

**MINUTES OF THE MEETING OF
THE POWYS MENTAL HEALTH
PLANNING AND DEVELOPMENT
PARTNERSHIP**



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

**18th June 2020 – 2:00pm
Via Skype**

In attendance:

Name	Designation
Jamie Marchant (JM)	Executive Director of Primary, Community & Mental Health Service, PTHB - Chair
Joy Garfitt (JG)	Assistant Director for Mental Health & Learning Disabilities Services, PTHB
Mel Davies (MD)	Vice Chair, PTHB
Louisa Kerr (LK)	Interim Head of Mental Health Operations, PTHB
Insp Brian Jones (BJ)	Inspector, Dyfed Powys Police
Ruth Derrick (RD)	Head of Nursing, Quality & Safety, Mental Health, PTHB
Freda Lacey (FL)	Mental Health Partnership Manager, PTHB
Owen Griffkin (OG)	Participation Officer, PAVO
Rhydian Parry (RP)	Individual Representative
Lucy Harbour (LH)	Mental Health Partnership Participation Officer, PTHB
Teresa Morgan-Jones (TMJ)	Service Manager, Older Peoples Mental Health, North Powys, PTHB
Sarah Dale (SD)	Individual Representative
Michael Gray (MG)	Head of Adult Services, PCC
Joe Wellard (JW)	Interim Lead, Powys Regional Partnership Board, PCC
Clair Swales (CS)	Head of Health & Wellbeing, PAVO
Jackie Newey (JN)	Mental Health Information Officer, PAVO
Penny Price (PP)	Service Manager, Adult Mental Health, South Powys, PTHB
Nicola Ruck (NR)	Powys Community Health Council
Jo Hughes (JH)	Children's Commissioning, PCC
Rachel Williams (RW)	Senior Manager Mental Health & Disabilities, PCCDyfed
Adam Ellis (AE)	Powys Police
Jane Bishop (JB)	Individual Representative
Dr Geoff Watts (GW)	Head of Psychology and Psychological Therapies, PTHB
Melissa Brooks	Mental Health Act Administrator, PTHB – Minute Taker

Apologies:

Carol Shillabeer	Chief Executive, PTHB
Carina Gianuzzi	Dyfed Powys Police
Ross Evans	Dyfed Powys Police
Dr Anders Skarsten	Consultant Psychiatrist

Agenda Item		Action/By Whom
1	<p>PROCEDURAL MATTERS</p> <p>1.1 Welcome and apologies for absence</p> <p>Jamie Marchant introduced himself and invited everyone to make introductions. JM welcomed attendees to the meeting and thanked everyone for their attendance. Apologies were noted as above.</p>	
2	<p>REFLECTION</p> <p>2.1 Overview of the past couple of months from Partners</p> <p>JM explained this Partnership Board was going to be a bit different in that he wanted to hear updates from partners on how things are going as a result of Covid-19 and the effects of this on Partnership activity.</p> <p><i>What has worked well during COVID-19?</i></p> <p>FL noted that it's been somewhat easier to get on with things. People are available because they're not on the road so much. Trialled a virtual Crisis Care Forum meeting in April which was incredibly well attended because it was done via skype. The fact that we don't have to travel has been beneficial.</p> <p>MD agreed however it's still nice to see people face to face. Although business has carried on, MD is not suggesting we should go back to the way things were but face to face would be nice now and again.</p> <p>JG shared her experience as someone who had been shielding since March stating that she's missed having a chat with staff and patients. Meetings being held virtually constantly is quite stressful and being able to travel to meetings allows headspace to think.</p> <p>PP raised that being a Service Manager during lockdown has been challenging as she only really gets to regularly speak to the team leads. PP is finding that she's struggling to get a picture of how things are really going as normally meeting face to face meetings means seeing other members of the team, not just team leads.</p> <p>TMJ agreed with JG regarding travel time, it gives people time to think. TMJ also agreed with the isolation aspect, especially in the north it's easy to feel isolated from those in the south and rest of Powys.</p> <p>RD agreed, stating that she was missing travelling to Welshpool and Newtown and seeing the teams in the North of Powys.</p>	

