



Health Scrutiny Panel

Minutes - 12 March 2015

Attendance

Members of the Health Scrutiny Panel

Cllr Greg Brackenridge
Cllr Claire Darke (Chair)
Jean Hancox
Cllr Jasbir Jaspal
Cllr Milkinderpal Jaspal
Cllr Peter O'Neill
Ralph Oakley
Cllr Daniel Warren

Employees

Viv Griffin	Service Director - Disability and Mental Health
Jonathan Pearce	Graduate Management Trainee

Part 1 – items open to the press and public

Item No. *Title*

- 1 Apologies**
Apologies for absence were received from Councillor Evans and David Hellyar.
- 2 Declarations of Interest**
There were no declarations of interest received for this meeting.
- 3 Minutes of the previous meeting (15 January 2015)**
Resolved:
That the minutes of the meeting held on 15 January 2015 be approved as a correct record and signed by the Chair.
- 4 Matters arising**
There were no matters arising.
- 5 Mental Health Commissioning Strategy**
Noreen Dowd, Interim Director Wolverhampton Clinical Commissioning Group, introduced the Mental Health Commissioning Strategy report which is the joint strategy of the Local Authority and the CCG. She outlined how the CCG has been successful in a national funding process and is part of a small group of applicants that will receive funding to support mental health goals. This funding will be used for tier three and four services.

The Interim Director WCCG drew the Panel's attention to the healthy levels of funding Wolverhampton receives to support mental health, particularly in comparison to its main neighbour, Sandwell. Mental health investment is substantial; nonetheless, there is still need to find best value for money.

The Interim Director WCCG explained how the previous mental health strategy (2010-15) was no longer fit for purpose: diagnosis is not to a high enough standard and there are issues relating to the single point of access structure. A new design will be introduced based on patient choice; this will be a step care model that coordinates with the Better Care Fund. Its major focus will be prevention, re-ablement and recovery, achieved by building community services for people with mental health issues. Sarah Fellows, Mental Health Commissioning Manager WCCG, outlined a case study of the new strategy summarising the need for prevention, choice of care and the steps model. The strategy aims to provide constant community support in order to prevent mental health crises blocking the health service.

Cllr O'Neill sought clarification about whether people could be sectioned under the Mental Health Act even if there was no immediate bed capacity. He voiced concern that if individuals were not taken into care they could become involved in more harmful situations that may require police involvement and this may then lead to arrests. The Interim Director WCCG explained the number of beds should not be an issue: care must be provided for individuals in need of mental health services. She noted that the crisis concordat has materialised as a result of similar concerns, to ensure people don't end up in police custody when they should have received treatment. She added that the concordat has shared pathways with other agencies meaning the same strategies are used consistently. Performance data and statistics are available to evidence the positive impact of the crisis concordat.

Cllr Jaspal expressed concern that patient choice of care ultimately depends on what care is available in the area. He also questioned the validity of mental health assessments by phone. The Interim Director WCCG reassured the Panel that protocols are in place to ensure assessments are conducted thoroughly. Non face-to-face assessments are also not that common.

Cllr Darke queried how the CCG is monitoring its services. This is done through a range of ways, such as:

- quality review and monitoring services
- contract specifications based on outcomes
- monthly meetings with main provider
- monthly and quarterly reviews with performance indicators
- quality visits
- unannounced visits
- CQC inspections

Cllr Darke also queried how service delivery is held to account. The Interim Director WCCG explained there are clear mechanisms in place, such as:

- Reporting to Health and Wellbeing Board - where Better Care Fund proposals are considered
- Monitoring the number of emergency mental health admissions
- Reporting to the CCG's Joint Health And Social Care Board, the Transformation Commissioning Board

- National reporting

Cllr Brackenridge sought reassurance about how mental health issues are being addressed in relation to younger people and schools. Viv Griffin, Service Director for Disability and Mental Health, outlined the role of the Headstart Programme, which has been adopted by 18 schools in Wolverhampton. The programme helps staff build 'resilience skills' into pupils, and has also been shared with police, parent groups and educational psychologists. Its key focus is to help staff identify the early signs of mental health issues in children and then support them, to prevent problems escalating.

HealthWatch members sought reassurance about CAMHS and how children move into adult mental health care. The Service Director for Disability and Mental Health explained children will not be moved into adult services until they are ready. CAMHS funding will also link with adult services.

Cllr Darke queried whether specialist services would be supported by the new Mental Health Strategy. The Interim Director WCCG explained there has been an issue previously of a disjoint between the CCG and NHS England when delivering care - this will be improved upon. She stressed the value of the new model's emphasis on community support and how this could help hard to reach groups.

Recommendations

- 1) To note the Mental Health Commissioning Strategy report.
- 2) To receive performance data that highlights the impacts of the crisis concordat.

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Decommissioning and Disinvestment Policy

Claire Skidmore, Chief Finance and Operating Officer Wolverhampton Clinical Commissioning Group (WCCG), introduced the Decommissioning and Disinvestment Policy report. She explained the CCG needs to make £37 million in savings over the next five years; the need for finding value for money in services is therefore of great importance. She added that the CCG has been engaging with stakeholders about this policy to ensure that its decisions are transparent and just.

Cllr O'Neill queried the CCG's criteria for starting a consultation exercise. The Chief Finance and Operating Officer WCCG explained there are a range of factors, but mainly a significant service change influences decisions about consultation. HealthWatch members sought reassurance about this process. The Chief of Finance and Operating Officer WCCG reiterated that the CCG Governing Body makes decisions about disinvestment after receiving a range of feedback. All CCG expenditure is reviewed based on best value for money. HealthWatch members voiced concern that decommissioning will lead to the unequal provision of treatment depending on location. The Chief Finance and Operating Officer WCCG reassured the Panel that factors such as location are taken into account by the CCG when services are reviewed. A current example of where equal provision of treatment is considered is that Wolverhampton CCG has signed an agreement with partner CCGs (Birmingham, Black Country, Stafford) to ensure that "Procedures of Limited Clinical Value" are commissioned equally across the region.

Recommendation

- 1) To note the report.

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Musculoskeletal (MSK) Services Consultation

Sharon Sidhu, Solutions and Development Officer Wolverhampton Clinical Commissioning Group (WCCG), introduced the MSK consultation report. She explained the CCG's proposed model will be more patient journey focussed and better for money.

The CCG has undertaken early pre-engagement work to determine how patients feel the service can be improved. This has helped form the CCG's consultation document and proposal. The CCG intends to run its consultation from 16 March 2015 to 18 June 2015. Most of the events and contact points have been arranged, but it is expected more groups will become involved when the consultation begins.

HealthWatch members queried how the consultation will be advertised. Solutions and Development Officer WCCG confirmed documents will go live on 16 March (following the Panel's endorsement) and will be circulated in libraries, health centres, and GP surgeries. Technology and social media will also be used to publicise the consultation. The CCG will also use a database of contacts to target certain groups as well as seeking support from HealthWatch. The consultation will be published on the CCG's website, and the Solutions and Development Officer WCCG will return to the Panel after its completion to present a summary report.

Recommendations

- 1) To endorse the Musculoskeletal Services consultation (16 March 2015 – 18 June 2015).
- 2) To receive an outcome report after the conclusion of the Musculoskeletal consultation.