

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 11 June 2010.

PRESENT: Mr G A Horne MBE (Chairman), Mr B R Cope (Vice-Chairman), Mr G Cooke, Mr D S Daley, Mr K A Ferrin, MBE, Mrs E Green, Mr R L H Long, TD, Mr C P Smith, Mr R Tolputt, Mrs J Whittle, Mr A Willicombe, Mr R Brookbank (Substitute for Mr A D Crowther), Cllr J Cunningham, Cllr M Lyons, Mr M J Fittock and Mr R Kendall

ALSO PRESENT: Cllr John Avey, Mrs A Burnand, Mrs C Davis, Cllr R Davison, Ms T Gailey, Cllr P Gulvin, Mr R Kenworthy, Mr R A Marsh, Miss N Miller and Mr M Willis

IN ATTENDANCE: Mr P D Wickenden (Overview, Scrutiny and Localism Manager) and Mr T Godfrey (Research Officer to Health Overview Scrutiny Committee)

UNRESTRICTED ITEMS

1. Membership

The Overview, Scrutiny and Localism Manager drew a number of Membership changes to the attention of the Committee. Mr Adrian Crowther had replaced Mr Jeremy Kite. The East Kent Borough Co-Optees were confirmed as Mr Charles Kirby and Mr Michael Lyons. The West Kent Borough Co-Optees were confirmed as Mr John Cunningham and Mrs Marilyn Peters.

2. Minutes

(Item 3)

RESOLVED that the Minutes of the meeting held on 26 March 2010 are correctly recorded and that they be signed by the Chairman.

3. Accessing Mental Health Services: Adult and Older People's Inpatient Services

(Item 4)

Part A: East Kent Health Economy

Lauretta Kavanagh (Director of Commissioning for Mental Health and Substance Misuse, Kent and Medway PCTs), Joanne Ross (Lead Commissioner for Mental Health, NHS Eastern and Coastal Kent), Dave Woodward (Social Care Commissioner for Mental Health, Kent Adult Social Services), Linda Caldwell (Lead Commissioner for Older People's Services, NHS Eastern and Coastal Kent), Sue Gratton (Head of Integrated Commissioning, NHS Eastern and Coastal Kent), Erville Millar (Chief Executive, Kent and Medway NHS and Social Care Partnership Trust),

James Sinclair (Executive Director of Social Care and Partnerships, Kent and Medway NHS and Social Care Partnership Trust), and Nigel Lowther (Kent and Medway NHS and Social Care Partnership Trust) were present for this item.

(1) As Lead Commissioner for Mental Health on behalf of the three Primary Care Trusts in Kent and Medway, as well as joint commissioning lead with Kent Adult Social Services, Laretta Kavanagh undertook to provide an overview of the strategic context of mental health services in Kent. The two Local Authorities and three PCTs had recently produced a draft strategy for improving the mental health and wellbeing of people in Kent and Medway called Live it Well. This was built around the twin aims of promoting good health and improving access to services.

(2) Talking specifically about NHS Eastern and Coastal Kent, the PCT had agreed a dementia strategy with Kent County Council in 2005. The subsequent National Dementia Strategy had specified that early diagnosis was key, as was the support of carers and providing appropriate levels of community support. In terms of adult and older people's inpatient services, the NHS had provided a detailed breakdown of the wide range of services provided and this was included in the information provided to Members in the Agenda pack.

(3) In response to a question about how decisions about mental health provision were made, Laretta Kavanagh explained that the PCT and social services assessed the needs of the community and produced a Joint Strategic Needs Assessment. Kent and Medway NHS and Social Care Partnership Trust (KMPT) was the largest provider of mental health services, but were not the sole one. There were numerous independent providers also, and so the actual bed stock available was larger than that indicated in the papers.

