MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
MONDAY, 28 OCTOBER 2013

Councillors Adamou (Chair), Bull, Erskine, Stennett, Winskill and Moffat

LC42. APOLOGIES FOR ABSENCE

Cllr Stennett
Dr Tamara Djuretic

LC43. DECLARATIONS OF INTEREST

None received

LC44. URGENT ITEMS

None received

LC45. PUBLIC HEALTH

The Panel heard from Dr Fiona Wright, Assistant Director, Public Health.

The following points were noted:

- Mental health is covered in two outcomes of the Health and Wellbeing Strategy – Outcome 2, A reduced gap in life expectancy and Outcome 3, Improved Mental Health and Wellbeing.
- Public Health tries to target or make accessible all programmes to people with mental health needs. An example of this is in reducing smoking prevalence where the stop smoking service has Key Performance Indicators to target people with mental health needs and to work with BEH MHT. However, the target is currently low yet not being met. A possible reason for this would be the discomfort people have in asking about mental health needs, and therefore information is not recorded.
- Acknowledge that more work is needed on recording information about mental health needs – specialised clinics are enforcing data collection but more work is needed to ensure that GPs and Pharmacists are also collecting the data.
    - The data is needed to monitor and assess what is working and what isn't working.
- **Physical Activity** - Active for Life is a large physical activity programme. It is a GP referral scheme targeted to the East of the borough and on people with long term conditions.

  - Last year there were 800 referrals – 11% of which was people with mental health needs.
  - 54% of those referred to the scheme are still active 6 months after the programme ends.
- **Alcohol** - Public Health have a contract with BEH MHT to provide a dual diagnosis service. The challenge is people completing the course as people can come out of hospital before it has finished. There is a need to better link with GPs in order to complete these.
- **Cardio Vascular Disease and Cancer** – Under the Health and Social Care Act it is mandatory for Councils to provide Health Checks for those between the ages of 40-74 years of age.
  - Health Checks are mainly commissioned through GPs.
  - A programme has been commissioned to focus on those with mental health needs. So far 62 people have had a health check through this.
  - Health Checks are aimed at people who haven't yet got an illness – it is a preventative programme. If you already have, for example, diabetes then you should already be being treated and have an annual review of your health.
- **Health Trainers and Champions** – historically the focus has just been on physical health, however they have now had Mental Health First Aid training.
  - Anyone can refer to a health trainer, including in the West of the borough, however, services are located in the East.
  - Over 1000 people were seen by Health Trainers last year:
    - 80% were from deprived areas
    - 85% were from BME communities
    - 80% achieved their goals.

Discussion points noted:

- How do leisure centres gear themselves up for those with mental health needs?
- Mind in Haringey runs sessions in Tottenham Green Leisure Centre – this includes Yoga and Thai Chi.
- There is a need to systematically roll programmes out across all GPs as the practices who are more engaged generally are more like to be engaged with their patients.

- 70% of those who go through the drug and alcohol services have mental health needs.
- There is no local data on the cancer survival rate of people with mental health needs.
- There is a need to get messages out to people about the benefits of exercise etc on mental well being. This is likely to be done by GPs, but possibly not every GP.

LC46. BEH MENTAL HEALTH TRUST

The Panel heard from Dr Ken Courtenay, BEH MHT. Key points noted:

- BEH MHT has had a physical healthcare policy since 2006. This is due to be revised in 2015.
- There has been a big push around physical health over the past few years. This has in part been due to the CQUIN (Commissioning for Quality and Innovation – a contract between the CCG and the MHT which means that if a target is met the MHT get a reward), however work was ongoing beforehand.
- The MHT is very aware of the impact that medication has on weight.
- When a person is referred to the MHT an assessment of their needs is done. This includes whether they smoke, what medication they are on and a lifestyle questionnaire.
- There are boundaries between primary and secondary care – the MHT work on the basis that physical health is everyone's business.
- If a person is in the community they enlist a person's GP and ask them to deal with a person's physical health.
- If the person is within the MHT then they work with Junior Doctors and inform the person's GP.
- Smoking is a huge problem. As well as the physical health effects of smoking it has a direct effect on medication – for example a person can need a higher dose of medication when they are smoking.
- Acknowledge that there is more than can be done for example actively motivating people in a non-judgmental way rather than just referring on to another service.
- Hospitals are smoke free, however there are issues around enforcement.

