

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 28 January 2014.

PRESENT: Councillors Dryden (Chair), Biswas, Junier, S Khan and Mawston (as substitute for Davison)

ALSO IN ATTENDANCE: Dr Henry Waters, Chair, South Tees Clinical Commissioning Group
John Stamp, Senior Mental Health Commissioner, NHS North of England Commissioning Support Unit.

OFFICERS: J Bennington and E Pout

APOLOGIES FOR ABSENCE were submitted on behalf of Councillors Cole, Davison, McPartland and Mrs H Pearson.

DECLARATIONS OF INTERESTS

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

13/31 MINUTES - HEALTH SCRUTINY PANEL 17 DECEMBER 2013

The minutes of the Health Scrutiny Panel held on 17 December were submitted and approved as a correct record.

13/32 MENTAL HEALTH SERVICES CAPACITY

Following introductions the Chair welcomed all representatives to the meeting.

The Scrutiny Support Officer submitted a report which referred to evidence received by the Panel and in particular discussions at the meeting held on 17 December 2013 regarding the suggestion of how the Mental Health Strategy Group could be more effective in developing a strategy for the future direction of mental health services. The Panel had also requested that further information be sought on the South Tees Clinical Commissioning Group's (CCG) priorities in respect of mental health.

John Stamp, Senior Commissioning Manager, North of England Commissioning Support Unit highlighted the key points relevant to the Panel's terms of reference on the scrutiny topic in a detailed briefing paper previously circulated to Members. The briefing paper gave details of the treatments in a primary care setting on a range of services commissioned by the CCG and for adults with stable long term mental health conditions there was a commissioned primary care mental health service provided by TEWV to support GPs with the management of such patients. It was acknowledged that there had been significant changes over the last five years and was still ongoing which included a far greater range and flexible mental health services.

In order to assist deliberations a series of questions had been circulated to all concerned.

The Panel was keen to seek the CCG's perspective on a view expressed at a previous meeting of the Panel that not all GPs had a good understanding of available mental health services. In response the Chair of the CCG acknowledged that mental health services had developed greatly over the last few years. In terms of previous arrangements a GP tended to refer to individual consultants but now there was a plethora of services some 19 or 20 available and an increasing number of self-referrals made. Patients may initially see a GP who would provide assistance for a self-referral but it also helped in the diagnosis of symptoms of depression and anxiety which may be linked to other conditions such as the thyroid function. GPs were being encouraged to use and refer patients to the wide range of services to provide early intervention for mental health problems to prevent escalation into specialised mental health services.

Reference was made to discussions with TEWV regarding the possibility of having a single point of access. Whilst it was noted that a website was being developed for GPs outlining

various options for mental health services it was felt that there was scope for further improvements. Although GPs had a general awareness of the wide range of mental health services and managed more common mental health conditions through training and experience it was recognised that unless they had a special interest it would be difficult for all GPs to have expert knowledge of all services. The availability and advertising of different categories of psychological therapies was seen as a step forward such therapies were and often regarded as better than just medication in certain circumstances. It was acknowledged, however, that patients often accessed services after reaching crisis point and there was still work to be progressed to assist in tackling the stigma attached to mental health.

Reference was made to comments made at a previous meeting when a view had been expressed for further improvements to be made to integrated working at both local and national level for more than medication or symptom management and that often improvements to economic, social and/or personal circumstances was required. Representatives at today's meeting regarded this aspect as a particular challenge from their perspective as although medication and treatment such as talking therapies were available they could not necessarily change a person's life in terms of social and personal circumstances.

Members referred to comments raised at other health related meetings regarding difficulties of some patients accessing and receiving continuation of care by GPs. The Chair of the CCG confirmed that there were less single GP practices and acknowledged that he was aware of variations in terms of access to GPs and referred to changed procedures such as the introduction of Doctor First with a view to being more patient focussed and efficient. Such changes included the opportunity for patients to speak directly with a doctor on the telephone in the first instance and determining the need for an appointment or alternative advice and/or involvement of a nurse practitioner. New procedures had allowed the possibility of GPs having longer consultation periods with patients where required and provided more flexibility and greater self-management by a patient.

Although the wider range of facilities available was acknowledged Members considered that access to such services had caused certain confusion for patients and lack of continuity with the same doctor was an important aspect of a person's care especially with regard to the vulnerable and elderly. The Chair of the CCG accepted that there wasn't 24 hour cover and it was less continuous than in previous years. Patients were entitled to register with any GP and in many cases continued with the same doctor while being treated with the same condition. Self-management tended to be the principle driving current direction of travel but with a range of specialised services available if required.

Following Members' questions regarding the current status of the Mental Health Strategy Group now referred to as the Middlesbrough Wellbeing Partnership Board, John Stamp the acting Chair, confirmed that progress had been hampered over recent months mainly as a result of the massive changes in the commissioning landscape, changed personnel in a number of organisations at a senior level, lack of strategic policy from Government, and loss of dedicated funding and administrative support. An assurance was given of the intention to reform and rejuvenate the Group to pursue its own strategy, to be more outward looking and to explore opportunities in partnership. The importance of ensuring representation at a senior level from major providers including South Tees Hospitals NHS Foundation Trust, TEWV and appropriate third sector providers was emphasised. Members indicated the importance of service users and carers having an opportunity to put forward information and influence strategies.

Given the overall financial pressures the Panel was keen to seek assurances around the potential risks on providing safe and secure services and to the impact on integrated health and social care working with particular regard to a move away from direct social workers into a centralised team. Good communication was vital and given the increase in complex presentations at A & E there was a challenge to ensure that appropriate resources were available to meet such demands and to avoid unnecessary delays.

The Panel was advised that current processes which focussed on a mental health pathway of care rather than an urgent crisis had resulted in less people (13% overall reduction of the first

three months up to April 2013) being admitted for overnight hospital stay and re-admission to hospital.

AGREED as follows:-

1. That all representatives be thanked for the information provided which would be incorporated into the overall review.
2. That further consideration be given to the detailed briefing provided by the Senior Mental Health Commissioner, NHS North of England Commissioning Support Unit.
3. That representatives of the Council's Social Care services, Senior Mental Health Commissioner (NHS North of England Commissioning Support Unit), Chief Executive of Middlesbrough and Stockton MIND be invited to a meeting of the Panel to discuss further the issues raised as part of the current review.

13/33 **OVERVIEW AND SCRUTINY BOARD 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 7 January 2014.

NOTED

13/34 **ANY OTHER BUSINESS - ACCESS - GENERAL PRACTITIONERS - PHARMACIES**

The Chair referred to comments raised at a number of health related meetings about difficulties being experienced by some patients in accessing GPs and of problems associated with the introduction of the Doctor First approach which involved increased use of telephones by patients speaking to a doctor direct in the first instance. The Panel's attention was also drawn to issues raised regarding apparent delays in obtaining medication at pharmacies.

AGREED that further information be sought on the issues raised and both be included as short reviews within the Panel's current scrutiny work programme.