

TRAFFIC, ENVIRONMENT & COMMUNITY SAFETY SCRUTINY PANEL

Minutes of the meeting of the Traffic, Environment & Community Safety Scrutiny Panel held on Tuesday, 16 February 2016 at 5.30pm at the Civic Offices, Portsmouth

Present

Councillors Lynne Stagg (in the Chair)
Ryan Brent
Scott Harris

5. **Apologies for Absence. (AI 1)**
Councillors Stuart Potter and David Tompkins sent their apologies. Councillor Scott Harris deputised for the latter.
6. **Declarations of Members' Interests (AI 2)**
No interests were declared.
7. **Minutes of the Previous Meeting. (AI 3)**
The minutes of the meeting held on 2 February were not available.
8. **Review into how community safety partners can work together to reduce demand and cost for intensive specialist services currently supporting individuals with complex needs. (AI 4)**
Councillor Rob New sent his apologies for absence. He will be invited to a future meeting.

Jo York, Head of Better Care Programming responded to the questions that had been sent to her prior to the meeting and to additional members' questions:

1. **Do you have a way of identifying complex cases?**
 - Her position is a joint role with the Portsmouth Clinical Commissioning Group (CCG) and Portsmouth City Council (PCC).
 - The CCG's membership is comprised of GPs from across the city and commissions adult mental health and general health services. The Public Health department commissions a home visiting service and the council Public Health Directorate commissions substance misuse services.
 - Patients often display both mental health and substance misuse issues. There is no systemic method for identifying complex cases in place. A risk stratification tool based on A&E admissions is not very well used in Portsmouth because it is quite complex.
2. **How do you work with other agencies to manage these cases?**
 - The Integrated Commissioning Unit (ICU) commissions the Children & Adult Mental Health Service (CAMHS) through its section 75 agreement.
 - A more joined-up approach between all organisations involved is required.
 - A significant amount of work has been carried out by the ICU and provider services (Solent NHS Trust).
 - A Complex Needs Group was set up in August 2015, which developed from a previous dual diagnosis group; this group had developed a Dual

Diagnosis Pledge made last year to prevent service users with both mental health and substance misuse issues falling through the gaps between services. This pledge has helped ensure that people with complex needs are identified and the appropriate support brought in. Barriers between services have started to be broken down. The group which meets bi-monthly considers complex cases and makes referrals.

- The CCG is remodelling services and making efficiency savings but is not reducing budgets to the same extent as public health has made to substance misuse services. It is concerned about the level of cuts made but recognises the council's reasons.
- It recognises that when the new service model is launched in November, there will be an impact on budgets.
- Baytrees, the substance misuse treatment centre at St James' Hospital site is delivered by Solent NHS Trust, the Public Health department at the council spot-purchase treatment places at the unit
- Adult mental health will be remodelled from April. One of the aims is to enable service users of all ages to have access to the whole range of services. The CCG is not looking to reduce the number of beds for working age adults. Service users are often stuck in a bed because no suitable accommodation is available. Extra contractual referrals outside the city are expensive and do not necessarily provide the best outcomes for patients. Therefore more work will be done with the council and other housing providers to increase the amount of accommodation available for service users. The threshold for access will be lowered and self-referrals will be permitted.
- The CCG works with the positive families futures team and Solent.
- The majority of the £1bn government's investment in mental health services is not additional funding. It will address some of the current shortfall. Most of Portsmouth's allocation will be spent on CAMHS.

3. Do you have an example of where the work you have done has achieved a positive outcome for the individuals and the community?

- The step change around the pledge was very beneficial.
- A case study will be circulated to the panel at a later date. Significant challenges include: finding accommodation for service users; providing support for those who do not want to engage.
- There is currently too much silo working and boundaries which cause waste, duplication and delays. Service users' needs increase when there are delays to treatment, so developing more personalised and effective services is essential.

