



Direct Dial/Ext: 01622 694486
Fax:
e-mail: paul.wickenden@kent.gov.uk
Ask for: Paul Wickenden
Your Ref:
Our Ref:
Date:

Dear Member

HEALTH OVERVIEW AND SCRUTINY COMMITTEE - FRIDAY, 26 NOVEMBER 2010

I am now able to enclose, for consideration at next Friday, 26 November 2010 meeting of the Health Overview and Scrutiny Committee, the following report(s) that were unavailable when the agenda was printed.

Agenda No	Item
6	<u>Community Mental Health Services.</u> (Pages 1 - 22)

Yours sincerely

Peter Sass
Head of Democratic Services & Local Leadership

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Your LINK for improving health and social care



Kent LINK and Kent and Medway NHS and Social Care Partnership Trust

Mental Health Network Draft Consultation Report November 2010



KMN, Unit 24 Folkestone Enterprise Centre,
Shearway Road, Folkestone, Kent, CT19 4RH

Tel: 01303 297050

E-mail: info@kentlink.org

Office Hours: Monday – Friday 8.30am - 4.00pm (Answerphone available out of office hours)

Page 1 of 21

Index

Kent LINK and Kent and Medway NHS and Social Care Partnership Mental Health report	Page 3
Recommendations summary	Page 19
Acknowledgements	Page 21

Appendices:

Appendix 1:	Kent and Medway NHS and Social Partnership Trust and Kent LINK presentation
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Redesign of Services - 6 September 2010

Appendix 2	Workshop 1: Programme
Appendix 3	Workshop 1: KMPT information To follow
Appendix 4	Workshop 1: Workshop feedback
Appendix 5	Workshop 1: Participant's evaluation

Crisis Intervention - 10 September 2010

Appendix 6	Workshop 2: Programme
Appendix 7	Workshop 2: Workshop feedback
Appendix 8	Workshop 2: Participant's evaluation

Carer's Support - 21 September 2010

Appendix 9	Workshop 3: Programme
Appendix 10	Workshop 3: KMPT information To follow
Appendix 11	Workshop 3: Workshop feedback
Appendix 12	Workshop 3: Participant's evaluation
Appendix 13	Workshop 3: National Mental Health Development Unit: 'Triangle of Care'

Child and Adolescent Mental Health Services (CAMHS) - 29 September 2010

Appendix 14	Workshop 4: Programme
Appendix 15	Workshop 4: KMPT CAMHS presentation
Appendix 16	Workshop 4: Workshop feedback
Appendix 17	Workshop 4: Participant's evaluation

Participant's contribution via email

Appendix 18	Alex Williams	To follow
Appendix 19	Tony Wright	To follow
Appendix 20	Jim Hancock biography	

Introduction

One in four of the population is likely to suffer from some form of mental illness during their lives. The provision of care for patients has changed rapidly in recent years driven by both increases in knowledge of mental health and great strides in the improvement of services. However, some of the changes, alongside with reorganisation of providers within the NHS, have resulted in concerns about the provision and quality of services from many service users and carers.

It was agreed by the Kent LINK Governors' Group, (date), to develop the LINK's mental health network and explore the opportunities for members of the public to influence the commissioning of mental health services in Kent. It was agreed that the themes of any consultation would stem from LINK participants who have experience of accessing services. Topics had also already been highlighted by participants during recent consultations with seldom heard groups.

By this means four topics were identified for discussion:

- The redesign of Kent and Medway NHS and Social Care Partnership Trust (KMPT) services
- Crisis Intervention
- Support for Carers
- Child and Adolescent Mental Health Services (CAMHS).

Jim Hancock (LINK participant), Sara Fadil (an expert by experience), Sheree Bell (Community Engagement Officer within the Equality and Diversity Team at KMPT) and Cate Boland (LINK Development Worker) met to discuss the aims and format of the consultation and agreed to work together to deliver four workshops. Unfortunately Sara was unable to continue working with us on this project, but her contributions were much valued.

The aims of the workshops were to:

1. Consult with recipients of services, carers and staff to gain their views of the opportunities they have to influence the commissioning of the services they use
2. Strengthen the LINK's network for those interested in mental health care.

The uptake of attendance for each workshop was good with a total of 63 people registering to attend. All events were supported by LINK's expenses policy to enable and encourage more participants to become involved.

