HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 30 July 2008.

PRESENT: Councillor Dryden (Chair), Councillors Carter, Dunne, Rehman, P Rogers and J A Walker (as substitute for Councillor Cole).

OFFICIALS: J Bennington and J Ord.

**** PRESENT BY INVITATION:** Councillor Brunton, Chair of Overview and Scrutiny Board

Middlesbrough Primary Care Trust: -
Paul Frank, Head of Patient Experience
Dr Peter Heywood, Locality Director of Public Health
Sarah Marsay, Patient and Public Involvement Manager
Martin Phillips, Director Health Systems Development.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Cole, Lancaster, Mrs H Pearson and Purvis.

**** DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 9 July 2008 were taken as read and approved as a correct record.

GENERAL PRACTICE AND GENERAL PRACTICE LED HEALTH CENTRE DEVELOPMENT PROPOSALS

Further to the meeting of the Panel held on 18 June 2008 the Scrutiny Support Officer submitted an introductory report regarding additional information to be provided from representatives of Middlesbrough Primary Care Trust.

Paul Frank, Head of Patient Experience advised the Panel of a range of activity which had been undertaken to raise awareness and to encourage participation in the consultation process as outlined in a briefing paper circulated at the meeting.

In order to reach the widest possible number of people the PCT had undertaken household distribution of consultation leaflets with the local free newspaper during the week commencing 5 May 2008 with distribution via the Team in areas of known low penetration. It was also noted that there was an additional distribution of a questionnaire via the same method with a 'wraparound' advertisement of the consultation covering the relevant edition of the newspaper week commencing 30 June 2008.

In order to facilitate contribution to the consultation, a variety of feedback mechanisms/opportunities had been used to gather views such as public meetings, online questionnaires, freephone telephone number and emails.

It was noted that 380 responses had been received so far which although represented around 1% was considered to be quite good in comparison with previous consultation exercises.

Members commented on the extent of engagement with Ward Councillors and public meetings with particular regard to proposed locations for new GP practices and the new GP led health centre. Although the various methods by which comments could have been submitted were noted it was acknowledged that a specific public consultation meeting could have been held in the Hemlington area. The difficulties in identifying suitable premises for the new GP Practice in Hemlington was recognised and would be the subject of further discussion.

Once the outcome of the consultation had been analysed and proposals were known the PCT representatives indicated that there might be scope to facilitate other public meetings.

An indication was given of the endeavours to involve and raise awareness to hard to reach groups by various means including the assistance of Middlesbrough Voluntary Development Agency and the West Middlesbrough Neighbourhood Trust.

Mr Frank reiterated the efforts which had been made to raise awareness and generate responses from people in East Middlesbrough but acknowledged that like most other consultation exercises there were lessons to be learnt which would inform future consultation programmes and to improve their effectiveness.

Martin Phillips, Director Health Systems Development, gave an indication of the overall responses received so far as outlined in a briefing paper circulated at the meeting. Following completion of the consultation period on 1 August 2008 all responses received would be collated and analysed independently by Proportion Marketing Limited. Arrangements had been made for the full consultation report to be considered by the PCT Board at its meeting to be held on 21 August 2008. It was confirmed that it was a public meeting and that local Ward Councillors would be informed accordingly.

A summary was provided of the issues raised to date in respect of the following: -

GP Services: existing GP practices; importance of Patient /GP relationship;
continuity of care; commercial focus/privatisation of NHS; improved accessibility and extended opening hours; suggestions for additional services;

Location: concerns relating to transport and population needs;

Finance/Funding issues:

Consultation process: lessons to be learnt in terms of the arrangements for public meetings and a range of methods to be used to raise awareness;

Other: as a political initiative should try and make it meaningful to local population;

Suggestions for Additional Services at GP led Health Centre developments included;
physiotherapy; weight management; well man/well women; screening facilities; services for the elderly; x-ray facilities; dentists.

