Welcome and introduction

12.1 The chairman welcomed members of the meeting
EKCCC 17/18-13  Apologies for absence

13.1 Apologies for absence were received as noted as above

EKCCC 17/18-14  Minutes of Last EKCCC Meeting

14.1 The minutes of the last meeting held on 19th May were accepted

14.2 CN encouraged to ask if they group don’t understand acronyms used

EKCCC 17/18-15  Matters arising and Outstanding Actions from the Last Meeting

15.1 Outstanding actions:

- EKCCC 16/17-43 Agenda planning – The Annual Report of Suicide – LL unable to attend this meeting; the report is not for public release at the moment; ND suggested inviting Malcolm Brown, Clinical Risk Training Lead Practitioner for the next meeting ACTION KL

- EKCCC 17/18/-8 Members’ report – to have a speaker on Personality Disorder; CN there is a commitment from a Therapist in Thanet to attend the next meeting – ongoing

- EKCCC 17/18-9 Restructure of East Kent Carer Consultative Committee – plan to change the name for the Acute & Community Forum and change the time form 10.15am to 1pm - the group to send back comments
  - ND, Mental Health Action Groups are commissioned across the county; the purpose of our internal group is to consult with stakeholders; we have five established Patient and Carer Consultative Committees
  - RP, does it need to be changed if it is fit for purpose?
  - CN, Acute and Community Forum doesn’t exist, she'll make sure that representation from different services are available
  - PC, stressed that people should be restricted to time or an agenda item, also no acronyms
  - DH suggested a vote; the group decided to keep the old name
  - Discussion around agenda; ND, concern that the document is too large; our existing agenda has a place for carer, member of staff and other organisation to share their views under the ‘members’ report'
  - The group felt that by using the ‘external drivers’ we duplicated work of Mental Health Action Group
  - The meeting will be held from 11am to 1pm
16.1 ND, one of the Patient experience priorities for 2017/2018 is to create a standardised Patient Experience feedback form; ND and the care groups leads met and came up with the PREM questionnaire; discussion around nine questions identified, this group needs to pick five which are the most important; this will be handed to people when they are discharged

1. Did you feel listened to and supported?
2. Were you given enough time?
3. Did we communicate well with you?
4. Were you treated with dignity and respect?
5. Did you feel involved?
6. Did you feel reassured?
7. Did we try to involve your carers and friends?
8. Did we plan and deliver your care well?
9. Did we give useful information regarding your health?

- RP concluded that service user needs to feel that staff is aware of their cases, he suggested a question - ‘did you feel that the care coordinator or staff knew enough about you?’; ND ‘did you feel reassured’ can cover this point; RP ‘reassured’ is not all the time the desirable outcome
- ND is happy to receive any feedback regarding this survey outside of the meeting

16.2 Co-production network update was given by ND; the next meeting will be held on Tuesday, 19th September from 10am to 12.30pm in Meeting / Group room, Canada House, Gillingham

16.3 Care Coordination Project - ND updated the group on a co-productive project around improving Care coordination; the National Patient Survey highlighted that the ‘organisation of care’ score was pretty low. The first workshop will be held on Monday, 24th July and the second will be on Monday, 18th September; five service users will be facilitating these workshops, they will be using the appreciative inquiry methodology; posters were distributed

17.1 Update given by LD

- 19 Carers Champions in Community Recovery Care Group; they are making good links and relationships with third sector providers

- Ongoing work on the carer information leaflet, which will be adapted from the Acute and re-published

- The introduction letter for carers has been agreed for service line use; DH will help with the Introduction
The care planning video created with carers is being used in Community Recovery Care Group's care planning training, this raises awareness of carer involvement issues in the care planning process.

Safety planning crisis cards have been produced in collaboration with service users and carers and will be tested soon; they support the triangle of care drawing attention to the support a person will receive in crisis from services, family friends, and what they themselves will do.

17.2 Discussion

- GP mentioned outstanding issue with Confidentiality
- GP asked to explain the Carer Assessment; DH explained that the Carer Support organisation needs to comply with your carer assessment from the KMPT and this needs to be handed to the supportive organisation
- HS talked about a recent experience; Care assessment meeting with KMPT has been cancelled because her daughter is under a wrong cluster; there should be a clear understanding of clusters;
  - LD during the last Clustering meeting this issue came out, unhelpfulness of clusters from the Commissioners
  - GP it shows the gap in training if people are not clustered correctly when they enter the hospital; CW this affect carers; SWS people don’t understand clusters
- HS, talked about disconnection in KMPT services, a wrong care coordinator was sent to her daughter, Thanet team closed her RiO’s case; SB these issues are outside this group, she promised to raise her issues during the next East Kent Leadership meeting ACTION

18.1 SSW raised three concerns:
- She experienced a patronising tone from a member of staff in Ashford; a similar situation was raised during the previous meeting; when will the carer awareness training will be implemented?
- Compliments towards carer support in Early Intervention and Psychosis (EIP); CN explained that EIP’s care coordinators have to up to 15 cases where the community team handle from 50 to 80 cases;
- RP reported that confidentiality raises problems; people with similar problems cannot connect; CN we are governed still by needing the consent of service users to discuss their issues; GP carers needs to be equal
- DH mentioned the Triangle of care which will change the culture around the Trust

18.2 HS, carers are tired of complaints, they need to have consent from a service user; it creates a culture where everything is solved with a complaint; ND will follow it up ACTION
18.3 LK, ongoing issue with DEPO injection; receptionist hung up on her; she raised it with the manager who promised to get back to her and it didn’t happen; CN and SB to follow it up with the receptionist ACTION; CN apologised to LK for this situation

18.4 DH mentioned Carer awareness training; ‘Walking in my shoes’ session

18.5 Older Adults – no representative

18.6 Younger Adults: SB, problem with recruitment in Thanet; nine vacancies available, two band 5 Nurses are joining the team and Non-medical Nurse Prescriber; plan to implement a new system of working CAPA, this is a systematic approach to service organisation and to the relationship with the service user/family, it focusses on the quality of care; it is an admin led model

18.7 Ashford – SC: a new health Support Time and Recovery worker appointed; ongoing interviews for band 6 Nurses

18.8 Acute – LM two new nurses for the Crisis team appointed, STORM suicide prevention training for staff available, a plan to have a Liaison Psychiatry 24/7 in Queen Elizabeth Queen Mother Hospital from October this year, Ashford submitted the bid to have a Liaison Psychiatry from next year, issue in Kent & Canterbury Hospital they have just one Mental Health Nurse there

18.9 DH talked about funds for recruitment for the Early Intervention team from the NHS England; this money can be lost as EIP is drained by the Peer Supported Open Dialogue, this service is not recognised by the NHS England; CN explained that Peer Supported Open Dialogue is a new initiative from which family can benefit, all clinical discussions are being undertaken in the presence of the family

18.10 GP inquired about carers safety – what safety arrangement are there for carers when there is a crisis, carers are left in a very dangerous situation; CN will take it back ACTION there should be a Crisis House in Thanet

**EKCCC 17/18-19**  
Any Other Business

19.1 Boughton and Chartwell wards at Priority House are to be refurbished which will help transform the wards’ physical environments into modern, high quality and well-designed wards. Patients will be moved temporarily to Rosewood Lodge at Little Brook Hospital for work to begin from 22 July. The works are expected to last until March 2018.

**EKCCC 17/18-20**  
Dates of the next meeting

20.1 Friday, 22\(^{nd}\) September 2017 from 11:00AM to 1:00PM at Large Board Room, Eastern & Coastal Area Offices, Littlebourne Road, Canterbury CT1 1AZ