



Llywodraeth Cymru
Welsh Government

TOGETHER FOR MENTAL HEALTH

National Mental Health Partnership Board
Tuesday 13th November 2018
Caerdydd 2, Welsh Government, Cathays Park, Cardiff
Meeting: 13:30 – 15:00
Workshop: 15:00 – 16:30

Present

Jo Jordan (Chair)(JJ)	Director of Mental Health, NHS Governance & Corporate Services, WG
Ainsley Bladon (AB ₁)	(NPB lead officer) Mental Health Strategy Lead, WG
Andrea Gray (AG)	Public Health Wales / 1000 Lives
Avril Bracey (AB ₂)	Member for the Association of Directors of Social Services (ADSS)
Deb Austin (DA)	T4CYP
Gareth McRea (GM)	Service User Representative (delegate)
Hazell Powell (HP)	Senior Nursing Group
Katie Dalton (KD)	Cymorth Cymru
Neil Surman (NS)	Deputy Director, Public Health, WG
Dr Liz Davies (LD)	Senior Medical Officer, Mental Health & Vulnerable Groups, WG
Penny Gripper (PG)	Service User Member
Jane Treharne-Davies (JTD)	Carer Member
Jonathan Drake (JD ₁)	Assistant Chief Constable South Wales
Judith Hardisty (JH)	Vice Chair, Hywel Dda
Julie Denley (JD ₂)	Deputising for Alan Lawrie
Ross Matthews (RM)	(Secretariat) Mental Health & Vulnerable Groups, WG
Sara Mosely (SM)	WAMH representative
Steve Clarke (SC)	WAST
Sue Beacock (SB)	Office of the Chief Nursing Officer, Welsh Government
Warren Lloyd (WL)	Clinical Leaders

Apologies:

Aine Gawthrope	HMPPS
Alan Lawrie	Directors of Primary Care (Cwm Taf health board)
Albert Heaney	Director of Social Services and Integration, WG
Alun Thomas	WAMH, Hafal
Lynzi Jarmin	Youth Justice Board
Sarah Rhodes	Housing, Welsh Government

1. PRELIMINARIES

1.1. Welcome and introductions / Apologies for absence

The Chair welcomed everyone to the meeting. The chair noted that there have been some changes to the membership and apologies noted (as above).

- **Lynzi Jarmin** is replacing Dusty Kennedy for youth justice board
- **Sara Mosely** is replacing Ewan Hilton for WAMH
- **Neil Surman** is replacing Irfon Rees in Public Health, WG
- **Steve Clarke** from WAST has agreed to join NPB
- **Jayne Boyd's** term as APHNSAG chair has ended, and we have approached the new chairs to identify a rep

1.2. Minutes of August 2018 Meeting

PG suggested an amendment on p.4 paragraph 1 from 'when there is a person' to 'when there are people'

Re. action O5 mapping of groups, AB₁ confirmed that this work has been undertaken by the NHS mental health network (Roger Richards leading). JJ updated that there will be more work to consider the groups and reduce duplication where possible, under the new NHS structures. This action will remain open pending further work.

Action: Amendments to August minutes / action log be changed as above, with updated version of minutes posted to WG website
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With these amendments the minutes were accepted as accurate and ratified.

1.3. Review of Action Log

AB₁ reviewed the action log and gave the following update.

1.3.1. Completed actions

Action 1: April Minutes have been amended and posted on website

Action 2: The Carers updated was circulated with the August minutes.

Action 3: An update paper was provided at the forum meeting in September regarding the Ministerial Advisory Group.

Action 4: The Reading Well link was circulated with the August minutes.

Action 5: The EBCD link was circulated with the August minutes.

Action 6: The minutes of the stigma and discrimination meeting were circulated

Action 7: JD noted that the evaluation for pilots has not been completed yet and it was agreed to leave this action open.

Action: Keep Action 7 open.

Action 8: Steve Clarke from WAST has now joined the NPB and has offered to give a presentation on their workplan at the April 2019 meeting.

Action 9: Summary of psychological therapies and innovation and transformation fund projects provided in policy brief.

Action 10: The DWP presentation was circulated with the Aug minutes.

