worcestershire
countycouncil

# Health Overview and Scrutiny Committee
# Tuesday, 9 December 2014, County Hall - 1.30 pm

**Minutes**

**Present:**

Mr A C Roberts (Chairman), Mr P Grove, Ms P A Hill, Mr A P Miller, Prof J W Raine, Ms M A Rayner, Mr G J Vickery, Dr B T Cooper, Mr M Johnson, Ms J Marriott (Vice Chairman), Mrs F M Oborski, Mrs F S Smith and Mrs P Witherspoon

Mr J Parish

**Also attended:**

Worcestershire Health and Care NHS Trust
Sarah Dugan, Sue Harris, Stephen Collman, Dr Alan Farmer, Kate Glenholmes
Robert Kinnersley (Patient Representative)

Integrated Commissioning Unit
Frances Martin, Richard Keble

Suzanne O'Leary, Overview and Scrutiny Manager and Jo Weston, Overview and Scrutiny Officer.

**Available Papers:**

A. The Agenda papers and appendices referred to therein (previously circulated)

B. The Minutes of the Meetings held on 8 October and 5 November 2014

C. Presentation handouts for Item 5.

**717 Apologies and Welcome**

Apologies had been received from Mr P Gretton.

**718 Declarations of Interest and of any Party Whip**

None.

**719 Public Participation**

None.

**720 Confirmation of the Minutes of the Previous Meeting**

For clarity, Worcestershire Health and Care NHS Trust asked for some additions (in italics) to the Minutes of the Meeting on 5 November. Members agreed to the following changes and the Minutes were signed by the Chairman.

Who accesses the service?
There was no change in service for those in crisis (16 during the stated period), who would be assessed under the Mental Health Act *but a slower response time may be experienced out of hours*

Main discussion points

- Members asked whether there had been an evaluation of the impact of the changes to mental health liaison. Because of the changes in the data collected, it was not possible to make direct comparison between the current and past service provision, but it was reiterated that all statutory responsibilities were met *by WHCT in relation to the Mental Health Act*
- It was clarified that mental health liaison was hospital based, did not go out into the community, and operated from 8am to 10pm. Outside of those hours the crisis team would respond *based on clinical prioritisation to specific patients only.*

**721 Mental Health Services**

Attending for this item were:

Worcestershire Health and Care NHS Trust (Providers):

Sarah Dugan, Chief Executive Officer
Sue Harris, Director of Strategy and Business Development
Stephen Collman, Director of Operations
Dr Alan Farmer, Consultant Psychiatrist
Kate Glenholmes, Primary Care Mental Health Lead
Robert Kinnersley, Patient Representative

Integrated Commissioning Unit (Commissioners):

Frances Martin, Director (Adult Services)
Richard Keble, Head of ICU

The Chairman explained that as the Committee had a genuine interest in Mental Health he had asked Worcestershire Health and Care NHS Trust (WHCT) to attend and provide an overview of the services they provide, omitting the complex areas of Dementia and Children's mental health issues, which would be considered separately.

By way of presentation, WHCT highlighted the following areas:

Background

During the 1990s, mental health services nationally changed from institutionalised provision to community based mental health services. This resulted in some patients moving from a place where they had lived for all their adult life, such as Barnsley Hall near Bromsgrove, to being offered supported living in a community setting. This shift was monumental for some patients.

Today, patients with mental health issues are identified much earlier, through positive early intervention, and a much wider range of support is available to all patients; there is now a more sophisticated understanding of the different needs of people with mental health problems and how these can be treated. At present, community mental health services are far reaching, moving away from bed based services to community services, resulting in people having the opportunity to retain friendships and engage in activities including education, hobbies and work and to be as independent as possible, as an overall package to support their wellbeing. The present picture was a world away from the 1990's.

Current Position

People are at the centre of decision making, with care plans which engage with them and work across professional and organisational boundaries. With one care plan, there is a need for one co-ordinator and this is also in place, for seamless integration between mental health and social care professionals.

Stepped Care and Range of Services

There was a graded, stepped approach to mental health provision, with the aim being for patients to move smoothly between steps. The first 3 steps – from recognition to moderate or severe mental health problems - account for 75% of all mental health cases, and were provided within primary careGPs. Examples included recognition and assessment, watchful waiting, guided self-help, psychological interventions, medication and social support.

Step 4 was more specialist provision, including crisis teams, supporting people who are at significant risk. Strategies for support included complex psychological interventions, combined treatments and medication.

Inpatient provision and crisis teams were at Step 5, supporting people who present a risk to life or severe self-neglect. Support included medication, combined treatments and Electro-convulsive therapy (ECT).

Patients would not know they were moving between steps, but it was a very useful tool to explain and justify pathways to Commissioners.

