



## **HEALTH & SOCIAL CARE SCRUTINY SUB-COMMITTEE**

MINUTES of the OPEN section of the meeting of the HEALTH & SOCIAL CARE SCRUTINY SUB-COMMITTEE held on 11 MAY 2005 at 7.00 p.m. at the Town Hall, Peckham Road, London SE5 8UB

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**PRESENT:** Councillor Mark PURSEY [Chair], Councillor Sarah WELFARE [Vice-Chair] and Councillor Veronica WARD [Reserve]

**OFFICER** Natalie Blyde – Health Activities Co-ordinator, Environment & Leisure  
**SUPPORT:** Shelley Burke – Head of Overview & Scrutiny  
Margaret Campbell – Social Services  
Barry Causer - Development and Improvement Manager (Sport & Physical Activity), Environment & Leisure  
Rod Craig – Joint Head of Services for Older People and People with Disabilities  
Debbi Gooch – Legal Services  
Lucas Lundgren – Scrutiny Team  
Nigel Robinson - Strategic Development Manager (Sports), Environment & Leisure

**ALSO PRESENT:** Chima Amiaka – Corporate Strategy  
Ranghild Banton – Southwark PCT/SS Joint Commissioner Mental Health  
Vickie Carnegy – Dulwich Helpline  
Erica Crichlow – Fusion Lifestyle  
Dr Alan Maryon Davis – Director of Public Health, Southwark  
Isobel Morris – SLAM Southwark Service Director  
Richard Poxton – Consultant to Southwark Scrutiny Team on health scrutiny development  
Fraser Serle – Health Development Manager, Health First  
Angela Stanworth – Director, Southwark Community Care Forum  
Ian Thompson – Healthy Lifestyles Co-ordinator, Fusion Lifestyle  
Vivienne Townsend – Cancer Black Care  
Claire Webb – Corporate Strategy

### **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Danny McCarthy, Linda Manchester and Vicky Naish.

### **CONFIRMATION OF VOTING MEMBERS**

The Members listed as being present were confirmed as the Voting Members.

### **NOTIFICATION OF ANY OTHER ITEMS WHICH THE CHAIR DEEMS AS URGENT**

There were none.

## **DISCLOSURE OF INTERESTS AND DISPENSATIONS**

There were no disclosures made nor interests declared.

## **RECORDING OF MEMBERS' VOTES**

Council Procedure Rule 1.17(5) allows a Member to record her/his vote in respect of any motions and amendments. Such requests are detailed in the following Minutes. Should a Member's vote be recorded in respect to an amendment, a copy of the amendment may be found in the Minute File and is available for public inspection.

The Sub-Committee considered the items set out on the agenda, a copy of which has been incorporated in the Minute File. Each of the following paragraphs relates to the item bearing the same number on the agenda.

## **MINUTES**

**RESOLVED:** That the Minutes of the meeting on 4 April 2005 be agreed as a correct record and signed by the Chair.

### **3. SOUTH LONDON & MAUDSLEY NHS MENTAL HEALTH TRUST - CRISIS SERVICE REVIEW UPDATE** [see pages 26-28]

SLAM's Southwark Service Director Isobel Morris updated the meeting on the development of consultation options for the trust's crisis mental health services review. The Crisis Services Steering Group considered draft options on 6 May 2005 and further work on the options, their impact and affordability would be undertaken.

The draft consultation document would subsequently require the agreement of the Crisis Services Steering Group on 27 May 2005, and the Boards of both the PCT and SLAM in June 2005 prior to the start of formal consultation. The formal consultation period would be extended beyond the statutory minimum 12 weeks to take into account the elected Member August recess and include an open stakeholder event. In addition, SLAM would develop its consultation policy.

From a long list of six options, four options had been shortlisted, these being: doing nothing; keeping the EC open and developing alternative services; creating CDU/Complex Assessment beds in the EC; or creating CDU beds at King's College Hospital and Guy's & St Thomas' Trust. Member comments on the shortlisted options and timetable as outlined were invited.

