

**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

**10<sup>th</sup> December 2019 – 2:00pm**  
**PAVO Centre, Llandrindod Wells**

**In attendance:**

**Name**

**Designation**

Joy Garfitt (JG)	Assistant Director for Mental Health & Learning Disabilities Services, PTHB - Chair
Louisa Kerr (LK)	Interim Head of Mental Health Operations, PTHB
Brian Jones (BJ)	Inspector, Dyfed Powys Police
Freda Lacey (FL)	Mental Health Partnership Manager, PTHB
Owen Griffkin (OG)	Participation Officer, PAVO
Rhydian Parry (RP)	Individual Representative
Mary O'Grady (MOG)	Head of CAMHS
Lucy Harbour (LH)	Mental Health Partnership Participation Officer, PTHB
Teresa Morgan-Jones (TMJ)	Service Manager, Older Peoples Mental Health, North Powys, PTHB
Helen McIntyre(HM)	Service Manager, Adult Mental Health, North Powys, PTHB
Sue Newham (SN)	Health & Wellbeing Officer, PAVO
Sarah Dale (SD)	Individual Representative
Claire Cartwright(CC)	Director, Ponthafren
Robin Green(RG)	Admin Officer, Ponthafren
Michael Gray(MG)	Head of Adult Services, PCC
Tessa Craig(TG)	Principal Public Health Practitioner, Public Health Wales
Poppy Tidswell	Medical Student - Observer
Melissa Brooks	Mental Health Act Administrator, PTHB – Minute Taker

**Apologies:**

Jamie Marchant(JM)	Executive Director of Primary, Community & Mental Health Service, PTHB
Mel Davies (MD)	Vice Chair, PTHB
Amanda Diggins (AD)	Chief Inspector, Dyfed Powys Police
Joe Wellard(JW)	Powys Regional Partnership Board Manager, PCC
Andrea Blayney(AB)	Community Health Council, Powys CC
Claire Swales(CS)	Senior Officer for Health & Wellbeing, PAVO

Agenda Item		Action/By Whom
1	<p><b>PROCEDURAL MATTERS</b></p> <p><b>1.1 Welcome and apologies for absence</b></p> <p>JG welcomed attendees to the meeting and thanked everyone for their attendance. Apologies were noted as above.</p> <p>Everyone introduced themselves, each had a Christmas cracker, told the joke from the cracker, gave an aspiration for themselves and an aspiration for the Partnership/service for the next year.</p>	
2	<p><b>PRESENTATIONS</b></p> <p><b>2.1 Making Every Contact Count</b></p> <p>Tessa Craig introduced the presentation (attending in place of Anna Protheroe). Public Health Team based in Bronllys but covers the whole of Powys – works closely with the Health Board.</p> <p>Public Health Team have trained some Health Board staff and PCC staff.</p> <p>MECC Health Chat - Ask, Advise, Act:</p> <ul style="list-style-type: none"> <li>• Ask about lifestyle behaviour when the opportunity arises</li> <li>• Advise about the behaviour, benefits or changing, and/or ways to change</li> <li>• Act by making a referral or signposting to sources of information and advice</li> </ul> <p>TC explained what MECC is about and what it is not about.</p> <p>MECC is about you helping people make informed decisions about their health and wellbeing.</p> <p>MECC is not about adding another job to your already busy working day; becoming a specialist in a certain lifestyle area; becoming a counsellor; or providing ongoing support to particular individuals or telling somebody what to do and how to live their life.</p> <p>10% followed 0-1 of health behaviours. Only 5% do all 5.</p> <p>Change with regard to smoking. Was 80% of men smoked, but now it is 80% don't smoke.</p> <p>MECC Training can be accessed online. Public Health provide training for staff groups.</p>	

