



Haringey Council

Agenda item:

**[No.]****Overview and Scrutiny Committee****On 20 April 2009**

Report Title: Restructuring of Haringey Mental Health Acute Care Services – Overview and Scrutiny Committee Response to Proposals by Barnet, Enfield and Haringey Mental Health Trust	
Report of: Chair of Overview and Scrutiny Committee	
Contact Officer : Robert Mack, Principal Scrutiny Support Officer Tel: 0208 489 2921	
Wards(s) affected: All	Report for: <b>N/A</b>
<p><b>1. Purpose of the report (That is, the decision required)</b></p> <p>1.1. To approve the draft response of the Overview and Scrutiny Committee to proposals by Barnet, Enfield and Haringey Mental Health Trust to reconfigure acute mental health services within the Borough, as recommended by the scrutiny panel that considered them in detail.</p>	
<p><b>2. Introduction by Cabinet Member (if necessary)</b></p> <p>2.1. N/A</p>	
<p><b>3. State link(s) with Council Plan Priorities and actions and/or other Strategies:</b></p> <p>3.1. The proposals in the report are linked to the Haringey Mental Health Strategy 2005-8.</p>	
<p><b>4. Recommendations</b></p> <p>4.1. That the draft response, as attached as Appendix A to the report and recommended by the scrutiny panel that considered the proposals in detail, be approved as the Committee's formal response to the consultation by Barnet, Enfield and Haringey Mental Health Trust</p>	

**5. Reason for recommendation(s)**

5.1. The response was drafted by the scrutiny panel set up by the Committee to consider the proposals in detail after consideration of all the relevant evidence received.

**6. Other options considered**

6.1. The scrutiny panel that considered the proposals in depth was of the view that the permanent closure of the ward in question would be premature for the reasons specified in the draft response.

**7. Summary**

7.1 As previously reported to the Committee, Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) have made proposals to make significant changes to their adult acute services within the Borough. These were designated to be a “substantial variation” to local services by the Committee at its meeting on 2 June 2008.

7.2 The Committee set up a small panel of Members, chaired by Councillor Ron Aitken, to look at the proposals in detail. The attached response is recommended by the Panel as the Committee’s formal response.

**8. Chief Financial Officer Comments**

8.1 Closure of the acute ward at St Ann’s Hospital has resulted in a high number of previously “long stay” mental health clients being prepared for discharge into the community. Records show that, at this point in time, there are 7 such service users ready for discharge at a full year cost to Adult Services of circa £350k.

8.2 Whilst Continuing Health Care assessments, for these and any future clients discharged, may reduce the cost to the social care budgets there may be additional service users ready for discharge that Adult Services are not currently aware of. This will increase the pressure on Council budgets.

8.3 Before any future closures can be considered it is essential that NHS Haringey, BEHMHT, and Haringey Council work closely together to consider strategic planning, commissioning and the financial impact of future proposals

**9. Head of Legal Services Comments**

9.1 The legal implications and relevant statutory powers are set out in the draft response at Appendix A to the report.

**10. Head of Procurement Comments – [ Required for Procurement Committee]**

10.1. N/A

## **11. Equalities & Community Cohesion Comments**

11.1. Disproportionate numbers of people from black and minority ethnic communities are admitted into acute mental health accommodation. In addition, although people with mental illness are often stigmatised, the level of stigma can be higher amongst some communities. Home treatment may play a role in helping to reduce this.

## **12. Consultation**

12.1. The Panel appointed to consider the proposals on behalf of the Committee received evidence from a wide range of stakeholders and user and carer organisations and their views are reflected in the draft response.

## **13. Service Financial Comments**

13.1. The restructuring of Haringey Acute Services and closure of wards will reduce the numbers of acute beds within Haringey. As such the threshold for bed space will rise and that may result in more complex cases within the community. This will have a knock on effect on the availability of places in Alexandra Road Crisis Unit that provides respite and crisis services. The financial implication is that LBH may need to purchase crisis support and respite placements in the private and voluntary sector.

13.2. Although 7 clients have already moved with an estimated full year cost of £350k, Haringey's MH services advise there are further clients that will be effected by the restructuring and initial assessments suggest it is 4 further clients. Based on the average costs of the first tranche there may be further costs associated with placing 4 clients of £200k.

13.3. Robust transition review plans will need to be in place to ensure clients are moved into step-down and supported housing, as appropriate, to minimise the additional costs of these new clients.

13.4. Haringey Mental Health Services will be working closely with BEMHHT to ensure continuing care assessments are undertaken and the costs of these clients are appropriately apportioned.

## **14. Use of appendices/tables and photographs**

14.1. The draft response is attached as Appendix A.

**15. Local Government (Access to Information) Act 1985**

15.1. Background papers are as follows:

None.

