



**Statutory Joint Health Scrutiny Committee**  
**Room B, Southwark Town Hall**  
**8 March 2006**  
**MINUTES**

**PRESENT:** Councillor Angie MEADER (Chair), Councillors Eliza MANN, Robert McCONNELL, Veronica WARD, Sarah WELFARE, Denise CAPSTICK

**APOLOGIES:** Councillors Irene KIMM and Lisa RAJAN. Patrick Gillespie (Lambeth SLAM)

**SCRUTINY SUPPORT:** Elaine Carter (Lead Scrutiny Officer, Lambeth Council), Lucas Lundgren (Southwark Council Scrutiny Team) Sara Taylor (Clerk, Lambeth Council)

**INVITED REPRESENTATIVES:** Isobel Morris (SLAM Southwark), Sonia Burke (SLAM Lambeth), Joe Davis (SLAM Lambeth), Denis O'Rourke (Lambeth PCT), Tamsin Hooton (Southwark PCT), John Roog (Social Services).

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**1. WELCOMES AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting and asked the members of the committee, officers, invited representatives and members of the public to introduce themselves.

The Chair explained that the first part of the meeting would be a question and answer session. The second part of the meeting would be closed to the public and the committee would discuss recommendations.

**2. MINUTES**

The minutes of 8 February and 21 February 2006 were agreed.

**3. 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 South London and Maudsley (SLAM), as well as subsequent review meetings.
- As a council representative on the Lambeth Community Police Consultative Group (CPCG) and as having been a member of the working group who produced the CPCG's Mental Health Working Group submission to the Metropolitan Police Joint Review into Mental Health and Policing.

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.

#### **4. Questions to Lambeth and Southwark PCT**

*Councillor Welfare asked the Southwark and Lambeth PCT representatives if the Southwark and Lambeth PCT boards had ratified SLAM's proposals.*

The Southwark Primary Care Trust (PCT) board has yet to formally consider SLAM's proposals. The proposals are broadly supported but there are some reservations – crisis services need to be reconfigured and improved if the walk-in clinic is closed. The board will be asked to support the proposals subject to several recommendations.

The Lambeth PCT board is considering SLAM's proposals next week. The Lambeth PCT considers there to be a strong case for reconfiguring crisis services and focusing on early intervention. The Lambeth PCT representative commented that the stakeholders lack of confidence in the proposals is probably due to lack of confidence in the alternatives. The Lambeth PCT board will also be asked to support the proposals subject to several recommendations.

The Lambeth and Southwark PCT's support is conditional on agreement to their recommendations. They would want to see a timescale for implementation of the recommendations and the key recommendations implemented before the Emergency Clinic is

closed.

*Councillor Welfare asked about the PCT's involvement in the consultation process.*

The Southwark PCT officers were involved before and after the conception of the proposals. Lambeth PCT officers were involved in the review of care provision.

*Councillor Welfare asked the Southwark and Lambeth PCT representatives about the funding arrangements between PCT and SLAM, how much they are and how they are allocated.*

Funding within the budget was not ringfenced for mental health or the SLAM contract. The Southwark budget is approximately 40 million pounds and the Lambeth budget is approximately 68 million pounds. The funding is fairly stable from year to year.

The Southwark PCT and Lambeth PCT will provide to the committee the exact funding that goes to SLAM at a later date.

*Councillor Welfare asked to what extent financial considerations have influenced the proposed changes and why?*

SLAM's proposals require a reallocation of the budget and will not create actual savings. The Southwark PCT representative believed efficiency gains rather than financial gains were the prime motivation behind the proposals. Lambeth's forensics budget is approximately 20 million pounds and Southwark's is 40 million pounds.

## **5. Questions to SLAM NHS TRUST**

The report prepared by the SLAM was **tabled**.

*Councillor Meader asked for a summary of how the views of non-SLAM members were incorporated into the final proposals*

The views of non-SLAM members were incorporated into the proposals in the following ways:

- Stakeholder opposition to closing the Emergency Clinic led to the Clinic staying open but with a changed remit.
- Concern about A&E capability to manage mentally unwell or disturbed patients led to including transferring patients to the Clinical Decision Unit in the proposals.
- Clinical Decision Unit beds will be provided.
- In Southwark improvements have already been made to Mental Health Teams so that they can respond to GPs and patients known to the services within a day.
- The proposals address lack of choice in services by

providing more variety.

*Councillor Meader asked about the consultation process.*

As part of consultation the proposals were made widely available in libraries and Community Mental Health Teams (CMHTs) in both Lambeth and Southwark. A stakeholder day attended by over 100 people was held in January. Service users organised an event that was attended by SLAM representatives. An article on the proposals was also included in Southwark Mind magazine. Further details are available in the report tabled at the meeting.

