HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 12 September 2008.

PRESENT: Councillor Dryden (Chair), Councillors Biswas (as substitute for Councillor Cole), Carter, Dunne, Lancaster, Mrs H Pearson, Purvis and P Rogers.

OFFICIALS: J Bennington, B McGowan and J Ord.

**** PRESENT BY INVITATION:** Middlesbrough Primary Care Trust:
John Stamp, Strategic Commissioning Manager, Mental Health

Tees, Esk and Wear Valleys NHS Trust:
Chris Stanbury, Acting Director of Nursing, Psychology and Allied Health Professionals

Middlesbrough MIND:
Emma Howitt, Chief Executive.

**** PRESENT AS OBSERVERS:** Councillor Brunton (Chair of Overview and Scrutiny Board).

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Cole and Rehman.

**** DECLARATIONS OF INTEREST**

There were no declarations of interest made at this point of the meeting.

**** MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 20 August 2008 were taken as read and approved as a correct record.

EMOTIONAL WELLBEING – MENTAL HEALTH IN MIDDLESBROUGH – MIDDLESBROUGH PRIMARY CARE TRUST

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from Middlesbrough Primary Care Trust to provide additional evidence as requested by the Panel in relation to the current scrutiny topic relating to emotional wellbeing and mental health in Middlesbrough.

The Chair welcomed John Stamp, Strategic Commissioning Manager, Mental Health for Middlesbrough PCT and Redcar and Cleveland PCT who presented a report on the overall health spend on mental health services in Middlesbrough and activity currently commissioned.

In the first instance reference was made to the National Service Framework as a key driver of mental health service strategy, a ten-year plan which was due to close in 2009. It was emphasised that in accordance with Government direction the focus of mental health policy had more recently become broader emotional and mental wellbeing with earlier diagnosis and not merely the treatment of mental illness.

It was stated that mental health services in Middlesbrough compared favourably against other areas in the UK and in certain areas excelled.

The report provided broad information on spending on mental health services in Middlesbrough which mainly focussed on one major contract with Tees, Esk and Wear Valleys NHS Trust. It was noted however, that over the last twelve years there had been a move towards negotiating different Service Level Agreements.

The total amount in respect of 2007/2008 was reported as £14,555,236 comprising £9,662,085 (adult mental health (18-64 years)), £3,105,368 (older people's mental health), £1,411,687 (child and adolescent mental health) and £376,096 (substance misuse). It was noted that the exact amount of NHS spending on mental health was difficult to quantify accurately and the figures available did not include a variety of costs such as prescribing of medication in GP practices and primary care counselling.

A further breakdown of the costs relating to 2007/2008 identified a sum of £299,555 in respect of Primary Care mental health (adults service). In addition Middlesbrough PCT expended £4,770,296 on specialist and secure placements both locally and in out of area providers.

Mental health needs in Middlesbrough were described as being demonstrably higher than the national average and the promotion and development of good mental health was acknowledged as being essential to the human, social and economic development of the Borough.

The Panel was advised that estimating the prevalence of mental health problems was not straightforward and relied upon estimates and modelling from a range of national studies such as the National Psychiatric Morbidity Survey. The estimates were that at any one time, 16% of adults aged between 16-74 had a neurotic disorder such as depression, anxiety, panic disorder, phobias and obsessive compulsive disorders which translated as one person in 6. More serious psychotic disorders were much less common, affecting approximately 4 per 1000 adults aged 16-64.

It was noted that older peoples mental health problems were even more common with estimates of 40% of GP attendees, 50% of Acute Hospital patients and 60% of care home residents suffering with a mental health problem.

The report indicated that mental health conditions were strongly associated with socio-economic deprivation and the connection between rates of mental illness and other factors such as poverty, unemployment and social isolation was well established.

Reference was made to the Joint Strategic Needs assessment for Middlesbrough which reported that 105 of children and young people could have some form of mental health problem. A recent survey of secondary school pupils revealed that over 20% reported feeling lonely and 4% that they rarely or never felt happy.

It was stated in the report that employment opportunities for people with mental health problems were very limited and of those long- term unemployed claiming incapacity benefit, two thirds had a mental health problem.

The mental illness needs index (MINI 2000) for Middlesbrough showed that there were significantly higher estimated needs than the national average with 11 out of 23 wards in the highest 20% of need and no wards in the lowest 20% of need.

The Panel was advised that there had recently been a shift in strategic thinking in relation to mental health care and an expectation that the focus should be increased on the prevention, early intervention and wellbeing agenda. It was noted, however that mental health investment in Middlesbrough was in line with national trends and demonstrated that the bulk of expenditure was tied up with high cost services targeting the small number of people with severe and complex conditions with proportionally very little focus on services for those people with mild to moderate conditions.