**16. Report**

- 16.1 Proposals were made by Barnet, Enfield and Haringey Mental Health Trust (MHT) in June 2008 to close an acute adult ward at St. Ann's Hospital. This was intended to allow re-investment of resources into (i). their Community Home Treatment Team to enable more people to benefit from Home Treatment and (ii). the remaining in-patient wards in order to improve establishments and reduce reliance on temporary staffing.
- 16.2 The Trust reported that their Home Treatment Teams, as currently established, were meeting their national targets and could treat more people at home, prevent more admissions and support people to return home earlier if there were more staff available to enable this. The proposed change was identified as a requirement of the Haringey Joint Health and Social Care Mental Health Strategy 2005-2008, which stated that Haringey was over-reliant on institutionalised, hospital based care and required a shift of resource from hospital to community. They also felt that the in-patient staffing establishment was insufficient to meet modern requirements.
- 16.3 The Trust stated that the changes would improve the quality of care to service users within the Borough. National audits identified that people prefer the opportunity to receive their care at home rather than having to be admitted to hospital. It was felt that avoiding admission also improved opportunities for recovery. Research showed that some communities also preferred home treatment where this is was appropriate and available. The Trust was of the view that the changes would contribute to the delivery of local targets, increase, choice for patients and provide better value for money.
- 16.4 The change will mean that there will be a fewer number of male acute admission beds. There are currently 92 adult acute beds and closing 16 male beds will reduce this to 76. The resources freed up would be transferred to enable more home treatment episodes and an improved level of staffing on the remaining wards. Increasing the number of staff on the remaining wards would reduce the need for additional temporary staffing to cover periods of sickness absence, training etc, resulting in some efficiencies and improving continuity and quality on the wards.
- 16.5 There is a general requirement for NHS bodies to consult with patients and the public, including a duty to consult with the Overview and Scrutiny Committee (OSC) under Section 242 of the NHS Act 2006. In addition, there is also a specific duty to consult on what are termed as "substantial variations" to local NHS services under regulation 4 of the Local Authority (Overview and Scrutiny Committees Health and Scrutiny Functions) Regulations 2002.

- 16.6 The Overview and Scrutiny first considered the MHT's proposals at its meeting on 2 June 2008 and determined that the proposals constituted a "substantial variation" to services due to:
- The number of patients potentially affected
  - The nature of the changes in the method of service delivery, which involves moving a significant proportion of services from a hospital setting into the community,
- 16.7 The Committee set up a small panel, chaired by Councillor Ron Aitken, to look at the proposals in detail and recommend an appropriate response to them on its behalf. The Panel first met on 2 September to receive MHT's draft proposals and obtain preliminary feedback from user groups. Following this meeting, the proposals were referred to NHS London for a pre-consultation review, which is required in all cases where an overview and scrutiny committee designates a proposed change to be a "substantial variation". This process included an independent review undertaken by the National Clinical Advisory Team (NCAT). However, before the review was completed flooding took place in another male acute mental health ward – Northumberland ward - leading to its emergency closure. Staff affected were moved to the home treatment team and the other wards and, in effect, these changes put in place the plan which was to be the subject of the consultation by the MHT.
- 16.8 The review of the clinical implications of the proposed changes by NCAT was broadly favourable to them. However, it recommended that the scope of the consultation be broadened to consider the overall future direction of travel including:
- The further reduction of acute admissions in Haringey
  - The development and investment in community services necessary to support such change
  - The pace and timing of change
- 16.9 The proposed changes were accepted by the MHT and agreed by the Overview and Scrutiny Committee.
- 16.10 Following completion of the pre-consultation review by NHS London, formal consultation began on 26 January and was undertaken jointly by the MHT and the TPCT and managed by MHT. It address:
- The permanent closure of one acute ward at St Ann's
  - Further changes to acute services, such as the development of Home Treatment Teams and other services, leading to a need for less in-patient beds in the longer term
- 16.11 The consultation ran for 8 weeks, with the scrutiny process running in parallel to this.
- 16.12 The Scrutiny Panel received evidence from a wide range of sources including Haringey Council's Adult and Housing Support and Options Services, the

Metropolitan Police, MIND, Haringey Mental Health Carers Support Association, Haringey User Network, the Patients Council and the Mental Health Trust's Joint Staff Committee. It also considered relevant documentary information including statistical information provided by the MHT and reports from the Mental Health Act Commissioners and NCAT. Panel Members also visited St. Ann's Hospital.

- 16.13 Its draft conclusions are attached to this report as Appendix A. The Panel noted that there had been long standing problems of over occupancy on wards at St Ann's. However, specific efforts taken by the MHT had reduced levels of occupancy considerably and, consequently, the impact of the enforced closure of a ward following the flooding referred to above. The Panel nevertheless felt that it would be premature to conclude yet that reduced occupancy levels are likely to be a long term trend and unlikely to be reversed.
- 16.14 The Panel was also concerned that there had been limited opportunities so far for mental health partners to fully consider the strategic and operational implications of the proposals. They felt that there were likely to be implications for other partners and these needed to be carefully considered. Its conclusion was that the permanent closure of the ward could not be supported until such time as an integrated and fully costed implementation plan had been produced.
- 16.15 The MHT will be attending the next meeting of the Committee, on 29 April, to respond to the Committees formal response to the consultation.
- 16.16 Following its final meeting, on 25 March, the Panel became aware that that the MHT is proposing to close a further ward at St Ann's and rationalise psychiatric intensive care services on a single site – probably in Edgware – during 2009-10. Further engagement with the MHT on these issues is therefore likely to be required in due course.