	<p>SD had felt frustration about people not being able to meet up, DBT sessions had stopped and therapists and clients didn't initially know what to do to keep contact going. The DBT Group are still waiting for video chat to roll out. SD's CPN has been skyping as this is the only way they can see each other face to face. It's been very lonely and frustrating.</p> <p>RP agreed regarding the frustration, noting that he had not seen his CPN since early March and only had one phone call. Being isolated from social networks and friends is really difficult.</p> <p>GW stated that he was finding that he was able to get a more balanced view of all his staff. Prior to the pandemic, if a meeting took place in the North only North staff would attend, and the same in the South – now all seem to attend as the travel time isn't an issue.</p> <p>JM summarised the above discussions noting that there have been some benefits from a business perspective. Staff have worked very hard throughout the crisis. Many are on virtual meetings all day so there has to be a balance. We have pushed through the boundaries dealing with just a voice or just an email, it's not easy to read body language. PTHB are looking to roll out Attend Anywhere soon.</p> <p>SD stated that she had heard that the community teams will be the last people for Attend Anywhere to be rolled out to.</p> <p>JM advised that the Mental Health roll out of Attend Anywhere is going quickly, other service teams are lower down the list (than the Community Teams), JM assured that they won't be last.</p> <p>JG assured SD that Mental Health are urgently trying to implement Attend Anywhere as it will be a long time before services can return to usual. LK asked if there was an anticipated start date? JM noted that he is aware of a slight delay however the first pilot rollout is next week.</p> <p>LK highlighted her concerns that RP had only had one call from his CPN noting that she would expect there to be more contact. LK and PP agreed to follow this up.</p> <p>LK also raised that having different employers during the crisis was challenging – i.e. PCC and Health Board – within the Community Mental Health Teams, PCC took a different approach i.e. Social Workers were asked to work from home, whereas PTHB kept staff attending the office. The rules weren't clear from the government when the crisis started. LK stated that in hindsight she should have spent more time working with PCC to try to get their approaches to be unified. LK assured that she felt things were getting there, but that it had taken some time.</p>	<p>FL (Update on AA)</p> <p>LK/PP f/up Communication</p>
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	<p>JG agreed noting that it would have been helpful to work closer with Social Services.</p> <p>JM stated that as we've never been through anything like this, it's difficult. It has been a lesson in how to quickly communicate. Remote working is fine and has its place, but it also brings its own challenges.</p> <p>CS advised that the Third Sector Mental Health Providers had met twice online during COVID. Providers have pretty much been working from home. There has been an increased number of clients and they have been supporting clients and colleagues remotely. Guidance around this was changing quickly around COVID initially and still continues to change. CS is hoping to get information to all Third sectors, to provide a unified approach for any future issues.</p> <p>JW provided a few reflections, agreeing with all being said especially around pros and cons of working digitally. Regularity of meetings we are having with each other is beneficial. Weekly and regular meetings have been really helpful and worked really well. It would be useful to keep that momentum going. One focus and one priority - it has helped partners, individuals and agencies to work together. The narrowing down of priorities would be a useful way of moving forward. The Community Sector Emergency Response Team (CSERT) has been great, the third sector played an important part in communities and recognised as part of strategic thinking. JW has been heavily involved in that work and it is important to maintain that co-ordinated approach.</p> <p>JM thanked all for their contributions. JM wanted to add to JW's point agreeing that the third sector responded quickly in redesign, implementing things overnight in some cases. JM noted that we sadly work in complex adaptive systems. JM thought the suggestion of a more focused agenda was a fair reflection.</p> <p>JM continued, stating that Powys has been so lucky to have such a unified approach, being strong and positive going forward. CS agreed, noting that when lockdown began, community groups sprang into action – 112 groups were established by local communities and in turn provided huge support and made a massive difference to people shielding. There are 13 Community Connectors in PAVO and it's hoped that these Connectors can link with the 13 locality networks to support local groups where needed.</p> <p>MG also agreed with the point about the CSERT, noting that the response was immense. MG stated that a system needs to be in place with PAVO to keep the work going, helping people in terms of self-reliance in the community. There are huge benefits for adult services.</p> <p>PCC need to begin recovery discussions, share ideas and plans with health colleagues so that people understand how and why</p>	
