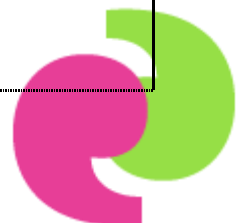


**Mental Health Task Group Meeting**  
21.09.15  
At Kingston Quaker Centre

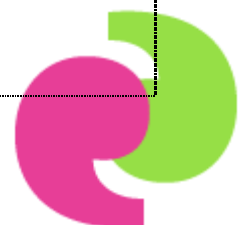
**Present:**

Graham Goldspring, Chair	GG	Sophie Bird (HWK Community Engagement Officer)	SB
Alan Moss	A Moss	Sue Ilsley	SI
Anne Mc Farlane	AM	Stephen Hardisty (HWK Manager)	SH
Paul Summerton, Hestia	PS	Tony Williams	TW
Miles Rinaldi, SWLTG MH Trust	MR	Juliette Mathews , Rise	JM
Martin Hall, Rise	MH	Dr Nazar Pola	NP
Mari Cameron Taber	MCT		

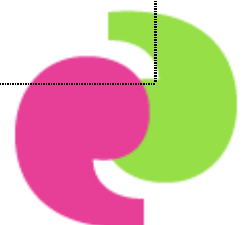
ITEM		Action
1.	<b>Welcome and Apologies</b> GG welcomed the Mental Health Task Group members. Apologies were received from Jo Boxer & Keith Marshall.	
2.	<b>Notes and actions of the last meeting</b>  No corrections were pointed out.  From now on there is to be 5 minutes allocated to each MH Task Group agenda for a Kingston Hospital dementia strategy update.  Miles Rinaldi will report on his actions within his slot.	
3.	<b>Miles Rinaldi, South West London &amp; St Georges Mental Health Trust to report back on progress of the Discharge from Secondary to Primary Care policy 20 mins</b>  <ul style="list-style-type: none"> <li>• Through the consultation and production of this protocol the Trust is recognising discharge from secondary to primary MH care is a whole system issue and needs a whole system ownership approach.</li> <li>• The Trust has discussed the feedback the MHTG has given to MR regarding the discharge policy at a meeting set up by the Richmond and Kingston MH commissioners.</li> <li>• <b>Miles Rinaldi couldn't attend this meeting; Glynn Dodd attended this meeting for SWLSTGTr. Donal Hegarty (an independent consultant) attended on behalf of Kingston CCG as Phil Moore didn't attend. Sylvie Ford also did not attend. SI said it is appalling that neither Sylvie Ford nor Phil Moore attended. The progression toward MH in this Borough is very poor.</b></li> <li>• MR stated the meeting was more focused on Richmond</li> </ul>	



	<p>services, the size of GP case loads in Kingston compared to other trusts across London was raised as a concern by the Kingston Representative. In Richmond there is greater consensus for the need to discharge people. There is currently disparity between the way Richmond and Kingston operates, there needs to be a joined up message and approach to discharge over the 2 boroughs.</p> <ul style="list-style-type: none"> <li>• MR said a GP in Kingston has said he believes in no circumstances should MH patients be discharged from secondary to primary care; This attitude is a concern, as there needs to be a whole system ownership of discharge.</li> <li>• The end of September the protocol finishes its testing period. All Feedback from the CMHTs will be pulled in to refine the policy and make last amendments and changes.</li> <li>• It will then be presented at the Clinical Quality Reference Group to check for quality (consisting of GP leads and CCG members from 5 boroughs) it will then go through ratification process and be signed off.</li> <li>• SH said the protocol should go to the local medical committee - which consists of all GPs in Kingston - to open up conversation and debate, so it is not just Phil Moore representing all GPs. HWK would be happy to support that.</li> <li>• GP MH Knowledge is very important. Communication very important.</li> <li>• MR stated they want to link in with the 16 MH trained GPs to improve this. However they have not received information back on this yet</li> <li>• MR stated there is staff concern and anxiety about the system - they are trying to be a supportive system for the staff.</li> <li>• HWK states it is of utmost importance to get this right. GPs need to understand that there is much wider support system in the Borough for people who are being discharged.</li> <li>• HWK needs to link with other organisations to identify emerging themes regarding MH discharge.</li> <li>• MR stated Leaflets will be printed to explain the protocol once it is approved, he will send to HWK.</li> <li>• HWK will need to check that the protocol is service user led - not other way around. This is further ongoing monitoring and evaluation work.</li> </ul>	MR
	<p><b>6 monthly review of progress against work plan (to agree the process) 15 mins</b></p> <p>SH reported that he will be providing the board meeting in October with a progress report against HWK's KPIs and the</p>	



