

# Minutes



## Performance Scrutiny Committee - Partnerships

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Date: 21 January 2021

Time: 5.00 pm

Present: Councillors J Clarke, M Spencer, S Marshall, G Berry, M Linton, J Hughes, R Mogford and T Suller

In Attendance: Ian Thomas (Aneurin Bevan Mental Health and Learning Disabilities General Manager), Chris Humphrey (Interim Strategic Director – People) and Neil Barnett (Scrutiny Adviser)

Apologies: Councillors K Whitehead

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### 1 Declarations of Interest

None.

### 2 Minutes of the previous meeting held on 7 October 2020

The minutes of the previous meeting held on 7 October 2020 were accepted as a true and accurate record.

### 3 Transformation of Adult Mental Health Services

Invitees

- Ian Thomas - Aneurin Bevan Mental Health and Learning Disabilities General Manager
- Chris Humphrey – Interim Strategic Director - People

The Aneurin Bevan Mental Health and Learning Disabilities General Manager explained that we are currently embarking on an engagement exercise on transforming our adult mental health services. We've done a lot of good things in trying to develop a more cohesive adult mental health service and more of a pathway approach to it. But what we've never done is put all the bits we were doing into a more cohesive framework to see where changes fit in. When we started our journey, we developed a mission statement for the division of mental health and disabilities, and so everything we do should be trained to deliver high quality, compassionate, person centered mental health services, striving for excellent outcomes.

The Aneurin Bevan Mental Health and Learning Disabilities General Manager then gave an overview of the presentation to the Committee and provided further detail of each slide, which highlighted enhancing support for the wider community in the Foundation Tier, strengthening mental health support for Primary Care and developing a sustainable model for delivering Primary Care Mental Health Support Services, transforming Crisis Services and transforming services provided locally to better support individuals with complex needs, including the development of a new Specialist Inpatient Unit.

Members asked the following:

- Members praised the detail of the presentation and looking into mental health issues at this current time. Comment was made about concerns for social work staff as after talking to most people in this line of work in the community, there are people who are anxious and worried about losing their jobs and losing family members, which unfortunately will be a concern for the upcoming years. Members then spoke of the importance of talking to people in the community who are newly experiencing mental health issues, as often an issue is making the step to make first contact, especially for people to acknowledge they have got mental health issues relating to depression and anxiety. Members then queried about the working partnerships with community groups at first contact, when people expressing mental health issues, how they link with them and also their work in post discharge support.

Further comment was then made about the terminology used in the report for the units, such as Special Inpatient Units and Crisis Assessment Support Units. When this report goes to clients it might not be easy to understand and could possibly put off people from wanting to engage, even though the services are very much compassionate. There could also be a little more work going into early point of engagement about how we go into the community. A Member then gave an example of a group on Facebook where men can meet up, replacing a pub setting to talk about their problems.

Members were advised of some of the shared projects that is being led by the community which are pulled together by Public Health. As a central resource is going to be really key in networking and linking people and connecting them with things that are happening in their local communities. We do need to be innovative at the community end, to get people before they need to have access to really specialist mental health services. The Manager thinks there is a good framework the foundation model to do what Members are suggesting, and building up that community resilience and resolve and thinking a bit differently about how we how we engage with individuals and the discharge. This would be looked into further.

Members were then told that the use of the terminology would also be looked into.

- Members spoke about communities being mentioned a lot in the presentation. How are the partnerships working with families, carers and the hard to reach groups, well as referral time issues? Comment was also made about training within the partnership board, as not everyone has had training, which includes Councillors who have direct contact with people. It is important for Members to have knowledge about who to signpost people to. Members also queried what is the end goal, how will the partners measure success and what resources are in place to avoid duplication.

Members were then given information about how success would be measured. Example was given that about a series of measurements within Psychological Well-being which are focussed on the outcomes of individuals. A lot of investment has been made in that services which the partners are confident that benefits will be shown, however it has not been around long enough to see the benefits being realised. But there's going to be very definite outcomes set that we can measure and report against and for everything we do for every investment we make, we will have a clear, clear measurements and clear benefits identified that we have to try to focus those on the experiences of the individuals that are going through our services. That is something traditionally we haven't been very good at.

In terms of the partnership measuring success, we've got the Mental Health and Learning Disabilities Partnership Board, which the Director of Social Services is a member of. All these proposals are presented, discussed and agreed at that board and supported through the Regional Partnership Board. So we are well engaged and within each of our work streams. In regards to training for Members, one of the ambitions through the foundation is the Connect Five training and they are on the Public Health website for all frontline staff to sign up for training, which will give them the confidence, the knowledge and the skill to raise mental health issues with people they can refer them to, where they can sign posted to and provide advice on how what support is available within their communities through the through the mail or website.

The Manager further explained that Members should be comforted by the fact that that can be put forward for Kinect for training, which is a website which will have a host of information causes evidence based literature and websites, links to organisations such as Mind and all the things the services they offer as well. We are set up in Gwent to provide better advice, better support and better signposting than we've ever been, but will take time it for people to get trained and be confident in providing that sort of advice and referral times.

