

**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

22nd June 2021 – 2:00 – 4.00 p.m.

Via Teams

In Attendance:

Name	Designation
Freda Lacey (FL)	Mental Health Partnership Manager, PTHB
Geoff Watts (GW)	Head of Psychology, PTHB
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
Michael Gray (MG)	Head of Adult Services, PCC
Owen Griffkin (OG)	Participation Officer, PAVO
Ruth Derrick (RD)	Head of Nursing, Quality & Safety, Mental Health, PTHB
Gemma Rennie (GR)	Senior Probation Officer, National Probation Service
Nina Davies (ND)	Head of Housing and Community Development, PCC
Sian Bamford (SB)	Mental Health Coordinator, DPP
Jamie Marchant (JM)	Executive Director of Primary, Community & Mental Health Service, PTHB - Chair
Sue Newham (SN)	Health & Wellbeing Engagement Officer, PAVO
Brian Jones (INSP Jones)	Inspector, Dyfed Powys Police
John Lilley (JL)	Individual Representative
Louisa Kerr (LK)	Interim Head of Mental Health Operations, PTHB
Georgia Price (GP)	RPB Partnership Support (for Joe Wellard)
Lucy Harbour (LH)	Mental Health Partnership Participation Officer, PTHB
Sarah Dale (SD)	Individual Representative
Tessa Craig (TC)	Senior Public Health Practitioner, Powys LPHT
Jacqui Lovatt (JL)	Chief Inspector Operational Command, Dyfed Powys Police
Owen Price	Administration Support, PTHB – Minute Taker

Apologies:

Clair Swales	Head of Health & Wellbeing, PAVO
Rachel Evans	Senior Change Manager, Live Well (PCC)
Helen Missen	Individual Representative
Samantha Shore	Head of Service for CAMHs, PTHB
Deanne Martin	
Joanna Harris	Senior Change Manager, Start Well (PCC)
Louise Turner	Assistant Director of Women's and Children's Services, PTHB
Rachel Williams	Senior Manager Mental Health & Disabilities, PCC
Rhydian Parry	Individual Representative
Ben Shooter	Consultant in Adult Psychiatry, PTHB

Huw Jackson
Louise Richards
Supt Ross Evans
Jane Bishop

Health Board Clinical Lead, WAST
Workforce Planning Manager, PTHB
Superintendent, Dyfed Powys Police
Individual Representative

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; TC stated she had to leave the meeting at 15:00, and JL also stated she may need to leave at some point within this meeting.</p>	
2	<p>PARTNERSHIP UPDATES</p> <p>Subgroups:</p> <p>2.1 Community Voluntary Service(s) Report</p> <p>SN – The report was commissioned by the MH department within PTHB with the remit of looking at the effect of the pandemic on the third sector MH organisations and how they had responded, as well as the individuals affected, the gaps within the needs and then tying it in with the T4MH Delivery Plan.</p> <p>PAVO felt the importance of driving the report through the voices of service users. Initially PAVO had hoped to include 40 individuals however ended up using 20 individuals due to the sheer volume of information that was provided.</p> <p>Third sector MH organisations have been excellent in providing evidence and updates, as well as providing case studies on the work being completed within Powys. Case studies can be found throughout the report, with an executive summary at the beginning, future needs and gaps have been highlighted in blue throughout with the ending segment tying in the report to T4MH.</p> <p>SN opened the floor to questions.</p> <p>JM – Thanked for the report and welcomed anyone to ask questions.</p> <p>JM asked as this is Commissioned by the Healthboard, and FL responded yes, it had been as part of the £200K from WG provided for Tier O/1 in 2020/2021. What’s our response in relation to the 13 recommendations? – Left colleagues to ponder on this question, whilst inviting SD to proceed with her question. It was agreed that PTHB would formulate a response to the recommendations and circulate.</p> <p>Action: FL to draft response on behalf of partnership</p> <p>SD – Commented on the high quality of the report, and added that she would like to have seen some work from Engage to Change; including Loneliness in Middle Ages, as well as the LGBTQ and their work around Covid-19.</p> <p>SN – Responded, that due to constraints on the size of the report SN had to make a conscious effort on what items were to be included and what</p>	FL.

not. Added that the points raised by SD were valid and thanked for her comments.

