HEALTHY COMMUNITIES SCRUTINY SUB-COMMITTEE

MINUTES of the Healthy Communities Scrutiny Sub-Committee held on Wednesday 13 September 2017 at 7.00 pm at Ground Floor Meeting Room G02B - 160 Tooley Street, London SE1 2QH

PRESENT:
Councillor Rebecca Lury (Chair)
Councillor David Noakes (Vice-Chair)
Councillor Helen Dennis
Councillor Sunny Lambe
Councillor Maria Linforth-Hall

OTHER MEMBERS PRESENT:

OFFICER SUPPORT:
Genette Laws, Director of Commissioning, Children's and Adults' Services , Southwark Council

Harvey McEnroe, Deputy Director of Operations, Acute and Emergency Care

Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG]

Rod Booth, Head of Mental Health and Wellbeing, NHS Southwark Clinical Commissioning Group and Southwark Council

Sean Cross , emergency consultant psychiatrist , SlaM based at King's Denmark Hill

1. APOLOGIES

1.1 There were apologies for absence from Cllr Williams and Pollak; both sent substitutes Cllr Lamb and Rhule.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

2.1 There were no urgent items of business.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

3.1 Cllr Sunny Lambe declared that his wife worked for the NHS. Cllr Helen Dennis declared that she previously worked in an executive position on the Joint Mental Health & Well-being Strategy in her deputy cabinet role, and so she would withdraw from the committee at this item and sit in the audience.

4. MINUTES

RESOLVED:

The minutes of the meeting held on 11 April 2017 were agreed as a correct record.

VIDEO - OPENING OF THE MEETING

https://bambuser.com/v/6894178

5. KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST (KCH) UPDATE

The chair invited the following presenters to introduce themselves:

- Harvey McEnroe, Deputy Director of Operations, Acute and Emergency Care
- Caroline Gilmartin, Director of Integrated Commissioning, NHS Southwark CCG
- Rod Booth, Head of Mental Health and Wellbeing, NHS Southwark Clinical Commissioning Group and Southwark Council
- Sean Cross, emergency consultant psychiatrist , Slam based at King's Denmark Hill

The Deputy Director explained that the work on recruitment would come to a following meeting. The chair invited speakers to address the first two items on the agenda:

a) The mental health crisis care upgrade plan for King's Denmark Hill Hospital - including 6 million capital spend (paper enclosed)

b) Mental Health Crisis pathway meeting, led by the CCG, with a focus on King's Denmark Hill emergency department (paper in first

supplemental agenda)

The Emergency Consultant Psychiatrist explained that the upgrade at King's emergency department at Denmark Hills for people experiencing Mental Health distress is a result of several years of planning and a significant step change in providing better provision. Patients will come through with a combination of physical and mental health problems, as well as only mental health problems; it is a place for people with both issues, with two dedicate suites. In minors there are three suites.

The Head of Mental Health and Wellbeing said that the regular crisis pathway meetings are very useful. This group is now termed the Mental Health Taskforce. The Deputy Director of Operations said the Mental Health Board is there for senior oversight.

The chair invited questions:

Members asked how SLaM and King's work together. The Emergency Consultant Psychiatrist said the national policy position is to move mental health crisis care to emergency departments and now we are seeing mental health care being taken up by acute settings and hospitals; this is a welcome shift. He said as well as delivering his clinical role he also leads the partnership on mental health, physical health and wellbeing across the Academic Health Partners (including King's College Hospital Foundation Trust, Slam, and Guy's & St Thomas' Hospital Foundation Trust).

Members asked if the emergency department is are looking to improve the 4 hour target to make it more person focused and asked what happened to people? The NHS staff responded that there is a liaison team of Mental Heath nurses who offer rapid assessments and offer the offer best care dependent on need. There are a range of mental health crisis and appropriate responses: some people are psychotic and need impatient care, other needs include non - toxic overdose. About 10-15% of people presenting need admittance. Some will go to out-patient GP care and IAAPT.

Will people be triaged and sent to a GP if crisis care is not needed? If people make it to emergency then significant mental health barriers have to be overcome so all people get an assessment. People are more likely to minimise problems on presentation.

Members asked when and where people will be seen. Rapid assessment means 30 minutes. We are looking to meet that throughout the week, 24 hours a day. When we are up to capacity with all the suites then we will be on the pathway for consistently delivering rapid assessments. The problem that really arises for people who need inpatient care as there is not enough provision and flow.

Member asked what happens to people who need a bed but have to wait? A member commented that when she visited there were no mental health beds available. She asked if there has there been an improvement in provision of beds? The consultant psychiatrist said this is a continuing

difficulty. People are kept with care while we try to find a bed. The solution is really located in providing better mental health provision; but while we are running at 100% capacity plus, we will not have those beds. We need 85% capacity to cope with surges. The average wait is 14 hours, but finding a bed can take one and a half days. It is not uncommon to come across up to 3 people waiting for places - though not all in King's emergency department.

The Director of Integrated Commissioning said that delivering more bed provision is not ideal; rather we would like to see more flow and less care in acute settings. This is not an easy problem to solve. There will be a pilot project looking at 24 hour access to home treatment; this is about preventing crisis. The council are working with police and ambulance services. She would like to come back to committee to report on this. If it works we would like to make that the norm.

