

**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

17th September 2020 – 2:00pm
Via Skype

In attendance:

Name

Designation

Jamie Marchant (JM)	Executive Director of Primary, Community & Mental Health Service, PTHB - Chair
Ruth Derrick (RD)	Interim Assistant Director for Mental Health & Learning Disabilities Services, PTHB
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
Rhydian Parry (RP)	Individual Representative
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
Penny Price (PP)	Service Manager, Adult Mental Health, South Powys, PTHB
Helen McIntyre (HM)	Service Manager, Adult Mental Health, North Powys, PTHB
Natalie Hancock (NH)	Regional VAWDASV Adviser
Melissa Brooks (MB)	Mental Health Act Administrator, PTHB – Minute Taker

Observers:

Lucy Reid (LR)	Independent Board Member, Betsi Cadwallader UHB
Anastasia Mirzha-Davies	Medical Student
Kiana	Medical Student
Matthew	Medical Student
Alexander Coombs	Medical Student

Apologies:

Ross Evans	Dyfed Powys Police
Joy Garfitt (JG)	Assistant Director for Mental Health & Learning Disabilities Services, PTHB
Jackie Newey (JN)	Information Officer, PAVO
Jane Bishop (JB)	Individual Representative
Lucy Harbour (LH)	Mental Health Partnership Participation Officer, PTHB
Rachel Williams (RW)	Senior Manager Mental Health & Disabilities, PCC

Agenda Item		Action/By Whom
1	<p>PROCEDURAL MATTERS</p> <p>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.</p>	
2	<p>SERVICE UPDATES</p> <p>2.1 Update on Violence against women, domestic abuse and sexual violence for Mid Wales (Powys perspective)</p> <p>NH introduced herself and made the presentation. Explained the 6 key regional objectives listed in the strategy.</p> <p>JM asked NH to explain what is meant by Child to Parent Abuse. NH explained this is parents being abused by children.</p> <p>Covid 19 Specific referrals via IDVA in the Dyfed Powys area – there were 114 referrals in Quarter 1, and in one area of the region mental health was a factor in 100% of the referrals – information from Powys Local Operational Safeguarding group.</p> <p>We linked with North and South to expand on what is being delivered in specific areas. Funding opportunities have been successful during Covid-19. Likelihood of abuse at home and hindering the access to service is also having an impact. What more do you feel could be done – with regard to mental health?</p> <p>SD – I have a couple of questions. I tried to read the document but it was quite difficult. SD outlined issues she has come up against through her own personal experiences.</p> <p>NH - Engagement to inform the strategy through survivor groups – some through working with services and some independently. Established a survivor group and understand the way we term these things – work is to understand who doesn't access services, why they don't access services and how can this be improved.</p> <p>SD – You mentioned survivor groups – there aren't any in my area. Have you consulted with people in Powys about the strategy?</p> <p>NH – We would welcome you being part of the work we are doing.</p> <p>NH - Male victims – although it doesn't mention men it does include men too – the whole strategy relates to male and female victims.</p>	

	<p>LGBTQ community – highlights issues around trans women accessing female-based services – these people are more likely to be victims of abuse.</p> <p>NH – This probably comes into the EIP work being done. Speaking freely – looking to challenge to make these services to be more flexible in their approaches. A lot of work being done around LGBTQ communities and we need to be more productive.</p> <p>JM – Sarah, thank you for sharing – and we appreciate you have been very open in sharing your experience – it can't be easy.</p> <p>LK – Thanks you to Sarah and to Natalie as this is the first time domestic abuse has been on the agenda. Widening the number of people who share experiences is really helpful – Engage to change group is the ideal platform. We should link up with LH as Participation officer – NH and LK.</p> <p>NH – Support for sexual abuse – the whole process of how support is accessed is available via the Sexual Abuse Referral Service It would be great to link in with LK and SD which will help to inform how this is shaped across wales, not just within the region.</p> <p>JM – I wasn't aware of the conversations going on around this– any other questions and comments.</p> <p>None – this concludes the presentation – thank you.</p> <p>Action: 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.</p>	<p>LK/NH/LH</p>
<p>3</p>	<p>PARTNERSHIP UPDATES</p> <p>3.1 Partnership Summary Update</p> <p>a) FL introduced the update document which followed issue of the papers. There will be a brief update on the survey under the Engage to Change section. Recruitment – to update, we have some new people in post. New Arts & Health Co-ordinator, Lucinda Bevan joined us on Monday and also the Arts & Culture Commissioner under that forum. The next one is a Harm Reduction post – an ex policeman from Gwent who currently works in Estates for PTHB will be joining next Monday working jointly with Substance Misuse and Area Planning Board.</p>	

