

ITEM 4

Commenced – 6.00 pm
Concluded – 8.08 pm

Adults and Public Health Overview and Scrutiny Board

11 November 2013

Present: Councillor Dhindsa (Chair)
Councillors Harwood, Jennings, J Khan, Pegg, Skelton, Turner and
L Winter

In attendance: Councillor Tittley

Councillor Pegg was not present during consideration of minute numbers 33/13 to 35/13 inclusive.

27/13 Apologies for Absence

Apologies for absence were received from Councillor Webb.

28/13 Late Items

There were no late items.

29/13 Declarations of Interest

There were no declarations of interest.

30/13 Minutes of the meeting held on 23 September 2013

The minutes were agreed as a correct record and signed by the Chair, subject to the addition of Councillor Skelton's apologies.

31/13 Call-in

There were no items.

32/13 Review of Mental Health Services

Further to the Board's statutory health scrutiny responsibility (which enabled it to review and scrutinise any matter relating to the planning, provision and operation of the health service in the city) the board received a presentation from the Chief Executive and Deputy Chief Executive/Chief Operating Officer of the Derbyshire NHS Foundation Trust regarding the provision of mental health services in the city of Derby. The board had received answers to questions which it had submitted to the trust prior to the meeting.

It was reported that there was a correlation between economic downturn, high numbers of unemployment and an increased demand on mental health services. Specifically there was a link between the areas of the city experiencing increased levels of deprivation and higher numbers of mental health-related problems. Statistics suggested that although the number of recorded suicides had decreased on a national scale, they had increased locally. With regards to the number of reported cases concerning young people who had self-harmed, the city also ranked within the top ten places in the country. In addition, trends suggested that the population was living for longer, thus a significant increase in long term conditions and cases of dementia was anticipated by the trust. The Chief Executive regarded both the current and future demand on mental health services as enormous.

It was acknowledged that performance within mental health services was difficult to measure, as it was not easy to define when a patient could be deemed as having fully recovered and there were often many underlying issues which required attention. The board discussed the Honos scores relating to mental health services recorded by the trust, which were included on page 3 of appendix 2 to the report.

The board explored the effectiveness of the joined up working model used by the trust to provide mental health services, for example its work with the Safeguarding board and school nurses to combat bullying, which took place both in person and across social media platforms. It was acknowledged that there were gaps in mental health services caused by a lack of funding and budget savings made by local authorities. An example of this was the supply of psychological research relating to young people. It was reported that a focus on early intervention remained critical in the field of mental health services. The board was informed that a liaison service, aimed at young people, operated at the Royal Derby Hospital to enable practitioners to make early assessments. There were higher numbers of young people with mental health problems in Derby than in other comparator areas but Derby ranked among the lowest spend per head in an area of prime concern.

The board understood that Derbyshire had a population of approximately 1m people, from which an estimated 250, 000 people would experience some form of mental health problem. The board recognised that the language used to refer to mental health problems and to explain experiences of the same would be important in improving understanding within communities and improving the level of successful early interventions. In addition to an improved knowledge and understanding of mental health within commissioned services, the trust endeavoured to facilitate interventions within the wider society. The trust believed that training people within the community, for example, to recognise and advise upon mental health issues would prove effective in treating a wide range of people and providing the opportunity for early intervention, especially within groups that historically have been difficult to reach. The Deputy Chief Executive explained that the trust was moving away from a model which had a number of front line specialist workers, to a model which had a greater number of liaison posts. Some specialist services would remain available in central locations. In this model, the liaison posts would be empowered to undertake assessments during first contact with service users.

The board considered the system of referrals within mental health services and noted the trust's focus on engagement, enablement, experience and equalities. With

regards to access to services, a local mentoring scheme was also discussed, whereby people within the community were being trained to increase awareness of mental health problems and possessed the power to make direct referrals to the health service. The scheme had proved popular and particularly effective at increasing knowledge within minority communities.

The links between physical fitness and mental health were explored by the board. It was reported that the trust had worked closely with local football clubs to publish informative articles in the programmes distributed to supporters. In addition, the football kit worn by the players promoted understanding of mental health issues and access to mental health services. The board endorsed the positive link between sport, exercise and mental health within the community.

In response to questions from the board, the Deputy Chief Executive confirmed that there were a relatively high percentage of people within the criminal justice system who had required assistance from mental health services. The board discussed the role of health champions within prisons and the support available to people upon release from prison.

The board was informed that, with regards to service delivery, the trust had maintained its green rating from the Care Quality Commission. The Chief Executive reassured the board that input from service users, including their experiences, was central to the trust's work and continuing improvement.

