



**Meeting of the Counselling and Related Therapies
(CART) Task Group
Wednesday 18th November
10.30am – 3.30pm
Sidwell's Centre Exeter**

Present: Andrew Kemp (AK), MS Society
 Brian Clifton (BC), LINK Devon participant
 Caroline Woodhead (CW), Network Action Group, North Devon
 Carol Jones (CJ), Independent Counsellor
 David Tarbox-Cooper (DC), Independent Counsellor
 Simon Henderson (SH), South West Pound Ltd
 Caroline Lee (CL), LINK Devon host
 Lorna Davis (LD), LINK Devon host
 Jill Perry (JP), LINK Devon host
 Pam Hogan (PH), LINK Devon host

Apologies: Edwina Huggett, Network Action Group, North Devon
 Louise Hawkins, Dignity in Care
 Mike Howdle, Strategic Planning Group / Rethink
 Robin Tay, Independent Counsellor

Welcome and introductions

Summary of LINKs and background information		Actions
	<p>CL began by providing a brief summary of LINKs and explained that the task group can request information from Service Commissioners to which they have a statutory duty to respond; make recommendations as they feel appropriate; refer matters to Overview and Scrutiny Committee and visiting representatives can enter and view premises if the need arises through the task group. CL advised that the task group can co-opt members from the statutory sector to provide information on developments, but only if they feel this would be beneficial. Task groups could also work with other LINKs who may be looking at the same issues.</p> <p>LD advised the group of the main issues that people have brought to the LINK; long waiting lists for counselling, drug therapy instead of counselling and not being able to access a local service. A request for information was sent to Devon Primary Care Trust (PCT) and a response was received earlier in the year in relation to waiting lists for counselling. PCT advised the LINK that with the introduction of the Improving Access to Psychological Therapies (IAPT) programme, statistical data will be captured in the future, although the understanding is that this only relates to Cognitive Behavioural Therapy (CBT)</p> <p>CJ advised that she could put together a summary of what IAPT is before the next meeting.</p> <p>CJ: it is vital that the task group has someone who represents dementia care. CL will canvas for this.</p> <p>CJ: trained professionals are expected to provide services on a voluntary basis.</p> <p>CJ: setting up social enterprises could be a way forward.</p>	<p>LD to find out if other LINKs are working on this issue.</p> <p>CJ to provide a summary of IAPT for the group.</p> <p>CL to canvas for someone to join the task group who has a focus on dementia.</p>

<p>Ways of gathering views and evidence And ways of finding out what the current situation is across Devon.</p>	<p>Discussion took place as to what impact psychological therapy can have on a person and how this is very difficult to measure in terms of how successful it is, what causes someone to need counselling and vast areas that this subject covers, both reasons why people may need therapy and the many different types of therapy i.e. play therapy, physical exercise etc.</p> <p>BC, although aware of the situation in North Devon wanted to find out what is happening across Devon.</p> <p>AK asked how can we work together, gather a picture across Devon and present to service commissioners.</p> <p>JP: Many counsellors left practices as do not want to only offer Cognitive Behavioural Therapy.</p> <p>BC: LINK could find out what exactly is the waiting list. How many people are currently on waiting list, movement in and out, how long? Mild to moderate.</p> <p>CL advised if the group wishes to invite a statutory representative to give information they can do this.</p> <p>BC suggested finding out about current waiting lists, movement in and out etc. LINK is awaiting a response to a request for this information.</p> <p>CJ pointed out issues around rural access to services i.e. financial issues, impact on someone who is depressed and huge expectations.</p> <p>SH: Asked if there are group therapy sessions sharing problems, these could take the weight off the client.</p> <p>AK suggested we need good evidence and need to tap into all communities to gather views. Find out, what worked? What didn't?</p> <p>CL: we can gather views in a number of ways; workshops, awareness days, invite people along who have experienced the 'system' and statutory representatives. SH suggested piggy backing on stakeholder events.</p> <p>Role of the media – ask for views through publications.</p> <p>CL: LINK are in the process of putting survey together – could have a specific survey.</p> <p>AK: We could produce an online survey</p> <p>CL: all spend must be run by Strategic Planning Group.</p> <p>SH: Maybe worth targeting known groups for written points of view.</p> <p>AK: People on the streets. LINK with other groups i.e. mental health groups.</p> <p>AK: Develop strategy of how we will engage. PH suggested filtering through the networks. Need questions. Keep it simple. Statutory organisations need to know of a specific service and geographical area.</p> <p>DTC asked if there is a community directory CL gave information on the Community Directory. The group agreed that there are so many overlaps of services, groups and providers across the county and pockets of information that is available yet sporadic. CJ suggested LINK task group could establish an information base as one objective.</p>	<p>CL to find out how Local Authorities engage with social enterprises and provide information for the group.</p> <p>LD will distribute the response from Devon Partnership Trust on receipt.</p>
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<p>Possible aims and objective for the task group</p>	<p>The group discussed possible ways in which the task group could have an impact on the development of services;</p> <ul style="list-style-type: none"> • Creation of a network of support for people prior to receiving a service, at that 'in between' stage. Signpost to other services left waiting • Work with GP practices as a majority of patients referred through GP's – have the info. • CJ pointed out that there is a huge growth in internet counselling – could the task group tap into this as a development for the future? 	
<p>Terms of Reference</p>	<p>Points discussed;</p> <ul style="list-style-type: none"> • The group agreed Andrew Kemp is appointed as chair with rotation of chair in Andrew's absence. • The group should be called Counselling and Related Therapies (CART) • The group discussed their purpose as a group and their vision for the future. CL agreed to circulate draft Terms of Reference and brainstorming notes. SH suggested everyone then makes their own notes and brings them to next meeting. CJ suggested small biographies of each person on task group. • AK suggested putting CART Devon in the subject heading • SH: LINK Task Groups to communicate so that any events may be shared. • The group should use the link.taskgroups@edvsa.org.uk email address for correspondence to LINK for email correspondence in between meetings. 	<p>CL to circulate TOR notes for all to look at and define.</p>
<p>The aim of the next meeting</p>	<p>AK suggested the group thinks about the following points in preparation for the next meeting;</p> <ul style="list-style-type: none"> • Think about action plans for next meeting. • Have an idea of who we can engage with and how • Agree questions for survey <p>Venue for next meeting:</p> <p>The fountain Room, St Sidwell Centre, Exeter, 10:30 refreshments. 11am start – 2pm finish.</p>	<p>ALL to clarify TOR before next meeting by email to AK</p>