

**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

16th March 2021 – 2:00-4:00 pm
Via Teams

In attendance:

Name

Designation

Jamie Marchant (JM)	Executive Director of Primary, Community & Mental Health Service, PTHB - Chair
Louisa Kerr (LK)	Interim Head of Mental Health Operations, PTHB
Insp Brian Jones (BJ)	Inspector, Dyfed Powys Police
Freda Lacey (FL)	Mental Health Partnership Manager, PTHB
Owen Griffkin (OG)	Participation Officer, PAVO
Sarah Dale (SD)	Individual Representative
Clair Swales (CS)	Head of Health & Wellbeing, PAVO
Lucy Harbour (LH)	Mental Health Partnership Participation Officer, PTHB
Owen Price (OP)	Mental Health Act Administrator, PTHB – Minute Taker
Jane Bishop (JB)	Individual Representative
Ben Shooter (BS)	Consultant in Adult Psychiatry & Interim Clinical Director, PTHB
Geoff Watts (GW)	Head of Psychology, PTHB
Jackie Newey (JN)	Information Officer, PAVO
Jolene Hughes (JH)	Children's Commissioning Team, PCC
Joy Garfitt (JG)	Assistant Director for Mental Health & Learning Disabilities Service, PTHB
Melanie Davies (MD)	Vice Chair, PTHB
Nicola Ruck (NR)	Powys Community Health Council
Samantha Shore (SS)	Head of Service for CAMS, PTHB
Christopher Hartwright (CH)	Consultant Clinical Psychologist & Clinical Lead
Rachel Williams (RW)	Senior Manager Mental Health & Disabilities, PCC

Observers:

Amelia Guy (AG) Medical Student

Apologies:

Carl Cooper (CC)	CEO, PAVO
Joe Wellard (JW)	Manager, Powys Regional Partnership Board, PCC
Ruth Derrick (RD)	Head of Nursing Performance Management for Mental Health & Learning Disabilities Services, PTHB
Penny Price (PP)	Service Manager, Adult Mental Health, South Powys, PTHB
Supt Ross Evans (RE)	Superintendent, Dyfed Powys Police

Agenda Item		Action/By Whom
1	<p>PROCEDURAL MATTERS 1.1 Welcome and apologies for absence</p> <p>JM 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; GW stated he had to leave the meeting at 15:20.</p>	
2	<p>PARTNERSHIP UPDATES Subgroups:</p> <p>2.1 Engage to Change</p> <p>LH - stated Engage to Change have been meeting continuously throughout the pandemic over Teams and well attended with some lessons learnt for when we eventually return to face to face, by keeping Video Conferencing as an option.</p> <p>Main part of the meeting on 4th of March was looking at the action plan which was developed as part of the survey last year. Trying to address key themes that came out of the survey results; one notably being loneliness and isolation within the younger community. PAVO undertook a small grants panel to support this agenda and Ponthafren Association in conjunction with action for children, successfully won a bid to run a befriending scheme for younger people and hoping this pilot scheme will address the issues mentioned above in North Powys as a pilot. Evaluation will take place in June of 2021 and a report will be compiled.</p> <p>Another positive meeting in March was well attended; reps from Credu Cymru supporting the carers agenda, and also had other colleagues from older adult services and CAHMS (good because its usually more adult orientated and 2021 looking to broaden our range).</p> <p>SD - to talk about Self Injury Awareness. Planning for a while for self-injury awareness day on 1st March. Developed training on what self-injury and self-harm is, and trying to raise awareness with Mental Health professionals and those professionals who come into contact with people who are struggling with self-injury. Learnt a lot from the first presentations and had some positive feedback, and the Mental Health Professionals are going to recommend to their colleagues. Found it challenging doing the presentation online, but managed to get points across and everyone found it interesting. Some requests for self-injury awareness training from non-medical members; such as carers (Credu were interested in training), and youth workers. Going forward going to work on a talk that is appropriate for them, and</p>	

tailored in a way that is comfortable rather than traumatising. Overall very successful with plenty of detail. SD had found that training she'd previously been through/received was not detailed enough about the in's and outs as to why people self-harm, and what people who self-injure want people to know. Looking to do some more talks in April with minor injury staff and community mental health teams.

