

Health Overview and Scrutiny Committee

Thursday, 10 March 2016, Council Chamber - 10.00 am

Minutes

Present:

Mr A C Roberts (Chairman), Mrs J L M A Griffiths, Mr P Grove, Ms P A Hill, Mr A P Miller, Prof J W Raine, Mrs M A Rayner, Mr G J Vickery, Mr T Baker, Dr B T Cooper, Mrs F S Smith, Mr A Stafford and Mrs F M Oborski

Also attended:

Sue Harris, Worcestershire Health and Care NHS Trust
Mark Dickens, Worcestershire Health and Care Trust
Zelda Peters, Worcestershire Health and Care NHS Trust
Jenny Dalloway, Worcestershire County Council
Carol Rowley, Worcestershire Health and Care Trust
Judith Aldridge, Friends of Link Nurseries

Jodie Townsend (Democratic Governance and Scrutiny Manager) and Emma James (Overview and Scrutiny Officer)

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts for Agenda item 5 (circulated at the Meeting)
- C. The Minutes of the Meeting held on 27 January 2016 (previously circulated).

(Copies of documents A and B will be attached to the signed Minutes).

771 Apologies and Welcome

The Chairman welcomed everyone to the meeting. Apologies had been received from Cllr Wood-Ford.

772 Declarations of Interest and of any Party Whip

In relation to Agenda item 5 (Adult Mental Health Transformation), Cllr Phil Grove declared a personal interest as Leader of Malvern Hills District Council.

773 Public Participation

Judith Aldridge from the Friends of Link Nurseries was present and the Chairman requested that she speak to the Committee as part of Agenda item 5, which made reference to services delivered at Link Nurseries.

774 Confirmation of the Minutes of the Previous

The Minutes of the meeting held on 9 December 2015 were agreed as a correct record and signed by the Chairman.

Meeting

775 Adult Mental Health Transformation

In attendance for this agenda item were:

Worcestershire Health and Care Trust (The Trust)

Sue Harris, Director of Strategy and Business Development

Mark Dickens, Deputy Director of Operations and Adult Mental Health and Learning Disability Services

Zelda Peters, Mental Health Transformation Lead

Integrated Commissioning Unit

Jenny Dalloway, Lead Commissioner for Mental Health and Dementia

Carol Rowley, Commissioning Manager

The Chair introduced the main agenda item, which was to provide an update on all developments relating to Adult Mental Health Transformation, with more specific focus on those associated with Secondary Care Community Services and Inpatient Services.

Issue of Link Nurseries

Before the update on Secondary Care and Inpatient aspects of Adult Mental Health Services, Judith Aldridge, a member of the Friends of Link Nurseries was invited to share her concerns about the potential closure of the Nurseries. HOSC members had also been provided with a copy of a letter to the Chair from Harriet Baldwin, Member of Parliament for West Worcestershire, which urged the HOSC's consideration of the matter. (Link Nurseries is a horticultural therapy centre, a vocational service in Malvern Link, run by Worcestershire Health and Care Trust. As a result of savings targets and developments for Employment and Reablement Services, the current vocational centres will be replaced by an outreach model.)

Ms Aldridge spoke about the role and success of the Friends group in raising funds and awareness for this community provision, which was viewed very positively. Observations about the way in which the removal of funding had been handled included the fact that news on 1 October of the potential closure had been communicated through a whistleblower. Although the consultation workshops had been positive, it was felt that they were 'just paying lip service' and that the intention was to close the nurseries. The centre served very vulnerable people, who were very distressed about the situation. A steering group meeting on 18 December had been constructive and encouraging, but it was felt that the Trust had fallen back on the offer of support to help

develop a business case (to enable the nurseries to continue as a social enterprise). It was felt unrealistic to expect the Friends group to be able to set this up within such a short time frame. The HOSC was urged to encourage more consideration from the Trust.

HOSC members acknowledged the financial pressures, but expressed concern about the potential loss of Link Nurseries. Cllr Raine expressed great concern and pointed out that should he be elected as Chairman of Malvern Hills District Council, he intended to make mental health a priority.

Cllr Grove declared an interest in his role as Leader of Malvern Hills District Council, and urged that compassion be shown to the Friends of Link Nurseries group.

