



Statutory Joint Health Scrutiny Committee
(Room B, Southwark Town Hall)
Tuesday 20th December 2005 at 7.00pm
MINUTES

PRESENT: Councillors Donatus ANYANWU, Eliza MANN, Robert McCONNELL, Angie MEADER, Helen O'MALLEY, Veronica WARD and Sarah WELFARE

APOLOGIES: Councillor Irene KIMM (Lambeth) and Councillor Lisa RAJAN (Southwark)

SCRUTINY SUPPORT: Elaine Carter (Lead Scrutiny Officer, Lambeth Council), Lucas Lundgren (Scrutiny Project Manager, Southwark Council Scrutiny Team) and Stephen Pollock (Clerk)

ALSO PRESENT: Councillor Roger Giess (Executive Member for Social Services, Lambeth), Patrick Gillespie (Lambeth Service Director SL&M), Tamsin Hooton (Southwark PCT Joint Commissioner), Isobel Morris (Southwark Service Director SL&M), Dennis O'Rourke (Assistant Director of Service Strategy & Commissioning, Adults Team, Lambeth PCT), John Roog (Assistant Director Adult Services, Lambeth Council), Rod Craig (Joint Head of Services for Older People and People with Physical Disabilities)

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1. WELCOMES AND INTRODUCTIONS

Councillor Eliza Mann, Southwark member for Riverside Ward, welcomed all those present to the meeting. She reminded those present that this was the first meeting of the Statutory Joint Health Scrutiny Committee to scrutinise the proposed changes in crisis care provision by the South London and Maudsley NHS Trust. The Joint Committee comprised councillors from Lambeth and Southwark councils.

2. DECLARATIONS OF INTEREST

Sarah Feasey, Legal Advisor to the Joint Committee, was invited to formally advise the committee on declarations of interest.

Councillor Angie Meader made the following declarations of

interest:

- As a Charity Trustee of Lambeth MIND, a local association affiliated to National MIND, the national mental health charity.
- As an ordinary member of the Community Support Network, an advocacy project for Lambeth people with mental health needs.
- As a founder of the Mental Health Carers Network, a support network to help carers of people with mental health needs in Lambeth.
- As having been involved in the original ten-year review undertaken by SL&M, as well as subsequent review meetings.

Councillor Meader did not consider that any of these interests were prejudicial, and accordingly would be taking part in the discussion of all the issues on the agenda.

3. **TERMS OF REFERENCE** (Report 330/04-05)

MOVED by Councillor Eliza Mann and **SECONDED** by Councillor Donatus Anyanwu that Councillor Angie Meader be appointed as Chair of the Committee and Councillor Sarah Welfare be appointed as Vice-Chair of the Committee.

RESOLVED:

1. That the Terms of Reference for the Joint Committee be **AGREED**.
2. That Councillor Angie Meader be appointed as Chair of the Committee and Councillor Sarah Welfare appointed as Vice-Chair of the Committee.

4. **SOUTH LONDON & MAUDSLEY NHS TRUST REVIEW OF CRISIS MENTAL HEALTH SERVICES** (Report 331/05-06 and appendices)

Presentation from South London and Maudsley (SL&M) NHS Trust

Isobel Morris, Southwark Service Director, SL&M, addressed those present. She stated that there had been significant investment in crisis services in both Lambeth and Southwark over the past five years, including the home treatment service and the 24-hour emergency service in King's College Hospital (KCH) Accident & Emergency (A&E) unit. In a recent review of emergency services, the Emergency Clinic at the Maudsley Hospital had however received criticism on a number of grounds, including that:

- It provided too many functions
- It provided services to people with a wide range of mental

problems when it was not always appropriate to provide services to a range of clients in the same environment

- There was a need to focus on clients with severe problems.

At the Trust's Denmark Hill site there existed a degree of overlap in service provision due to the close proximity of KCH A&E to the Emergency Clinic at the Maudsley Hospital. KCH were working to achieve the maximum four-hour waiting time targets but this was sometimes difficult to achieve in the case of individuals presenting in crisis because it was necessary to ensure individuals were calm before they it was possible to assess them, and this was not a process that could be achieved to a deadline. In such cases clients could be transferred to the Maudsley Hospital where they could be looked after until they were able to be assessed. Since the four-hour target was introduced there had been a 30% increase in the number of people being transferred from Kings A&E to the Maudsley Hospital. The review had so far been ongoing for eighteen months involving a wide selection of stakeholders including service users, carers, the police and commissioners. Formal consultation on the proposals had only recently started. The Steering Group had commissioned a number of pieces of work including a detailed audit report, a stakeholder event in January 2005, and a user led survey carried out by Southwark MIND User Council. A timetable for consultation had been set out, with the three-month statutory consultation period running to mid-March 2006.