LH – mentioned that delivering over teams it was hard to get a feel for the level of engagement as couldn't see everyone on the call and it was a little bit awkward. But really well received by staff, and was conscious that this would trigger further curiosity with staff of what further training they could access – so linked with Suicide and Self-Harm Prevention Coordinator, Jan Roberts and going to look at possible self-injury and mental health day training for minor injury unit staff because they had a lot less MH awareness than MH teams. Huge thanks to SD for hard work and being vulnerable and open with strangers.

BS - interjected with a question: "Wanted to say that I do teaching around risk, self-harm, suicide risk assessments with medical students, and some of the nursing staff and it would be really useful Sarah if I could send you the slides and if you wouldn't mind having a look through them to see if there is anything in there that could be added, or adjusted or changed, that would be really useful, and I'll ask Lucy to send me your e-mail address or forward them on to you"

SD – confirmed happy to have a look at the slides.

JM - "quick thank you to SD for that, really shows how you can shape our service provision and shape our education."

LH – Couple of other points discussed in the meeting. Every year Engage to Change develops the annual report for the MH Partnership, requested by Welsh Government – this year they haven't asked but as good practise would like to develop something to capture the good work that took place in 2020 from all partners. Work will be completed by May and will be approaching partners for some good news stories and innovations that have taken place over the past 12 months.

Also discussed the UK wide consultation that is live on reforming the MH act. And wanted to flag this to all partners as is key that we engage with this consultation as there is a number of proposals to note, not limited to; 1) shorter detention periods, 2) increased opportunities for appeal, 3) removal of hospital managers function, 4) introduction of an advanced choice document, and 5) removal of police cells as a place of safety. Although this is a UK wide consultation they have considered

Welsh Practise also, and important we put our voice in to be heard. Go to UK government website to have a look at the consultation process and how to share your thoughts. Engage to change will be submitting a response collectively around this.

Also had an update from Felindre Wards Patient Council – invited Owen Griffkin to speak.

OG – Confirmed its continued virtually, now every 2 weeks which enables to see people a lot more. Main point coming out of the meeting is that Citizens Advice Bureau have started doing weekly sessions; with Video calls in the morning, and then an Advisor who will spend the rest of the day on people’s issues. Which has been welcomed by volunteers on the Patients Council because financial issues could contribute to why someone is unwell, and helped to take the worry of their hands – which has been very positive. Millie and Carol on the ward have been doing the outcomes from this so they can build a case to secure further funding when that finishes in May.

Started presenting these issues to Engage to Change within an issue log to report back to should there be a recurring issue, and can see that it has been presented to Engage to Change and the Partnership board as well.

Getting closer to the smoking ban. Still some issues with the windows that need fixing – Penny on the ward is bringing it up in her meeting with the estates and finance departments to get that sorted. Hoping to allow people to go outside to smoke on their own but can’t do currently with the windows the way they are at the moment.

Reports are public for people to view – just get in touch with OG and LH if required.

LH – thanked OG. Finally, didn’t have an update from the Wales MH & Wellbeing Forum as they haven’t met since December. News that Rhydian Parry (individual reps) has decided to take a break from representing Powys at the National Forum & Local Co-Production work – wished him the best and looking forward to working with him again soon when he’s feeling better.

Asked if JB would like to add anything, as knows she’s been working on EIP with Andy Beck.