(4) There has been a reduction nationally in the number of acute mental health admissions and Crisis Resolution Home Treatment teams had been established to act as gatekeepers to acute care and provide acute care in people's homes if it was appropriate. It was conceded by representatives of the NHS that there had been a degree of failure in communicating the relatively narrow criteria in accessing crisis services i.e. those who would otherwise need to be admitted into an acute setting.

(5) Crisis services should not be the first port of call for patients and so community services were being enhanced. Borough and District Councils in East Kent were working with the NHS in developing supported accommodation units.

(6) There were a range of other initiatives, such as 6 Admiral Nurses in East Kent who were able to provide specialised support for carers and the Alzheimer Society run café which enabled peer support and for the needs of carers to be picked up. It was admitted that respite services needed to be further developed and that they needed to be flexible as to times and locations.

(7) The scheme to improve access to psychological therapies ('talking therapies') had reached the third year in the first three year cycle of a six year programme. Referrals had increased by 20% and waiting times for accessing these services ranged from 4 to 17 weeks. A target of ensuring that waiting times were no longer than four weeks has been built into performance targets expected of providers by commissioners. One Member made the point that there were often calls for Councillors to use grant money to help fund counselling services for teenagers.

(8) Although children's mental health services were not the focus of the meeting and detailed responses were not possible, Erville Millar took the opportunity to raise an issue about the caseloads of Tier 3 CAMHS workers in West Kent and Swale, which were around 300 per person, as opposed to the 80 which was recommended.

(9) Several Members noted that the system had improved greatly since large institutions such as Chartham were used across the board, but felt there was need for greater reassurances that community provision was in place and adequate to meet the demand before any further reduction in inpatient services.

(10) Moving on to consider secure accommodation, Erville Millar made the point that those with mental health needs were more likely to be victims of crime than to commit them. 82 medium secure beds are provided in Kent, in Dartford and Maidstone. Kent and Medway NHS and Social Care Partnership Trust (KMPT) were the only provider of forensic mental health services in Kent. Reoffending rates were much lower for those patients who were placed in secure accommodation compared to being put in prison. This was because of the emphasis put on assisting people to reintegrate back into society while resident in these specialised services.

(11) In response to a specific question about the St. Martin's development, Erville Millar stated that construction would commence in December 2010 with patients able to access the new facilities in April 2012.

Part B: West Kent Health Economy

Lauretta Kavanagh (Director of Commissioning for Mental Health and Substance Misuse, Kent and Medway PCTs), Julia Ross (Director of Strategy and Communications, NHS West Kent), Paul Absolon (Social Care Commissioner for West Kent, Kent Adult Social Services), Emma Hanson, Joint Commissioning Manager for Dementia Services, Kent Adult Social Services/NHS West Kent, Erville Millar (Chief Executive, Kent and Medway NHS and Social Care Partnership Trust), James Sinclair (Executive Director of Social Care and Partnerships, Kent and Medway NHS and Social Care Partnership Trust), and Nigel Lowther (Kent and Medway NHS and Social Care Partnership Trust) were present for this item.

(12) Spending on mental health accounts for around 14% of NHS spending in England and there was much discussion as to how this worked in practice through both parts of the meeting. Some Members expressed scepticism that the formula used for allocating funding truly matched the demographic picture of Kent. Representatives of the NHS explained that while there was currently no tariff in mental health in the way there was for acute services, work was being carried out and it was unlikely that it would operate in the same way and would be most usefully structures around care pathways. The point was made that block contracts could be useful and flexibility was the key to any successful financial structure.

(13) A range of financial levers were open to commissioners in order to try and improve service quality, such as Commissioning for Quality and Innovation (CQUIN) payments, which make a proportion of the contract payment dependent on achieving certain quality standards. Performance indicators were part of every contract.

(14) Mark Fittock, a representative of the Kent LINK, informed the Committee that they were carrying out an investigation into mental health services and the report would be presented to the Committee later in the year. A representative from West Kent outlined how service users were continually being involved in service development, and that the Kent LINK had been invited to participate in the Commissioning Delivery Teams established by NHS West Kent.

