

County Mental Health Action Group

Wednesday 13th February 2019, 1.30pm-3.30pm
Maidstone Community Support Centre, Marsham Street, Maidstone, ME14 1HH

Attendee	Organisation & Title
Alan Heyes	Mental Health Matters/ Chair
David Garrick	West Kent Mind, MHAG Coordinator/ Minutes
Sue Sargeant	West Kent Mind, MHAG Coordinator
Richard Smith	KCC, Interim Adult Services Director
Cheryl Fenton	KCC, Assistant Director MH
Paul Kirrage	KCC, Workforce Project Officer
Tim Woodhouse	KCC, Public Health
Victoria Stevens	KMPT, Deputy COO
Linda Hardy	KMPT, Rehab Service Manager (East)
Nick Dent	KMPT, Patient Experience Manager
Andy Oldfield	Head of EK MH Commissioning
Jacque Pryke	West Kent CCG
Tara Cratchley	Assert Advocacy
Sue Alder	Engaging Kent CIC
Hilary Johnston	Live Well Kent, Porchlight
Jo Miller	DDS MHAG Co-Chair & Sanctuary Supported Living
Ali Marsh	Maidstone MHAG Co-Chair & Thinkaction, Operations Manager
Jenny Solomon	Swale MHAG Co-Chair & Insight Business Dev. Manager
Phil Davis	SWK MHAG Co-Chair & DWP, DEA
Clive Wanstall	Canterbury MHAG Co-Chair & East Kent Carer's Council, Chair
Annie Jeffrey	Ashford MHAG Co-Chair
David Rowden	Thanet MHAG Co-Chair & SpeakUp CIC
Amanda Godley	Ashford MHAG Co-Chair & SpeakUp CIC, Project Coordinator

Apologies	Organisation
Emma Jarnell	DGS Co-chair
Steve Inett	Healthwatch Kent
Sharon Dosanjh	Medway CCG
Eve de Gray Birch	Engaging Kent
Dave Holman	West Kent CCG
Lizzie Lowrey	Maidstone Co-chair

Apologies	Organisation
Naomi Hamilton	Swale & DGS CCG
Vincent Badu	KMPT
Wayne Smith	DDS Co-Chair
Anthony March	DWP
Brian Clark	Swale Co-Chair

1. Welcome, Introductions, Apologies & GDPR Update

2. Minutes of Last Meeting

Approved without amendment.

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3. KMPT Community Rehabilitation Services, Linda Hardy

Context

Linda updated the group about KMPT's Community Rehabilitation Service (CRS), which supports people with high mental health needs, (under a CPA or 'Care Programme Approach'), to manage their MH and wellbeing, both via an outreach service to their home or through supported accommodation. Currently operates in Swale and areas of East Kent.

Main discussion points included:

- Current challenge in Canterbury area around availability of social housing from local council.
- KMPT would like to consider a service in Dover/Deal and West Kent.
- Potential challenge in Dover/Deal is sourcing staff.
- Challenge with landlords who do not accept pets in WK. Some evidence that similar challenges faced by those leaving Sanctuary Supported Living.
- KMPT reported challenges in past year with 'cuckooing', but stopped by excellent landlords/ multi-agency teams.
- In areas without community rehab, KMPT report more referrals to acute services. CRS is felt to prevent people from being referred. Pick people up quickly and get them back into community so they don't lose skills. But need a funding source/ business case.

Revised Outcome:

It was felt that further exploration/ research of District/ Borough Councils' housing plans around social housing provision would be useful. It might also be useful to understand more from KMPT's perspective about the need for the extension of CRS into Dover/Deal and West Kent.

Actions

What to be done	By whom	By when
Circulate the "Kent & Medway Growth and Infrastructure Framework" document, to better understand social housing planning, both in Canterbury and across Kent.	MHAG	Next meeting
Ask KMPT for their perspective about the need for the extension of CRS into Dover/Deal and West Kent.	MHAG	Next meeting
Pass on CGL's contact details to Linda, for client substance abuse support	Alan Heyes	Next meeting
Cascade information about Social Housing and CRS to DDS/ SWK/ Maidstone MHAGs	MHAG	Next meetings

4. Crisis Contact Information, Cheryl Fenton (KCC) & Vicky Stevens (KMPT)

Context

Cheryl updated the group about the development of a leaflet to show the pathway for contacting social/health services during a mental health crisis, as proposed at the last County MHAG. KCC and KMPT service managers have been working jointly on this and it is nearly complete.