JM – Agreed but continued to state that the elements raised by SD do not specify an age group, and only talks about “loneliness” in general and therefore not necessarily as poignant as others.

MD – Congratulated SN on her work within this report and its ability to demonstrate the “overarching work” being carried out by Powys during the pandemic, and the collaboration with agencies. Added that such a document will come in extremely useful when showcasing service gaps and needs to WG and Ministers, and proving evidence in requests for funding.

SN – Thanked MD for her comments and concurred with the raised points regarding the vast amount of work that has been successfully completed within Powys and the positive impact we are doing within the community.

JG – Agreed with comments above. Asked, in respect to the voluntary sector and statutory sector whether we can recover services (not necessarily back to normal post pandemic) and look at what the future service looks like. JG invited the Engage to Change group to provide views within these sectors and what their priorities and perspectives are when looking at what services/elements are most important to recover first. Outlined the voice of the service user is highly invaluable in our approach and planning how to support the community going forward.

SD – Agreed to providing support on this.

LH – Agreed to add this to the Engage to Change agenda for discussion.

JM – Agreed and welcomed JG’s suggestion of involving the voluntary sector to drive services forward working alongside the statutory sector.

JL – Added the importance of involving service users within service change especially with co-production and agreed that the above would be a positive impact in driving services forward.

JM – Thanked for JL’s comments and commitment to this service.

MG – Commented that the report is extremely comprehensive and thanked SN for producing this and sharing. Followed on from JG’s comment of service “prioritisation”, MG added that there needs to be an understanding around where the “energy lies” and directed the following question to SN:

“If there was a top 3 that could make the most difference from producing this report and engaging with various types of people, what areas would you recommend would be best to focus on most?”

	<p>SN – Responded stating the difficulty of such a question, but advised to look at “preventative” strategies for children and young people (and young adults) recovering from the pandemic. Added that their lives have changed drastically through education as an example, and prioritising preventative measures should be a priority to consider. Additionally, SN added that another area to prioritise should be loneliness and isolation.</p> <p>JM – Added that it would be best to utilise the breadth of the group to draw up suggestions, and recommendations on how we can support people.</p> <p>LK – Added that some of the recommendations are already being considered (e.g. the bereavement pathway). Suggested that once Engage to Change have provided their feedback, proposed that a smaller sub-group of agencies and partners get together to go through the recommendations alongside the commentary from the Engage to Change feedback.</p> <p>JM – Agreed with the above.</p> <p>TC – Commented that there is a large amount of work being completed by Public Health within test, trace and protect looking at prevention that could be mirrored within the Third Sector, tapping into their knowledge and experience. Also added that there are a number of financial grants available to support new projects going forward.</p> <p>JG – Added that as the Engage to Change Group will be reviewing the report, she would introduce this to the senior leadership team for review. Stipulated that there is an ambiguity around funding provided by WG and what their plans are around recovery.</p> <p>JM – Wants to share this report with the Executive Head Groups within the Health Board, as well as the Committee. However, JM outlined that little will be done until a suitable response outlining the priorities is produced. Thanked SN for the report and her contribution to the meeting. Action: Once response agreed, circulate report to Senior Executives</p> <p>2.2 Engage to Change</p> <p>LH – Announced JL as the newly appointed individual representative on the MH Planning and Development Partnership Board bringing a wealth of experience from his work on the Patients Council, Crisis Care forum and the 111 national workstream. Added that through the individual representative recruitment drive there were two additional representatives interviewed who didn’t meet the experience criteria for the MHPDP, however they have been invited to partake within Engage to Change. One of the representatives brings a CAMHS perspective which was a gap of experience required within the Engage to Change forum previously. LH added that there is a requirement for an Older Adults representative remaining within the group.</p>	<p>JM</p>
--	--	-----------

