

Regional Advisory Group for Mental Health, Happiness and Wellbeing

10:00 – 12:00, 16 September 2008

Gallowgate 3, Citygate

Minutes

Present:

Judy Thomas – JT (Chair)
Neil Johnson – NJ (Theme Lead)
Ann Crosland – AC (Sunderland University)
Hannah Stapley – HS (VONNE)
Brendan Hill – BH (Mental Health North East)
Damian Robinson – DR (NTW NHS Trust)
Aileen Fitzgerald – AF (NHS North of Tyne)
Catherine Parker – CP (County Durham PCT)
Jim Ennis representing Rosemary Granger – JE (NE commissioning team for MH/LD)
Peter Heywood – PH (Middlesbrough LSP)

In Attendance:

Eugene Milne – EM (Public Health NE)
Carla Braid (Public Health NE)

Apologies:

Alisdair Cameron (Launchpad)
Gyles Glover (NEPHO)
Paul Hanson (North Tyneside Council)
Irene Lucas (South Tyneside Council)

1. Overview

Introduction

1.1 Judy Thomas welcomed everyone to the group. She introduced herself and gave an overview of the role of the Regional Advisory Group (RAG). She asked other members to introduce themselves and indicate what they hoped that the group would achieve. Examples of desired outcomes included:

- Identifying ways/measures of improving mental health
- Use existing vehicles of change e.g. PSAs, Joint Strategic Needs Assessments & World Class Commissioning
- Healthier people with better access to mental health promotion/stop smoking services, for example

- Building resilience and securing attitudinal & behavioural change amongst individuals and within organisations
- Indicators of happiness, wellbeing & Locus of Control built into regional policies

JT alluded to the Gateshead Strategic Plan which had used a 'ludo board' to simplify the direction of travel required to achieve its intended outcomes

Actions:

- **JT to forward the ludo board example to the rest of the group**

Better Health, Fairer Health – Mental Health, Happiness and Wellbeing Theme Presentation – Eugene Milne.

1.2 EM began his presentation by giving details of his role in developing the Better Health, Fairer Health Strategy. He went on to explain the background to the Strategy, why it was created and the consultation process. He also mentioned that, during the consultation process, one response had indicated that the Mental Health Theme was the weakest section of the strategy and that this group should identify what was missing and what needed to be done.

1.3 He explained that the ten themes fell into four groups:

Social and Cultural Element:

Economy, Culture and Environment and Mental Health, Happiness and Wellbeing

Lifestyle Issues:

Tobacco, Obesity and Alcohol

NHS Orientated:

Prevention, fair and early treatment

Life Course Themes:

Early Life, Mature and Working Life, Later Life and A Good Death.

1.4 EM mentioned that the Implementation and Governance Structure had now been amended, with the Public Health Board replacing the Health Forum, and the Health Forum becoming the Economy, Culture and Environment Regional Advisory Group.

1.5 He concluded by stating his desired outcomes from the strategy: the north east to have the most favourable measures of mental health, happiness & wellbeing in the country (Gross Happiness Indicators versus indicators of economic analysis).

1.6 BH stated that the Mental Health, Happiness and Wellbeing Theme is linked more to other themes than any other and the group should be conscious of this. EM agreed but stated that the Economy, Culture and Environment Theme also has many links.

2. Governance

Appointment of Vice Chair

2.1 NJ proposed BH as vice chair and the group agreed.

Terms of Reference

2.2 JT read through the Terms of Reference, explaining that they were intentionally broad so that they could apply to all themes. She asked if anyone had any comments.

BH queried whether we could include something on the role of individual members and mentioned a template he was aware of which could meet the needs of the group. The group agreed to this

Actions:

- **BH to send the template to NJ who would then draft Terms of Reference for the group**

Membership Review

2.3 JT asked the group whether anyone else should be invited to be a member. NJ informed the group that the Regional Migrant Health Group would be approached to secure a BME representative and asked whether someone could suggest an older adult lead. BH suggested Alex Gibson from Gateshead.

