

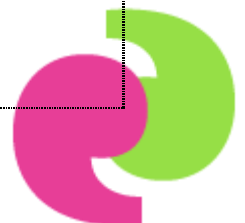
Healthwatch Kingston upon Thames

Mental Health Services Task Group Meeting
Monday 23rd February 2015 10:00-12:00
At Healthwatch Kingston Meeting Room

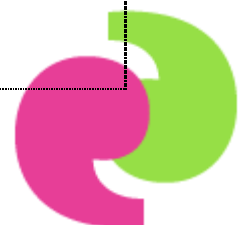
Present:

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| Graham Goldspring (Chair) | GG | Sue Boxer (Affiliate) | SB |
| Sophie Bird (HWK Staff) | SB | Shurland Wilson, SWL & St G MH Trust Operational Manager for Adult & Community Services, Community Mental Health Services & Early Intervention Service. | SP |
| Keith Marshall (Affiliate) | KM | Helen Miles, SWL & St G MH Professional Lead of Therapies, Leads at the Recovery College activity for Kingston & Richmond. | TC |
| Alan Moss (Affiliate) | AM | Mari Cameron Taber (Affiliate) | MCT |
| Sue Ilsley (Affiliate) | SI | Clr Chris Hays (visitor) | CH |
| Tony Williams (Affiliate) | TW | Eleanor Levy (Affiliate) | |

| ITEM | Action |
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| <p>1. Welcome and Apologies GG welcomed the Mental Health Services Task Group. Apologies were received from Ann Macfarlane.</p> | |
| <p>2. Notes of the last meeting and actions</p> <p>GG went through the minutes of the last meeting. SI explained that Jay Dempsey had joined Simon in his role at Kingston Mind, and manages the Mental Health Parliament. Sue reported that the Parliament has 4 case studies of service users of the Kingston IAPT service, these have not yet been compiled but Sue will present them to the MHTG as evidence for the group when they are complete. SB reported that Julie Pickering had been invited to the MHTG but couldn't attend, instead Julie Pickering will be hosting a Q & A session for all 3 HW K task groups on March 11th, 11.00 - 1.00 at the Kingston Quaker Centre.</p> <p>SB reported that Daniel Barrett, from Prosper, will come to the next MHTG meeting in April to report on the Discharge to Primary Care project. SI stated she had learned that there are in fact 2 separate discharge projects, one from Hospital Ward to Community Care, and one from Secondary to Primary Care.</p> <p>GG gave thanks to the MHTG for contributing to an excellent Annual Report and reported that Chair of HW K, Grahame Snelling commended the MHTG on its work.</p> | SI |



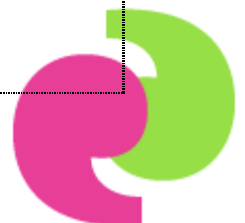
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| | <p>It was decided that the Agenda item - <i>Camden & Islington Mental Health Trust IAPT service- Task Group Affiliates to report back on & discuss the Kingston Wellbeing Service Partnership Board meeting on 19.02.15, Surbiton Health Centre</i>, will be cancelled and instead more time given to the other items as MHTG members were unable to attend this meeting due to the following; The minutes were sent to HWK the day before, despite numerous requests weeks in advance. It was then only at this time that HWK was told the venue had been changed to central London. The MHTG requested that a complaint be made to Camden & Islington MH Trust, the Kingston Wellbeing Service- to communicate it is unacceptable that because of the Trusts bad organisation, Healthwatch Kingston has been prevented from being part of improving the service by representing the voice of service users. SB will write a complaint, to be approved by GS then sent to The Kingston Wellbeing Service.</p> | <p>SB</p> |
| <p>3.</p> | <p>Inappropriate Referrals, Health Overview Panel report- Kingston Wellbeing Service Section 4.2.1</p> <p>HW K Chair Graham Snelling asked the MHTG at the Healthwatch Kingston Board Meeting in Public, February 12th to provide a formal response from the MHTG about the findings of the Health Overview Panel report - <i>Inappropriate referrals - Kingston Wellbeing Service Section 4.2.1</i>. This will need to be provided in time for GS to present it at the next Health Overview Scrutiny Panel, on the 12th of March. EL summed up the groups response and SB will send this to Graham Snelling before the HOSP.</p> <p>SW said that the findings of this report highlight service gaps and should be brought to the attention of the commissioners. HM stated that in Merton & Sutton they had managed to secure funding to fill their service gap. This should be highlighted in the MHTG comments as an example of good practice and potential recommendation to the problems highlighted in the report.</p> | <p>EL/SB</p> |
| <p>4.</p> | <p>Shurland Wilson, SWL & StG MH Trust Operational Manager for Adult & Community Services, Community Mental Health Services & Early Intervention Service. Helen Miles, SWL & StG MH Professional Lead of Therapies, Leads at the Recovery College activity for Kingston & Richmond.</p> <p>SW explained the pathway the service user goes through within the Community Services element of SWL & St G MH. He explained that initially the service user will have a full assessment, then a Care Plan is created, this identifies the person's needs and aims to meet them collaboratively with</p> | |