The findings and recommendations of the information gathered will be shared with commissioners and providers of the services and will form the basis to develop and strengthen the LINK's mental health network.

Methodology

The workshops were held in collaboration with LINK participants, recipients of KMPT services, carers and KMPT staff. The four workshops were held a variety of locations to make the meetings more accessible for people with limited time or resources to travel across Kent:

- 6 September 2010 – Canterbury, 'Redesign of Services'
- 10 September 2010 – Gillingham, 'Crisis Intervention'
- 21 September 2010 – Tonbridge, 'Carer's Support'
- 29 September 2010 – Ashford, 'CAMHS'

Although it is recognised that KMPT are not the sole providers of mental health services in Kent, the Trust has a high profile for service provision in the county and was therefore invited to nominate a key speaker for each of the workshop themes. It was noted that people may receive services from other providers and may not distinguish these from the services provided by KMPT. Jim Hancock pointed out at each event that: *"KMPT are service providers and not commissioners."* This means that KMPT are only funded to provide certain services, resulting in possible gaps where service user needs may not be able to be met.

The focus of the workshops was to engage with LINK participants, service users, carers and staff to represent the views of individuals and groups. Questions were asked about each service to ensure everybody had the opportunity to get involved and discuss how they or their groups would like to be involved in developing services for the future.

Each workshop allowed participants to work in small groups for a roundtable discussion of three questions with additional conversation held during lunch time and breaks which contributed to the overall findings of the workshops. Some participants who were unable to attend the workshops submitted their contribution to discussion via email.

All workshops followed the format shown below. However on one occasion when guest speakers were not available, the LINK extended the discussion time session of the workshop.

Format of Workshops

1. Presentation from KMPT key speaker
2. Participants view
3. Question and Answers
4. Lunch
5. Discussion Time:
 - a. What do you celebrate about the service you receive?
 - b. Are there any gaps in the service, where can investments be made?
 - c. What can the Kent LINK do?

6. Feedback

A number of different issues regarding mental health services were raised at the events. The sharing of information and understanding of personal experiences from participants provided clear evidence for the recommendations made in this report.

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Workshop 1 'Redesign of Services'

Monday, 6 September 2010, 10.00am – 3.00pm
Salvation Army Canterbury, White Horse Lane, Canterbury

Key Speaker - KMPT:

- Cheryl Fenton, Associate Director for Redesign of Service at Kent and Medway NHS and Social Care Partnership Trust

Key Speaker - LINK participant:

- Unavailable

Question 1) What do you celebrate about the service you receive?

The KMPT staff were praised for their commitment and support, and there was recognition of 'excellent practitioners' and for staff going the 'extra mile'. It was felt that staff were doing a good job managing their large workloads, but that access to 24 hours advice was key for service users and carers. It was noted that the staff at Priority House and those on the Outreach Team were particularly helpful.

Good early intervention for people under 35 years was identified as an important lifeline to carers and families, with an emphasis on recovery that was considered crucial. It was felt that KMPT staff recognised when there a shortfall in service was apparent and would address the issue, often producing action plans as a result of a complaint and setting targets to aid monitoring.

User forums follow a process which enables local service users to feed into the area's Locality Planning and Monitoring Group*, (LPMG). The LPMG in turn provides information in to the Joint Commissioning Board which all commissioners of mental health services attend. *People felt that the groups were effective, but knowledge of this system could be more widely advertised.*

'(The LPMGs are) doing a good job'

** Locality Planning and Monitoring Groups are chaired by NHS or KCC commissioners with at least one commissioner obliged to attend every meeting. There are currently nine in Kent with three in West Kent and six in East Kent.*

The meetings join together stakeholders, commissioners, voluntary organisations, statutory services, service users, carers and any interested parties (like police or CAB or ethnic / faith group representatives) to discuss the planning and monitoring of commissioned mental health services. Each has a work plan which encourages them to target specific issues - or reminds them of what they need to be monitoring over the year - this encourages partnership working between all parties.

More information here: <http://www.liveitwell.org.uk/local-blogs/>

Question 2) Are there any gaps in the service and where could investments be made?

'Change is problematic especially in short term, therefore communication is key'

Participants expressed their concern and apprehension over the ongoing changes to services and the reconfiguration of teams. It was felt by participants that change tended to be problematic and that therefore consultation, communication and the sharing of information was key.

