

**The Third Sector and Mental Health Planning  
Tuesday 19<sup>th</sup> May 2009, 9:30 a.m. at  
Neath Port Talbot CVS, Ty Margaret Thorne  
17-19 Alfred Street, Neath**



## The Third Sector and Mental Health Planning Attendees

<b>Steve Thomas</b>	<b>Tai Esgyn Housing</b>
<b>Kevin Bartley</b>	<b>Tai Esgyn Housing</b>
<b>Jan Ellis</b>	<b>Tai Esgyn Housing</b>
<b>Simon Rogers</b>	<b>Tai Esgyn Housing</b>
<b>Jan Donne</b>	<b>MHDO SCVS</b>
<b>Liz Wills</b>	<b>The Wallich</b>
<b>Janice Collard</b>	<b>The Big Issue Cymru</b>
<b>Amy Meredith</b>	<b>SCVS</b>
<b>Steve Lewis</b>	<b>WGCADA, Bridgend</b>
<b>Helen Walton</b>	<b>DEWIS NPT</b>
<b>Sharon Richards</b>	<b>NPT Mind</b>
<b>Deryth Williams</b>	<b>Swansea Carers' Centre</b>
<b>Rob Merrill</b>	<b>SWMHA</b>
<b>Tracey Sherlock</b>	<b>Welsh Refugee Council (Swansea)</b>
<b>Jeff Thomas</b>	<b>Shaw Trust</b>
<b>Helen Williams</b>	<b>YWCA CWMAFAN</b>
<b>Christine Nutt</b>	<b>Swansea Carers' Centre</b>
<b>Robert James</b>	<b>Survivors of Bereavement by Suicide</b>
<b>Tracy Roberts</b>	<b>Survivors of Bereavement by Suicide</b>
<b>Rob James</b>	<b>The Wallich</b>
<b>Sian Jenkins</b>	<b>SUCPO</b>
<b>Andy Fraser</b>	<b>MHDO BAVO</b>
<b>Pat Nolan</b>	<b>Hafal</b>
<b>Jayne....</b>	<b>Gofal Cymru</b>
<b>Carol Owens</b>	<b>Patients Council/SNUG</b>
<b>Kim Crowley</b>	<b>Mental Health Wellbeing Volunteer Project</b>
<b>Dianne Godden</b>	<b>Lliw Valley Women's Aid</b>
<b>Linda Williams</b>	<b>Hafal NPT</b>
<b>Steve Reynish</b>	<b>Hafal Swansea</b>
<b>Sue Jennings</b>	<b>Gofal</b>
<b>Lianne Casley</b>	<b>MHDO NPT</b>
<b>Jeremy Gluck</b>	<b>SCVS</b>

**“A Vision of the Future for Mental Health Planning and the Third Sector under ABM University Trust”**

**Dr Tegwyn Williams  
Clinical Director of Mental Health Services  
ABM University Trust**

**Dr. Williams’ talk raised many issues and there was in-depth discussion on how the merger is impacting Trust practise and its relationship with the local mental health voluntary sector. How the ABM interfaces with the 3<sup>rd</sup> Sector and how the voluntary sector and 3<sup>rd</sup> Sector are represented in planning were two questions addressed. Dr. Williams said he wanted to avoid doubling up of services, etc., leading to waste. He also said he feels that joint working is not where “we all do everything”. He asked the meeting which areas we want developed, where development should be targeted.**

**A questioner asked Dr. Williams if he “knows what the 3<sup>rd</sup> Sector does?” He answered, honestly, yes and no.**

**He spent some time discussing finances the need to re-engineer these slowly; “The 3<sup>rd</sup> Sector needs a robust and secure funding stream.” He wants to link up in a meaningful way with the £rd Sector, and take an honest and not ideological approach he said. He held up Bridgend’s issue-focused action as a good example of effective practise. He added that he wanted to create a plan that can deliver, with really meaningful representation from the voluntary sector.**

## **Workshop:**

### **Options for the Future**

After Dr Williams talk and lunch, groups were formed to discuss the pros and cons of four possible courses of action for the voluntary sector.

