



The Right Honourable Patricia Hewitt, M.P.  
Secretary of State for Health  
Department of Health  
Richmond House  
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London  
SW1A 2NS

16 August 2006

Dear Secretary of State,

**REFERRAL TO THE SECRETARY OF STATE BY THE LAMBETH AND SOUTHWARK  
JOINT HEALTH SCRUTINY COMMITTEE**

As you will be aware, in the case of formal consultations on proposals to significantly change local health services Overview and Scrutiny Committees have a power of referral to the Secretary of State.

Lambeth and Southwark councils' overview and scrutiny functions have been formally consulted by the South London and Maudsley NHS Mental Health Trust [SLAM] on proposals to reconfigure local mental health crisis care services. The initial proposals are contained in the Trust's consultation document - 'Review of mental health crisis services in Lambeth and Southwark' - and formal consultation took place between December 2005 and 17<sup>th</sup> March 2006. A statutory joint committee of councillors from Lambeth and Southwark councils was established to respond to the proposals.

A key component of the formal proposals concerned the future of a dedicated walk-in, self-referral facility Emergency Clinic [EC] at the Maudsley Hospital for individuals suffering a mental health crisis. The proposals on which SLAM went to public consultation focussed on the reconfiguration of the EC to provide five clinical decision beds for service users with complex needs and withdrawal of the 24 hour self referral function previously provided.

During the process of the review the committee undertook a series of meetings and visits including discussions with service users, health professionals, and statutory and voluntary sector agencies. Based on the evidence heard the committee did not have sufficient confidence in other elements of the crisis care system or the system as a whole to support the loss of the self-referral specialism and accordingly was not able to support the reconfiguration proposals. The committee's final report to the Trust in March 2006 (attached) sets out the findings and recommendations on the original consultation proposals.

Having received this report however the Trust subsequently withdrew the main tenet of its consultation option – that the Emergency Clinic would no longer be available to walk-in presentations and be reconfigured to provide five clinical decision beds - and took a decision in conjunction with the PCTs to close the EC completely. This revised position, of which the committee was advised verbally at its meeting on 27 June 2006, had not been subject to further public consultation, and seemed to run counter to the many strongly expressed opinions of both members of the public and professionals during both the committee's review and the Trust's own formal consultation exercise.

The committee was not satisfied that changes to mental health crisis services proposed by the trust in its original consultation document, and in particular the withdrawal of the self-referral 24 hour walk-in facility at the Maudsley Emergency Clinic, are in the interests of the health of local people in Lambeth and Southwark. Neither does the trust's subsequent position address the committee's concerns regarding the self-referral crisis access to services or the strengthening of the entire system to otherwise meet this need.

The trust has stated its intention to close the Emergency Clinic in autumn 2006 and having considered SLAM's written position statement and timetable for implementation it has become clear that local resolution is not achievable. Accordingly the committee wishes to refer this matter to the Secretary of State for decision on the grounds that the proposal for change is not in the interests of the local health service.

Dialogue between the committee and the mental health Trust and Lambeth and Southwark Primary Care Trusts has taken place as recommended in guidance to try and reach local resolution. The committee received a written response to its recommendations in April 2006 and met with senior managers from the Trust and the service commissioning bodies (Lambeth and Southwark PCTs) in June 2006. However at that meeting a revised position due to funding pressures was announced verbally and subsequently confirmed in writing. Having received the revised position statement and implementation plan the committee considers that local resolution on this issue is not achievable and formally took the decision to refer on 15 August.

The evidence to support the committee's original recommendations of March 2006 is set out in committees' final report, but in making this referral the committee would wish to highlight the following issues in response to the Trust's current proposals:

- **[Joint Committee report recommendation 1] The committee considers that a whole system approach to mental health crisis services is needed across both boroughs – with shortcomings in the existing system addressed and key parts of the system strengthened before any reconfiguration is progressed.**

The committee welcomes the aspiration to treat home-based care and support as the norm for delivery of crisis mental health services. However the overwhelming view expressed

during the consultation is that the current system is neither sufficiently responsive nor accessible to support people in crisis. This includes the view of the PCTs who, whilst expressing general support for SLAM's way forward, stated this was conditional upon implementation of service and community improvements.

These problems were acknowledged by SLAM who wrote to the committee in its April 2006 response that *"In the course of the consultation service users were clear that they did not receive a prompt enough response from community mental health teams"*.

The consultation process encompassed an extended lead in time in advance of the formal consultation period during which problems in accessing crisis services were raised at a range of fora. It appeared that these access problems were still in evidence at the conclusion of formal consultation. The implementation plan subsequently put forward by the Trust sets out a range of service improvements due to be introduced and applied within a very short timescale. However the plan establishes no monitoring or auditing arrangements to determine whether these have been successfully achieved, despite having stated in its April 2006 response that it was prepared to monitor the impact of improvements to the responsiveness of the Assessment and Treatment Teams in an emergency.

