

**MINUTES OF A MEETING OF THE  
INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE  
Town Hall, Main Road, Romford  
3 July 2012 (7.20 - 8.50 pm)**

**Present:**

Councillors Wendy Brice-Thompson (Chairman), Jeffrey Brace, Pam Light, Linda Van den Hende, Dennis Bull (In place of Keith Wells) and Gillian Ford (In place of June Alexander)

Apologies for absence were received from Councillor June Alexander and Councillor Keith Wells

There were no pecuniary interests declared.

**1 MINUTES**

The minutes of the meeting of the Individuals Overview and Scrutiny Committee held on 11 April 2012 were agreed as a correct record and signed by the Chairman.

**2 COMMITTEES WORK PROGRAMME REPORT**

The Committee received a report setting out details of the work programme for the next municipal year. The Committee discussed the items proposed and agreed the work programme for the next municipal year.

**3 PROPOSED CHANGE TO COMMITTEE START TIME**

The Chairman of the Committee proposed that since there were a number of complex items that the committee would be scrutinising over the next municipal year that the start time of the committee was changed to 7:00pm.

The Committee agreed the change to the start time. This will take affect from the next meeting (9 October 2012)

**4 KEEPING PEOPLE WITH LONG TERM MENTAL HEALTH CONDITIONS OUT OF HOSPITAL**

The Committee received a presentation on Supporting People with Long Term Mental Health Conditions to Remain out of Hospital by the Assistant Operational Director, NELFT.

The main service emphasis was the “Right Care, in the Right Place, at the Right Time”. This included the focus on good practice for recovery through community services and in the stages of care to keep people out of hospital. The Committee were informed that recovery is different for every individual, and therefore ensuring that the discharge plans are in place at the time of admission, ensures a swift process back into the community.

NELFT were in the process of portability of assessments, so that if a service user moves out of the area, the assessment would go with them to prevent duplication. As part of the Service Remodelling, Care Pathways had been set up which included General Practitioners, BHRUT and the London Ambulance Service. NELFT were working with the pathways to ensure that education and advice was given in the correct manner.

NELFT were working closely with GPs and the CCG, by holding regular network meetings to give advice and education about getting information to the patients. There is a pilot of link workers into surgeries to assist with assessments, providing clear advice and providing services to patients.

The Committee were informed that there is a real challenge for BHRUT in treating patients in A&E with mental health conditions. Not only does it cause concern to the A&E staff, but also is very distressing for the patient and others around them.

The Committee noted that there were flowcharts in place for the London Ambulance Service when dealing with people with mental health conditions. The flowchart gave a pathway of care available for the London Ambulance staff to make a decision as to where to take the patient. Contact details for the Mental Health Service were available for advice before taking patients to A&E. Pre-assessments could be made by the Home Treatment Team before patients attending the 136 Suite at Sunflower Court at Goodmayes Hospital.

The Committee was informed that within the Older Persons Services, there was a Collaborative Care Service which was based at Queens Hospital and dealt with the early diagnosis of Dementia.

Members raised concerns about links with the Police and the use of the Section 136 for People with Mental Health Conditions. The officer explained that the approach is to take the person to a place of safety and this would be the 136 Suite at Sunflower Court. They have regular liaison meetings with the police to look at these specific issues.

Members asked about training and support that NELFT provided as the lead partner in supporting people with mental health conditions. The officer stated that it is a cascade process from NELFT to management of each of the partners in the care pathway. They provide input and training to the Acute trust, training for Queens Hospital for dealing with adults and older people with mental health, together with providing advice, support and

training from the Collaborative Care Team for staff within A&E at Queens Hospital.

A member commented that the resources available to people with a mental health condition would vary across different boroughs. Officers explained that the model was based on the good practice ensuring that there is support in place to deal with the recovery process. LBH were doing well with their Approved Mental Health Professionals (AMHPs), however other boroughs did not have the same resources. It was explained that there was a flowchart which assisted partners, i.e. London Ambulance Service, in assessing the correct route to take when dealing with a patient with possible mental health conditions. It included details of who to contact so the correct treatment is provided.

The Committee noted that there was a Mental Health helpline available 24/7, which was available to everyone, including service users, other services as well as families and professionals.

A member asked how people with mental health conditions are provided with bereavement support. Officers explained that there were services for the bereaved but this needed to be timely as there were often no coping mechanisms in place. Psychological support was put in place approximately 3 months after the bereavement.

A member asked about people diagnoses with schizophrenia, as this is often controlled by medication, however when the patient start to feel better they forget to take the medication, and then the symptoms arise again. Officers stated that this was an enduring mental illness and with all patients choice of care was the main thing. Options available included depot medication in the form of a timed injection, with support in place if they decided to stop attending.

The Committee agreed that they would wish to have an update on the service in six months time.

## **5 FUTURE AGENDAS**

The Committee discussed the outcomes of the Ageing Well Event and before agreeing on a topic group, felt it would be useful for a report to be presented on the themes that other Overview and Scrutiny Committee have agreed to scrutinise so there is no overlap.

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**Chairman**