



Kent and Medway
NHS and Social Care Partnership Trust

CONNECTED

Spring 2018

Transformation

A growing need to change

Claire Murdoch
Mental health direction

Keeping hope alive
Mother and Baby Unit

Disablement service
Changing lives

Transformation is all around us. The spring weather has brought about a dramatic change in the landscape with new plant and animal life brightening the winter terrain. In KMPT we are encouraged to hear about changes people have made to their lives for the better and how health and social care is undergoing profound and radical change to take the whole system to an entirely new level of effectiveness. Of course, mental health is a big part of this change with a strong focus on recognising how symptoms of both physical and mental health can impact on the other.

In this edition we have illustrated transformation through stories from people at the forefront of change, those involved in exciting new projects and from others who have bravely taken steps away from their comfort zone to transform their lives in positive ways.

We hope you enjoy reading this issue and will send us any feedback so that we can continue to improve.

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KMPT Executive Director of Finance, Sheila Stenson

WELCOME

When the Kent and Medway Case for Change was published in autumn 2016 it set out why services need to change to meet the needs of local people. This plan, which was developed by a partnership of all NHS organisations in Kent and Medway, Kent County Council and Medway Council, looked at ways in which services could be provided differently and more cost-effectively.

Following extensive public engagement inviting people to influence what happens next, it was clear that members of the public were as determined as my colleagues and I that safe, quality services, which further close the gap between physical and mental health should be developed and that financial transformation would be critical to keep up with these changing needs. In the words of Glenn Douglas who is Chief Executive of the Kent and Medway

Sustainability Transformation Partnership (STP): "Mental health must integrate with local care and the prevention agenda has a big role to play in how we integrate physical and mental health, we need to adopt a coordinated approach." You can read more from Glenn on page 26.

I am the new Executive Director of Finance for KMPT and I am leading the STP productivity work stream. The work stream is designed to look at opportunities that exist for Kent and Medway to ensure we provide safe and effective care efficiently comparing us against our peers. It is a complex work stream as we are looking at non-clinical areas and a number of clinical specialities. Each sub group is generating ideas on how we can maximise our efficiency and more importantly, in a sustainable manner. There is a growing, urgent need to change and at pace, however we need

to get it right first time. There is much work to do to resolve the financial issues that exist within the Kent and Medway system by 2021. We must do this together and it requires operational teams, clinical colleagues and finance to work closely together to deliver transformational and sustainable change and, as NHS England's Mental Health Director, Claire Murdoch, says in her article that begins on page 14, "by 2021 we will have made progress,... however...we need to continuously transform and improve if we are going to get to a place where we all want to be."

Sheila Stenson
KMPT Executive Director
of Finance

IN A MUCH BETTER PLACE

JAMIE'S STORY

Jamie is an intelligent, artistic, confident person who has been through years of turmoil and pain. A combination of bullying at work, an ongoing question over gender assignment and the lack of tools to cope with the complex highs and lows of life took Jamie to the brink. Now there's light at the end of the tunnel and Jamie is collecting every little bit of knowledge gained through his lived experience to help others.

At 18 years of age, Jamie started working as a mechanical engineer apprentice on a Youth Training Scheme. An opening came up at Ford Motor Company with by far the best training package available. It was a fantastic opportunity and Jamie jumped at the chance. Clearly a shining star, he flourished by achieving Apprentice of the Year followed by a five year degree in mechanical engineering. Not content with that, he went on to take a further degree in electrical engineering. After ten years proving himself, he went on to join another national motor company as one of only four excellence technicians in the country. It was while working regular twelve hour days, the pressure began to mount. "Under incredible amounts of stress, I was also holding onto a major secret that was slowly eating me up. I decided to finally do something about it and made the decision to reassign and would be known as Lucy." Now Jamie looks back at this

time with some regret as it was the beginning of a tirade of abuse from work colleagues over a two year period. His union became involved and it escalated to court. The matter was finally settled but the psychological damage had already been done.

"It really was a terrible time. My mental health had already been impacted and my GP could see it was getting worse. Once the court case was finished, I tried to go down a different road and do something I really enjoyed. This is when I started making guitars professionally. I had made a few for myself and a friend asked if I could make one for him. It went from there. I bought really good equipment and set up a workshop. Even though it's a business, making the guitars is still so very personal. You put so much of yourself into building them, it becomes part of you but you're sending it on its own musical journey when you sell it on."

Jamie didn't realise that this passion was covering up considerable escalating mental ill health.

"I would lose myself in the guitars for days. I would go online to shop for food and that was my only connection to the world. As things went on I realised what I was doing and decided I had to get out. Getting a job seemed to be the answer.

"I began training for a job with an agency and was in my female role at that time. Everything was going ok initially. The training was held in a room within a basement with bars on the windows. This triggered my Post Traumatic Stress Disorder because the windows of the workshops I had used earlier in my career also had bars on them. At that time I didn't even realise I had Post Traumatic Stress Disorder!"

"I had a breakdown and fell into some sort of psychosis and took an overdose.

"My second overdose came not long after. My friends had got me through the week until Saturday. I had some problems sourcing materials for a guitar I was making. I had sold all my guitars and for me, music is my release. At that time I had nothing to help me channel my energy. That day, I just clicked. I put considerable efforts into making arrangements to take my life. As the day went on everything continued to get worse in my alternate reality. I woke up with the paramedics there and was rushed to hospital.

"For about two days I was really angry that I was still alive. I had said all my goodbyes, done everything I wanted to do and here I was laid in a hospital bed in Pembury.

Continued page 6...

Peer Support Worker, Jamie





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“I think of that dark time in my life as a slow motion film - watching a glass slowly fall to the floor, smashing into tiny pieces.”

“A nurse came in and asked if I was ok ... and if I wanted a hug. I just broke down in tears and cried for 24hrs. That little bit of effort on his behalf made all the difference. Once I started to release all that energy, I came back to reality and realised what was going on around me. I had tried to inject a concoction of medication into my arm and had actually injected into the flesh causing my arm to go into toxic shock. The doctors and surgeons were battling to save my arm. I was devastated. I was battling existing ill health and now had to deal with this as well.

“I was discharged and the crisis team brought me into Highlands

House – they have been amazing. “They have worked so hard to help me. From psychology to occupation therapists helping with mindfulness, support from care coordinators – the list goes on. It has made such a difference. They helped get me out of the house (I couldn’t even get out of the front door!) and then to getting me on a train to Highlands House for my psychology treatment. I think of that dark time in my life as a slow motion film - watching a glass slowly fall to the floor, smashing into tiny pieces. The team taught me how to pick up the pieces I really needed to put my life back together and to leave the rest alone.