	<p>Themed training may be a suggested way of trying to implement. It may be that some subjects can be triggers for people with issues – eg eating disorders and food discussions.</p> <p>MG – What matters conversations. If we were to roll this out more in Social Services – it is difficult to know how to embed it into your normal work role – how do you get on to the subjects if they are not what you are there to deal with.</p> <p>This would be an opportunity for dual diagnosis workers – they would benefit from this training.</p> <p>JG – actions to take this forward. Agenda it for 6 months time to get staff trained and look at it again once staff have started to use MECC.</p> <p>LK – maybe we can incorporate it in supervisions with staff.</p> <p>If it's something you would like to do, make contact with Public Health and in 6 months we go forward more strategically as a Partnership.</p> <p>Help me Quit online, or telephone the number on the website and this will direct you where to go and how to go about it. One day a week in Ponthafren, cessation advisors are available to speak to.</p>	
3	<p><b>ALL AGES</b></p> <p><b>3.1 Hearts and Minds Delivery Plan:</b></p> <p>LK introduced the report as FL is new in post, outlining the priority areas as detailed in the report.</p> <p><b>3.1.1 Delivery Plan Progress report submission and Annual Statement 2018-19</b></p> <p>Summary provided – not everything is included. Had to be submitted by 15<sup>th</sup> November – subject to Partnership Board approval. LK noted it would not have been completed if it wasn't for LH and it is also subject to Powys Board approval.</p> <p>Thank you to Sarah for the pictures.</p> <p>LK - Please let me know if there is anything to add or there are things that may be missing.</p> <p>RP - Part 4 of the measure perhaps could be included – Measure data. LK- yes that would be helpful.</p> <p>FL – Advocacy. LK noted Advocacy will be added to the agenda for the March meeting.</p> <p>JG – Are we happy to approve this document?</p> <p>Yes – all in agreement. Part 4 addition to the document – this will be circulated.</p>	<p>LK</p> <p>LK</p>

	<p>Thank you to Lucy and the reps for their input. JG noted it is great to see LH growing in her role.</p> <p><b>3.2 Update on Transformational Funding Spend</b></p> <p>Powys allocation from Welsh Government is based on population so significantly lower than any other Health Board, the geographical size and unique challenges to delivering in Powys are not taken into account. In addition population does not necessarily dictate demand. Therefore, the small allocation has to go as far as possible but can't cover every priority. As part of the Partnership priorities however, the following has been covered – eating disorder service, complex trauma pathway, psychology – referral to Treatment targets, Perinatal services and primary care (counselling services). PTHB has been recruiting to posts over the last few months. There is money for CAMHS. Perhaps in a future meeting we can work on complex trauma – a presentation from a member of the team would be very useful to explain how this is working. 20% of the Mental Health caseload, can take up to 60% of practitioners' time. There will be an update on this later on next year. Approval obtained over the last 3 or 4 months so work is progressing with this funding.</p> <p><b>3.3 Third Sector Mental Health Provision needs and impact assessment – Feedback from the Regional Partnership Board</b></p> <p>Unfortunately JW is unwell, so not present today. FL gave a brief update. The needs assessment went to the Regional Partnership Board. It wasn't discussed, but has been sent out widely. There are some reservations in taking it forward and about using the document in any budget deliberations. This is to be reviewed.</p> <p><b>3.4 Third Sector Update</b></p> <p>Reps of people using services on the partnership are supporting patients council, engage to change sub group. Shared power training being given to equip reps to come to groups like this without being overpowered by the situation – it is about assertiveness and what your role is. Third sector organisations to have training in how to communicate and integrate with these agencies.</p> <p>Powys Agriculture week – 22<sup>nd</sup> January.</p>	
4	<p><b>CHILDREN, YOUNG PEOPLE &amp; FAMILIES</b></p> <p><b>4.1 Perinatal MH progress report Quarter 2</b></p> <p>LK introduced the update. Proactive Perinatal steering group – MF used to provide the update, but has now left. Posts currently going through job matching. Service will start to fly and training will be happening in January. Perinatal, psychosis, eating disorders –</p>	

