

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

Minutes of the last meeting

13 January 2015

12:30-13:15

Conference room 24, Tŷ Hywel

IN ATTENDANCE:		
David Rees AM (Chair)	DR	Aberavon (Welsh Labour)
Eluned Parrot AM	EP	South Wales Central (Welsh Liberal Democrats)
Bethan Jenkins AM	BJ	South Wales West (Plaid Cymru)
Colin Palfrey	CP	AMSS Lindsay Whittle
Claire Stowell	CS	AMSS Rebecca Evans
John Williams	JW	AMSS Kirsty Williams
Katie Dalton (secretary)	KD	Gofal
Martin Bell	MB	British Assoc. of Counselling and Psychotherapy
Stuart Burge Jones	SBJ	Mental Health Action Wales
Ruth Coombs	RC	Mind Cymru
Rhiannon Hedge	RhH	Mind Cymru
Ewan Hilton	EH	Gofal
Junaid Iqbal	JI	National Service User and Carer Forum
Richard Jones	RJ	Mental Health Matters Wales
Peter Martin	PM	Hafal
Linda Newton	LN	Mental Health Action Wales
Manel Tippett	MT	Royal College of Psychiatrists (Wales)

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

CPGMH/NAW4/37 - 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"> • Darren Millar (Welsh Conservatives) • Kirsty Williams AM (Welsh Liberal Democrats) • Suzanne Duvall (Diverse Cymru) • Sarah Stone (Samaritans) 	
CPGMH/NAW4/38 – Minutes of the last meeting	Actions
<p>APPROVED</p> <p>The minutes of the last meeting.</p>	
CPGMH/NAW4/39 – Action points from the last meeting	Actions
<p>KD updated the group on the actions taken since the last meeting.</p> <ul style="list-style-type: none"> • CPGMH/NAW4/31 – Election of a new Chair ACTION: KD to draft letter from DR to RE, congratulating RE on her promotion and thanking her for chairing the cross party group. UPDATE: Letter was drafted and sent to RE. • CPGMH/NAW4/32 - Together for Mental Health: A view from service users and carers ACTION: KD to draft questions with WAMH and send to AMs. UPDATE: Questions were drafted and sent to AMs. • CPGMH/NAW4/24 - Access to, and provision of psychological therapy in Wales ACTION: KD to draft letter from DR to the Minister for Health and Social Services about access to psychological therapies. UPDATE: The letter was drafted with the agreement of relevant stakeholders and sent to the Minister for Health and Social Services. DR had received a response from the Minister shortly before the start of the cross party group meeting. 	<p>KD to circulate response from Minister to members</p>

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

CPGMH/NAW4/40 – Review of the mental health ring-fence	Actions
<p>PM: PwC have been commissioned by Welsh Government to undertake the review into the mental health funding ring-fence. They have produced a series of questions and circulated them to stakeholders.</p> <p>We should not forget the rationale for introducing the ring-fence – it was supposed to symbolise the priority that the Welsh Government was giving to mental health.</p> <ul style="list-style-type: none"> • Every health board has a proportion of their funding ring-fenced for mental health – the minimum they can spend each year. • Mental health services aren't immune to efficiency savings - but savings must be re-invested in mental health services. <p>Since the ring-fence was introduced each health board has spent more than the minimum amount on mental health – however, savings have not been re-invested in mental health services.</p> <p>Mental health spending is usually 11-12% of NHS expenditure in Wales, however the estimated 'burden' of mental ill health is 23%.</p> <p>Mental health spending has increased over the last ten years – but decreased in 2012/13.</p> <p>We hope that PwC looks at the challenges, problems and lessons learned – and puts forward recommendations for increasing transparency and strengthening the operation of the ring-fence.</p> <p>EH: High levels of spending don't necessarily mean people are receiving high quality services. The current ring-fence arrangements do not measure quality. The review should recommend a new system that measures outcomes against spend – not just spend alone.</p>	<p>KD to circulate the questions and any other relevant information to Assembly Members.</p>
CPGMH/NAW4/41 – Together for Mental Health annual report	Actions
<p>DR: The TfMH annual report was circulated to AMs last week in preparation for this afternoon's debate.</p> <p>Service user and carer representation</p> <ul style="list-style-type: none"> • Good to have service user and carer representation on the NPB. • However, they are only resourced/supported to attend three NPB meetings each year – this is not good enough, especially when TfMH is supposed to be about whole population, cross sector engagement. This could be viewed as tokenistic representation – 	

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

service user and carer members need resources and support to help them engage with service users, carers and stakeholders more widely.