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	<p>we're making these decisions during this pandemic. We need to build systems to escalate matters – we need to empower people to give them opportunities. There has been a lot of problem solving as opposed to “business”.</p> <p>The new normal needs clear partnership working, with Community Connectors and Social Workers built into these local 13 networks.</p> <p>We have maintained business critical work. There have been teething issues in relation to communicating business continuity. What risks were assessed in Social Services versus PTHB and being able to share these in a timely manner.</p> <p>JM flagged that RPB investment and priorities need to be reviewed. JW agreed.</p> <p>NR queried whether it's been possible to assess the proportion of services which have continued.</p> <p>JG assured that in PTHB Mental Health Services very few services were paused. The most notable to stop temporarily was group work, DBT and face to face Outpatients / Day Hospital Appointments. LPMHSS carried on via skype/phone as did Psychology. Crisis carried on face to face support along with MHA assessments. Home visits were carried out in gardens and via walking/talking. It could be some time before group work is restarted.</p> <p>LK added that there has been some additional work around Silvercloud and LPMHSS triage.</p> <p>RW added that Approved Mental Health Professionals had still been rota'd for Mental Health Act Assessments throughout the pandemic.</p> <p>PP stated that CMHT's have been maintaining contact with service users also using walk and talk, maintaining medication, bloods and physical health checks.</p> <p>JM wanted to note that Attend Anywhere was a pipe dream a few months ago along with Consultant Connect, both these programmes are now very close to implementation which is amazing.</p> <p>JB stated that from her perspective as a Carer Representative and her son as a Service User, nothing much has changed, which has been hugely beneficial and positive. JB's son has been in receipt of daily calls from Home Treatment Team, people have visited all with PPE and contact has been maintained. JB extended her thanks saying that she had been really bowled over by the services available throughout all of this. JM thanked JB for her feedback.</p> <p>MG raised that an area that could have been clearer was social distancing in the workplace and working in partnership in</p>	
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	<p>communicating this, not all staff were understanding the 2 metre rule.</p> <p>JM said virtual platforms have been helpful for Powys, it made things move faster with people being contacted sooner.</p> <p>CS said that the third sector were involved in delivering food boxes and prescriptions.</p> <p>Dealing with multiple agencies was a bit frustrating, unclear how to overcome the confusion which was also created through that. JM agreed that the same comments had been received from care homes; lots of differing agencies coming in to provide help and it was just causing more confusion. Would be helpful to join up on services going forward so that that there was a single point of contact.</p> <p>JG said that she was one of the people that the council rang to ask if there was anything she needed noting that it was very kind of them to ring as she was one of those people shielding.</p> <p>MG raised that incomplete data was provided in relation to those shielding and it was a bit messy. From a Social Services perspective there were a number of individuals that had the shielding letter, it didn't make sense for customer services to contact those people because they already had allocated support workers. Inevitably there will always be duplicate calls; but better two than none at all.</p> <p>SD noted that she found it interesting that people were getting multiple calls, some MH patients didn't have a call at all and said they were feeling very lonely through this. A lot of people were on the shielding list, and had letters, but there were people who weren't on the list because mental health is not necessarily included for shielding letters.</p> <p>LK said that PTHB have already been thinking around what SD said noting that this would come up in FL's report later.</p> <p><i>What could have been improved?</i></p> <ul style="list-style-type: none"> • PPE • More investment in IT • Would have been more resilient?? Unless this is clearer, suggest we remove? <p>MG started off by raising the importance of social distancing noting that the partnership should have been stronger on that message early on.</p> <p>It was also noted that staff and the public were bombarded with changing guidance daily.</p>	
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	<p>CS said that the shielding calls were confusing, there should have been a single point of contact.</p> <p>MG raised that information received from Welsh Government around shielding was incorrect, there were a number of people who received shielding letters incorrectly. It was difficult to monitor as GP's also added to the shielding list but better to received two calls than none at all.</p> <p>SD raised that lots of people have been feeling lonely and very isolated. The people they thought would become ill didn't and those they didn't expect to, did.</p> <p>LK said that it was good to hear isolation being raised as this has been noted and work is being done to try to address this need.</p> <p><i>What opportunities have come out of COVID-19 for the Partnership /Any suggestions or requirements for Partnership working forward?</i></p> <p>JM said that all that's come forward so far has been really helpful and asked the Board if anyone had any burning comments they wished to make.</p> <p>SD wanted to say that despite everything going on, her team from Newtown CMHT have been really good, she's had several calls every week and they have really helped.</p> <p>OG said that a phone and webchat service for people to chat about mental health had been used (do we know what/where and a link??) and also PAVO's befriending service. This service is for people aged 55 years + in Powys. JM raised that a link for that would be helpful.</p> <p>SD said that Powys is a big county and there are a lot of people to support. An all age befriending service would be very helpful for Mental Health services. It would be helpful to have a network of people who understand the MH challenges people face in Powys.</p>	<p>OB/CS to provide links</p> <p>FL to note gap in y/p befriending</p>
3	<p>PARTNERSHIP UPDATES</p> <p>3.1 Partnership Summary Update (can we put a link into document or embed document please?)</p> <p>FL introduced the Partnership Summary update document issued with the papers. This is the first summary document which FL is proposing to issue on a bi-monthly basis to highlight key areas of action and progress in relation to the MH partnership working. The issue includes updates on recruiting to partnership related roles, Suicide and Self Harm, Harm Reduction and Arts in Health, a bit about Third Sector developments and planning around the new Together for MH Delivery Plan (T4MH) and recovery of this which will be highlighted in the next summary. We had to</p>	