JB – Hasn’t had a chance to speak to Andy Beck or send him the useful information she’d found, and hoping to do that soon. Found the online form, that requested she had a vaccination as she’s an unpaid carer, was very useful and thanked for that – being Vaccinated Friday 19th. Just waiting to hear if her son can

	<p>get the Vaccination as well because its been a challenge to get him to fully comprehend the Covid-19 restrictions. He falls into the category of young people who have felt lonely and isolated, and has befriended some young people, which has resulted in him being accosted by the police twice and fined £60 for flouting Covid restrictions. Says it's a full-time job for her to monitor him and make sure he's kept safely at home. Has felt it's been challenging, exhausting and lonely...(audio becomes indistinguishable temporarily) – think she's saying that these meetings make a difference for her. Has applied for an Emergency Government grant (given to unpaid carers) to help her pay for her car to be repaired as it broke down, as well as dental care.</p> <p>JM – Welcomed JB for her input and being part of the group, and concluded points raised in her talk. Thanked all for comments, and LH for her comments regarding Rhydian and re-iterated the point she raised. Any questions or comments?</p> <p>JM said one question regarding annual report – would welcome this regardless of what Welsh Government want, wants to bring the report to the meeting in June. Brought this segment to a conclusion, checked for comments and hands up and moved onto Community Voluntary Service(s) Report.</p> <p>Action: Complete Welsh Government annual report to be discussed within the MHPDP meeting in June</p> <p>2.2 Community Voluntary Service(s) Report</p> <p>CS – Third sector continued to deliver a range of services and support to help people with MH & Wellbeing. Additional funding that came into third sector from Welsh Government into the Health Board was welcomed. Part of this was to facilitate a Grant Scheme that funded 15 groups to focus on Mental Health. Further schemes came in to help fund focus of MH on children & young people. These schemes have been raised across the whole of Wales. Was raised in a ministerial meeting with Vaughan Gethin, and WCVA Partnership have a further meeting with the minister tomorrow, included Eluned Morgan to discuss issues around short-term funding which will be raised at the meeting.</p> <p>Continuing to deliver support to people across county. PAVO are developing a report on the impact of Covid-19 on mental health in Powys, and aiming to have a comprehensive report at the end of the March. This will come in a couple of parts including; collating evidence around MH & Wellbeing over the past year and their projections. Adam Gregory working with them to interview various people and assessing the effects of their MH going</p>	<p>LH</p>
--	---	-----------

	<p>through Covid-19 and for the future. Also going to identify emerging gaps and how could work together to overcome them going forward in a partnership manner. Finally looking to develop and link this all in with the together for MH Delivery Plan for Powys.</p> <p>Identified an organisation to deliver the Gender Identity Awareness training. First session completed and well attended and next 3 sessions fully booked with more interest still coming in. Working in a partnership with FL to generate funding to invest into further training; including health, third sector and colleagues from council and children services as well as high schools who are interested in the training.</p> <p>Powys Befriending service are identifying the needs around anxiety and stress of Covid-19. Pleased to see Ponthafren and Action for Children Project is working on support for young people around befriending.</p> <p>Hafal have new social navigator in place to focus on MH – project time limited until end of March.</p> <p>MH Service Providers Update – meetings in the last quarter focussing on RBA Reporting Methodology, improving as it progresses and the partners are buying into the methodology. First report end of this quarter. Thanked FL and Sue Hall from Council for their work. Only concern from providers is that they might be reporting in different ways depending on SLA's, so may have RBA Methodology for one report and another report for others.</p> <p>Service Developments in third sector, all included in the provider services report.</p> <p>SD – interjected asking if can clarify acronyms. CS & JM clarified.</p> <p>JM – clarified other hands up or questions. None.</p> <p>CS continued - Want to focus on all trends in demand for service providers on increased MH issues related to loneliness, bereavement, grief and loss including employment, furlough etc. Parents increased anxiety around home-schooling. Higher levels of anxiety in young people with uncertainty around exams, grades and missing families and friends. More LGBTQ referrals in transition disclosures and complex multifaceted issues with more intense needs. Concerns around lockdown. Increased referrals from Midwives, particularly into Ponthafren which has welcomed support for expecting Mums and new Mums. Increased presentation of people struggling more with this</p>	
--	--	--