The Director of Strategy and Business Development acknowledged the difficulty of the situation for everyone involved. The scale of savings required in Adult Mental Health, made it inevitable that the redesign plans had needed to take this into account, and look at how things could be done differently and which parts needed to be retained? The key factors for Employment and Reablement Services were to retain experienced staff and choice for service users, based on what they had said was important to them – services such as Information Technology and woodwork, and not just horticulture. The Trust was conscious of its duty of care to service users, and had ensured that each user had a phased plan, worked to their needs.

The Trust was not in a position to write a business case to enable Link Nurseries to continue independently, but was very clear that it was always willing to look at any opportunity, and had provided information on costs involved and had extended deadlines. At this stage the Trust was looking for an early indication of a potentially viable business model, and was conscious of striking a balance between providing support, without misleading people that the service could run and run. Any delay also made savings targets even harder.

Employment and Reablement Service Redesign Update

An update was provided on plans for outreach activities in the community, the viability of which was an area of concern during HOSC's December 2015 discussion of Employment and Reablement Service redesign plans. Progress was being made and plans now included use of Fairfield Community Centre in Worcester for 23 current Link Nurseries attendees, and use of Orchard Place for

15 clients, also linking with the Old Needleworks creative craft centre in Redditch. It was important to note that the service was one part of someone's recovery plan, with other support available.

Commissioners had had greater involvement in the issue of Link Nurseries, and Cllr Wells, local member for Powick, had provided some funding from the councillors' divisional fund scheme towards developing the basis for a business case. The difficulty was in finding someone capable and able to lead such a project; the involvement of the Trust itself was around provision of the estate.

Primary Care Mental Health Services and Secondary Care Community Services and Inpatient Provision

The NHS representatives provided further information via a presentation.

As HOSC was aware, there were significant changes taking place across mental health services; the changes were very complex and the aim was to bring specific areas to HOSC, whilst also highlighting some of the wider issues.

The HOSC had looked at the broader changes taking place in mental health services at its November 2015 meeting, and focused on Employment and Reablement Services in December. The Trust had commenced a lot of exciting work locally around Primary Care, the detail of which also helped to explain changes planned for Secondary Care.

Co-production planning on Secondary Care had started in February 2016, with early headline themes emerging in March 2016. Next steps would include scoping options and more formal consultation, including with the HOSC.

New enhanced Primary Care Service

HOSC members had received a briefing note in October 2015. Primary Care Services were those accessed through a GP, which, traditionally, were not always provided and were inconsistent. Early intervention at this level was important as it could avoid the need for later, specialist care.

Commissioners had commenced broad engagement, with over 1300 organisations and individuals, with fairly consistent messages reporting back around the need for more support and consistency, and simpler referrals - via a GP but also being able to self-refer. The vast majority

wanted face to face support, although a significant number (20%) would be happy with phone support, and a similar number with online access. The vast majority wanted support during 9am-5pm hours, with some people expressing a preference for evenings, but very few for weekends.

Using this feedback, and by mapping out where people currently requested support, a single model was planned, which would give quicker and easier access to services and treatment, and which also invested in the voluntary and community sector. Previous services had been based around three commissioner prescribed models.

It was estimated that one in four people experienced a mental health problem at some stage and approximately 5,000 people accessed Worcestershire's Mental Health Services at any one time.

Redesign plans were evidence based and reflected national best practice.

A single point of access had been a key message, which would be delivered through a Well Being Hub, based at Wildwood (Worcester), including a website and provision to signpost people to appropriate support. This was a very new, exciting direction. Support would be given to GP practices, with mental health practitioners attending GP surgeries.

A lot of work had taken place to implement the new model, which it was hoped would be in place by April 2016.

The financial challenge

The difficulty was that there was no additional funding to implement the new plans for Primary Care, and 2016/17 represented a particular financial challenge; commissioners required the Trust to save 4% from Mental Health Services - £940,000 in total, including £479,412 for Secondary Care, as part of a national programme (Quality, innovation, Productivity and Prevention Programme). Savings of £410,000 from the Community Mental Health Teams were also required as part of the Council's own Future Lives Programme. It was therefore necessary to redirect funds from Secondary Care to finance the changes to the Primary Care redesign – which had also been the catalyst for a redesign of Secondary Care.