Action 11: The 2019 NPB dates have been circulated, it was noted that the November meeting will move to December next year.

Action 12: The T4MH 2019-22 Delivery Plan survey link was circulated with the August minutes.

Action 13: Several workshops have taken place regarding the Delivery Plan.

O1: A paper has been prepared regarding Wales' involvement in mental health legislation discussions. This will be circulated with minutes. It was noted that a more in depth update from legislation manager at the next meeting would be helpful and that paper to be circulated as per action O1 above.

2. CHAIR'S POLICY REPORT

2.1 Chairs Policy Report

The Chair reported on a number of key priorities and important achievements and invited questions and comments. The highlights from the policy report are listed below:

A copy of the draft 2019-2022 T4MH Delivery Plan was circulated to members for discussion in the workshop portion of the meeting.

In response to the Mind over Matters report, Ministerial Advisory and stakeholder groups have been established to coordinate the response to the recommendations.

As part of the Policy update paper there was additional information of the types of projects that have been funded as part of the Innovation & Transformation and Psychological Therapies fund.

An additional £35m has been announced in the draft budget for mental health and learning disabilities. We are currently considering how to effectively use this funding for the Delivery Plan priorities. Possible areas of investment referenced included out of hours, children and young people and whole school approaches, psychological therapies and prison health.

JH welcomed the additional £35m settlement. JH mentioned that HEIW have now joined the Vice Chair's meetings which will hopefully result in stronger links to developing courses to support staff skill development.

JJ mentioned the Mental Health Network Board has identified workforce as a key priority and acknowledged concerns.

PG noted the Forum's concerns with meaningful activities and JJ suggested that this be discussed in the workshop portion of the meeting as a focus in T4MH Delivery Plan.

PG referenced service funding cuts locally and JJ welcomed any evidence about what is missing.

JJ mentioned that the Mental Health Network Board met on 9 November. SM asked if the network membership had been made available and JJ confirmed that the membership will be circulated with the minutes.

Action: Circulate membership of the MH Network board along with minutes.

PG queried whether there are service user and carer reps on the MH network board. JJ advised that this is an NHS rather than WG led board, with appropriate links to service users and carers, though the board itself was not felt to be the best vehicle to engage. AG mentioned that the sub groups have Service User & Carer representation and that is something to consider going forward. JJ confirmed that a number of sub groups sit under the main board which include Service User and Carer engagement, Eating Disorders, Perinatal and an adult group, though this hasn't been fully finalised yet. PG expressed that while it is useful to have involvement on subgroups, it would also be helpful to have reps on the main network board.

Action: Andrea to feedback Forum concerns regarding engagement to chair of MH Network Board

PG asked if the £7m funding for Mental Health Transformation fund was part of the overall £100m Transformation fund. JJ confirmed that the MH funding was separate from and in addition to the £100m and that our funding was circulated to LHBs but that didn't stop LHBs applying into the overall £100m pot via regional partnership boards and ICF funding. SM queried whether details of projects supported through ICF funding could be shared. JJ confirmed that we would circulate the details of the MH projects that have been funded as part of the overall £100m Transformation fund once available, though the assessment process is still ongoing so they are not yet signed off. PG then asked if the MH funding will be recurrent. JJ stated that it would. PG commented that she would encourage local services to bid for future funding.

Action: Circulate details of the MH projects that have been funded as part of the overall £100m Transformation fund.

SM asked about the implications of the reform to DoLS and Mental Health Capacity Act. AB1 stated that we provide updates on this as part of the policy update but if desired, we could table a presentation from the Mental Health Legislation manager at a future meeting. JJ confirmed that we could have this as a substantial discussion item for the next NPB meeting in April. AB₁ mentioned that if there is anything urgent that arises between meetings, we can circulate this to the group. LD said that there is still a lack of clarity, with a degree of uncertainty and a sticking point around 16 and 17 year olds.

Action: Consider Legislation presentation/discussion at April NPB meeting.

AB₂ suggested that updates be provided about work relating to the Social Services and Wellbeing Act in the policy update, to ensure local authority focus is maintained.

AB₂ mentioned that the Wales Audit Office have produced a Prevention & Wellbeing report and would circulate this to AB₁.