With regards to the impact of reduced funding, the trust described the ways it was trying to provide innovative solutions. Out of area care, for example, was relatively expensive but necessitated by the pressure on ward capacity. The trust believed that encouraging the care of people within their own community was beneficial to their recovery. For this reason, the trust was trying to improve its relationship with providers in the voluntary sector.

The Chief Executive drew the board's attention to quality performance indicators within the report, which evidenced the trust's motivation to continue improving the provision of its mental health services.

Resolved to:

- 1. Request Derbyshire Healthcare NHS Foundation Trust to provide further detailed information about problem hotspots (which wards and communities are most affected by mental health problems) key issues and what is being done to address them.**
- 2. Encourage the Trust to continually inform statutory, voluntary and community organisations about the causes of mental health problems and assist them to identify possible actions that could be taken to address those issues.**
- 3. Request the health commissioners to encourage greater dialogue between agencies with a view to identifying gaps in services which have emerged as a result of budget cuts and developing innovative ideas to address them.**

- 4. Request further information regarding the number of prisoners with mental health problems who had been referred to mental health services following their release from prisons serving the city of Derby area.**

33/13 Review of Walk-in Services – Consultation Options

The board considered its response to a consultation regarding two walk-in services in the city; a nurse led walk-in centre based at Osmaston Road and the Open Access Centre operating from St Thomas Road. The board noted that during 2012, the two centres between them had treated more than 80,000 patients. It was explained that without these centres, it was likely that accident and emergency services would have come under even more pressure. Contracts for both centres had been aligned and extended to March 2015, allowing the Clinical Commissioning Group to conduct a detailed review.

The board was informed that figures had been provided by both walk-in centres which indicated the following:

- 97.5% of patients at the GP led walk-in centre were discharged following the service they received;
- 43% of patients at the nurse led walk-in centre were discharged following the service they received; and
- 57% of patients accessing the service at the nurse-led walk-in centre were referred elsewhere following their attendance.

Resolved to:

- 1. Recommend that both the walk-in centre based at Osmaston Road and the Open Access Centre operating from St Thomas Road are kept open.**
- 2. In addition to point one above, recommended an upgrade of the Osmaston Road centre to provide General Practitioner (GP) led walk-in services. The board is mindful of the increasing pressures experienced by the city's main accident and emergency department and believes that the provision of a GP led service at the walk-in centre would help to reduce the number of patients being referred on to the emergency department from this centre and reduce duplication of scarce resources.**
- 3. Record that the board does not support the co-location of walk-in services with the city's central accident and emergency department as it believes that the current locations provide better access for patients. The board notes that this option is also opposed by the Royal Derby Hospital, who stated their position during a member visit to the emergency department.**
- 4. Encourage greater publicity of the availability of walk-in services, to raise awareness amongst the public and encourage greater usage.**

34/13 Feedback from Recent Events

The board reviewed a recent visit which it had undertaken to the emergency department at the Royal Derby Hospital. The board discussed the pressures experienced by the department and possible mitigating measures which could assist to relieve those pressures. Of particular concern to the board were the available ward

space and the recruitment of accident and emergency consultants. The board noted that facilities located on London road were being used to alleviate the pressure on ward space. In addition, the board understood that although there was funding available to support the recruitment of consultants, the position seemingly remained an unattractive option for prospective candidates when compared to the recruitment of consultants in other departments. It was noted that this issue not only affected the city of Derby, but was also a national problem. The board expressed a desire to ask the health minister what action could be taken to encourage the recruitment of accident and emergency consultants.

Discussion ensued regarding the night time economy and the Cardiff model for violence prevention, in which anonymous information was gained from patients admitted to accident and emergency with violence-related injuries. The model was intended to prevent violence and reduce the alcohol-related burden on emergency services. The board understood the importance of the Community Safety Partnership using the information received, together with police data to understand and address factors contributing to violence. The board asked the council to check that it was receiving this information and implementing targeted preventative measures accordingly.

The board reflected on its recent meeting with Derbyshire County Council's Health Improvement and Scrutiny committee, during which it reviewed both the assessment and discharge of frail and elderly patients. The board believed that demand for hospital services in this area merited the provision of a 24 hours a day and seven days a week service rather than the current 9.00am to 5.00pm weekday service.

Resolved to note the report and recommend that the Health and Wellbeing board investigates whether there is scope for the Clinical Commissioning Group to fund an extended service, dealing with the assessment and discharge of elderly and frail patients.

35/13 Council Cabinet Forward Plan

The Board considered the Forward Plan, which was published on 8 October 2013.

Resolved to request that the consultation results in relation to the Review of Day Support for Older People (reference number 16/13) be presented at the meeting due to be held on 20 January 2014.

MINUTES END