The total savings through redesign during 2016/17 would be £1,889,412 and the total Mental Health savings to be

made during the same year would be £2,350,000, out of a budget of around £30 million (£23,500,000 Health and £8,000,000 Social Care).

Secondary Care Redesign

Funding of the affected services which needed to be re-designed were £6,400,000 spent on Community Mental Health Teams, £3,430,000 on affected Inpatient Services and £2,155,311 on home Treatment.

Inpatient and Community Services needed to be clinically effective, safe, compliant with the Care Quality Commission, and in line with commissioner and patient expectations; services needed to save money and work within available resources and be implemented within clear time lines.

The Mental Health Transformation Lead explained the make up and role of Secondary Care. Community Mental Health Teams provided Specialist Assessment and Treatment Community based services for people with severe and/or enduring mental illness. Acute In-patient wards gave inpatient assessment and treatment of people with acute episode mental illness. Home Treatment Teams were an alternative to hospital admission to a psychiatric ward and facilitated early discharge for admitted patients.

Certain specialist services had been identified as being out of scope for redesign.

Co-production of services had started, and feedback from three workshops would be reflected on at a fourth session – it was clarified that participants had attended from across Worcestershire and not just the three locations referred to.

Emerging principals for the redesign included the need for consistent staff with time to listen, clear information, holistic working with patients and their families, talking therapies – not just medication, and for inpatient wards to only be used by those who really needed them, and to offer activities and calm spaces.

Recurring themes from the workshops were:

- reduce Inpatient Acute Wards
- In-patient Wards with a clear function
- alternative provision in the form of locally available Crisis Beds or Safe Houses and Recovery/Rehab focussed Step Down
- increased and improved Home Treatment Teams

- Specialist Community Mental Health Teams with a clear function and remit to provide services to patients with serious mental illness

Other themes included a desire for more peer support, drop-in centres, better links to housing and substance misuse services, caseload review, depot clinics in primary care, better integration across all mental health services, improved access, admission and discharge, clarity of what each part of the service offered and consideration of Healthwatch Worcestershire's recommendations.

Next steps would include analysis of feedback themes, Trust Board assurance (April), project planning and developing options (April – May), formal consultation (May-July), and it was hoped to implement plans over October to December 2016. The HOSC's views at this early stage were appreciated and there would be further opportunity. It was important to make savings in a planned way, taking account the views of those involved.

Main discussion points

- It was important that those contacting the Well Being Hub at Wildwood by phone were promptly responded to. Reassurance was given that while the Well being Hub would centralize telephone access, patients would visit centres within their localities.
- It was important that new access and self referral did not lose clinical oversight, to ensure that people were directed to appropriate services.
- Assurance was given that clinicians would front consultation on the finalised model. The vast majority of GPs had undertaken specialist mental health training, and further details would be provided on this.
- Mental health needs related to domestic abuse would be incorporated into the engagement process, although access to more specialised services like this, were being further explored.
- Some HOSC members continued to have concerns about the increased role for the voluntary and community sector (VCS) and wanted more detail about the types of organisations involved, capacity, suitability, risk assessment and funding. It was confirmed that arrangements with the VCS would be based on formal contracts with associated quality assurance, such as one planned with Community

First for Primary Care, and it would not simply be the case of shifting services across without associated funding, although some organisations were not looking for money. Expressions of interest were being sought - this was the start of doing things differently, something which had been much talked about.

- Mental health needs related to domestic abuse would be incorporated into the engagement process, although access to more specialised services like this was being explored.
- It was important that consultation was not aimed at getting pre-determined responses, for example about the opening hours of a service.
- Consideration was being given to extending cover for mental health needs on wards.
- Consideration of costs and outcomes was important, although physical health was much more advanced in this area than mental health – one observation was that elsewhere people tended to spend more time at home, which was more cost effective.
- Mental Health Home Treatment usually lasted around six weeks, initially with three visits a day and quite long sessions. Worcestershire's Teams had recently been named as one of the best in the country, based on user feedback.
- Transfer of mental health patients to A&E was unfortunately necessary at times but patients would often be accompanied by staff.
- A HOSC member was disappointed that the session had not conveyed the real difficulty of mental health for patients and their families. She gave the example of a young man in need who had recently been found dead in a bus shelter in her constituency, having earlier knocked on nearby doors for a glass of water - how would support be changing? It was pointed out that outcomes would be clearer as the planning process evolved, but the current system was not working and change was necessary. Detailed reports from the workshops could be shared with HOSC members.
- From April, the Trust would no longer have responsibility for services to prisons, although it was stressed that mental health was everyone's business, and liaison with partners would be important in shaping plans. It was hoped that the redesign would help clarify roles of all partners involved in mental health care.
- Services which had been left out of the scope of