postpone the Pan-Powys engagement event which was originally scheduled for April 2020 which would have helped shape Powys' response to the T4MH delivery plan.

JN queried whether the update can be uploaded to PAVO's website to which FL agreed.

JM extended his thanks to FL and LH, noting that it was a very helpful update and JW mentioned the opportunity to take this forward as a good example of communication across other partnership boards and use this as an approach which was agreed.

Sub-group Updates:

3.2 Crisis Care Forum/Covid-19 Group

FL and BJ provided the latest update on the Powys Crisis Care Forum and S136 performance information.

The last Powys Crisis Care Forum meeting was held in June (virtually) with unusually very good attendance, better numbers on skype than face to face.

BJ provided the police update, noting that he is currently working on an annual report.

Last year (2019/2020), there were 28,217 incidents reported to the Police at Powys. 1,538 were considered to be linked to mental health difficulties (5.5 per cent). There were 31 cases where Section 136 powers were used. This is in comparison to previous years of 19, 23, 22, 18, 16, 23, 20 and 25, so significantly different to previous years.

Part of the increase was due to repeat incidents. Some people were subject to repeat incidents and this is actively being worked on.

From the 31 cases last year, 21 of these resulted with the person being admitted to hospital. This evidences the use of S136 being correct in the circumstances and also shows the benefits in having consultation with Health Professionals prior to using S136.

This access to professional advice and guidance 24/7 is essential for the Partnership response and in the best interests of the patient.

Of the 10 persons not admitted to Hospital, 6 were referred to the Community Mental Health Teams and <5 were released with no further action.

No one has been taken to Police custody under S136 this year. This is in comparison to numbers last year, and back to 2014, with progressing low numbers since then. No youths were subject to S136. The Place of Safety used for the 31 cases were 30 to Bronllys and one to Redwoods. 14 of the cases were from Montgomeryshire and did not use the Wrexham Place of Safety for various reasons which has been scrutinised through the Crisis Care Forum.

Of the 1,538 calls associated with mental health difficulties, 417 involved self harm or threats of suicide, 146 incidents involved missing persons and 12 were missing from Mental Health Hospitals.

Cases of self harm were 214 male and 203 were female. There were 16 potential suicides yet to be officially confirmed by the Coroner. The vast majority of these were male.

There were 7 mental health Act assessments carried out at Police Custody for persons detained for criminal offences. 5 of the assessments resulted with the person being transferred to Hospital. These cases are all reviewed through the Crisis Care Forum to assess the time it takes between the request for an assessment and the assessment being carried out and if the person is to be transferred to hospital, the time the person remains in custody until conveyance arrives.