Jane Bishop sends her apologies for the meeting today who has successfully produced work around the MH Act white paper released by WG. In addition Jane has also joined carers at engagement events with “Re-think Mental Illness” and also with MP’s, LH commended Janes work around this in having the carers voice represented within Powys. Engage to Change have had Jan Roberts attend their meeting providing a briefing on the Suicide and Self Harm Prevention Workstream and developing intelligence led services in the prevention of self-harm and suicide. LH added that there is now a service user representation through SD at the regional suicide and self-harm prevention forum. SD presented the self-injury awareness sessions that are running in Powys, and as a result the other health-boards within the region were engaged and found these sessions extremely informative and as a result are looking to push regionally and possibly nationally, depending on the appetite of SD to do so in the longer term. Added that Powys’ level of co-production is well respected around Wales and this is really positive to hear.

Following the previous MHPDP Engage to Change have been working to promote the theme around connect with nature for MH Awareness week, creating an animated video. In addition, for Borderline Personality Disorder (BPD) Awareness month SD had produced an article around the symptoms, diagnosis criteria and what it is like to live with BPD, which has received a wealth of feedback.

There has been an update from the Felindre Ward Patients Council who have completed the anti-ligature safe windows in the garden enabling people to smoke outdoors unsupervised, between 8am and 10pm. The Patients Council have targets to meet and will be focussing increasing activities on the ward next year such as the “Smoking Cessation”, linking with the Arts and Health Coordinator to achieve these targets who are also looking at the “Creative Writing” classes and the like. The reporting system for the Patients Council where issues raised by the patients will be strengthened and better monitored looking at who will take forward the action and reviewing the positive outcomes of these actions.

JL has joined the Wales MH Wellbeing Forum as the individual representative for Powys. LH, OG, JL have had an opportunity to be involved with Wrexham Universities “Introduction to Co-Production” course to strengthen how partners work together with service users and carers and feedback from this will be shared with the MHPDP once completed. In addition, lessons learnt on how people “co-produce” on the Age Well board will also be shared.

Engage to Change have drafted an annual report, following a request from the previous MHPDP meeting and have asked those within this membership to provide feedback on this report where possible.

JM – Thanked LH and colleagues for their work.

<p>Action: Distribute annual report to members.</p> <p>Added that despite the affect of Covid-19 the work completed by Engage to Change has demonstrated the focus of the partnership and relevant partners on their dedication to positively face challenges and address change post Covid-19 within Mental Health. Invited members to ask questions.</p> <p>LK – Commended the Annual Report produced by Engage to Change and added that the group have chosen to produce such a report and demonstrates the vast amount of work that has been completed around this despite the challenges faced with Covid-19. LK proceeded to thank all those involved for their efforts.</p> <p>JG – Agreed with the above comments and proceeded to thank all those involved within the production of this report. Proceeded to request that this report is shared with all colleagues within the Healthboard and the Local Authority as a display of the positive work being carried out.</p> <p>JM – Agreed with JG and once the partnership has agreed, JM suggested that it is down to each agency to delegate as appropriate in accordance to their desires as a showcase of the team efforts within the Partnership. Queried with MD that a number of the independent members would welcome seeing this report to provide confidence of the work being completed MH and within the Partnership.</p> <p>MD – Agreed with JM and commended the quality of the report demonstrating the positive work being completed in Powys and agreed this report would be well received with the independent members.</p> <p>JM – Requested that the report is reviewed and approved by default, and then shared accordingly where requested and required. JM added that he will be attending the Joint Executive Team of WG and will be showing the Annual Report to this group to demonstrate the positive work being completed by the team.</p> <p>LH – Added that the Annual Report will be translated into Welsh.</p> <p>JM – Thanked LH for her time and moved into next segment.</p> <p>2.3 Crisis Care Forum/Covid-19 Group Q4 Report</p> <p>BJ highlighted the Q4 report was attached within the agenda, but that this was an appropriate time to present the initial findings from the annual report 2020/2021.</p> <p>BJ highlighted the challenges for the previous year with changes being made in support of vulnerable people. Home working, a reduction of patient face to face support and on-line meetings. He suggested that</p>	<p>OP</p>
--	-----------

some of these changes have proven to be beneficial and could remain in place in the future.