Mr Phillips focused on the key issues to provide a more patient led service and improve access to and choice of primary care services as follows:-

a) the areas of poorest provision fell into the following three main categories;-

- Primary Care capacity (number of GPs, number of nurses);
- Health Outcomes (life expectancy rates, cancer mortality, CVD mortality, IMD, diabetes/hypertension;
- Patient satisfaction (GP survey) last year's statistics showed that whilst national figures for patient satisfaction had increased the figures for Middlesbrough had shown a decline;

b) the reasons for seeking improvements included the following:-

- major inequalities in health and wellbeing;
- significant variation in access to services and the care received;
- need to keep pace with the expectations of patients and the public;
- ageing population;
- links between primary care provision and ill-health;

c) the basis on which the consultation had been undertaken:

- nil detriment to services;
- used previous engagement;
- access to, and responsiveness of existing practices;
- current list sizes;
- geography and existing 'choices';
- health needs;
- future sustainability.

In commenting on future sustainability and a proposal by Redcar and Cleveland PCT for a new GP Practice in the Ormesby / Eston area it was confirmed that the intention was to improve facilities and increase accessibility to services and not to close an existing GP Practice in the locality. It was considered that potential patients might be drawn from the East Middlesbrough area.

In relation to the responses received specific reference was made to the support shown for more flexibility and extended opening hours at GP Practices. In overall terms it was acknowledged that the outcome of GP surveys and the current consultation process assisted in identifying patient's wishes and help inform the commissioning agenda. It was confirmed that a copy of the latest GP survey would be made available to the Panel.

Reference was made to the facility at North Ormesby Health Village which provided an extended GP hours service between 8 a.m. and 8 p.m., seven days a week which was launched in February 2008. It was noted that the facility was mostly used at weekends and not just by Middlesbrough residents. The Panel was advised that a patient satisfaction survey would probably be undertaken independently in around six months time. Members suggested that contact be made with the respective Ward Councillors regarding ways of raising awareness to the existence of such a facility.

The Panel concluded as follows: -

a) it was acknowledged that the PCT had taken on board previous comments made by the Panel in terms of strengthening the consultation process;

b) the efforts of the PCT in terms of the open and transparent nature of the consultation exercise and attempts to be inclusive and engage with hard to reach groups were recognised although it was accepted that lessons had been learned which hopefully would inform future consultations;

c) further information was required in terms of the outcome of the consultation and subsequent proposals in order for the Panel to formulate a view on whether or not the proposals were in the best interests of the local population and local NHS.

AGREED as follows: -

1. That the Middlesbrough PCT representatives be thanked for the information provided.

2. That further information be provided on the final outcome of the consultation exercise and subsequent proposals at the next meeting of the Panel prior to consideration by the PCT Board at its meeting to be held on 21 August 2008.

EMOTIONAL WELLBEING AND MENTAL HEALTH IN MIDDLESBROUGH – BRIEFING

By way of introduction to the Panel's review on above, the Scrutiny Support Officer submitted a report regarding information to be sought from the Middlesbrough Locality Director of Public Health on the prevailing national and regional strategy addressing the issues around people's emotional wellbeing and mental health.

Dr Peter Heywood presented a briefing paper which highlighted key issues and summarised the shift in policy over recent years towards mental health wellbeing and briefly described the local

challenges to improving the mental health of the population, the local mental health needs and important contribution of the wider determinants influencing mental health wellbeing.

Historically, the mental health agenda had tended to focus on problems associated with mental health diseases and conditions. It was noted, however, that the World Health Organisation (WHO) defined mental health as a state of wellbeing in which every individual realised his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and was able to make a contribution to her or his community.

As part of the national and local policy background reference was made to the following: -

a) National Service Framework (NSF) for Mental Health (1999) addressed the mental health needs of working age adults of up to 65 years and set out national standards; national service models; local action and national underpinning programmes for implementation; as well as a series of national milestones to assure progress;

b) Local Implementation Teams were established to co-ordinate and lead on work required to deliver the mental health NSF;

c) in the White Paper 'Choosing Health' (2006) improving mental health had been identified as a national priority;

d) one of the broad aims of the MIddlesbrough Community Strategy, currently being re-written was to improve the lives of people living in Middlesbrough and health, happiness and well-being were critical to achieving such a vision.

It was acknowledged that there were significant challenges to improving mental health and wellbeing, as mental problems were very common. Estimating the prevalence of common mental health conditions relied upon estimates and modelling from national surveys such as the National Psychiatric Morbidity Survey.