It was explained that such a trend could be demonstrated in relation to the access to psychological therapies where there had been limited investment in training and provision of psychological therapies. The resources had been targeted on those high-risk individuals with the most severe and complex needs. Accordingly those people with mild to moderate needs had tended to go on a waiting list until there needs became so severe that they actually could get access to therapy by which time they had developed much more complex conditions which required higher levels of input.

The Panel was advised of recent development of primary care mental health teams, which now gave access to services for those people with mild to moderate mental health problems.

The NHS Improving Access to Psychological Therapies strategy (IAPT) aimed to change the way resources were allocated by targeting considerable investment, £170 million nationally, in a system of NICE recommended local psychological therapy services across England. The aim was to treat 900,000 patients suffering from depression and anxiety over the next three years. IAPT services aimed to promote social inclusion by helping people remain in employment or return to work, offering access to effective treatments before people's conditions became complex or intractable.

Middlesbrough PCT was aiming to develop a bid for year 2 (2009/10) of the IAPT programme which if successful would result in approximately £800,000 of recurring national investment to train and develop the IAPT workforce.

The mental health strategy for Middlesbrough outlined high level objectives for children and adolescents, working age adults, older people and specialist needs. All the objectives would have cross cutting themes which were that services would be Safe, built on best practice, service user and carer focussed, support social inclusion, work in partnership, local timely and equitable, and were efficient and cost effective.

An example was given of the new way of working in relation to mental health first aid training which focussed on how to recognise early symptoms of mental health problems such as depression, anxiety and psychosis and how to provide initial help and guide a person towards appropriate professional and self help.

The strategy for high cost specialist placements was two fold, firstly to review collectively across Tees all of the placements with a view to commissioning local services for those individual people, but secondly whilst undertaking the review to examine in detail the personal histories of people and identify where outcomes could have been improved of different service models and approaches were employed earlier in their lives.

The expectation of the emerging strategy for mental health and wellbeing was that by targeting services more effectively in prevention and early intervention in mental health then less people would progress through to require specialist complex services. It was considered that a significant shift in investment could be made from the severe and complex services towards early intervention and prevention models.

Whilst the development of high quality mental health services was an important part the potential to promote good mental health rested with a number of agencies such as those responsible for housing, regeneration, social care, employment, leisure and health.

The Panel acknowledged that the strategy for mental health and wellbeing in Middlesbrough demonstrated a significant shift in focus, investment and responsibility away from the specialist mental health services and towards an agenda of mental health promotion, early identification and access to effective treatment.

Members were keen to learn of the measures being pursued with particular regard as to how the preventative measures were being developed.

Whilst the aim was to continue to support specialist mental health services for those with complex needs there were a number of measures being pursued which included improvements to the quality of information and better access to facilities in particular identifying where help by various means could be sought.

In discussing the complexities of a shift towards early intervention and preventative measures Members were keen to identify what steps the Council were able to pursue in this regard. It was acknowledged that in order to achieve any significant improvements would not just involve a shift in resources. For example, reference was made to the need for the Council to continue to develop employment opportunities and pursue other areas of work such as those involving vulnerable elderly persons.

Joint working was regarded as key to developing certain initiatives surrounding issues of self-esteem and emotional wellbeing such as those currently being undertaken at schools. Within the health assessment process information on the emotional health and wellbeing outcomes of children and young people looked after would assist in understanding and improving the delivery of CAMHS.

In discussing preventative strategies with regard to GPs it was noted that the expansion of psychological therapies to provide better support for people with the most common of mental health problems would reduce the take up time of patients with GPs. It was felt that the development of psychological therapies would ensure that people had the support to cope with anxiety and depression related problems while minimising the stigma associated with using mental health services.

AGREED that John Stamp, Middlesbrough Primary Care Trust be thanked for the information provided which would be incorporated into the overall review.

EMOTIONAL WELLBEING – MENTAL HEALTH IN MIDDLESBROUGH – TEES ESK AND WEAR VALLEYS NHS TRUST

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the Tees, Esk and Wear Valleys NHS Trust to provide information around the range and nature of services that were currently provided in respect of Adult; Child and Adolescent mental health services; Learning Disabilities; mental health services for older people; and substance misuse services.

The Chair welcomed Chris Stanbury, Acting Director of Nursing, Psychology and Allied Health Professionals, Tees, Esk and Wear Valleys NHS Trust who gave a presentation on the principles and provision for adult, older persons' and children's mental health services.

The overarching principles of service provision informed by 10 high impact changes and Prof. D'Arzi review were reported as personalised care, care in least restrictive environment (usually at home), recovery focus, specialisation (for quality and best outcomes), evidence based practice, Pathway approach, 'lean' principles, improved access and discharge and new roles and skilled workforce.

