

**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

**17<sup>th</sup> December 2020 – 2:00pm**  
**Via Microsoft Teams**


**In attendance:**

**Designation**



Jamie Marchant (JM)	Executive Director of Primary, Community & Mental Health Service, PTHB - Chair
Ainsley Bladon (AB) Joy Garfitt (JG)	Strategic Lead for Mental Health, Welsh Government Assistant Director for Mental Health & Learning Disabilities Services, PTHB
Mel Davies (MD)	Vice Chair, PTHB
Prof Jacinta Tan (JT) Dr Menna Jones (MJ)	Consultant Child and Adolescent Psychiatrist, Aneurin Bevan UHB Clinical Lead, Service for High-risk Eating Disorders, Cardiff & Vale UHB / Cwm Taf UHB
Louisa Kerr (LK)	Interim Head of Mental Health Operations, PTHB
Samantha Shore (SS)	Head of CAHMS, PTHB
Insp Brian Jones (BJ)	Inspector, Dyfed Powys Police
Ross Evans (RE)	Dyfed Powys Police
Freda Lacey (FL)	Interim Mental Health Partnership Manager, PTHB
Owen Griffkin (OG)	Participation Officer, PAVO
Fleur Thompson (FT)	Mid GP Cluster Lead
Rhydian Parry (RP)	Individual Representative
Geoff Watts	Head of Psychology, PTHB
Teresa Morgan-Jones (TMJ)	Service Manager, Older Peoples Mental Health, North Powys, PTHB
Sarah Dale (SD)	Individual Representative
Lucy Harbour (LH)	Mental Health Partnership Participation Officer, PTHB
Jane Bishop (JB)	Individual Carer Representative
Michael Gray (MG)	Head of Adult Services, PCC
Joe Wellard (JW)	Interim Lead, Powys Regional Partnership Board, PCC
Jo Hughes (JH)	Children and Young People's Partnership Support
Clair Swales (CS)	Head of Health & Wellbeing, PAVO
Penny Price (PP)	Service Manager, Adult Mental Health, South Powys, PTHB
Nicola Ruck (NR)	Community Health Council
Melissa Brooks (MB)	Mental Health Act Administrator, PTHB – Minute Taker


**Apologies:**

Carol Shillabeer	Chief Executive Officer, PTHB
Neil Evans	Mid and West Wales Fire and Rescue Service
Helen McIntyre	Service Manager, Adult Mental Health – North Powys
Rachel Williams	PCC
Ross Evans	Dyfed Powys Police

Agenda Item		Action/By Whom
1	<p><b>PROCEDURAL MATTERS</b></p> <p><b>1.1 Welcome and apologies for absence</b></p> <p>JM welcomed attendees to the meeting and thanked everyone for their attendance. Apologies were noted as above. Members were asked for permission to record the meeting for minute taking purposes, members obliged.</p>	
2	<p><b>SERVICE UPDATES</b></p> <p><b>2.1 The Welsh Eating Disorder Service Review Presentation</b></p> <p>JT initiated the delivery of the Eating Disorder Service Review presentation (embedded), supported by MJ and HM.</p> <p> Item 2.1 Eating Disorder Review Presr</p> <p>The presentation covered the journey of the review and the new proposed Welsh Eating Disorder National Integrated Child and Adult Service. JT stressed the importance of interface with other services to ensure collaborative working and promoting specialism.</p> <p>HM stressed the need for people to see eating disorders as something someone <i>can</i> recover from, recovery is possible especially with early intervention.</p> <p>JM extended his thanks to the team for all their hard work and dedication. JM reflected that Powys is very different, lacking DGHs, any changes we implement for a seamless approach will need to be well thought through.</p> <p>JM asked SS for a local viewpoint. SS stated that moving forward, Powys will be developing a specialist eating disorder service which will be an ageless service. Educating GPs will be covered. No ageless service is without complications but it does give a real opportunity to look into early intervention and transition. Recruitment is underway to the team positions, hopefully they will be recruited to in the new year.</p> <p>SS and HM have met and discussed future ideas for the service in terms of family intervention. SS noted that there has been an influx in CAMHS referrals during the pandemic.</p> <p>JM provided assurance that PTHB are very minded of the impact of COVID, it is challenging all of us. Mental Health Services will continue</p>	