BJ wished to thank Health colleagues for their extraordinary efforts to maintain patient support, face to face contact and Partnership working.

BJ raised awareness of a number of the new initiatives which are improving the Powys services. Such as Jan Roberts being appointed as the Powys Co-Ordinator for Suicide and Self-Harm prevention, Andrew Mason, Harm Prevention and Reduction Co-ordinator, Agri-Wellbeing group through PAVO, get There Together Wales and Powys group, the additional out of hours services being provided by Ponthafren and MIND and the appointment of Sara Wheeler as Complex Needs worker.

BJ talked through the data findings for 2020/2021.

Twenty-six cases where Sec 136 Mental Health Act was used by the Police in comparison to 29 the year before, 19 the year before that. He mentioned that the pandemic does not appear to have increased the use of 136, but was aware the demand on Partners undertaking Mental Health Act assessments had increased. The Multi-Agency response was clearly diverting calls from the Police.

Seven of the cases resulted with persons being admitted to Hospital which was significantly lower than previous years. BJ highlighted that he had reviewed all cases and he found none where the Police powers had been used inappropriately and there had been consultation with Health Professionals.

There had been 487 cases where someone had either self-harmed or threatened to do so. 218 of these cases involves males and 269 females. This would be an expected ratio. There has been no evidence to suggest that any of these cases were solely as a result of the Pandemic.

BJ stated that since March 2021, he had been collating further information to indicate the causes of self-harm and the outcomes. In the majority of cases, the cause was alcohol abuse or relationships and the most common outcomes were with the person either being left in the care of family or friends or in being taken to A&E by Ambulance.

BJ discussed the apparent Suicide information for the 12-month period where there had been 22 cases. This was in comparison to 13 the previous year and 14 the year before that. Although there had been an increase, none of the cases were primarily due to the Pandemic, but this could obviously have a contributory factor.

There were 17 cases involving males and 5 involving females. BJ highlighted his concern for the highest age group being 61 – 70 years of age and the next between 19-30 years of age.

Through the Powys COVID-19 Crisis Care group, there was now a 'Real Time Suicide Surveillance' process enabling Partners to assess occurrences expeditiously with a view to identifying potential preventative measures.

BJ wished to thank the Partner Agencies for the continued support for the COVID-19 Crisis Care group who continue to meet fortnightly to discuss persons of interest, where there is an increase of demand and risk of harm, IRIS cases, 136 Cases and apparent suicides. These efforts will instil an integrated approach in the long-term future.

BJ explained the review of cases where Mental Health Act assessments are carried out in Custody., specifically looking at the times between requesting an assessment and the assessment being carried out and the time between assessment and the person leaving custody. BJ highlighted that assessments within office hours continue to take the longest to arrange and there was an appreciation that Doctor have clinics. There was also continued concern for the time it takes to arrange secure accommodation (PICU) and it isn't appropriate to keep someone who is unwell in the custody environment.

BJ thanked the group for the positive plans being made for the future in increasing the Complex Care Workers, appointing Dual Diagnosis Nurses, the NHS111 system, the funding bid for a Crisis House facility and the current review of Conveyance of patients.

JM – Thanked INSP Jones for his comments and added the sobering aspect to hearing such a report and the importance of the lessons learnt from this report is invaluable for the Healthboard and the Partnership.

JL – Thanked INSP Jones for his comments and report. Added that the services within the Police have greatly improved since 2013 with efforts to reduce the amount of people brought into custody and the positive difference it has on those suffering with MH.

