

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

Minutes of the last meeting

9 February 2016

12:30-13:20

Conference room 21, Tŷ Hywel

IN ATTENDANCE:		
David Rees AM (Chair)	DR	Aberavon (Welsh Labour)
Bethan Jenkins AM	BJ	South Wales West (Plaid Cymru)
Llyr Gruffydd	LIG	North Wales (Plaid Cymru)
Ioan Bellin	IB	AMSS Simon Thomas AM
Katie Dalton (secretary)	KD	Gofal
Rebekah Burns	RB	Bipolar UK
Suzanne Duval	SD	Diverse Cymru
Rhiannon Hedge	RH	Mind Cymru
Richard Jones	RJ	Mental Health Matters Wales
Peter Martin	PM	Hafal
Sara Moseley	SM	Mind Cymru
Sarah Stone	SS	Samaritans
Manel Tippett	MT	Royal College of Psychiatrists in Wales
Alex Vostanis	AV	BACP

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CPGMH/NAW4/53 - 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 (Welsh Conservatives) • Simon Thomas AM (Plaid Cymru) • Ewan Hilton (Gofal) • Alun Thomas (Hafal) 	
CPGMH/NAW4/54 - Annual Report and Annual Financial Statement	Actions
<p>APPROVED The Cross Party Group on Mental Health Annual Report and Annual Financial Statement.</p>	<p>KD to send to Table Office</p>
CPGMH/NAW4/55 – Minutes of the last meeting	Actions
<p>APPROVED The minutes of the last meeting.</p>	<p>KD to send to Table Office</p>
CPGMH/NAW4/56 – Action points from the last meeting	Actions
<p>KD updated the group on the actions taken since the last meeting.</p> <p>CPGMH/NAW4/49 – Snapshot 3: People’s experiences of primary mental health services in Wales ACTION: KD to circulate presentation to members UPDATE: Completed.</p> <p>CPGMH/NAW4/50 – Talk to Me 2 ACTION: KD to circulate the link to Talk to Me 2 once published. UPDATE: Completed.</p> <p>CPGMH/NAW4/51 - Together for Mental Health: Delivery plan 2 ACTION: KD to ask AMs from cross party group to submit questions to all Ministers about their contributions to the delivery of TfMH. UPDATE: Completed. Questions have been submitted.</p> <p>CPGMH/NAW4/52 – Mental Health First Aid Training t ACTION: AMSS to get in touch with IB if they are interested in attending MHFA. UPDATE: Thank you to Ioan Bellin for organising this – feedback from the training has been positive.</p>	

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CPGMH/NAW4/57 – Together for Mental Health delivery plan 2016-19	Actions
<p>DISCUSSED</p> <p>KD explained that the proposed Together for Mental Health delivery plan for 2016-19 has recently been published and is currently out for public consultation. Members discussed the content of the draft delivery plan and raised the following issues:</p> <ul style="list-style-type: none"> • Performance measures in the delivery plan need to tell us whether implementation is successful and improving people’s lives. • There are more outcome measures in this delivery plan - but there needs to be more of them and they need to be the right outcomes. • Performance measures for each service area should include patient views on their outcomes; satisfaction with the service; and whether they were treated with understanding, empathy, dignity and respect. • Mental health spending – need to improve transparency and link expenditure to outcomes. Is the investment in mental health services leading to better outcomes for people? Need to track this over time to determine whether spending is delivering better or worse outcomes. Recent report about the mental health ring fence reinforces this. <p>Specific points were made about the following delivery plan goals:</p> <ul style="list-style-type: none"> • 5.5 Crisis care – Should include more performance measures in line with the new Crisis Care Concordat for Wales – such as reduction in use of police cells, development of alternative Places of Safety, and patient satisfaction, outcomes, dignity and respect measures. • 6.2 Language - Only references the Welsh language – should include sign language and other community languages. • 7.1 Mental health psychiatric liaison capacity - Welcome liaison psychiatry in all DAGs but there are issues with workforce, retention, recruitment, resourcing. • 7.2 Access to psychological therapies - welcome inclusion of waiting times for psychological therapies because we know this is an issue for many people – but other factors are also important and should be included. For example: choice of psychological therapies, whether they are offered them in Welsh, the number of sessions offered, and outcomes/impact on people’s mental health and recovery. • 7.6 Eating disorders – Only one performance measure despite a number of suggestions contributed by members of the Cross Party Group on Eating Disorders. Should include patient satisfaction, outcomes, dignity and respect measures; practitioner confidence and skills, workforce development, waiting times for treatment and support. • 7.9 Secure estate - Key consideration in next few years will be the new prison in Wrexham – and resourcing implementation. Supporting transition from prison to home and ensuring people can stay well within their communities. 	