The average time between requesting an assessment and the assessment commencing was 5 hours and 3 minutes.

The average time between assessment and the person being released from custody was 7 hours and 16 minutes.

A Police vehicle was only used for conveyance on one occasion.

Future considerations:

The impact of Covid-19:

Colleagues from PTHB are to be congratulated for the efforts made to continue with face to face contact with patients where necessary, the management of the S136 unit and the Wards.

Thanks to Dr Foster, JG and LK, Bronllys Place of Safety became the temporary dedicated Place of Safety for Powys, to prevent unnecessary journeys and travelling outside of Powys.

We as partners have not experienced the increase in service demand when Covid-19 was at its peak, but it is widely suspected that there will be an increase once the Covid restrictions are reduced. It is becoming clear that some people feel safe and secure under isolation and may have concerns for being expected to leave their homes. To manage this potential risk, a Powys Covid-19 Crisis Care group has been established,

	<p>who discuss all cases of risk and increase demand on a weekly basis. These meetings are between Police, PtHB Mental Health, CRHTT, Social Services and WAST are invited to attend. This group promotes the communications between organisations, the early identification of risk and supports the work of the various problem solving groups such as IRIS and Professional's meetings.</p> <p>We are currently discussing 22 cases through the Covid Crisis Care group. 13 of these are current IRIS cases and change on a weekly basis. Skype is being used.</p> <p>JM acknowledged that there was a lot of work being undertaken to look after people in crisis and thanks extended to BJ and his colleagues at DPP for their partnership working with us/the team.</p> <p>A point raised in the Forum was about the potential benefit of clear masks being used so people can see each other's faces. JM said that this is the first he has heard this raised and agrees that they would be a asset in certain instances.</p> <p>3.3 Engage to Change</p> <p>LH provided the Engage to Change overview and welcomed the fellow representatives to join too.</p> <p>The latest EtoC report is a combination of March and June's to ensure the excellent participation work taken place at the start of the year is shared with MHPDPB Members.</p> <p>In light of the pandemic an online survey has been launched to engage with service users and carers around the temporary changes to services. The outcomes from the survey will be analysed at the September Engage to Change Meeting and an action plan will be developed to address any issue or share good practice.</p> <p>As part of the annual Mental Health and Wellbeing Calendar activities, Self-Injury Awareness Day took place on March the 1st. SD used her initiative and handmade over 900 orange self-injury awareness ribbons and in partnership with LH visited the Community Mental Health Teams across Powys where Sarah spoke to staff about her lived experience. SD noted that it was nerve-racking but really good. Self-harm often gets lumped in with suicide and it's good to take these things as separate items.</p> <p>The idea of Self Injury Awareness Day is about making it easier for people to talk about it as it's such a taboo subject. It can be difficult when people see your scars. SD stated that she was excited to take this awareness campaign further, with LH stating</p>	<p>FL/LK raise clear mask with PPE Lead</p>
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	<p>that they are looking to broaden the work to MIU's CAMHS staff and GP's.</p> <p>SD's work didn't go unnoticed service user lead charity Lifesigns reached out to SD after reading her PAVO blogpost and are looking to work together on support information.</p> <p>LH moved through the report updating members on April's co-production event dedicated to engaging with the public around how mental health services are delivered in Powys. One of the themes in the T4MH delivery plan is 'strengthening co-production' and the event was to be the starting block for this work.</p> <p>OG updated members on the Shared Power training delivered in December which had around 15-16 attendees. Due to the current restrictions re: social distancing the training is being developed as an online course which should be ready by the end of June. JM agreed noting that it's vital to get reps involved in decision making, their voices are so important.</p> <p>RP, Individual Representative of people using services, attended the National Forum on the 4th March. The meeting was held in the Hywel Dda catchment area. During the day Forum members received a number of demonstrations around local developments and activity groups of interest such as a project called 'Adventures in Sound' which is a monthly music improv group established in 2003.</p> <p>The Forum engaged in a workshop around coercive practice which instigated a lively debate; discussions centred on inpatient settings and delivery of treatment and the use of restraint. The outcomes of the workshop will be available at a later date.</p> <p>The Forum received a quick update on the care and treatment planning paper, and a Welsh Government update from Ainsley Bladon. The new T4MH delivery plan has been published and is now live and WG are currently looking at developing an easy access format. The next National Forum Meeting will be held in July in Powys and the forum discussion topic will be 'alternatives to inpatient stays'.</p> <p>Happy to Chat benches were being rolled out across the county in partnership with DPP but this is on hold at the moment due to the current situation but will be revisited at a more appropriate time.</p> <p>RP extended his thanks for being included in the work to put together the patient and carer survey noting that it's been great to be involved.</p>	
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3.4 Third Sector