JM – Thanked JL for his feedback. Asked for any further comments.

All – No.

2.4 Mental Health Officer's Group Report

FL – The composition of the membership of the group mirrors the membership on the MHPDP. There are new people within this group to represent operationally in different areas around MH. The activities have been focussing on the T4MH Delivery Plan and looking at the priorities within that plan, as well as the cross-cutting priorities. The group looked at how performance is measured, and how these priorities are conjoined with the vast number of plans included with the overarching T4MH Delivery Plan.

Shared Services carried out an audit in October and December, and from this audit they had highlighted that the MHOG had to take forward some key actions around measuring outcomes and performance of the T4MH Delivery Plan and/or linked plans (e.g. Talk to Me 2 Suicide Prevention Plan). It was a requirement to provide a 6-monthly update to WG which

was covered within the meeting, looking at how best to liaise and collaborate the reporting cycle and dovetail the reports within the T4MH Plan, as well as remaining informed across partnership areas. There was also a requirement to demonstrate funding in 2020 for service improvement which was also included within the report. WG had provided £200K from the Tier 1 additional amounts to fund the Community Voluntary Report produced by PAVO. There has been the provision of Gender and Sexual Identity Training which has been well received across partners. This training is available to third sector with key needs coming through children services where PAVO have been working to take this forward following that need. The MHOG will be reviewing the partnership risk and action registers for the partnership which will be brought forward as and when necessary, note LH has provided an update on this in her discussion around Engage to Change and will bring through any relevant key themes from this group into the MHOG for discussion.

FL opened to any questions.

MD – Asked about the results-based accountability approach and how this would embed into partnership priorities.

FL – The officer's group could look at a joined-up approach to commissioning with the Local Authority due to information (reports) being fed through from third sector commissioned services. As a result, we looked at utilising results-based accountability approach to monitor the reports being provided, as it was already embedded within the Council and within the RPB, and colleagues were familiar with this through the tracking/monitoring of ICF also. There have been a number of workshops co-producing the RBA reports with third sector colleagues; PAVO has helped to bring this together with a number of meetings. FL added there has been some challenges regarding the way in which things are measured and the information that is needed within the reports. However, there have been a number of reports in March with in-depth data, including case studies where service users are providing their contribution to these reports. There will be another meeting in July to embed the above and move this forward.

MD – Suggested that this could be a methodology used to apply to the audit development undertaken around the external MH planning audit.

FL – Thanked MD for her suggestion.

JM – Thanked FL for comments and asked for further questions.

All – No.

JM – Proceeded to thank all for the above contributions before proceeding into the next segment.

3

SERVICE IMPROVEMENT FUNDING - UPDATE

3.1 Service Improvement Proposals/Approval

JG – Proceeds to discuss the budget allocated for Service Improvement. WG have set some strict parameters for 2021 and have been prescriptive around what they require. WG want to see the NHS move towards consistency of services across Wales and have allocated £177k for Crisis Care, £310k for Service Improvement (e.g. Meeting targets, treat people in good time, complete follow-ups etc) and £159K to improve the Specialist CAMHS service.

There is a national move to set-up 111 (press 2) for MH, working on what a Powys 111 “press 2” would look like. In order for this to successfully operate, Powys have proposed that there be two MH workers to answer incoming calls, respond to questions, assess and direct the caller to the appropriate service that will provide the relevant support, regardless of the time of day. JG explained that on review of costing and rotas it was evident to conclude that £177k would not be sufficient to support a 24/7 service 365 days per year, and PTHB have submitted a “compromised service” which looked at supporting callers based on peak hours. JG has also submitted costs to support a 24-hour service.