It was strongly indicated that an increased amount of accessible and user friendly information about the personalisation agenda, and specifically Self Directed Support (SDS), was needed. Many participants indicated that service users and carers were still unsure of the meaning of the terms, and the impact that the new policies would have on their care.

In particular, participants wanted to know more about the accountability of the Mental Health Brokerage System. Participants were concerned about the impartiality of advice that would be provided by a broker and also about the fees that brokers would charge. There was wide concern that brokerage fees would need to be paid by the service user rather than by Kent County Council, and that this would impact on the amount available for use on actual mental health services. Participants indicated that increased information about the Personalisation agenda, Self Direct Support and the Mental Health Brokerage System should be made available as soon as possible in order to reduce the levels of anxiety felt around these subjects.

It was suggested that the LINK could play a sign posting role in communicating with the public and increasing publicity of changes to services. This would allow an opportunity for issues to be heard and to help identify what the implications for service users and carers.

Question 3) What can the Kent LINK do?

'Empower Service Users'

Participants noted that the LINK could play a role in empowering participants to evaluate services and act on existing service provision/quality issues. It was noted that participants felt that the involvement of the LINK would encourage a change in the perception of service user involvement across mental health services, and allow service users to highlight areas of good practice along with tackling problematic areas.

Discussions suggested that the LINK could do more to improve awareness of the LINK's structure, and the opportunities that the LINK presents to influence health and social care service provision. It was particularly noted that the LINK could do more to promote the roles of Authorised Visitors and External Representatives.

Knowledge of the proposed changes to the LINK suggested in the recent White Paper was widespread, and participants requested that the LINK keep people informed of the progress towards HealthWatch.

The LINK's role in information sharing and for promoting involvement were strongly emphasised and the LINK was encouraged to continue to attend and host community events.

Recommendations from Workshop 1:

The main recommendations for the LINK that emerged from discussions around Redesign of Services are as follows:

- To encourage stronger marketing of the LPMGs across Kent
- To invite LINK participants to sit on each LPMG across Kent, allowing for information to flow to and from the LINK into mental health service planning and monitoring
- To encourage increased information sharing around the issues of Personalisation, Self Directed Support and the Mental Health Brokerage System
- To maintain good levels of communication with participants about the changing role of the LINK into HealthWatch.

It should be said that whilst these recommendations are noted as being for the LINK, it is clear KMPT, KCC and NHS commissioners will have actions resulting from the above. The LINK values the cooperation of all parties on these actions, and is looking forward to further improving working relationships for the benefit of people in Kent.

Workshop 2 'Crisis Intervention'

Friday, 10 September 2010

10.00am – 3.00pm

King Charles Hotel, Brompton Road, Gillingham, ME7 5QT

Key Speaker - KMPT:

- Unavailable

Key Speaker - LINK participant:

- Unavailable

As no key speakers were available for this event, the LINK provided the extra time to participants for further discussion around the below questions.

Question 1) What do you celebrate about the service you receive?

'Some gains – being involved in policy development now (after a struggle)'

Praise was again given for the commitment of both ward and community staff that were noted as doing 'good work' and being effective listeners.

Although participants did have different experiences of the **Early Intervention** services, there was one excellent example of good practice. A participant from Maidstone had contacted the service on two separate occasions and in both instances was put straight through to an advisor with the team arriving at her home within 30 minutes.

Participants recognised the work of KMPT staff in improving the services over the past four years and in particular the increasing in signposting to external services which was seen as extremely valuable. They also recognised work undertaken in association with Kent Police, resulting in an increased understanding of mental health problems for the police force of Kent.

Carers groups were highlighted as being very good and incredibly valued for their information sharing and as a method of two way communication. It was noted that such groups provided carers 'with a voice'.

Participants noted that the efforts to include service user and carers in policy making had strengthened the collective 'voice' which had been useful in encouraging change. However, it was also noted that the encouragement of change had been somewhat of a struggle and therefore there was still plenty of room for improvement. The LINK was complimented on its existing efforts to involve the public in the review of services. However, it was felt that LINK should be encouraged to use its resources and skills to further improve opportunities for the public and voluntary organisations to develop the mental health network.

Question 2) Are there any gaps in the services and where can investments be made?

