



Leicester
City Council

MINUTE EXTRACT

Minutes of the Meeting of the HEALTH SCRUTINY COMMITTEE

Held: WEDNESDAY, 1 DECEMBER 2010 at 5:00 pm

P R E S E N T :

Councillor Bayford - Chair
Councillor Sood - Vice-Chair

Councillor Clayton
Councillor Cleaver

Councillor Cooke
Councillor Newcombe

ALSO PRESENT:

Councillor Naylor – Cabinet Member for Health and Community Safety

I N A T T E N D A N C E

Mandy Ashton	Interim Director of Healthcare Change
Darren Hines	Leicester City Local Involvement Network
Bernie Martins	Genesis
David Riley	Head of Primary Care Improvement, Leicester City Primary Care Trust
Deb Watson	Director of Public Health and Health Improvement

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41. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gill and from Sarah Cooke of NHS Leicester City.

42. DECLARATIONS OF INTEREST

Councillor Bayford declared a personal interest in agenda item 8, “Balanced Scorecards (BSC) and Annual Quality Review (AQR) Programme for General

Practices”, in that his wife was a salaried GP, although she was not a partner in the practice.

Councillor Manjula Sood declared personal interests, in relation to the general business of the meeting, as she was a patron of CLASP, the Chair of the Leicester Council of Faiths and an ambassador for the East Midlands for Sporting England.

46. WORKING AGE ADULT MENTAL HEALTH SERVICES REVIEW

Councillor Cooke, the leader of the Working Age Adult Mental Health Service Review, presented the final report of that review, explaining that it had been undertaken in response to concerns raised by service users. In summary, the review had found that there were gaps between the service required and that received.

The meeting noted that the “Joint Commissioning Strategy Mental Health 2011-2013”, produced by NHS Leicester City, and submitted at Annex 4 of the report, currently was being consulted on, so had not yet been adopted. It therefore was suggested that it could be useful for the Committee to scrutinise the Strategy.

The Committee welcomed the report and thanked the Members Support Officer for her help in preparing it. The following points were then made in discussion:-

- Membership of the review comprised the whole Health Scrutiny Committee, not just those Members named in paragraph 3.2 of the report, plus Councillors Allen and Joshi. Councillor Naylor also took an active interest in the review in his capacity as Cabinet Member for Health and Community Safety;
- It only had been possible to consider general mental health issues under the review, as it was not known how many people came within each category of mental illness;
- A number of national frameworks for dealing with mental health illness had been established and these were outlined in the report;
- Ethnicity seemed to be significant. People from black and minority ethnic groups were over-represented in segregated / closed units, but were under-represented amongst those taking up services. This was an area that could benefit from further scrutiny;
- It was important to recognise that the commissioning and delivery of mental health services had been transformed over the last ten years. However, more recently, changes in strategic direction had caused uncertainty for users and providers and there appeared to have been a tendency to marginalise the voluntary sector;
- The “bundling” of the Leicestershire Partnership block contract was seen

as inhibiting the work of many in the voluntary and community sector;

- The voluntary sector did important work on the mental health issues that other organisations were unable to do, but the voluntary sector often was neglected;
- One of the most important things that needed doing was the removal of stigma for mental health patients and their families;
- Mental Health problems needed to be identified earlier than currently was done. For example, young people still in education could be taught how to cope with problems, (rather than receiving education specifically about mental health), which could provide information on things such as support networks and coping strategies;
- Care needed to be taken to ensure that health care workers communicated effectively and acted professionally at all times;
- The problems that working with people traditionally marginalised could create needed to be recognised. For example, they could have less trust in the service providers. It therefore became important to have “door openers”, who could help them access support; and
- Consideration needed to be given to how mental health services could be provided after the forthcoming reorganisation of health service provision.

At the invitation of the Chair, Bernie Martins, of Genesis, addressed the Committee, thanking those undertaking the review for enabling Genesis to participate. She stated that:-

- The provision of services should not be seen as separated between clinical services and services provided by the voluntary sector. Voluntary services could be the “door openers” referred to above, and for a long time had been helping people to live a fulfilled life;
- The suggestion that work should be done in conjunction with schools was welcomed, as Genesis had wanted to do this for some time; and
- It was hoped that the work done through this review could be used to help develop a vision for the provision of mental health services for Leicester.

The Committee welcomed the report and expressed the hope that the findings of the review would be used. It further suggested that, for future reviews, it would be advisable to:-

- Have very clear objectives for the review from the outset;
- Receive support from Democratic Support staff; and

- Give more focus to discussions by identifying in advance specific questions that needed to be asked of those giving evidence; and
- Take more time over the review.

RESOLVED:

- 1) that the Joint Commissioning Strategy Mental Health 2011-2013, produced by NHS Leicester City, be added to the Committee's work programme for scrutiny in February 2011;
- 2) that the report of the Working-Age Adult Mental Health Services Review and the recommendations contained in that report be endorsed;
- 3) that when considering the report "Working-Age Adult Mental Health Services Review", the Cabinet be requested to take account of the comments recorded above; and
- 4) that Cabinet be requested to give a response to this Committee to the recommendations made in the report.