One written response was received but verbal feedback was incorporated into the proposals. Meetings have been held for medical staff at the Maudsley site. The representative said a paper outlining the consultation done to date is being prepared for the Steering Group and will be made available to the Committee.

The PCTs led the consultation with GPs. GPs were consulted on the proposals in the following ways:

- There was an article in Practice magazine.
- Through the GPs Forum.
- Professional Executive Committee discussed the proposals several times.

*Councillor Meader suggested there is a perceived difference in quality, quantity and accessibility of care in Lambeth and Southwark (Lambeth scoring worst) and asked why this might be.*

The Lambeth PCT representative said that while there are differences and similarities between Lambeth and Southwark services he is doubtful that Lambeth is worse off.

*Councillor Meader asked why the staff consultation events the committee has been invited to organised by Isobel Morris have targeted only Southwark staff*

The SLAM representative responded that a consultation session for Lambeth and Southwark staff was to be held on 9 March 2006

*Councillor Ward asked how the community mental health services would be compensated for the closure of the Emergency Clinic.*

SLAM representatives outlined the following improvements:

- A senior health officer will be based at King's overnight representing a 100% increase in staff availability.
- The Police suite (Mental Health Act section 136 ward) will still be available but relocated.
- Planned review of ABT teams in Southwark to improve duty rota and medical cover.
- Planned audit of crisis and contingency plans of Southwark

patients.

- Advice Line to be available to patients, carers and GPs.
- There is a bid for one-off funding to provide for an additional member of staff at King's and St Thomas' A&E to assess impact of changes over the first year.

*Councillor Ward asked if a costed implementation plan including analysis of the impact on other health providers was available.*

The committee was referred to page 2 of the tabled report. SLAM is confident the unit can be funded on the existing budget and this is supported by the figures in the report.

*Councillor Ward asked how clients may access information about services.*

In response, the SLAM representatives mentioned the Advice Line and using the website to publicise key messages.

*Councillor Ward asked what communication systems and protocols will be set up to provide information about clients to relevant services.*

Currently, information is available at all times about patients known to the services through the database Patient's Journey. All secondary mental health services can access this database.

*Councillor Ward asked about the implementation of the proposals.*

Implementation depends on the outcome of consultation and there is not a detailed implementation plan at present. It will be possible to retain the Emergency Clinic until other service improvement have been made and are operating efficiently.

*Councillor Ward asked if the Emergency Clinic would stay open were there no financial constraints.*

The SLAM representative responded that it would be more worthwhile to look at options to improve A&E as the majority of people present there. The SLAM representative advised the committee that although stakeholders preferred an independent organisation to run the Advice Line this did not provide value for money.

*Councillor Mann asked how the difference in presentation statistics of ethnic minorities would be addressed in the new proposal.*

Compared to other boroughs Lambeth and Southwark have a greater number of ethnic minorities presenting and their category of care is likely to be higher as well. Traditionally, those who use A&E are not known to the services. Emergency Clinic users are more likely to be known to the services. SLAM wants to improve its

response to ethnic minorities particularly regarding earlier access to care. Lambeth has an Early Onset Service for the 17-35 age group and this is proving successful.

The SLAM representative refuted that mentally ill people are kept in police cells for extended hours as a result of the section 136 ward being full. The section 136 ward is rarely full and it is not in SLAM's interest for mentally ill people to be kept in police cells as they are usually in a higher level of crisis than those who come through GPs.

*Mental Health Commissioner visit and advice.*

Councillor Welfare would like more information from the Mental Health Commissioner visit and report.

*Councillor McConnell asked what could be done to integrate the Adult Social Worker (ASW) service with CMHTs and increase their availability. Councillor McConnell also asked if increased funding was wanted.*

The Social Services representative explained that there is a single team that covers all needs. Most of the team's work relates to child protection. Having one out-of-hours ASW per borough is typical across the country and is the most cost-effective model. More out-of-hours ASWs would increase costs. The Social Services representative was not convinced that more money is the answer as there would be many competing demands for it. Also it is not clear that there is a direct link between having only one out-of-hours ASW and why it sometimes takes longer than the specified 4-hour timeframe for someone in a mental health crisis to be seen. The Social Services representative advised that breeches of the 4-hour timeframe also occur in the daytime when there is more than one ASW available.

The committee discussed improving out-of-hours services more broadly as this might reduce the pressure on ASWs and improve their availability.

6. The Chair and committee members thanked everyone for coming to meeting.
7. Meeting closed 8:40 p.m.

CHAIR  
Statutory Joint Health Scrutiny Committee

Date of Despatch:

Contact for Enquiries:

Sara Taylor

Tel: 020 7926 2167

Fax: 020 7926 2755

E-mail: [staylor4@lambeth.gov.uk](mailto:staylor4@lambeth.gov.uk)

*\* The action column is for officers' use only and does not form a part of the formal record.*

