



**MINUTES OF A MEETING OF THE
HEALTH AND WELLBEING SCRUTINY
COMMITTEE
HELD ON 23rd SEPTEMBER 2021**

PRESENT: Councillor R Claymore (Chair), Councillors D Maycock, M J Greatorex, J Harper, J Jones, S Peale and R Rogers

GUESTS Upkar Jheeta, Midlands Partnership Foundation Trust
Susan Unwin, Midlands Partnership Foundation Trust

The following officers were present: Karen Clancy (Partnerships Manager) and Jo Hutchison (Democratic Services, Scrutiny and Elections Officer)

Apologies received from: Councillor(s) P Brindley and County Councillor T Jay

21 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor P Brindley, County Councillor T Jay and Mr Rob Barnes, Executive Director, Communities. The Chair reported that Councillor D Maycock had given apologies for his later arrival to the meeting.

22 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 13 July 2021 were approved as a correct record.

(Moved by Councillor J Harper and seconded by Councillor R Rogers)

23 DECLARATIONS OF INTEREST

There were no declarations of interest.

24 UPDATE FROM THE CHAIR

The Chair reported that there would be a Voluntary Sector Members seminar, organised by the Assistant Director Partnerships and the Community Partnerships Manager, to which all Councillors had been invited on 20th October 2021. The

Chair further reported that the Midlands Partnership Foundation Trust had restarted its engagement process on the services previously provided at the George Bryan Centre and the Chair encouraged members as well as members of the public to consider this.

25 MIDLANDS PARTNERSHIP FOUNDATION TRUST PRESENTATION

The Chair welcomed the guests who were attending this meeting from Midlands Partnership Foundation Trust (MPFT); Upkar Jheeta, Head of Primary Care Development & MH Programme Lead (South Staffordshire) and Susan Unwin, Consultant Nurse and Approved Clinician, as well as Karen Clancy, the Council's Community Partnerships Manager.

Councillor D Maycock arrived at 6.22pm.

The Committee considered the NHS Community Mental Health Transformation video and further received an overview of the presentation from MPFT with a focus on:

- The plans to create integrated neighbourhood teams, in this area covering Burntwood, Lichfield and Tamworth, which would form relationships with local partners and work to identify any gaps in local services where funding could be focussed;
- The work with partners to empower people with autism to remain independent and to prevent avoidable hospital admissions;
- The work to ensure mental health teams would be in all A&E hospitals (Core 24) with the specialisms required to address mental as well as physical conditions. Therefore it was reported that at Burton hospital there would be a 24 hour, 7 days a week mental health component which would work in tandem with the physical health team, to support people who presented at A&E in crisis to carry out in depth assessment to make sure that patients would receive rapid access to the correct treatment;
- The work on the pathway which would look at the social barriers following a discharge from hospital and to support patients with their integration back into the community through the support of a recovery worker. This could also include the provision of a communication device. These services were reported to be very broad and flexible, and could support with shopping and reconnecting essential services as well as provision of meals and appliances, and would be tailored to the individuals needs to support them to overcome any barriers following discharge from hospital;
- MPFT reported that additional resources were being focussed to provide support to individuals through a service known as Increasing Access to Psychological Therapies (IAPT) which was a self-referred service for individuals who could need support through counselling with issues surrounding anxiety, bereavement, stress and depression. It was highlighted that there was no requirement for a referral from a GP for individuals to access this service.

The Committee sought and received clarifications in the following areas from the Head of Primary Care Development:

- The importance of partnership working to the success of this transformation process in order to assist health providers in communication with marginalised communities and then working with partners locally who had access with such communities.
- The value of providing a communications device to relevant individuals to support their recovery and reintegration locally and to minimise any relapses on discharge from hospital.
- The Head of Primary Care Development confirmed that this was a three year transformational programme where services would be co-produced and co-designed and services would evolve.
- The extent to which services were provided locally and the importance of that local provision and that provision of services at Burton does not feel local. The Head of Primary Care Development confirmed that provision was to be delivered locally in Tamworth and whilst the MPFT team were based at the Sir Robert Peel, MPFT were working with Officers in the Borough Council to locate services locally and accessibly. In terms of the MPFT team's composition which was grouped to cover Tamworth, Lichfield and Burntwood, the grouping was by population and mental health population numbers and wanted to group sufficient resources locally to ensure there was a sufficient range of specialisms available in each area. Tamworth had the first financial wellbeing adviser at its Citizens Advice and had been identified to pilot the rehabilitation and personality disorder pathways.
- The need to ensure that there was not the perception in the local community that services were geographically distant which could alienate residents from accessing services. It was acknowledged that it would be important to ensure that communications took account of these perceptions and focused on the local service delivery. It was understood that this needed to be communicated as local provision and MPFT wanted these services to be shaped by local people who used and accessed the provision. Consideration could be given to localising the communication plan to specific areas, however, it was also noted that local word of mouth was vital, in addition to the traditional paper based and online communication methods and social media, including postcards and radio.
- In the first year of the transformation of services, four areas were identified as areas to pilot the way services were delivered and Tamworth had been identified as one of those priority areas and a single point of access (telephone number) had been identified for Tamworth and a helpline was also available 24 hours 7 days a week and this would enable service users to be connected with the required services.
- The importance of overcoming the stigma of mental health issues, where it was acknowledged that this could affect individuals accessing help and the importance of working in partnership to engage with communities and break down the stigma and whilst partners would not necessarily provide services they could support local people to navigate to the services and the importance of those who had with lived experience and reflected the local community being involved in navigation.
- The importance of social interventions on discharge from hospital to prevent a service user from relapsing back into hospital where it was confirmed that there would be a broad range of interventions available,