The Vice-Chair was concerned that the user generated option of development of alternative services had apparently dropped from the long list. Isobel Morris noted that the second bullet point of her presentation should have read "do not close Emergency Clinic [EC], and develop alternative services". Ragnhild Banton reported that SLAM users had indicated that they were strongly in favour of keeping the Emergency Clinic open. Isobel Morris acknowledged users stated preference to maintain the clinic whilst also developing informal facilities, and advised that this option provided an affordability problem. Previous discussions had focused on maintaining the EC rather than on the nature and development of any alternative service(s).

In response to Member concerns that SLAM's PPIF had reportedly not been formally consulted to date in the review process, and that they should have a formal role, Isobel Morris confirmed that SLAM's PPIF Chair was a member of the MIND User Council and one of two representatives of that body on the SLAM Steering Group from which monthly report-backs were made. SLAM agreed to include the SLAM PPIF in formal communication about the review in the future.

In respect of what pro-active means the trust was using to consult people, Isobel Morris referred Members to the minutes of the Crisis Services Steering Group of 29 March 2005, in which the detailed consultation process was set out, including issues of diversity and access, and in addition contained suggestions about how SLAM might employ a range of consultation mechanisms.

In respect of the involvement of carers in the review process, the previous lack of a carer representative on the Steering Group had now been addressed and Ben Morgan recently appointed.

Councillor Ward believed the review to be a real opportunity for improvement of services, where before provision appeared a little randomly spread across providers, and people's differing needs must be taken into account in any agreed new framework. Isobel Morris concurred that there did exist a degree of confusion about access points into the system and about the system itself that it was the ambition of the review to address and ameliorate.

The Chair thanked Isobel Morris and Ranghild Banton for attending the meeting to update the Sub-Committee.

**4. SOUTH LONDON & MAUDSLEY NHS MENTAL HEALTH TRUST / SOUTHWARK PRIMARY CARE TRUST – BECKET HOUSE NURSING HOME CONSULTATION**

The Chair withdrew the item from the agenda with the agreement of the Sub-Committee.

SLAM's draft consultation document would be considered at the Sub-Committee's June 2005 meeting following formal agreement by SLAM's Trust Board, on 31 May 2005. The current draft included neither the outcome of formal consultation with staff or residents, nor feedback from the community and voluntary sectors. The item would be considered at the June 2005 health scrutiny meeting, at which time Michael McGhee, SLAM's Service Head for Southwark Mental Health of Older Adults would present the agreed consultation proposals to Members.

**RESOLVED:** That the Sub-Committee receive a presentation on the SLAM/Southwark PCT proposals in respect of Becket House Nursing Home in June 2005.

**2. HEALTH FIRST – BRIEFING ON HEALTHY LIFESTYLES/HEALTH INEQUALITIES AND HEALTH PROMOTION [see pages 15-25]**

Fraser Serle was invited to speak with Members and present his briefing paper. In his role as Health First's Southwark lead for HIV and sexual health he worked closely with other parts of the health system/providers and he expressed hope that Southwark's PCT/SS joint appointment arrangements would lead to even better links between the Council and health providers.

As a starting point for the issue of health inequalities, Fraser explained the basis of Dahlgren and Whitehead's social model of the determinants of health, which took into account wider impacts than the medical model of health. He emphasized that certain constitutional factors were not alterable and that factors in the model had the potential for both positive and negative impacts on an individual's health. Fraser used smoking behaviour – a particular Southwark Public Health target - to illustrate the interrelationship between determinants.

- Impact of education on health - important particularly in respect of an individual's ability to make healthy lifechoices.
- Southwark Council's role in planning overall provision of services in the borough, and therefore on an individual's ability to make healthy choices.
- Health promotion and health inequalities were in general middle class concepts.
- The concept of "health literacy" was introduced. The reading age in Southwark is about 13. Thought needs to be given to accessibility of health information and guides and whether they are written at a level at which they may be understood by those to whom they are targeted.
- A whole family approach to health inequalities and promotion of healthy lifestyles is needed – activities need to be accessible to all. Example - swimming vouchers aimed at children were used by adults.
- Health inequalities demands changing the way in which services are provided as employers, for example. Ensuring that people have facilities to eat at necessary times during the day, or that healthy food is provided at meetings. Its about creating environments in which people may make healthy choices.
- Health advocacy for those without English as a first language increases community capacity in advocacy.

