

## **Healthwatch Kingston upon Thames**

Mental Health Task Group Meeting Monday 13<sup>th</sup> April 2015 10:00am-12:00pm At the Kingston Quakers Centre

## Present:

Graham Goldspring, Chair, (MH TG)	GG	Anne Mc Farlane (MH TG)	AM
Alan Moss (MH TG)	AM	Sue Ilsley (MH TG)	SI
Jo Boxer (MH TG)	JB	Tony Williams (MH TG)	TW
Sophie Bird, HWK staff	SB	Phyllis Prendergast-Flynn (visitor)	PPF
Keith Marshall (MH TG)	KM	Simon Montague Taylor (visitor)	SMT
Mari Cameron Taber (MH TG)	MCT	Eleanor Levy (MH TG)	EL
Carmen Lopez Martin (MH TG)	CLM		

ITEM		Action
1.	Welcome and Apologies  GG welcomed the Mental Health Task Group members.  Apology from Jo Boxer. It was decided that PPF provide her	
2.	Apology from Jo Boxer. It was decided that PPF provide her update before the rest of the meeting continues.  Phyllis Prendergast-Flynn, SWLStG Operational Manager Age related, Psychological Services  To provide an update on Older Peoples Services developments  PPF reported that not a lot has happened in the project since she last visited the Mental Health Task Group to report on 17.11.14, although there have been many organisational changes. They have developed good communications with the Kingston commissioners and have generated a productive relationship with them. There will be a new single point of access service and a newly developed challenging behaviour and home treatment service. The objective of this is to reduce Hospital admissions, and they are working more with the Community Mental Health Teams in this. They have produced business cases for each SW London Borough; they have each been developed differently to meet their varying needs. They have worked with the commissioners to develop the Memory Assessment Service. They are piloting this at Surbiton Health Centre. There is a specialist GP based at Surbiton Health Centre, and they are working to develop faster, more efficient diagnosis of patients. TW asked could we be provided with a document outlining the dates, plans of this pilot project and proposed improvements for the service users. The Commissioners have created surveys for patients and have found the results are positive about the services, except the time taken for diagnosis (3 - 4 months) PPF reported they are now aiming to shorten this to 6 - 8 weeks. Success of this depends how well they can work	SB/PPF
	with Primary Care services. Kingston Borough is now more flexible to age restrictions of patients which is beneficial. GG raised that Kingston Hospital now has a very successful Dementia strategy, and questioned what is the Trust doing to ensure it	



3.	joins up in this work to ensure that when patients are discharged from Kingston Hospital they don't get a decreased service. PPF responded that they have a good relationship with the Hospital, they are in regular discussions, and they have good links with the Dementia Advisors to ensure continuity of care. The Trust gets 17 - 18 referrals a month, its low in Kingston. MCT asked why is the diagnosis time so long; PPF explained the GPS often aren't doing blood tests in swift enough time. It was also asked about the rate of referrals from Hospital / GP. PPF said over 90% of referrals come from the GPs. PPF will send this data.  Notes of the last meeting and actions	PPF/SB
J.	SI said she has not managed to get a response from jay Dempsey regarding the Parliament service user case studies.  The Kingston wellbeing Service Partnership Board meeting still has not produced papers for the proposed meeting on Thursday 16 <sup>th</sup> April. SB will draft a letter of complaint outlining concern for this. SB presented a letter from the Partnership Board outlining an apology to the MHTG.  SB reported that Grahame Snelling, HWK Chair sent the MHTG Inappropriate Referrals - letter of concerns to Mental Health Commissioners and members of the Panel. Sylvie Ford (Head of Mental Health Commissioning, Kingston) has responded to this by requesting to attend a meeting with the MHTG. The group decided this is not the way forward, it is not a formal response. A letter should be sent to Sylvie asking for a written response to	SB
	each of the concerns listed. SB will draft this letter and send to GG for approval.	SB
4.	Update on Dementia strategy at Kingston Hospital, Graham Goldspring  Funding has been obtained for part time support liaison from the Alzheimer's Society.  The Dementia Fund Appeal launch is on 29th April at Kingston Hospital 6pm - 8pm, Kingston Hospital Surgical Centre. Finances may be raised to convert Derwent Ward more quickly to dementia support. £500k is ring fenced for each ward.  The latest dementia CQUIN report shows that percentage numbers of patients screened is up. Assessments are up to 78% and referral is 100%. However, the sample size is smaller (fewer patients referred for screening). So overall national target of 95% still not been met yet.	
4.	Discharge Standards: Community Teams back to primary care report. Group to discuss the report to feedback views to Miles Rinaldi  SI stated that the Discharge Project has for now been put on hold due to concerns raised by service users. AM stated that the document does a least admit the discharge is often not a good service, so it is a good start. It was raised that the document seems to mention service users a lot, but does not make enough mention of carers. Carers need to be included in these plans as	



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	they are so important. It was stated that Risk isn't mentioned in the document, there needs to be dynamic risk management to respond to changing needs. The TG wish to find out the concerns raised by the service users causing it to be put on hold. It was agreed these questions be put to MR.	
5.	Miles Rinaldi failed to attend the meeting, He had not sent an apology.  It was agreed that David Bradley, Chair of SWLSt G MH Trust should be notified that he did not attend.	SB
6.	It was discussed that mental health services in Kingston need to be mapped so that all third sector organisations can be identified. TW stated that recently there had been a RBK CVS Commissioning workshop; RBK Adult Services and Kingston CCG have commissioned an organisation to produce a map of all the third sector organisations in Kingston.  SB reported that there had been 2 pieces of feedback recently reported to Healthwatch Kingston regarding mental health. The 1st was about a patient of a local surgery, in which a nurse failed to refer a patient to the Kingston Wellbeing service, she had said that the Surgery has had cuts to talking therapies so the patient would have to fund his own treatment. It is alarming that the nurse did not know about the Kingston Wellbeing Service, which is a national NHS Mental Health service. MCT stated concern that there are many members of staff working at surgeries and hospitals who ware temporary staff, and haven't had appropriate training.	
	The 2 <sup>nd</sup> case was a complaint from a patient who had been admitted to Tolworth Hospital. The patient has sent a write up of his concerns and letters detailing his complaint and the responses he has received, which he is unsatisfied with. MCT and SI volunteered to take the information and analyse it for key concerns relating to the MH services received. Their findings will be used to help structure the questions for the Enter & View visit to Tolworth. The TG requested a FOI request should be sent to Tolworth Hospital for incidence reports.	SI/ MCT

