

AGENDA MANAGEMENT SHEET

Name of Committee Health Overview and Scrutiny Committee Meeting
Date of Committee 28th September, 2005
Report Title Terms of Reference for Mental Health Panel (2nd Phase)

Summary The following report provides suggested terms of reference for the scrutiny exercise of Mental Health Services (2nd Phase). It includes a suggested reporting timetable culminating in a final report to this committee May 2006. This committee is now asked to agree panel members for this scrutiny exercise, scope, methodology and resources.

For further information please contact:

Alwin McGibbon Health Scrutiny Officer Corporate Review Team Tel: 01926 412075 alwinmcgibbon@warwickshire.gov.uk	Carole Pattison Interim Corporate Review Team Manager Tel 01926 736319 carolepattison@warwickshire.gov.uk
---	--

Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers None

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

- Other Committees
- Local Member(s)
- Other Elected Members
- Cabinet Member
- Chief Executive David Carter.....
- Legal Victoria Gould.....
- Finance

- Other Chief Officers Marion Davis.....
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals

FINAL DECISION NO

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by this Committee
- To Council
- To Cabinet
- To an O & S Committee
- To an Area Committee
- Further Consultation

Agenda No

Health Overview and Scrutiny Committee Meeting 28th September, 2005.

Terms of Reference for the Scrutiny of Mental Health Services by the Mental Health Panel

Report of the County Solicitor and Assistant Chief Executive

Recommendation

That the committee agrees the terms of reference for the scrutiny of mental health with specific reference to:

- Panel Members
- Scope
- Methodology
- and Resources

1. Introduction

1.1 When conducting the Mental Health Review it became clear that there were issues around transitional arrangements from young people's to adult services and adult to older peoples services. This was not within the scope of the first review, which specifically looked at adult services.

1.2 The Mental Health Panel recommended that there should be a second phase, to specifically scrutinise:

- Transitional arrangements for young and older people
- Relationship with the acute sector
- Plus other areas not fully covered by the first review such as inequalities, funding, waiting times and staffing levels

Also while conducting the review the panel will monitor the proposal to combine Coventry and Warwickshire Mental Health Trusts into one trust (provider arm) by April 2006

1.3 It was agreed by Health Overview and Scrutiny Committee on the 27th July 2005 that the second phase should proceed.

1.3 The terms of reference include background information from the first Mental Health Review, which provides information on:

- How many people are likely to have mental health problems
- Difficulties they may face trying to access health services.
- How they can be socially excluded.

2. Recommendation

2.1 That the committee agrees the terms of reference for the scrutiny of 'Mental Health Services' (2nd Phase) with specific reference to:

- Panel Members
- Scope
- Methodology
- and Resources

DAVID CARTER
County Solicitor and Assistant
Chief Executive

Shire Hall
Warwick

August 2005

Terms of Reference for the Scrutiny on Mental Health Service

1. Aims and Objectives

The aim of this scrutiny exercise is to assess the link between mental illness and health inequalities. This will involve scrutinising the NHS services that provide assistance to those that are affected by mental health problems. This scrutiny may also involve the Boroughs and Districts Councils, relevant departments within the County Council and outside agencies, which may have an interest in mental illness and health.

A successful outcome from this review would be that there is

- A better understanding of how mental health is linked with health inequalities e.g. why someone with mental health concerns has a shorter life expectancy than someone without.
- The relationship between mental illness and health provision
- An understanding of what the health service and the local authority do to meet the needs of those affected.
- An understanding of the transitional arrangements from young people's to adult services and adult to older people's services
- To ensure that the health service provides a flexible, appropriate, clinically effective and accessible service in response to the needs of those affected.
- Increase awareness about mental health issues with a view to take a more positive and less stigmatised approach to mental illness

The review will take into account equity of access to services in line with the social inclusion agenda. The main objective would be that Members and Officers will have a better understanding of the implications of being mentally ill in Warwickshire

2. Background

It is estimated that one in six people suffer from a depression or anxiety at any one time, roughly over 7 million people between the ages of 16 and 74. The estimated the economic and social costs of mental illness for Britain is more than £77 billion a year and prescriptions costs are around £540 million a year. Only 24% of adults with mental health problems are in work, fewer than four in ten employers would employ someone with mental health problems¹.

A Citizens Advice Bureaux report² highlighted that people with mental health problems often experience discrimination and are not adequately supported. This creates difficulties and reinforces their isolation the illness creates. The report considers the widespread discriminatory behaviour and failures to understand the difficulties people with mental health problems face makes raising awareness about mental illness a central issue.

This report considered that all those that come into contact directly or indirectly with people with mental health problems need to be better equipped to identify and help them whether they be in the public, private or independent sectors. The report thought that institutions needed to review their procedures to avoid discriminatory outcomes. In addition it highlighted there was a need to break

¹ Mental Health Key Facts and Figures, Social Exclusion Unit, Office of Deputy Prime Minister.

² CAB Report 'Out of the Picture', 2004.

down the barriers of discrimination by raising awareness about mental health issues among the general population.

Mental Health Facts

- Mental Health service users have the lowest employment rate of all disabled groups. Therefore most are dependent on benefit income
- They are some of the poorest people in the UK
- Poverty is linked to poor health, but people with mental health problems are trapped in poverty for longer periods than most.
- Persistent low income reduces their ability to participate in activities and services, which might help to reduce their isolation.
- Benefit system makes no allowance for people with mental health problems. The illness at times reduces the capacity to function normally and this can affect a claimant's ability to complete the forms necessary for benefit.
- The Royal College of Psychiatrists has reported that 40 per cent of people who present to their GP with mental health problems feel stigmatised and discriminated against by their GPs.
- 90 per cent of mental health problems are dealt with in primary care. These people may be in particular need of more support. GPs are unlikely to be in a position to refer these people for the effective support in the early stages of their illness that the government would like them to have.
- Some people find their Community Psychiatric Nurse and social workers difficult or impossible to reach. When professionals move away to other jobs the client's files are often closed, which means they then have to go back to their GP for a new referral.
- People who are referred on to the mental health services for specialist help from a psychiatrist and /or a Community Psychiatric Nurse (CPN) and the Community Mental Health Team are in a minority. Such referrals tend to be made when people's conditions deteriorate or become critical.
- Ethnicity also affects access to services, there are notable differences in the experience of mental health services. Rates for compulsory admission are higher for black and minority ethnic groups. This may be associated with more frequent involvement of the criminal justice system in their referrals. They are more likely to be considered as requiring a greater degree of control and security and therefore more likely to be admitted to secure environments.
- Mental health remains one the government's three clinical priorities, along with cancer and coronary heart disease.

3. Scope

In order to achieve the aim set out in paragraph 1, this scrutiny will explore the following:

- Mental health provision for younger and older people in Warwickshire
- Transitional arrangements from younger to adult services and adult to older people's services
- Whether there is an equity of access and service provision across the county
- The waiting times for mental health provision across the county
- Whether there are sufficient number of specialist staff (NHS and Local Authority) to ensure those with mental health needs are seen in time
- Relationship with the acute trusts
- The proposal to combine Coventry and Warwickshire Mental Health Trusts into one trust (provider arm) by April 2006

4. Panel

To be decided

5. Methodology

To be decided

6. Resources

To be decided

7. Timetable

<i>Activity</i>	<i>Timescale</i>
Terms of Reference presented to Health and Scrutiny Committee, agree Panel Membership, Scope, Methodology and Resources	27 th September 2005
First Meeting of Panel	October 2005
Carry out scrutiny	November 2005 – March 2006
Report to Panel	April 2006
Report to full committee	May 2006