beyond the illustrations given in the presentation, which could include utilisation of grant systems to support people in the community, and that these social interventions would be over and above the commissioned services.

- Whether the system was geared up to people with chronic mental health conditions given the fact that most services seemed to be time limited and whether chronic conditions would be addressed as part of this transformation. It was confirmed that whilst the clinical interventions could come to an end, work was ongoing on how to continue to provide support through a range of services to sustain people living with such conditions.
- The importance of and the role of carers in supporting relatives, where it was confirmed that MPFT worked as closely as possible with carers and would involve them as far as possible.
- The importance of all organisations understanding the work undertaken locally by both service providers and by the voluntary sector and the role of Support Staffordshire in supporting communications.

The Chair thanked the Head of Primary Care Development, Consultant Nurse and Approved Clinician and the Community Partnerships Manager who then left the meeting.

26 RESPONSES TO REPORTS OF THE HEALTH & WELLBEING SCRUTINY COMMITTEE

None

27 CONSIDERATION OF MATTERS REFERRED TO THE HEALTH & WELLBEING SCRUTINY COMMITTEE FROM CABINET OR COUNCIL

None.

28 UPDATE ON HEALTH RELATED MATTERS CONSIDERED BY STAFFORDSHIRE COUNTY COUNCIL

The Committee received the Staffordshire County Council Digest of the July and August Health and Care Overview and Scrutiny Committee meetings and the Chair provided a verbal update from the meeting held on 20th September 2021 which considered the following matters:

- Transforming Urgent and Emergency Care update;
- Difficult Decisions update
- COVID Vaccination update.

29 FORWARD PLAN

No additional items from the Forward Plan were identified which were not already captured on the Committee's work plan.

30 HEALTH & WELLBEING SCRUTINY WORK PLAN - 2021/22

It was noted that the bi-annual updates on safeguarding had been added to the work plan and the Work Plan updated as follows:

Health & Wellbeing Scrutiny Work Plan

Work Plan 2021 – 2022		
Work Area Themes for the Year		
1. Mental Wellbeing		
Topics	Target Meeting	Additional information
Community mental health services transformation – pathways to care in Tamworth	Further date to be confirmed	Invitation extended to Assistant Director Partnership & representative of Midland Partnership Foundation Trust
Leisure Services & Open Spaces	30 th November 2021 & 25 th January 2022	Invitation to be extended to Assistant Director Operations & Leisure
Substance abuse / addiction		
Young people’s experiences in Tamworth		To capture the working groups learnings
Loneliness / isolation		
2. Homelessness		
Topics	Target Meeting	Additional information
Overview of services available to rough sleepers / homeless people in Tamworth		Suggested invitation to representatives of Heart of Tamworth and/ or other relevant voluntary organisations
Housing Allocations Policy – post implementation review		Suggested invitation to Assistant Director, Neighbourhoods
Homelessness Winter Relief Update	19 th October 2021	Invitation to Assistant Director, Neighbourhoods

Other suggested topics for Committee consideration		
Green and open spaces		
Attainment and Skills in Tamworth		
Safeguarding updates (2 per year)	19 th October 2021 & 29 th March 2022	Invitation to Portfolio Holder and Officers
Specific topics to feed in to Staffordshire County Council (separate from main Themes)		
Topic	Date of planned Staffs consideration	Additional information
Wider determinants of health in Tamworth, including diet / food vulnerability / healthy eating / social prescribing		Extend an invitation to voluntary sector to understand current initiatives eg Community Together CIC
Strategic Transformation Programme (STP)		To tie in with County consideration when dates for County consideration known
Possible Working Group topics		
Armed Forces Covenant		Understand the current Staffordshire wide and Tamworth position

Upcoming Health & Wellbeing Scrutiny Committee Meetings
19 th October 2021
30 th November 2021
25 th January 2022
29 th March 2022

Upcoming Relevant County Council Meetings

**Health and Care Overview and Scrutiny Committee – Staffordshire
County Council**

- 25 October 2021
- 29 November 2021
- 31 January 2022
- 15 March 2022
- 19 April 2022

Chair