4. Can you give me an example of where you haven't been able to achieve a positive outcome and why was this?

5. How can partners work better together to prevent these cases escalating and costing the public purse more money?

- There are many conversations at a strategic level happening between the council and the CCG regarding setting up a single Health & Care System with a Director of Adult Services.
- A new Health & Care Executive Group which meets monthly is chaired by the council's Chief Executive and comprises representatives of the CCG,

Portsmouth Hospitals' Trust and Solent NHS Trust. The Director of Regulatory Services, Community Safety & Troubled Families also attends.

- The Blueprint for Portsmouth sets out a vision for a single commissioning system with services based in community hubs. This is a really powerful move forward to recognising that this is one city. However, there will be risks involved as it requires people to let go of some budgets.
- Opportunities to work with the police are fairly limited. The Safer Portsmouth Partnership, ICU & adult mental health commissioners do more than the CCG regarding setting priorities.
- Robust community services will be crucial to tackle the problems at the hospital with long waits at A&E and discharge delays.
- CAMHS will be reviewed.
- Early intervention is essential.
- The interfaces between services need to be blurred

The Director of Regulatory Services, Community Safety & Troubled Families explained that there have been discussions in the media about whether detention in police cells is the appropriate place for offenders with mental health issues.

The Strategy & Partnership Manager added that Portsmouth and Southampton are piloting a scheme which involves mental health nurses accompanying the police to incidents where mental health issues are suggested. This is funded by NHS England. The Liaison and Diversion Service picks up people with mental health issues who are arrested by the police and refers them to the relevant service. From April the service will be able to refer people directly to adult mental health services.

Councillor Stagg informed the panel that a member of the adult mental health crisis team had told her that recently two minors with mental health issues (16 and 17 years old) had spent more than 12 hours in a police cell with no access to mental health professionals.

6. How can we collectively manage our residents' expectations of public services as our budgets and resourcing reduce?

- A key issue for working with complex cohorts is engagement; getting service users engaged and keeping them engaged throughout their journey on the road to recovery.
- The most complex cases will be prioritised, but there is a risk that problems could be stored up and the thresholds will rise.
- It could be that people's expectations of what the statutory sector provide will reduce and the voluntary sector will take on more responsibility for service provision. The CCG makes referrals to Age UK. There are many small voluntary organisations in the city assist people and it is important that health professionals are aware of them, what they can offer and how they can be contacted.
- Clear communication and engagement with the public is essential once the services are in place particularly with service-user groups including Portsmouth Users Self-Help (PUSH) group.

- A culture change by clinicians at the Emergency Department at Queen Alexandra Hospital is also required to encourage them to send more patients home with the relevant support in place.
- It is important that service users can be offered personalised support rather than an off-the-shelf treatment.
- The adult social care service is being reviewed using the Vanguard methodology by the systems intervention team. Staff follow a number of service users from their initial call to the service to identify ways of improving the support they receive. One service user request for a prompt for him to take his medicines would normally be classed as a low priority but action was taken immediately to arrange a nurse to give him his daily medicine because it was recognised that his situation could deteriorate if he did not take it and he could end up in the Emergency Department. It was simple to arrange earlier, reduced the stress for the patient and potentially prevented an expensive hospital admission. Another service user informed the service that as the carer for his wife, he was reluctant to agree to have a planned hospital procedure unless he could be sure that his wife would have support. Normally this support would have been arranged on the day of admission, but staff arranged for it as soon as it was requested. This reassured the service user and ensured that he attended his hospital appointment and so saved the cost of a potential no-show. These were examples of good practice, but it was recognised that there are a lot of people on the waiting list and support is not always mobilised quickly enough.

Members commented that more could be done to encourage residents to keep an eye out for neighbours and vulnerable people in their communities.

The Strategy & Partnership Manager explained that the Bail Accommodation Support Service organises accommodation for ex-offenders who are not sexual offenders or at high risk of harm. The managing agents explain this to the neighbours before they move in. This has worked very well and the relationships between them and their neighbours is very good.

7. How can we encourage residents to seek out and provide solutions to their problems rather than approach public services as a first step?

Peer support plays a valuable role.

8. As and when public services are legitimately required, what can residents do to help achieve positive outcomes for the individuals concerned as well as their own community?

It is important that people understand their rights and the services that are available. Equally staff must understand that they work together with the same aim.

The meeting concluded at 6.30pm.