

**MAIDSTONE BOROUGH COUNCIL
TUNBRIDGE WELLS BOROUGH COUNCIL**

**MINUTES OF THE MAIDSTONE AND TUNBRIDGE WELLS
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
MEETING HELD ON THURSDAY 17 NOVEMBER 2011 AT THE
TOWN HALL, TUNBRIDGE WELLS**

- PRESENT:** Councillor Elliott (Chairman)
Councillors Basu, Mrs Crowhurst, Mortimer, Mrs Paterson and Yates
- Mike McGeary (Overview & Scrutiny Officer, Tunbridge Wells Borough Council)
Orla Sweeney (Overview and Scrutiny Officer, Maidstone Borough Council)
Ryan O'Connell (Corporate Projects and Overview and Scrutiny Manager, Maidstone Borough Council)
- Witnesses:
Lauretta Kavanagh, Director of Commissioning for Mental Health and Substance Misuse for the Kent and Medway PCT Cluster
Dr Kuran Coonjobeeharry, GP in West Kent
Phil McSweeney, QIPP Programme Lead for Mental Health, NHS Kent and Medway
Dr Alison Milroy, GP Mental Health Lead in West Kent
Jess Mookherjee, Assistant Director/Consultant in Public Health, NHS Kent and Medway
Helen Wolstenholme, Communities and Health Manager, Tunbridge Wells Borough Council
- Other attendees:
Cate Boland, Kent LINK Development Worker (Mid Kent)
Mark Fittock, Kent LINK Governor, with responsibility for improving mental health services

1. Apologies

Apologies were reported from Councillor John Wilson (Portfolio-holder for Community and Leisure Services, Maidstone Borough Council) and from Jim Boot (Community Development Manager, Maidstone Borough Council).

2. Notification of Visiting Members

Councillor Cunningham, (Portfolio-holder for Health, Wellbeing and Rural Communities, Tunbridge Wells Borough Council), had given prior notice of his wish to attend and speak at the meeting. Councillors Backhouse,

McDermott, Mrs March, Smith and Mrs Weatherly, (all from Tunbridge Wells Borough Council), had given prior notice of their wish to attend the meeting, but not to speak.

3. Disclosure by Members and Officers

a) Disclosures of interest

Councillor Yates declared a personal interest in minute 6 below, on the basis that he was a member of the Age Concern (Maidstone) Management Committee.

Councillor Basu declared a personal interest in the same minute as a retired consultant pathologist and former employee of the NHS.

b) Disclosures of lobbying

There were none.

c) Disclosures of whipping

There were none.

4. To consider whether any item should be taken in private because of the possible disclosure of exempt information

Resolved: That all items be taken in public.

5. Minutes of the meeting held on 4 August 2011

Attention was drawn to minute 9 (Maidstone and Tunbridge Wells NHS Trust: Quality Report 2010/11), under which it had been resolved that the Joint Committee should be provided with conclusive information indicating the reduction in C difficile and MRSA cases to date. It was reported that, although no further response had been submitted by the witnesses, information on this aspect was available on the Trust's website.

The Chairman also drew attention to Minute 12 (Future Work Programme), under which it had been agreed that any work by the Joint Committee looking at elderly care provision in the two Boroughs could not be commenced until 2012/13. It was suggested that, as a first step, representatives from the Care Quality Commission could be invited to attend a meeting in the Spring, and report on current issues. This proposal was supported by the Joint Committee.

Resolved:

- (1) That the minutes of the meeting of the Maidstone and Tunbridge Wells Joint Health Overview and Scrutiny Committee held on 4 August 2011 be agreed as a true record and duly signed by the Chairman; and
- (2) That a meeting of the Joint Committee be convened in the Spring, at which representatives of the Care Quality Commission be invited

to report on the outcome of their reviews into care for elderly people within the two Boroughs.

6. Adult Mental Health Services

The Chairman explained that the Committee had been convened in order to consider the progress made against a wide range of recommendations and commitments in respect of adult mental health services.