The Panel's attention was drawn to aspects of operational change to deliver further quality and improving outcomes in respect of: -

- developing new ways of working
- establishing Advanced Nurse Practitioner role and nurse prescribing ;
- establishing nurse-led clinics;
- supporting development of psychological therapies and interventions through Consultant Psychologist led Psychological Therapy Networks;
- a culture of shorter periods of active intervention to achieve stated personalised outcomes rather than long term monitoring;
- involvement of users and their carers and deliver services that fit around them rather they have to fit into services.

A graphical demonstration was given of a service model stepped care, which showed the links of other providers to the TEWV specialist provision.

An indication was given of a programme of work over the next five years which included the following: -

a) expansion of role in primary care with the intention of :

- providing a smooth interface with secondary care;
- providing expert clinicians and leaders;

- continuing a long tradition of providing psychological therapies and psychological therapies training;
- an opportunity to provide earlier intervention and promote social inclusion and recovery at the earliest opportunity;

b) Acute Inpatient and Crisis Services:

Adult:

- Maximise alternatives to admission;
- Simpler and speedier access to services;
- Consistent high standards of care;
- Safe and therapeutic environments – Roseberry Park;
- Comprehensive skills to provide effective and meaningful interventions;
- Effective pathways providing optimum care co-ordination – recovery and inclusion;

CAMHS:

- Specialist inpatient Eating Disorder provision;
- Specialist challenging behaviour services for children with a learning disability;

Older People's Services:

- Development of an inpatients Speech and Language Therapy Unit;
- Further exploration of Forensic Services for Older People;
- Specialist provision for functional and organic patients and utilisation of areas for those patients with challenging behaviour through capital developments such as Roseberry Park.

c) CAMHS

- Enhanced community provision across both Tier 3 CAMHS and CAMHS/LD;
- Specialist resource for schools to manage self-harm;
- Dedicated training resources to support Tiers 1 and 2;
- Implementation of the National Autism Plan for Children;

d) Older Peoples' Services

- Implementation of the national Dementia Strategy and associated recommendations;
- Increase in the numbers of multi-disciplinary personnel to form teams for acute liaison and better response to referrals for Older People.

It was confirmed that the Trust would continue to provide intensive, recovery focussed, time limited rehabilitation services to assist people to return to fulfilling lives and intended to expand the concept of rehabilitation to include services to people with eating disorders, personality and behavioural disorders, survivors of severe trauma, and neuropsychological issues.

The Panel was advised of the reasons for the Trust wanting to withdraw from provision of non-forensic Continuing Care in the NHS settings as NHS inpatient care was not considered appropriate for long term living and it was intended to work with Commissioners to modernise services into individualised supported living arrangements provided largely by the third sector.

Reference was made to alternatives to spot purchased specialist placements, which were being pursued. It was considered that there were opportunities to achieve better outcomes more cost effectively by the provision of focussed local services.

The main conclusions of the presentation were reported as follows: -

- The Trust aspired to develop effective partnerships with commissioners at all levels;
- The key priorities for detailed work mirrored those signalled by commissioners;

- Primary care review and development was key;
- Rehabilitation and continuing care review and modernisation was essential;
- Additionally joint work was proposed to design 'upstream services' to prevent out of area placement.

In discussing the improved facilities which would be provided at Roseberry Park it was noted that whilst there was less bed provision the current direction included increased health promotion, education, other providers and help in the community.

AGREED that Chris Stanbury, Acting Director of Nursing, Psychology and Allied Health Professionals, Tees, Esk and Wear Valleys NHS Trust be thanked for the information provided which would be incorporated into the overall review.

EMOTIONAL WELLBEING – MENTAL HEALTH IN MIDDLESBROUGH – MIDDLESBROUGH MIND

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from Middlesbrough MIND to provide information on a range of services provided for individuals with mental health needs and their families.

The Chair welcomed Emma Howitt, Chief Executive, Middlesbrough MIND a small, independent charitable company which provided a number of open-access services for Middlesbrough residents as outlined in a briefing report circulated at the meeting.

Whilst it was acknowledged that much had been achieved under the NSF for mental health it was considered that there still remained significant work to be undertaken to fully implement some of the standards including the standard on mental health promotion.

It was considered beneficial if more meaningful public information was available about the quality of services in terms of the outcome for people who used them.

MIND as a voluntary organisation aimed to work with people who find it difficult to access mainstream services or fall between services inevitably the experience from such people as in other areas was that inequalities in services still existed.

It was considered that improvements could be made to partnership working between services and in many cases there was a need for more than medication or symptom management and that often improvement to economic, social and personal circumstances could be provided by voluntary and independent sectors. Although some services and professionals took a holistic approach to the health and wellbeing of the people they worked with, the majority focussed on treating and managing symptoms.

In order to achieve improvements to mental health and wellbeing, it was considered that mental health could not be seen exclusively as a health and social care issue but was an issue for all concerned to tackle. Whilst clinical services were crucial for those who needed them they should be part of a spectrum of care and may not meet all of their needs.