Proposals from SL&M

Isobel Morris went on to outline the proposals from SL&M, in summary these being:

- To cease the walk-in function at the Emergency Clinic.
- To create five Clinical Decision Unit (CDU) beds in the Emergency Clinic for service users with complex needs waiting for screening by the Home Treatment team, discussions with Community Mental Health Teams (CMHT's) or waiting for admission to hospital.
- To accept into the Emergency Clinic service users with complex needs who are finding it difficult to wait in A&E or whose behaviour is difficult to manage in A&E.

Members were advised that the proposals would meet the requirements of the Mental Health Act for those patients who were sectioned.

It was not considered viable to provide properly managed and staffed CDU beds in addition to the walk-in Emergency Clinic, without disruption to services.

Comments from Lambeth Primary Care Trust (PCT)

Committee was informed that SL&M's proposals would be presented to, and formally considered by, the PCT Board in early 2006. From a commissioning perspective, the PCT were generally in support of the proposals, although from an officer perspective there were concerns that needed to be addressed. Details of the concerns were not given.

In a wider context, the Unscheduled Care Strategy for physical and mental healthcare aimed to reduce the demand and need for crisis care through earlier intervention, planned care and integrated care across departments. A number of service users reportedly lacked confidence in SL&M possibly due to a lack of integration in the system. To this end, there was a move towards greater integration with Social Services and the PCT, and integrated community mental health teams.

Comments from Southwark Primary Care Trust (PCT)

Tamsin Hooton, Southwark PCT Joint Commissioner, addressed the committee. She confirmed that Southwark PCT (SPCT) was supportive of the proposed changes and that the SPCT Board would be formally acknowledging the proposals in March 2006. She cautioned that SPCT would like to see improvements made to services in tandem with improved crisis services in the area as a whole. In terms of investment, they would want to see any service reconfiguration carried out within existing resources from the PCT.

Questions from members of the committee

Councillor Donatus Anyanwu asked why it had been decided to provide five CDU beds. Isobel Morris responded that it was partly due to the available space and the capacity of the unit to monitor patients. Monitoring statistics showed that an average of 2-3 people were admitted on a normal evening, but this could sometimes be as many as 5.

In response to further questions from Councillor Anyanwu, Isobel Morris responded that SL&M was trying to use their resources in the best way possible to meet the needs of service users. It was not feasible to continue the walk-in service and also admit people with more complex needs from Kings A&E. The proposals offered an acceptable compromise, she proposed.

Councillor Anyanwu commented that people presenting themselves at the walk-in service had reached a point of crisis. Isobel Morris responded that approximately 60% of people presenting themselves at the Emergency Clinic were known to SL&M, and so would therefore have a care worker and/or a care plan. In these instances, a carer would be able to visit the service user at home or they could be assessed by a team at the clinic. In both instances the service

user would be treated by someone familiar to them. This was preferred to attending the Emergency Clinic were they were unknown clients. Users often complained that they were repeatedly being treated by people that had not known them before. Councillor Anyanwu commented that this still left approximately 40% of people that were being excluded and disadvantaged because a drop-in service would not be provided under the proposals. Isobel Morris responded that a large proportion of people presented to their GP's before being referred to SL&M. It was hoped that through more direct contact between GP's and the Service Team there could be more contact with and better treatment for the service user. GP's could also request additional help through the Crisis Resolution Team. If these options were not effective a psychiatric doctor was available at Kings or Guys A&E.

Councillor Sarah Welfare asked why the issue of using the Emergency Clinic as a walk-in centre had only become an issue now. Isobel Morris responded that there had been an increase in the number of people staying over night in the Emergency Centre and this had prevented KCH from meeting its four hour A&E targets.

Councillor Welfare commented that there appeared to be approximately 1000 people not "known" to the service. This implied that individuals might be dropping into the Emergency Clinic without being in crisis/emergency. Isobel Morris responded that relatively stable people did present themselves because the Emergency Clinic offered a welcoming environment where they knew the staff. Rod Craig commented that a recent paper by the Mental Health Committee reported that people presenting themselves to the Emergency Clinic were less likely to be people experiencing severe crisis but were more likely to be admitted. Available emergency treatment was indeed needed, but there was an issue that people were using the clinics as a drop-in centre. Members suggested that a drop-in centre facility was required outside normal working hours. Tamsin Hooton added that people dropping into the Emergency Clinic without being in crisis might be service seekers as opposed to service users.