Main discussion points included:

- When asked, the County MHAG advised that a pathway for each locality would be most helpful, rather than a countywide pathway.
- Attendees raised possible impacts of the KCC/KMPT Transformation (e.g. effects of changes in care coordinators on clients). Lots of joint working/ screening and staff are co-located. New and outgoing care coordinators should meet with the client to handover.

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- The split of caseloads between KCC & KMPT was discussed, as well as the targets/ KPIs used by KMPT. Every staff member in KMPT now has a job plan for the week, which helps commissioners to understand the service's capacity.
- Question raised about any knock-on effects to the KCC/KMPT transformation e.g. what if there is not sufficient funding for pre-transformation service users to continue to access the service? Health Commissioners confirmed this would have to be evidenced and addressed.
- CCG reported open, transparent relationship with KMPT about how money is spent.
- Health Commissioners reported extra money will come into CCGs for MH. Opportunity to invest in and strengthen core MH services e.g. CMHTs.
- Commissioners have ring-fenced funds allocated last year, to procure the Integrated Primary Care MH Service (PCMHS) in East Kent, to support MH in Primary Care.
- The expanded PCMHS is starting in August in East Kent to offer more support. In West Kent, they are looking to also expand on their current service
- Some anecdotal feedback that there is still a gap between IAPT and Secondary Care. E.g. for clients with suicidal ideation.
- Feedback that clients accessing LWK need to be ready to join and engage with groups, and that they are seeing increasingly complex needs being referred to their services.
- The Kent & Medway Suicide Prevention Strategy & Steering Group, on behalf of STP, reported awareness of IAPT not seeing people if suicidal. Currently investing money to help resolve these issues. Strategic level conversations are starting to happen about the relationship between primary/secondary care and gaps: There will be a whole/half day workshop to focus on this issue.

Actions

What to be done	By whom	By when
Share the KPIs (Key Performance Indicators) for the MH Social Work Service	Cheryl Fenton	Next meeting
Share a list of KMPT Locality Managers and acute staff	Vicky Stevens	Next meeting
CCGs to update when more is known about additional funds for MH	CCG Commissioners	When information is available
To share dates for workshop around primary/secondary care relationship and gaps	STP lead for Suicide Prevention Strategy	When information is available
Porchlight (Live Well Kent) to share case studies that they have gathered and to collate this with User Voice engagement feedback, to create a fuller data set and evidenced picture about gaps between IAPT and secondary MH services.	Hilary and MHAG to confer and share data (assuming relevant permissions are in place)	Gather data over a 4 month period and bring back to a future meeting

5. Action Points

No	Action		Status
Oct.18-10	Flag the disparity in medical exemption letters for those with physical and mental conditions.	Steve	Completed. Steve has escalated this to HW England and will inform us if/ when he gets a response.
Dec.18-1	Liaise about sending Social Care Service leaflets to DWP.	Cheryl/Tony	Completed

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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	Ongoing. As mentioned in 3., this is nearly complete and will include localised pathways.
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	Completed. Annie and Helen Burns (AMHP Service Manager) have discussed this by email and over the phone.
Dec.18-4	Circulate KMPT/KCC Transformation slides, with related documents, to MHAGs.	David	Completed
Dec.18-5	invite Linda to speak at County MHAG about Community Rehab Services (formerly Horizons)	Nick/ Vicky	Completed
Dec.18-6	Send any examples of gaps in KMPT services to Vicky, Andy and Nick, for feedback to Dover MHAG.	David	Completed
Dec.18-7	Present information about Clinical Care pathways in February, once pilots are completed.	Vicky	Closed. Pilots nearly complete. See actions below.
Dec.18-8	Send over details of numbers/vacancies on care pathways/programme boards.	Nick	Completed: Nick updated the group about current vacancies and advised that people can be paid for their time. See actions below.
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	Ongoing
Dec.18-10	Raise referrals to inappropriate housing at January's KCC/KMPT Social Care Discharge Workshop.	Vicky	Carry forward to next meeting
Dec.18-11	Check if information from 3 rd December workshop can be circulated.	Chris	Completed. Circulated with meeting documents.
Dec.18-12	Ask Commissioners if MH is being given adequate consideration in plans for the reconfiguration of hospital services in East Kent (as no mention of MH at a listening event in December).	David/ Annie	Completed. The East Kent Transformation Team kindly responded, as shown below:

Response from East Kent Transformation Team:

Thank you for your query. The public listening events during October to December 2018 were specifically updating on options for acute medical hospital services in east Kent, and how primary care and other community services are changing to provide more of the care that has traditionally been done in hospitals.