'Don't try and put people in boxes'

Participants noted that the Crisis Team needed more staff, and it was hoped that this would improve the service. It was also mentioned that it was important for the Crisis Team not to be confused with domestic violence emergency support, which may require a different response and specific training.

Participants voiced concern over the Improving Access to Psychological Therapies (IAPT) services, which were considered to be a 'postcode lottery' across Kent. It was felt that waiting times and the quality of service provided varied dramatically across Kent, and that this service should be provided at a consistently good standard throughout the county.

Discussions emerged around the standard of training for mental health professionals and highlighted the need for ongoing training in order for knowledge to be up to date. It was suggested that further investment should be made for ongoing staff training on a regular basis, preferably as part of a compulsory in house staff development training package. It was also noted that this could result in a needed increase in varied service provision that matched a localities needs.

Participants seemed to particularly identify with service users feeling that they were categorised into boxes, and not seen as individuals with individual health needs. It was felt that mental health professionals relied too heavily on medication, rather than having a focus on talking therapies.

In order to reduce barriers and increase the accessibility of service user forums it was suggested that an increased presence of board members at grass root events would be valuable, and would increase service user involvement.

Whilst carers groups were noted as being valuable, it was felt that the recognition of carers' overall contribution to the wellbeing of service users was overlooked. It was also felt that an assessment of carers' needs, especially in relation to needed support, had to be realistic and regular Carer's Needs Assessments were a necessity. In particular, respite for carers was seen as a postcode lottery and whilst those who had been able to access respite service considered them to be of enormous benefit it was felt that they should be more widely available.

Participants noted that it was important to prevent voluntary organisations from becoming 'pigeon holed', and that this could be achieved by improved levels of communication and an increased flow of information.

Discussion also emerged around the topics of participation and involvement, and it was felt that it could often be a 'tick box exercise'. It was felt that the LINK could contribute by training representatives in negotiating skills, meeting skills and to provide background information on the changing landscape of health and social care.

It was voiced that this could be managed by the sharing of good practice at regular network events where resources could be shared, collaboration encouraged and duplication avoided.

Issues around language difficulties emerged strongly from the discussions, and it was suggested that wherever possible a budget should include monies for interpreters in order for the mental health network to reach the wider community.

Question 3) What can the Kent LINK do?

'(Have) Clear action points'

The discussions around the above question stimulated many good suggestions. It was noted that the LINK could work with service user forums assist in increasing participation forums, not only of service users but of external representatives such as those from supported accommodation providers. Participants indicated that they valued being able to discuss personal issues at forums, and were particularly keen to have the opportunity to discuss issues with the community mental health team representatives.

Increased information sharing and provision was a strongly highlighted issue and in particular participants felt that information needed to be distributed more widely to locations such as Accident and Emergency Departments. Participants also voiced that they would like to see increased advertisement for organisations such as Lifeline (a supplier of equipment to improve carer safety in the home).

It was suggested that the Kent LINK and the Medway LINK could work more closely together in joint projects relating to mental health. Participants indicated that they would like to see the LINKs work with KMPT to identify joint training opportunities that could be advertised to other providers and carers.

There was much discussion around out of hours care and participants wanted to see the development of one number that could be used in 'out of hours' emergencies to provide support and signposting. Participants felt that the current system was confusing and there was not a clear pathway to follow at times of crisis. It was felt that the out of hours service should have access to a person's care record in order to have an understanding of the history of the situation and be able to make an informed diagnosis or provide accurate signposting. Times of crisis were of real concern to participants, and safety of transport to treatment sites was highlighted as a major concern. Participants voiced concern that carers were encouraged to transport service users to treatment sites in times of crisis, and that this posed high risks to the service user and carer.

Participants indicated that they would value the involvement of the LINK in the mental health network, and there were hopes that the LINK could encourage equality and uniformity of approach across Kent and Medway. Participants noted that service provision and information sharing differed from patch to patch and they were keen for the Recovery Star model to be implemented across the county.

It was noted that particular areas of good practice could be seen in ethnic minority services and it was suggested that the LINK could encourage the production of multi-lingual resources that were available in a variety of settings, such as universities and partnership buildings.