	<p>to be open throughout the pandemic. It is only in the months to come that we will see the true impact.</p> <p>JG extended her thanks to HM for her resolve to change services, without that we might not be where we are today. JG noted SD, RP and JB must also never forget the true impact that individual voices can have on service developments, JG extended her continued thanks to all representatives.</p> <p>The sparse population has led to the proposal of a small dedicated team of specialists that has opportunity to access expert opinion in the national team. Within CMHTs and CAMHS teams we have a small nucleus of specialisms, in Powys we are creating a staff team with a general mental health role but also specialists in certain areas. These specialisms can be anything from eating disorders, perinatal, trauma EIP etc. this will enable small teams to be created for services like eating disorders, perinatal etc.</p> <p>JG noted that this is the proposal, it will be evaluated and can be changed if required.</p> <p>SD noted that it's really good to have specialist teams and GP's need education in the topic. SD shared her experience, noting that sufferers aren't always ready to seek help – when can GPs say “I'm going to refer you anyway” – that's an issue in itself. When SD finally sought help the GP wasn't very educated. SD noted that early intervention will need GP support to succeed.</p> <p>SD noted that weight gain can be distressing to people who have recovered from an eating disorder. There's a struggle to lose weight in a healthy manner as some people don't know 'how to eat normally' access to a dietician is essential. SD has been waiting to see a dietician for 2 years.</p> <p>HM noted that much of which SD has raised is what the review team struggled with but can definitely be addressed.</p> <p>JM stated that the cluster leads can help support the education of GPs.</p> <p>SD asked whether the ED service could be open to people who are 'recovered' to help with day to day issues? SS noted that it would depend on the persons needs, it may be that they could be better supported by a charity like BEAT. SS noted that she would share her thoughts in a few months' time.</p> <p>FT noted that primary care was missing from the proposed model slide even though the GP is likely to be the first point of presentation. FT proposed a workshop with GPs and practice nurses around the first contact and how help can be offered. FT and SS agreed to meet in the new year to discuss further.</p>	
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	<p>MJ noted that some services outside of Wales are implementing self-referral, that is something to consider.</p> <p>RP asked for some clarification on the abbreviations used in the presentation (SPEED, FEED and SAIL), JT apologised for not clarifying in the presentation; JT advised that SPEED and FEED were different forms of assessment models.</p> <p>SAIL is a national population Database with all the GP database information across Wales.</p> <p>RP noted the presentation stated that current inpatient care will remain, RP queried whether there was scope for a Welsh Unit. JT noted that we need to recognise that there's a difference in CYP and Adult Care, Children normally are treated in the CAMHS unit in Bridgend or BCUHB. Over 50% of their patients have eating disorders. For adults we do not have any specialist adult inpatient units in Wales.</p> <p>JT noted that if you build an inpatient unit they drain all the expert intel, all eating disorder specialists will end up working there. This is the complete reverse of the recommendations of the review. If a recommendation was made for a unit, all the money would go to those who are severely ill with little to no funding left over to instigate the early intervention work which could stop many cases reaching crisis point.</p> <p>JM agreed noting that focus needs to be on local responses with quick and easy access.</p> <p>MD requested a further update in 6 months' time.</p> <p><b>Action: Eating Disorder Update required on June 2021 Agenda</b></p>	<p><b>June Agenda</b></p>
<p>3</p>	<p><b>PARTNERSHIP UPDATES</b></p> <p><b>3.1 Partnership Summary Update</b></p> <p>FI advised that she would be presenting in partnership with AB.</p> <p>AB provided a whistle-stop tour of progress to date on the Together for Mental Health Delivery Plan from a national perspective (as per embedded documents).</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">               Delivery Plan Update              Presentation - Decem         </div> <div style="text-align: center;">               20201026 Post              Publication Overview         </div> </div> <p>There has been really good national progress with the delivery plan despite COVID-19 and the associated impacts.</p> <p>WG have added more community capacity, expanded tier 0 support which doesn't require formal engagement with services and increased ways to access information.</p>	