Action: Avril to circulate Wales Audit Office Prevention & Wellbeing report to AB1. To include any key updates on SSWBA in future legislation updates.

3. SPECIAL ITEMS

3.1 Housing Presentation: Homelessness

KD was welcomed to the meeting. KD gave a presentation on homelessness in Wales, as well as an overview of the Health Matters report and the housing and substance misuse treatment framework that is in development, which includes a mental health component. The focus of the framework is to provide clarity about roles and responsibilities, as well as promoting a psychologically focused approach.

Action: A copy of the presentation will be circulated with the minutes along with a link to the Health Matters report. The treatment framework to be circulated once complete.

JJ noted the cross-sector emphasis in Healthier Wales and T4MH, and asked everyone to consider within our services what the barriers are preventing joined up approaches. JJ noted that current drug and alcohol services and primary care MH services do not have long waiting lists, though access to a GP can be a challenge for those who are homeless.

SC noted that a lot of resources are needed. At the recent Crisis Care Concordat meeting a GP from Wrexham gave a presentation on their open clinic and hub approach, and suggested scaling up could be considered.

KD confirmed that Housing First trailblazer pilots funded by WG are underway.

JH mentioned that getting services more local and using community connectors around clusters would help navigate people through systems, Prevention/early intervention and ACE-informed approaches are absolutely key to prevent people from becoming homeless. She also referenced

the impacts of changes to the benefits system, in particular Universal credit. A suggestion of linking GPs with Housing First initiatives was made.

AB₁ stated that there are initial discussions around the framework and a number of pilots have been identified. While buildings are in place and support workers assigned, there is a need to ensure that we get staff from multi disciplinary teams around one table to plan supports and avoid duplication in assessments. A recent staff survey highlighted some of these themes and work is planned to progress discussions.

HP noted that veterans are important and there needs for staff to be trauma-informed. Drug and alcohol teams should work together. KD would welcome this approach.

JTD expressed that there is a lack of resources helping people in supported accommodation, and that they sometimes lose their tenancies as a result.

SM commented that the needs of homeless people will fluctuate and we need to understand the individual. This will help protect current tenancies. Some people take a long time to engage in rehab services, the services need to be designed for when the individual is ready. On average an individual will take between 5-7 attempts to try to become substance-free and pathways should reflect this.

JJ mentioned that treatment should be in the community and not residential wherever possible.

AB₂ stated that homelessness should be linked into APB agenda/priorities and noted Brigend's 6 bed unit as an example of good practice. Jo confirmed that we are looking into APB governance arrangements.

JD₂ commented that existing safeguarding procedures would ensure swift action and the involvement of senior clinicians in health and social care, rather than relying on eligibility-based support. People who are homeless should be considered as vulnerable persons, which would assist with this.

AG said that PHW is aligning the 10 year strategy to reduce youth homelessness and that frequent attenders work has had some success– proactive support which brings different services together.

JTD mentioned the Step by Step programme run by Mind that concentrated on homelessness for men but was unsure if this was still operating. This program considered whole person approach to provide wraparound package of care for individuals.

WL stated that there is very good practice out there but accessibility is key. We need to move away from diagnosis to needs led services. Co-location/co-delivery of services/resources are the principles we need to adopt.

PG noted the importance of having continuity of relationship to promote therapeutic relationships.

LD mentioned that we also need to consider those who have no access to public funds for example failed asylum seekers and refugees. JJ asked if that was in the Housing First scope and SM asked if this was being picked up by third sector organisations?

AB₁ summarised that the feedback about access points, setting goals and quality of treatment follows the patient journey, in line with the draft delivery plan. She noted that there is a section focusing on complex needs in the plan, with work to be done refining the actions.

KD commented that asking appropriate questions around housing needs at all stages of journey is essential.

JJ summarised that there is better work between Substance Misuse and Mental Health. JJ asked KD to attend the Substance Misuse programme/partnership board to give this presentation.

Action: Katie Dalton to be invited to a future Substance Misuse programme /partnership board meeting to give homelessness presentation.

4. NATIONAL FORUM UPDATE

4.1. Procurement Process and Forum news

AB₁ gave an update on the Service User and Carers procurement process. The tender is currently out and closes on **29 November 2018** and that we would be happy to signpost any organisations who would have an interest in submitting a bid. Once a successful contractor has been appointed we will arrange a meeting with the successful organisation to discuss approach.

