

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on 18 February 2014.

**PRESENT:** Councillors Dryden (Chair), Biswas, Cole, Davison, S Khan and P Purvis

**ALSO IN ATTENDANCE:** John Stamp, Senior Mental Health Commissioner, NHS North of England Commissioning Support Unit

**OFFICERS:** J Bennington, V Fryer, C Holt and E Pout

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

**DECLARATIONS OF INTERESTS**

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

**1 MINUTES - HEALTH SCRUTINY PANEL 28 JANUARY 2014**

The minutes of the meeting of the Health Scrutiny Panel held on 28 January 2014 were submitted and approved as a correct record.

**2 MENTAL HEALTH SERVICES CAPACITY**

The Scrutiny Support Officer submitted an introductory report which gave an indication of the areas for further discussion as highlighted by the Panel in respect of its current scrutiny topic relating to mental health services. In order to assist deliberations a series of questions had been circulated to all concerned.

Following introductions the Chair welcomed all representatives to the meeting and invited a round table discussion on the issues raised.

The Panel sought further information on the current status and effectiveness of the Mental Health and Wellbeing Partnership. From the perspective of the Senior Mental Health Commissioner it was explained that the Partnership had previously been well attended and had shown good commitment. The last meeting had been held in November 2013 but the administrative support and associated funding had been withdrawn. The National Service Framework had provided a good focus, targets and incentives for the Partnership but it was considered that there was currently a lack of both national and local strategic direction which together with other factors mentioned had hampered the effectiveness of the Partnership and lessened the opportunity to constructively criticise policy implementation.

The Local Authority representatives concurred with the comments made to a degree and referred to the many agencies involved with the Partnership which was considered important to preserve and improved upon.

In response to information sought on possible measures which would assist in maintaining the Partnership a reference was made initially to the need for a dedicated administrative resource which had previously been provided by the Tees Esk and Wear Valleys NHS Foundation Trust with local authority financial support.

The Panel's attention was drawn to the opportunities for engagement with patients as part of the Partnership arrangements which included the possibility of patients representing themselves or by representative organisations such as Healthwatch. Other representatives included Job Centre Plus, Stonham Project and MIND all of which was seen as providing a good base for consultative purposes.

In order for the Partnership to regain its influencing position the Senior Mental Health

Commissioner indicated the need for representatives to commit to its sustainability and relaunch its agenda making full use of its potential to monitor mental health strategies.

Following Members' questions it was confirmed that the Partnership's direct links with the development and implementation of the Joint Strategic Needs Assessment (JSNA) no longer existed and currently there was no direct links other than the Clinical Commissioning Group with the Health and Wellbeing Board. Given the importance of the JSNA it was considered that such links with the Partnership should be reinstated or established and that local strategic direction should be developed by the Partnership in order to be in a position to influence the JSNA.

The Panel referred to ongoing service reviews by the Local Authority. It was confirmed that there had been no changes as yet and the Partnership had so far not been formally consulted in this regard together with other mental health groups and service users and carers although initial consultation had commenced in April 2013 with mental health teams.

An indication was given of the current findings of the ongoing review work by focus group meetings with social workers from the current four mental health teams regarding the future configuration of mental health social work in Middlesbrough to ensure that it was fit for purpose for the future delivery of a mental health social work service.

Specific reference was made to the following three options which had been considered:-

- (i) Integration -no change to current arrangement;
- (ii) Co-location - remain in same location with separate management and IT structures;
- (iii) De-Integration - move to one community health social work team which would provide a more focussed and planned approach to the social work role within mental health.

The Panel was advised that at this stage Option (iii) was the preferred option which would provide efficiency savings but more importantly it would enable a more focused and planned approach to the social work role within mental health. Other factors which ultimately would assist in better outcomes for patients included ability to continue joint working with health colleagues whilst maintaining own professional identity.

Following Members' questions an indication was given of current arrangements in terms of the extent of integration and disadvantages of existing measures not just around processes but culture and responsibilities. Examples were given of difficulties in relation to a lack of detailed information recorded on IAS, the Council's IT system and issues in respect of access to recorded information on PARIS, an electronic care record system used by TEWV and partner organisations. It was noted that there was a very low take-up of personal budgets in mental health as quite often staff had insufficient time to pursue.

It was considered that the preferred option for the delivery of service would provide further clarity in terms of roles and responsibilities and maximise specialist knowledge and skills in one location. The ability to manage and co-ordinate MHA assessments from one central point was seen as an advantage of option three and also the likelihood for increased personal budgets.

Whatever the arrangements the importance of ensuring that appropriate safeguards were in place to avoid delays in assessing and accessing appropriate resources to meet the needs of patients was stressed together with establishing good communication which was regarded as a very important factor. Mindful of the potential risks of a breakdown in communication the Panel was keen to seek assurances as to how this could be overcome. Such a requirement was acknowledged and reference made to a number of areas of improvement such as input on appropriate IT and electronic care record systems, attending ward rounds, team meetings, continuation of multi-disciplinary teams in the structure and staff moving across the local authority system.

Members expressed a concern at the potential risk of the loss of valuable experience and knowledge of staff as a result of the financial pressures and vacant posts remaining unfilled. In response it was stated that there was always a risk of this occurring but that the austerity

measures had created further pressures and greater stress if the same amount of work needed to be undertaken with less staff hence the need to review mental health social work to improve current arrangements and cope with future demand for the service.

In response to Members' comments around the issues to be addressed the Local Authority Officers reiterated that Option (iii) was considered to be the preferred option providing a more focused service, clearer management arrangements and accountability, greater information sharing and opportunity to maximise effectiveness in staffing.

The Panel acknowledged the comments regarding the preferred option, the need for strategic direction both at a national and local level, management of MHA assessments from one central point and reiterated the need for one point of contact for accessing mental health services.

**AGREED** as follows:-

1. That all representatives be thanked for the information provided which would be incorporated into the overall review.
2. That a draft Final Report be compiled on the evidence provided for the Panel's consideration.

3 **ANY OTHER BUSINESS - ACCESS - GENERAL PRACTITIONERS**

Further to the meeting of the Panel held on 28 January 2014 the Scrutiny Support Officer confirmed that following investigation only one GP Practice currently used the premium rate telephone number for use by patients.

**AGREED** that the information provided be noted but that the issues previously raised in general regarding patient's difficulties in accessing GPs be examined further.