There were two principal sources of assessing progress, the Joint Committee heard. First, there was a list of 12 recommendations made through this Joint Committee as a result of its work in 2010, which were directed at NHS services, as well as local authorities, i.e. Kent County Council (working in partnership with the Primary Care Trusts (PCTs)), as well as Maidstone and Tunbridge Wells Borough Councils. These recommendations were set out in Appendix A of the agenda report.

Secondly, an extract had been provided from the 'Live it Well' Strategy – a strategy for improving the mental health and wellbeing of people in Kent and Medway, published in 2010 and covering the period up to 2015. Within this strategy, 10 commitments existed, each with its own statement of what the cluster of Kent PCTs and Kent County Council (Social Care) planned to achieve in 2010/11. (Each commitment, it was noted, had a further set of actions which would be achieved 'over the next five years'.)

The agenda report added that each of the 10 commitments came with 'measures of success'. Progress made with each commitment was to be monitored: (a) against those measures of success; (b) from feedback with people who use mental health services and their carers; and (c) from key quality targets included in contracts.

This list of commitments, including a statement of what had been planned as a priority in 2010/11, was set out as Appendix B in the agenda report.

A number of key representatives from the PCTs had agreed to come and talk to the Joint Committee about the progress made against the recommendations and priority actions. The full list of witnesses is set out above.

The first set of responses related to Appendix A, i.e. the list of recommendations made through this Joint Committee in 2010.

Recommendation 1 related to local authorities: *Local authorities embrace the Time to Change Campaign as a route to tackling the stigma attached to mental health disorders.*

Helen Wolstenholme advised that the previous Portfolio-holder at Tunbridge Wells BC had fully endorsed the 'Time to Change' campaign, which was still being actively promoted via the authority's website. In respect of Maidstone BC, the Joint Committee heard that they had undertaken a 'Wellbeing week' for all staff (which had included a stress

survey of staff) and had supported a similar initiative at Swale Borough Council.

Councillor Cunningham enquired how central Government funding for the 'Time to Change' campaign had been spent. It was noted that although the majority of this funding had been spent at a county level as part of the 'Live it Well' Strategy, some had been invested at a more local level, to help with specific initiatives.

Recommendations 2 to 9 came within the remit of the PCT Cluster for Kent:

Recommendation 2: *The PCT engages with local authorities in the development of its Wellbeing Strategy.*

Mrs Mookherjee reported that the Wellbeing Strategy had been developed at a West Kent level two years ago and was still in place. She advised that 40% of the funds spent on 'wellbeing' were focused on mental health service provision.

Mrs Mookherjee advised that the over-riding operational document was the 'Live it Well' Strategy, although each local team had a mental health wellbeing plan in place. It was from the 'Live it Well' Strategy that the Change for Life and healthy passport initiatives had been developed, members were advised.

Mrs Mookherjee added that the next steps in this work included the establishment of an 'engagement' steering group; local authorities would be invited to be part of this, she advised.

Recommendations 3 and 4: *Information on voluntary, community, public and private mental health services for all sectors of the community be made more easily available.*

A website be developed, along with an accompanying leaflet, outlining all local mental health services in Kent along with details on how to access these.

In response to these two recommendations, Mrs Kavanagh advised that the priority had been on developing a 'Live it Well' website. She advised that the website had been formally relaunched on 10 October this year, on World Mental Health Day.

The website was designed, members noted, for easy access, to allow people to find out about local services, with a strong emphasis on the community, so that details of locally-based meetings – some of which involving carers and family members – could easily be found.

The issue of providing the same information in leaflet format was raised, for those unable or unwilling to use the website. Mrs Kavanagh advised that, while this format was not currently available, it was planned to

produce such a leaflet as the next stage which, she confirmed, would be available in different languages, on demand.

In response to a member-led suggestion, Mrs Kavanagh agreed that the provision of a leaflet in large print, for those with a sight impairment, or the availability of screen-reading software, was a very helpful suggestion, which she would take back to her communications team to try and implement.