Recommendations from Workshop 2:

- Collate a directory of where services are provided in Kent and identify the provider
- Encourage KMPT to recruit more staff to crisis team
- Work with commissioners to ensure equality and equity of IAPT service provision across the county
- Work with KMPT to encourage / monitor ongoing staff training
- Encourage commissioners to commission talking therapies services where lacking
- Address inequalities with regards to access to carers respite
- Aid communication between all services and organisations, such as the flow of information
- Provide training for those service users / carers wishing to take part in meetings
- To continue to provide networking / community events
- Assist in increasing participation at forums
- Medway LINK and Kent LINK to work together on mental health
- Work with KMPT to identify joint training opportunities that could be advertised to other providers and carers
- To encourage the development of one number to be used in out of hours emergencies
- To further encourage the safe transportation of patients at time of crisis
- To encourage the use of the Recovery Star model across services in Kent
- To encourage production of multi-lingual resources and distribution across a variety of community settings.

Workshop 3 'Carers Support'

Tuesday, 21 September 2010

10.00am – 3.00pm

The Angel Centre, Angel Lane, Tonbridge TN9 1SF

Key Speaker - KMPT:

- Stephanie Clarke Assistant Director Social Care and Partnerships at Kent and Medway NHS and Social Care Partnership Trust

Key Speaker - LINK participant:

- Bella

Question 1) What do you celebrate about the service you receive?

'There are carers' services which support / inform / advocate / signpost to other support agencies'

Partnership working with both voluntary and statutory services seems to provide carers with support, information, advocacy and signpost to other support agencies as necessary. However, some carers do not realise they are entitled to access these services as they do not consider themselves to be a carer and many assumed the role of carer as part of their general family responsibility. It is therefore important that mental health professionals and support service identify carers of service users as soon as possible in order for carers to receive appropriate support.

Once support services for carers are accessed they can help facilitate opportunities to make new friends in what the participants termed a 'non-judgemental' environment. Carer support organisations can improve quality of life through 'carer's breaks' and promote membership to other organisations, events and seminars which support the welfare of the carer.

Question 2) Are there any gaps in the service, where can investments be made?

'Maintain one to one personnel carers' assessment'

This question was interesting as although the focus of the session was around support structures for carers, participants reflected that the services where carers want to see investments would be psychotherapy and crisis intervention services that benefit and help the people they are caring for.

Carers want to be listened to by professionals as they are experts by experience and feel disempowered when excluded from decisions about treatment options.

It was recognised that people who do not consider themselves as carers may not be accessing support services and any associated financial benefits to support living costs from the state.

The continued advertising of support services in easy read and other formats in public area was considered essential. Bella described how she was at 'breaking point', with no family or friends to ask for help, when she saw a poster from Maidstone Carers Project in her local chemist. Maidstone Carers Project went on to help Bella deal with her problems and address some of her concerns.

The participants wanted to encourage managers to listen to their staff and allow flexibility when delivering care that looks at the individual as a whole. The participants also felt that communication between carers and professionals needed to be improved, and in the light of the GP commissioning proposals it was also voiced that the GP's needed to improve their knowledge and understanding of carers needs. It was felt that carers were often not given the deserved recognition with regards to their knowledge and understanding of service users needs, and it was felt that where appropriate the service user and carer should be at the heart of all decision making.

At the time of this workshop, regular Carer Needs Assessments were not being carried out in some areas. No Care Managers Assistant was appointed in Medway and in Maidstone the member of staff was on long term sick leave. Carers felt they would benefit from one to one sessions with a Care Manager Assistant and therefore it is strongly recommended that these posts are filled as soon as possible. Carers are kept up to date with progress.

Once again, information and access to information about crisis intervention services were highlighted as a strong concern, and there were distressing examples of unnecessary police intervention.

Concern was also expressed about the reduction of in-patient beds and how beds were allocated across and sometimes outside of the County. Commissioners were asked to take a second look at the Ashford site closure, and to keep service users and carers involved in any redesign progress.

Question 3) What can the Kent LINK do?

'Decrease workload of KMPT staff'

Participants strongly indicated that the Kent LINK could empower people with the knowledge to understand the changes to the benefit system and the current Personalisation agenda. It was also indicated that the LINK could support a more integrated working pattern for all agencies involved in a person's care and involve carers where appropriate.

