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HEALTH SCRUTINY COMMITTEE

12 SEPTEMBER 2017

PRESENT

Councillor J. Harding (in the Chair).

Councillors Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, R. Chilton, Mrs. D.L. Haddad, J. Lloyd, K. Procter, S. Taylor, Mrs. V. Ward and M. Young (ex-Officio).

In attendance

Peter Forrester	Head of Governance
Cathy Rooney	Director, Safeguarding and Professional Development
Janet Trainor	Head Of Service North Area
Ric Taylor	Lead Commissioner Mental Health and Learning Disability, Trafford CCG
Warren Heppolette	Executive Lead, Strategy and System Development, Greater Manchester Health and Social Care Partnership
Sandy Bering	Strategic Lead Commissioner, NHS Trafford / Association of Greater Manchester CCGs
Helen Gollins	Consultant in Public Health
Julie Burroughs	Specialist Commissioner

APOLOGIES

Apologies for absence were received from Councillors Miss L. Blackburn

10. MINUTES

RESOLVED: That the minutes of the meeting held 1 March 2017 be agreed as an accurate record.

11. DECLARATIONS OF INTEREST

- Councillor Brophy in relation to her employment by Lancashire Care Foundation Trust.
- Councillor Bruer-Morris in relation to her employment within the NHS.
- Councillor Harding in relation to her employment by a mental health charity, and member of the Board of Trustees for Trafford Carers.
- Councillor Chilton in relation to his employment by General Medical Council.
- Councillor Taylor in relation to her employment by the NHS.
- Councillor Lloyd in relation to her position on the board of the Trafford Domestic Abuse service.

12. HEALTHY YOUNG MINDS

The Head of Service for the North Area (HSNA) gave a brief presentation to the Committee on the development of the Health Young Minds (HYM) service. The HSNA informed the Committee that Trafford's previous Children and Adolescent Mental Health Service (CAMHS) had changed to HYM following extensive consultation which began in July 2016. The Committee heard that due to a number of issues, Trafford Council were only just starting to implement HYM which used the Thrive model. Under the CAMHS model, Trafford had suffered from a "Bottleneck" of children being referred to the service and waiting to be contacted. The Thrive model would seek to eliminate this bottleneck by focusing upon maintaining good mental health amongst children and young people rather than focusing upon those with high-level needs.

It was explained to the Committee that HYM would focus upon community based solutions and early interventions. This would involve up skilling staff in schools including teachers and school nurses and would require the engagement of the voluntary sector. The key outcomes of HYM transformation and the benefits that it would lead to were listed within the presentation and included having more effective triage processes and an improved skill mix for specialist CAMHS staff. The HSNA went on to describe the redesign process; three separate user events had been held which helped the team gain information into how the new service should work and the areas to focus upon within the design. The key aspect that the users had stressed was that children accessing the new service needed to be listened to, respected and should have more control over their own care.

Councillors were then given the opportunity to ask questions relating to the service. A number of questions addressed the waiting times for services and the HSNA explained that under the previous system waiting times had been up to over a year and this had been reduced to no longer than 18 weeks. When asked whether that was still too long for someone in crisis, the HSNA responded that the service had a risk assessed structure and those that were in crisis were prioritised and seen much sooner.

Further questions were posed regarding how to avoid children being missed by the service, the skill mix of the service and connections with foster carers. The HSNA provided detailed responses to these queries which included sending the staffing structure of the service to the Committee after the meeting and to deliver a further update to the Committee in six months' time.

RESOLVED:

- 1) That the update be noted.
- 2) That the staffing structure of the new service be sent to Committee members.
- 3) That a further update be provided to the Committee in six months' time.

13. GREATER MANCHESTER HEALTH AND WELLBEING STRATEGY

The Executive Lead, Strategy and System Development (ELSSD) for the Greater Manchester Health and Social Care Partnership (GMMHSCP) gave a presentation to the Committee on the development of the Greater Manchester Mental Health and Wellbeing Strategy (GMMHWS). The GMMHSCP had begun their work through the creation of a number of GM teams which received funding in 2015. These teams worked together to create the vision for the GMMHWS. The vision was to improve adult and child mental health, to shift the focus from care to prevention and to enable resilient communities.

The ELSSD displayed the whole GMMHWS plan on a page. The plan showed the key drivers for change which fed into the numerous work streams which in turn fed into the Strategy. The work streams were broken down into subsections of Prevention, Access, Integration and Sustainability with the priority work streams for years 1 & 2 highlighted for the Committee. The plan listed the five integral strategic golden threads which ran through all of the work streams ensuring that the overarching vision was always in focus. It was explained to the Committee that national priorities for 2017-19 were launched in 2016 and the GMMHSCP had worked to make sure that the GM ambitions and goals were aligned with the national context.