	<p>lockdown than the last. Community Sector Response group displayed concerns from people coming out of lockdown, who are used to shielding for such a long time wish pressure and anxiety.</p> <p>Issues and blockages are related to core and future funding to design services to meet the anticipated demand post Covid-19 and recovery period – few conversations with FL regarding this. Providers agreed that funding needs to be flexible. As well as looking at removing short term funding and move to medium to longer term funding, and will be raised with Welsh Government.</p> <p>Recognising and providing support for people to access resources online as it has its challenges across many levels – some people not being able to afford internet etc.</p> <p>Providers have said service users are struggling to engage with CMHT’s across county. Referrals from GP’s for Silvercloud blended CBT is low in some areas as well. CS said would pick up these issues and agreed an action log for issues would be useful.</p> <p>Action: Agreed an action log for issues to do with service users and/or others gaining access to GP’s primary care and CMHT’s would be useful and CS to develop.</p> <p>Facilitated a third sector engagement event, to feed back into the Health board in line with the Together for Mental Health Delivery (T4MH) Plan.</p> <p>Homelessness support – 1st December and 28th February working to support homelessness with the Council. Of 94 people who were referred, 28 were presented with a need for support with MH, and 33 were signposted to the third sector.</p> <p>Development of PAVO MH website will be up and running soon for people to log on and access a range of information.</p> <p>Final point raised around language used when dealing with children especially those going back to school and catching up from being behind with work.</p> <p>JM – opened to questions or comments on this before closure.</p> <p>SD – Ask about together for mental health plan third sector engagement due date as did not hear about it.</p> <p>CS – Not sure when it was, approximately 6 weeks ago. Clarified that only service providers attended this.</p> <p>FL – Stated would be happy to cover this off in her segment.</p>	<p>CS</p>
--	--	-----------

JM – no more questions.

2.3 Crisis Care Forum/Covid 19 Group Q3 Report

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

** Q3 report.

The report is for quarter 3. However, as of today, there have been 23 cases where Sec 136 Mental Health Act powers have been used by the Police. 9 of these cases resulted with the person being admitted to hospital for further assessment, care and treatment. This equates to 39 per cent. This is the lowest admission rate BJ has seen in the last ten years. Since 2011, the admission rate has ranged from 52 to 73 per cent. BJ raised that there had been a significant reduction in the use of 136 during quarter 4, where to date there had only been one case.

BJ highlighted that he considers the efforts being made by all partners and the level of consultation which is being carried out is having a significant impact on the reduction of incidents where the Police have to resort to using 136 and subsequently, a reduction in the number of people being admitted to hospital. BJ was satisfied that the use of 136 was both necessary and proportionate in the circumstances with the 14 cases where the persons were not admitted to hospital. Where practicable, each of these cases involved consultation with a Health Professional.

For quarter 3, there were 111 incidents involving self-harm or threats to commit suicide. From a police perspective, the number of incidents reduce during periods of COVID lock-down. BJ wished for it to be noted that this was not necessarily the case for other partners who are experiencing an increase in demand for their services.

The majority of cases of self-harm involved young females. This was a ratio of 41 males and 70 females. With regards to apparent suicide, the trend is predominately male with 17 incidents involving men and 5 involving women. There has been no evidence to suggest that any of these cases were solely as a result of the Pandemic.

BJ expressed his appreciation for the continued support from partners in attended bi-weekly COVID-19 Crisis Care group meetings. The value and effectiveness of this group is evidenced through the continued support by managers since May 2020.

BJ highlighted there were currently 9 persons of interest being discussed, 8 IRIS cases, 19 persons where sec 136 powers were used and unfortunately, 22 cases where persons had apparently committed suicide. BJ confirmed there was currently work being undertaken along with HM Coroner to compare this with previous years.