community support, friends and family, so that the service user can integrate successfully back into the community. The Care Coordinator assigned to the service user could be a social worker, therapist or Occupational Therapist. The Care Plan is revised and updated weekly or monthly depending on the needs of the person. AM asked how do people enter the process, through self referral or GPs? As there is confusion around this. SW answered that people should be referred to them through the Kingston Wellbeing Gateway Service. JB asked whether every person who periodically sees psychiatrist has a Care Coordinator, SW replied no it is not the case. The service responds to the individual needs of each service user, it is not a linear approach for all. SW stated that they have a current case load of 1,500 people up to the age of 65, not including children and young people. MCT asked what is the timing and quality of the review process for people, is there a multi disciplinary action? SW answered that by law, they are required to provide 1 review per year per person; however they have made the decision to provide people with more frequent reviews. He said these reviews inform future planning. SI asked about the quality of the discharge process from ward to Community Care, HM answered that from day 1 of admission the CMHT prepare and plan the leaving process with the service user. There is a Discharge Coordinator to ensure this is a smooth process. 7 days after the discharge they visit the person to check their progress. SI asked what system is in place to support the service user within this 7 day period, HM said they are provided with a crisis plan with the names and contacts of help if needed. SI also asked does the Trust listen to the service user about how they perceive quality of care? JB stated the concern that Carers are not routinely consulted and asked to provide their input. SW stated that Carers are recorded on the Care Plan. SI stated there is a directive the service user can sign to provide details of friends and support networks, so they can be contacted in a crisis. It was asked how often these are updated as this info changes regularly. HM said there is a protocol to update it at each review. EL asked is this crisis info available to the GPs, HM responded that yes, the psychiatrist sends the review information to the GP.

The Recovery College

HM explained that the Recovery College is an educational resource, not treatment. People can participate if they or a family member/ friend use the SWL & St G service. There is



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| | <p>a self referral process. There is a model of coproduction between Clinical staff and Lived Experience Peer Trainers who lead the courses. The College receives 95% positive feedback from the service users. As well as providing educational training in a range of mental health areas they also sign post to community organisations. MCT asked is there dual diagnosis for drugs/ alcohol Related mental health distress, HM said they can't allow people to attend whilst they are under the influence, but are presently developing a course with the Addiction Support team and Children and Young Peoples Mental Health Service. EL asked, as they provide sign posting have they produced community mapping of the local services. HM said this is in working progress. SL asked overall, how do the Trust members of staff feel about the Recovery college approach, HM stated there is always improvement which can be made, all Trust staff complete a section about the College in their induction, however they can't change individual attitudes, they can only inform people of the benefits of the Recover College service. SW stated that in all staff members performance review and training there is an emphasis on culture and values, recovery is the centre of this culture. HM stated there is still a lot of work to be done, and complaints need to be more transparent.</p> | |
| <p>5.</p> | <p>Kingston Hospital Dementia Strategy update</p> <p>Minutes from the Kingston Hospital Dementia Strategy meeting will in future be sent to Healthwatch Kingston, they will then be circulated around all Active Affiliates so that the team is kept informed of the dementia service progress. There has been a progress report on the dementia strategy , reporting on the governance, external profile and funding. There has been a fundraising target set of £750,000 to fund improvements in the different ward areas it provides care in. There is a range of fundraising events planned to achieve this target. There is also work going on to improve the service and support for carers of people with dementia.</p> | <p>SB</p> |
| <p>8.</p> | <p>Discuss the Mental Health Task Group Annual Report (2014) & priorities for 2015, including outreach at Tolworth.</p> <p>Regarding the Tolworth outreach, SB reported that RE had been unsuccessful in getting a response from Sharon Putt (Tolworth Modern Matron) to arrange it. RE and SB will chase up. SB stated that all members who would like to participate in the outreach need a current DBS issued through Parkwood Healthcare. SB will send out details of how to apply for this</p> | <p>RE/SB SB</p> |



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| | <p>ASAP.</p> <p>When discussing the priority matrix which was used to determine the groups priorities for 2014/15 EL stated that there are statistics in the Annual Public Health Report 2014 which show the areas in Kingston Borough which are lacking mental health services. In future this could be used to determine areas of priority. TW said the group has still not had a meeting with Kingston Mental Health Parliament, SB will send an invite to Jay Dempsey from the Parliament. It was discussed that every meeting there is now a schedule of visitors from SWL& StG MH Trust, this prevents the group from having opportunity to discuss issues and scrutinise the services of the providers. It has been decided that from now on service providers and visitors will only attend every other meeting, and they will attend after the group has covered the items to be discussed in private on the agenda. SB will inform David Bullivent of these changes, and when producing the agenda for the next meeting will ask the group to provide the requests for the specific information which is to be brought to the meeting by the visitors. EL stated they should bring the statistics which show the performance of their service, EL will provide a list of the statistics which are to be brought.</p> | <p>SB/All</p> <p>EL/SB</p> |
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