HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 19 November 2008.

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

OFFICIALS: J Bennington and J Ord.

** **PRESENT BY INVITATION:** Middlesbrough Primary Care Trust:

Dr Peter Heywood, Joint Director of Public Health, Middlesbrough Council and Middlesbrough PCT

Martin Phillips, Director of Health Care Systems Development – South of Tees

John Stamp, Strategic Commissioning Manager, Mental Health

** **PRESENT AS OBSERVERS:** Councillor Brunton (Chair of Overview and Scrutiny Board) and Councillor N J Walker (Executive Member for Resources).

Middlesbrough MIND:

Emma Howitt, Chief Executive
Daniel Maddison, Director.

** **APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Cole, Mrs H Pearson 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 28 October 2008 were taken as read and approved as a correct record subject to the inclusion of a recommendation that further information should be sought in relation to the availability of leisure passes for children looked after.

** **SUSPENSION – COUNCIL PROCEDURE RULE NO. 10 – ORDER OF BUSINESS**

ORDERED that in accordance with Council Procedure Rule No. 10, the Scrutiny Panel agreed that, in order to allow the Middlesbrough Primary Trust representative to attend another meeting, the order of business be varied and that Agenda Item No. 6 be dealt with as the next item of business.

GP PRACTICE – EAST MIDDLESBROUGH

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from Middlesbrough Primary Care Trust to present information in relation to a new GP Practice in East Middlesbrough.

In response to identified local need including concerns raised by the Health Scrutiny Panel and others during the PCT's consultation on 'Improving Access and Choice in Primary Care Services', it had been decided to procure an additional GP Practice for East Middlesbrough.

The proposal and Service Specification for a new GP Practice in East Middlesbrough was detailed in Appendix 2 of the report submitted. A copy was also provided of a Communication and

Engagement proposals, which outlined plans to involve residents and stakeholders of East Middlesbrough.

The PCT wanted to inform and engage with local people to ensure that the new Practice met local needs and were seeking views on: -

a) ‘how can we ensure that the GP Practice best serves the local community?
b) what issues do we need to consider in establishing the new GP Practice?’

The Panel was advised that it was hoped that the development would go out to tender in December 2008 and Service Commencement by the end of the summer 2009.

Members sought information on progress of establishing a new GP Practice in Hemlington. It was confirmed that a suitable location had not yet been identified and a significant amount of work had yet to be undertaken. Members reiterated the offer for Middlesbrough PCT and/or the successful bidder to liaise with the Local Authority to identify suitable accessible premises.

Whilst the Panel supported the proposals for a new GP Practice in East Middlesbrough Members discussed the possible impact in terms of other areas with particular regard to the Thorntree area. Reference was made to ongoing work and discussions to fulfil a previous undertaking given for a new surgery development in Thorntree to replace the current premises, which were considered to be unsuitable although difficulties in finding an appropriate site were noted. It was confirmed that the proposed new GP Practice was to be located on a site at sufficient distance away so as not to impact on the current service provided at Thorntree.

An assurance was given that the Panel and/or respective Ward Councillors would be advised of progress.

AGREED as follows: -

1. That Martin Phillips be thanked for the information provided.

2. That the proposals for a new GP Practice in East Middlesbrough be supported.

3. That the Panel and/or Ward Councillors be kept informed accordingly.

EMOTIONAL WELLBEING – MENTAL HEALTH IN MIDDLESBROUGH –OLDER PERSON’S PERSEPCTIVE

The Scrutiny Support Officer submitted a report, which provided evidence gathered by Panel Members and Officers around the emotional wellbeing and mental health of older people.

During discussion Members had been advised that it was quite typical for a fairly high percentage of persons in residential care to have some form of depression although it often went undiagnosed. It was explained that the two main reasons for this were that symptoms of depression in older people were often confused with dementia and in some cases it was viewed as being an inevitable consequence. In response to such claims Members had agreed that appropriate actions and measures should be in place and that depression amongst older people should not be regarded as a mere inevitability of the ageing process.