	<p>Health Board staff will be trained in these areas, starting in January and these staff will be based in the CMHT's. Perinatal steering group would be good for FL to go to, to get an insight into the service.</p> <p>SN noted the National Lead - Sharon Fernandez, is very complimentary about this service. JG noted this is a new way of working for Perinatal services, so it is very positive.</p>	FL
5	<p><b>ADULTS ALL AGES</b></p> <p><b>5.1 National Partnership Board – feedback from any recent meeting</b></p> <p>SD provided an update from the National Mental Health forum. Main topic discussed people meeting social needs. It is interesting to hear what is available in their areas. There are support groups for things like bipolar and eating disorders – very specific. Powys does not have the set up for these specific groups whereas they are available in other areas. SD noted there are things we don't have and would like to see. The National Forum is looking at recruitment of reps – different places have different needs, so this would not be the same across the whole country. It can be daunting having a formal interview and this may not suit everyone. Also looking into trialling a residential 2 day stayover – this would not always be suitable for carer reps and they may not be able to stay over for 2 nights. Next one is Hywel Dda, then it will be Powys's turn.</p> <p>JG noted a lot of Mental Health models are built for urban areas – we need a more rural model.</p> <p>It is also difficult to address how to encourage peer networks. The travel becomes an issue for Powys people.</p> <p>Mid Powys Mind are useful for this kind of thing. SD noted an LGBTQ group would be useful in the Newtown area. People are very isolated and a support group can make a massive difference to people. LK – it could be useful for discussion to take place around what is there at the moment and what is missing. Part of the engagement process would be service user reps going out and speaking to people.</p> <p>Thanks to reps for their invaluable work – it is very much appreciated.</p>	
6	<p><b>PARTNERSHIP DELIVERY</b></p> <p><b>Sub group reports</b></p> <p><b>6.1.1 Engage to Change</b></p>	

LH noted the latest meeting was the week before last. World Mental Health Day took place on 10<sup>th</sup> October and the MHPDP supported the #HelloYellow campaign by wearing yellow to work.

Partnership Dignity Pledge launch – value and meaning. Instead of visiting all teams it has been suggested that we film the launch and show this to all teams so that consistent information is provided. This should be accompanied by an implementation plan – monitoring and checking the impact.

HM noted this needs to be balanced with Dr Tan’s National Review – and plans for Ed services moving forward.

It may be worth waiting until the National Review is completed. Defer to June – so that this can be taken into consideration. It is not time critical at the moment as a date from Welsh Government has not yet been provided. The Eating Disorder review needs to be on the plan, but there are some challenges with regard to the Welsh Government review.

Powys Reps Survey - presented the survey as it stands – consideration needs to be given as to how this can be published and distributed as there are some things which need to be anonymised.

It is very important that we don’t lose any of the information in the document as it is all very important. Maybe names need to be changed to initials – eg Dr G. Some comments can be shared, but others cannot. Do we summarise it? The comments are the meaningful part of the document – if you summarise you lose the meaning of the information. It needs to be available for different audiences – summarised version as well as this? LK – it’s about what is important to get across so people will read and digest it. SD noted she felt that the impact of the document would be lost. If specific names are mentioned these should be redacted.

MG – important that it should be a document that can guide practice. It may be worth taking some of the comments out and using them as a checklist. LH noted this could be linked with the dignity pledge work to see if they help.

This wasn’t given out to over 18’s, so it would be useful to say that it does not include the CAMHS responses.

Now that it has been done once, it could be done again and again. Should be raised at team meetings, GP waiting rooms, etc.

It is important to take clinicians names out, make sure people can’t be identified.