BJ raised the awareness that the Powys COVID-19 Crisis Care Group had been established to monitor the impact on vulnerable persons through the Coronavirus Pandemic and to provide early identification of persons at risk of suicide and self-harm as the COVID-19 restrictions are reduced, removed and changed. This group provides the opportunity for '**Real-time suicide surveillance**'. Known risk factors for suicide include, social isolation, relationship issues, financial difficulties, individuals who have a history of self-harm, and those who experience mental health problems such as anxiety and depression. There is concern that during the response to the COVID-19 outbreak for some of the population the advice given could compound their existing risk factors. The impact of both COVID and BREXIT on employment is also significant, so it is a critical time to capture real-time intelligence around suicide. *(Paragraph adapted from PHE proposal for England, June 2020, and paper from Professor Ann John, October 2020)*

BJ extended his thanks to the partners involved in holding multi-agency professionals' meetings with a view to integrating the response to persons in crisis. The Dyfed Powys Police Neighbourhood Policing Team Coordinators have been instrumental in facilitating a number of these meetings and in developing stronger partnership engagement. BJ highlighted the strong 24/7 partnership which has been established over a number of years involving CMHT, CRHTT, AMHP, Community Complex Needs Care, Emergency Duty Team, Local Authority Housing, CAMHS, PAVO, Ponthafren and MIND, to name a few.

Finally, BJ wished to thank Freda Lacey, Melissa Brooks and Lucy Harbour for their continued efforts in support of partnership working.

JM – Thanks to Brian for his comments and shared further comments of his appreciation of the team within this meeting.

MD – Question: Whether it would be possible to attain information from the Coroner work in relation to Covid-19 effects, and if it is different to other years.

	<p>BJ – Main point is to remove the myths – too many people blaming Covid-19. Comments of suicide increasing due to Covid-19, Media stating cases of 136 have increased – but neither have (in Powys).</p> <p>MD – Commented that its interesting and appreciated this because she'd like to know rather than assume.</p> <p>BJ – Thanks.</p> <p>JM – Any other questions for Brian – no. Thanks.</p>	
3	<p>SERVICE UPDATE 3.1 Complex Trauma Service (Psychology)</p> <p>CH introduced himself and made the presentation, which included:</p> <ul style="list-style-type: none"> - Background to the service - Service developments and current provision - Taking a trauma informed approach - Ongoing and future developments <p>JM – thanked for presentation and opened to colleagues for comments, slides are available for sharing.</p> <p>BS – Commented that he thought it was a fantastic service and long been needed. Service that provides a clear pathway for individuals that struggle and suffer the most. Looking to see how they can add direct medical time to support the service.</p> <p>JG – Wanted to say thanks to the Partnership Board, to demonstrating a tangible difference to investment that is being put away to build this service. Congrats Partnership board, and thanks for making a difference.</p> <p>MD – Commented it would be worthwhile to liaise with JM to provide an update to IM's and helping them to being aware of the service available through the Partnership Board.</p> <p>SD – Comments to appreciate delivery and quality of presentation.</p> <p>GW – Impressed with the work and the impact provided by the psychology service, by focussing on complex trauma allowing rest of the service to flow. Grateful it had been emphasised in the presentation.</p> <p>NR – Question: What would you hope the waiting time would be for referrals?</p>	

