

Minutes of: HEALTH SCRUTINY COMMITTEE

Date of Meeting: 16th March 2017

Present: Councillor S Kerrison (in the Chair)
Councillors P Adams, N Bayley, J Grimshaw, A McKay, M D'Albert, O Kersh, J Mallon, Susan Southworth and R Walker

Also in attendance: Dr Jeff Schryer, Clinical Lead Mental Health, Bury CCG
Shirley Allen, Programme Manager, Dementia, Bury Council
Cath Tickle, Senior Commissioning Manager, Bury CCG
Jon Hobday, Public Health Consultant
Marcus Connor, Corporate Policy Manager
Julie Gallagher, Principal Democratic Services Officer

Public Attendance: 6 members of the public were present at the meeting.

Apologies for Absence: Councillors Haroon and Hussain

HSC.605 DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC.606 PUBLIC QUESTION TIME

The Chair invited questions from members of the public present and the following questions were raised:

Mr Coates a member of the public asked the following question

"Given that the CCG's consultation survey:

1. dishonestly reports the results of its "engagement" survey, 2. does not consult about the key issue of whether the Walk-in-centres should be closed or kept open, 3. fails to mention in the question about the phone help line that the first contact will be with the unpopular NHS111, and 4. words every one of its questions asking for the public's opinion of its proposals in a way which is clearly leading,

I would like to ask the representatives of the CCG: [if they are present]

a. whether, when the consultation is re-started, you will replace the current survey with one that genuinely tries to establish the public's view of your proposals, and if not:

b. are you are not ashamed of the dishonesty of your consultation, and

c. how can you expect a public which you clearly hold in contempt to have any further trust in you?"

The Principal Democratic Services Officer reported that as no member of the Senior Leadership Team from the CCG was present, the question would be forwarded on to them for consideration and a written response would be compiled and sent on to Mr Coates within five working days.

In respect of the Committee Mr. Coates expressed concern that the online survey would form a major part of the review and asked for the Committees views on this. Responding on behalf of the Committee, Chair Councillor Kerrison reported that, the Committee had in the first instance received information in respect of the engagement exercise undertaken. The Health O&S Chair met with the Chair of the CCG to discuss the consultation arrangements. At the meeting held on 7th February the Committee reserved the right to receive details about the outcome of public consultation before it makes its response so that the response can be informed by patient and public opinion.

The Principal Democratic Services Officer reported that the consultation on Bury's proposed future model for urgent care is to be paused to allow NHS Bury Clinical Commissioning Group a chance to consider a new directive aimed at improving urgent and emergency care nationally.

It was agreed:

Democratic Services would liaise with Bury Clinical Commissioning Group to obtain a response to the Public Question raised by Mr. R. Coates. Once received, the response will be circulated to members of the Health Overview and Scrutiny Committee.

HSC.607 MINUTES

It was agreed:

That the minutes of the meeting held on 7th February 2017 be approved as a correct record.

HSC.608 MENTAL HEALTH THEMED UPDATE

- **Parity of Esteem**

Dr Jeff Schryer, Clinical Lead for Mental Health, Bury CCG attended the meeting to update Members on the work undertaken on behalf of the CCG with regards to parity of esteem. The presentation contained the following information:

There is a national requirement that Bury CCG increases expenditure in Mental Health by at least the same percentage as the CCG overall growth. Bury CCG growth 2017/18 is 2.01%; 2018/19 is 1.99%.

Dr Schryer reported that the CCG would want to ensure Mental Health services are not disadvantaged as a result of other competing pressures, mental health expenditure in the CCG in 2016/17 was cica £31.5m.

Dr Schryer reported that work is already underway and that includes planned investments in Children and Young People's Services (refreshing plan with stakeholders including Local Authority); investments in Learning Disabilities and Dementia, working with local providers to ensure patient safety and working with third sector to improve local services.

Recent investments include, safer staffing on wards, early Intervention in Psychosis, Rapid Access Interface and Discharge Service (RAID) and telephone street triage; health minds; big white wall project.

Dr Schryer reported that there is an acute transformation pilot to support the crisis pathway and avoid hospital attendances and admissions. This will include:

- Next day clinics staffed by RAID practitioners
- Supported discharge team
- Increase in capacity in the Home Treatment Team
- 7 day Community Therapy Programme
- Clozapine Initiation Clinic in the community

Dr Schryer reported that there has been a number of recent investments via the voluntary sector including grants to Turning Point, Groundwork and Earlybreak.

Questions were invited from those present at the meeting and the following points were raised:

In response to a Member's question, the Clinical Lead for Mental Health reported that the majority of patients would complete a talking therapies session within eighteen weeks. Once completed the practitioner would look at the patient's need and how they have responded to the treatment before deciding what course of action to take next.

With regards to only 15% of patients with depression accessing psychological therapy support, Dr Schryer reported that this is a relatively new service and it is hoped this will increase to 25% by 2020/21.

Dr Schryer reported that mental health service providers are actively engaged in providing training to police officers in how to recognise members of the public who may be in distress as a result of a mental health condition.