(15) Picking up on the earlier discussion on crisis services, Erville Millar explained that one local success concerned early onset psychosis. This affected 1 in 100 people between 14 and 35 and patients were now engaged rapidly to enable them to manage their condition and avoid admission to hospital.

(16) Tunbridge Wells Borough Councillor John Cunningham outlined the findings of a report into mental health services produced by a joint committee of Maidstone and Tunbridge Wells Councils. Hard copies of the report were made available for Members. He highlighted the good work being carried out by the anti-stigma Time to Change campaign in which KCC and KMPT were partners. He highlighted one of the recommendations which called on Kent County Council to provide more support for patients to undertake voluntary work to ease them back into work. The Sunlight Centre in Gillingham was given as an example of good practice.

(17) Representatives from both the NHS and KCC welcomed the work carried out in producing the report. Erville Millar stressed that the key point about mental health is that it is all around us and that in an organisation the size of KMPT 700 staff could be experiencing mental health problems at any one time. Paul Absolon from Kent Adult Social Services added that there was a need to be creative in engaging the community, including the use of social networking sites.

(18) Questions were raised about the number of rehabilitation beds and the length of stay. It was explained that the 21 rehabilitation beds were quasi-residential and involved mental health professionals inculcating life skills in the residents, without which they would need even longer stays in hospital and that the average length of stay for a year had to be judged in this context. Erville Millar added that admitting mental health patients was often to do them a disservice and all the alternatives needed to be considered, especially those that enabled home care. He added further clarification in that there were two population sets who accessed rehabilitation services, those who needed new skills to enable independent living and those for whom the prospect of independent living had passed.

(19) It was around the area of delayed transfers of care, involving those people who should not be in acute settings, that the greatest need for co-operation between the NHS and social services was felt to exist.

(20) In response to a specific question from a member of the public attending the meeting, Erville Millar stated that respite care bookings at Priority House were being honoured pending a proper review.

(21) Picking up on an earlier point, it was revealed that there are 12 Admiral Nurses across Kent and that this is the highest concentration in England.

(22) Despite acknowledging much of the good work that was done, Members still had concerns that in West Kent, as in East Kent, there were major challenges in

mental health and that there was a need to ensure community provision was available and of the appropriate standard before bed numbers were further reduced. Julia Ross from NHS West Kent extended an open invitation to any Member who wished to explore this topic in more detail to get in contact.

4. Further Information on Dentistry

(Item 5)

(1) RESOLVED that the additional information supplied by the NHS be noted.

5. Paediatric Audiology Services in West Kent

(Item 6)

(1) The Chairman provided a verbal update on this issue. It had been brought to his attention that paediatric audiology assessment services were being improved in West Kent in the sense that satellite services were being provided in three community hospitals but that services in Maidstone were going to be removed until suitable premises could be located. A meeting with those running the service had taken place and correspondence exchanged with NHS West Kent. This is included in the Appendix to these Minutes.

(2) The Chairman undertook to further pursue this issue and report back to the Committee at a later date.

6. Committee Topic Discussion

(Item 7)

(1) Members felt that given the complexity of the issues around mental health the Committee had only really begun to scratch the surface and while they gained a lot of useful information, they needed an opportunity to pursue the subject to a deeper level. In particular there was a need to see what can be done once a patient leaves acute care.

(2) There was a sense that a fuller and more frank exchange of information would enable the Committee to support and assist the NHS in achieving the aim of improving service provision for the people of Kent.

(3) The Overview, Scrutiny and Localism Manager outlined a range of ways in which a deeper mutual understanding between the NHS and KCC could be developed, including shadowing NHS Trust Non-Executive Directors and taking on the role of rapporteurs.

7. Date of next programmed meeting – Friday 23 July 2010 @ 10:00am

(Item 8)