“I was in a much better place and started thinking about what I could do next. I knew I didn’t want to stay on benefits for the rest of my life and wanted to return to work. My psychologist referred me to Glenna from the Vocational Rehabilitation team. She took me through all the options and we agreed to go forward with a Job Taster placement as my first step back to employment.

“On my first day, I was introduced to Gemma who runs 111 Tonbridge Road. Coincidentally Gemma was the Community Psychiatric Nurse who carried out my initial assessment following the crisis team intervention at Highlands House.

She saw me at my worst and was pivotal in putting everything in place for me - now she could see how far I had come! She and the team at Tonbridge Road really welcomed me but it wasn’t all plain sailing and I had my wobbles but everyone worked hard to help keep me on track. Every hurdle I get through gives me another boost. Glenna kept in touch throughout to make sure I was doing ok and then one day told me there was a peer support role available at Highlands House. I applied and was astounded to receive a call to tell me I had got the job!

“Throughout the process, everyone has been amazing. I’m still learning

skills to help my mental health but now I’m passing those skills onto others I’m supporting. Of course the way I do things may not work for everyone, but little bits here and there are being picked up and the feedback so far is really positive.

“I continue to have some difficult times, recovery isn’t a simple process, but everyone is so supportive and they can see I’m really keen to give something back. If there was anything I could do right now, it would be to tell everyone who has helped throughout my recovery how much I appreciate them. They have been amazing and I’m truly grateful.

“If, in my role, I can make someone feel the way the Highlands House team have made me feel, I’ll know I’m doing something right.”

***The content of this feature has been written in close collaboration with Jamie and any reference to his gender assignment and gender identity has been done so with his approval.**



One of the many ways that Anne-Marie makes sure she keeps abreast of innovation and development in mental health is by attending conferences and workshops. She is pictured, on the left, with Professor Catherine Kinane, right, after they took part in the Research, Innovation and Quality Conference in December 2017 at Canterbury Cathedral where they discussed new models of care and new models of engagement with primary care and improving mental health outcomes through workforce development.

ON BOARD WITH ANNE-MARIE DEAN

The climate is both challenging and exciting for all NHS trusts. Change and transformation must happen and we've got to get it right. Being Vice Chair and Senior Independent Director of a large mental health trust is no easy task - according to Anne-Marie Dean it is: "one of the most significant things she has ever done."

Anne-Marie joined KMPT as a non-executive director in November 2013. She said: "I had extensive NHS experience in acute and commissioning but none in mental health. Gaining experience in this area was something I wanted to do and I thought I could really make a difference, however, it was a tough interview and I didn't think that I was going to get the role." She explained: "I hadn't appreciated what is involved in working in mental health or indeed how intense a process it is to make a mental health diagnosis. Crucial elements of the diagnosis are the importance of listening and clarifying points. Other than that dialogue there is nothing else. Staff have to be very skilled to listen and then encourage people to speak, they then have the responsibility of pulling all of the information they've collected together. They also have to take into account the potential unpredictable nature of the person by using all their senses and training. It has been a bigger learning curve than I ever thought it would be. When I first started this role I couldn't comprehend how, without the benefit of scans, x-rays and blood tests, someone could work out a treatment plan!"

As Anne-Marie has experienced, mental health is a really complex area within healthcare but has not been recognised as such. This fact was flagged up in NHS England's

Five Year Forward View for Mental Health: "For far too long, people of all ages with mental health problems have been stigmatised and marginalised. Mental health services have been underfunded for decades, and too many people have received no help at all, leading to hundreds of thousands of lives put on hold or ruined, and thousands of tragic and unnecessary deaths. But in recent years, the picture has started to change. Public attitudes towards mental health are improving, and there is a growing commitment among communities, workplaces, schools and within government to change the way we think about it. There is now a cross-party, cross-society consensus on what needs to change and a real desire to shift towards prevention and transform NHS care."

Anne-Marie is excited about this positive shift: "I feel very much that mental health has not been as understood or as valued as it is now. Mental well-being has now become a national initiative, which is being championed by high profile royals, Prince William and Prince Harry who have had their own challenges. Their transparency has really encouraged others to talk about mental health. There's also now a wealth of information available to help people understand their own needs a lot more than they did so they can better articulate what they feel to their GP."

Despite this shift, there is still much work to be done as Anne-Marie sees it: "If health and social care cannot demonstrate that it can work together successfully then we need to question the competencies of the organisations involved. As Chairman of the Strategy Steering Group at KMPT I believe it is important that we ask ourselves questions such

as: 'How do we support our staff, develop their confidence and skills and gain their commitment to the changes that our organisation will have to make to put it on a stronger footing?' Strategy is something that should be in action every day because staff need to know the direction that we want them to take to improve services for patients and carers. It is about knowing where the next opportunity is going to come from and having the courage to talk to different partners about this opportunity. I am passionate about the importance of putting an emphasis on partnership, participation and dialogue. If there is no dialogue then the opportunity goes stale."

Career history

1979 - Joined NHS as a secretary and admin assistant in an acute trust in Dartford

1988 - First junior management post

1994 - Acting Chief Executive

1995 - Chief Executive - had challenge of closing two hospitals and opening a new purpose-built hospital, Darent Valley

2001 - Director of the Health Care Division at Carillion

2007 - Director of Transformation and Strategy for a primary care trust in London

2013 - Executive Chairman, Healthwatch, Havering

2013 - Non-Executive Director, KMPT

TRANSFORMING LIVES

It's not often that a visit to a service takes your breath away, however that's exactly how Vice Chair, Anne-Marie Dean felt after spending some time at the Disablement Service Centre in Medway. She said: "The clinicians and engineers design aids for a variety of people and transform their lives. It doesn't get more special than that!"

The service is vast and not only looks at electronic technology to help disabled people in East Sussex, Kent and South East London, but the team also works with patients to individually assess their needs to help them get on with everything that your average day to day life throws at you. Kelly August spoke to two patients who have seen for themselves how exceptional the team are at adapting materials and researching products that go on to change lives.