WG have requested improvements for eating disorder services, perinatal health, early-intervention and psychosis as well as increased access to psychological services/therapies with challenges faced in keeping with the £310k allocated budget for these improvements. In response to WG’s request for every Healthboard to have a consultant midwife PTHB have invested in this to ensure support is given to perinatal services. PTHB have looked at specialising in Eating Disorders and improving psychology services in Powys to support those with eating disorders. PTHB is reviewing investment for services that support those presenting early episodes of psychosis, and working to provide early interventions in order to improve longer term outcomes. With 2021’s funding towards this service, JG wants to invest in better clinical leadership (which is currently being spread out across services, and is not currently operating successfully); there will be investment in half a post in a Team Manager/senior clinician to guide people working within the service.

In respect to Psychological Therapies, PTHB have been reviewing Matrix Cymru which sets out how we should deliver therapeutic services in Wales. PTHB wants to embed more CBT/EMDR (Trauma therapy service) within PTHB teams, and JG has been working on developing these services annually, and improving PTHB’s expertise within this. For example, JG is investing funding training Clinicians to become CBT/EMDR Practitioners, as this is a frequently asked for service within Counselling.

To support Specialist CAMHS, WG have made available £159K to help PTHB improve the resilience of the CAMHS service. JG reported that PTHB are seeing an increased number of younger people going through

CAMHS, especially those presenting with an eating disorder. JG is looking to embed more workers within this service who can include in Occupational Therapy to support those with Eating Disorders. In addition, there will be additional medical support into eating disorders, due to the physical health complications with Eating Disorders. JG added that PTHB need to better manage people clinically “for their bodies as well as their minds”; providing clinical sessions from a Medic, and improve the resilience by adding more Practitioners to the CAMHS service. WG had stated the deadline for submission of the proposals was at the end of May 2021. As the follow-up MHPDP meeting was during middle of June the proposals have been submitted with the caveat that if the partnership disagreed with the work included within the consultation, JG would redact the proposal from WG.

JM – Thanked JG for comments. Highlighted that one of the key points noted is the resonance of key priorities from WG with those locally in Powys. JM mentioned that as the accountable manager for the funding allocated toward the 111 (press 2) scheme, PTHB were not able to put a bid in for the £500k, had to submit a bit for the £175k given to us with the additional 24-hour service as mentioned by JG above.

MD – Wanted to make a note within the minutes to state that PTHB are often provided with funding streams with the expectation to fund and develop services, and with the amount provided it has always been a continuous challenge to fulfil the priorities set (geography v population). MD commended the work being done to tackle these challenges and devise innovative solutions to adapt and overcome these challenges.

JM – Thanked MD and agreed with MD’s comments, and added that rurality is often lost within the metrics for funding.

SD – Echoing the comments of members above, and added that there would be positive implications in adding additional medical support to those suffering with Eating Disorders reflecting on her own personal experiences with services previously where this would have been beneficial.

JM – Thanked SD for her contribution and re-iterated the value of sharing said experience for the benefit of service improvement.

FL – From August 1st 2021 there will be a health-related dietician due to start post to support those with Eating Disorders. See item 4.2 for follow-on information related to Eating Disorders.

4

PARTNERSHIP MANAGEMENT

T4MH Updates

4.1 Six Month Report (Approval)

FL – Introduced stating this would normally be an annual update, however WG have changed this to a 6-monthly update and added that there is no prediction on what is needed to be prepared in advance prior to each request for update.

In the latest report PTHB had highlighted a number of key updates, including but not limited to the following; improved access to tier 01 support, Silvercloud, Local primary MH Service and the work around the roll-out of Attend Anywhere during Covid-19 as well as the support given to GP's in terms of the Local Primary MH Teams helping to triage individuals who were initially coming through during Covid-19. The report also discussed communication with patients; as seen within the Engage to Change, within the MH Information Booklet developed around MH services, also embedded within the papers. FL recently received a report discussing the additional £70k in grants used to provide to small community services, and is happy to share should members require. WG queried details around Welsh Language, with innovation work with Occupational Therapy around Welsh Language and particularly around mobility driving assessments for dementia patients. There was an update provided on CAMHS and the work completed around Specialist CAMHS. The Emotional Health and Wellbeing Group under the "Start Well" Board is a key link for the Partnership in terms of the MHOG, where FL frequently presents the MH Agenda as part of that group, chaired by Samantha Shore. Information has been requested around Crisis Out of Hours, and the National Crisis Care Concordat driving forward the initiatives around the NHS 111, and Crisis House Developments. FL continues stating that WG requested updates on Suicide and Self-Harm Work and Harm Reduction, as well as Psychological Therapies highlighting the issue for waiting times within Psychological Therapies, as well as third sector counselling, with long waiting lists, which is currently being reviewed and reduced.

