

Grŵp Traws Bleidiol ar Iechyd Meddwl Cross Party Group on Mental Health

Minutes of the last meeting

7 October 2014

12:30-13:15

Conference room 21, Ty Hywel

IN ATTENDANCE:		
David Rees AM (Chair)	DR	Aberavon (Welsh Labour)
Keith Davies AM	KeD	Llanelli (Welsh Labour)
Rebecca Evans AM	RE	Mid and West Wales (Welsh Labour)
Bethan Jenkins AM	BJ	South Wales West (Plaid Cymru)
Eluned Parrot AM	EP	South Wales Central (Welsh Liberal Democrats)
Rhys Davies	RD	AMSS Christine Chapman
Thom Hollick	TH	AMSS Jenny Rathbone
Angharad Lewis	AL	AMSS Jocelyn Davies
Colin Palfrey	CP	AMSS Lindsay Whittle
Claire Stowell	CS	AMSS Rebecca Evans
Katie Dalton (secretary)	KaD	Gofal
Suzanne Duvall	SD	Diverse Cymru
Rhiannon Hedge	RhH	Mind Cymru
Ewan Hilton	EH	Gofal
Menna Jones	MJ	Cardiff and Vale UHB (Eating Disorders)
Anna Lewis	AL	British Assoc. of Counselling and Psychotherapy
Amy Lloyd	AmL	Samaritans
Peter Martin	PM	Hafal
Janet Pardue-Wood	JPW	Mind Cymru
Manel Tippett	MT	Royal College of Psychiatrists (Wales)
Sue Wigmore	SW	Bipolar UK
Junaid Iqbal	Ji	National Service User and Carer Forum
Alan Meudell	AM	National Service User and Carer Forum

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CPGMH/NAW4/30 - Welcome and apologies	Actions
<p>DR welcomed attendees to the meeting of the Cross Party Group on Mental Health.</p> <p>Apologies from absent members:</p> <ul style="list-style-type: none"> • David Melding AM • Ruth Coombs (Mind Cymru) • David Crepaz Keay (Mental Health Foundation) • Tony Smith (Journeys) 	
CPGMH/NAW4/31 - Election of a new Chair	Actions
<p>KaD explained that David Rees AM had put himself forward to be the next Chair of the cross party group on mental health and had received support from other Assembly Members. No other Assembly Member had put their name forward to fill the vacancy.</p> <p>Members of the cross party group were asked to signal their support for electing David Rees AM as the new Chair of the cross party group on mental health. There was unanimous support for this proposal and David Rees AM was subsequently elected.</p> <p>DR thanked members for their support and suggested that the group writes to Rebecca Evans AM to thank her for her contribution to the cross party group as the previous Chair.</p>	<p>KaD to draft letter from DR to RE.</p>
CPGMH/NAW4/32 - Together for Mental Health: A view from service users and carers	Actions
<p>DR welcomed Ji and AM to the cross party group, thanked them for attending and invited them to begin their presentation.</p> <ul style="list-style-type: none"> • Overview of the National Service User and Carer Forum <p>Welsh Government asked Wales Alliance for Mental Health (WAMH) to select two service users and two carers to sit on the Together for Mental Health National Partnership Board (NPB). WAMH, service users and carers didn't want this to be the 'usual suspects' and wanted a structure that would support service user and carer views to flow up to the NPB members and vice versa. The NSUCF is made up of the service user and carer reps on each of the local partnership boards, plus ten 'national reps' that are supposed to cover diversity gaps in terms of protected characteristics or specific services.</p>	

- **Issues facing the National Service User and Carer Forum**

The NSUCF has been up and running for about two years. It has come a long way but there are still issues to address

Resources: Service users and carers are funded to attend three NSUCF meetings each year but are not funded to participate in activities outside of these meetings.

Diversity: Majority are white. Other protected characteristics may be under-represented. There is still work to be done to ensure diversity across the NSUCF. Useful to have the 'national reps' to increase diversity but we shouldn't have to rely on these – local reps should be representative of the diversity of their local area.

Agenda: At the moment the agenda is driven by TfMH outcomes / Welsh Government. Hope in the future that service users and carers can start to set the agenda.

Grassroots interaction: More work needs to be done to improve grassroots interaction at a local level. Some LHBs have focused resources on putting structures and expenses in place for the local reps – which is important – but there also needs to be a way of consulting and engaging other people who use services locally but who are not involved in the formal representative structures.

Support for service user and carer reps: The amount of paperwork and 'jargon' can be huge, which can be inaccessible for some service user and carer members who are not used to sitting on boards. It is important that service user and carer representation is not tokenistic and they are given appropriate support to engage fully in the meetings.

CAMHS: There is no representation for children and young people who use mental health services. A separate group feeds CAMHS issues into the delivery of TfMH but this group does not have representation in the NSUCF. The NSUCF is still in a relatively early stage of development but is hoping to improve links with CAMHS.