In response to a Member's question Dr Schryer reported that funding for projects in the voluntary sector are usually for two years. The providers

must evidence how the work undertaken relieves pressure in other areas of the NHS as well as evidence outcomes.

In respect of funding for mental health services, the Commissioning Manager reported that the CCG is working with a number of different agencies to better recognise mental health problems before they escalate to crisis point. The Director of Public Health reported that one of the workstream within the Locality Plan is the Children and Young People's Plan, the aim of this work is to take a holistic approach to tackling mental health including providing support for the whole family.

- **Dementia**

Shirley Allen, Programme Manager Bury Council attended the meeting to provide members with an update with regards to the work being undertaken to support people in the Borough suffering from Dementia. The presentation contained the following information:

The Programme Manager reported that 1773 people have received a diagnosis of dementia and the forecast prevalence of people who may have dementia in Bury is 2041. Of 397 people referred for a dementia diagnosis in 2015 – 70% received a diagnosis and of these only 12 waited for longer than 6 weeks for their diagnosis.

The Programme Manager reported of those people with a diagnosis – 362 are receiving home care, 383 are receiving care in a residential setting and 1032 are receiving neither. Hospital admissions for people with dementia are 42.5% per 1000 and 16.2% were re admitted to hospital these figures are the best in Greater Manchester. The Length of stay is 11.1 days per admission, the Programme Manager acknowledged that there is some improvement required in this area.

The Programme Manager reported that the key is to provide a person centred approach and this should be at the heart of good dementia care.

Dr Schryer reported that the role in primary care is to assess, diagnose and manage 'non-complex' cognitive impairment/dementia in primary care without referral to the specialist Memory Assessment Service (MAS). Primary care clinicians are now expected to manage their patients along the whole pathway in the same way as other long-term conditions.

Dr Schryer reported that each practice has appointed a named Dementia Clinical Lead (DCL) a comprehensive ongoing education programme for DCLs – led by consultants and other specialists including Dementia Adviser Service has been established.

The Dementia Advisor Service is an integral part of the redesigned pathway, the service provides information covering diagnosis, signposting to available support, coping strategies and planning for the future for people with dementia and their carers.

Dr Schryer reported there is a great deal of work underway to up skill GPs to better understand Dementia. GPs, Opticians and Pharmacists will be aligned to Care Homes to improve consistency in care and also to try and keep patients out of hospital, where appropriate.

In response to a Member's question the Programme Manager reported that replacement care can be offered for someone suffering with Dementia, if it is identified within the person's personal support plan.

- **Children and Young People's Plan**

Cath Tickle, Senior Commissioning Manager Bury CCG attached the meeting to provide Members with an overview of the Children and Young People's Plan. The plan was published in November 2015 and details the local strategy to meet these objectives and improve health and wellbeing outcomes for our children and young people. Since publication the CCG has:

1. Commissioned a new community eating disorder service, which will soon operate from Bury town centre.
2. Developed and recruited to a new 'link worker' role within the Healthy Young Minds Team. The two link workers provide mental health advice, guidance and support for schools and other services – better enabling prevention and early help.
3. Implemented the Single Point of Access.
4. Begun co-working within the new Neighbourhood Hubs.
5. Commissioned specific support from local 3rd Sector organisations including Early Break and Homestart.
6. Significantly reduced waiting times for Healthy Young Minds (CAMHS).
7. Continued to work closely with GM colleagues to develop crisis resolution and liaison services.

The Senior Commissioning Manager reported that the current plan will be refreshed and republished by the end of March 2017.

With regards to concerns raised, the Senior Commissioning Manager reported that the workforce needs to adapt and work in partnership and be more alert to identifying those in need of mental health support. The CCG work with vulnerable groups including Looked after children and young carers to understand their needs and any support they may require.

- **Suicide update**

Jon Hobday, Public Health Consultant attended the meeting to provide members of the Committee with an update in respect of the scale and cost of the problem, to raise awareness of the key factors; what is happening to address this and what more can be done.

6 key areas for actions

- Reducing risk of suicide in high risk groups

- Tailoring approaches to improve mental health in specific groups
- Reducing access to means of suicide
- Providing better information and to support those bereaved or affected by suicide
- Supporting media to delivering sensitive approaches to suicide and suicidal behaviour
- Supporting research, data collection and monitoring
- Reducing rates of self harm as a key indicator for suicide

The Public Health Consultant reported that a recent Greater Manchester Suicide Audit identified key themes and factors which included; Social isolation; physical health conditions; relationship problems and breakdowns; job loss, job issues, and long term unemployment; financial problems including benefits and debt. Drugs and alcohol was a common theme with some very high intake of alcohol.

The Public Health Consultant reported that suicide rates in Bury have been reviewed, audits have been undertaken as to what activities each agency is doing to reduce/prevent suicide. A suicide multi agency action plan has been developed.

It was agreed:

A sub group of the Health Overview and Scrutiny Committee will be established to review the Bury Suicide Prevention Action Plan.

HSC.609 URGENT BUSINESS

There was no urgent business reported.

**Councillor S Kerrison
In the Chair**

(Note: The meeting started at 7pm and ended at 9.25pm)