Victoria has been visiting Occupational Therapist Lizzy Jones, Prosthetists, Prosthetic technicians and Rehabilitation Engineers from just three months of age. She is a bubbly, vibrant eight year old who wants to do everything her friends and siblings do. Nothing is going to get in her way and Mum Melissa is embracing her enthusiasm with support from Lizzy whose role is to carefully look at the clinical assessments, reasoning and the prescription of any design. "We need to look at every area. For example when Victoria wanted to be able to use her iPad easily, we had to look at developing a stand that would ensure her posture wasn't affected or put pressure on one particular side of her body.

Her most recent adaptation was a bicycle and that was a little more difficult."

Melissa explained: "She's not able to use the brakes on a standard bike and most bikes in the UK do not have the facility to pedal backwards to initiate the brakes so we had to look at buying a specialist bike from Europe. Once we had that Terry, the Rehabilitation Engineer, was able to adapt the bike to Victoria's needs. She's absolutely delighted with it and once the weather improves, I'm sure we won't be able to stop her!"

Victoria had her first prosthesis at the age of five. All of her adaptations have helped her reach a little more independence but the item that really made the difference was something as simple as a prosthetic prosthesis with a knife attachment. Melissa said: "I no longer had to cut up her food and having this independence is all she's ever wanted."

Since then the team have developed or adapted equipment which includes a ball catcher, an adapted scooter, an adapted bike, an iPad stand and a laptop stand.

The Disablement Service Centre sees on average 2,000 people per year but often these will be long term patients, just like Victoria. They will come back time and time again for new adaptations as their muscles and limbs grow.

"You wouldn't wear the same shoes for the rest of your life and the same applies with prosthetics. Your body changes and for children

we have to amend or change the equipment as they grow." Lizzy added.

This long term care has helped the team to become an integral part of their patients' lives.

As Melissa explained: "This is my sanity – this is my go-to place. When Lizzy's predecessor left, I was in tears. Thankfully Lizzy is just as great. I love coming here. It's an invaluable place and I wouldn't cope without it."

The next item the team are considering is a tennis racket. Victoria loves her sport and has been inspired by the Paralympics. Her ambition is to dive for her country in the Olympics.

For now Victoria has all she's ever wanted – except real fairy wings to make her fly.

“You wouldn't wear the same shoes for the rest of your life and the same applies with prosthetics. Your body changes and for children we have to amend or change the equipment as they grow.”

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Victoria on her adapted bike





Carly getting ready to play

TRANSFORMING LIVES

38 year old Carly is of a different generation. When her parents were told she had been born with a shortened arm, it was a difficult time for the family and with very little support. However, her mum and dad pushed Carly to get on with life and do as much as she could. This outlook on life has stayed with her and she hasn't let anything hold her back.

"I got involved in as much as I could at school - every lunchtime club and after school sport - I was there! Hockey and football were my favourites and I went on to play for the Charlton Ladies team.

"At 17, I passed my driving test within months of starting lessons - I was determined to get some independence."

Like Victoria, Carly has been with the team for many years and remembers a former member of staff fondly. "Chris Pike had helped me since I was very young. He was fantastic and I was really sad to see him retire.

"Most of my life I've just got on and done things myself but when I started to become interested in playing the drums, I realised this was something I couldn't do without some help. Chris worked on that with me and I was able to realise my dream."

Now Carly is working with the team on an adaptation to a prosthetic to help her play the guitar. Once again

the clinicians are having to think outside of the box and are looking abroad for equipment that can be used or adapted.

"It's trial and error. The first one wasn't suitable but it helped us look at what we needed to do to adapt it to make it work." Added Stacey, Carly's Prosthetist.

Carly added "I have my guitar, once I have the prosthesis there will be no stopping me!"

As an active volunteer, it is clear there really is no stopping Carly in all she puts her mind to. Since the age of 25 she has been volunteering in Florida Keys at the Dolphin Research Centre. "I first went out there for a month, now I drop in every time I'm near to help out for a day or two. I help with the dolphins and work with members of the public. I also volunteered at the 2012 Olympics as a team leader which was amazing. I have also volunteered at Wingham Wildlife Park but my main role is now as a coastal guardian. I'm just about to do a Marine Mammal Wildlife course and also do bits and pieces for the Wildlife Trust."

As well as her vast volunteering schedule, Carly holds down a job at a secondary school as a First Aid Officer which has had unexpected benefits for her, the staff and one pupil in particular. "Some of the teachers came to me for advice when a young girl started at the school who also has a shortened

arm. Her mum found out I worked there and was over the moon. She saw me as a role model for her daughter.

"My parents had to find out for themselves if anything was available to help me. My dad was the one who adapted my bike to make it safe for me to ride. Today there is more support for anyone needing adaptations. Anyone who uses this service just needs to come here with an open mind. Be honest. Talk to the team. You will never know how they can help unless you open up and talk.

"This place isn't like coming into a hospital. It may be daunting for some people but everyone here is approachable and helpful. Nothing is too big a problem and they'll help in whatever way they can.

"All my life I've worked against the attitude of 'you can't do that'. The team here help back me up when I say - why not?"

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"Today there is more support for anyone needing adaptations. Anyone who uses this service just needs to come here with an open mind."

THE RIGHT DIRECTION

National Mental Health Director for England, Claire Murdoch talks to Christina Shaw.

When Claire Murdoch was appointed National Mental Health Director for England in June 2016 there was great excitement and a definite buzz - not only in mental health circles. People from all walks of life who had heard this extraordinary, down to earth woman speaking passionately in a variety of forums felt that, at last, mental wellbeing would be given the recognition it deserves. About her appointment Claire says that she feels very privileged to have been given this prestigious role, however, doesn't feel that the work she is doing now is more important than the job she was doing as a student nurse back in the 80's.

Claire started her mental health nurse training back in 1983, aged just 23: "Gosh, that shocks me - 35 years ago! And all 35 years have been amazing! All the jobs that I've ever done in the NHS have been stimulating and worthwhile. As a student nurse you help a person with intimate functions and you are entrusted to perform incredibly important tasks. It can be very hard work but so rewarding. I would be happy if either of my sons went into mental health and I definitely feel up to doing another 35 years!"

Keen not to underestimate the pressures of working as a nurse, Claire admits to having had self-doubt at times but has always had techniques for coping that have stayed with her throughout

her career: "I am blessed with a good degree of personal resilience however I've always sought help, feedback and advice. It is important to have a mentor, someone you can turn to who understands. Talking, listening and not bottling things up is essential for your own mental wellbeing. Just to have a good sounding board, as some situations can be tough. Equally important is thinking about what is important and recognizing your importance not for its own sake but for the people who you work with, it's about realizing how valuable your help is to others. That belief drives a whole set of values that influences you throughout your career."