	outcomes of each Task Group's work plan. This will be shared with the MH TG at its next meeting.	SH
	<p><b>Identify representation on external bodies (E.g. Mental Health Planning Board) 15 mins</b></p> <p>It was noted that the board will be asked to approve a process and agree to an audit of HWK representation on outside bodies. This will include attendance at public Trust Board meetings, partnership boards, network meetings and planning groups. An update regarding representation on relevant mental health external bodies will be provided at the next meeting.</p>	SH
4.	<p><b>Discuss and plan Enter &amp; View visit to Tolworth Hospital 50 mins</b></p> <ul style="list-style-type: none"> <li>• Friday 23rd October- confirmed date of Enter &amp; View visit.</li> <li>• Jasmines and Lilacs ward will be visited.</li> <li>• E &amp; V team members will work in pairs when visiting each ward Members - SI , TW, AM (not Lilacs Ward), JB, GG, MCT</li> <li>• Visits are to cover different times of the day from after lunch to evening.</li> <li>• Team members will talk to the ward staff at the beginning of the day to discuss any issues which may arise and Safe guarding protocol.</li> <li>• lilacs ward- there is a lobby to talk to visitors</li> <li>• SH will be the designated Safe guarding Team Member- Team members are to raise any potential Safe guarding issue with SH.</li> <li>• Depending on the patient's ability to communicate, it may be the major findings are observations based rather than patient based, this visit is the first of more future visits and is a learning experience, flexibility in approach is needed.</li> <li>• It will need to be made clear that HWK is not visiting to make instant changes- this is to be communicated in the flyer and verbally to manage patient and carer expectations.</li> <li>• The team discussed questionnaires produced and agreed to use a sheet with bullet points to use when talking to patients, it is not effective to use questionnaires in this visit.</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>• Jonathon Mason needs to be notified ASAP of the E &amp; V date and notify HWK if there are any times which are not appropriate and provide an adequate reason.</li> </ul>	SH



	<ul style="list-style-type: none"> <li>• SB will circulate the proposed visit times allocated to team members to finalise.</li> <li>• The group agreed on a post visit feedback meeting on Monday 26th - 10.00 am at the Quaker Centre</li> <li>• Once the visit times are conformed HWK will produce a flyer to send out to service users, staff, carers and visitors so they are pre warned and visitors are able to schedule a time to provide their views. ASAP</li> <li>• Kingston Alzheimer’s Society have agreed to provide dementia awareness and training to prepare team members for communicating with people on Jasmines ward with dementia. SB will send out confirmation of time and dates.</li> </ul>	<p>SB</p> <p>SB</p> <p>SB</p>
<p>5.</p>	<p><b>Any Other Business</b></p> <p><b>AM reported on her position on the Design Authority board as a patient and public representative.</b></p> <ul style="list-style-type: none"> <li>• These meetings plan the outcomes of the C3 consultation meetings.</li> <li>• They have completed a mapping exercise of discharge journey from Hospital.</li> <li>• 73 interventions have been reduced to 3</li> <li>• AM will raise the understanding between medical and social models there and how they deal with multi impairment mental and physical health needs - service shave little understanding of this holistic approach</li> <li>• The Board will assess the journeys through the services of 20 people and then live test it.</li> </ul> <p><b>Underinvestment per head in this Kingston Borough</b></p> <ul style="list-style-type: none"> <li>• There is a national investment target - The MH Trust has to save 39 million pounds.</li> <li>• A Moss circulated a presentation by Dawn Chamberlain, Head of Operations at SWLStG Trust. He will contact her to clarify the content of the presentation as some aspects were not clear.</li> </ul>	<p>A Moss</p>
<p>6.</p>	<p><b>Dates for the next Meeting</b> The next meeting will take place on November 2<sup>nd</sup> 10.00 - 12.00 at Kingston Quaker Centre</p>	

