

KENT COUNTY COUNCIL

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 January 2008.

PRESENT: Mr M J Fittock (Vice-Chairman), Mrs C Angell, Mr A R Chell, Mr A D Crowther, Mr J Curwood, Ms A Harrison, Mr C Hibberd (Substitute for Lord Bruce-Lockhart), Mrs S V Hohler, Mr G A Horne MBE, Mr S J G Koowaree (Substitute for Mr D S Daley), Mr J F London (Substitute for Mr J A Davies), Dr T R Robinson, Mrs E D Rowbotham, Mr R Tolputt and Mrs E M Tweed.

ALSO PRESENT: Mr G K Gibbens, Cabinet Member for Public Health.

OBSERVERS: Mr J Cunningham, Mrs J Epps, Mrs F Witherden, Ms A Evennett, Mr J Fletcher, Mr J Larcombe, Ms M Rogers, Ms P Still, Mrs C Swann and Ms M Morland from the Patient & Public Involvement Fora; Mr C Wanstall and Mrs S Wanstall, East Kent Mental Health Carers' Forum; Mr A Wright, Sevenoaks RETHINK Support Group; Ms L Leonard, Sevenoaks MIND; Mr T Arnold, Mr C Chidanguro and Ms M Chesher, Maidstone MIND and Mrs R Lalley, Comprehensive Performance Assessment Inspector.

IN ATTENDANCE: Dr D Turner, HOSC Research Officer and Mr P D Wickenden, Overview, Scrutiny and Localism Manager.

UNRESTRICTED ITEMS

76. Lord Bruce-Lockhart

The Vice-Chairman informed the Committee that he had spoken to Lord Bruce-Lockhart; he had now started further treatment but was expected to attend a meeting the following week to discuss future work plans for the Committee.

RESOLVED that the Committee's regards be forwarded to Lord Bruce-Lockhart.

77. Urgent Business

The Chairman sought the permission of the Committee to consider the Minutes of the meetings on 9 November, 27 November and 14 December as urgent business, rather than waiting until the next meeting of the Committee, in February 2008. This was agreed by the Committee.

78. Minutes - 9 November, 27 November and 14 December 2007 (Item 3)

RESOLVED that the Minutes of the meetings held on 9 November, 27 November and 14 December 2007 were correctly recorded and that they be signed by the Vice-Chairman, subject to:-

- (a) the present Minutes reflecting the Committee's view that it had a right to visit hospitals;
- (b) it being clarified regarding Minute 71 (1) (v) of the meeting on 27 November 2007 that the concern expressed about patients' diets related to the issue of patients and visitors bringing into hospitals food that might be of poor quality and could thus compromise the health of patients;
- (c) in response to a question, the Overview, Scrutiny and Localism Manager stated that he would bring to the next meeting information about the proposed Select Committee on Transport and Access to Healthcare.

79. Kent & Medway NHS and Social Care Partnership Trust and Primary Care Trusts from across Kent and Medway

(Item 4 – Mr E Millar, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust, Ms L Kavanagh, Director of Commissioning for Adult Mental Health Services and Substance Misuse, Medway PCT, Mr O Mills, Managing Director, Kent Adult Social Services, and Mr P Absolom, Social Care Commissioner for Mental Health, were in attendance for this item)

(1) The Chairman apologised on behalf of the Committee for the lack of time that Health Service colleagues had been given to respond to the questions they had been sent on mental health.

(2) Mr Millar and Ms Kavanagh gave presentations on mental health services in Kent (attached to these minutes as Appendices 1 and 2) and answered questions from Members:-

- (a) NHS colleagues explained that if a person was already known to the Crisis Resolution Home Treatment (CRHT) service then the service could be accessed directly by a person such as the carer or partner of a service user.
- (b) Members expressed concern about access to out-of-hours services by both service users and carers. NHS colleagues stated that there were clear pathways regarding access to out-of-hours services. As requested previously by the Committee, they were working on a plan regarding access to out-of-hours services by people with less severe conditions. This would be made available to the Committee, and other stakeholders, soon.
- (c) Concern was expressed by Members about whether the CRHT service was actually available 24 hours a day. NHS colleagues stated that the service was available to those who needed it, namely people with serious long-term conditions.
- (d) NHS colleagues explained that the commissioning budget for mental health services in Kent did not include services for people whose primary problem was one of addiction. Substance misuse services were commissioned through the Kent Drug and Alcohol Action Team, a multi-

agency partnership led by KCC, which had its own commissioning budget.