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“Good mental health cannot be the job of the NHS alone. The growth of peer support workers and working with people who have lived experience is exciting me.”

With ten years' experience of being Chief Executive of Central and North West London NHS Foundation Trust (CNWL) and a career in the health service spanning three decades, Claire has witnessed many 'shake ups' and transformations: "To me it has felt like a journey

of transformation. I began my training in a building that was originally a Victorian asylum and I was privileged as a ward sister to talk at its closing event. We have moved away from patients being institutionalized to providing more care in the community, which is underpinned by partnership and a much stronger dispersed notion of power. Patients are now very much involved and we look more towards 'self-care', which mustn't mean 'no care'.

"People are also talking more about mental health and that is different. The availability of Improving Access to Psychological Therapies (IAPT) is an incredible step as it wasn't so long ago that only white, middle-class people went to see a counsellor, now they are much more readily accessible to everyone. We have come a long way but still have a long way to go. There's so much more care available in the community. Good mental health cannot be the job of the NHS alone. The growth of peer support workers and working with people who have lived experience is exciting me. I've just been talking to someone on Twitter who had a breakdown when her baby was born and is now well enough to talk to others about her experience."

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National Mental Health Director for England, Claire Murdoch



THE RIGHT DIRECTION

Claire also feels that another big part of transformation is having a greater awareness of the intertwining of mental health care with physical health and has been quoted as saying that mental health is one of the 'golden threads' in Sustainability Transformation Partnership, (STP), planning. When at a conference recently she was delighted to hear an othopaedic surgeon calling for more mental health input in relation to pain management.

Claire would like people to have more understanding of the relationship between mental and physical health care: "People living with long-term conditions are more likely to be depressed and there's strong evidence that if they have psychological intervention they will use acute hospitals less, feel happier and be more in control. A STP that is planning a population-based approach to health is never going to bring about change if mental health is not included in the mix. STP's need to build good patient education programmes into their plans and the role of the Recovery College is vital. It is a fact that people with serious mental health problems die earlier than those who have no mental ill health. This means that we haven't got things right yet. STP's need to think in a much more integrated way and it will save money to do so. We need to shift the system to a wellness system of healthcare and need a better-informed approach. STP members have a golden opportunity to change."

There are many plans and preparation for transformation, however, many people will just want to know what the three most important changes are that we need to execute to make a difference. In Claire's opinion we need to continue to talk about mental health, acknowledge it and challenge the stigma as well as improve access to services. She explained: "Talking about it is the task of everyone but particularly schools, employers and local communities. It is also important that we acknowledge links and be as joined up as possible. For example, there's no point in one part of the system being pleased with what they have provided if the person who has received the treatment is going back to a situation of loneliness, social isolation, poverty or poor housing. It is also important that access to services is adequate and that treatment is first class and we give timely responses.

"What everyone needs to realise is that by 2021 we will have made progress with our transformation plans, however there will be another Five Year Forward View and then another one after that! We need to continuously transform and improve if we are going to get to a place where we all want to be."

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“We need to shift the system to a wellness system of healthcare and need a better-informed approach.”

KEEPING HOPE ALIVE

Zoe Gibson never thought she would be standing in front of a television camera at home and pouring out her heart to hundreds of thousands of viewers about her five month stay in a Mother and Baby Unit (MBU). Her son, Jack, proudly looks on as she speaks about how the unit supported her recovery from extreme depression.

Her interview is helping to raise awareness of an innovative new trust service that will help to improve outcomes for mums across three counties who are experiencing perinatal ill health.

Along with BBC South East, Laura Kennedy from Connected went along to hear Zoe's Story.

The arrival of a baby is supposed to be a happy time but one in 10 mums develop a mental illness either during pregnancy, or in the first year of their baby's life. Zoe's own mental health deteriorated at 30 weeks pregnant when her mind suddenly attacked her. She explained: "My mental illness was torture and stripped me of my personality and ability to function. I was stressed, anxious and experiencing suicidal thoughts. Following the birth of Jack I felt like a ghost and remember thinking that I could die now that my baby had arrived safely."

Zoe was referred to a London MBU nearly 60 miles from her Canterbury home by the trust's Mother and Infant Mental Health Service (MIMHS) and is candid about how staff kept hope alive and supported her recovery.

She said: "I received lots of support at the MBU, including help with medication, occupational therapy,

as well as support from other mums going through similar experiences. The support from professionals such as child psychologists really made a difference too. Jack is a happy six-year old and we have the most amazing bond which was supported through being together at the MBU."

As part of a wider transformation programme led by NHS England to increase capacity and capability of specialist perinatal mental health services, the trust was selected to launch Kent's first MBU for mums like Zoe across Kent, Surrey and Sussex. The MBU will allow mums to receive treatment closer to home and will also make it easier for loved ones to visit.

Located in Dartford the MBU will provide a safe, caring and supportive environment with a nursery, ensuite bedrooms, sensory and therapy rooms. It will be an extension of MIMHS which Zoe credits for saving the lives of both her and Jack. She said: "When I fell ill MIMHS quickly became involved in my treatment and I believe this saved both my baby and I. I also went on to have my youngest son Harry, who I call 'a gift from MIMHS' as they ensured I had the right support in place and gave me preconception advice. We never would have contemplated having another child without their invaluable support."

Many mums already receive support from MIMHS which recently expanded following funding to develop its community perinatal mental health service. The expansion includes the provision of therapeutic and peer support groups as well as integrated access to specialist psychological therapies.

Mums with lived experience like Zoe are helping the trust deliver the best possible MBU experience. Zoe is using her experiences to shape the service and benefit others. Alongside mum of four, Tynisa Nixon who experienced perinatal illness whilst pregnant with her fourth child, Zoe is helping to recruit and interview new MBU staff for key posts as part of a panel.

The MBU will have a new 40 strong team including staff nurses, nursery nurses, senior occupational therapist and outreach workers. Angela Shorter, MBU Matron and Operational Lead is working closely with Zoe and Tynisa. She said: "Our MBU is being designed by mums for mums and everything from the building design, staff uniform and décor is being shaped by them. We are proud to be delivering this vital new service and making history in Kent during the 70th anniversary year of the NHS".

The trust is working closely with Darent Valley Hospital (DVH) which will provide health visitor and midwife support to the MBU.