The presentation then covered the commitments that the GMMHSCP had made to residents and the key highlights and achievements that the GMMHWS had delivered to date. The remainder of the presentation was focused upon the investment and funding for the work, the governance for the GMMHWS, and the challenges and requirements for the delivery of the GMMHWS. The funding was split into two sections the first being £77.683M which was to fund work to achieve the five-year targets and £56.225M which was to be used by the 10 Local authorities to transform their services to be able to conduct the work for those targets. Finally, the presentation listed 6 challenges and requirements for the delivery of the GMMHWS which included cultural change and capacity to deliver.

Committee Members were then given the opportunity to pose questions and a number of queries were raised including; the provision of intermediate services between home and hospitalisation, what was meant by resilience in communities and how were the outcomes to be measured. The Committee received detailed responses to their questions. The Chairman of the Committee stated that this was a key piece of work for Mental Health within GM and requested that a further update be provided in 12 months' time.

RESOLVED:

- 1) That the update be noted.
- 2) That a further update be provided in 12 months' time.

14. TRAFFORD LOCALITY PLAN TRANSFORMATION & NEXT STEPS FOR MENTAL HEALTH

The Lead Commissioner Mental Health and Learning Disability (LCMHLD), Trafford CCG delivered a presentation to the Committee. The presentation highlighted the different challenges that Trafford faces when compared to the other GM authorities. The presentation then moved onto the alignment of priorities nationally, regionally and locally, which showed the importance of early diagnosis and prevention to the future provision of care.

The LCMHLD informed the Committee that Trafford CCG spent £32M annually on mental health services and that this was due to increase by at least a further £1.4M in 2017/18. The Committee were told that there was considerable pressure on services within the area especially demand for beds which had led Trafford CCG to placing people outside of the borough with negative impacts for both them and the patient. The LCMHLD highlighted that there were a number of areas where Trafford was performing very well and other areas where they were well below national targets and that it was these areas which required the investment.

The main challenges for mental health services going forward were to decrease health inequality (people suffering from mental health problems died 10 – 20 years younger on average) and the changing provider landscape. The LCMHLD stated that the changes within the provider landscape offered a challenge but also opportunities. The presentation concluded with three slides detailing the new primary mental health and wellbeing team. The presentation showed the new locality model with the staff structure of the teams based in each area of the borough and the benefits to both patients and primary care along with the possible outcomes of the new service.

Councillor Brophy asked a number of in-depth questions following the presentation. The LCMHLD gave a brief response during the meeting but offered to meet with the Councillor outside of the meeting to discuss their points further. Other members of the Committee asked questions about the use of professionals' time, the proof of concept work taking part in the north of the borough, and what was planned for the savings which would be produced. The LCMHLD gave detailed answers to these questions and the Councillors were satisfied with the responses received.

REOLVED:

- 1) That Councillor Brophy meets with the LCMHLD to discuss questions in more detail.
- 2) That a further update be brought to the Committee in six months' time.

15. TRAFFORD SUICIDE AUDIT

The Specialist Commissioner delivered a presentation to the Committee on the Greater Manchester Suicide Audit. The presentation covered the background of the audit, the limitations of the exercise, and the key themes and emerging issues that were identified within the audit. The Consultant in Public Health updated the Committee on the work that had stemmed from the findings of the audit.

The Committee were informed that Trafford were looking at people who were regularly absent from work and those who are attend work when they should be off as both were indicators of stress at work which in turn could lead to more serious physical health issues. The Public Health team were also looking at promoting having a good job as there were high incidences of suicide amongst those in unskilled professions. To combat social isolation, Trafford were encouraging children to play to increase their social skills and encourage parents to be more social.

Committee Members then asked a number of questions including what was being done to aid employees of other companies and organisations, and whether the Council had considered mixing old and young people in care homes. The Specialist Commissioner and the Consultant in Public Health both gave detailed responses to the Councillors queries and the Councillors were satisfied with the answers given.

The Chairman raised a proposal to ask for the Council to endorse a pledge to reduce the number of suicides in the borough to zero which was agreed unanimously by the Committee.

RESOLVED:

- 1) That the Committee as the Leader of the Council to pledge to aims to reduce the number of suicides in the borough to zero.
- 2) That the update be noted by the Committee.

16. GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

The Vice Chairman of the Committee referred Members to the document that had been distributed prior to the meeting and asked if there were any questions.

RESOLVED: That the update be noted.

17. HEALTH UPDATES

The Chairman and Vice Chairman gave updates on the progress of the Committee's task and finish groups covering young people's mental health and loneliness. The Chairman also updated the Committee on the meeting that she had attended with Cameron Ward from Trafford CCG.

RESOLVED: That the update be noted.

The meeting commenced at 6.30 pm and finished at 8.30 pm

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