	<p>The Suicide & Self Harm Co-ordinator has been appointed – Jan Roberts currently works leading the South Powys Crisis Team – start date to be agreed for that post.</p> <p>Housing – Interviewing for 4 complex needs roles in housing – should be in post in the not too distant future – working closely with mental health and substance misuse.</p> <p>Dual Diagnosis – 3 roles – mental health and substance misuse – working in the Community Mental Health Teams across Powys.</p> <p>JM – Ruth and I have the same view – this is a very positive update document – easy to read and very good.</p> <p>MG - Excited at the complex care roles – how will those roles interface with the other services – are we doing everything we can to link up and is there anything more we can offer to take this forward?</p> <p>FL – This was formulated by a steering committee – multi agency steering group including Judith Rheade and Rachel Williams. Very definitely a joined-up approach for this.</p> <p>Third sector also very involved in the triage centre – to support those complex needs roles.</p> <p>JM – JW has complimented on the format of the document.</p> <p>CS – Homelessness Third sector are helping to co-ordinate this. First referral within half an hour of launching this. MH Providers keen to be part of this going forward.</p> <p>JM – Thanks Clair – anything else on that report.</p> <p>FL - I think the report stands for itself.</p> <p>RP complimented the format of the paper. SD noted the paper is easy to read – can we have more like this?</p> <p>SD – Service like this is vital – community connectors – try to join people up and make people aware of services.</p> <p>LK - The good thing about connector services – sharing what is available – vast amount of information – their role is to keep on top of that and share with staff and service users. It's about signposting.</p> <p>b) Mental Health Planning and Development Partnership Board TOR's, annual review.</p> <p>JM – Terms of Reference. I think this needs to be picked up by FL. It was last done last year. The membership needs to be</p>	
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	<p>revisited. The Together for Mental Health delivery plan is being recovered – there are some gaps in terms of membership for the board – it may be useful to look at this with members now?</p> <p>MG – Head of Adult Social Care – maybe you could pick this up for your team and put forward the appropriate names for membership.</p> <p>LK – This needs to be cross referenced with the delivery plan.</p> <p>JM – Keep it simple what are the strands of work and who do we need around the table – we need to work to get the key services on the membership. MG - I know Rachel Williams is on the circulation list for this but don't see her title on the list. We don't want to invite people unnecessarily. JW – Happy to be part of being involved in the shaping of the membership if that helps.</p> <p>JM – We need to feel we are fit for purpose and we can get RPB to sign off this to ensure we have the right people in the room.</p> <p>JM - Insp Brian Jones is much more engaged with the partnership – need him to agree who should be involved from the Police perspective.</p> <p>Action: Membership of the Partnership Board needs to be agreed.</p> <p>c) Together for Mental Health Delivery Plan – Specific update on progress (verbal)</p> <p>FL - Revision is happening and going to the board for 2021/22. There was a meeting last week - LK, Lucy Bevan and myself – report on activity so need to check we have no gaps in time for that to be put forward. At present there are some gaps, but it is looking good at present. More of an update on this will be provided to the December Meeting.</p> <p>Action: Update on the Together for Mental Health Delivery Plan to be provided to the December meeting.</p> <p>d) Business Planning Cycle – Template sample</p> <p>JM – We need to have a look at this. The delivery plan part will drive some of this. A more detailed conversation is required. Is there anything that anyone wants to mention now?</p> <p>FL - There was a suggestion of development sessions – do we want to have additional meetings or longer sessions?</p>	<p>FL/JM</p> <p>FL</p>
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	<p>JM - I need to ask around the table to see If there is anyone else out there who wants to give an opinion on that – positive or negative?</p> <p>RD – Most partnerships I have been involved in have an annual day where development can be discussed – it can be quite an informal session.</p> <p>LK – It may be good to remind ourselves and refresh our memories around this.</p> <p>JM - Once a year would be really helpful – we have to see where we are at the beginning of next year – and keep it on the agenda. I would not recommend longer meetings – a separate slot for development is more practical – 2 hrs is plenty for this meeting.</p> <p>Action: Business Planning Cycle to be kept on the agenda next year.</p> <p>3.2 Transformation Funding (Service Improvement) – Agreement</p> <p>JM – The funding is very prescriptive. Allocation to Powys of £300,000, the areas covered by the funding are CAMHS, Perinatal MH, and Crisis Care.</p> <p>This is not quite new money – but I would formally like to thank LK because she did all the work on this at the eleventh hour.</p> <p>The intention is to join services to provide a more holistic service to our service users.</p> <p>SD – Why are Welsh Government not listening when we say we need 24/7 crisis services?</p> <p>LK - We can't do much more than we actually do – we keep putting this to them, but the funding decision is down to them.</p> <p>Sub-group Updates:</p> <p>3.3 Crisis Care Forum/Covid-19 Group</p> <p>BJ wished to convey best wishes to Joy and Jan for what they are going through at the moment.</p> <p>He also welcomed the four students in attendance - lovely to see them coming in.</p> <p>24/7 crisis team – we need to keep it on the agenda as this will help us massively.</p>	<p>FL</p>