Actions:

- **BH to forward contact details of Alix Gibson to NJ**
- **NJ to confirm BME representative**

Proposed Sub Groups

2.4 NJ explained that he hoped to establish 2 sub-groups of the RAG; one for suicide prevention and one for social inclusion. All agreed that it was too early to do this and that the first priority would be to determine the remit of the group

Proposed Stakeholder Group

2.5 As with 2.4 it was agreed that it was too early to determine whether a stakeholder group was necessary

3. Remit of Group

Review and Prioritise Commitments

3.1 JT explained that the steer from Better Health, Fairer Health was not necessarily the steer for this group. She stated that other things happening in relation to mental health might help create a more ordered list of priorities. She also said that the group should map out influence points, so when looking at priorities it would be easier to identify what needed to be done.

3.2 The group had a discussion concerning what the mapping should focus on and what the remit of the group should entail. Topics covered included:

- Being explicit about what we mean and how we know whether or not we've achieved this (focusing on outcomes which we think will be of value)
- Identifying which areas we would wish to influence and what we would wish our stakeholders to focus on. For example, an expectation that x% of staff in a Local Authority have received training in Mental Health First Aid
- Selecting our areas of influence, identifying how these will be measured, being clear about the evidence base and sharing good practice
- Ensuring that we 'add value' to existing national, regional, sub-regional and local policies and strategies
- How we ensure that the group has a clear vision and sufficient authority to deliver

- Ensuring that we use the power of lobbying and contacts within the regional political domain to influence commissioning and service redesign

3.3 The group agreed that it would be useful to set some time aside to 'bottom out' some of these issues. It was suggested that a full day be used to achieve this.

Actions:

- **NJ to map groups we need to influence and comprehend/track their points of influence**
- **NJ to contact membership recommending that the meeting on December 8th is extended to have a full day's discussion. If this would not be possible, an alternative date would be sought in January**
- **NJ to confirm full day meeting, encouraging attendance from the full membership**
- **All to bring examples of tools/outcome measures for discussion on the day**
- **NJ to approach Rosemary Granger/Suresh Joseph to talk at a future meeting/full day meeting concerning the links between Our Vision, Our Future and Better Health, Fairer Health**
- **JT/BH/NJ to meet to discuss potential options for full day meeting**

Preliminary Meeting

3.4 NJ explained that a meeting had been held between himself, JT, CP and Rosemary Granger as a precursor to the RAG meeting. One of the outcomes had been the 'Connections' paper which had been circulated with prior to the meeting. A number of additional strategies were suggested for inclusion: the north east commissioning team's strategy on mental health; the children's NSF (9); learning disabilities; locality-based Health Improvement Plans; Newcastle Emotional Wellbeing Group

Actions:

- **NJ to update connections paper and send out to the group**

PCT Commissioning Plans

3.5 This item was not discussed

4. Links

4.1 The general consensus was that the links needed to be discussed during the full day meeting.

5. Other

Budgetary Requirements

5.1 NJ stated that each Regional Advisory Group will get around £2000 funding, and the group needs to decide what the money should be spent on. This could include, for example, engagement with stakeholders or an academic exercise

Actions:

- **All to forward suggestions on use of the funds to NJ**

Communications and Social Marketing Strategy

5.2 NJ explained that a regional Communications and Social Marketing Collaborative was being established and that part of its role would be to support the RAGs

Actions:

- **NJ to invite Claire Riley/Elaine Wilson from the SHA to the next meeting**
- **NJ to circulate a copy of Public Health NE's *Project Initiation Document* which provides more information on the intended arrangements**

Any Other Business

5.3 The point was raised that the location of meetings should be on a rota as Newcastle is difficult for some people to get to.

Actions:

- **NJ will look at other suitable venues**
- **NJ to also circulate email addresses around the group**

6. Future Meetings:

8 December 2008, Citygate, 10:00 – 12:00