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The proposals being developed are looking at a limited number of specialty medical/surgical services. The need to support patients with dementia was discussed as part of talking about services for frail older people, however, these proposals are not planning changes to wider mental health services.

We did have representatives from the mental health trust attending a number of the sessions and mental health did come up as a topic during question and answer sessions and table discussions and at a number of the meetings. The mental health trust representatives answered a number of questions across the series of events.

As part of the wider engagement on the proposals we did also commission Engage Kent to do some outreach engagement with a range of seldom heard groups and this included a meeting with people living with mental health conditions. Their feedback is part of the seldom heard engagement report which is being presented back to the programme team and the East Kent Joint Committee of Clinical Commissioning Groups that is leading the programme. It will be published later in February ahead of a meeting in public on 28 February.

We would be happy to add your email details to our mailing list for updates on the east Kent transformation work and would be grateful for your support in cascading the information within your networks.

Please let us know if you would be happy to be added to the mailing list. Or you can subscribe directly at <http://eepurl.com/dJfapb>

You can find out more about the plans and the work that has already happened on our website at www.kentandmedway.nhs.uk/eastkent

Main discussion points included:

- There should be more emphasis on integrating MH and physical health for services to improve. It is a target of the NHS 10 year plan to do this.

Actions

What to be done	By whom	By when
Organise a presentation about the new Initial Interventions pathway for April's meeting and presentations about other Clinical Care Pathways at subsequent meetings (one per meeting).	Vicky Stevens/ MHAG	Next meeting
MHAG to advertise vacancies on KMPT care pathways/ programme boards.	MHAG/ Nick Dent	Next meeting
Share these minutes with the East Kent Transformation Team	MHAG	Next meeting
Keep the group updated about any MH input into the reconfiguration of hospital services in East Kent	CCG Commissioners	Next meeting
Circulate the 'Seldom Heard Engagement Report'	MHAG	When published

5. Mental Health User Voice in Kent, Sue Alder

Context

Sue outlined anticipated changes to the MH User Voice model in Kent, which is based upon a coproduction process facilitated by Engaging Kent CIC over the past months.

Main points included:

- MH User engagement starts at a very local level with engagement workers, with local MHAGs being the 2nd level up, feeding into the County MHAG, which can then feed issues back down to a local level. Looking at incorporating the real strengths of the current model into the new service,

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with more emphasis on engaging with MH Users, joining up evidence gathered by workers at the coalface, outreach work and networking, e.g. to give a picture of what is happening in WK, EK and NK.

- County MHAG papers: What is missing is a paper giving evidenced User experience feedback from MH Users/ Carers in Kent, so that that evidence is in the room to be discussed.
- Frequency of MHAGs to change to quarterly, to help to look at evidence gathered. Networking will be built in. Further details to be developed e.g. Terms of Ref. Could be different in each locality.
- Funding has been reallocated and contract is currently for one year.

Main discussion points included:

- How would you manage a potential conflict of interest with Healthwatch Kent (who Engaging Kent also commission)? Response: This is a separate service, with separate staff and governance. Healthwatch are a statutory escalation route and we imagine working closely with them. If we need an escalation route, will need that statutory process.
- Suggestion to put together simple guide to the model of MH User Voice and to share with people with lived experience to reach wider groups of people.

Actions

What to be done	By whom	By when
Give a further update on MH User Voice at a future County MHAG	Engaging Kent	Next meeting

6. Locality Questions

Question	Response
<p>Swale: When will Psychiatric Liaison be 24/7 in all acute hospitals in Kent?</p>	<p>Naomi Hamilton (Swale & DGS CCG), Louise Piper and Andy Oldfield (EK MH Commissioning) all kindly gave responses to this question. In short, according to the NHS Long Term Plan, <u>by 2020/21</u> the aim is to have:</p> <ul style="list-style-type: none"> - A 24/7 crisis response service, based in the community, which will offer intensive home treatment as an alternative to hospital. - MH Liaison in all A&E departments and inpatient wards, with at least 50% meeting the 'Core 24' standard. <p><u>By 2023/24</u>, 70% of these liaison services will meet the 'core 24' standard, working towards 100%</p> <p><u>Across the 7 Kent & Medway hospitals the current situation is:</u></p> <p>Medway Hospital - 24/7 Liaison Psychiatry at is in place and in DGS CCG the service is commissioned 9am – midnight 7 days a week.</p> <p>Darent Valley Hospital - (to find out)</p> <p>Queen Elizabeth Queen Mother (QEQM) Hospital- have a core 24 service in east Kent</p> <p>William Harvey Hospital - working towards 24/7 Psychiatric Liaison</p> <p>Kent and Canterbury Hospital - (to find out)</p> <p>Tunbridge Wells Hospital- (to find out)</p> <p>Maidstone Hospital - now have a 24/7 service</p> <p>Conclusion</p> <p>Kent and Medway are close to meeting the current target, but as the target is to move towards 100% coverage post 2024, CCGs will be looking for funding from the department of health to support this. When additional MH funding is secured by CCGs, this will be the first priority.</p>