Deborah McAllion, Head of Midwifery, DVH, added: "We are excited to be a part of this service development which shows real vision and will ensure that women get the local specialist support they need. We are looking forward to playing a key role."

Once open our new MBU will nurture mums, babies and families across three counties for generations to come and continue to keep hope alive for those like Zoe.



Mum Zoe with son Jack



THE POWER OF WAVES

Psychosis is a common illness which can derail a person's life and cause deep social isolation but positive activities such as sports and the arts can play a huge role in recovery. Activities such as curling, badminton, go karting and even 'cliff scrambling' are now on offer for KMPT service users through a partnership arrangement with Charlton Athletic Community Trust that has been in place for more than a decade.

Early Intervention in Psychosis (EIP) is in place within the Community Care Group, and offers a therapeutic activity programme across community settings such as leisure centres for 25 weeks of every year.

One person who has reaped the benefits of the programme first-hand is Laura Barton who credits it with supporting her recovery by taking her out of her comfort zone and helping her to form new friendships. Most recently Laura took part in 'Coasteering,' which involves moving along the coastline where water, waves, rocks, gullies and caves come together to provide a very high energy environment.

She said: "Coasteering seemed to be everything you always wanted to do at the seaside when you were a kid but were not allowed! We scrambled down to the sea, and jumped into the water. Over the next couple of hours, we played in waves that crashed into nooks and gullies in the cliffs, swam around little rocks, rode waves, climbed over rocks, and jumped from heights.

"It was a little scary at first, feeling the power of the waves as they hurled themselves against the rocks, but you just let yourself go and

give up being afraid, and instead feel the indescribable power of the water, and see the complex and beautiful cliffs, and the cascades of white water, and the deep blue sky overhead.

"The jumps start small. You leap, the water closes over your head, and then you bob up again. The next jump is higher. We did about half a dozen, and the last one was indeed high up. I was tired by then, legs flagging from the effort of hauling myself in the heavy wetsuit up onto rocks and peaks."

Laura is one of around 900 EIP service users who have completed the programme which benefits from grant funding via Kent County Council. Coasteering may be one of the more unusual activities on offer but more traditional ones include curling, snooker and ten pin bowling.

Although the activities may be varied they all build self esteem, confidence, self-belief, friendships and independence.

Dawn Ayres, Acting EIP team leader, said: "The programme is a key stepping stone for service users to help them develop skills around teamwork and independence. It promotes social inclusion and helps patients to become more active. Charlton personalises the programme to our needs and they are experts in their field. Our staff, such as well-being nurses also attend sessions to provide additional support for service users."

Carl Krauhaus, Head of Early Help and Prevention, Charlton, said:

"We're delighted with the success of our partnership with the trust and we both put the service

user right at the centre of our programme. Over the years we've engaged with hundreds of young people and adults to support people in the recovery process through our work with early intervention services."

Laura is passionate about just how much the programme has made a difference to her life and said:

"I have come such a long way in a short space of time and my confidence has really increased thanks to the programme. I've experienced a variety of activities which I would never have had the chance to take part in otherwise and the programme has also helped me to lead a healthier lifestyle and support my health and wellbeing.

I felt very much on my own before EIP stepped into support me and both they and the Charlton FC team have been absolutely fantastic. Two years on from being admitted to hospital I feel in a much better place now."

“It was a little scary at first, feeling the power of the waves as they hurled themselves against the rocks, but you just let yourself go and give up being afraid.”

GIVING PATIENTS A VOICE

Steve Inett, Healthwatch Kent's Chief Executive, talked to Kelly August about mental health services and how the organisation partners with the trust and our communities to help get services right.

Steve has been part of the health service since he completed his general nurse training in 1993. He started off his career at the William Harvey Hospital in Ashford before working for social services as a case manager. His next step was to work with Porchlight to help tackle mental and physical health problems caused or aggravated by social elements including money, relationships, benefits, housing etc – also known as the social prescribing model.

"I worked with Porchlight to help get their Primary Care Community Link service off the ground by placing a link worker in a GP practice in Thanet. Now this initiative runs county wide."

It was no surprise that Steve's first project with Healthwatch Kent was looking at mental health services.

"We've been working closely with KMPT for some time and we've seen changes across the system from access to services to patient experience. We always encourage those who need to make a complaint, to either work with us or the Patient Experience Team. Together, I hope we are ensuring no one falls through the cracks.

"Importantly we know the trust is committed to listening. We've seen positive responses, for example when beds moved from Medway to Dartford, all the recommendations Healthwatch raised have been actioned and we've seen good practice being shared across the trust.

"Working with carers, we've helped introduce the carers charter and with inpatient services we've seen some really important changes with the trust reducing their out of area bed placements. Now we're focusing on community services and will be working with the trust to conduct enter and view visits. We know there is a great deal of work going on and we want to help shape that where we can.

Many of our volunteers have reported seeing lots of positive things. KMPT is very open to change and we look forward to working together to help review practices and processes. If they aren't working – we can help to see how it can be changed for the better."

"Healthwatch has a statutory duty to ensure patients are involved in the design and commissioning of services and evaluation. Fundamentally, this is what Sustainability Transformation Partnership (STP) is about.

"It's really important we begin to see mental health services integrated with physical health. If it's looked at separately, something could be missed. There is lots of evidence to show that if someone who is accessing a GP and has a mental health issue but is able to see someone on site, the process is much more beneficial and they are able to be seen much quicker. All the aspirations of the STP are right.

"Patient engagement is key especially throughout the STP process. As providers, we've come

together to meet with communities to discuss the STP. This will continue throughout 2018 and Healthwatch Kent will be a part of that. They will be joining us at the mental health conference in March for a discussion on the future of services and importantly how we can work together to improve mental health across Kent.

"We want to see people from all backgrounds, including those who usually think they have no influence in the future of mental health. Everyone has a voice. It doesn't have to be people working in the NHS but could include finance teams, human resources or practice managers."

So what's the future for Healthwatch Kent?

"We will be getting our volunteers to work directly with specific organisations so that we have a consistent approach with each provider.

"We reach out to support and advocacy groups as well as those who do not often have the opportunity to have their say. Last year we travelled with the 'Big Red Bus'. This year, we will be going direct into people's workplaces. Working in partnership will be key to this, for example we will be working with Public Health England so that staff can get a health check while they're there!"