Neither is the committee convinced that the planned actions to address these problems and to be delivered within a three month timescale represent a robust response. The committee is therefore deeply concerned that a valued open access service supporting vulnerable people will disappear before the efficacy of other service changes can be measured. The committee maintains its position that the proposed measures to strengthen support to people in a crisis – and in particular out of hours support – need to be in place and shown to be effective before closure of other key support services is considered.

- **[Joint Committee report recommendation 2] Committee members, many service users, and some staff at St Thomas' and Kings A&Es expressed serious reservations about the capacity and appropriateness of A&E facilities to provide quality crisis care for people in mental distress and to contain any increased pressure of demand for services.**

This remains the committee's position and whilst A&E may meet National Institute of Clinical Excellence guidelines all the evidence heard suggests that this is not the best option for patients – whether they be attending A&E for a mental health problem or a physical injury.

More crucially, the Trust's key consultation proposal rested on the co-location of the Emergency Clinic and Kings Hospital, from which patients attending A&E in distress would be transferred to the proposed five bed clinical decision unit at the EC.

With the removal of this proposal in June 2006 the committee has since been variously advised of a proposal to (i) create 3 emergency beds provided in acute wards for Southwark patients. The committee was also told that in Lambeth there was sufficient capacity in the system to access Clinical Decision Unit [CDU] beds (*Joint Committee - 27/6/06*). (The committee was not informed as to what clinical circumstances had changed to free up capacity in Lambeth and Southwark wards whereby previously a dedicated CDU had been regarded as the best option to support mental health service users and A & E health professionals); and (ii) in July 06 create four emergency CDU beds on ES2 to take male admissions out of hours.

Notwithstanding any proposals regarding access for female clients and around transport policies etc the committee is concerned that it has been advised of three changed proposals within four months and is therefore sceptical as to what may finally evolve to support the pressures of attending at A&E. Meanwhile at the meeting on 27 June 2006 Kings A&E advised that there had been a 55% increase in mental health patients presenting there over the previous month, during which time it had been reported that the EC has been mostly closed.

- **[Joint Committee report recommendations 3 & 4] The committee supports the need for a properly resourced telephone advice service and would like to see increased commissioning emphasis on non-medical model services.**

The EC providing around the clock telephone advice service formed part of SLAM's consultation proposals. It is not now clear how or when this will be developed - outlined actions appear to propose only a pilot in Lambeth for out-of-hours telephone cover and a range of 9.00-5.00 cover and use of the intranet. A&E have previously expressed their concerns that calls will be diverted to them and the committee increasingly share concerns about extra pressures on A&E with the removal of the emergency facility.

In addition, proposals to extend hours of day care are still being worked through. In the present financial climate and within the context of historic reduction in day social support services (particularly in Lambeth), it is not agreed how services that are not directly clinically interventionist will be delivered, nor whether they can be sustained. Again, the committee would wish to see and hear evidence of both service delivery and quality.

- **[Joint Committee report recommendation 7] The committee believes that a self-referral, walk-in 24 hour specialist mental health facility should continue to be available locally in whatever form.**

This remains the committee's position regardless of the proposed location of CDU beds, and the reasons are set out in detail in the submitted report. However the committee is disappointed that the Trust has withdrawn from its initial response (April 06), whereby it acknowledged the strong case for retaining the 24/7 walk in facility and gave an option to revisit the option developed by service users to provide 3 CDU beds whilst continuing to provide the walk-in self referral service.

Whilst the committee accepts that there are compelling financial pressures within the mental health services in Lambeth and Southwark, it firmly believes that there are equally compelling social and safety implications of the proposed reconfiguration and that there needs to be broader strategic planning across the crisis service and the mental health system in Lambeth and Southwark. Accordingly the committee cannot support the closure of the Emergency Clinic until it can be proven that users' needs will be more than just *adequately* met elsewhere in the system. To date this has not been achieved.

In making this referral the committee is intensely aware of the need for timely action. The committee is extremely concerned that the EC is currently being run-down and that if this continues there is the likelihood that this service will be rendered unviable before any formal decision on this issue can be reached.

- **[Joint Committee report recommendation 9] The committee considers that SLAM's consultation process including the way in which consultation options were formulated, and more pertinently continue to be formulated with little reference outside the commissioning PCTs, has been less than ideal.**

The committee therefore believes there is no option other than to refer this issue for decision and to request that SLAM suspend the implementation plan for the service changes in relation to crisis care services.

We look forward to your response to this referral and await your decision with interest.

Yours sincerely,

**Cllr Angie Meader  
Chair, Lambeth and Southwark Statutory  
Joint Health Scrutiny Committee**

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