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<p>Dover, Deal & Shepway: When will CMHTs extend their opening hours?</p>	<p>Main discussion points CMHT is actually open longer than the advertised 9-5; Would it be helpful to have evening appointments for those who work? Would more wraparound support at time of discharge be beneficial?</p> <p>Conclusion Group discussed the feeling that there are gaps, but felt that needed to define what these gaps were, i.e. which elements of CMHTs do people feel need to be available for longer hours or have more Crisis Team resources?</p>
<p>Canterbury & Coastal: Concerns continue to exist about disposal of the old site at St. Martins and Helen Greatorex's response, although pleasant, did not answer the questions raised. Additional concerns include the loss of the library, considerable therapeutic space, the Chapel, the Lecture Theatre and the chill out room. Is it possible to get some clarity around this?</p>	<p>Main discussion points Concerns raised about:</p> <ul style="list-style-type: none"> o lack of public consultation/engagement o what will happen to patients in Cranmer Ward o the suitability of a single integrated unit for younger and older adults e.g. mixed skillset required of staff o how to accommodate the required therapy space o car parking provision <ul style="list-style-type: none"> • Vincent Badu (KMPT) intended to discuss this at today's meeting, but had to attend to KMPT matters in Canterbury. • CCG advised that, following Helen Greatorex's letter of 31st Jan 19 (see circulated documents), commissioners are now aware of the sale. Top-level discussions are now taking place and a group is urgently looking at what should have/ has not been done. There is currently no model developed to replace it. • Healthwatch Kent have contacted KMPT about the need for public engagement and have offered to support the development of an engagement strategy and plan. • User Voice offered, to support engagement by seeking views from people
<p>Dover, Deal & Shepway: Regarding the closure of Cranmer (older adults) Ward, when will Samphire (male adults) Ward close, when will patients from Cranmer be transferred across to Samphire and will Samphire's 15 adult beds be provided elsewhere?</p>	

Actions

What to be done	By whom	By when
Gather and circulate further information from Commissioners about current and proposed 24/7 Liaison Psychiatry Provision in Kent hospitals.	MHAG/ Health Commissioners	Next meeting
Talk to Healthwatch Kent and Healthwatch Medway about any feedback they have regarding MH support and discharge from	Engaging Kent facilitate the discussion and collate feedback from	Gather data over a 4 month period and

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hospital, both after physical and mental health induced inpatient stay.	User Voice and Healthwatch Kent and Healthwatch Medway	bring back to future meeting (July)
User Voice engagement workers to gather feedback from people about what they would like from out of hours CMHT contacts: i.e 1. Do you feel that CMHT hours need to be extended beyond 9am-5pm and, if so, which particular CMHT functions/services would be most needed during these extended hours? 2. If you are not able to engage with CMHT due to the current operating hours, what is the reason e.g. work commitments? 3. Do you think that more intensive support following discharge from acute MH services is needed and, if so, what would you like to see introduced?	Sue / David to liaise with User Voice delivery partners to cascade the questions and gather responses.	Gather data over a 4 month period and bring back to future meeting (July)
Invite Vincent Badu, KMPT, to present an update on the sale of St Martins hospital site at the next meeting	MHAG	Next meeting
KMPT EK Carers Consultative Committee will be discussing at next meeting with Mary Mumvuri. Invitation to the group to attend if they wish	ALL – if interested contact Nick Dent for details	N/a
KMPT / CCG to share the St Martin's engagement plan.	KMPT / CCGs	Next meeting

7. Information Sharing

Attendees - please email any information that you would like to share e.g. current/ upcoming changes to services, announcements or helpful info, to mhag@westkentmind.org.uk for inclusion in the minutes.

8. Date of next meeting

Wed 24th April 2019, 1.30pm-3.30pm, Maidstone Community Support Centre, Marsham Street

N.B. ACTION POINTS ARE NOW INCLUDED IN A SEPARATE TABLE

Administration :

Phone: 01732 744950

Email: mhag@westkentmind.org.uk



Minutes and supporting documents are posted on:

<https://westkentmind.org.uk/mhag-county>

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