Members of the public present commented that many people in Southwark used the Emergency Clinic because it was detailed as a resource to them in their care plan, so there was understandable concern from these users about potential changes. There needed to be a project manager to oversee the whole project, but the PCT had stated that insufficient funding was available.

In response to comments from Councillor Helen O'Malley, Isobel Morris commented that the Emergency Clinic was, to some extent, used to accommodate overflow from KCH A&E, in order to meet the A&E Department targets. This was considered an appropriate use of the clinic.

Councillor O'Malley asked for confirmation of whether a planning application had been submitted for a secure unit at Lambeth Hospital. Patrick Gillespie, Lambeth Service Director SL&M, responded that SL&M were in the process of building a twenty-four bed medium secure unit to facilitate the re-location of people back to Lambeth who were currently being cared for elsewhere.

Councillor O'Malley asked what the 40% of service users not known to the system represented in real terms. Isobel Morris confirmed that she would provide figures.

SL&M
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Councillor Eliza Mann asked if the proposals met the National Framework for Mental Health. Isobel Morris responded that all of the core standards were being met including a 24-hour service at A&E, and the provision of Crisis Service and Home Treatment Teams.

Councillor Mann asked whether funding for 2006/07 had been agreed, and, if it had not been agreed, whether funding was likely to be increased or decreased. Tamsin Hooton responded that funding had not yet been agreed but the commissioning framework would be to provide a generic uplift, in line with inflation. Gershon efficiency savings would also need to be met.

Councillor Mann commented that statistics showed that people were waiting for more than four hours to be assessed at the 24-hour services at KCH and St Thomas' Hospital, in which context, there was concern about SL&M's proposals to close emergency access. Isobel Morris responded that approximately 75% of patients were not waiting more than four hours to be assessed at A&E. Also, more service users attended A&E than the Emergency Clinic, even though these services were available. Councillor Mann responded that SL&M's performance figures suggested that service users would prefer to use the Emergency Clinic. Isobel Morris responded that known service users do prefer to use the Emergency Clinic, while clients presenting to GP's would rather attend A&E or general hospital.

Councillor Veronica Ward asked if St Thomas' Hospital had yet responded to the proposals. Patrick Gillespie responded that St Thomas' Hospital were represented on the Emergency Clinic Steering Group and had attended other meetings and stakeholder days. However, Guy's & St Thomas' Hospital had not yet taken a formal view on the proposals. A response to the consultation would be made after the proposals had been considered at the Guy's & St Thomas' board meeting on 1st March 2006. In response to further questions from Councillor Ward, Isobel Morris responded that KCH had expressed concerns about the proposals because they believed that it would increase admissions to A&E. Extra resources would be needed to meet the increased demand.

Facilities at KCH had been improved including a private interview room where people could sit and relax, for example, prior to assessment. The proposals would also allow for people to be taken over to the Maudsley hospital for assessment.

Councillor Ward expressed concern that the proposals included closure of the Emergency Clinic which provided a service that met the needs of service users, that was not being met elsewhere in the system, and that before the Emergency Clinic was closed the Trust should ensure that the same service was being similarly provided elsewhere. Tamsin Hooton agreed that alternative proposals had to be in place before the Emergency Clinic was closed in order to address the concerns of KCH that all walk-in presentations from the Emergency Clinic would present to KCH A&E. She confirmed that preliminary discussions had taken place with service providers to address this issue. Patrick Gillespie added that care plans would need to be updated to state that in a crisis situation clients should present themselves to the CDU, to support centres or to other support arms in the area.

In response to further comments from Councillor Ward, Isobel Morris confirmed that there were plans to provide a dedicated telephone line/service similar to that operated at the Emergency Clinic.

Councillor Robert McConnell asked the Trust what the patient pathway would be for someone from outside of London self-harming after drinking and presenting to the Emergency Clinic. Isobel Morris responded that they would be taken to KCH A&E as their needs would be physical, not psychological.

In response to further questions from Councillor Robert McConnell concerning the role of GP's, Isobel Morris responded that GP's already had access to support from secondary care services. Rod Craig added that the provision of an Emergency Clinic at the Maudsley Hospital was unique on a national scale. Elsewhere, emergency services were provided through A&E and primary care provision.

Councillor Angie Meader asked what resources existed for people experiencing problems out of hours. She reported that, if the problems were violent the advice given was always to call the police, and she asked what was being done to address this. The National Standards Framework stated that there should be 24-hour service provision for all people, not just those with a care plan. Isobel Morris responded that 24-hour treatment was available through A&E departments. If people were unwilling to submit to an assessment one option was for them to be sectioned, or alternatively, for an ambulance to be called. She commented that the issue of people not being willing to present to A&E would not necessarily be solved by retaining the Emergency Clinic; SL&M's

proposals, however, could address this as it included alternative treatment provisions.