In response to questions the following points were noted:

- Weight is a problem when a person stops smoking. This is not focused on as a big issue at the outset as actually stopping smoking is such a big deal. Weight issues can be managed afterwards.
- People with mental health needs are eligible for a health check and this is covered on the Quality Outcomes Framework.
- A carer noted that her son gone from 12 stone to 19 stone over ten years and since being on medication. There is a feeling that people are not told about the weight impact of medication in order to ensure that the person takes the medication. There should be an intervention earlier around weight as putting on weight can have side effects such as low self esteem. It is also very difficult for people to motivate themselves to lose weight.
- The carer also noted that exercise classes use to be run by the MHT at Tottenham Green Leisure Centre but that these no longer take place.
- There was a feeling that a weight management/loss class for people with mental health needs would be beneficial.
- Dr Courtenay informed the Panel that there is a Well-being clinic and that at the clinic a person's BMI and waist circumference is taken. However a carer noted that whilst this is the case, nothing is done with the information.
- Dr Courtenay noted that a dietetic input is missing and that there needs to be a better link between community dieticians and the MHT.
- There is a need to look at how often medicines are reviewed and within this a look at whether they can be reduced.
- People may not always been informed at the outset of the side effects of medication due to what they are going through at the time.
- Dr Wright asked Dr Courtenay whether MHT staff are trained in brief interventions and motivational interviewing as it can often be a difficult subject for people to broach. Dr Courtenay responded that most do not have this training, but some do. The training is being rolled out further but not as systematically as it could be.
- There is a Mental Health Stop Smoking CQUIN which is currently in it's second year.
- Blood tests on admission to check for certain health conditions would not be possible as there needs to be a clinical indication/reason in order to do this.

- Care Plans incorporate physical health and are shared with GPs. The GP would be primarily responsible to deliver this as GPs need to have a full picture of all of a person's health needs. If a person is on a Care Programme Approach then it would be the responsibility of the Care Coordinator liaising with the GP.
- The Panel are how responsive GPs are in actively managing Care Plans and was informed that in Dr Courtenay's experience they are relatively good.
- There could be more partnership working between BEH MHT and Whittington Health on the ground, for example liaising and sharing information.
- There is regular communication between senior pharmacists and community pharmacists. However, the Panel were interested to hear more about this and agreed that this would be followed up by the scrutiny officer with the Local Pharmaceutical Committee.
- GPs are not expected to attend CPA, but they are invited.
- Any recommendations of the Panel around the CPA would need to go to NHS England.
- In response to a question about what can be done to improve the following ideas were given:
    - Communication within 48hrs with GP's – faxes are sent by practitioners to services. Primary Care needs to be able to handle all of the information which is sent to them. If a fax is sent to a GP surgery, what happens to the information?
    - CPA – areas where there is shared responsibility need to be laid out clearly and there needs to be good communication between the parties.
    - CPA meetings could take place in the GP practice to try and encourage GPs to be attend. GP attendance is beneficial as it improves relationships, for example between GPs and local psychiatrists.
    - A CQUIN around discharge data being passed on within 48hrs. Currently failing in this area. (A CQUIN was put in place 6 months ago in order to encourage improvements around communication).
    - CQUINS are a good lever to get improvements made.
    - Primary care should be more involved in the acute setting.
    - More training needed.

- A gym/out door gym on the redeveloped St Ann's site would be beneficial.

AGREED:

- BEH MHT would send the Physical Healthcare policy to the Scrutiny Officer
- CCG would send data on the Mental Health Stop Smoking CQUINN
- QOF data on MH health checks – Scrutiny Officer to look at.
- Scrutiny Officer to make contact with the Local Pharmaceutical Committee.

LC47. HARINGEY CLINICAL COMMISSIONING GROUP

Deferred

LC48. NEXT STEPS AND FUTURE MEETINGS

Evidence session 3 – 28th November – service user/carer/voluntary and community sector session

LC49. MINUTES FROM LAST EVIDENCE SESSION

Agreed

LC50. NEW ITEMS OF URGENT BUSINESS

None

LC51. DATES OF FUTURE MEETINGS

As above.