- (e) NHS colleagues explained that there was an established process within the NHS for dealing with complaints about services; KCC also had its own complaints mechanism. In addition, there was an ongoing dialogue with carers and service users, allowing them to raise issues of concern.
- (f) Members asked about the National Survey of Investment in Mental Health Services, which had shown that Kent and Medway was at the bottom of the national league table for investment in mental health services in 2005–6. NHS colleagues responded that this financial mapping exercise had concealed differences within Kent and Medway – investment in East Kent had been in line with the national average; but in West Kent and Medway it had been below the average. The results of the mapping exercise for 2006–7 could not be directly compared with those for 2005–6, as the exercise was carried out at Strategic Health Authority (SHA) level, and Kent and Medway SHA had ceased to exist in 2006, when it was merged into the new South East Coast SHA. Further data for the mapping exercise had been submitted in December 2007 and this would be shared with the Committee.
- (g) NHS colleagues stated that they sought to work with service users and carers as much as possible. They had a Carers' Charter; and service users and carers were involved in the commissioning of services.
- (h) It was confirmed that the CRHT service was provided by multi-disciplinary teams, including consultant psychiatrists.
- (i) It was stated that, in some parts of Kent, A&E mental health liaison nurses were employed, with access to CRHTs to make an assessment of a patient if necessary.
- (j) It was confirmed that there were identified police mental health liaison officers, who acted as a point of contact between the police and mental health services.
- (k) The importance of both police and ambulance service personnel getting adequate and consistent training to deal with people with mental health issues was emphasised.
- (l) NHS colleagues said that the SHA had granted the Partnership Trust authority to proceed with a three-month consultation about applying to become a Foundation Trust and this would commence straightaway.
- (m) Members felt that there was a need for more specific proposals for young carers. The Director of Kent Adult Social Services referred to the recently published Young Carers Strategy "Invisible People".
- (n) Members stated that there should be support for carers and families of service users to help them to continue to cope. The importance of carers having assessments of their own needs was emphasised.

- (o) Ms Kavanagh undertook to come back with figures on the number of cases dealt with each year and how many NHS employees were involved in handling those cases. The commissioning teams were developing a five-year commissioning strategy; this would have figures on levels of need and how this was evidenced, and on what the take-up of services was.
- (p) Members thought that information on how to go about accessing emergency support needed to be made more readily available.
- (q) NHS colleagues explained that they were committed to developing services for early intervention in psychosis.
- (r) It was explained that there was a healthy advocacy service in Kent; and the recent Mental Health Act would mean there would have to be increased investment in advocacy.
- (s) The provision of services for children was raised; it was explained that these services were separately commissioned by the Children's Trust.

80. Patient & Public Involvement Fora representatives

(1) Representatives from the Patient and Public Involvement Fora and others were invited to ask questions and highlight issues in relation to mental health services. The Committee heard from Mrs Epps and Mrs Witherden (PPIF representatives), Mr Wanstall (East Kent Mental Health Carers' Forum), Mr Wright (Sevenoaks RETHINK Support Group), Ms Leonard (Sevenoaks MIND), Ms Cheshier (Maidstone MIND) and Ms Morland. A number of points were made, including the following:-

- (a) In relation to the out-of-hours services for emergencies that fell short of the level of crisis needed to trigger CRHT intervention, these services were not felt to be adequate. Professionals should be available to attend if needed. It was extremely difficult in many cases to get a mentally ill person to attend A&E. It was necessary for the services when required to come to the client.
- (b) An assurance was given by NHS colleagues that out-of-hours services would be made as accessible as possible, through all the various pathways that existed.
- (c) A comparison was drawn between the way that the Health Service responded to a mental health crisis situation compared to a physical emergency. It was stated that someone with, for example, a heart attack on a Saturday evening would be in hospital within a short period of time being cared for – whereas if somebody had a psychotic episode, the route to hospital was difficult and convoluted, and it could often take days to get appropriate care.
- (d) There was a perception amongst carers that when a person was psychologically ill, it was often necessary for them to hit "rock bottom" before any help was available and that services tended to be reactive

rather than proactive. Often the carer's experience of getting a loved one into hospital was fraught with problems, whatever the route they took. The existence of nine separate pathways into hospital was not necessarily a good thing – a “one-stop shop” approach would actually be more effective, it was suggested.