AB₁ then asked the Forum reps to present on recent developments. JTD said that numbers have dropped off recently. The Cwm Taf representation is good but they have recently lost their coordinator. JJ asked if there is potential to do a mapping exercise and AB₁ stated that a recruitment drive will be organised to fill vacancies as soon as possible. AB₂ confirmed she would be happy to link up their networks to help increase membership of the Forum.

The forum will be producing a report on the theme of suicide and self harm prevention for the April 2019 meeting. There was a gap this time due to a focus on the refresh of forum coordination and priorities over the past 2 meetings.

JJ mentioned that the Health, Social Care & Sport Committee are about to report on their Suicide Inquiry on 5 December. JJ encouraged everyone to look at the report and to start having conversations about it. It was agreed that this report should help to inform the Forum for their paper.

JTD asked if the Forum subgroup could have a meeting instead of a telephone conversation. PG advised that the Forum needs to have at least two meetings before a paper can be submitted to the NPB. AB₁ confirmed that we would arrange a meeting with the new Service User and Carer provider and discuss a way forward.

Action: Ainsley to circulate Suicide and Self Harm Prevention Inquiry report once published for information

5. SUBGROUPS UPDATE

5.1. Children, Young People and Families Delivery Assurance Group

Chair noted the minutes of CYPFDAG of 23 October 2018, which were circulated with the papers for information.

5.2. Stigma and Discrimination Subgroup

AB₁ has approached Ruth Coombes from the European Human Rights Commission, who has agreed to chair the stigma and discrimination sub group. The group will work throughout 2019 and report back to the NPB at the December 2019 meeting.

6. Future Meeting dates

JJ confirmed the upcoming meeting dates of 10 April 2019 and 7 August 2019 and re-emphasized that the Nov 2019 meeting will now take place in December 2019.

All meetings will be held in Welsh Government offices, Cathays Park, Cardiff

JJ formally closed the first part of the meeting and thanked everyone for attending.

WORKSHOP

AB₁ started the workshop by giving an overview of the work Welsh Government is doing to review the progress of the Together for Mental Health Delivery plans against the original 10 year strategy to identify and gaps. A detailed consolidation report will be circulated to members once finalized. We are also looking at the annual reports and statement returns from LPBs due 27 November 2018. A summary of all the work can be found in the Consolidation Report paper which was circulated for the meeting.

A number of workshops have been held to discuss the draft delivery plan. WG is also undertaking a rapid review with Knowledge Analytical Service (KAS) colleagues to identify best practice and data updates.

SM stated that WAMH have concerns with regards to the data and AB₁ advised that the development of the mental health core dataset is addressing these concerns, with significant emphasis on data in the new draft delivery plan. Not all data items listed in the 2016-2019 plan were possible to collect due to inconsistency in IT software or redundant systems, or variation across the health boards which made comparison unreliable. The KAS team at WG is currently working through the data to provide as accurate an update on progress 2012-2018 as possible, which will be shared with the NPB.

AB₁ then gave an overview of the new Delivery Plan and the rationale behind the approach. The new plan will have a journey format including staying well and prevention, access to care when appropriate, good assessment and goal setting led by the individual, and high quality services to meet the goals identified. The plan will be underpinned by four themes, including data and outcomes, co-production, compassion and integration.

The following feedback was received from the NPB members.

PG welcomed the journey's approach but said that transition of discharge is missing and that there was no end to the journey.

KD agreed that compassionate care was important. Trauma/ACE informed approaches should feature and we need to develop a common language.

SM highlighted that we should not neglect the core services most people receive, and wanted to further emphasize physical health, good staffing skill mix, and high quality care. AB₁ noted that priority areas had been selected based on particular types of functions that require further development (such as relatively newer perinatal and EIP). Priority areas were also chosen based

on feedback from inquiries which evidenced the need for more focus (such as children and young people). There is a big emphasis on core services through psychological therapies and care and treatment planning, as well as access to support and a review of the interim CMHT guidance.

