CANNOCK CHASE COUNCIL

MINUTES OF THE MEETING OF THE

HEALTH SELECT COMMITTEE

MONDAY, 21 AUGUST, 2006 AT 3.30 P.M.

IN THE CIVIC CENTRE, BEECROFT ROAD, CANNOCK

PART 1

PRESENT: Councillors:

Beddows, J. (Chairman)
Molineux, G.N. (Vice-Chairman)

Alcott, G.	Jones, R.
Davis, Mrs. M.A.	Whitehouse, Mrs. G.M.

By Invitation: Dixon, D. I. – Staffordshire County Council Representative
Johnson, Mrs. J. A. – South Staffordshire Council Representative
Miles, Ms. N. – Mid Staffs General Hospitals NHS Trust
Mrs. M. Rogerson, Primary Care Trust
Martine Tarakaniec, Area Team Leader for the West Midlands, Healthcare Commission
Willson, R. – Patient and Public Involvement Forum

(Apologies for absence were received from Councillors S. M. Hewitt and C. Mitchell and Mrs. D. Evans, Lichfield District Council Representative)

The Chairman apologised for cancelling the meeting scheduled for 19 July, 2006 which had been due to lack of items on the agenda. He explained that amendments had been made to today's agenda and the Committee would now be receiving a presentation on the Role of the Healthcare Commission from Martine Tarakaniec, Area Team Leader for the West Midlands. The Report of the Health Scrutiny Review of Lichfield and Tamworth Joint Health Scrutiny Committee and presentation would be received at a future meeting of the Committee.

7. Declaration of Interests of Members in Contracts and Other Matters and Restriction on Voting by Members

Member	Nature of Interest	Type
Davis, Mrs. M.A.	Member of Staffordshire Ambulance Trust	Personal

8. Minutes

RESOLVED:

That the Minutes of the meeting held on 6 June, 2006 be approved as a correct record.

9. Appointment of Representative to Staffordshire County Council's Health Scrutiny Committee

The Chairman explained that the Committee needed to appoint a representative to Staffordshire County Council's Health Scrutiny Committee due to Councillor G. Alcott's resignation. He thanked Councillor Alcott for the many years he had represented the Health Select Committee at the County.

RESOLVED

That Councillor Mrs. G. Whitehouse be appointed as the representative of the Health Select Committee to the Staffordshire County Council's Health Scrutiny Committee.

10. Presentation by Martine Tarakaniec, Area Team Leader for the West Midlands on the Role of the Healthcare Commission

Martine Tarakaniec explained that the Government had introduced 32 standards of Healthcare. The Healthcare Commission was committed to making a real difference to the delivery of healthcare and to promote continuous improvement for the benefit of patients and the public. The Healthcare Commission was made up of the following four regions:-

- London and the South East
- South West
- Central
- North

Martine Tarakaniec gave an overview of the staffing structure of the Central Region and informed the Committee that she was the Area Team Leader for Staffordshire, Shropshire, Birmingham and the Black Country with three Senior Assessment Managers and three Assessment Managers reporting to her.

The Healthcare Commission's statutory role was assessing and monitoring the provision of health care, including public health in the NHS and independent sectors. They were required to regulate and carry out annual inspections of independent healthcare providers. The Commission's staff provided information, advice and assistance in support of the annual health check. They supported sharing of learning and best practice and worked with local healthcare organisations and patients' and community groups

It was considered that the annual ratings of NHS Trusts would enable a more informed picture of local NHS healthcare organisations to be provided.

The West Midlands North Caseload was made up of:–

Independent Sector	NHS
63 registered establishments	33 NHS Trusts
28 Lasers and Lights	17 PCTs
13 Acute Hospitals	12 Acute Trusts
5 Adult Hospices	2 Mental Health Trusts
3 Children's Hospices	2 Ambulance Trusts
4 Private Doctors	
1 Hyperbaric Unit	
4 Dialysis Units	
5 Mental Health Hospitals	

Complaints which NHS Trusts could not resolve were considered by the Healthcare Commission with the more serious complaints being investigated by an Investigations Team in Manchester.

The Commission endeavoured to build up relationships with Trusts to help reduce the burden of inspection on healthcare staff. The Commission also co-ordinated the work undertaken by other regulators to help reduce duplication.

In 2005/06 assessments would be carried out to ascertain if core standards and existing targets were being met. Improvement reviews would be undertaken to ensure progress was sustained and new national targets met.

In October 2005 a draft declaration was made by Trust boards outlining if core standards were being met and those where compliance was not clear. If there were significant lapses action plans needed to be in place to overcome them.

The Commission invited comments from patient and public forums, overview and scrutiny committees and strategic Health authorities.

In October/November 2005 cross checks were carried out on the draft declaration against

- comments from third parties
- from the wide range of information available
- intelligence from complaints and investigation work
- NHS staff and patients' surveys
- Other regulators findings.

The checks identified those Trusts most at risk at not meeting the core standards and follow up work undertaken to rectify the situation.