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**Your ref:**

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Our ref: SR/ POC

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Dear Andrew,

**Improving Mental Health Services in Haringey**

I am writing to inform you of the conclusions and recommendations that have been reached by the Overview and Scrutiny Committee in response to your consultation on Improving Mental Health Services in Haringey.

The proposed changes were considered to represent a substantial variation or development to local services, as outlined in Section 7 of the Health and Social Care Act 2001. This requires that the Overview and Scrutiny Committee considers whether the Trust has properly consulted the Committee, conducted appropriate consultation and public involvement and presented proposals that are in the interests of local health services. A small panel of Members, chaired by my colleague Councillor Ron Aitken, was appointed by the Committee to undertake this detailed work and report back on its findings.

To assist in its deliberations, the Panel received evidence from a wide range of sources including Haringey Council's Adult and Housing Support and Options Services, the Metropolitan Police, MIND, Haringey Mental Health Carers Support Association, Haringey User Network, the Patients Council and the Mental Health Trust's Joint Staff Committee. It also considered relevant documentary information including statistical information provided by the MHT and reports from the Mental Health Act Commissioners and NCAT. Panel Members also visited St. Ann's Hospital.

From this evidence, the Panel has formed the following conclusions:

- They are satisfied that there has been appropriate consultation with the Overview & Scrutiny Committee. They are also satisfied that in developing the proposals for service changes, BEH MHT and NHS Haringey have taken into account the public interest through appropriate patient and public involvement and consultation. They are nevertheless concerned that the proposed closure of Finsbury Ward was initially only subject to consultation with staff and that the views of service users, carers, other stakeholders and the Overview and Scrutiny Committee were not actively sought. After this start, genuine efforts were made to involve those affected by the proposed changes. For example, two public meetings were arranged and officers



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from the MHT attended relevant area assemblies. Efforts were also made to engage directly with service users at clinics and at meetings of the Haringey User Network. In addition, the MHT also employed an independent organisation – Healthlink – to evaluate the feedback received,

- The Panel is of the view that future proposed changes should be brought to the attention of Overview and Scrutiny Committee, service users and carers and stakeholders in a more timely and proactive manner so that their views can be taken into account at an early stage in the development of proposals. The Trust not only has responsibilities under Section 7 of the Health and Social Care Act 2001 to do this where substantial variations or developments to services are planned – it also has a general duty to involve under Section 242 of the NHS Act 2006, which covers developments that fall beneath this threshold. The Committee is particularly mindful that the Trust has specific aspirations to close another ward at St Ann's in 2009/10 and rationalise PICU. The Panel is of the view that the interests of transparency and openness would have been better served by the MHT if these had been shared more explicitly with the Panel, service users and their representatives when they were developed during the consultation period. Both of these proposals should be subject to appropriate levels of consultation in due course.
- The Panel has concluded that convincing evidence has been presented of the need to improve and modernise mental health services in Haringey and of the clear benefits of home treatment over in-patient care. Although no organisations or individual that the Panel received evidence from questioned the principle behind the proposed changes, concerns were raised about the pace of change.
- The Panel cannot yet support permanent closure of the ward or, at this stage, conclude that it is in the interests of the local health service. This is for the following reasons:
  1. The Panel notes the reductions in bed occupancy levels, lengths of hospital stay and delayed discharges, which are all welcome. However, it is mindful of the view of the Mental Health Act Commissioners that caution should be observed before making permanent reductions in beds due to the long term and ongoing nature of concerns about over occupancy at Ann's. It also notes that although the figures show an overall downward trend, there have been some fluctuations. It is therefore of the view that it would be premature to conclude at this stage that there has been a "proven sustained diminution of demand for in-patient beds." The Panel concurs with the view of the Commission that occupancy levels at St Ann's need to be below 100% for a consistent period before consideration of a permanent reduction in the number of acute inpatient beds.
  2. The Panel received evidence from key stakeholders in the course of the review that, when the proposals were initially made, there had been limited opportunities for partners to discuss their potential implications and to make the joint strategic and operational plans necessary to ensure that the range of services were in place to support the changes. The Panel is of the view that proposals of this nature should routinely be the subject of detailed discussion with partners at an early stage, even if this is merely for the purposes of reassurance. However, the Panel notes that some progress appears to have since been made, with discussion taking place with relevant partners and stronger links established with relevant housing services.