An information pack provided to carers at the first point of contact was highlighted as a good idea, and it was suggested that this should contain information about all stages of mental health including legal implications of the Mental Health Act. It was also voiced that the LINK could recommend alternative wording when offering support to carers and change 'Carers Assessment' to 'Carers Needs Assessment'.

This was cited as a barrier to carers accessing support as they felt their abilities as a carer were being assessed rather than their personal needs. Finally, participants wanted the workload of KMPT staff to be addressed and improvements to be made into how high workloads are managed.

It was suggested that the LINK could use a local celebrity to help promote its activities.

Recommendations from Workshop 3:

- Work in partnership with local mental health providers and support local and national campaigns such as Live It Well, Signpost Kent, You Have to Know, Time to Change and Am I Mad
- Encourage mental health professionals and support services to identify carers as soon as possible
- Encourage continued advertising of support services in various formats across community settings
- To encourage improved communication between carers and mental health professionals
- Encourage increase in GP knowledge of mental health and understanding of carers needs
- Encourage mental health professionals to see the service user and carer as being at the heart of any decision making
- Encourage KMPT to increase staffing levels for Carers Needs Assessments
- Encourage increased information about crisis intervention services
- Encourage increased mental health training for police, and reduced levels unnecessary police interventions
- Encourage commissioners to work with service users and carers about the reduction of in patient beds
- Encourage commissioner to look again at the closure of the Ashford site and to keep service users and carers involved in the redesign process
- Empower people with knowledge regarding benefit system and personalisation agenda
- Support a more integrated working pattern for all agencies
- To encourage the production of a carers information pack
- Improve advertisement of the LINK in the mental health arena.

Workshop 4 Child and Adolescent Mental Health Services (CAMHS)

Wednesday, 29 September 2010
10.00am – 3.00pm

Ashford International House, Dover Place, Ashford TN23 1HU

Key Speaker - KMPT:

- Louise Chapman Associate Director of Child and Adolescent Mental Health Services (CAMHS) Kent and Medway NHS and Social Partnership Trust

Key Speaker - LINK participant:

- Margret Pau

Question 1) What do you celebrate about the service you receive?

‘Individual staff, very committed and provide a good service’

This topic provoked a lot of debate. Celebration of this service was limited as participants viewed the service as failing. A great deal of concern was expressed regarding the CAMHS staffing levels in West Kent which showed a severe shortage of trained staff throughout Kent and Medway in comparison to the recommendations of National Service Framework.

Although it was recognised that the Shepway District CAMHS team were understaffed, there were some examples where the team could be commended for very good, timely service delivery.

Many individual staff working in CAMHS were described as very committed to providing a good service, and participants were keen for this to be celebrated. However, participants were keen that funding was found for creative service initiatives such as the Invicta project.

Access can be made through liaison services at A & E departments-do you need this in?

Question 2) Are there any gaps in the service, where can investments be made?

Participants noted that there seemed to be a gap in Tier 2 services, which was apparent as a significant factor in service failing to meet services. The gap was resulting in Tier 3 services being seemingly overwhelmed by the increasing levels of referrals. There was also a reported long wait for new referrals that the participants were concerned over and felt could be significantly reduced.

There are a number of organisations that provide CAMHS services throughout Kent and Medway, but participants reported a low level of coordination and cooperation between service providers. Participants indicated that it would be beneficial for a clear pathway scheme to be instigated.

The redesign of community mental health team structure in East Kent resulting in the First Response and Intervention Service (FRIS) was noted as an example of good practice and it was felt CAMHS would benefit from a similar structure.

The signposting process for parents was noted as lacking, with participants indicating that improvements could be made to make the process friendlier with increased face to face contact. Information about autism spectrum disorders was also noted as being lacking, and it was felt that this information should be provided in a variety of community settings.

Participants felt that the CAMHS network would benefit from an increased level of community engagement, providing local knowledge about resources and support organisation.

Question 3) What can the Kent LINK do?

Participants wanted the LINK to assist the CAMHS service in better coordinating the Tier 2 and Tier 3 services to result in increased joint working and joint outcomes. In addition, it was suggested that LINK could work with CAMHS to develop a 'single point of access' system for access to all services and support organisations.

It was also suggested that the LINK encourage KMPT to advertise the mental health first aid resources available, and to learn from examples of best practice such as that in the Maidstone area.

