HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 1 September 2015.

PRESENT: Councillors E Dryden (Chair), S Biswas, J G Cole, S Dean, A Hellaoui, C Hobson, T Lawton and J McGee

PRESENT BY INVITATION: Councillor J Sharrocks, Chair of the Overview and Scrutiny Board

OFFICERS: P Duffy. L Henman, E Kunonga and E Pout

APOLOGIES FOR ABSENCE were submitted on behalf of Councillor B A Hubbard.

DECLARATIONS OF INTERESTS

There were no declarations at this point in the meeting.

1 **VICE CHAIR - CONFIRMATION OF APPOINTMENT**

The Chair asked that this Item be deferred.

AGREED that consideration of this Item be deferred.

2 **MINUTES - HEALTH SCRUTINY PANEL - 11 AUGUST 2015**

The Minutes of the meeting of the Health Scrutiny Panel held on 11 August 2015 were submitted and approved as a correct record.

3 **PUBLIC HEALTH ANNUAL REPORT 2014/2015**

The Scrutiny Support Officer presented a report which outlined the background to this matter and the purpose of today's meeting.

The report suggested areas that the Panel might want to explore in more detail:-

a) It was thought that the transfer of Public Health to Local Authorities, if maximised, would bring a significant impact on people's health and wellbeing – has this been the case?
b) What examples of collaborative/innovative work with other statutory agencies have taken place and what difference has been made?
c) Is there any evidence available yet that preventative work is having an effect on the life expectancy rates?
d) Ward Councillors are the direct link between the local authority and the community. Are there any examples of how Councillors can get more involved in improving public health outcomes?

The Director of Public Health updated Members as follows:-

- Responsibility for Public Health functions had transferred from the NHS to Local Authorities. This responsibility essentially concerned meeting the health and well being needs of local residents.

- The Director's Service commissioned a range of services, including drugs and alcohol treatment; sexual health and stop smoking initiatives.

- The Public Health budget for Middlesbrough was £16.8 million and was ring-fenced. However, the Government was consulting on how best to achieve in-year savings, nationally, of £200 million, which would mean a reduction for Middlesbrough of approximately 6.2% in its budget.

- The Government was also consulting on a revised formula for future years. The implications of this could be even more significant and could involve a 48% reduction in budget. In monetary terms, this would, if it transpired, reduce the Public Health budget in Middlesbrough from £16.3 million to £8.3 million.

- The Service's Annual Report was almost complete. The Director would arrange for the Panel to receive a copy and said he would be happy to come back to a future meeting to discuss it, if Members wished.

- The focus of the Annual Report was on mental health and emotional well being. Whilst attitudes to mental health had improved, there was still a stigma associated with the condition. It was clear that mental health and emotional well being were the foundation of a good, engaged life.

- One in four people would experience a mental health issue at some stage in their life.

- Almost half of people who experienced mental health issues, first experienced these in adolescence. Therefore, early intervention was key.

- Nationally, mental health represented 23% of disease, but only received 11% of the budget. Moreover, very little of that 11% was spent on prevention.

- The aim was to look at mental health from an emotional well being perspective - not from a medical model standpoint. The latter approach had limitations; a wider view of support was required. South Tees Clinical Commissioning Group (CCG) was among the top five issuers of anti-depressants nationally and more work was required to understand the reasons for this, with a view to reducing their prevalence.

- Sometimes a person's need was social, rather than medical, in which case a social intervention would be more appropriate. The intention was for GPs to be able to access a single point of contact to make referrals to a hub, who would ascertain the most appropriate social intervention. It was anticipated that this service would be jointly commissioned with the CCG.

- There was now evidence that post-natal depression could carry on for several years. This needed to be identified earlier and people supported in pregnancy.

- Work with people who experienced substance misuse had traditionally focussed on the individual, but there had been a move to a family approach as the misuse could impact heavily on the whole family.

- It was estimated that approximately 2,100 children and young people in Middlesbrough had mental health issues. A bid had been made to the Headstart Programme – an initiative which aimed to improve the mental well being of at-risk 10-16 year olds by increasing their resilience.

- Another area that needed to be focused on was self-harm. The number of emergency admissions to James Cook University Hospital from people presenting with self-harm was higher than the national average.