	<p>Inequalities is particularly relevant recently and the disproportionate effects of COVID on mental health.</p> <p>There have been a couple of major developments in respect of co-production, one being that the national forum is working hard to pull together national guidance on co-production.</p> <p>A national carers' plan is being drafted.</p> <p>The UK government will be publishing their White Paper on the Mental Health Act Review imminently.</p> <p>A lot of work his happening in employment and financial spaces, unemployment is on the rise recently and many people are financially impacted by the pandemic. The Delivery Plan has been strengthened in these areas.</p> <p>A significant programme of work is underway to find more permanent housing solutions for people who are homeless.</p> <p>Regional Co-ordinators are in place for Suicide and Self Harm Prevention.</p> <p>CYP links are available in the reports embedded.</p> <p>About to publish Crisis Care Access Review, the Crisis Care Concordat Group will be responding to the review.</p> <p>Improving Quality in Service Transformation, looking into CTP reviews and Crisis Care to create a cultural shift and the changes required in services.</p> <p>AB informed the Partnership that she had just been appointed the Adult Manager within the Mental Health Network Board so her secondment to WG will be ending.</p> <p>JM thanked AB for her presentation and requested the sharing of the slides due to the sheer volume of content.</p> <p>JM extended his thanks to AB for her continued support to Powys and wished AB luck in her return to the service.</p> <p>FL provided the Powys perspective. FL presented a draft approach to the Powys plan, showing the actions, milestones and responsibilities (see embedded presentation).</p> <p></p> <p>Item 3.1 Delivery plan presentation Decemb</p> <p>Outcomes are covered in the plan in terms of measurement.</p>	
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	<p>The key questions for the Board were relating to the direction of travel and whether we have the right delivery and governance structures. For March Board hopefully we will be well underway with a good quality draft plan.</p> <p>FL presented the partnership board structure, highlighting the subgroups which feed into the Board. Mental Health Officers Group hasn't met for some time, the confirmed Powys Plan will indicate who would best sit round the table.</p> <p>FL queried whether the Partnership Board was in a position to adopt the current iteration and direction of travel of the Powys plan.</p> <p>JM thanked FL for the presentation, recognising that again there was a lot of content in the presentation and perhaps not enough time to provide a dedicated review.</p> <p>JM noted the membership needs discussion, widening membership too much could cause a loss of momentum. JM noted that these discussions need to take place offline and a membership proposal needs to be brought to the March 2021 meeting.</p> <p><b>Action: FL to co-ordinate membership discussions prior to March Board.</b></p> <p>JM asked AB what Powys need to focus on more than not in relation to the delivery plan. AB noted that she has always admired the partnership working in Powys that isn't necessarily present in other areas.</p> <p>Areas of challenge are the complexities within the plan, particularly developing lots of small specialist services and dispersing them to a very small population.</p> <p>All LPBs are being directed to focus on the early intervention in psychosis agenda, which is particularly challenging in Wales. Co-production is an area which Powys performs very well, AB noted that Powys should keep up the good work.</p> <p>SD noted that there is now a Complex Trauma Reference Group meeting every 6 weeks, this group will share progress with EtoC on a regular basis. SD also noted the need to separate out the suicide and self-harm agenda, as there's no specific support in Powys for people who self-injure.</p> <p>LK added that, in terms of the presentation, it is a lot to digest, if partners have views on what they would like prioritised, particularly in terms of membership could they feedback to FL. What the partnership team will probably need to do is come up with a work programme which localises this iteration of the T4MH Delivery Plan and bring that back to the partnership so we can clearly see what is happening, what</p>	<p style="text-align: right;"><b>FL</b></p>
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	<p>is continuing and what is next. JM agreed, reminding colleagues to share their views outside of the meeting.</p> <p><b>3.2 WG Innovation &amp; Transformation and Psychological Therapies Funding Update</b></p> <p>LK provided the funding update to the board; the additional £285K allocated at the start of the year was divided up to ultimately support and increase the support we had initiated from previous rounds of funding (including but not limited to; perinatal mental health, early intervention in psychosis, eating disorders and so forth). A certain amount was also allocated to the management of the impact of COVID-19 on mental health services.</p> <p>A number of appointments have been made across these developing services including within perinatal health.</p> <p>SS has already provided an update in respect of Powys eating disorder service developments.</p> <p>EIP has had a co-ordinator in place for some time, the service itself has been operational for a short period of time so a review is being co-ordinated and will be presented to the Mental Health Senior Management Team in the next few months.</p> <p>A new Crisis Care and Complex Needs Co-ordinator post has been created to support the work coming out of the national crisis care review but will also help us align all our offender management and complex needs case review processes where there's no capacity to support those.</p> <p>The Complex Trauma Pathway work has also been progressing with some additional capacity.</p> <p><b>Subgroup Update Reports</b></p> <p>JM requested the subgroup reports be placed first on the agenda in future to ensure sufficient time and attention can be allocated to these reports.</p> <p><b>Action: FL to list subgroup reports as the first item on future agendas.</b></p> <p><b>3.3 Third Sector Report</b></p> <p>CS talked the Board through the third sector report highlighting that this report had been co-produced with the third sector providers. Providers' meetings continue to take place including updates from the crisis care forum and engage to change. PAVO will be facilitating a third sector engagement event centred around the T4MH Delivery Plan in January.</p>	<p style="text-align: right;"><b>FL</b></p>