CS provided a verbal update noting that this is her first meeting in her new role as Head of Health and Wellbeing for PAVO.

Two Third Sector Mental Health Service Providers meetings have happened online and have been hosted by PAVO.

Mental Health charities have responded very positively and quickly to the Covid 19 pandemic. All ceased drop in sessions and “in person” 1:1 sessions at an early stage, but carried on with telephone support and video calls to service users. All have taken wellbeing sessions online, using Facebook live. Some have also set up on-line groups for peer support, such as the popular Mums Matter course.

At the provider’s meeting, providers expressed concern that the guidelines about what items of PPE will be needed as organisations resume face-to-face appointments keep being changed. This means that they lack confidence to purchase PPE because they feel specifications may be changed leaving them with incorrect equipment. The use of clear screens to protect staff and service users in 1:1 rooms is being implemented by some, but other organisations are not sure if this protection will be adequate. Uncertainty is hindering planning for face-to-face working.

All Mental Health providers’ wish to receive infection control training to support the reopening of physical, rather than virtual services.

Mental Health charities welcomed the suggestion made by LH that virtual Engage to Change meetings enabled a representative from each of the organisations to attend if they wished. All felt this was a good opportunity.

PAVO established a Community Sector Emergency Response Team (C-SERT) as a result of Covid working with Joe Wellard and Dominique Jones of PCC/Regional Partnership Board.

C-SERT has adopted a three-pronged approach to supporting people and communities:

1. Supporting Community Support Networks
2. COVID-19 Powys Health and Care Volunteers (informal/formal)
3. COVID-19 Voluntary Sector Information and Engagement

	<p>See https://www.pavo.org.uk/covid-19.html for papers</p> <p>FL mentioned “Tech and Anchor” buddies/volunteers as part of the formal volunteering that PAVO are supporting with the MH department. PAVO are recruiting volunteers to assist as Mental Health buddies. There are two roles available:</p> <ol style="list-style-type: none"> 1. Anchor buddies - As a member of a mini-group of Mental Health volunteer Anchors, the volunteer will provide over the phone and online support to patients/clients and/or people in the community. The role requires volunteers to reach out to patients/clients on a daily or weekly basis to offer support and/or a friendly chat. 2. Tech Buddies – These volunteers will specifically support people who are struggling to get on-line with various systems or technology support such as the use of Zoom, What’s App, Attend Anywhere and will also be able to advise people on data packages and general technology access, including chat rooms or other “online group support offers”. <p>Volunteers interested in the roles are currently being processed by Powys Volunteer Centre before being passed to PTHB for induction and training. MH department is working closely with Workforce to ensure these volunteers are well inducted and trained/supported. We are currently working with up to eight volunteers.</p> <p>New Infoengine.Wales registration process is now live. Renewed focus on promoting use of the site and sharing of third sector mental health support services.</p> <p>FL mentioned the Phase 2 Housing Support Funding has been released by WG and Powys has put in a multi-agency bid proposal (including Mental Health focus) to WG. The overall amount was for £20M with Powys putting a bid in for over £750K Capital and £310K Revenue. This bid will link together not only MH (PTHB) PCC/Housing but also Third Sector substance misuse and Mental Health Service Providers. This is a priority within the new T4MH Delivery Plan. We will update everyone of outcome in our next Partnership Summary update (September).</p>	<p>FL Update on Bid Outcome</p>
<p>4</p>	<p>MINUTES FROM PREVIOUS MEETING</p> <p>4.1 Review of Minutes and Action Log</p> <p>The minutes were read and agreed as an accurate record of events.</p> <p>FL informed the Partnership that there are three positions (a Suicide and Self-Harm Officer, Harm Reduction Substance</p>	