- (e) The view was expressed that front-line community mental health services were not operating as they should be and that they were not performing to very high standards; but it was hoped that this would improve.
- (f) Reference was made to the issue of young carers caring for mentally ill relatives and the importance of these carers being assisted and supported by social care services. Mr Mills referred to the strategy for young carers “Invisible People”. He stated that the Children’s Trust would be working to make sure there was good awareness in schools of pupils who were young carers. The Trust would also make sure that, when somebody was identified with mental health problems, the children in the wider extended family who provided support got an assessment if necessary.
- (g) The importance of talking therapies was emphasised and an apparent lack of provision in the Medway area was mentioned.
- (h) The health and safety implications of lone ambulance staff attending a call-out relating to a person with mental health issues were raised.
- (i) In relation to the role of CRHT services, NHS colleagues stated that these services were fundamentally about avoiding hospitalisation. There was a lot of confusion amongst carers and service users about the role of the CRHT and the assistance they were able to provide in crisis situations.
- (j) It was stated to be important that the rights of carer and service-user representatives should be recognised.
- (k) Responding to a question about bed numbers, Mr Millar said that the Partnership Trust had 46 wards in total and promised to make available to the Committee a full beds schedule.
- (l) A PPIF representative raised the issue of adverse consequences for carers if they criticised services.
- (m) The often long and drawn-out process of trying to get someone with severe mental health problems “sectioned” was highlighted. A multiplicity of agencies were involved and they needed to work together to achieve a quick, speedy and satisfactory outcome. One of the issues was that the police in these situations would only attend when they had resources available. It was important that colleagues in the Health Service engaged with the police and ambulance service to ensure that adequate assistance was given by the police when it was required.
- (n) Ms Kavanagh confirmed that, at the South East Coastal Ambulance Trust meeting on 21 January 2008, the availability of appropriate transport for mental health service users was to be raised.

- (o) The issue of inconsistency in the provision of Care Plans was raised.
- (2) The Overview, Scrutiny and Localism Manager invited PPIF colleagues to share with Health Overview and Scrutiny Members their submissions to the Healthcare Commission for the Annual Health Check. He thought the Committee would find this extremely helpful.
- (3) The Chairman thanked Health Service colleagues and the representatives of PPIF and Mental Health support organisations for attending.

81. Conclusions and recommendations

(Item 8)

- (1) The Overview, Scrutiny and Localism Manager noted that NHS colleagues had had short notice of the meeting, giving them very limited time to prepare their evidence for the Committee. He stressed the importance of the Committee taking a balanced view and basing its conclusions on all the evidence heard.
- (2) It was proposed by Mr Hibberd, and agreed, that the Vice-Chairman, the Conservative Group Spokesman and the Liberal Democrat Group Spokesman should agree a set of recommendations, arising from the evidence heard, and bring them to the next meeting of the Committee (attached to these minutes as Appendix 3).

Date of next programmed meeting – Friday 8 2008 in the Council Chamber commencing at 10:00 am

KCC - HOSC

11 January 2008

Erville Millar
Chief Executive

Working together we can make a difference

CRISIS RESOLUTION HOME TREATMENT (CRHT)

- **TEAMS**
 - **3 WEST KENT**
 - **1 (LARGE) EASTERN & COASTAL**
 - **1 MEDWAY**
- **FOR ADULTS WITH SEVERE MENTAL ILLNESS**
- **24 HOURS, 7 DAYS A WEEK SERVICE**
- **ACCESS VIA GP REFERRAL**
- **RAPID RESPONSE**