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	<p>Close working with Safeguarding teams is enabling clarity for providers in relation to the thresholds of safeguarding intervention.</p> <p>Ponthafren are concerned around the supply of heroin in the north of the county.</p> <p>It was highlighted that there has been an increase in trans and non-binary people seeking support from a number of services. PAVO are working with FL to identify some LGBTQIA+ training in the new year.</p> <p>The effects of COVID-19 on children was a significant concern for providers.</p> <p>The Patients' Council continues to meet online, experiencing a few barriers in relation to internet connectivity on Felindre Ward.</p> <p>The Powys Agri Wellbeing Group will be meeting again in January, Sue Newham has been invited to a WG panel event in relation to this work.</p> <p>Shared Power training was delivered in the autumn, part of the video including coverage of SD and LH's work in relation to Self-Injury Awareness Day. CS noted the importance of rolling out Shared Power Training and considered pre-recording the sessions to increase the take up.</p> <p>Third Sector monitoring is being looked into.</p> <p>JM thanked CS for the report and requested future report content was more directed and things for escalation to the Board. FL and CS agreed to discuss this outside of the meeting. JM asked if there was any support required from the board. CS confirmed</p> <p><b>3.4 Engage to Change</b></p> <p>Engage to Change Members LH, OG, SD, RP and JB presented the report in tandem.</p> <p>Engage to Change have been very active throughout the pandemic, meeting on Microsoft Teams. One aspect that isn't in the report as has only just been progressed earlier this week is in relation to developing an EIP specific carers support group. The aim of the work is to reach the often isolated individuals going through the difficult challenge of caring for a loved one experiencing mental health difficulties.</p> <p>The COVID-19 survey action plan has been developed of which engage to change will monitor the progress.</p> <p>Engage to Change discussed the Together for Mental Health Delivery Plan actions and talked through what actions could be assigned to the group for progression. The agenda format has been restructured in light of this to ensure that the key theme of "strengthening co-production and supporting carers" is at the forefront of everyone's minds when the group meets.</p>	
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	<p>RP provided the forum update noting that the forums have been meeting virtually throughout the pandemic. The forum has been discussing specific regional issues in their areas and received a number of updates in relation to the forum's subgroups.</p> <p>SD has decided to step down from the Mental Health Forum but will be continuing co-production work in Powys. The group extended their thanks to SD for representing Powys and noted their joy that SD will be continuing to co-produce locally.</p> <p>SD provided an update on plans for Self-Injury Awareness Day. SD has been developing social media awareness communications ensuring that they are available in both English and Welsh. SD is also developing Self Injury Awareness talks targeted at professionals who are likely to come into contact with people who self-injure. Staffing includes mental health staff and Minor Injury Unit staff. At present we are not approaching GPs due to their lack of capacity but there are future plans.</p> <p>The talks will open up with a thought exercise, sharing SDs experience and some theory about self-injury. Hopefully the talks will help provide some understanding and context as to why some people self-injure. The talks will also include a section on what people who self-injure want professionals to know. Surveys will be run to capture this information and also questions will be posted on forums too. The talks will close with a question and answer session with SD. SD is also making the orange ribbons, 1,700+ have been made so far.</p> <p>SD has been partaking in the complex trauma reference group, meetings are very regular with discussions presently centring around what to name the service and DBT support for people after they complete the therapy.</p> <p>LH noted that links have been made with Credu Cymru, with Credu now establishing their own Engage to Change groups which FL referenced in her presentation. LGBTQIA+ support has been highlighted as a real need in Powys, particularly for children experiencing gender dysphoria.</p> <p>The Service User and Carer Involvement Framework has now been approved in PTHB and shared with BJ and MG.</p> <p>RP noted that the Patients Council has been meeting much more regularly than before COVID due to IT input. Meetings have been quite well attended, a significant amount of positive feedback has been received in relation to the Psychotherapist on Felindre Ward. A frequently asked questions document is going to be developed for questions that directly relate to the requirements of a mental health inpatient environment.</p>	
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There have been discussions around Citizens Advice running a pilot scheme on the ward one day a week using attend anywhere, they can also offer follow up support after discharge to find out how they are getting along and if they need any additional support.