JG – Added that we are currently meeting targets on waiting times for psychological therapies.

FL – Thanked JG for her comment. Continued to discuss the report stating that there has been an audit within the directorate on care and treatments plans with the reports being finalised on this (teams included Older Adult Services and CAMHS). The audit looked at the results in terms of the cases identified, and the qualitative information which is being taken forward with a multiagency working party to review, devise an approach and implement the action plan. CMHT's were also mentioned with regard the results from Care Inspectorate Wales/Health Inspectorate Wales review (CIW/HiW) with the update listed within the report. Finally, a report was requested to detail the allocation of funds

for service improvement in 2020 with FL adding that this funding had been carried through to 2021 also.

A partnership post is being recruited to support the development across partnership agencies (including Offender Management, Police, and Homeless Cell information that is fed through case management) which will provide a MH and Forensic perspective within Crisis Care and Complex Needs Coordination. This post is in job evaluation currently.

FL invited colleagues to ask any questions in relation to the report.

JM – Thanked FL for her comments and the work invested into the above.

4.2 Whole Plan Update – Highlight Eating Disorders Progress

FL – Sam Shore due to provide the update was not present so FL proceeded to give the group an update on her behalf.

The team leader for Eating Disorder is now in post. The new specialist Eating Disorder Practitioner due to start July 5th 2021. The new Occupational Therapist is providing two days a week to look at the pathways for Adult Services into the All Age service. Dietician to start August 1st to support CAMHS direction of travel and the team leader has been meeting with all the CMHT to see what is working and where improvements can be made. The team lead has contacted tier 3 eating disorder services (rehabilitation services) to look at what is currently being contracted and ensure there is no duplication.

FL has offered to provide detail around Eating Disorders if required as Sam had provided a written update.

Action: Update on Eating Disorders to be provided within the notes and distributed to members. (link below)

FL/SS/OP



Highlight Eating Disorder Progress - S:

4.3 Partnership Summary Update

FL – Outlined a segment relating to Arts in Health and stated that funding was received via the Charitable Fund in 2021 to support the Horizon project. PTHB's Arts in Health Coordinator has been working on the approach to an Arts in Health strategy by starting out in MH, with cross-cutting work focussing on supporting services across the Health Board. In addition, a meeting was coordinated with the Assistant Director of Therapies to review how this work is joined up. A steering

group is being created across a range of Directorates to ensure that the Arts in Health function is met with the priorities and members involved within this strategy. Lucy Bevan as the Arts in Health Coordinator, and Arts and Culture Commissioning Officer for the Local Authority has been coordinating a range of activities to drive this project forward.

Within Third Sector commissioning the Independent Mental Health Advocacy (IMHA) Service is being commissioned nationally. PTHB have received 7 responses further to an expression of interest that is now currently being reviewed internally. The APB for Substance Misuse is undertaking a needs analysis around the drugs and alcohol service requirements, supported by PTHB this will lead to a tender later on in 2021/2 for the provision of drug and alcohol services.

4.4 Final MHP&DP Terms of Reference

In accordance to an action from the previous meeting, FL and OP have updated the TOR's for the MHPDP and meeting with the priorities of the T4MH Delivery Plan. Further to the update, the membership still requires representatives required to meet certain perspectives within Primary care and GP Clusters. FL added that Jan Coles who will be representing Children Services was not able to attend today and the follow-up MHPDP meeting due to a clash with priorities elsewhere. However, Jan has nominated an interim representative, Victoria Ruff-Cock, to attend the next meeting on her behalf to provide this perspective.

