

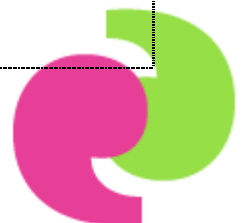
Healthwatch Kingston upon Thames

Mental Health Task Group Meeting
 Tuesday 15 April 2014 10:00am-12:00pm
 At the Healthwatch Meeting Room

Present:

Graham Goldspring, Chair	GG	Sue Ilsley	SI
Dr Phil Moore	PM	Mario Sobczak	MS
Sylvie Ford	SF	Martin Hall	MH
Alan Moss	AM	Mari Cameron-Taber	MCT
Jo Boxer	JB	Rianne Eimers	RE
Grahame Snelling	GS	Simon Montague -Taylor	SM-T
Eleanor Levy	EL	Jo Carmody	JC
Debra McCarthy	DM	Jo Clarke	JC

ITEM		Action
1.	<p>Welcome and Apologies GG welcomed the Mental Health Task Group members and the invited Speakers to the meeting. Apologies were accepted from Linda Webb, Keith Marshall, Scotty McLeod, Keith Bullard, Mandy Allison, Jo Chinnery</p>	
2.	<p>Notes of the last meeting and actions GG noted that the actions from the last meeting had been conveyed to the group. GS advised that a meeting was set for 1st May to plan the training for Enter & View, the details of which will be published as the training would apply to any setting. GS was keen for colleagues and volunteers to become involved.</p>	
3.	<p>Guest Speakers Gateway Services The speakers advised the Gateway Services are functioning well and is to be part of a focus for future development. The target of 15% was narrowly missed by 0.8% and 38% were reported being in recovery. PM advised that numbers were up because of the GPs increasing confidence in the system but more resources are needed and an increase in out of hours appointments. MS suggested a need to focus on Sustainability and Recovery, to follow up care after treatment. SF advised that specialist support homes were being developed to assist with this. PM said there was a need to repatriate the patients into the community as a whole. JB said that the Telephone Triage Access to Psychology was unsatisfactory and there were not enough community areas for service users to meet others in a similar situation. The group agreed there was a need to educate people to manage their health.</p> <p>Dementia Services A strategy is coming together, with the focus on the needs of the whole person, not just on the illness affecting the person. Dementia needs to be viewed as a long term condition. Reviewing other models around the country.</p> <p>Children & Mental Health Services</p>	



	<p>Need to ensure that when children are transitioned to adult services consideration is given to the individual’s maturity and needs. This is an issue on a national level. The group expressed concern at the number of children within the mental health service. PM advised that there is a need to approach schools and encourage early awareness and intervention. SF shared concerns about children being sent miles away to receive treatment.</p> <p>Mental Health Services</p> <p>Funding is now available to train GPs to diploma level in mental health. EL suggested there should be wider training in the community. PM advised that training can be given to practice managers, dementia carers and the voluntary sector. The group agreed that early intervention was very important and businesses needed to be made aware of the importance of this. MCT suggested that it was the HR departments that should be targeted and on a regular basis. However, the group discussed the fact that HR departments are not always open to consider occupational health issues. MH felt that complementary health care was important to help with early intervention. PM advised that evidence for its impact was difficult to attain. EL said that agencies needed to come together for early intervention to work. The group discussed the creation of more effective communities within the area. PM agreed that there was a need for a “Mosaic of Services”. GG highlighted how prejudicial attitudes can lead to mental health issues. PM & SF advised that Kingston CCG is working hard with NHS England on other specialist agencies. Reviewing in-patient services; reviewing St Georges and how best to use their estate. EL stated that Occupational Health Services were poor and needed a central resource and a central standard.</p>	
4.	<p>Discharge from Secondary to Primary Care</p> <p>AM asked whether discharge is being made too soon, and if this could be perception, as opposed to factual. The group discussed how to research this, by asking patients upon discharge and family members. EL raised the problem of the “DNA” who fall through the cracks after discharge. GG highlighted the problem of carers not feeling a part of the care plan. The group also raised the problem of the difficulty of being reinstated with appropriate care after discharge. It was agreed that statistical information would be useful, to highlight trends. The group agreed an approach should be made to South West London St Georges Mental Health Trust to ask for three case studies. AM and SM would put some suggestions together and forward these to RE, who will send them to St Georges. AM and SM would also investigate possible research alternatives, involving Kingston MIND and South West London St Georges, and would report back at the next meeting.</p>	AM/SM/RE



5.	<p>Community Wellbeing Service Factual evidence is needed to confirm that the new service is better. The group discussed options for gathering evidence and it was agreed that GPs were too busy to complete general surveys. GS suggested using the services of HWK, such as “enter and view” and developing a questionnaire for engaging with service users. It was agreed that this topic would remain on the Agenda for the next 6-9 months. MCT will ask SF directly on her views on the CWS and will report back at the next meeting. AM asked the group to provide feedback on his paper.</p>	GS/RE MCT All
6.	<p>Dementia at Home - paper from Kingston Hospital GG introduced a new initiative in the community called ‘Dementia at Home’ and will invite Chooi Lee from the Forget Me Not dementia scheme at Kingston Hospital to the next meeting.</p>	GG
7.	<p>Dates for the next Meeting The date for the next meeting was set for 27th May 2014 from 10am-12pm at the URC.</p>	

DRAFT