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	<p>BJ provided an update which was contained in the papers, giving explanations of figures contained in the report as necessary.</p> <p>The 6944 total incidents recorded for Powys for Quarter 1 include anything from crime to road traffic accidents. 492 incidents were recorded as associated with mental health which is 7.1% - not 50% as reported by the media.</p> <p>There were only seven incidents where S136 was used – these were all used correctly. Consultation with a health professional was held for six of these cases. No-one was admitted to hospital following assessment. Four were discharged and referred to community care and three were discharged with no further intervention being required.</p> <p>There were nine S136 cases in the following month, with 7 being admitted to hospital.</p> <p>Bronllys is the only S136 suite being used since the Covid outbreak – Wrexham is no longer being used by Powys to avoid the risk of traveling out of county.</p> <p>BJ gave an update from the IRIS group noting that this is now a well established pathway and deals with the highest level of mental health cases requiring support. It is very effective and eight cases were removed from the list at the latest meeting which means that the demand for services from these eight individuals has reduced significantly so there is no longer a need for a multi-agency approach.</p> <p>There will be an evaluation exercise shortly looking at the benefits of IRIS. Pembrokeshire, Ceredigion and Carmarthenshire are looking positively at IRIS and looking to introduce it across their regions.</p> <p>The Covid Crisis Care Group which was established in May to monitor the impact on vulnerable persons through the Coronavirus pandemic noted that there would be effects from restrictions being removed, but also then from them being reimplemented. It was noted that we need to be able to identify trend changes quickly.</p> <p>Covid Crisis Care TOR's are to be signed off.</p> <p>This was agreed to be signed off by the Partnership. To be circulated and back to Freda by next Wednesday.</p> <p>Anything to add or change – let Brian know by next Wednesday.</p>	
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	<p>JM – There was a comment on S136 – to be added on the report we have discussed this week, Ruth? RD - Yes.</p> <p>Action: Covid Crisis Care TOR’s signed off by Partnership – to be circulated and back to Freda by next Wednesday.</p> <p>3.4 Engage to Change</p> <p>LK noted that LH is off sick and suggested that service user reps and OG provide updates wherever possible.</p> <p>RP – I wasn’t actually at the last Engage to Change meeting as there was a forum meeting which was looking at the role description for reps locally and nationally. There have been two virtual forum meetings which were very successful – Sarah did a great job chairing the one day – well done. There is going to be a new forum logo, we agreed Terms of Reference, there was discussion around alternatives to inpatient stays. It was a very productive two day session.</p> <p>SD – I have also been part of the diversity group looking at who we want to target to be involved in the forum. There is a list of organisations across Wales including who fits in the categories – creating forms to be completed to provide details of people who want to be involved.</p> <p>Future planning group – we are looking at how we get people to stay on as members. The past experience is not that great with the forum.</p> <p>A lot of work has been done on the survey. We had 44 responses to the survey of 17 questions – varying multi-choice to free text. A feedback document is being put together – what we want to target and what we can change to improve the level of support given to people. I have been able to get more involved in the Mental Health Forum – I have done a few interviews in Bronllys and really enjoyed this – I felt really valued and that my input mattered.</p> <p>Planning is underway to for a Self Injury Awareness day in 2021. The aim is talk to as many people as possible in Crisis Teams, CAMHS, CMHT’s and MIU’s about self injury and self harm and promote the event. It will be an opportunity for staff to learn about experiences from people who have experienced them.</p> <p>LK - Draft service user carer involvement policy has been developed – inviting service users onto panels and is aimed at involving service users in decision making – happy to share this if other partners are interested.</p>	<p>BJ</p>
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OG provided an update on the Patients Council. We used to do a meeting every month, but now we are holding them every 2 weeks online. Lots of issues have been coming in and quite a lot of funding bids for Captain Tom Morgan funds. The ward applied for some funding for kitchen items – table chairs, microwave, etc and also some garden equipment.