SC asked how will it be done? There is a lot of action regarding “what” but need more ‘how’. Column on how we expect it to happen and what will it look like. SC also wondered about levers and incentives, which are used in England.

JH mentioned that there should be fewer actions and more aims. Unsure of the positioning of the pillars, which makes document complex. AB₁ advised that this is being looked at to try to make the document more cohesive and reflect that the pillars run throughout.

AB₁ advised that there is a section around follow up to the care and treatment plan report produced by the Delivery Unit, which will include work with teams to improve this across all core services. Core dataset work includes movement towards a cultural shift in outcome-focused practice, and achieving more consistency across Wales.

PG highlighted that CTP report indicated the best care plans had been written by OTs.

HP emphasized the importance of undergraduate training and work with HEIW to address this.

AB₂ feels a stronger focus on Local Authorities is needed, with several references to health boards in the current document. Agreement that actions should be cross-sector in focus.

HP felt patient pathways needed to be strengthened and are not always used to good effect.

SC sought clarity around the relationship between IMTPs and Delivery Plan and some context was provided.

PG discussed inpatient care and defining “what does good look like when you come out of hospital?”

JD₂/HP and JH encouraged caution regarding WCCIS which AWSNG and Vice Chair’s feel is not progressing fast enough, concerns about costs. AB₁ emphasised that mental health data is advancing well and some teams are already live on the system, with a clear workplan in place to progress activity, which will continue alongside the WCCIS. Movement to one set of forms across services will continue regardless of speed of IT implementation.

PG mentioned that for Service Users single forms would be meaningless if the same form was used. There is a range of different ways to provide feedback on different forms. AB₁ said its more about compassionate care and the therapeutic relationship, and not about filling in a form.

SM then asked a number of questions regarding the Together for Mental Health Strategy

- What is in the strategy and what still needs to be delivered?
- How do we know where we are and identify the gaps?
- Will we get assurance and better understanding about the delivery of the whole strategy?
- What are the cross government links?

AB₁ referenced the consolidation work, reviews and updates presented in the consolidation update report at the start of the workshop.

Wellbeing & Prevention

AB₂ would like to see Suicide and Self Harm added to the Regional Safeguarding Board agenda. PG would like to have more equal access to physical activities locally and affordable to help tackle loneliness. AB₁ to add equitable access to community supports.

AB₂ would like Info Advice and Assistance added in terms of local authority responsibilities

Access to Support

PG highlighted challenges with rurality and one size fits all models not working

AB₁ commented that we need to redefine what CMHT core business is. PG commented that continuity of care when moving between crisis and CMHT teams is important to keep the same staff member. GM spoke about work in the Vale of Glamorgan where three CMHTs teams are coming together in the same building.

WL advised that the term liaison psychiatry can be interpreted differently and cause confusion

SM commented on mental health support with physical health in hospital settings for inpatients. This fits with Wellbeing and Prevention, Substance Misuse and Learning Disabilities.

Discussion around what could be applied from learning disability services - WL stated easy read documents are a good tool. SB highlighted the improving lives program and training on the creation of person-centered plans. WL cited access to universal services for physical health.

PG mentioned that some people have relationship issues with their GPs and can be discharged from surgery without new GP in place. JH / WL commented that there is a process GPs have to follow around this.

Transitions

KD mentioned that transition between primary and secondary care and the need for consistency between journeys. AB₁ responded that CCIS have the ability to track people's experiences through services. PG asked for a passport for adults to be able to pass onto care providers, rather than just young people as developed via the T4CYP program.

AB₂ highlighted the autism pathways. SB confirmed that the code of practice for autism will be out for consultation shortly. AB₁ confirmed we would circulate this to members once available.

Action: Circulate code of practice for autism consultation to members once available

Quality Care

JD2 suggested that the language of 'functions' rather than 'services' be used, given the different configuration of services across Wales.

PG mentioned early intervention in psychosis across all ages in particular perinatal. SC asked whether early intervention is available across all ages. AB₁ confirmed there is a debate about age range psychosis. WL cited the age range as 14-25.

AB₁ finished the workshop off by confirming she is happy for members to discuss the themes of the new delivery plan in their networks in readiness for the formal consultation in the new year, but asked that the document itself not be shared widely at this early stage.