The report gave details of estimated statistical information which included the following: -

a) at any one time 16% of adults aged between 16 to 74 (1 in 6) had a neurotic disorder such as depression, anxiety, panic attacks, phobias, obsessive compulsive disorders or a combination of the two;

b) more serious psychotic disorders affected approximately 4 per 1,000 adults aged 16 to 64 years;

c) in terms of older people (over 65s) up to 40% of GP attendees, 50% of general hospital patients and 60% of care homes residents suffered from common mental health problems;

d) suicide rates were highest among 20 to 24 year olds and ranked consistently as one of the leading causes of death for adolescents between 15 and 19 years of age;

e) in young people aged 15 to 24 years, suicide accounted for approximately 30% of all deaths;

f) it was considered that deaths in young people were also strongly patterned by socio-economic status and accounted for almost quarter of the gap in life expectancy between those living in the most disadvantaged areas and those living in the most affluent areas.

g) It was also noted that suicide rates were also patterned according to socio-economic status;

h) the suicide rate among men aged between 20 and 24 in social class V was four times as high as that in men in social class I;

i) the relationship between socio-economic status and suicide were likely to be mediated through a number of different factors such as poor housing, unemployment, social fragmentation and living alone;

j) although between 1994 and 2004 across Middlesbrough there had been a steady rise in the number of suicides in men, the number of such suicides had fallen over the last two years;

k) graphical information was provided of the trends between 1994 and 2006 of suicides and undetermined injury and also estimated number of people with common mental health conditions in Middlesbrough.

Reference was made to the North East Public Health Observatory (NEPHO) which had published a comprehensive assessment of mental health need in the northern region. The report presented a wide range of data on the factors, which could give rise to poor mental health, the mental health status of populations, provision of interventions of care for mental illness, service user experience and traditional outcomes such as suicide.

In summary it was stated that mental health conditions were strongly associated with socio-economic deprivation and the association between rates of mental illness and other factors such as poverty, unemployment and social isolation. A brief summary was given of the evidence and rationale presented in the NEPHO document on the risks, protective factors and wider determinants of mental health and well-being focusing on deprivation, employment, incapacity benefit, limiting long term illness, alcohol, drugs, physical activity, healthy eating, participation in Society, religion, social support, social networks, neighbourliness, education, learning and development, violence and safety, and gambling.

Reference was made to the Wanless reports (2002 and 2004) which acknowledged both the economic and public health case for a greater focus on promotion and prevention within the NHS.

Locally, priorities were reflected within the Local Authority Area Agreement, which had prioritised targets with a direct association to positive mental health. Reference was also made to the Children and Young People's Plan for Middlesbrough, which prioritised the mental health and wellbeing of children within the plan.

Reference was made to the North East Commissioning Mental Health Group focusing on better integration of health and social care models; more attention to upstream activities; better quality of life; and improvements to relevant services.

The report outlined a number of possible issues for the Panel to consider in relation to mental health.

The report concluded that mental health and wellbeing were central to the human, social and economic capital of Middlesbrough and as a theme cut across many if not all major policy areas such as housing, regeneration, social care, employment, education, environment and leisure as well as health.

In discussing the defining factors in relation to emotional wellbeing and mental health the Panel recognised the complex nature of the issues involved which in many cases required a wide range of treatment and support mechanisms.

The importance of a shift in recent years towards mental wellbeing and early intervention was recognised. The role of GPs was discussed and the implementation by PCTs of improving access to psychological therapies programme for which there was an increasing demand.

The Panel discussed some of the factors such as socio economic deprivation and unemployment associated with mental health conditions. In order to assist in highlighting the extent and variances across Middlesbrough, Members requested statistical information on a ward basis if available on such areas as the numbers and age range of patients with mental health conditions attending GP practices.

The importance of increasing economic vitality and work opportunities was stressed and reference made to how Neighbourhood Funding assisted in this regard and was linked to the regional strategy.

AGREED as follows:-

1. That Dr Heywood be thanked for the information provided and contribution to subsequent deliberations.

2. That further information be provided in respect of the following:-

   a) Investment and level of current services provided;

   b) links between Community Strategy, Neighbourhood Funding and regional strategies;

   c) joint working arrangements in terms of the health and social care agenda;

   d) information on best services currently available and an indication given of areas to be considered in order to improve the gaps in current local service provision;

   e) statistical information on a ward basis as outlined;

   f) issue of alcohol related issues with particular regard to young persons.

OVERVIEW AND SCRUTINY UPDATE

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meetings of the Overview and Scrutiny Board held on 17 June and 1 July 2008.

NOTED