Recommendation 5: The local website referred to in recommendation 4 be advertised in GP surgeries, Gateways and libraries alongside the NHS Choices website and highlighted to GPs new to the area to improve knowledge of services.

Dr Coonjobeeharry confirmed that details about the website were being distributed to all GP surgeries, including via a memory stick, which would provide a link to the website and its easily-accessed information.

Mrs Kavanagh also reported on the emphasis being placed on how best to treat the more prevalent mental health problems within a primary care setting, through the introduction of the 'knowledge transfer partnership'.

Alongside this, Mrs Mookherjee advised that Kent had been chosen to act as a pathfinder site under which pharmacies provided an improved information access point for mental health services.

Mr Fittock drew attention to an earlier recommendation about having a single point of contact for information on mental health services. Mrs Kavanagh had two points to make in response: (i) she undertook to check the NHS Choices website, to see if that concept had been developed; and (ii) she reminded members that the County now operated a 111 telephone service for all non-emergency services, which could be used if anyone enquiring about mental health services was unsure where to seek help.

Recommendation 6: Clarity is ensured over developments or cuts in mental health services to reduce uncertainty over services, which can be worrying for vulnerable patients.

Mrs Kavanagh advised that there was an active network of staff in place, who were constantly aware of changes to mental health services and related issues, who could easily communicate with service users when changes were about to be introduced.

On the general theme of cuts in budgets and services, Mrs Kavanagh advised that the spend of the Kent PCT Cluster on mental health services was lower than the national average. Savings, she added, had been achieved not through any reduction in services but through efficiency measures, like the joint commissioning of services in partnership with the Sussex Partnership Trust.

Mrs Kavanagh also advised that the PCTs were looking to commission mental health services in the acute setting on a 'payment by results' basis in the future.

Dr Milroy added that GP commissioning groups were aiming to protect mental health services through greater efficiency, with the emphasis on providing such services at primary care level.

From a councillor perspective, it was stressed that having access to accurate information about changes in service provision in a timely manner was essential. Mrs Kavanagh acknowledged the importance of this fact and undertook to improve the communication channels with Maidstone and Tunbridge Wells Borough Councils, which exist elsewhere.

Recommendations 7 and 8: Consultations should be in a variety of formats, with short versions available containing only priority questions, to ensure that carers and service users can participate even where time is limited.

Consultation results should be clearly publicised along with proposed follow up actions, including for the recent listening exercise.

Mrs Kavanagh advised that there had been no formal consultations since publication of the review into mental health services in 2010. However, the principle of the recommendation had been accepted fully, she added.

Mrs Kavanagh also reported that the PCTs made good use of the existing network of service users and carers to test out ideas on new ideas or practices affecting service provision. This, she said, was invaluable when testing the results of commissioning work and had the added advantage of providing quick feedback.

Recommendation 9: The following areas of concern are focussed on:

Access to psychological therapies and availability of funding for services which tackle mild to moderate mental illness;

Tackling long waiting lists for talking therapies in order to prevent deterioration of patients' mental health;

Improving access to secondary care for a broader range of patients;

Ensuring an emphasis is placed on listening to the needs of service users in secondary care; and

Improving access to information on patient healthcare, budgets and statistics, in particular via websites.

Mrs Kavanagh advised that, at the time of the original review in 2010, there were long waiting lists for people trying to access 'talking therapies' via their GPs. Since then, the psychology services had been recommissioned, based upon nationally-agreed and approved therapies.

Mrs Kavanagh added that, as part of the service currently provided, structured assessments took place during the course of treatment, with the focus on a patient's pathway to recovery or 'on the road' to recovery.

The outcome from this approach, members were pleased to hear, was that waiting lists had been cleared and were currently sitting at a maximum period of four weeks. In addition, there was now a self-referral service for 'talking therapies', if people preferred not to follow the GP route.