In relation to the role of residential / nursing homes in terms of promoting emotional wellbeing and mental health it was acknowledged that a local authority did not have a direct involvement and day to day matters were the concern of individual managers and proprietors.

Although it was felt that further improvements could be made in assessing the standard of residential and nursing homes the grading system established by the Council in 2006 was regarded as a step forward and enhanced the current arrangements by the Commission for Social Care Inspection.

Reference had been made to national guidelines for the running of residential and nursing homes, which indicated that such facilities, should have an activities co-ordinator in order to assist in matters of emotional wellbeing and mental health. It was noted that the Council's role in advocating such activities was limited and could not be specifically demanded in contracts in relation to activities for residents.

Panel Members had learned that a key element in improving (or at least maintaining) good mental health in older people was in keeping as many people as possible out of residential and nursing care to enable those people to lead as independent lives as possible with appropriate support if required.

One of the best models of this kind of arrangement was Pennyman House, North Ormesby which provided supported tenancies in an environment that also provided care on a 24 hour basis.

Other initiatives included: -

- Independent Living for Older People Project which encouraged earlier intervention and proactive activities such as dance clubs;

- although Tees Esk & Wear Valleys NHS Trust provided three full time community Psychiatric nurses to provide services to residential and nursing homes across Redcar and Cleveland, and Middlesbrough which was seen as an improvement it was felt that this should be increased given that there were around 1600 residential and nursing home beds in Middlesbrough alone;

- importance of Direct Payments which were fundamentally regarded as being about choice in an activity or service to be accessed that would enhance an individual's quality of life;

- day care services offered by the Council at a number of day centres with the intention of giving carers a break and avoiding isolation.

In terms of national policy it was felt by some that there were conflicting priorities between Older People National Service Framework and the Mental Health National Service Framework. It appeared that national moves to increase the focus put on dementia did not seem to include substantial sections in depression.

In relation to future progress and developments reference was made to the following: -

a) Council's aim to fully implement the Older People's Strategy;

b) earlier intervention of the local health and social care system was an attempt to prevent the causes of such poor emotional and mental health in older people;

c) additional extra care housing and less residential type homes was regarded as more beneficial;

d) from the point of view of increasing a persons feelings of empowerment older people should be given options about their care/living arrangements at an earlier stage in the process;

e) as experienced elsewhere in the UK, budgets were increasingly being challenged for older people's social care and the eligibility criteria for Social Care reflected that reality;

f) the Government launched the Fair Access to Care Services framework five years ago to address inconsistencies across the UK about who got support and to provide a more transparent system;

g) national guidance reaffirmed that councils should take their own resources into account when settling eligibility levels locally using the national framework it described;

h) subsequently, the policy on personalisation had further developed, evidenced by the Putting People First concordat and in addition increased attention had been paid to promoting general wellbeing and to targeted prevention i.e. investment to support people to prevent or defer the need for more intensive help;

i) national targets indicated that more should be done earlier in people's lives to prevent some needs becoming critical or substantial;

j) an indication had been given that local authorities could be instrumental in assisting people, with lower level needs by signposting them to other forms of appropriate support such as Age Concern which offered a programme called the Phoenix Project which effectively provided a range of activities/classes, aimed at people over 55 to stay active and prevent social exclusion.

Members emphasised the key areas arising from the above research in particular the benefits of an establishment such as Pennyman House, the Council's grading system and Direct Payments.

Clarification was sought regarding the extent to which the Authority was able to specify the types of activities it would like to see promoted in residential and nursing homes. It was explained that whilst the current contractual arrangements allowed for the provision of activities as a core function and such areas were monitored it was not able to specify exactly what such activities should be. Members were keen to see an emphasis placed on encouraging interactive activities rather than just social events. As many residential and nursing homes were located within community settings it was felt that there was scope for them to be more inclusive of the community and for resources to set aside to promote interactive activities.

Reference was made to 12 Active For Life Groups which had been developed and supported through the PCT which were used not only for exercise based activities but also as a social meetings for older residents. The PCT representatives indicated that they would like to see more in this regard and community orientated activities. Members felt that at a comparatively low cost but with appropriate support and innovation there was scope to enhance such community based activities.