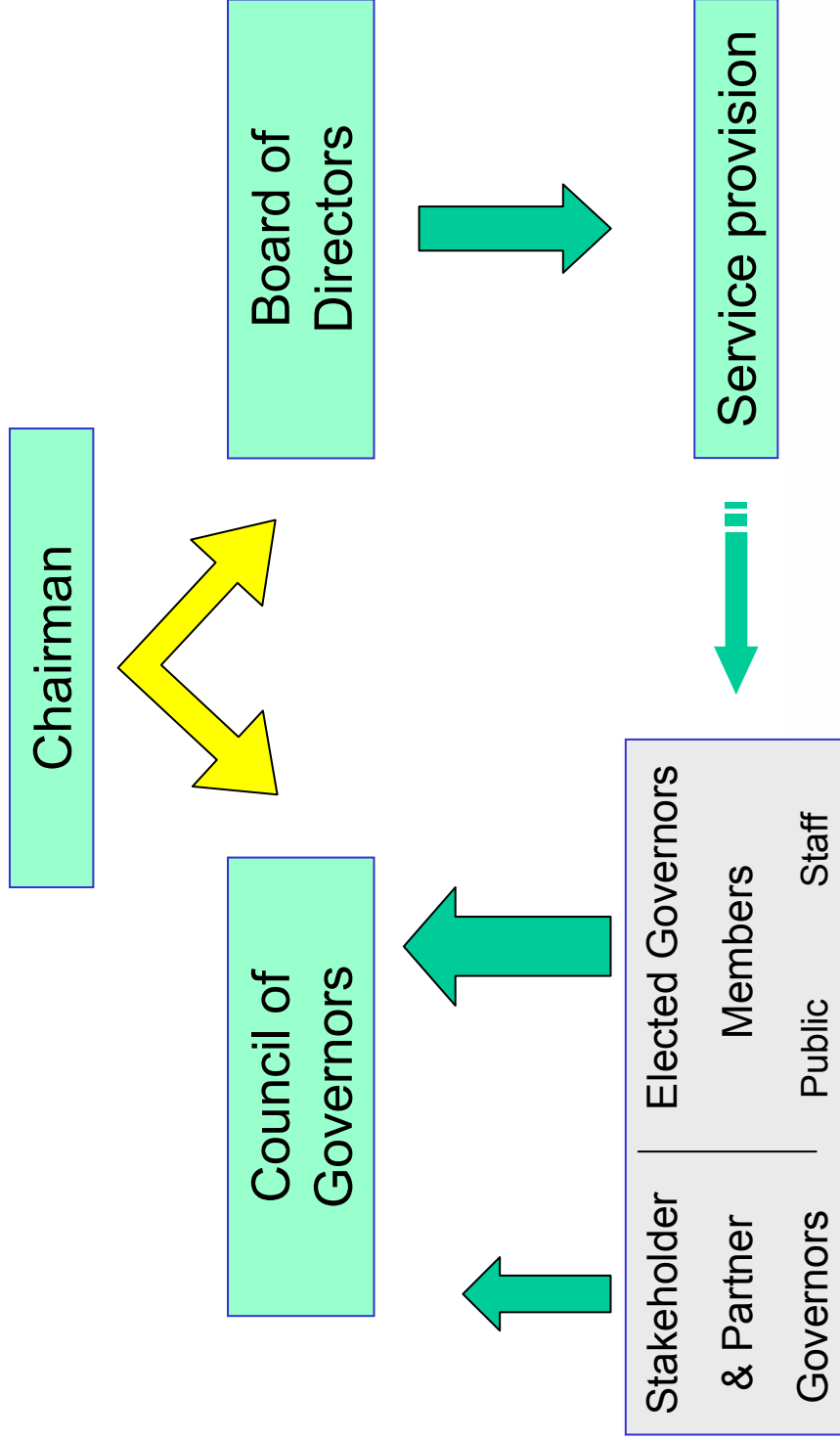
CARERS

- **CRISIS (CRHT)**
- **ACTIVE INVOLVEMENT OF SERVICE USER, FAMILY & CARERS**
- **CARE PROGRAMME APPROACH (CPA)**
- **REQUIRES IDENTIFICATION & INCLUSION OF CARERS IN THE CARE PROCESS**
- **CONFRONTATIONAL CONUNDRUM!**
- **TRAINING FOR CARERS**
- **CARERS' CONTRIBUTION TO TRUST GOVERNANCE**
- **CARERS' BREAKS**

SERVICE USER & CARER INVOLVEMENT

- **TRUST STRATEGIES FOR “INVOLVEMENT”**
- **“CARERS” CHARTER**
- **INFLUENCING:**
 - **TRAINING**
 - **RECRUITMENT**
 - **CARER SUPPORT GROUPS**
 - **AUDIT**
- **“EMBEDDED” IN EARLY INTERVENTION TEAM**