Mrs Kavanagh added that a survey was being conducted of patients' experiences of the service they were receiving, to monitor progress and ensure that the quality of service was being maintained.

Dr Milroy advised that a telephone-based coaching support service was also in existence, which was viewed as often a more helpful provision for men.

The point was made that it must be very difficult to be able to provide sufficient publicity for the range of support services available, particularly the self-referral element. Mrs Kavanagh advised that she would provide the Joint Committee members with the: (i) 'Mental Health Matters' telephone number; (ii) the 'Live it Well' website link; and (iii) the list of local primary care facilities, all of which were significant in terms of accessing information about services available.

A number of visiting members enquired if they could ask the PCT and GP representatives specific questions at this point, which the Joint Committee approved.

Recommendation 10: In the light of evidence that physical activity contributes to good mental health, local authorities and the health trusts should work together to provide exercise on prescription.

(This had been addressed to local authorities and the health trusts.)

Helen Wolstenholme advised that this principle had been very keenly followed up, through the 'Exercise Referral' programme, which formed part of Tunbridge Wells Borough Council's (TWBC) 'Choosing Health' service. Through this, GPs had been able to refer patients to leisure centres in the Tunbridge Wells Borough, run by Fusion Lifestyle. There, physical activity has been provided very successfully in order to help tackle health problems linked to anxiety, stress, depression and other commonly-found mental health conditions. In some cases, Mrs Wolstenholme advised, patients were seeking a second referral for this scheme, via their GPs.

Mrs Wolstenholme added that this referral contract was still running and its capacity had been increased, to take account of both demand and its success. She advised that relevant mental health training had been provided for the Fusion Lifestyle staff at the leisure centres, to raise

awareness of the issue; feedback from this training was tabled for members' information. (A copy of this is attached to these minutes.)

Mrs Wolstenholme advised that TWBC had operated a 'Go!Card' scheme for people on low incomes in the Borough for a number of years, under which people could access the Council's leisure services at a special rate. She added that this scheme was currently under review by TWBC's Communities and Partnerships Select Committee and options for its future development were being explored.

Mrs Wolstenholme was also able to comment on the situation within Maidstone Borough, following the submission of written comments from their Community Development Manager, Jim Boot. The Joint Committee was advised that Maidstone Borough Council (MBC) had initially used health preventative funding to support an exercise referral programme, although this had been re-focused on reducing obesity in people with a BMI of over 28. However, MBC were still seeking funding to reintroduce an exercise referral programme for people with a more general range of health issues, including mental health. Members were also advised that a 'health walks' initiative in that Borough, which operated on an informal referral basis from a range of health practitioners, which had previously been funded, was now continuing on a voluntary basis, with only 'arms' length' support from the authority's Community Development and Parks and Open Spaces teams.

Mrs Mookherjee also reported on the effectiveness of partnership working between the PCTs and local authorities in respect of the 'Change for Life' programme, for the benefit of some mental health patients.

Finally under this heading, Mrs Wolstenholme reported on the success of the waymarking of routes in some of the parks in Tunbridge Wells, which was enabling people to walk or run a specific distance (e.g. one mile, two miles, etc), in support of following a healthier lifestyle.

Recommendations 11 and 12 were directed to local authorities, the health trusts and the third sector.

Recommendation 11: Joined-up working between service providers should be encouraged to ensure seamless and complementary provision of services for the benefit of all members of the public experiencing mental health problems.

Mrs Kavanagh advised that the NHS commissioners consistently worked collaboratively and effectively with their partners. She added that a 'social model of recovery' was as important as the clinical care provided, so there was a good emphasis on support for the families of those receiving mental health services.

Mrs Kavanagh acknowledged that there were still further improvements to make, as some patients were still having to 'tell their story more than once', thus highlighting the need to ensure greater joined up working

between agencies. This, Mrs Kavanagh said, required an even greater focus on care pathways.