From November 2005-April 2006 selective follow ups were undertaken on the Trusts at risk (approx. 10%) where checks had raised concern on some standards and random spot checks on a further 10%. If serious problems were found an immediate investigation would be launched.

From April-September 2006 cross checking as before and selective inspection of Trusts at risk were undertaken, plus more random spot checks, a total of 20% of Trusts were visited.

The core standards assessment time table was as follows:-

Oct 2005	Nov 2005	Nov 05-Jan 06	April 2006	May 2006	May-July 2006	Sept 06
Draft Declaration	Cross checking	Selective follow up	Declaration A public statement of compliance: plus third party comments	Cross checking Declarations and performance data compared	Selective inspection Assessment of adequacy of local assurance 1 – Risk based 2 - Random	Reporting Via annual review/ Rating and possible qualifications of declarations

The core standards applied to all PCT activities including services provided directly, by independent contractors and those commissioned from other providers.

The PCTs should take appropriate action when standards were not being met

The Commission was developing

- criteria for feeding other findings into ratings
- ways to measure best practice in developmental standards,
- assessment of leadership and capacity
- assessment of local targets
- ways to access the views of disadvantaged communities

The new annual performance rating would be based on a four point scale as below, which would include ratings for components.

Core Standards Existing Targets	Overall Rating Use of Resources New National Targets Improvement Reviews
Fully met	Excellent
Almost met	Good
Partly met	Fair
Not met	Weak

The Commission had published an agreement, the Concordat, between the main healthcare inspection, review and audit organisations which committed each organisation to minimising disruption and duplication.

The Committee expressed concern that if hospitals were given foundation status there would be less controls on them, any member of the public could apply to become a Governor and that elected Members, who represented their Ward constituents, only had the same opportunity. Members also expressed concern at the lack of clarity of the role of overview and scrutiny once a hospital was given foundation status.

Ms. N. Miles, informed the Committee that full public consultation would take place on the proposed Constitution for the Mid Staffs General Hospitals NHS Trust. It was important to get representatives from the local community and Councils on the membership. Hospitals would need to promote their quality of services provided as where patients were treated, controlled the finance received.

Martine Tarakaniec provided telephone/email contact details to the Committee and further information could also be obtained on the Healthcare Commission's website, www.healthcarecommission.org.uk.

The Chairman thanked Martine Tarakaniec for the presentation and the Committee requested that an update be provided to a future meeting.

11. Adult Mental Services Strategy Report

Consideration was given to the report of the Cannock Chase (Multi-Agency) Local Development Forum (Enclosure 6.1 – 6.33 of the Official Minutes of the Council).

Marion Rogerson, representing the Primary Care Trust, gave an overview of the report and the need for a strategy to be developed with respect to mental health. A summary of which is attached at (Annex A).

She explained that Cannock Chase Primary Care Trust (PCT) had a catchment population of 128,948, 67% of which were adults between the ages of 16-64, and approximately £12.25m was spent annually on providing mental health services. At any one time 17% of adults would have a mental health problem, which in Cannock Chase equated to 15,000 people. Unemployed people were twice as likely to suffer from depression than those who worked.

Patients considered that General Practitioners did not always listen to them. Mrs. Rogerson reported that the Life Skills Courses had proved beneficial to those who had attended them.

The Committee were concerned that people with mental health problems were sometimes held in police cells as there were less places in hospitals.

Nadine Miles reported that £80m funding was being made available by the Government to provide intensive care units, which were seen to be a type of 'half way house'.

The Committee requested that an update be provided in 12 months time on adult mental health services and whether the service to patients being treated in the community had improved or declined.

The Chairman thanked Marion Rogerson for attending the Committee and for providing the comprehensive information.

12. Work Programme for Health Select Committee 2006/07

Consideration was given to the Work Programme (enclosure 7.1 – 7.3 of the Official Minutes of the Council).

RESOLVED

(A) That the Work Programme be approved, subject to additional items being included when further consultation documents became available.

(B) That an update be provided on the Healthcare Commission to a future meeting of the Committee.

(C) That an update be provided in 12 months time on Cannock Chase Primary Care Trust's Adult Mental Health Strategy.

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CHAIRMAN

Cannock Chase (Multi-Agency) Local Development Forum

Mental Health (MH) Strategy

Marion Rogerson

(co-author Karen Smith)

Cannock Chase NHS
Primary Care Trust

Why develop a Strategy?

- Essential element of Commissioning which involves:
  - Developing Vision / Strategy
    - User and Carer Opinion Involvement + Health Needs Assessment
    - Mapping current Services, Finances and Policies
  - Consulting with public and professionals
  - Strategic and Operational Planning
  - Tendering /Purchasing /Contracting
  - Performance Managing / Evaluation and Review
- Cyclical process

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Primary Care Trust

Cannock Chase PCT Background

- 128,948 registered individuals in PCT
- 87,000 (67% Adults – aged 16-64)
- Circa £12.25m on Adult Mental Health Services

Cannock Chase NHS
Primary Care Trust

Mental Health some facts and figures - Nationally!