JM – Thanked FL and welcomed additional representatives to the membership. JM requested that the service user representative details are updated to reflect future attendees.

Action: Update the Membership to reflect future attendees from a service user perspective.

JM invited colleagues to ask any questions where required.

All – no response.

4.5 Business Cycle

FL – Stated that PTHB have been working on inputting local priorities and aligning with the milestones and actions in the priority areas listed by WG (see T4MH Action Plan spreadsheet). PTHB are working with Children and Young People's partnership and there will be a meeting coordinated to review this. In September this plan will be scrutinised and approved within the MHOG to be aligned with the T4MH National priorities. FL highlighted that this is unique and useful to bring synergy across teams involved to meet co-priorities and increase efficiency when dovetailing information needed to produce associated reports back to WG.

FL

	<p>FL has created a rag rating system to measure success and performance of the overall plan by monitoring individual actions and their stages of completion as this is worked through.</p> <p>FL added that in September 2021 this plan will be viewable in greater detail and scrutiny as highlighted above, and invited colleagues for any questions.</p> <p>MD – Asked if it is possible to have an update on the conversations taking place with the user group in the MH unit on advocacy.</p> <p>Action: To provide an update on advocacy.</p> <p>FL – Mentioned that in the previous meeting there was a request for an extra development session (1 per year), however no date has been set and FL was calling out for an appetite to partners and to set a date for this accordingly.</p> <p>JM – Stated that the RPB has not yet completed their development sessions this year. Added that if there is an active programme and commitment to work suggested that there would be a questionable reason for the need of a development session at the time being.</p> <p>MD – From a membership perspective, suggested that it would be advantageous to meet for some training.</p> <p>JM – Acknowledged MD’s comments and invited LK to add further.</p> <p>LK – Added, that the T4MH Delivery Plan is a key document and advised that the members and utilising their knowledge within that plan is critical. By having some time and space to consider this from a partner agency perspective would be advantageous, particularly in advance of the full update due in September 2021.</p> <p>JM – Agreed with LK and suggested that the agenda is therefore the members’ prerogative to dictate, rather than driven through an additional business cycle. Advised that it would be prudent to take this segment into the development to avoid duplicated conversations across a range of meetings. JM added that he would be happy to be led by this and allow the group to delegate this meeting as required.</p> <p>All – agreed.</p> <p>4.6 Partnership Action Register Tracking</p> <p>FL – Further to a previous action to re-address this segment, this has been completed and refreshed to reflect those that are active. Archived actions are monitored via a dedicated worksheet which is available on request.</p>	<p>FL</p>
--	---	-----------

	JM – Thanked FL for this.	
5	<p>MINUTES FROM PREVIOUS MEETING</p> <p>5.1 Review of Minutes and Action Log</p> <p>JM – Reviewed the previous minutes for accuracy.</p> <p>5.2 Any Other Business</p> <p>JM – Anything for Any Other Business?</p> <p>All – no.</p>	
	<p style="text-align: center;">Next Meeting Date:</p> <p style="text-align: center;">21 September, 2-4 pm (Teams)</p>	

MENTAL HEALTH PLANNING AND DEVELOPMENT PARTNERSHIP ACTIONS TABLE		
Meeting Date	Item title and action	Comment
22 nd June 2021	Draft response to recommendations in Third Sector Report on behalf of Partnership/PTHB.	FL to draft for circulation before next meeting for comment
	Distribute annual report to MHPDP membership	OP to distribute
	Provide an update on Eating Disorders within the minutes and distributed accordingly	FL/SS to source, OP to add into the minutes for distribution
	Update the membership to reflect future attendees from a service user perspective	FL to update
	Provide an update on advocacy	FL to update