In response to views previously expressed regarding conflicting priorities of the Older People National Service Framework, the Mental Health National Service Framework and recent national direction to increase the focus on dementia, Council Officers and PCT representatives had stated that they considered that they were intrinsically linked.

The Chair confirmed the intention to establish a Dementia Ad Hoc Scrutiny Panel comprising Members of the Health Scrutiny Panel and the Social and Adult Services Scrutiny Panel to examine local dementia services.

AGREED that the PCT representatives be thanked for the information provided which would be incorporated into the overall review.

EMOTIONAL WELLBEING – MENTAL HEALTH – DEVELOPING SERVICES IN THE NEXT THREE TO FIVE YEARS

The Scrutiny Support Officer submitted a report the purpose of which was to introduce representation from the Public Health and Commissioning aspects of Middlesbrough Primary Care Trust to discuss how mental health services should develop in the next three to five years.

The PCT representatives presented the main points outlined in a briefing paper which summarised the PCT strategy for mental health and wellbeing for the next three to five years.

In its introduction it was reiterated that mental health problems were common throughout the population with 1 in 4 people likely to suffer from a mental health problem during their lifetime. Certain sectors of the population experienced higher incidence of mental ill health due to barriers to healthcare, social inclusion and employment. It was noted that national policy was beginning to focus on early intervention and mental health promotion alongside developing the

healthcare market to include a greater degree of mental health provision from the voluntary and independent sector.

In terms of the regional focus reference was made to the paper ‘Our NHS, Our Future’ which had mental health as a key theme and gave a commitment to a model of care for mental health conditions which focussed on early detection and intervention.

The vision locally for mental health and wellbeing was summed up in two key statements as follows: -

- supporting people to live healthy, resilient and engaged lives, supported by appropriate and personalised mental health services;
- to raise the profile of mental health and promote an integrated system to improve the wellbeing of the population, supporting personalised and holistic care.

Underpinning the local vision was a mental health strategy under five specific themes as follows: -

a) a stepped approach to supporting mental health and wellbeing which looked to work with a range of partners to develop integrated programmes including ‘back to work’ and ‘mental health first aid’ alternatives to sick notes with GPs, education and condition management programmes;

b) the above approach required the PCT to commission work through joint arrangements with key partners to identify and implement the key preventative measures to improve mental health wellbeing based on mapping and benchmarking of existing services, investments, performance and activity to identify opportunities for improvement;

c) it was intended to develop new models of service and ways of working that increased and improved access to psychological therapies significantly reducing waiting times for treatment;

d) it was also proposed to enable and support the implementation of local social inclusion plans which would target vulnerable groups to access mainstream services, establish settled accommodation and pursue employment opportunities;

e) the outcome of such changes were seen as service users, carers and families experiencing early access to diagnosis, support and high quality personalised care ;

f) vulnerable groups would access mainstream services and feel able to develop connections to their local community and people with mental health problems would be supported in maintaining a normal life for example by staying in employment;

g) it was intended to reduce the impact of dementia on people’s lives by the systematic implementation of the national dementia strategy by developing: robust and clearly understood pathways for identification, diagnosis and treatment of dementia across all care settings; personalised packages of care in pathways with social services; and implementing the recommendations of the strategy through mainstream service reforms;

h) it was hoped that with the implementation of such developments patients, families and carers would have earlier access to information, diagnosis and support and the quality of care would be improved and personalised to meet the needs of those accessing the service;

i) in order to address the needs of dual diagnosis (substance misuse) it was intended to accurately determine local need, including information on the prevalence of drug and alcohol misuse; and develop protocols and pathways of care for people with a dual diagnosis, recognising the need to provide support to children under new service models;

j) it was considered that improved effectiveness in managing mental health problems could be achieved through better training of all staff in recognising and understanding mental health problems;

k) it was intended to introduce rigorous and consistent monitoring of contracts with increased emphasis on improving value for money and cost effectiveness; establish a workforce development programme to fully educate and training health and social care staff in recognising mental health problems at the earliest opportunity; and ensure that all health and social care strategies were aware of and address mental health and wellbeing issues;

l) it was hoped that through benchmarking the PCT would ensure that they maximised the benefits of the significant investment made in mental health services as previously outlined freeing up resources for further investment ;

m) it was also expected that earlier diagnosis of mental health problems would be achieved as a result of more staff being able to recognise the early symptoms.