It was noted that the range of mental health services on offer had grown and included specialist areas including:

- Mother and baby services
- Eating disorder services
- Forensic step down support, for people moving away from a secure unit
- Personality disorders
- Vocational services, providing individual placement support, including sheltered workshops
- Re-ablement

Investment

Early intervention had improved over the last 10 years, to the extent that, for example, average wait times for treatment for psychosis had reduced from 18 months in 2003/4 to less than 6 weeks now. The number of young people admitted to hospital for psychosis had also reduced from 80% to 8%.

There was a focus on recovery and there had been improvements in the experience of patients and their families, resulting in increased satisfaction. As this phase was more positive, it was felt recovery was more successful.

It was recognised that patients valued the support of community services and benefited from support for housing, education and opportunities for work. Therefore, home based care was enabling more choice to the individual.

The number of mental health inpatients in Worcestershire was low; however, this group represented around 41% of the Trust's investment in mental health. In comparison, around 35% of the population, who had support at primary care level, account for around 14% of the budget.

Performance

As an integrated service, there were performance targets on both elements of social care and specific health targets. It was pleasing to note that targets were mostly being met over a 3 month period from August 2014, and if not, the direction of travel was positive, such as the % of clients in social care for 12 months or more and reviewed in the last 12 months.

Patient Story

Mr Kinnersley spoke to the Committee about his own experience and journey, which suggested that the current early intervention and support available was much more positive than his experience as a young man. He spoke very positively about the help available to his family and himself, enabling him to lead a life which was manageable and supported, by both his family and his employers. He stressed the importance of peer support and group work, including groups established to support family carers, and a two-way dialogue between patients and service providers. He had some concerns about the provision of crisis care.

Current Challenges

It was suggested that although, nationally, the focus on mental health was high, there were a number of areas which would continue to prove challenging. These areas included:

- Access to psychological therapies (more primary care mental health support overall)
- Crisis care capacity (especially out of hours and CAMHS)
- Personality disorder
- Step down – forensic
- Support for people with aspergers/autism, which is very limited in Worcestershire
- Housing (supported living)
- Prevention/mental wellbeing.

Future

The profile of mental health would continue to grow to enable further successful multi-agency working, resulting in mental health being "everybody's business".

In the following discussion, the following main points were made:

- The Committee was pleased to note that nationally, the profile of mental health had improved and locally the picture was encouraging
- Some Members raised concerns about the impact of other conditions, such as drug and alcohol abuse and recognised that complications could arise, especially in older people
- Since April 2014 patients have had the right to choose mental health providers, this was still being developed as block contracts were still in place with providers
- Many services were provided in primary care settings, although there were also residential and hospital settings. When asked whether there was enough provision overall, it was suggested that more crisis beds were needed. It was hard to specify

exactly to each GP practice how many patients with mental health conditions would be on their list, but the national morbidity survey and risk predictors were used to get an idea of numbers

- It was noted that not all people who committed suicide had been receiving services from WHCT, but if a service user took their own life WHCT would look to see what lessons could be learned; early intervention had had an impact on suicide rates
- In relation to discharge, Members queried what level of support was available at home, such as ensuring food was available. In response, the home treatment team was responsible for liaison and the team did have access to food banks if appropriate
- The role of the voluntary and community sector in advocacy services was vital as funding from the Clinical Commissioning Groups was falling, although it was clarified that access to services was a statutory duty
- There would be an e-marketplace from April 2015, resulting in GPs being able to access a range of services across health and social care. Although GPs could refer, it was explained that self-referrals could also occur
- Simon Adams, Chief Operating Officer from Healthwatch Worcestershire, commented that nationally, there was concern about the homeless population and, with budgets being cut, the impact on provision was a concern. In addition, the duties of the new Care Act would add extra burden on providers and commissioners
- With the consent of the Chairman, Members heard from Sandra Weidrick, a member of the public, who had developed an art programme for people with varying degrees of mental health issues. She raised concerns especially in relation to funding cuts generally, but also the lack of support for family and friends and lack of crisis support.

The Chairman noted a number of themes which had emerged from the discussion: waiting times for early intervention, psychological therapies – including group therapies, discharge planning, housing and supporting people, funding, integration with social care, the interface between health providers, the balance between mental health and physical health, the role of councillors and suicide prevention. He thanked all those present for a valuable presentation and discussion and looked forward to updates at future meetings.

**722 Health Overview and Scrutiny Round-up**

Worcestershire Acute Hospitals NHS Trust Board Meetings

Cllr Vickery reported that concerns had been raised over recent Worcestershire County Council actions, including the loss of a Dementia post and delays in discharge. In addition, a transport working group had been formed to look at future models and there were concerns about the removal of the park and ride. He had been impressed with the way the meeting had been run.

Redditch Borough Council

Cllr Witherspoon commented that Dementia was on their Work Programme.

The meeting ended at 3.40 pm

Chairman …….