

Minutes of the meeting of the HEALTH AND ADULT SOCIAL CARE COMMITTEE held on WEDNESDAY 29 JULY 2015 at 7.00 pm

**Present:** Councillors Alexander, Bramall (Chair), Clancy, Coventry, I McCall, Morris, Walker, Wallis, P Williams and H Kirkwood (Healthwatch Representative)

**Officer:** E Richardson (Overview and Scrutiny Officer)

**Also Present:** S Joyner (Service Director [Adult Social Care]), M Scott (Director of Public Health), G Addison (Head of Public Health Delivery), M Hancock (Assistant Director [Joint Commissioning]), Alderwoman J Lloyd (Older Persons Champion) and 1 member of the public

### HASC03 DECLARATIONS

Councillor P Williams declared an interest in Item 5 as he had received a conditional job offer from the Central North West London NHS Foundation Trust (CNWL) and would not, therefore, be participating in agenda Item 5 (HASC05).

### HASC04 MINUTES

RESOLVED -

1. That the Public Health Team be reminded that the Committee had not yet received the additional information requested at the meeting held on 17 March and that they be formally requested to provide the information as soon as practicable (HASC19).
2. That the Committee's Planning Group consider including in the Work Programme an update on progress being made by the Council in working with third sector and minority groups to reduce the current high rate of late HIV diagnosis in Milton Keynes (HASC19).
3. That the Minutes of the meeting of the Health and Adult Social Care Select Committee held on 17 March 2015 and the Minutes of the Special Meeting of the Health and Adult Social Care Committee held on 27 May 2015 be approved and signed by the Chair as a correct record.

### HASC05 MENTAL HEALTH PROVISION IN MILTON KEYNES

#### Witnesses:

L Payne (Managing Director, CNWL-MK), and K Hindhaugh (Mental Health Clinical Director)

Community Health Services in Milton Keynes, including Mental Health Services, were currently provided by the Central and North West London NHS Foundation Trust (CNWL). In February 2015 the Care Quality Commission (CQC) carried out an inspection across all the

health services provided by CNWL in London, Milton Keynes and Buckinghamshire.

The Committee received a presentation from Lorna Payne, Managing Director of CNWL-MK and Keelyjo Hindhaugh, Mental Health Clinical Director at CNWL-MK, which provided an update on the feedback from the CQC on CNWL's provision of Health Services in Milton Keynes.

Ms Payne explained to the Committee that although the initial rating from the inspection had come out as "Requires Improvement", this was because the services provided by the Trust had been rated as a single entity, which skewed local results. When the results relating specifically to Milton Keynes were isolated from the rest of the Trust then the rating could be classed as "Good".

During the ensuing discussion the Committee noted that:

- The lead inspector from the CQC had expressed concern about the way the results of inspections of those trusts which covered a range of services in disparate geographic areas were reported as this meant that local residents could not see the real picture for their area. The inspector had indicated that she would be taking this concern back to the governing body of the CQC;
- Under Section 136 of the Mental Health Act the police had the authority to detain those displaying signs of a mental health disorder in a public place who might be a danger to themselves or others. CNWL had successfully trialled a pilot for 'Street Triage' in Milton Keynes which involved a Community Psychiatric Nurse working with police patrols, initially during the weekend night-time economy, in order to assess, on the spot, the mental health status of those whose behaviour might lead to them being arrested. This had led to a considerable reduction in the use of Section 136 powers by the police in Milton Keynes, preventing unnecessary admissions of people as in-patients at mental health facilities by providing more appropriate care, such as alerting the Home Treatment Team, straight away;
- The Street Triage pilot had proved so successful that in Milton Keynes a Community Psychiatric Nurse went out on patrol with the police every evening. CNWL were also starting to roll out similar programmes to the other boroughs where they provided mental health services;
- A reduction in the already low level of funding for mental health services in Milton Keynes could have a significant impact on the availability of such services, however it was for the local Milton Keynes Clinical Commissioning Group (CCG) to consider service provision and how it was delivered within the resources available;
- CNWL had been putting extra resources into healthcare provision in Milton Keynes over and above the funding from the CCG, but that could not continue for ever. Cuts in funding at the preventative end of mental healthcare services were very short-sighted as good preventive care reduced costs further into the system, particularly acute care;

- Any “must do” actions resulting from a CQC inspection required immediate attention whilst “should do” actions needed to be completed within six months. CNWL had set up a weekly planning forum to manage the process. This had proved to be a successful approach and was being continued for other projects even though the majority of remedial tasks had been completed;
- Of the 3 “must do” remedial actions relating to services in Milton Keynes, 2 had already been completed whilst the final one was being discussed with the CCG before being implemented;
- CNWL was also applying elements of best practice from other boroughs, such as the introduction of single points of access, to services in Milton Keynes, but how much could be achieved was dependent on the level of CCG funding;
- CNWL had recently been working with NHS trusts in the North East and was very aware of good practice elsewhere and was open to the sharing of ideas with other areas.

#### RESOLVED –

1. That Lorna Payne and Keelyjo Hindhaugh from CNWL-MK be thanked for their attendance at the meeting and for the clarity of their presentation. The Committee welcomed the report and was particularly pleased to note the improvements at the Campbell Centre.
2. That the Committee writes to the Care Quality Commission asking them to consider including information on local performance by borough in its inspection reports where the healthcare provider delivers services across a range of disparate geographical areas.
3. That the Committee writes to the MPs representing Milton Keynes asking for their support in lobbying the Care Quality Commission and Department of Health about the presentation of local borough information in the Care Quality Commission’s inspection reports where the healthcare provider delivers services across a range of disparate geographical areas.
4. That confirmation of the current level of funding for mental health services in Milton Keynes be obtained from the Milton Keynes Clinical Commissioning Group and that if these figures give cause for concern compared to the national average, then the Committee writes to the MPs representing Milton Keynes requesting their support in lobbying the Department of Health to address the imbalance.

