

MAIDSTONE BOROUGH COUNCIL

Community, Leisure Services and Environment Overview & Scrutiny Committee

MINUTES OF THE MEETING HELD ON TUESDAY 10 SEPTEMBER 2013

Present: Councillor Mrs Blackmore (Chairman), Mrs Gibson, Mrs Joy (Vice-Chairman), Mrs Mannering, D Mortimer and Yates.
Councillors

Also Present: Councillor Mrs Grigg

37. THE COMMITTEE TO CONSIDER WHETHER ALL ITEMS ON THE AGENDA SHOULD BE WEB-CAST

RESOLVED : That all items on the agenda be web-cast.

38. APOLOGIES

It was noted that apologies for absence had been received from Councillors Brindle, Munford, Mrs Parvin and Vizzard.

39. NOTIFICATION OF SUBSTITUTE MEMBERS

Councillor D Mortimer was substituting for Councillor Vizzard

40. NOTIFICATION OF VISITING MEMBERS/WITNESSES

Councillor Mrs Grigg was present as a Visiting Member and member of the Working Group for the Health Inequalities Mental Health review which was to be the focus of the evening's meeting.

41. DISCLOSURES BY MEMBERS AND OFFICERS

There were no disclosures.

42. TO CONSIDER WHETHER ANY ITEMS SHOULD BE TAKEN IN PRIVATE BECAUSE OF THE POSSIBLE DISCLOSURE OF EXEMPT INFORMATION

RESOLVED: That all items on the agenda be taken in public as proposed.

43. MINUTES OF THE MEETING HELD ON 13 AUGUST 2013.

RESOLVED: That the minutes of the meeting held on 13 August be approved as a correct record and duly signed.

44. ACCESSING MENTAL HEALTH SERVICES BEFORE THE POINT OF CRISIS REVIEW.

The Chairman welcomed:

- Dr Bob Bowes, Chairman of the West Kent Clinical Commissioning Group (CCG);
- Dr David Chesover, GP Member of the West Kent CCG;
- Meuthia Endrojono-Ellis, Head of Mental Health Commissioning, West Kent CCG;
- Jenny Walsh, Services Manager, Maidstone Mind; and
- Andrew Scott-Clark, Director of Public Health Improvement, Kent County Council (KCC).

Dr Bowes, Chairman of the West Kent Clinical Commissioning Group (CCG) provided a brief overview of the CCG's current position. He explained that it had identified the gaps and challenges faced by the workforce. There was a need to improve the quality of provision and to closely monitor services. It was working towards improvements by opening up access to services and reducing waiting lists.

A service user who wished to remain anonymous was invited to provide evidence to the Committee, the web-cast was paused to facilitate this and was resumed once the service user had been excused from the meeting. The evidence given would be used by the Committee's working group in its final review report on Mental Health.

In response to the evidence provided the Committee questioned the witnesses on the following areas:

- Early intervention was this lacking?
- Fire fighting caseloads; was this the position currently faced by all organisations?
- Were they confident that the GP was the first point of contact and had the capability to deal with Mental Health needs?

Dr Chesover responded by explaining that a GP provided a 24 hour, 7 day a week service through out of hours services. He felt that there was confusion as to whether public were fully aware of this.

Members considered the triage pilot scheme funded by the Department of Health, backed by the Home Office and supported by Norman Lamb MP and whether it had been considered for West Kent. Ms Endrojono-Ellis informed members that something similar was being developed in East Kent to support the Police. She explained that the priority of the West Kent CCG was to work to improve crisis care. It wanted to shift care into the community which was part of its 2014/15 community commissioning priorities.

Jenny Walsh explained Maidstone Mind's position as a Voluntary Organisation. She informed the Committee that people described as 'fit for work' came to them for support as well as those who had fallen

through the gaps or been discharged from other services and could not access counselling or talking therapies. Ms Walsh informed the Committee that Maidstone Mind was a charity reliant on funding. This was going out to tender next year and potentially their funding could stop but they would still be relied on to pick up the gaps in service provision which was a major concern.

Dr Bowes requested information on Maidstone Mind's case numbers in order to be in a position to establish which were not being met by the NHS so that it could be in a position to evaluate numbers, cost and the possible gap to be faced. Further to this Dr Chesover suggested that 1 or 2 case studies be provided.

The CCG told the Committee that it was unaware of the exact need with regards to Mental Health due to the handover from the Primary Care Trust (PCT). Dr Bowes explained that Ms Endrojono-Ellis had been appointed because Mental Health had not been handed over in good order.

The Committee considered the role of Public Health in Mental Health Services. Andrew Scott Clark explained that Public Health was about the prevention of the bigger problem and there were services that could be commissioned. It was about understanding the local need, known triggers for Mental Health crisis included Welfare Reform and deprivation. In terms of prevention, Mr Scott-Clark confirmed there was a need for these types of services to be commissioned.