	<p>CH – Currently online if face to face isn't feasible. Would look to do first assessment within month of being referred. Emotion skills group is a rolling programme running every 8 weeks. DBT also rolling programme, as someone can join at each module & each module starts every 8 – 10 weeks. Unaware of what will happen in the foreseeable, but constantly adapting to changes to keep referral times low.</p> <p>JM – Thanked for questions, Geoff left at this point. Moved onto next item.</p>	
4	<p>PARTNERSHIP MANAGEMENT 4.1 Partnership Activity Update (including T4MH Plan – Progress, Business Cycle)</p> <p>FL – Talk about Together for Mental Health Delivery Plan. Still waiting for Welsh Government to advise what reporting guidance is, in terms of what they are looking for. Don't have any direct information on this at the moment. Have provided an interim report in December, just waiting for 6 monthly guidance to be received.</p> <p>Recent development of who we report into within the Welsh Government – Ministerial Delivery and Oversight Board for Wales. Into that the reporting will be T4MH Delivery Plan, Updates around Talk to me 2 Suicide and Self-Harm Strategy, Mental Health Crisis Care Concordat, and the successor of the current T4MH strategy, and seeing what that looks like going forward – as we are at the tail end of a 10-year strategy. We are waiting on guidance on what they will require us to do.</p> <p>Suicide and Self Harm co-ordination – now have Jan Roberts in the post, within 5 weeks she has been proactive and instrumental in progressing this. Today we have heard back from the Welsh government about the opportunity to use the underspend in the current budget, and look at bereavement services for those who are bereaved by suicide. Looking at a single point of access and provide a pathway of support with this and the first thing were going to look at is an engagement event/group including those who have been bereaved by suicide to help shape this scheme moving forward. There has been a national bereavement focus currently, where we have recruited two individuals who have shared their lived experiences with suicide bereavement, and looking to source other people who would be prepared to contribute.</p> <p>Substance misuse Harm Reduction officer, Andrew Mason is very active in the development of the harm induction plan in Powys. There's a direct link in with the suicide and self-harm</p>	

focus work, particularly around fatal and non-fatal drug poisonings and looking to join those up with reporting.

Good news with Arts in Health – recently applied for funding with the Arts Council to look at the development of Powys Arts in Health Strategy, which we were not successful in attaining. However, recently achieved funding from the Charitable Funds in the Health Board and looking to develop this, with different agencies across Powys who are involved with delivering Arts. By looking at what works for people and then how we approach forming a strategy and have had approval for funding over the last two weeks and a focus for Lucy Bevan going forward.

Andy Jones, the new Veteran Support Officer from the Council, who is now working as the Armed forces liaison officer and linking with him in terms of Veteran support. The Powys ex armed forces have not met for some time due to Covid-19 but are hoping to meet soon and working very closely around that, usually chaired by Stuart Bourne in Public Health.

The funding for Mental Health Services in Powys (£200k received in October from Welsh Government) has been allocated, CS has provided an update on this. However, to note a particular focus on bereavement and loss. These services have been funded through a MH grant process facilitated by PAVO as part of this funding.

4.2 Updated Mental Health Partnership Structure – Reinstate Mental Health Officers Group

FL has made some edits since the MH Partnership structure was sent out. FL error in thinking there was an additional Engage to Change group around carers. LH reminded that it is not “our” group. Welsh Government did ask for a copy of our Government structure and particularly interested in how we report into the Regional Partnership Board, and this structure helped to show how we directly link in with the “live well” perspective right into the Regional Partnership Board. FL added a slide to show how this links and was well received.

Development of MH Officers group was a key action from previous meeting and also something FL has been looking at for some time. FL has been speaking to various colleagues across Powys about the development of MH Officers Group as it needs to come together again to look at the reporting that needs to go into Welsh Government every 6 months. Looking at an automated online way to do this to reduce the number of meetings. JH has been helpful from Emotional Health & Wellbeing perspective in children and young people, and looking at how we can link directly the priorities around T4MH

	<p>Plan and linking with reporting. FL been updating MH Officers group TOR's and hoping to have a workshop with colleagues in May to cement direction moving forward, in advance of June Partnership Board and reporting to Welsh Government.</p> <p>FL & JM concluding and welcomed questions.</p> <p>LK – Plea for partners to be involved when invitation comes through for MH Officers Group Workshop; to recognise the importance of support and engagement of monitoring and evaluation as a partnership.</p> <p>JM – Thanks FL for work and colleagues for efforts.</p> <p>4.3 MHP&DP Terms of Reference Discussion</p> <p>JM – Invited FL to pull up TOR list for discussion and review to confirm who are the appropriate representatives and confirm that the right people are included within these groups and their organisations and ensuring their membership is accurate and up to date. Also wanted to have a separate debate in the next meeting to include a list of identified and new members/representatives.</p> <p>JM stated that we were “critiqued” not criticised, by audit for not having representatives that are relevant.</p> <p>Stages to confirm with partners:</p> <ol style="list-style-type: none"> 1) Confirm historical members and are they the right members of the organisation to ensure TOR membership is accurate 2) Suggestions of new people and representatives, bring in JG to help with this and debate at next meeting. <p>In danger of making into it a much larger group. JM, wants to put an hour aside with FL to pin down the people we have got and slim down this list.</p> <p>Action: Liaise with partners to tidy up the TOR list and ensure accurate members and representatives are included, as well as streamline the list.</p> <p>JM – Question to the team with request from JG to review; concerned about a large active participation within the group, and that if there is a large attendance that the motive for continuing, and new members to be a part of these meetings and may act as a deterrent.</p>	<p>FL</p>
--	--	-----------