- At any one time 17% of adults will have a mental health problem
  - In Cannock Chase this equates to circa 15,000 people
  - 500 will have a probable psychosis
- 25% of GP consultations are for Mental Health
- 90% of mental health care is delivered in Primary Care
- Groups at risk of developing M H Problems include:
  - Unemployed people who are twice as likely to have depressions as people in work
  - People who have been abused, in violent relationships, have drug and alcohol problems
- Work related stress affects 1 in 5 workers and is biggest occupational health problem in the UK (cost UK circa £3.8 billion in 1995/96)

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Nationally recognised that at the moment there is:

- **A Focus on secondary care services**
  - Small numbers
  - High cost/High risk
  - Single local provider
  - Discharge difficulties
- **Limited partnership working**
- **Patchy investment in community based services**
  - Blocked care pathway
  - Serious gaps in prevention
- **Little emphasis on primary care role in health promotion, diagnosis and assessment**

Major unmet need

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Transition

Vision is about shifting mental health services (and therefore investment) from delivery by and in specialist (stigmatised / isolated) settings, to working in partnership with locally based partner organisations to deliver primary and secondary preventative services, including diagnosis, assessment and treatment in Primary Care and as close to the patient's home as possible.

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Future should look like this:

- Focus on integrated partnership working

-Across NHS services
-With social care
-With not for profit and private sector organisations

- Health promotion
- Greater investment in improved practice-based primary care services for diagnosis, assessment, more treatment and care options
- Investment in more community-based care management
- Changing focus of investment in in-patient services

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Stigma and Discrimination relating to peoples mental health

- Limit people's aspirations and can make it difficult to work, access services, participate in communities and enjoy family life
- Can affect people long after the symptoms have been resolved
- Fewer than four in ten employers say that they would consider employing someone with a history of mental health problems
- A third of people with mental health problems report having been dismissed or forced to resign from their job
- In one survey, 44% of people with mental health problems felt that they had experienced discrimination from GPs, while 18% said that they would not disclose their condition to a GP.

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Cannock Chase – The Process of Developing our Strategy

- Discussions with:
  - The Public through the local Citizens Panel
  - "Users" with Severe and Enduring Mental Health Problems at one day event and through their "story telling"
  - Members of the Local Development Forum, Staff who work in Specialist Mental Health Services and Voluntary Sector
  - Knowledge of Primary Care Mental Health Services
  - Others

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What did we find?

- Citizen's Panel Report told us:
  - 18.4% of people would be worried about discussing a MH issue with their GP
  - People with MH problems would prefer to be seen in their own GP practice/centre
  - Access information from GP, Specialist centre, mental health telephone help line,mental health team in that order
  - Preferred treatment approaches – develop individual coping strategies (67%), talking therapies (53.1%), Medication (34.4%), Attend drop in centre for advice (33.9%), Physical exercise (33.2%)

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Consultation Event

- Understanding of commissioning
- Enthusiasm
- Need for Interagency Discussions and Training – group set up

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Users of Specialist Mental Health Services stories told us we need to:

- Value service users and their carers by:
  - Listening to patients, identifying MH problems earlier and providing immediate and appropriate treatment in primary care
  - Preventing admissions, readmissions and suicides
  - Giving patients appropriate information and choice about their Medication and Care plan
- Provide better Inter-professional working including between:
  - Different parts of the NHS
  - Health and other services including Housing, Voluntary Sector services

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Local Development Forum

- Specialist Mental Health Services told us about :
  - Integrated Mental Health Teams
  - Assertive Outreach
  - Early Intervention
  - Crisis Assessment and Home Resolution Team
  - In Patient Beds

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Voluntary and not for profit sectors include:

- MIND
- Making Space
- Staffordshire (Free) Mental Health Helpline
- Carers' Association
- Rethink
- Advocacy
- CAB

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Knowledge of Primary Care Mental Health Services

- GPs in the area – average list size is 2,027 with 2,941 as highest and 1,235 as lowest
- No GPs with a special interest or enhanced services contracts
- No triage
- 2 and a half time MH Professionals working in Primary Care – MH Education + Books on Prescription and Life Skills
- Health Promotion

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Other

- Long stay – large costs if go out of area or into private sector placements (Between £300 and £5000 a week per placement)
- There are other services not based in Cannock including Employment
- Rehabilitation services need development
- Social Services – Cannock not funded same as North Staffordshire
- Prescribing

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From now:

- Share information with Practice Based Commissioning Consortia
  - Local Service Improvement Agenda for Primary Care and Specialist Services – inter organisational issues – education and training
  - Local Service Development Agenda – identify resources or
    - Primary Care including Triage
    - Rehabilitation and Housing – redesign and investment
- Discuss potential models and change management programme including ensuring that we implement new policies such as – Choosing Health and Our Health, Our Care, Our Say .

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