Councillor Anyanwu queried the assertion that there was not a financial basis to the proposals. He suggested that there would be extra financial pressure on KCH A&E due to an increased number of people presenting during crisis. He also suggested that an Equalities Impact Assessment should be carried out as the population in Lambeth and Southwark was demographically different to the rest of the country, with differing needs. Isobel Morris responded that there would be no financial savings made by the proposals as staff would still be required in the Clinical Assessment Teams, as well as at KCH A&E, which would need extra resources to meet demand during peak hours at A&E. She believed that current resources were adequate to deliver the proposals.

In response to questions from Councillor Sarah Welfare, Isobel Morris commented that a protocol was currently being developed in conjunction with KCH regarding the transfer of clients to the CDU. Councillor Welfare asked at what stage the business plan and budget for the proposals would be available to the Joint Committee. Isobel Morris responded that the skill mix would need to be altered to ensure that there were more experienced nurses at the CDU. This would mean that less medical time would be needed within the CDU, allowing this to be transferred over to support KCH.

Isobel Morris confirmed that the Emergency Clinic would remain open until any new arrangements were in place and operational.

Councillor Roger Giess, Executive Member for Social Services, Lambeth Council, addressed the committee. He noted that statistics showed that the Emergency Clinic had a 22% BME usage compared to 12% for A&E. Accepting the proposals would mean closing a service which he believed better represented the local community, and suggested that this be looked at and ways of addressing this issue sought.

Councillor Angie Meader commented that NHS services were diminishing despite unprecedented financial investment. At the beginning of SL&M's informal consultation Lambeth Health Scrutiny Sub Committee had been informed that the aim of the proposals was to save money, yet the Joint Committee was now being told that this was not a money saving exercise. Tamsin Hooton responded that over the last 5 years over £3m had been invested in mental health services in Lambeth and Southwark. It was **AGREED** that a baseline summary of money spent on mental health services in Lambeth and Southwark compared to other parts of the country be provided to members of the committee.

SL&M
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Councillor O'Malley invited general comment about Community Mental Health Teams, including cost effectiveness and possible

need for improvement. Isobel Morris commented that a review of Community Mental Health Teams was currently being carried out. Particular attention was being given to making access points more responsive and giving greater support to GP's through the Home Treatment Teams. Evidence also suggested that BME service users had less favourable outcomes if they accessed services through crisis services or the police, compared to those referred by GP's. This further emphasised the need to engage people in services before they reached crisis point.

Patrick Gillespie responded that if an individual presented to their GP rather than A&E they could be referred to the CDMHT who were able to respond to a crisis in 2-3 hours.

In response to questions from Councillor Mann regarding the extent of support for the proposals from other health professionals, Isobel Morris responded that support had been mixed. There was concern among staff at KCH A&E at the potential extra burden or proposed new arrangements. However, staff in the crisis resolutions team felt that the current system did not work as well it might and that the Emergency Clinic was a barrier to this.

Mary Roberts, Lambeth Mental Health and Disabled People's Action Group, raised the issue that it was unclear what was meant by being 'known to services'. This needed to be explained and clarified. Also, she noted that if SL&M's proposals were accepted CMHT's in Lambeth would also need to be improved, be accessible during the daytime, and be accessible to people on all levels of care plan. Concern was also expressed that not all people had a care plan, and that some people with a care plan did not understand it or their role/involvement in it. Ms Roberts stated that the withdrawal of the walk-in service would lead to increased pressure at KCH and St Thomas' Hospital A&E departments.

Councillor Angie Meader added that SL&M's consultation proposals did not include an option for the continuation of open access to emergency services at the Maudsley Hospital, as proposed by service users. Isobel Morris responded that it would not be feasible to continue to provide overnight sleepovers in the CDU as well as retaining the walk-in service.

Summing Up

In summing up, the Chair outlined the process for the following sessions. Three more formal meetings were planned including meetings with service users, non-statutory organisations and carers, before formal proposals were presented to the final meeting. Tentative dates had been proposed and it was **AGREED** that the Chair and Vice Chair liaise on dates for future meetings, and these to be circulated to all members for agreement..

Chair and
Vice Chair
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Meeting ended **8.59p.m.**

CHAIR
Statutory Joint Health Scrutiny Committee

Date of Despatch: 13th January 2006

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