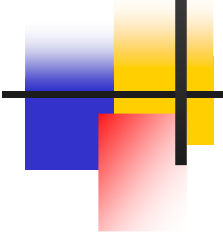
FOUNDATION TRUST - Structure



Working together we can make a difference

FOUNDATION TRUST – Proposed Council of Governors

| | | |
|----------------------------------|--------------------------------|-----------|
| NHS | PCTs | 3 |
| | Acute Trust | 1 |
| Local Authority | Kent County Council | 2 |
| | Medway Unitary Council | 1 |
| Partner Organisations | Business Link | 1 |
| | Police Service | 1 |
| | Prison Service | 1 |
| | Academia | 1 |
| Voluntary Sector | | 3 |
| Staff | East Kent / West Kent / Medway | 4 (18) |
| Public | East Kent | 7 |
| | West Kent | 7 |
| | Medway | 5 (19) |
| Total Number of Governors | | 37 |



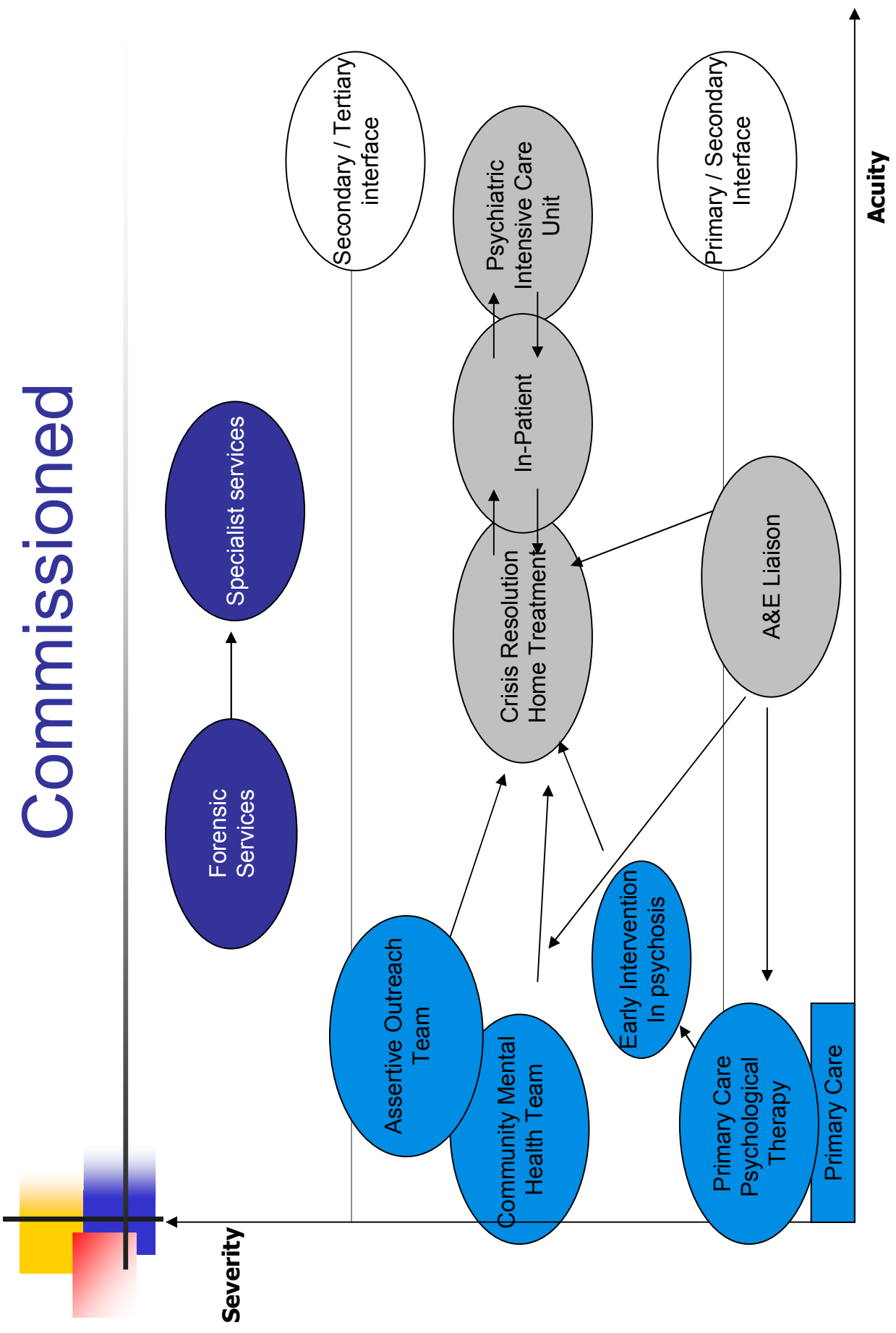
Kent Health Overview and Scrutiny Committee