- Need to improve diversity of service user and carer representation – important to hear from people from hard to reach groups and those with protected characteristics. Improving diversity will lead to stronger views and better outcomes.
- Should the Minister to consider publishing standards for service user and carer engagement and representation?
- Issue with lack of cross sector accountability – most meetings are led by health, despite TfMH being a cross-sector strategy. Need more leadership and accountability from local authorities.

Outcomes

- Pleased that TfMH is outcome-led but haven't seen evidence that systems are in place to collect outcomes. Welsh Government is working on data collection but we need to see more progress.
- NPB has signed off pieces of work / processes rather than outcomes.
- Example: In England, they know what % of people using secondary services are in employment or settled accommodation and can see whether these figures improve over time. Outcomes can be clearly demonstrated – but this type of data isn't currently available in Wales.
- Q about whether ongoing academic work can be used to help measure outcomes. RC offered to find out more about work conducted by NCMH and circulate to members.
- Key point: It is important that experiences and outcomes are collected from the service user perspective.
- Gofal survey records patient experiences of attitudes, treatment offered, waiting times and outcomes in primary care – but the survey is only funded until the end of 2014/15
- RCPsych plans to conduct a service user satisfaction survey
- Mind Cymru have/are conducting surveys of patient experiences of advocacy, but this work is also funded until the end of 2014/15

Attitudes and values

- This issue is captured within one of the six high level outcomes in TfMH and should therefore be a priority for Welsh Government.
- It was one of the main issues raised by service users, carers and the third sector during the development of TfMH.
- Concerns that there is no evidence that this is being measured.

RC to find out more about NCMH work and circulate

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

<p>Care and treatment plans</p> <ul style="list-style-type: none"> • The Health and Social Care Committee report about the Mental Health (Wales) Measure will be published later in the week. • Although CTPs are being delivered, there is no requirement for care coordinators to address more than one of the eight life areas • CTPs were supposed to take a holistic, whole person approach but some are only capturing medication. Concerns that accommodation and social/cultural/spiritual issues are not being addressed in CTPs. • Emphasis has been on 90% of people using secondary services having a CTP. CTPs are a good tool - but health boards have been focused on process/outputs - in part due to WG target. • There now needs to be a focus on improving the quality of the CTP and improving patient outcomes. • CTP data should also be linked to strategic service planning / commissioning so that service provision matches user need. • There were 19 pilots focused on goal orientated CTPs but unsure what has come out of these. • Another problem is that some people do not know they have a CTP – despite the requirement for service users to be involved in the development of CTPs. CTPs were supposed to empower people to play meaningful role in their own care planning. • CTPs are a step forward for people who previously had nothing. • Some people have had better experiences of services as a result of CTPs and have benefited from being involved in decisions about their own care. Service user involvement/empowerment can be therapeutic. • Lots of health professionals are doing a good job but there is variation in quality. <p>Psychological therapies</p> <ul style="list-style-type: none"> • All of the main issues are captured in the questions prepared for Assembly Members and relate to discussions held during previous cross party group meetings: Access to and choice of treatments; consistency of provision; information for patients; skills/training; clinical supervision; collecting patient outcomes. 	
<p>CPGMH/NAW4/36 - Dates of future meetings</p>	<p>Actions</p>
<p>AGREED: the next meeting would be held after the Easter recess. DR thanked everyone for their attendance.</p>	<p>KD to organise</p>