

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 17 December 2013.

**PRESENT:** Councillors Biswas, Davison and P Purvis.

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

**ALSO IN ATTENDANCE:** Emma Howitt, Chief Executive, Middlesbrough and Stockton MIND

**OFFICERS:** J Bennington and E Pout.

**APOLOGIES FOR ABSENCE** were submitted on behalf of the Chair, Councillor Dryden and Councillors Cole, Dryden, Junier, McPartland and Mrs H Pearson.

**DECLARATIONS OF INTERESTS**

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

**APPOINTMENT OF CHAIR FOR THE MEETING**

In the absence of the Chair and Vice-Chair nominations were sought for a Chair for the meeting.

**AGREED** that Councillor P Purvis be elected as Chair for the meeting.

**MINUTES - HEALTH SCRUTINY PANEL 7 AND 18 NOVEMBER 2013**

The minutes of the meetings of the Health Scrutiny Panel held on 7 and 18 November 2013 were submitted and approved as a correct record.

**MENTAL HEALTH SERVICES CAPACITY - MIND**

In a report of the Scrutiny Support Officer the Panel was reminded of the evidence gained from the previous meeting. It had been stated that while fewer patients had been admitted to hospital and generally for a shorter length of stay and that access to talking therapies and Crisis and Home Care Treatment had improved there was currently no information collected on individual outcome measures. A view had been expressed that in such circumstances it was difficult to assess whether the policy of service reconfiguration had delivered a better patient outcome.

The report included the following draft terms of reference for the Panel's consideration:-

**Overall Aim of the Review**

There had been a historical move away from institutional care, reducing the stay of patients and preventing people from becoming patients in the first place and a move towards keeping people well in the community. The review will consider if service reconfiguration in Mental Health Services has delivered better patient outcomes and efficiency savings, and whether this policy remains the best way forward for the challenges faced by Mental Health Services today.

**Terms of Reference**

1. To establish what Mental Health Services are provided in Middlesbrough.
2. To consider how money has been invested into community services and if there are sufficient community mental health facilities within Middlesbrough.

3. To consider whether or not reduced bed capacity has led to more pressures being placed on community based services.
4. To look at current capacity levels and the effect of out of area placements.
5. To consider if this service reconfiguration has led to improved patient outcomes and a better quality service.
6. To consider if there are any areas of improvement that could be implemented in order to ensure the best services for people in Middlesbrough.

Following introductions the Chair welcomed, Emma Howitt, Chief Executive from Middlesbrough and Stockton MIND a small, independent charitable company which provided a number of open-access services.

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

Although work had been undertaken to achieve more integrated work a view was expressed that improvements could be made at both local and national level to partnership working between services and in many cases there was a need for more than medication or symptom management and that often improvements to economic, social and /or personal circumstances could be provided by the voluntary and independent sector.

It was confirmed that a growing number of people were accessing the services at MIND although it was acknowledged that the reasons for this were difficult to pinpoint. It was noted that the main impact on such growing figures was the increasing number of people with moderate to high level complexities requiring the support of other organisations not just mental health services. New projects being developed by MIND had resulted in an increasing number of people accessing their services not necessarily as a direct referral from GPs and other organisations.

In discussing potential groups not necessarily accessing mental health services at an earlier stage it was recognised that young and older people and also ethnic minority groups tended to demonstrate a reluctance to access such services until reaching crisis point. Reference was made to work previously undertaken to tackle the stigma attached to mental health funding for which had ceased as part of the current financial cuts.

Inevitably current challenges for MIND were how to cope with the increased demand together with increasing financial constraints. Members referred to the current practice in certain cases of GPs encouraging people to make self-referrals to MIND and other similar organisations. Emma Howitt welcomed such action in appropriate cases of persons with mild difficulties which often related to anxiety or depression. It was also acknowledged that not all GPs had a good understanding of available mental health services. In general terms Emma Howitt reiterated the need to shift from the current medical model of mental health to a more integrated model and indicated that there was scope for the current South Tees CCG to take a more focussed approach to mental health services. The Panel suggested that information on the South Tees CCG's perspective should be sought as part of the current review.

In relation to the statement made at the previous meeting of the Panel regarding a lack of data collected in respect of individual outcome measures a view was expressed that large organisations such as the Tees, Esk and Wear Valleys NHS Foundation Trust should be in a better position to collect such information which would assist in identifying if the changes in policy and service reconfiguration had achieved better outcomes for patients. Examples were provided of well-known national measures used which included Mental Health Recovery Star and The Warwick-Edinburgh Mental Well-Being Scale which demonstrated in a simple way of progress made to improve an individual's quality of life.

As previously indicated it was emphasised that mental health should not be seen exclusively as health and social care issues but an issue for all concerned to tackle. Whilst clinical services were crucial for those who needed them it was considered that they should be part of a spectrum of care to meet all of a person's needs.

It was acknowledged that the real challenge for all was to ensure the right level of support was provided, at the right time, for the right person, to which there was no easy answer. It was considered that a person-centred approach was required from all organisations which supported a person's recovery and quality of life and that working alongside a medical model of mental health other support could be provided which took into account the effects of social and economic circumstances. It was recognised that radical changes were required and there were no quick fixes and it would take significant time to change from specific medical methods treating and managing symptoms to a more holistic approach. In order to make further improvements to mental health and wellbeing increased education and awareness of the common nature of mental health problems and reduce stigma as well as increased early recognition of problems and intervention was required and continued local work was needed to tackle stigma and discrimination. Financial constraints had diminished any driving force around a shared vision in terms of mental health policy. In response to Member's questions as to what could be done to improve the situation it was suggested that consideration be given to the Mental Health Strategy Group being given more power in order to be more effective in developing a strategy for future direction for mental health services. The importance of partnership working was emphasised in pursuing further improvements.

In response to the question regarding what the changes in policy meant to service users Emma Howitt indicated that this was very difficult to answer but suggested that the measures aimed at avoiding unnecessary admission to hospital and which focussed on facilities in the community closer to home was an improvement and should be developed further. Nevertheless there was still concern regarding the basic principle of ensuring that people received meaningful support at the right time to make a significant difference.

Following Member's questions regarding current arrangements for advertising the services of MIND specific reference was made to the information provided on the Council's website and newsletter.

**AGREED** as follows:-

1. That Emma Howitt be thanked for the information provided and contribution to the subsequent deliberations details of which would be incorporated into the overall review.
2. That the draft terms of reference in respect of the Panel's scrutiny topic on Mental Health Capacity be approved as outlined above.