There is the advantage of more one to one treatment when there are fewer patients on the ward. The OT is full time so there are more activities – pottery has re-started on the ward as the potter is now able to go in. RP – Trying to introduce film nights on the ward. This will really improve the activities and experience on the wards.

SD – This is something which is not on the papers – I am doing a website review for Powys THB and PAVO in relation to mental health services.

JM - Thank you all for that update.

3.5 Third Sector

CS – This is the first co-produced report. Meetings take place monthly. The over-riding message is the vast amount of work going on during the Covid problems involves the third sector.

The key message is that Voluntary does not mean Amateur.

Regular meetings with Sue Hall and the work going on with Freda is really valuable.

Community Connector referral numbers are noted in the paper:

June 758

July 487

August (to 26th) 441

Powys Agri Wellbeing Support – online meeting took place on the 1st July – update on the paper.

Shared Power Training is to be delivered remotely – OG will be sending details out in relation to this.

The written paper gives updates for each provider. We are hoping that the weather can stay nice longer to meet outside.

Lots of links included in the paper – please share these with colleagues.

JM – Can we put Sub-groups at the front please for the agenda next time due to running short of time for these updates.

	<p>Any questions on that update?</p> <p>Joining up of the statutory bodies to the third sector agencies is vital and they are the third leg for us.</p> <p>Any questions – none.</p> <p>Action: Third Sector report to be at front of agenda for subgroups next meeting to allow reasonable time for update.</p>	FL
4	<p>MINUTES FROM PREVIOUS MEETING</p> <p>4.1 Review of Minutes and Action Log</p> <p>JM - Attend Anywhere software is being rolled out for patients and clinics.</p> <p>LK – testing phase was in August – MH service teams are trialling use and just undertaking a short evaluation and should then be ready to go live.</p> <p>JM – We are doing this across all of our services for Powys. It is the preferred option for some people, but not always one which people want to use.</p> <p>MG – Can we use Teams for next meeting? FL - We will see what we can do – Individual Reps may have issues with it, but we can see if we can sort something out.</p> <p>Action: Arrange for the next meeting to take place via Teams if possible.</p> <p>AOB</p> <p>JM – Nothing for Any Other Business?</p> <p>Thank you all.</p>	FL/MB
	<p>Next Meeting Date:</p> <p>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 for Suicide and Self Harm Coordinator 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.
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.