The Manager then explained that one of the big determinants of waiting times is a demand and the capacity of you. Everyone is expecting demand for mental health services to increase and there are limited resources within. Health as it is in social care, and so we have to try and make the best value and for the best outcomes, and so we do focus on waiting times and waiting times generally and went for the prime primary care. Mental health services generally meet the Welsh Government targets, not currently because of the impact of it on our workforce as well as the population and demand, but generally of waiting times within those Government guidance. The target is still 28 days assessment for primary care, mental health service. That is not good enough, but that's the target. We need to find all our ways to try and reduce those waiting times against the backdrop of increasing demand so it is going to be tough. We will need to think differently, for example, virtual ways of working may help in that when times are back to normal. But also things like earlier intervention could reduce demand for small specialist mental health services. And so if we get the front end right, hopefully we can see the benefit in in reduced waiting times for more specialist services eventually as well.

- Comment was about how much more we can do to prevent and at what point do we start prevention? Comment was also made about the big investment in infrastructure, recruitment and in training. Are you proposing this whole solution is cost neutral or does it save money in the long term?

Members were told that we have been kind of luckier than many services over the last couple of years we had some investment in mental health services in Wales and the NHS. We have also managed to develop some of the things mentioned in our crisis services through recurring funding from Welsh government service improvement, as well as some investment in transformation funds. There has also been funding for 12 months for Sanctuary, as well as through NCN networks for psychological well-being practitioners. The other changes to our primary care mental health services are cost neutral, where the big challenge is the Specialist Inpatient Unit that will need significant capital, which will cost about £50-60 million to build.

In terms of revenue, we are hoping that it will be at worst, revenue neutral because of all the money we spend externally, commissioning low secure services outside and in. In our strategic outline case, that was the case. It was actually cost saving over a 10 year period. But you know that the proposals that we have now are slightly

changed. So it may not be as financially a cost, but we hope it is cost neutral. But will be as financially cost saving as the original proposal in our strategic plan case. But we haven't done that work yet to work through all the finances. And that will take us probably the best part of 12 months to do so.

- Concern was raised that there was no mention about Armed Forces mental health in the presentation. Comment was made not to forget them.

Members were assured that even though it was not mentioned in the presentation, Armed Forces are covered in the array of services. They are aware of gaps in services and this is being looked into.

- How do we know what success looks like?

Members were advised that success is comparing what you have achieved against what you originally said you were going to achieve in your original submissions and bids. You should measure success according to the feedback you get from the people you're providing the service and the health service. However, we have never been really good at that. So we are trying to do a lot more work in trying to get better engagement with our patients, get them more engaged in developing their plans and their care, and then also trying to get their input into telling us how well it is going. success should be measured according to the individuals that we're looking after.

- Members queried if an appendix could be included in the report to recognise that Covid-19 is going to have a significant impact on resourcing and funding, and what work is being done that area.
- Members queried where do homelessness and Mental Health fit in the report? There are grants available from Welsh Government for such issues, but they are only temporary. What happens in the future when these grants run out?

It was explained that homelessness is broader than a mental health issues, but key partners try to meet the mental health needs of those who are homeless. This is a big challenge for us, particularly we find quite a lot of people are admitted because they have nowhere else to go when they have got a mental health crisis. Members were then told that they are trying to work closer with Housing to develop strategies to improve access for mental health issues. It is not known what the demand will be in future. Funding has been given to understand what the future needs for rehousing with mental health might likely be. The Strategic Forum discusses such issues.

- Is there any partnership work with private businesses, such as Lloyds, to link in with the plan? As they may wish to look at the welfare of their staff.

The Manager was not aware of any partnerships with private businesses.

- Members made query about there being no secure beds in Newport, and to get one you would have to go to England. Is that the same for all of Wales, or just Newport?

Members were advised that this is the same for all of Gwent, secure beds have to be commissioned. This causes problems as not only do you have to spend a lot of money to send people to England, but you have to send staff there to assess the care plan, which completely severs local ties and tend to spend a lot more time there than needed, because you have not got that access to the local community, mental health teams to develop those discharge plans. Some of the outcomes for these individuals are not good either. We think if we can provide those services locally, we can reduce them to stay on those units by improve the family connections and community connections for those individuals and develop plans to step them down into some of our other services quicker.

The Chair thanked the officers for attending, and for the thorough presentation.

### **Conclusions**

Members wished to make the following comments and conclusions:

- The Committee were appreciative and praised the quality of the presentation and the quantity of detail.
- The Committee questioned how success would be measured. Additional queries were then asked –
  - How do you work as a partnership and what do you deem as working together?
  - Is it buy in? If so, what is the saving from working with each other?
  - Could we have the detail of the partnerships that we are working with?
- The Committee raised concern about the use of medical profession terminology, and commented that these reports go out to clients, who might not fully understand. They also queried if an appendix could be included to recognise that Covid-19 is going to have a significant impact on resourcing and funding, and what work is being done that area.
- The Committee requested if Ian would be able to return for a future meeting after the service has been in place for a year to give updates on how the service has been running.
- The Committee would like additional information about the working partnerships with community groups at first contact, when people expressing mental health issues, how they link with them and also their work in post discharge support.
- The Committee discussed the Connect Five programme and how important it is to get the message out. Suggestion was then made if all Members could be provided with the training for the programme.

## **4 Forward Work Programme**

Invitee –

- Neil Barnett – Scrutiny Adviser

The Scrutiny Adviser presented the Forward Work Programme, and informed the Committee of the topics due to be discussed at the next committee meeting:

**Wednesday 5 February 2020 at 5pm**, the agenda items;

- Education Achievement Service (EAS) Business Plan 2021-22

The meeting terminated at 6.45 pm