	<p>JG – Would prefer to have equal participation, where statutory officers would attend these meetings and feedback information to work-force. Represent the workforce and deliver the message within the meeting also. The Partnership meeting is designed to encourage an equal voice from service users, statutory officers and all of stakeholders without flooding out this information.</p> <p>JM – Agrees with JG and feels that every agenda can be open to a particular topic, but doesn't need to be included into every meeting; for example, Education & Housing.</p> <p>CS – Confirmed same issue has been raised MH Providers meeting around third sector representation & attendance. Agrees with JG's comments, and confirmed that she sees it as her role to represent the third sector and feedback to other members as to avoid overflowing with attendees within the meetings. CS said happy to feed this back as a raised issue within the Partnership meeting, and also added they have commented appreciation for receiving notes from the meetings also.</p> <p>JM – Happy for notes to be shared, just reiterated that he didn't want an enormous list of attendees and makes it difficult to track down who has attended, or not.</p> <p>MD – Understood the importance of auditors and being compliant, but commented that the group has been dynamic over the last several years. Had a good contribution from service users, and felt it is a very well-balanced group, that runs at a good pace. Wanted to comment that it would be a "crime" to lose that, and wouldn't want it to change too much.</p> <p>JM – Confirmed he didn't want to change it too much, just a matter of tidying up and re-instated the above points.</p> <p>JM thanked FL for efforts and ongoing with TOR list and any issues JM happy to cull the list collaboratively in advance of next meeting. Once this has been agreed, and JM addressed BJ that he would agree whoever can be put onto the circulation list for the meeting, and that BJ can share this with whoever he wants, point is that this is trying to save inundating people's inboxes.</p> <p>BJ – Agreed with above, and confirmed people have been contacting BJ asking if they're supposed to be a part of the meeting or not.</p> <p>JM – That's fine, we will tidy it up. Thanks.</p>	
--	---	--

5	<p>MINUTES FROM PREVIOUS MEETING</p> <p>5.1 Review of Minutes and Action Log</p> <p>JM – Anything reporting on previous action log to FL?</p> <p>FL – No, working through all previous actions in red as agreed. And current actions are being undertaken.</p> <p>JM – Can we do what I call a “haircut” on actions, see action below.</p> <p>Action: Review action logs, and close some of those down, or re-instate as a new action and picking these up in the next meeting as an action summary.</p> <p>AOB</p> <p>5.2 Any Other Business</p> <p>JM – Nothing for Any Other Business?</p> <p>Thank you all.</p>	FL
	<p>Next Meeting Date:</p> <p>Tuesday 22nd June, 2-4 pm (Format TBC)</p>	

Action Register		
Date	Action	Who/What
16/03/2021	Write Welsh Government annual report.	Complete Welsh Government annual report to be discussed within the MHPDP meeting in June.
16/03/2021	Streamline and update correct representatives & members (new and old) to TOR List.	FL to liaise with partners, and JM to cull and streamline TOR list.
16/03/2021	Review and update old action logs.	FL to review action logs, close actions, or re-instate as new actioned by liaising with colleagues and action for review in next meeting as an action summary.
16/03/2021	Agreed an action log for issues to do with service users and/or others gaining access to GP's primary care and CMHT's would be useful and CS to develop.	CS to develop.