	<p>Misuse Officer and an Arts-in-Health Coordinator) which are on track to be advertised this week on NHS Jobs (Trac). There was an initial delay in finalising the roles due to COVID-19.</p> <p>Web links for the roles will be circulated to Partners very soon for advertising and FL noted that she would greatly appreciate support in publicising these job adverts.</p> <p>The Partnership Team in PTHB are also looking to recruit Dual Diagnosis Workers (Substance Misuse/Mental Health) shortly and are in the process of agreeing four complex needs roles (Mental Health, Housing and Substance Misuse) with Partners, and specifically Powys County Council, through the Area Planning Board (APB). All these roles have been funded by WG/Mental Health funding, APB/WG (substance misuse).</p>	
Confirmed Meeting Dates for 2020:		
<p>Thursday 17th September, 2-4 pm at PAVO Offices, Llandrindod Wells (TBC) Thursday 17th December, 2-4 pm at PAVO Offices, Llandrindod Wells (TBC)</p>		

MENTAL HEALTH PLANNING AND DEVELOPMENT PARTNERSHIP ACTIONS TABLE		
Meeting Date	Item title and action	Comment
18 June, 2020	Update on Attend Anywhere	FL to obtain status on rollout
	Follow up on regular communication between staff and people in contact with services	LK/PP have communicated with staff and we're exploring the use of volunteers to support staff with regular check in calls
	Provide links to Partnership and/or advertise widely on-line support for people who are living with mental health distress during Covid.	OG to provide links as stated in Minutes.
	Note gap in Young People's Mental Health Befriending and ensure this is linked to new priority in T4MH relating to Young People, gaps in service and gather evidence of need with C/YP.	FL has raised with C/YP Emotional Health and Wellbeing Partnership Lead and will take this forward.
	Raise the possibility of providing clear masks for MH practitioners in working with service users.	FL/LK to raise with Denise Vaughan (PPE lead) to see if this could be explored specific to MH needs.
	Update on Housing related funding from WG for Powys.	Information is in Partnership Summary.
Keep relevant previous actions as FL will work through them and weave into future meetings or communication.		
11/12/2018	Ongoing updates on progress against Transformation and Innovation and Psychological Therapies work to be presented to MHPDP.	For MHPDP agenda A report will be provided to the next Partnership meeting to show progress. A workshop will need to be arranged to establish what happens next.

		FL. Weave into Business Planning Cycle and present at December 2020 meeting.
20/06/2019	Look at the option of transferring money from cross cutting – discussion to take place £80,000 to be transferred and then replaced once received.	FL. Liaising now urgently with JW and WG on funding allocation and ensure amounts and timescales are clarified.
20/06/2019	Information on the next steps on North Powys Wellbeing: Model of Care development and Preferred Site to be provided	FL. We are working closely with Emma Peace (new Programme Manager and liaising about MH components/information.
20/06/2019	LK to bring the comments re CTP's to future meeting	FL/LK. This action is being looked at actively now in connection with Crisis Care Forum and National Crisis Care Concordat. This will be part of Business Planning Cycle 2021.
19/09/2019	Third Sector Mental Health provision needs and impact assessment. Agreed that this should be forwarded to RPB as it stands and request feedback for next partnership board – LK.	FL/LK. Ensure that this document is kept actively in mind in looking at future service planning, funding and recommissioning. FL to speak with JW 11/09/20.
10/12/2019	Advocacy to be added to the agenda for the March meeting. LK to add to agenda.	FL. 08/09/20 Recent cross-partnership meeting relating to Advocacy with PCC Advocacy Leads to ensure “Professional Advocacy” pathways and services are understood. Suggestions emerging from this meeting relate to Powys Advocacy Network (PAVO) and PCC. David Moody (PCC) taken responsibility to drive actions forward. Will update partnership on Advocacy as part of Business Planning 2021.