The options were as follows:

- nothing – Status quo
- 3 separate Forums but the chairs and development officers meet throughout the year.
- 3 separate Forums and an ABM forum where all members of the three forums meet.
- 3 separate Forums and a new Forum which would be ABM wide and just made up of Mental Health Organisations.

## **GROUP 1**

**Pros and Cons:**

### ***Status quo***

**Pros: Worked up to now  
Keep it as separate issues for each area  
Is there any value in change?**

**Cons: Not able to share information across  
Not able to share strengths  
Perhaps outdated with Trust change**

### ***Option 1***

**Pros:**

**Positive group  
Greatest growth  
National strategy  
Smaller group may be better  
Opportunities to prioritise bids – other organisations support funding bids**

**Cons:**

**Restricted membership  
Information will be filtered  
Means have to trust representatives to feed information**

### ***Option 2***

**Pros:**

**Maximum 2-3 times a year  
Catch up network (would need a purpose)**

### ***Option 3***

**Pros: nil**

**Cons: “Rubbish”  
Social Issues important and social context**

## GROUP 2

Pros	Cons
<b>Status Quo</b>  <b>Receptive of change and voluntary sector representatives</b> <b>Local issues focus</b>	<b>Won't work: rep in trust</b> <b>Wide issues/ loss of voluntary sector voice in regional planning</b> <b>Can't stay same – reduction of power of voluntary sector voice</b>
<b>Option 1</b> <b>Preferred</b> <b>Sharing of issues affecting network/forum</b> <b>Good structure for reps at trust wide</b> <b>Voice of 3<sup>rd</sup> Sector clearer and more focused</b>	<b>Current info sharing mechanisms</b> <b>More pressure on MHDO/Chair</b>
<b>Option 2</b>	<b>Too big to manage</b> <b>Difficult to prioritise issues</b> <b>Could make us look disorganised</b> <b>Make it too slow to keep effective voice and feed in/up issues</b>
<b>Option 3</b>  <b>Specialist knowledge into planning area/ arena</b>	<b>Excludes organisations that have an interest and may have mental health projects even though their work is not exclusive to mental health</b>  <b>Lack of shared experience</b> <b>Lost opportunities if non mental health organisations excluded</b>  <b>Could increase stigma/ discrimination</b>
<b>Considered scrapping current forums and replacing with one ABM</b>	<b>Too big to manage</b> <b>Loss of local focus on issues</b> <b>Loss of communication with LA's</b>

### **GROUP 3**

- **There is a top-down pressure to adapt.**
- **We have to get right the people to important meetings.**
- **We want inclusion and acknowledgement as professionals.**
- **There is a need for local-level representation.**
- **Mental health organisations must interact directly and have a voice.**
- **Important to have development officers close working with ABM.**
- **Swansea organisations want something local, not to become part of one large forum**
- **The changes taking place will need time to develop fully. There should be a review after one year to see if the chosen route is being effective.**
- **The changes are parallel with voluntary sector growth and should be seen in that context.**
- **It might be hard to maintain voluntary sector character and be part of ABM.**
- **Planning involvement must have real meaning.**
- **Our chosen route is 3 forums plus one overarching ABM forum and development officers/chair meetings (local need).**

**Hafal (This feedback was left by Hafal as they had to leave early)**

- **Have the professional involved with care – the psychiatrist, usually – have information to give to service users; this rarely happens at the moment**
- **Have service users and care representatives on the Adult Services Panel**
- **Training to be delivered internally to the Trust with the help of service users and carers. (Hafal has done this at NPT) and it has been very effective**
- **Training in the Trust: Could the Trust allocate a small percentage for voluntary organisations (only appropriate training obviously)**