In addition to the expected outcomes as outlined above it was hoped that the implementation of such strategies would result in reduced waiting times for access to psychological therapies; increased number of people with a mental health problems would be living in settled accommodation and in employment; and fewer people would be presenting at hospital as a consequence of drug or alcohol misuse.

The Panel noted that a bid for approximately £800,000 was shortly to be submitted for Year 2 (2009/2010) of the IAPT programme to expand such a provision which would be matched by £400,00 of PCT resources. Members were advised of an element of risk attached to the bid in that those people currently being trained at University of Teesside may go elsewhere should be the bid be unsuccessful. Whilst the PCT were hopeful that the bid would be successful Members were keen to see that alternative funding could be identified should the bid be not approved.

Given the benefits of the IAPT programme Members questioned the source of the funding to expand such a programme in that it was from the North East Strategic Health Authority rather than being directly commissioned from the PCT. The PCT representatives acknowledged that although such a programme was being driven by central Government it would be an area for future development.

The Chief Executive of MIND expressed support to the higher profile given to IAPT and welcomed the potential injection of resources into primary care mental health services.

In response to clarification sought on the extent to which individual mental health services of the Tees Esk and Wear Valleys NHS Trust received funding from the PCT it was explained that precise details could not be given although it was intended to provide baseline information by April 2009 even though there was currently no national direction to do so.

In discussing present difficulties reference was made to information provided by a police officer confirming that many people were currently being dealt with by the criminal justice system when often their mental health problems were not being fully addressed.

In discussing the overall strategy in general terms it was considered to be ambitious although it was acknowledged that the PCT would be held to account in delivering such strategies both locally and centrally.

It was agreed that mental health services had been under-resourced for many years and it was hoped that the current initiatives would transform such services. It was acknowledged that in order for the strategies to be achieved there needed to much work undertaken including improved working in partnership with more aligned joint budget arrangements which was reflected in the PCT Commissioning Strategy.

It was acknowledged that a broader issue to be tackled related to the need to reduce the stigma attached to mental health problems and that this was not necessarily just the role of the PCT.

The Panel and representatives discussed further the likely impact of such strategies focussing on: -

a) it was hoped that the current shift towards providing consistent and earlier access to support and a wide range of earlier interventions would reduce the number of people entering the service at crisis point including those who entered the criminal justice system without their mental health problems being fully addressed;

b) the anticipated increased funding would allow further expansion in the delivery of the mental health first aid training which was seen as an important aspect;

c) reduced waiting times for access to psychological therapies;

d) it was hoped that as part of the development of primary care mental health services projects such as the cognitive behaviour therapy would be further expanded.

The Panel was advised that Middlesbrough was only one of nine Towns recently awarded as a Healthy Town and to receive just over £4million spread over two and half years for additional funding to promote healthier lifestyles.

AGREED as follows: -

1. That representatives be thanked for the information provided which would be incorporated into the overall review.

2. That consideration be given to the draft final report at an informal meeting of the Panel to be held on 1 December 2008.

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 21 October 2008.

NOTED

ANY OTHER BUSINESS – NORTH EAST AMBULANCE SERVICE CONTACT CENTRE PROPOSALS

The Chair of the Health Scrutiny Panel advised Members that the Tees Valley Health Scrutiny Joint Committee at its meeting held on 13 November 2008 had agreed that representations be forwarded to the Secretary of State for Health expressing concern at the lack of information regarding the criteria used and detailed rationale in not approving a three month review of the North East Ambulance Service's Contact Centre proposals.

NOTED