Fraser Serle circulated copies of the Health First Information Pack containing details of the range of the organisation's work, including: community interpreting and health advocacy; coaching; a home based exercise pack developed in conjunction with KCH; a learning space; the Mayor of London Walking Advisory Panel; training in evaluation; LSL Caribbean Sexual Health Forum; the Clapham Park Project Gay Men's Group; and HIV/TB co-infection leaflets. Research indicated that producing high quality literature on health resulted in readers feeling valued.

Vickie Carnegie [Dulwich Helpline] suggested that Southwark might improve people's health by including details of walking times on signposts in the borough, which practice had been adopted in Exeter and Bristol.

The Chair asked what progress was being made towards Southwark being smoke-free, and the extent to which the local authority might impact on this through the way Licensing powers were exercised – for example through licensing incentives for smoke-free venues. FS drew Members attention to the smoking cessation element of the Mens Health Project, which included pubs running smoke free nights. Trading Standards [Michael Hogden] was working with businesses on whether this would be loss-making. In addition, some of the organisations which run smoking cessation projects had agreed to approach local venues to see whether they might be persuaded to have smoke-free nights. AMD expected that London would soon be smoke free, noting that Ireland had experienced a 17% decrease in population smoking since becoming smoke-free.

In respect of health initiative/information cascading, Health First were trying to improve links with SCCF given its large membership base, with a view to build the capacity of individuals working within community organisations to do health promotion work. Health First training and support was available to SCCF to this purpose.

As to whether there were any results of work on behaviour change starting to be seen, AMD noted that behaviour change was always difficult to measure, but that a body of evidence was building about the impact of such initiatives which included the results of trials, observational studies, focus groups and participant observation.

All present were reminded that the problem of obesity was, ultimately, life-threatening, and AMD stressed that it was increasing, with type 2 diabetes now appearing in young children, mainly because of diet and inactivity. It was not widely acknowledged that T2D was extremely serious.

The challenge of how to reach socially excluded people with health promotion messages was raised, for example, people on very low incomes or working more than one job and with very little time.

Nigel Robinson stressed the importance of changing children's behaviours in order to make an impact on behaviours of society as a whole. New Zealand children reportedly had 15 minutes of compulsory exercise every school day. He stressed that children were often educators of their own parents, and not vice versa. He told the meeting that the Youth Games planned for 2008 would target young people for involvement in physical activity and would be delivered through schools and on housing estates. The Youth Games had a range of funding partners. It was hoped that the whole of the borough would become a Sports Action Zone.

The Vice-Chair explained to those present that having included tackling type 2 diabetes in the Sub-Committee's work programme for 2004/05, Members had tried unsuccessfully to find a way in which they might add value to what remained an extremely wide-ranging topic. Councillor Ward suggested therefore that health scrutiny might instead receive regular [possibly annual] updates on the obesity figures and related activity.

Fraser Serle stressed the importance of the element of enjoyment in physical activity, and the positive impact on mental health of individuals.

The Chair suggested that further work be done on recommending that a proportion of Section 106 be set aside to develop leisure facilities. Councillor Ward reported that Camberwell Community Council had discussed use of existing spaces for increasing sports provision, and Members agreed that it was about integrating local action.

**RESOLVED:**

1. That the feasibility of a proportion of Section 106 monies being set aside to develop leisure facilities be discussed with Planning Section, and information requested about this.
2. That Southwark's Director of Public Health and the Scrutiny Project Manager discuss options in respect of options for format and timing of regular report-backs to Sub-Committee on borough progress towards addressing obesity.

**1. LEISURE SERVICES TO OLDER PEOPLE [see pages 1-14]**

Ian Thompson – Healthy Lifestyles Co-ordinator, Fusion Lifestyle and Erica Crichlow – Fusion Lifestyle were welcomed to the meeting.

Ian Thompson gave a summary presentation on Fusion in relation to its work with older people, access issues, future plans and challenges, a copy of which is attached

The Exercise Referral Service provides reduced cost but not free exercise sessions, as it was found that once users completed the initial free 12-week period, the fact of having to start paying was a significant discouragement. Low session costs and regular session times encouraged continued responsibility for health. The scheme was described as a "stepping stone", and users who did not attend were contacted by staff to encourage continuance.