#### **HASC06 PREVENTATIVE HEALTHCARE IN MILTON KEYNES**

The Committee received a presentation from the Director of Public Health in Milton Keynes and the Head of Public Health Service Delivery which covered the approach to preventative healthcare in Milton Keynes, the effectiveness of local prevention programmes,

including outcomes that are quantifiable and measurable and improvements to the general health of the citizens of Milton Keynes.

The health checks were part of a 5 year rolling programme, concentrating on 40-74 year olds most likely to be a risk from heart disease, stroke, diabetes and vascular dementia. There was also a major local campaign to help people stop smoking as smoking could be a contributory factor in all of the above illnesses. The programme had only started in Milton Keynes in 2012/13, which was later than in other parts of the country, and which had affected the level of funding received from the government for this work.

It was clear that Milton Keynes was not doing as well as the national average and that work needed to be done to improve the position. In the long term spending money on preventative measures was an investment as it saved the NHS money further down the line.

During 2014/15 approximately 19,000 health checks had been offered to residents in Milton Keynes, with a take up of about 44% (8,400 approximately). All 27 GP surgeries in the Milton Keynes area were involved in delivering these health checks. The current programme was designed to reach those most at risk first, using software supplied by Public Health England which analysed existing patient data to identify those most at risk. It was noted that for the illnesses above, men were generally in a higher risk category and were being invited to attend first, but that women were more likely to attend a check-up if invited to do so.

Work to encourage people to attend the check-ups included leaflet drops in areas with a low take-up although their effectiveness was limited as these areas tended to have a high proportion of transient residents, houses in multiple occupancy, a lack of English as a first language and higher than average levels of illiteracy. Public Health was working on an action plan to increase attendance at check-ups which they would circulate to the Committee.

Other measures to improve the general health of residents in Milton Keynes included:

- Working through the Health and Wellbeing Board with local communities to solve local problems;
- Piloting the provision of check-ups in the work place, although there was an issue with then feeding the results back to the relevant GP practices;
- Use of Health Kiosks – although these did not provide a full diagnostic health check, they could alert users to potential problems. When trialled in Council offices earlier in the year they had been very well received by staff;
- Working with other areas of the Council, such as the Regeneration Team on improvements to housing stock;
- Provision of a Specialist “Stop Smoking” Service across Milton Keynes and working with other partners on a “Tobacco Control” strategy;
- Obesity targeted as a key issue in the Living Well strand of the Health and Wellbeing Strategy;

- Encouraging Council colleagues and health / social care partners to participate in the Making Every Contact Count programme;
- Looking at best practice in other local authority areas to see what improvements could be made locally.

The Committee advised caution when considering statistics relating to child health based on those attending school in Milton Keynes. Not all children resident in Milton Keynes attended school in the borough and their health needs should also be factored into any programmes to improve child health, particularly from 1 October 2015 when the Council, through Public Health, would be responsible for delivering the whole of the Healthy Child Programme 0-19.

The Committee also discussed access to physical activity as a means of increasing general health and wellbeing. The range of recreational fitness activities available in Milton Keynes was excellent, but on the whole, these were being accessed by educated, middle-class, early retired, healthy residents rather than those most in need. In the past a Leisure Pass, providing discounted rates for leisure/physical activities, such as swimming, had been available for local residents who were in receipt of benefits; however, no-one was sure as to whether or not this was still available.

#### RESOLVED –

1. That Muriel Scott and Gail Addison be thanked for their attendance at the meeting and the comprehensive way they presented a considerable amount of detailed information.
2. That the Public Health Team prepare and issue an action plan showing how it is dealing with the different issues raised in their report, including how they plan to increase the uptake of health checks.
3. That the Committee writes to the MPs representing Milton Keynes asking for their support in lobbying the Department of Health for improved Public Health funding for Milton Keynes in order to bring it in line with the national average.
4. That the Chair and Overview and Scrutiny Officer prepare and circulate to the Committee draft letters on the above subjects (HASC05 and HASC06) for amendment / comment and agreement prior to dispatch.

## **HASC07 REPORT OF THE 2015 QUALITY ACCOUNTS PANEL**

The Committee received the report of the 2015 Quality Accounts Panel and the Chair gave a brief explanation of what a Quality Account was, why they were reviewed and how the Panel had approached the task in 2015.

Feedback given to healthcare providers by local authority Quality Accounts Panels did have an impact in improving presentation in subsequent years. In particular, she drew the Committee's attention to the recommendations made by the 2014 Quality Accounts Panel to the Brook organisation (a pregnancy advice service) about including local information in their Quality Account, and this had been incorporated in

their 2015 Quality Account. Following the submission of the Panel's 2015 report to Brook they had responded expressing their appreciation of the Panel's comments.

RESOLVED –

That the Committee receives the report of the 2015 Quality Accounts Panel and is pleased to note that the recommendations made by the 2014 Quality Accounts Panel to the Brook organisation about the inclusion of local information had been taken on board and included in their 2015 Quality Account.

THE CHAIR CLOSED THE MEETING AT 9.03 PM

DRAFT