For more information on Healthwatch visit www.healthwatchkent.co.uk



Healthwatch Kent's Chief Executive, Steve Inett



Healthwatch Medway's Chief Executive, Maggie Cane

LISTENING TO OUR COMMUNITIES

Margaret Cane, also known as Maggie, started working with Healthwatch Medway in 2017. She had been in post for just four months when we caught up with her about life at Healthwatch so far.

Having previously worked with Turning Point in Medway, Maggie has really good knowledge of the area. Combined with her experience of having worked across the county in addiction services, she knows how the complicated structure of the NHS works. This makes it an important and positive time to join an organisation that is there to ensure healthcare services in Medway are right for its communities as the 'Medway Model' is rolled out through the Sustainability and Transformation Partnership (STP).

"We've hit the ground running and have been quite high profile in our local media since the announcement of the 'Medway Model'. It's really highlighted to our communities that we're here, we're listening and we have a voice that will be heard.

"Here in Medway, our local plan includes the development of a further 300,000 homes. The impact on service provision is enormous. We need to ensure the infrastructure is in place with access to GPs, pharmacies, dentists etc. The STP is a once in a lifetime opportunity to rethink healthcare provision on such a grand scale. It has to be right and only time will tell if the Medway Model is the path we should be taking.

"When Healthwatch was established, some people thought that the organisation was lacking any ability to make changes. That

perception is shifting now people can see we're helping to shape health services of the future.

"It's important to remember that we're not just here to listen to complaints, we want to hear about good practice too. When Medway Foundation Trust started going through difficulties in 2013, we had an influx of fantastic positive feedback about the good care people had received. It was important to members of the community to help support their local hospital and staff by sharing their own experiences. It was wonderful to hear such a positive outpouring at what I'm sure was such a low point for the trust.

"Members of the public know they can talk to us and we can act as an intermediary where needed but we are also at the forefront of ongoing discussions on how the STP is going to impact our community. We definitely need to continue being vocal but it's important to ensure we are listening, really listening. There's listening and there's hearing – we will listen but importantly we will hear and act where necessary."

As a trust, we know that we have some work to do to improve our services across Kent and Medway, especially within our community services. That is something we'll work with our local teams on but we'll ensure we keep Healthwatch Medway in the loop with everything we're doing.

"There is a high level of mental health difficulties in Medway and people will speak to us as we are independent. We can help the trust engage with our communities to help overcome the problems that we are seeing at the moment.

"A great deal of work has already been done to prevent patients from being sent outside of the Kent borders but there's still a way to go for services to improve for people in Medway."

Engagement is of course key for all service providers across Kent and Medway. Healthwatch Medway already has an in-depth programme of events in place and the team have been touring the patch to listen to members of the public. They'll continue to do so throughout 2018 and are also working on how they can reach more people who do not usually have a say.

"Medway is such a diverse area with a population of 280,000 and growing. We've been approached by a real mix of people but we know there are people out there that do not have their say or are nervous about speaking out. By working with our providers, I hope that we all improve our community engagement and work together to really listen to those who matter."

Want to become involved? Why not join Healthwatch Medway's team of volunteers?

Contact 01634 566 777 for more information.

“People can see we're helping to shape health services of the future.”

MOVING FORWARD WITH BIG STRIDES

Sustainability Transformation Partnership Chief Executive, Glenn Douglas, talks to Christina Shaw.

You have been in the role for over six months now, what are your first observations?

I was acting CEO for the STP for 18 months as well as doing my day job so it has only been for the past few months that I've worked solely on STP and, at first, it took a bit of getting used to the project environment but I've got through that now. I see a lot of energy, people are focussing on the here and now. For me personally it will be a challenge to work more strategically across the system. I am impressed with the way in which people are working together and how people have responded to the challenge.

Why did you want the role of CEO of the Kent and Medway STP?

I have been CEO of a provider for 17 years and have been increasingly interested in strategy and moving systems forward. I will be able to use my experience in a positive way.

Does mental health mean anything personal for you? Have you or any of your friends or family experienced mental ill health?

In 1981 I did a stint working in mental health and worked in all parts of the system. I was appalled at the way we then treated people with mental ill health and it is

important that we don't lose sight of how we now care for people with mental health disorders.

I have a daughter who has learning difficulties and another daughter who accesses CAMHS. Everyone has someone who is touched with mental health problems. A massive 40 per cent of people going to see their GP have some sort of mental health issue and we are lucky to have a unified mental health trust that has become more progressive in recent years.

Where do you think mental health sits in terms of areas that need to change within the Kent and Medway system?

Much of the progress is a result of the integration agenda and we have also moved forward with in-patient services. Mental health must integrate with local care and the prevention agenda has a big role to play in how we integrate physical and mental health we need to adopt a coordinated approach.

What do you think we should be doing to change perceptions around mental health?

I feel very positive that we are moving forward with big strides. Having a daughter with learning disabilities makes me realise that it is all about the generation gap. Young people today see mental ill health as having less of a stigma than older people. It is also about alignment of mental health with

physical health, as we move forward with integrating mental and physical health people with mental ill health will not be considered any differently.

How confident do you feel about the STP agenda changing the way we operate together across Kent and Medway?

We have huge challenges, significant financial and human resource challenges that we are only going to overcome if we work together. This is not a zero sum game, we can make a significant impact on health and wellbeing over the next five years. 2020 will be a major milestone where we need to have the building blocks in place. We need to get our act together and have good plans to address the issues such as recruitment, retention and new roles. I would encourage anyone working in the mental health arena to punch above their weight in the Sustainability Transformation Partnership.

“We have huge challenges, significant financial and human resource challenges that we are only going to overcome if we work together.”

Sustainability and Transformation Partnership Chief Executive, Glenn Douglas





Primary Care Nurse Specialist, Lynn Spicer

THE POWER OF PARTNERSHIP

Anyone who feels unwell and worried about their physical health will often go to their GP as their first point of contact. Similarly, those who have mental health problems will want to receive help as soon as possible from somewhere close to home. Others may feel unwell but not know that mental illness is causing their physical health issues. Again, it is usually the GP who is the first point of contact and, whilst most GPs are very much aware of the symptoms and causes of mental illness, for many years the delivery of mental health provision has been at secondary care level, which means that GPs had to refer the patient to another organisation.