Rod Craig believed that the numbers of users should be nearer 130,000 over 60 visits, but Ian Thompson emphasized that Fusion did not necessarily have information on all those visiting the centres to use services, especially casual users of services without Fusion cards. Nigel Robinson stated that approximately 25% of users were on a casual basis and 75% used Leisure Cards and their demographics and use were therefore trackable. For this reason there might be significantly higher number of older centre users, but if they attended on a casual basis no further detail was available. Ian Thompson noted that for recording purposes such activities as family planning groups were included as recorded centre "visits", and he conceded that 32,000 was not a great number of visits.

In response to Rod Craig's question as to what Fusion currently did in respect of access to centres, or outreach, and also how Fusion knew what older people wanted from leisure services, Ian Thompson responded that the Community Development Team at Fusion specialised in working with groups. They attend forums [for example the Pensioners Forum] and gather feedback. However, whilst activities were well-attended, people who were not accessing services were very important and further work was necessary in this area. There was also a balance to be struck between popularity and access. NR commented that Fusion's existing clients wanted good quality, clean facilities that met their needs. Proposals for centre improvement and investment would be presented to the Executive in July 2005.

SCCF emphasized that some people were unable to access centres as they were unable to get to them. Those in day centres and with access problems who were interested in exercise were left to find their own transport to centres. Dulwich Helpline asked how isolated elderly were expected to access centres. NR responded that Fusion was currently primarily a centre-based service, but that transport might be provided through capital investment, as the organisation moved towards a community delivery model whilst continuing to offer centre services. Other services from the council were delivered in community settings already, and Fusion were shortly to propose a new service developed with the PCT [and NRF] to offer chair-based exercise. Barry Causer stated that work was being done to identify venues which were already being used, perhaps for meetings, where there was a captive audience.

Rod Craig was concerned that although there appeared to be a wealth of activity being undertaken through Community Councils and various partnerships, it was not clear which body was binding the work together. Dr AMD noted that Healthy Southwark was multi-agency and had responsibility for linking with care partnerships across the system and reporting up to the Southwark Alliance.

Cllr Welfare reminded Members that SCCF's paper had brought out ageism as a factor mitigating against access to leisure services by older people. She felt that review should focus on how well Fusion were meeting the needs of older people, and suggested that an "age audit" focusing on exercise and physical activity might be a useful start to the review, possibly drawing in SCCF which organisation had made an offer of assistance with mystery shopping.

In response to a Member question about the timetable for development of the Older People's Strategy, Rod Craig responded that participants for its development had been identified. In June work to produce the over-arching strategy would commence, with a view to consultation starting in August 2005.

Fraser Serle noted that the Council needed to be more aware of its own accessibility status, for example documents produced should be in Arial 12 point font, as recommended by national sensory disability organisations.

**RESOLVED:**

1. That scrutiny of older people's access to leisure services in Southwark be continued in the 2005/06 municipal year by Health & Social Care Scrutiny Sub-Committee, this scrutiny to include;
  - (a) Southwark Community Care Forum being invited to undertake a "mystery shopping" exercise to explore older people's access to leisure services in Southwark and to inform scrutiny of this topic, taking into account: transport provision/problems; age discrimination; older people's confidence in services; and information about services/provision;
  - (b) That Fusion's Community Development section be asked to outline what mechanisms are currently in place to consult users in general and older people in particular about their needs in respect of service provided.

5. **COMMISSION FOR SOCIAL CARE INSPECTION – INSPECTION OF SOUTHWARK CHILDRENS SERVICES** [no report]

The Sub-Committee had originally requested that the most recent CSCI inspection report on Southwark Childrens Services be presented on 4 April 2005 but was told the document was not ready for presentation. The Vice-Chair expressed her concern and disappointment that Deputy Leader had since embargoed the report to the Executive and that scrutiny would not now have sight of the document until after that time.

**RESOLVED:** The Sub-Committee is disappointed in the Deputy Leader's decision not to allow scrutiny to consider the most recent CSCI Children's Services Inspection Report before the Executive do so, and calls to see this report at the earliest opportunity in the 2005/06 Municipal Year.

The meeting ended at 9:00 p.m.

**CHAIR'S SIGNATURE:**

**DATED:**