Participants wanted the LINK to assist KMPT in reducing waiting times between initial assessment and intervention treatment plans being created, and to build up levels of equality across the county by working closely with commissioners.

The model of 'triage' used in physical health was highlighted as an example of good practice, and the LINK was asked to encourage CAMHS to create a similar model. Participants also encouraged the LINK to assist the CAMHS network in putting pressure on GP consortia to provide mental health training for all GPs to increase the level of knowledge at GP level.

The LINK was encouraged to continue to engage at a community level through events, and to hold further networking events that could encourage partnership working.

Recommendations from Workshop 4:

- To assist CAMHS service and commissioners in addressing gaps between Tier 2 and Tier 3 services
- Encourage a reduction in waiting times

- Encourage better levels of communications and cooperation
- Encourage the development of a clear patient pathway
- Highlight areas of best practice and encourage adoption of similar models
- Improve signposting process and levels of information available in community settings
- Encourage the adoption of a single point of access system
- Encourage KMPT to advertise the available mental health first aid resources
- To work with commissioners to address the level in inequality in service provision across the county
- Encourage increased mental health training for GPs via GP consortia
- To continue to engage at a community level and hold further networking events to encourage partnership working.

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Recommendations Summary

- To encourage stronger marketing of the LPMGs across Kent
- To invite LINK participants to sit on each LPMG across Kent, allowing for information to flow to and from the LINK into mental health service planning and monitoring
- To encourage increased information sharing around the issues of Personalisation, Self Directed Support and Mental Health Brokerage System
- To maintain good levels of communication with participants about the changing role of the LINK into HealthWatch
- Collate a directory of where services are provided in Kent and identify the provider
- Encourage KMPT to recruit more staff to crisis team
- Work with commissioners to ensure equality and equity of IAPT service provision across the county
- Work with KMPT to encourage / monitor ongoing staff training
- Encourage commissioners to commission talking therapies services where lacking
- Address inequalities with regards to access to carers respite
- Aid communication between all services and organisations, such as the flow of information
- Provide training for those service users / carers wishing to take part in meetings
- To continue to provide networking / community events
- Assist in increasing participation at forums
- Medway LINK and Kent LINK to work together on mental health
- Work with KMPT to identify joint training opportunities that could be advertised to other providers and carers
- To encourage the development of one number to be used in out of hours emergencies
- To further encourage the safe transportation of patients at time of crisis
- To encourage the use of the Recovery Star model across services in Kent
- To encourage production of multi lingual resources and distribution across a variety of community settings
- Work in partnership with local mental health providers and support local and national campaigns such as Live It Well, Signpost Kent, You Have to Know, Time to Change and Am I Mad
- Encourage mental health professionals and support services to identify carers as soon as possible
- Encourage continued advertising of support services in various formats across community settings

- To encourage improved communication between carers and mental health professionals
- Encourage increase in GP knowledge of mental health and understanding of carers needs
- Encourage mental health professionals to see the service user and carer as being at the heart of any decision making
- Encourage KMPT to increase staffing levels for Carers Needs Assessments
- Encourage increased information about crisis intervention services
- Encourage increased mental health training for police, and reduced levels unnecessary police interventions
- Encourage commissioners to work with service users and carers about the reduction of in patient beds
- Encourage commissioner to look again at the closure of the Ashford site and to keep service users and carers involved in the redesign process
- Empower people with knowledge regarding benefit system and personalisation agenda
- Support a more integrated working pattern for all agencies
- To encourage the production of a carers information pack
- Improve advertisement of the LINK in the mental health arena
- To assist CAMHS service and commissioners in addressing gaps between Tier 2 and Tier 3 services
- Encourage a reduction in waiting times
- Encourage better levels of communications and cooperation
- Encourage the development of a clear patient pathway
- Highlight areas of best practice and encourage adoption of similar models
- Improve signposting process and levels of information available in community settings
- Encourage the adoption of a single point of access system
- Encourage KMPT to advertise the available mental health first aid resources
- To work with commissioners to address the level in inequality in service provision across the county
- Encourage increased mental health training for GPs via GP consortia
- To continue to engage at a community level and hold further networking events to encourage partnership working
- Directory or Pathway for willing speakers from the network of mental health providers to engage with communities to discuss their services.

Acknowledgements

Incomplete

The following people have been recognised for their contribution and support with the LINK's mental health project and in assembling this report:

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