Today the presence of mental health nurses in GP surgeries is becoming increasingly popular. The initiative isn't new. It was tried and tested many years ago, and then the norm moved to GP referral to secondary care. Now the trend is to have mental health nurses back working alongside GPs and this makes a lot of sense in many ways. Dr David Chesover is Clinical Lead for Mental Health & Vice Chair West Kent CCG, Clinical Lead & Chair Kent & Medway Armed Forces Network & Clinical Lead for West, North Kent & Medway Mental Health Sustainability Transformation Partnership (STP) work stream. Dr Chesover designed the current Primary Care Mental Health Nurse team so that more patients could be looked after in the primary care setting. He explained: "I wanted a needs-led service and the nurses have been a huge success

facilitating discharge from specialist mental health services, supporting patients in the community, offering essential support and advice to GPs and facilitating early intervention care to help prevent health deterioration and reducing use of specialist care. The nurse team has also been key to supporting education and liaison between GPs and more specialist advice but we now require this advice to be much more easily accessible within primary and local care to support the nurses and GP cluster teams."

Lynn Spicer trained as a nurse 28 years ago. She is now a mental health nurse specialist who is studying for a Masters in clinical leadership and her current role means she covers an extensive patch. Lynn and her team work alongside GPs based at many different surgeries in the west of Kent and see a wide-range of patients, including those who are referred to them from a GP. Lynn explained: "One of the GPs who I work with on a regular basis was seeing a lady in her late 50's who had recently retired from a busy job as a general nurse. She was experiencing headaches, had aches and pains and had been to visit the GP several times. This particular GP approached me and explained that she didn't know what was wrong. I met with the lady and put her through an assessment and my diagnosis was that she was clinically depressed. The GP and I stopped all of her medication and I explained to the lady how anti-depressants work. Three months later, after this

short course of tablets, increased focus on nutrition and some talking therapy with me, she felt well and happy again."

Lynn's extensive knowledge and diverse experience on wards, including being part of a crisis team and psychiatric liaison, has meant that she has become invaluable as a colleague to the GPs she works with. She said: "Working relationships are paramount and my experience has given me the right toolkit to work alongside GPs. I have been lucky because many GPs who I now work with I had met years ago when they were doing their training and they remember me."

One such GP is Ester Cheeseman who works at Amherst surgery in Seven Oaks. She said: "I met Lynn at Tunbridge Wells Hospital when she was in the psychiatric liaison team. Lynn is helpful and it is useful to talk through any issues with her concerning patients with mental health needs. Often I involve Lynn in the more complex cases as she has extensive contacts with the psychiatric teams. Having a mental health nurse specialist in the surgery is good practice if it can be afforded."

Continued page 30...

THE POWER OF PARTNERSHIP

Further north in Maidstone Inderjit (Indie) Randhawa and Emily Musara with the help of their new member of staff, Bolanle, cover four cluster areas across the town. Indie started work three years ago and worked alone until Emily joined her in November 2016. She said: "There was a lot of ground work to do in those early days as I had to promote the service to get GPs on board. Now we've got four clusters (37 practices) to cover across the Maidstone area, which is hard work and challenging but so rewarding too."

Indie graduated in 2001 and worked in a substance misuse team then as a care coordinator before taking a job in primary care in Medway. When the Maidstone job arose Indie jumped at the chance: "I thought what a fantastic opportunity to set up a service from the very beginning. I love working with the GPs. Often we look after those patients who are in recovery; they've come from a ward and into the community and then to us. The next step is often discharge. I feel we really make a difference."

Emily added: "When a patient is discharged we tell them that if they need any further help they should contact their GP who will put them back in touch with us, we are very flexible and accommodating in our approach. Although seeing us is a step down in terms of the level of care the patients get more support because our contact with them is more frequent. We work with a wide range of professionals

and frequently liaise with the Mental Health Social Work Primary Care Service in Ashford and Kent Enablement Recovery Service (KERS) who look after a patient's social care needs, such as housing and benefits.

Emily brought very different experience to the team as her background was in Public Health and together the girls, with the support of their line manager, Buba Cooper, have developed the service and motivated each other to take the service from strength to strength.

Buba Cooper, Service Manager, Maidstone Community Mental Health team said: "Indie, Emily and Bolanle are doing a fantastic job in taking the Maidstone service to the next level. I was involved from its inception and it is great to see much progression. The service was Dr Chesover's idea and I worked with commissioning colleagues to get it up and running. We knew what we wanted, however we weren't sure how to get it so it was very much trial and error and learning on the job. The good partnership working really helped as did our flexibility, enabling us to progress at a quicker pace. The experience has been challenging but very enjoyable."

Lack of funding means that the initiative isn't available in all areas, however KMPT have an Interim Primary Care Development Manager, Clare Lux, who is looking at the effectiveness of having

a mental health nurse working alongside a GP and examining the outcomes of those initiatives across the county, which are already in place. She said: "I am very proud of the Primary Care Mental Health Service because it has been developed alongside commissioners with excellent clinical care at the heart of everything we do. The innovative clinical model promotes the de-stigmatisation of mental health, early intervention and offers clinical care closer to home. It's a very exciting time for primary care development and as the new interim primary care development manager I have been tasked to identify further opportunities across the trust so watch this space!"

“Working relationships are paramount and my experience has given me the right toolkit to work alongside GPs.”

Primary Care Nurse Specialists, Inderjit Randhawa and Emily Musara



Liaison Psychiatry is the sub-specialty which provides psychiatric treatment to patients attending general hospitals, whether they attend out-patient clinics, accident and emergency departments or are admitted to inpatient wards. Therefore it deals with the interface between physical and psychological health.

Royal College of Psychiatrists - liaison psychiatry



Thanet liaison team

NURTURING RELATIONSHIPS WITH CORE 24

The Five Year Forward View for Mental Health, states that no hospital should be without mental health liaison services in emergency departments (ED) and at least 50 per cent of hospitals should be meeting this, the 'Core 24' service standard as a minimum. The deadline is set for 2020/21. We're already well underway.

We know how important it is for liaison psychiatry to be in place in Kent and Medway's EDs – ensuring our communities are receiving holistic care across the county.

In October 2017, transformation funding from NHS England enabled the Liaison Psychiatry Service at Medway Maritime Hospital to develop in line with the Five Year Forward View to ensure they were within reach of 'Core 24'.

Thanet was the next in line and went 'live' in November 2017. In spring 2018, west Kent will follow.

Importantly the funding bids have been put together jointly. Commissioner and acute buy in has been essential.

