leonie Down has highlighted this to the KMPT Patient Flow Team and Lyndsey Johnson discussed this issue at the last DDS MHAG.

**Action 10:** Vicky to raise referrals to inappropriate housing at January's KCC/KMPT Social Care Discharge Workshop.

**Oct.18-8:** *Ask Swale MHAG for a more specific question about service reviews.* **Completed**

**Oct.18-9:** Dawn Grant to follow up on details of free prescriptions for people on benefits, including contribution-based ESA and Universal Credit. **Completed.** Dawn provided the following link, which is a self-service checker for anyone who wants to know if they would be entitled to free prescriptions. <https://www.gov.uk/help-nhs-costs>

Dawn also gave the following information by email about prescriptions:

- *There is no box for UC on the prescriptions yet, so still tick the box K for income based JSA.*
- *Proof will be checked by a benefit entitlement letter.*
- *Generally, if you are on UC, you will get free prescriptions if you:*
  - *Earned less than £435 in last assessment period either on your own or as a couple*
  - *Earned less than £935 in last assessment period, but are looking after a child or you or your partner have limited capability for work*
  - *But would stress that everyone follows the link, which will confirm it in detail.*

**Oct.18-11:** Check whether the medical exemption letter disparity is being addressed nationally e.g. by MIND/Rethink. **Completed.** Annie and David are not aware of any campaigns from Rethink or Mind, respectively. However, it is a complex issue (see e.g. Ian Gilmore's 2009 report.)

**Oct.18-10:** Flag the disparity in medical exemption letters for those with physical and mental conditions. Steve advised by email that he is happy to escalate this to Healthwatch England if the group is not aware of any current campaigns. **Carry forward.**

**Oct.18-12:** Clive to send questions to Andy about the newly-announced PCMH service. **Completed.**

**Oct.18-13:** Circulate local care presentation slides. **Completed.**

## 5. Locality Questions

**Canterbury & Coastal:** *Regarding the potential closure of Cranmer Ward at St Martin's Hospital, Canterbury, there is concern that if Cranmer patients are put into Samphire Ward or equivalent, given current numbers this will seriously impact upon younger adult bed capacity. Can you please confirm the current status of this plan and whether any consultations are taking place? We understand that this was originally planned for January 2019.*

Vicky advised that, whilst care is very good at Cranmer Ward, this is despite the environment, rather than as a result. Need to reprovide.

Historically, have had older adult services, but instead services should be needs-led: People who are younger may have older adult types of needs. KMPT are looking at their acute services – should not be a bed or nothing – could provide the same/better care in a different way, so perhaps do not need so many beds. KMPT are doing lots of work looking at data (length of stay, admissions needed, who requires a bed, what could be done instead, etc). Led by Vincent Badu. Can we offer an alternative that is more quality-driven and bespoke to the individual? Looking nationally at what other organisations do and will then come up with a business case.

Nothing decided yet – clinical leaders are looking at national models.

Regarding younger bed capacity i.e. merging of Cranmer and Samphire: This is a work in progress and no decision has been made. Age should not be a barrier to accessing a ward. But need to look at what acute care we provide – admission should be the last resort.

Annie – in agreement but believe that the intention is to sell off the hospital, which is a great therapeutic space. Newer wards are tiny e.g. no room for table tennis – should give more room to people. Nick responded that, at St Martin's hospital, this is being looked at – providing a room next to the canteen.

**Swale:** *How many services have undergone an overhaul/reshuffle in Swale in the past year, have they improved/ worsened and has there been any impact on service users?*

This question has been sent to Swale CCG who will look into it and report back to the Swale meeting.

Jenny advised that this was question was partly based on the uncertain future of the Frank Lloyd Unit. Vicky responded that NHS continuing healthcare has decreased every year – providing fewer

and fewer continuing healthcare beds there (have these in nursing homes.) KMPT are currently talking to commissioning colleagues about what to do with the unit. There will be a consultation.

## 6. Information Sharing

**Engaging Kent, Eve:** Eve updated the group about the co-production process for MHAGs and SU forums. From April 2019 onwards, it looks like the specification for engaging people with lived experience will involve 1/3 of time spent on outreach engagement, 1/3 spent on facilitating user voice activities and 1/3 of time spent on networking and admin. In January, looking to trial a slightly different model at 2 MHAGs, involving more active networking beforehand. In March/April, all providers will have training together, which will likely be focussed on areas such as outreach and admin processes (tbc). Local MHAGs will involve more learning and networking, but scrutiny would be at the County MHAG. Looking to reach more young parents, BME groups, men over 70 and those in work.