- He hoped that mental health would come to receive the same coverage and investment as physical disabilities.

The Chair asked what ability practitioners and users had to influence implementation of mental health matters. The Director said that a Mental Health Partnership had been established and recommendations from this would form an Action Plan for the Local Implementation Team.

Members made the following comments:-

- A number of bodies who could assist people with mental health problems were also facing financial constraints, which made it more difficult to improve mental health.

- An issue was that people had firstly to be identified by their GP as having a mental health condition. There needed to be more preventative working.

- The Chair said that part of the rationale behind the introduction of CCGs was that they would be able to assist with commissioning of services. The high level of prescriptions referred to by the Director would seem to indicate that there had not been much change.

- Schools could help as most of them had Parent Support Advisors.

In response to questions from Members, the Director said that:

- Self-harm in Middlesbrough was double the national average, but there was no data held on the level of self-harm in the community "below" that which required medical intervention. Also, self-harm was not recorded if it did not lead to admission to hospital. Instances of self-harm tended to be higher for females up to a certain age and then it became more prevalent amongst males. Changes in admission procedures would skew the figures but, regardless of this, the mission should be to reduce self-harm figures to far less than the national average.

- People with a mental illness die approximately 20 years younger, but this was often from physical issues that were preventable such as cardio-vascular conditions.

- Cancer screening had a lower take-up for people with a mental illness.

- Suicide rates had been reducing annually since 2011 but had plateaued recently. There were between 12 and 16 people who committed suicide each year but, naturally, this impacted on a far greater number of people – family, friends, etc. The highest number of suicides had been from people in the Middlehaven area. Suicide was often linked to deprivation. Work was taking place with partners as part of the Mental Health Crisis Concordat, which would include an integrated pathway to ensure that people receive support.

- There was reference to dementia in the report but this was an area that required special attention and a full report to do it justice.

In response to a question from the Chair as to what would constitute success, the Director stated that this would be greater investment and a shift towards early intervention and prevention.

The Chair thanked the Director for his update.

The Chair also confirmed that the Council had responded to the Government's Consultation on Proposals for Public Health Funding. There had been a tight timescale for views to be co-ordinated and he thanked the Scrutiny Support Officer for undertaking this within the deadline.

AGREED that the Director of Public Health update the Panel further, six months after the publication of his Annual Report.

4 **FINAL REPORT - NEUROLOGICAL SERVICES**

The Panel considered a report by the Scrutiny Support Officer. The report presented the findings, conclusions and recommendations of the Health Scrutiny Panel following its investigation into this topic.

The Chair suggested that recommendation b) be shortened and that there should be reference to the need for more local step down facilities. He also suggested that the CCG be asked to ensure that all providers of neuro-rehabilitation be included in the consultation on its 'No Place Like Home' Strategy.

AGREED that the Health Scrutiny Panel recommends the following:

a) That the South Tees Hospitals NHS Foundation Trust and the South Tees CCG assess the scale of the need for neuro-rehabilitation services for children and reports this information back to the Panel.

b) That all avenues be explored in the provision of more local 'stepdown' facilities for neurological patients in Middlesbrough.

c) That the South Tees CCG and Middlesbrough Council's Adult Social Care Service work together to develop a process whereby people with a neurological condition are assessed at the earliest point possible and that, notwithstanding the need for on-going review, the assessment should be medium to long term to help ensure seamless transfer/progression through their patient journey.

d) That the lessons learnt from the South East Coast Strategic Clinical Network Model regarding the pathway for patients with complex cancer diagnoses (which factors in the different commissioning responsibilities throughout a patient's pathway), are explored by the South Tees CCG and the Strategic Clinical Network as a model for ensuring that there is clarity around commissioning roles and responsibilities.

e) That the South Tees CCG ensures that all of the independent providers in the neuro rehabilitation sector in Middlesbrough should be included in the consultation in the development of the 'No Place Like Home' Strategy.

f) That the Panel receives an update on the position in a year's time.

5 **OVERVIEW AND SCRUTINY BOARD UPDATE**

The Panel considered a report by the Scrutiny Support Officer which updated them on what had taken place at meetings of the Overview and Scrutiny Board held on 28 July and 18 August 2015. NOTED.