Clare Hughes, Senior Matron for the Emergency Medicine Programme with Medway Foundation Trust (MFT) said: "We have improved processes and witnessed a reduction in the length of stay for patients with mental health needs including those waiting for complex assessments that previously experienced lengthy waits in the wrong environment. We are now working on a number of other projects to ensure improvements in care."

In 2016, the Medway liaison team provided support to over 2000

patients who attended the ED or who had been admitted to a ward. From January to September 2017, they had already seen over 1900 people.

Lauren Cane, trustwide Liaison Psychiatry Service Manager, said: "The service has always worked very closely with staff at MFT to allow patients' mental health to be treated effectively alongside any physical health problems. The service is also a key point of call for MFT staff who may need advice or guidance to ensure patients are managed safely in the most appropriate environment. By integrating physical and mental health services, we are helping to ensure patients have all their needs met."

Not only does the service have integrated teams on the ground, they are supported by two experienced Matrons who between them cover Kent and Medway. Geri Coulls, Matron for west and north Kent and Medway, worked as service manager at Priority House before joining the liaison team. Amanda Lailey, Matron for east Kent, is also no stranger to KMPT. Prior to her current role she worked within the east Kent Liaison Psychiatry Service itself.

Both have worked hard to ensure they are a key part of the service, helping to ensure communication, consistency and commitment runs deep across the teams.

"We have helped to ensure all of us are working tightly and collectively. When one team is under pressure, other team members spring into action to help out. We may be spread out across the county but we are a close, united team." Geri said.

Of course we know it's not all roses and the team has systems in place to ensure that learning is always reflected upon. The relationship is such that those confident conversations can take place with all the partners, all the while continuing to have the patient at the centre.

"It's always about the patient but of course we look out for each other as well. When one of our colleagues was physically assaulted by a patient in crisis, everyone pulled together and supported that person as well as continuing to help the patient.

"Sometimes people do things they don't mean when they're acutely unwell but the impact on the member of staff stays with them. We have to work together to deal with the impact on each other as well as the patient's family and loved ones."

And it's not just acute trusts that are working closely with our liaison teams.

"We have a working group which includes the acute trusts, South East Coast Ambulance Service and Kent Police and we all speak openly about how we can work together to make a difference." Geri added.

"We are all colleagues and there is a shared drive to build on that. We are nurturing those relationships to ensure everything comes back to the patient."

So it really is work in progress but the strong foundations have been laid and with the teams working together through the transition to Core 24, we're confident a strong and stable team will continue to thrive.



Prospectus in planning with Pam Wooding, Will Cartwright and Julie Fuller

A PLACE FOR EVERYONE

Learn new skills and keep your wellbeing in check

The Recovery and Wellbeing Partnership has laid the foundations for Kent and Medway's first Recovery and Wellbeing College. A place for everyone. That's right, everyone. You may have mental health problems, you may know someone with mental ill health - it could be your friend or loved one. You could even work in mental health or provide support to someone with mental ill health. The College will be a place to learn new skills, or revitalise old ones. A place filled with hope, passion and support - with just one overarching aim; developing opportunity and supporting recovery.

Recovery colleges were introduced following a recommendation by IMROC (Implementing Recovery through Organisational Change)

in 2010. There are now 83 colleges across the country. It's exciting times and the team have tackled the challenge head on.

Pam Wooding, KMPT Recovery Lead said: "Recovery isn't a simple process and it's not the same journey for everyone. Steps to recovery can be as simple as living as well as possible. The College will help people make sense of their experiences, find new opportunities and nurture growth, all done with huge amounts of support along the way.

"The most important part of this was to bring together the experts. Adult Education, part of the Community Learning and Skills group, is a key partner as they are the ones who have established and recognised venues, provide the Award in Education and Training for facilitators and have the right

systems and resources behind them. Julie and Will (Peer Support Workers) add that incredibly important insight as they use their own lived experience as well as their extensive peer support expertise."

Adult Education will not only contribute to their existing facilities and resources but also their knowledge around educational support for those with mental health. Having undertaken the Learning Well Project, they have already spoken with people who have seen their mental health improve following their learning.

Patricia Dillon-Russell, Programme Manager with Community Learning and Skills said: "We know from the results of the project, the majority of people who attended found that their mental health improved after completing a course and

were keen to continue on their learning journey. Many people were happy to self-refer themselves onto courses. I am sure that the recovery college will also have these beneficial outcomes and by working together we can cross refer students and encourage more people to use learning as a positive coping mechanism."

What it isn't is a substitute for mainstream colleges but it is about getting back into life and offering a bridge to taking up other studies, cv building, further training and finding routes into employment. The partnership has held engagement sessions across the pilot area in Thanet to gather ideas on courses that would be beneficial, but they are always looking for feedback.

Pam continued: "The suggestions that have been put forward are

fantastic. We're also linking in with places that already run courses to ensure there is no overlap and we're signposting as much as possible. The key thing is to ensure that people have access to what they need."

The prospectus will be available soon. Co-production is at the heart of everything the partnership brings to the table. Every course on offer will be co-designed and co-run by trainers with lived experience working alongside trainers from the mental health professions.

The pilot will be monitored, evaluated and there are already plans in place for the Kent wide roll-out.

Other colleges have already seen a positive response from students but we can't escape the inevitable cost implications. It's good news

though. One college has reported that for every £1 per person spent on the recovery college, there is a cost saving of £16 to the NHS. That's incredible news and if the Kent and Medway model is successful, it will have huge benefits for everyone.

The courses are of course free and don't forget, open to anyone. You do not have to be referred, nor do you need to be receiving care from mental health professionals. Take a look at the courses and support if you need help, someone will help you to find something suitable for you.

We look forward to hearing from the first intake of students. You can follow the recovery college journey by visiting www.kmpt.nhs.uk/recoverycollege.

@KentRecoveryCollege
 @KentRecCollege



Kent and Medway
NHS and Social Care Partnership Trust

Join us and make a difference We're recruiting!

Visit our recruitment fair on Monday 19 March
10am - 4pm at Eastern and Coastal Area Offices,
Littlebourne Road, Canterbury CT1 1AZ.

Book your free place at <http://bit.ly/KMPTjobs>

When you work for us you will work with great people, have support to maximise your potential and have a positive impact on people's lives.

We provide the opportunity to work flexibly and there is a hire bonus for some roles.

If you cannot join us at the event all of our vacancies can be viewed at <http://jobs.kmpt.nhs.uk/> or call our recruitment team on 01227 812349.



Inspected and rated

Good