- **Issues facing the delivery of Together for Mental Health**

Delivery action points: When the NPB is scrutinising the TfMH delivery plan, some action points are marked as 'green' when a process has been initiated – rather than when an outcome has been achieved. For example: On the issue of improving access to

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<p>psychological therapies, a working group was set up. As a result, this action was marked as green, despite there being no change in outcomes. The NPB needs to move towards more outcome focussed reporting. For example: Health boards currently report on the quantity of care and treatment plans rather than the quality – but the quality and impact on individual is more important.</p> <ul style="list-style-type: none"> • Issues facing the delivery of the Mental Health Measure <p>Recognition that the Measure needs time to bed-in. However, there must come a point where services and outcomes must improve.</p> <p>Interaction between GPs and other services: This needs to improve as service users are getting stuck in-between services.</p> <p>Possible solution: Better training for GPs. Need to get buy-in from health professionals. They need to offer alternatives to medication.</p> <p>Assembly Members asked how they could help to address some of these issues. WAMH members suggested that AMs could ask questions to the Health Minister about some of the issues raised in this discussion.</p>	<p>KaD to draft Qs on behalf of WAMH and send to AMs</p>
<p>CPGMH/NAW4/33 - Minutes of the last meeting</p>	<p>Actions</p>
<p>APPROVED</p> <p>The minutes of the last meeting.</p>	
<p>CPGMH/NAW4/34 - Action points from the last meeting</p>	<p>Actions</p>
<p>KaD updated the group on the actions taken since the last meeting.</p> <ul style="list-style-type: none"> • CPGMH/NAW4/24 - Access to, and provision of psychological therapy in Wales <p>ACTION: RE to write to the Minister for Health and Social Services about access to and provision of psychological therapies.</p> <p>UPDATE: The letter had been delayed due to the absence of a cross party group Chair following the promotion of RE as a Deputy Minister. This would be taken up again now that DR had been elected Chair. KaD will liaise with relevant stakeholders and draft the letter to be sent with DR's approval.</p>	<p>KaD to liaise with relevant stakeholders and draft a letter to the Health Minister.</p>

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<ul style="list-style-type: none"> • CPGMH/NAW4/12 - Together for Mental Health <p>ACTION: WAMH to discuss <i>Together for Mental Health</i> Annual Report and produce briefing for Assembly Members.</p> <p>ACTION: JI to take the letters to the National Service User and Carer Forum and ask for their views about service user and carer engagement at a local health board level.</p> <p>JI to report back at a future cross party group meeting.</p> <p>UPDATE: The presentation and subsequent discussion led by JI and AM had been organised in response to both of these action points and was believed to be a much better way of communicating the views of service users and carers about the implementation of Together for Mental Health and the involvement of service users and carers.</p>	
CPGMH/NAW4/35 - National Partnership Board	Actions
<ul style="list-style-type: none"> • Together for Mental Health annual report <p>EH explained that the next <i>Together for Mental Health</i> annual report is currently being written and will be published in November/December. Sian Richards (Welsh Government Strategy Lead) wants the annual reports to be coproduced with service users and carers at both local and national levels.</p> <p>Wales Alliance for Mental Health (WAMH) hopes that this year’s annual report is more balanced with regards to the successes and challenges – WAMH, service users and carers felt that last year’s annual report was written ‘wearing rose-tinted glasses’.</p> <p>WAMH has contributed content and priorities including:</p> <ul style="list-style-type: none"> - The need to measure outcomes. - Care and treatment plans – the statistics tell us that 90% of people have CTPs but we don’t know whether they are making a positive difference to people’s lives. <ul style="list-style-type: none"> • Review of mental health funding ring-fence <p>EH: We are currently waiting to hear who will be conducting the Welsh Government review of the mental health funding ring-fence. WAMH welcomes the retention of the ring-fence for mental health spending but recent Hafal work has identified a shortfall in spend.</p>	

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<p>The review should measure spend against outcomes, as some high costs services can be poor quality and deliver poor outcomes for individuals.</p> <p>PM: The review should be looking at the basics. What did the ring-fence aim to achieve? Has it achieved that? What difference has it made?</p> <p>DR: We can raise it with the Minister during budget scrutiny.</p> <p>BJ: I'm interested in the third sector view on decreasing funding to charities at the same time as services becoming over-subscribed. Worried that people are falling through the gap and on lengthy waiting lists for NHS and third sector services.</p> <p>Ji: From a carers perspective organisations are being cut. Services are decreasing but demand is increasing. Need to avoid a knee jerk reaction from statutory services – instead they need to sit down with third sector and plan together.</p> <p>DR: Is the third sector being involved in discussions before or after the cuts are announced?</p> <p>EH: A bit of both. It is better if we can have the conversations before. Some are making arbitrary cuts. It's harder for the smaller third sector organisations to survive. We need to remember the cross cabinet nature of Together for Mental Health. It's not just about health, also about funding such as the Supporting People programme which is facing a 7.4% cut.</p>	
CPGMH/NAW4/36 - Dates of future meetings	Actions
<p>KaD confirmed that the next meeting will be held after the Christmas recess. Dates would be agreed with DR and circulated to all members.</p>	<p>KaD to agree dates with DR and circulate</p>
<p>DR thanked everyone for their attendance and thanked Ji and AM again for their very informative and interesting presentation.</p> <p>Ji offered to return to the cross party group later next year to update members on the progress of the National Service User and Carer Forum and the implementation of <i>Together for Mental Health</i>.</p>	