the Secondary Care redesign were those which were particularly small, were statutory, or had already undergone redesign or cuts.

- Use of medication and/or talking therapies depended on the level of mental health issue involved – by making primary care more accessible and preventative, less people would need secondary care.
- Concern was expressed that an area of apparent priority was losing £2million from its budget. Commissioners acknowledged the difficulties, which were a symptom of public sector funding, although working differently did not necessarily require more funds.
- Several HOSC members paid tribute to the redesign work, which was clearly challenging.

Summing up, the Chairman acknowledged the willingness and difficulty of commissioners and providers, in consulting with the Health Overview and Scrutiny Committee at an early stage. The discussion had included some concerns about areas where plans were not yet fully developed, which it was hoped would be clarified by future updates, however early plans pointed to a better clinical model for primary and secondary mental health care.

Concern had been expressed about some consultation sessions and the importance of *real* consultation was emphasized.

It was requested that the next update include to evidence on clinical ownership of the new model, statistics on service use to validate the proposed redesign and also further detail about the voluntary and community sector.

In relation to the representation made from the Friends of Link Nurseries, and the letter from MP Harriett Baldwin, the HOSC had not reached a consensus view, although Committee members representing the Malvern Hills District were understandably supportive. HOSC's discussion (of the Employment and Reablement Service – another part of the Adult Mental Health Transformation plan), at its 9 December 2015 meeting, had not been unsupportive of more county-wide provision, and had acknowledged the need for financial savings. Some concerns had been raised about the consultation regarding Link Nurseries, which it was important to learn from.

The Chairman suspected that should the Trust receive

£250,000 funds, (the amount of savings required), it would not choose to redirect funds to Link Nurseries, and this was confirmed by the representatives present.

However, HOSC members were all concerned that a valuable resource may be lost and urged every effort and patience to ensure that it was able to continue.

776 Health Overview and Scrutiny Round-up

From Kidderminster, concern was expressed about media reports of the possible closure of a GP-led Unit at Kidderminster Hospital. The scrutiny team would check this situation with commissioners, as a matter of urgency.

Cllr Grove raised concern about the impact on patients of the on-going junior doctors' strikes. Consideration would be given to scrutiny of this issue.

From Redditch, concerns were reported about use of the community telephone number for cancer patients, and around patient experience – referencing Cllr Hill's experience of trying to access physical treatment for a ligature wound of a patient in mental health care.

777 Developing an Overview and Scrutiny Work Programme

The Democratic Governance and Scrutiny Manager explained that the 2016/17 scrutiny work programme was being developed and that the Overview and Scrutiny Performance Board had agreed that this would include greater consultation with various groups, stakeholders and the public.

Health Overview and Scrutiny members were invited to suggest topics, and the following were put forward:

- Extension to the temporary changes to maternity, neonatal and gynaecology services – members were concerned that the extension made the temporary change more permanent, although the situation was complex as this was also the intended direction of travel. Clarification would be sought about the latest position and an update was due at the next meeting
- Annual Public Health Report for Worcestershire – suggested by the new Interim Director of Public Health
- Domestic Abuse – following a recent presentation from West Mercia's Rape and Sexual Abuse

Support Centre to Scrutiny at Worcester City Council's

- Remit of the Health and Well-Being Board
- Sustainable Transformation Plans (Worcestershire working with Herefordshire to plan health and care services)
- NHS 111 Service
- Role of community hospitals and relationship with acute hospitals
- Care UK
- Dentistry

The meeting ended at 1.05 pm

Chairman