Reference was made to the various definitions of wellbeing. The World Health Organisation described it as ' a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.'

Middlesbrough Mind's model of well-being identified it as: -

- Valuing and accepting yourself;
- Having the resilience to cope with the majority of difficulties, and
- Participating in positive activities that contribute to good health and happiness.

In overall terms Middlesbrough Mind considered that there needed to be a shift in direction from the current medical model of mental health to an integrated model which took into account the

affects of social and economic circumstances on mental health alongside individual psychological factors.

Middlesbrough Mind believed that the following actions could improve mental health and wellbeing in Middlesbrough: -

a) in terms of mental health services, a full adoption of a person-centred approach in NHS services which supported the recovery of quality of life, with the adoption of appropriate outcome measures; improved partnership working; greater choice of services and service providers; with more services commissioned outside of the NHS; much more effective user and carer involvement in the planning of service;

b) increased education and awareness of the common nature of mental health problems and reduce stigma as well as increase early recognition of problems and intervention as much more local work was needed to tackle stigma and discrimination as well as involvement in national campaigns;

c) proper resourcing was required for local programmes and activities for example, mental health First Aid had £100,000 per annum for the North East region from the Big Lottery and County Durham PCT;

d) targeted prevention and early intervention programmes for those at risk also needed to be prioritised and resourcing.

Critical factors which influenced health and well-being were considered to include: -

- Poverty, low income and debt;
- Unemployment;
- Poor housing;
- Poor educational attainment and low skill levels;
- Experience of violence, neglect and abuse;
- Homelessness;
- Involvement in the criminal justice system;
- Physical illness;
- Use of drugs or alcohol;
- Social isolation.

Conversely, personal and social factors which enable people to protect themselves or overcome difficulties included: -

- Autonomy and empowerment;
- Positive childhood experiences;
- Education and employment;
- Friendship and positive personal relationships;
- Social support and community engagement;
- Physical health and exercise.

The Panel acknowledged the current drives for different and a more holistic approach to be adopted and recognition that other providers in the voluntary and third sector were part of the overall process.

It was recognised that much joint work needed to be undertaken to reduce the stigma surrounding mental health problems.

AGREED that Emma Howitt, Chief Executive, Middlesbrough MIND be thanked for the information provided which would be incorporated into the overall review.

JOINT STRATEGIC NEEDS ASSESSMENT – CONSULTATION

In a report of the Scrutiny Support Officer the Panel's views were sought on the recent publication of the draft Joint Strategic Needs Assessment for Middlesbrough which was the subject of consultation until 17 September 2008.

Members were reminded of the new responsibility of local authorities and PCTs to prepare Joint Strategic Needs Assessments (JSNAs) the purpose of which was to highlight the health needs of a given area and outline a strategy as to how such needs would be addressed. It was also expected that commissioning plans of local agencies would complement the needs identified within the JSNA.

AGREED that the priorities identified and course of action outlined in the draft Joint Strategic Needs Assessment be noted.

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 meeting of the Overview and Scrutiny Board held on 26 August 2008.

NOTED

SUSTAINABLE COMMUNITY STRATEGY – PROMOTING ADULT HEALTH AND WELLBEING – TACKLING EXCLUSION – PROMOTING EQUALITY

The Middlesbrough Partnership Manager submitted a report and sought comments of the Panel on the current draft of the Promoting Adult Health and Well-Being/Tackling Exclusion and Promoting Equality chapter of the Sustainable Community Strategy.

The Sustainable Community Strategy set out the longer-term vision of the Town and was being developed as a partnership document and would reflect the contributions of a range of organisations as well as the aspirations of local communities. It was being developed as a refresh of the 2005 Community Strategy informed by the Local Area Agreement 2008/2011.

The challenges were acknowledged as follows: -

a) High levels of smoking and binge drinking, obesity and drug misuse;
b) Low rates of physical activity;
c) Widening inequalities in health.

Other key factors were identified as ageing population, employability, outward migration and condition of housing stock.

The Panel supported the priorities as outlined and acknowledged the following targets within the document as follows: -

THS 1: to reduce by at least 15 per cent the gap between the fifth of areas with the lowest life expectancy at birth and the Middlesbrough population as a whole by 2015;

THS 2: to enable 70% of population to be physically active by 2020 (5 x 30 minutes per week);

THS 3: to reduce by 50% the number of problematic drug users in Middlesbrough (from a 2004/2005 baseline) by 2015.

The Panel welcomed the greater emphasis on mental health and well-being issues within the respective chapter.

AGREED that the information provided on the Promoting Adult Health and WellBeing/Tackling Exclusion and Promoting Equality' chapter of the Sustainable Community Strategy be noted and supported.