OG advised that there are meetings in place around a green minds project taking place on the grounds of Felindre Ward. Felindre Ward have also signed up to the Star Wards scheme and are approximately half way through the checklist.

The need for a gym is frequently raised, this work is directly linked to the move of the smoking area so once those works are complete, progress can be made on the gym area.

Welcome packs are now in place on Felindre Ward.

The Mental Health Information Booklet was launched on World Mental Health Day, if members would like a copy they can contact LH.

JM extended his thanks to Engage to Change Members for their support, noting that there's a lot of impactful work taking place.

### **3.5 Crisis Care Forum / COVID-19 Group (including reviews IRIS / Crisis Care TORs)**

BJ took members through the latest report (embedded), highlighting the key figures for attention.



Item 3.5 -Q2 - Report  
2020.2021.pdf

The report is for quarter 2 however, as of today, we are looking at 22 uses of S136 (YTD) 8 involved being admitted to hospital for care and treatment which is the lowest admission rate BJ has seen. BJ noted that he would like to think this is attributed to good partnership working and CRHTT input. BJ is satisfied that the reduction in admissions is not linked to misuse of the police powers due to the police process in place to approve the use of 136.

The report covers the origin of calls and theme, police tend to be the first port of call due to the 24hr service provided.

For quarter 2 there were 170 incidents involving the risk of self-harm. There have been significant fluctuations in relation to peaks and troughs of self-harm incidents, there doesn't appear to be any rhyme or reason which is to be noted.

With regards to suicide the trend changes to predominantly male, 3 females with 13 males.