Recommendation 12: *Patients should be supported in undertaking voluntary work as a precursor to returning to paid employment.*

Mrs Wolstenholme reported on how Tunbridge Wells Borough Council worked with Voluntary Action West Kent (VAWK) and with the Kent Supported Employment scheme, to draw up a project outline for a programme to help people achieve a return to paid employment. She added that funding for this project had not yet been secured.

Mrs Kavanagh stressed the importance of this aspect, i.e. how much it was a national priority, with a key objective of trying to ensure patients with the most common forms of mental health problems were able to progress from benefit support towards securing paid employment. There was also an emphasis, members noted, on assisting people towards retaining their existing employment.

Mrs Kavanagh added that there was an effective focus on the 'individual placement and support' approach, whereby a programme of recovery was based upon each individual's needs, with services working well towards this end. In response to a question raised about college attendance being a desired outcome, Mrs Kavanagh advised that, in certain circumstances, an individual's needs could easily involve specific knowledge training, through college education.

After a short break, the Joint Committee reconvened, in order to consider Appendix B in the agenda report, namely progress made by the PCT Cluster and KCC against the priority actions set out in the 'Live it Well' Strategy.

Mrs Kavanagh advised that a progress report on the implementation of the 'Live it Well' Strategy had been posted on the NHS Kent and Medway website. A copy of that response is appended to these minutes.

The Joint Committee agreed that, rather than hear evidence on each of the 10 commitments made within the Strategy, they would examine the progress report outside the formal Committee process.

Instead, the Joint Committee decided to consider a number of points raised by the mental health service user, covering the aspects of: (i) the impact of charging for some mental health services; and (ii) what support was planned for mental health patients who would be adversely affected by the Government's welfare benefit reforms.

Mrs Kavanagh responded by saying that issue (i) above related to some KCC social care services, which had been the subject of a summer period consultation process. The specific service was residential care, which would be subject to a financial assessment. Two other services would incur charges, namely employment support and community support. Mrs Kavanagh explained that the rationale behind the charging proposal was

to ensure continuity of service, adding that she believed the impact of the charging policy would be small.

Mrs Kavanagh was asked about what monitoring would be taking place, to gauge the impact of the charges. She advised that KCC would be carrying out an evaluation of the impact of the policy.

On the second issue raised by the service user (impact of the Government's welfare benefit reforms), Mrs Kavanagh admitted that she was not an expert on the detail but she reassured members that the issue had been discussed with service user forums, where a robust message was given that active support would be provided for patients, during the implementation period.

Mrs Mookherjee reported that she did have concerns about the impact of welfare benefit reforms, adding that it might mean that the voluntary sector would become significantly more active in supporting service users.

In summary, the Chairman warmly thanked all the expert witnesses for their attendance, expert input and willingness to engage with the Joint Committee members.

Resolved:

- (1) That the PCT Kent Cluster consider the provision of alternative formats for disseminating information about mental health services, for the benefit of those who have a hearing impairment, blind people and those who are partially-sighted, including (for the last category) software designed to assist easier pc screen reading (Recommendations 3 and 4 above);
- (2) That the PCT Kent Cluster provide an update, within the next six months, on the development of the '111' telephone number as a means of accessing non-emergency mental health services (Recommendation 5 above);
- (3) That the PCT Kent Cluster provide Joint Committee members with an up-to-date understanding of the mental health resources available locally within Maidstone and Tunbridge Wells, for the benefit of councillors being able to pass on relevant and current details to organisations such as Age Concern (Recommendation 6 above);
- (4) That the PCT Kent Cluster provide the patient satisfaction survey results for Joint Committee members in relation to the psychological secondary care services (Recommendation 9 above);and
- (5) That the Kent PCT Cluster provide the Joint Committee members with the alternatives to the 'Live it Well' website contact details, to include: (a) the 'Mental Health Matters' telephone number; (b) the 'Live it Well' website link; and (c) the telephone number for 'primary' mental health care for self-referral (Recommendation 9 above).

7. Duration of the Meeting

2.00 p.m. to 4.30 p.m.