Dr Chesover informed the Committee that in the past 'essential services' had been planned separately. There would be now a more joined up approach to commissioning with the role of Public Health and the Local Authority, post April 2013. He confirmed that joined up commissioning was starting to happen. Members were informed that the Health and Well-Being Board's (HWBB) role was to establish the way forward by identifying priorities with partners.

Members questioned the issue of one Mental Health professional serving all of Kent as part of its crisis response. It was inconclusive whether or not this was this case. However, witnesses from the CCG explained that the Kent and Medway Partnership Trust (KMPT) had informed it that they were at present unable to meet the national standards for crisis care. The KMPT had come to the CCG with solutions for the way forward which included working towards a single point of access 24/7 and ensuring further, professional support was available.

The needs of the whole population in terms of Mental Health, including those in rural areas of the borough, were considered. The Committee was informed that ways of meeting this challenge included moving services into the community and maintaining the voluntary sector.

Members questioned whether waiting lists could be causing long, term, irreparable damage. It was confirmed that waiting lists were a legacy of the April handover to the CCG but that this was being tackled rapidly. GPs were working hard to ensure patients were seen within the timescales or

would contact colleagues to make urgent provisions dependant on the problem. It was stated that care would be individualised. Their first duty was 'to do no harm' and ensure the patient was seen.

Members raised concerns that early interventions were not being made because of the waiting lists. They were informed that a document was coming out in a few weeks time to GPs detailing all the services available for referral, across child and adult services.

Dr Cheseover told that Committee that every person suffered with Mental Health, it affected 100% of the population not 1 in 4. Mental Health was anything from anxiety to something much more severe that it impacted on a patient's physical health. It was emphasised that the first point of contact should always be the GP who would start the process in the correct way, the CCG as Commissioners supported this view. It was envisaged that a structure would be in place within the next five months. The Committee felt that it would be useful if the CCG returned to update it January for a progress report on this.

The Committee queried the number of GPs with expertise in Mental Health. Dr Chesover told the Committee that it was a valid question to be asked: should we have more mental health specialists? He was not sure that a GP was the right professional level and suggested Nurses as a possibility. It was confirmed that it was an area that would be addressed.

Members considered the role of the Police and their position at the front line of crisis situations. Section 106 of the Mental Health act permitted the removal of someone with a Mental Health disorder from a public place to a place of safety by the police. The Committee felt that it was important to invite representatives from Kent Police to a scrutiny meeting, especially in light of recent media reports that 25% of police time was spent dealing with issues related Mental Health and to examine the level of section 106 issued and whether there was a need to improve relations with partners, to ensure a more rapid responses to acute cases.

The Committee considered other areas that could impact on or attribute to Mental Health service provision. It discussed addiction and the emphasis placed on drugs but not often enough on alcohol. It also identified were those with a history of violence were often turned away from other agencies but were presenting themselves to Maidstone Mind who engaged with them.

The following organisations were identified as possible witnesses for the Committee to engage further with on Mental Health Service provision:

- Kent & Medway NHS Partnership Trust (KMPT);
- Sussex Partnership NHS Foundation Trust;
- Kent Drug & Alcohol Action Team (Kdaat);
- KCA UK, Drug, Alcohol & Mental Health Services;
- Adult Social Care;
- Housing Providers;
- Kent Probation Services;

- Addiction Services;
- Social Services; and
- Kent Police.

RESOLVED: That

- a) The West Kent Clinical Commissioning Group returns to update the Committee in January 2014;
- b) Maidstone Mind provides the West Kent Clinical Commissioning Group with details of the number of caseloads it has and one to two case studies;
- c) That the Committee's further meetings on Mental Health include the following witnesses:
 - Kent & Medway NHS Partnership Trust (KMPT);
 - Sussex Partnership NHS Foundation Trust;
 - Kent Drug & Alcohol Action Team (Kdaat);
 - KCA UK, Drug, Alcohol & Mental Health Services;
 - Adult Social Care;
 - Housing Providers;
 - Kent Probation Services;
 - Addiction Services;
 - Social Services ; and
 - Kent Police.

45. FUTURE WORK PROGRAMME

The Committee considered its Future Work Programme.

Members agreed to cancel its meeting on 8 October 2013 and replace it with the additional, scheduled date on 29 October 2013 at which the Committee would meet as the Crime and Disorder Overview and Scrutiny to interview the Police Crime Commissioner.

The Committee included an update from the West Clinical Commissioning Group in its Future Work Programme, in line with its review timetable.

RESOLVED: That

- a) The meeting on 8 October 2013 be cancelled; and
- b) An update from the West Kent Clinical Commissioning Group be included in its Future Work Programme in line with the Committee's review timetable.

46. DURATION OF MEETING.

6.30 pm to 8.40 pm