The committee asked about meeting the needs of patients who are presenting in mental health patients crisis. The consultant said many of the crisis's happen out of emergency department. We have a bleeping arrangement, and crisis arise in many situations. The rate of need is huge: many people now have long term health conditions which raises the risk of mental health needs: about 30% of people will experience depression, anxiety etc. A member commented that she knew a person who had an acute health need and then developed anxiety. It's was very challenging. The consultant said that this is a typical problem where someone needs both types of care and there needs to be an assessment of priority and care need.

A member asked how the 6 million been spent? The Deputy Director of Operations said he would ask the chief officer to provide a briefing on this.

RESOLVED

KCH chief financial officer will provide a breakdown on the 6 million spend and provide a briefing and presentation at a following committee meeting.

VIDEO - KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST (KCH) UPDATE

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6. DRAFT JOINT MENTAL HEALTH & WELLBEING STRATEGY

The chair invited the following officers to introduce themselves and provide a brief presentation on the Draft Joint Mental Health & Well-being Strategy:

- Genette Laws, Director of Commissioning | Children's and Adults'

Services | Southwark Council

- Rod Booth, Head of Mental Health and Wellbeing, NHS Southwark Clinical Commissioning Group and Southwark Council

The Director of Commissioning gave a brief overview of the history of the strategy's development and the role of scrutiny in this process. The Head of Mental Health and Wellbeing spoke about recent compelling engagement, which included online engagement and two large scale open events.

The chair asked if there will time to incorporate the feedback from the consultation into the strategy? Officers said that the plan is going to the CCG and Cabinet in November and December and the Health & Wellbeing Board in January. The ongoing engagement will particularly feed into the action and delivery plans.

A member said he had some concerns that the strategy was reactive rather than proactive. He asked what work was been done of the causes of mental health; referencing scrutiny recommendations 20 and 25 and BME communities. The Director of Commissioning referred to the importance of early years in providing a foundation for good mental health and physical health and that this also links to the wider determinants of health such as housing. There is also a continuum between Mental Heath and Well being.

Members asked if there are figures on BME and age. Officers confirmed that data is available. Members asked if the plan can start to identify the populations and causes so service can start to address these issues and do preventative work. He asked if the council and CCG are commissioning services for those most at risk or if there was a more holistic approach? The Director of Commissioning said Public Health colleagues do have data on the at risk groups, which include high prevalence among black men and also LGBTQ+. She said that we do need to offer both universal services and to address causes and prevent crisis in particular communities. The Director of Commissioning offered to come back with Public Health providing data on the population risks, and also evidence on the causes.

A member asked if the planned reduction of 10% in the suicide rate is ambitious enough. Is it possible to aim to eliminate? Officers said that they could start with zero as an ambition and that this was a good question. They would not want to duplicate work of the suicide prevention strategy.

A member asked if there is a question around access to IAPT and the possibility of a Southwark commitment to wait times. The Head of Mental Health and Wellbeing said access ought to be front and centre in action plan. Access timeline targets will be led by national targets. He commented that access to Housing and step down care are local priority issues to address. The member asked for clarification and if there will be local or national targets? Officers said targets would be national ones as these are ambitious to meet consistently.

A member spoke about a common experience of immigrants: ‘Ulysses syndrome'. This looks like mental health but is really a reaction to pressures of immigration. She asked if this could be picked up. The Director of Commissioning this is a very specific question that would need to be taken up offline with SLaM to look at then evidence , then this can considered and to see if we need something in the strategy about the needs of migrants .

A member asked about the issues of the older community, such as social isolation and depression. The Director of Commissioning said that we need to look at a range of services and use of all the assets of Southwark to address issues such as this. Members agreed with this and suggested multi- agency and faith communities , that given the council has limited resources.

A member commented that lots of clinical care in the strategy talks about section 136 and Place of Safety, however there is little on the crisis pathway that the committee discussed earlier, or links with suicide prevention. The Head of Mental Health and Wellbeing agreed that services do need to reflect the work done on crisis care of recent. There was a query about the use of scrutiny to facilitate this and user involvement going forward. The Head of Mental Health and Wellbeing said there is a reference group with a list of 300 people. In addition on Monday there was a call for a reference group specific to work with the BME community, which officers will be looking into.

The chair asked about the body that takes a formal decision on the strategy and if this is the Cabinet, CCG board of Health & Wellbeing (HWB) Board. Officers explained that the HWB is final but not a decision making body, whereas the CCG and Cabinet will formally approve as they have the governance decisions on resources.

Healthwatch provided feedback commenting that they are pleased with the development of the strategy. In addition they would like to see more focus on a range of issues including prevention, education, and promotion of recovery and also a review of CAMHS. They would like to see better discharge, a better link with Drug and Alcohol services as duel diagnosis is a problem with links between addiction and mental health. They also noted problems identified by CQC with SLaM and that the move to community support needs evidence and not be the withdrawal of professional support. The paper they tabled provided more details.

RESOLVED

Healthwatch will provide their submission to the consultation for the committee .(Enclosed with minutes).

This item will return to the committee for further discussion on the points raised.

Officers will provide the JSNA data on Mental Health Inequalities (enclosed with minutes).

VIDEO - DRAFT JOINT MENTAL HEALTH & WELLBEING STRATEGY

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7. WORK-PLAN

The Cabinet interview dates will be finalised as soon as possible.

Domestic violence will be discussed during the Leaders interview on the Health & Wellbeing Board.

Changes to health visitors due to re-organisations and reductions in budgets was raised.

VIDEO - WORK-PLAN

https://bambuser.com/v/6894248