	<p>A good compromise is that a summary could be added, but the document should stay as it is. Suggestions to improve the impact. Key themes pulled out to share where they need to be shared.</p> <p>Any changes made to the document to go back to Engage to Change to ensure everyone is happy.</p> <p>It should be put online – PAVO and PTHB websites. Also some of it could be tweeted.</p> <p>Reps thanked for their work on this – a very valuable piece of work.</p> <p>SD noted that Self Harm Awareness - there has been an exceptional amount of work from Reps for this.</p> <p>LK noted it is good to have this as a baseline for something we can build on – getting feedback from people and sharing the approach.</p> <p><b>6.1.2 Crisis Care Forum (formerly S136 Criminal Justice)</b></p> <p>(please see full report) There were a few amendments on the S136 protocol, which has now been issued.</p> <p>Training 16<sup>th</sup> January. It has taken 3 years to get the training back in place. There has been input from numerous places. It will be multidisciplinary training for all teams.</p> <p><b>Action: Include the evaluation of the training into the next Partnership Meeting</b></p> <p>BJ introduced the report and explained the data.</p> <p>It was noted there is no rhyme or reason for S136 figures being high – 21 for the whole of last year, but the same figure for the first 6 months this year.</p> <p>The work of Jan Roberts and CRHT is second to none – absolutely invaluable.</p> <p>Priorities for the next 3 months include the Training – this should be happening quarterly for 3 years.</p> <p>Dr Foster has offered 3 places to Police for EUPD (Emotionally Unstable Personality Disorder) training – all Sergeants have put their names forward.</p> <p>4 IRIS cases have been closed. An evaluation report is being prepared – one case of high demand, West Mercia Police, Shropshire police. Is this because of IRIS – or is it just the process working? Evaluation report to be provided.</p>	<p>LH</p> <p>JG</p> <p>BJ</p>
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7	<p><b>MINUTES FROM PREVIOUS MEETING</b></p> <p><b>7.1 Review of Minutes and Action Log</b></p> <p>Engagement event – date coming out in new year.</p> <p>Art psychotherapy being reviewed.</p> <p>Matrix Cymru is coming back to the agenda next year.</p> <p>It was suggested that a page be set up for who is travelling from where – so that it can be co-ordinated to ensure that everyone does not travel individually. LH to try to co-ordinate.</p> <p>Knife Angel – coming to Newtown in January. There has already been a meeting regarding this. The police and local services are very concerned about the effects of this being in place. It is to represent a weapon amnesty – we could have fallout from this. Very low knife crime in Newtown at present, so not sure what this will bring. Could we link with the Community Safety partnership – if anyone is affected, advise to contact Ponthafren or something to that effect.</p> <p>Some positive messages would be useful. It may affect people who have been affected by knife crime in the past. Refer to BJ if there are any issues arising.</p>	LH
8	<p style="text-align: center;"><b>Confirmed Meeting Dates for 2020:</b></p> <p style="text-align: center;"><b>Thursday 19<sup>th</sup> March</b>  <b>Thursday 18<sup>th</sup> June</b>  <b>Thursday 17<sup>th</sup> September</b>  <b>Thursday 17<sup>th</sup> December</b></p> <p style="text-align: center;"><b>2-4 pm at PAVO Offices, Llandrindod Wells</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>
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>Ongoing</b>
11/12/2018	Work in Powys against the National Violence against Women and Girls strategy to be presented to future meeting.	LK to pursue. Will require someone to come and present to the MHPDP. This will be passed on to the new Partnership Manager <b>JW to speak to Duncan Kerr</b>
20/06/2019	RJ to look at the option of transferring money from cross cutting – discussion to take place £80,000 to be transferred and then replaced once received. Talk to Me 2 – connect to SUI process – 2 posts in job matching – LK	RJ to discuss <b>Ongoing – LK</b>
20/06/2019	Information on the next steps on North Powys Wellbeing: Model of Care development and Preferred Site to be provided	LK to provide update <b>Ongoing updates to be provided</b>
20/06/2019	LK to bring the comments re CTP's to future meeting	Information to be provided to future meetings <b>To be added to Engage to Change report and fed into future MHPDP meetings - ongoing</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.	Went to RPB – JW not present – to be carried forward to next meeting
10/12/2019	Measure data for Part 4 of the measure to be included in the Delivery Plan Progress report submission. LK to add to report	
10/12/2019	Advocacy to be added to the agenda for the March meeting. LK to add to agenda.	
10/12/2019	FL to attend the Perinatal steering group to get an insight into the service.	
10/12/2019	Names to be taken out of the Survey and ny changes to go back to Engage to Change to ensure they are happy. LH to amend as necessary.	
10/12/2019	Exceptional amount of work involved in the reps survey - JG to flag up to RPB.	
10/12/2019	Evaluation of IRIS cases - BJ to provide evaluation report	
10/12/2019	LH to try to co-ordinate transport to the MHPDP meetings to avoid everyone travelling separately.	