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CPGMH/NAW4/58 – Mental Health (Wales) Measure – Duty to Review	Actions
<p>DISCUSSED</p> <p>The Mental Health (Wales) Measure 2010 included a Duty to Review implementation. This work has included consideration of independent research, service user feedback, evidence from third sector and professional bodies, quantitative performance measures and the Health and Social Care Committee’s post-legislative scrutiny. The final report has recently been published by the Welsh Government and includes the following recommendations:</p> <ul style="list-style-type: none"> • Regulations are amended to: <ul style="list-style-type: none"> – expand the list of health professionals registered with a regulated professional body able to undertake a local primary mental health support service (LPMHSS) assessment – expand the list of health professionals registered with a regulated professional body able to undertake the care coordination role • Part 3 of the Measure is amended to: <ul style="list-style-type: none"> – ensure that there is no age limit upon those who can request a reassessment of their mental health – extend the ability to request a re-assessment to people specified by the patient • All health boards to report from 2016 upon the following in their annual reports on the local delivery of Together for Mental Health: <ul style="list-style-type: none"> – the findings from the LPMHSS and care and treatment planning (CTP) satisfaction surveys as well as the comprehensive CTP audit including compliance with the Welsh Language Standards – outcome measures for those that have received a LPMHSS therapeutic intervention – how information, and if relevant, training is provided to patients and GP’s explaining: <ul style="list-style-type: none"> ○ the role and purpose of the LPMHSS and ○ how access to the service meets the requirements of the Welsh Language Standards and the Equality Act. – how patients discharged from secondary mental health services, and relevant other people, know about how, and understand their right, to request a reassessment – how the outcomes for individual patients who have received an IMHA service are demonstrated. • A working group is convened to consider: <ul style="list-style-type: none"> – what further guidance is needed regarding the competency required to undertake the care co-ordination role and to develop that guidance for wider consideration and consultation – the form and content of CTP with a view to improving accessibility and applicability to all service user groups as well as considering any additions, for example, unmet needs, carer contribution and a 	

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<p>review section, to the document</p> <ul style="list-style-type: none"> – what further guidance about the interface between primary and secondary care is needed and to develop that guidance for wider consideration and consultation. • The Direct Enhanced Services in relation to mental health for GPs is continued to support continuing education and service development in mental health and that the LPMHSS works to support this as much as possible. • Data in relation to the LPMHSS waiting times for psychological interventions are routinely captured. • Performance information about the timeliness of reassessment under Part 3 of the Measure is collected in line with standards set elsewhere. <p>Members discussed the content of the report and the following issues were raised:</p> <ul style="list-style-type: none"> • Welcome the recommendation that waiting times for psychological therapies should be collected separately to general waiting time data. Also welcome the recommendation for health boards to report outcome measures for people using primary mental health services. • The report doesn't reflect the major pressures on mental health services in Wales. • The report doesn't give a clear sense of the impact of the Measure on people's lives – would like to see it more grounded in people's experiences. For example: Has it helped more people get back into education, work and training? • There are issues with the boundary between primary and secondary care – and this makes the difference between whether someone gets a care and treatment plan or not. <p>KD reminded members that the full report can be accessed on the Welsh Government website.</p>	
<p>CPGMH/NAW4/59 - Mental Health Crisis Care Concordat for Wales</p>	<p>Actions</p>
<p>DISCUSSED</p> <p>Sara Mosely updated members on the development of the Mental Health Crisis Care Concordat for Wales, which was launched by the Health Minister on the 10th December 2015.</p> <ul style="list-style-type: none"> • It is a comprehensive document with 29 organisations signed up, including Welsh Government, police, health boards, social services, criminal justice organisations and the third sector. • It focuses on improving early intervention and support through a holistic, cross agency approach to supporting people in crisis. • One of the key aims is to reduce the number of adults in crisis who end up in custody and to end the use of police cells for children and 	

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<p>young people experiencing a mental health crisis.</p> <ul style="list-style-type: none">• A task and finish group has been set up to oversee implementation across Wales. It is being chaired by SM and will run until April 2017.• The Mental Health Criminal Justice Partnership Boards will develop regional delivery plans and oversee implementation in their area.• There will be an implementation plan template for each area to follow in order to ensure consistency and comparability across Wales. A number of groups have started to populate the templates and these plans will be brought to the next national task and finish group.• The group is also keen to have research that determines whether the Concordat is working effectively, what issues still need to be resolved and where the focus should be in the future. <p>DR thanked SM for the update.</p> <p>The Crisis Care Concordat for Wales can be downloaded from the Welsh Government website.</p>	
<p>DR thanked everyone for their attendance and contributions to the Cross Party Group on Mental Health since the last Assembly elections in 2011.</p>	