	<p>BJ extended thanks for the support and good attendance at the COVID crisis care group meetings where persons of interest are discussed in a multi-agency forum where crisis appears imminent / there's a possible risk of harm. Early identification is crucial right now.</p> <p>The alleviation of lockdown restrictions appears to cause people a lot of anxiety, people can feel safe at home and safe in lockdown. There are peaks around the relaxing of restrictions.</p> <p>The crisis care group will be paying focus to the quality of the economy as that often has a strong link between incidents of suicides. Again, early intervention is key here to support individuals who could be heading into crisis.</p> <p>BJ extended his thanks to the Partnership for their support throughout 2020. Feedback from BJ's Super Intendent is that Powys have set the bar very high in comparison to the other counties for partnership working in mental health. JM echoed BJ's thanks, noting this is also the feedback he receives from colleagues in the HDUHB patch. JM extended his thanks to BJ for his continued support and dedication to the Powys partnership.</p> <p>RP queried the 2 persons in the S136 data (5ytd) who received no further intervention following discharge from S136 – was this an inappropriate use of the power or was there another reason for discharge with no further intervention required? BJ noted these cases were around alcohol and threats to self. Options are really limited to protect these individuals and behaviours change dramatically when the alcohol wears off.</p>	
4	<p><b>MINUTES FROM PREVIOUS MEETING</b></p> <p><b>4.1 Review of Minutes and Action Log</b> The minutes were agreed as an accurate record of events.</p> <p>The action log was updated accordingly.</p> <p>JM extended his thanks to the Partnership Board members for their continued help and support throughout 2020. JM wished all well for the festive period and closed the meeting at 16:05.</p>	
	<p><b>Next Meeting Date:</b></p> <p><b>Tuesday 16<sup>th</sup> March 2021, 2-4 pm Microsoft Teams</b></p>	

<b>MENTAL HEALTH PLANNING AND DEVELOPMENT PARTNERSHIP ACTIONS TABLE</b>		
<b>Meeting Date</b>	<b>Item title and action</b>	<b>Comment</b>
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. <b>FL. Weave into Business Planning Cycle and present at December 2020 meeting.</b>
20/06/2019	Look at the option of transferring money from cross cutting – discussion to take place £80,000 for Suicide and Self Harm Coordinator to be transferred and then replaced once received.	<b>FL. Liaising now urgently with JW and WG on funding allocation and ensure amounts and timescales are clarified.</b>
20/06/2019	Information on the next steps on North Powys Wellbeing: Model of Care development and Preferred Site to be provided	<b>FL. We are working closely with Emma Peace (new Programme Manager) and liaising about MH components/information.</b>
20/06/2019	LK to bring the comments re CTP's to future meeting	<b>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.</b>
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.	<b>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.</b>
10/12/2019	Advocacy to be added to the agenda for the March meeting. LK to add to agenda.	<b>FL. 08/09/20 Recent cross-partnership meeting relating to Advocacy with PCC Advocacy Leads to ensure "Professional Advocacy" pathways and</b>

		<b>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.</b>
17/09/2020	Explore using Engage to Change as a platform for sharing experiences in relation to sexual abuse.	LK and NH to link up with LH with a view to Engage to Change being used as a platform for sharing experiences in relation to sexual abuse.
17/09/2020	Membership of the Partnership Board to be agreed.	FL/JM to discuss membership of Partnership Board with Board – December 2020 based on priorities within T4MH Plan
17/09/2020	Update on the Together for Mental Health Delivery Plan to be provided to the December meeting.	FL to provide an update on the plan to the December Partnership meeting.
17/09/2020	Business Planning Cycle to be kept on the agenda.	FL to keep Business Planning Cycle on the agenda for next year 2021
17/09/2020	Covid Crisis Care TOR's signed off by Partnership – to be circulated and back to Freda by next Wednesday.	BJ to arrange for the signed TOR's to be returned to FL.
17/09/2020	Sub-groups to be at front of agenda for next meeting to allow reasonable time for updates.	FL to move Third Sector report to front of agenda for subgroups next meeting.
17/09/2020	Arrange for the next meeting to take place via Teams if possible.	FL & MB to speak with LH regarding the next meeting taking place on Teams if possible.
17/12/2020	Eating Disorder Update required on June 2021 Agenda	JUNE AGENDA
17/12/2020	FL to co-ordinate membership discussions prior to March Board.	FL
17/12/2020	FL to list subgroup reports as the first item on future agendas.	FL / AGENDA