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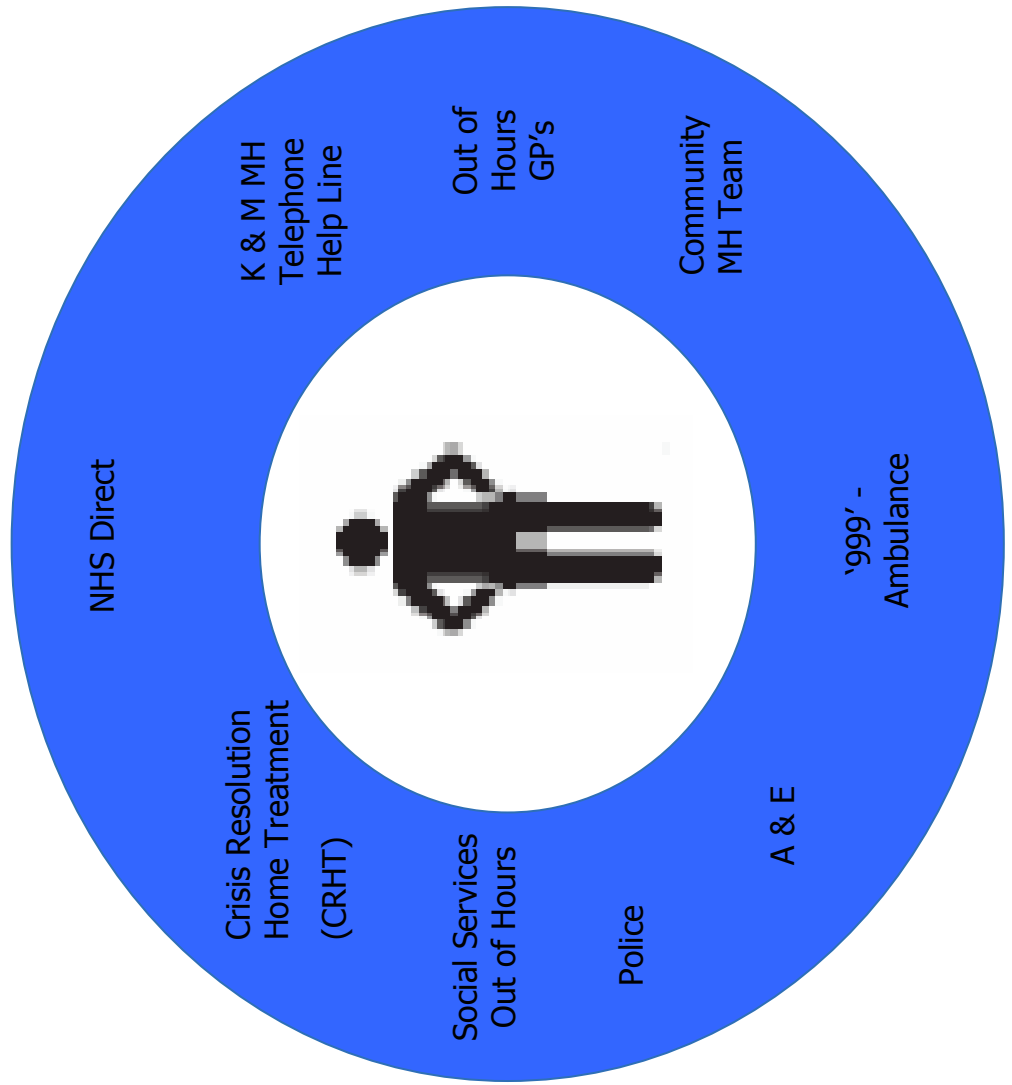
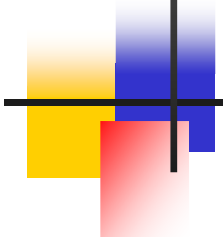
Lauretta Kavanagh

Director of Commissioning for Mental Health
Kent and Medway PCTs

Mental Health Services Commissioned



Access to Support Out of Hours



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