**ThinkAction, Ali:** In West Kent there is now a 'choose and book' system, going live in January.

**LWK Porchlight, Teresa:** Have an update on the LWK figures – to send over for circulation.

**DWP, Tony:** Tony updated the group about the Severe Disability Premium and its impact on Universal Credit:

*Changes to Severe Disability Premium are coming in response to the statement made in the house, earlier in the year, that customers with severe disability premiums would not be worse off in Universal Credit.*

*A "hard gateway" will be introduced in mid-January (subject to Regulations being laid). Claimants on legacy benefits in receipt of a premium, will not be able to make a claim to Universal Credit, so even if they have a change of circumstances that would normally trigger a Universal Credit claim they will remain on their current benefit. There will be telephone options to help orientate customers through to the correct benefit. On Gov.uk customers will be able to go through knock out questions to determine whether they should claim Universal Credit or Legacy benefit. GOV.UK will be updated by the end of January with the changes applied to the application form to claim Universal Credit if receiving a severe disability premium will direct you to one of the legacy benefits, housing benefit would need to be applied in these cases.*

*Teams will be set up Nationally to identify all those Severe Disability Premium customers who have already transferred to Universal Credit- they will be given a lump sum and on-going monthly payments to address the loss.*

*When more information is known this will be shared.*

Please see attached document for information about changes related to the Autumn Budget.

**West Kent CCG, Chris:** There was a very good MH Care Pathway Workshop on 3<sup>rd</sup> December – discussed the proposed service model and breaking down the barrier between primary and secondary care. Presentation from KMPT about new care pathways and how this will align with local care.

**Action 11:** Chris to check if information from workshop can be circulated.

**seAp Advocacy, Sarah:** A new Team Manager will take Sarah's place at County MHAG meetings, as Sarah will undertake the role of Area Manager for seAp.

**KMPT Patient Experience Team, Nick:** There will be a carer's event on 21<sup>st</sup> Feb, most likely in Maidstone. Will circulate a poster.

**Ashford MHAG co-chair, Annie:** KMPT's Peer Supported Open Dialogue team won the award for best working age team from the Royal College of Psychiatrists.

On Monday evening, there was a listening event about the reconfiguration of hospitals in East Kent, but without one mention of MH. Wanted to ask if MH is being considered in this reconfiguration?

Action 12: Ask Commissioners if MH is being given adequate consideration in plans for the reconfiguration of hospital services in East Kent.

**10. Date of next meeting**

Wed 13th February 2019, 1.30pm-3.30pm, Maidstone Community Support Centre, Marsham Street

**ACTION TABLE**

No	Action	Responsibility
Oct.18-10	Flag the disparity in medical exemption letters for those with physical and mental conditions.	Steve
Dec.18-1	Liase about sending Social Care Service leaflets to DWP.	Cheryl/Tony
Dec.18-2	Compile a guide/ list of contact numbers (to share across Kent), for assistance with clients who are homeless or in a MH crisis, both in and out of hours.	Cheryl/Vicky
Dec.18-3	Send feedback to Cheryl e.g. about concern that the AMHP undertaking a MHA assessment does not always know the person they are assessing.	Annie
Dec.18-4	Circulate KMPT/KCC Transformation slides, with related documents, to MHAGs.	David
Dec.18-5	invite Linda to speak at County MHAG about Community Rehab Services (formerly Horizons)	Nick/Vicky
Dec.18-6	Send any examples of gaps in KMPT services to Vicky, Andy and Nick, for feedback to Dover MHAG.	David
Dec.18-7	Present information about psychological therapy pathways in February, once pilots are completed.	Vicky
Dec.18-8	Send over details of numbers/vacancies on care pathways/programme boards.	Nick
Dec.18-9	Encourage local engagement from housing teams, housing options and supported housing providers with MHAGs to identify specific problems and find solutions.	David/Sue
Dec.18-10	Raise referrals to inappropriate housing at January's KCC/KMPT Social Care Discharge Workshop.	Vicky
Dec.18-11	Check if information from 3 <sup>rd</sup> December workshop can be circulated.	Chris
Dec.18-12	Ask Commissioners if MH is being given adequate consideration in plans for the reconfiguration of hospital services in East Kent.	David/Annie

**Administration :**

Phone: 01732 744950

Email: [mhag@westkentmind.org.uk](mailto:mhag@westkentmind.org.uk)



Minutes and supporting documents are posted on:

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