

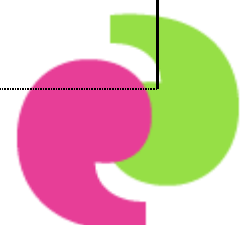
Healthwatch Kingston upon Thames

Mental Health Task Group Meeting
 Monday 13th 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
<p>1. Welcome and Apologies</p> <p>GG welcomed the Mental Health Task Group members. Apology from Jo Boxer. It was decided that PPF provide her update before the rest of the meeting continues.</p>	
<p>2. Phyllis Prendergast-Flynn, SWLStG Operational Manager Age related, Psychological Services To provide an update on Older Peoples Services developments</p> <p>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 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</p>	SB/PPF



	<p>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.</p>	
<p>5.</p>	<p>Miles Rinaldi failed to attend the meeting, He had not sent an apology.</p> <p>It was agreed that David Bradley, Chair of SWLSt G MH Trust should be notified that he did not attend.</p>	<p>SB</p>
<p>6.</p>	<p>Any other Business</p> <p>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.</p> <p>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.</p> <p>The 2nd 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.</p>	<p>SI/ MCT</p> <p>SB</p>

