

## **Special Meeting of the Adults and Health Scrutiny Panel**

### **Downhills Ward, St Ann's Hospital**

**13<sup>th</sup> November 2012**

#### **DRAFT MINUTES**

**Attendees:** Cllr Adamou (Chair), Cllr Mallett, Cllr Winskill, Cllr Erskine, Cllr Stennett, Helena Kania (Co-Optee, LINK), Pam Moffatt (HFOP, substitute for Claire Andrews), Emma Winter (MIND in Haringey), Diane Arthur (MIND in Haringey), Peter Johnson (MHSA), Lyn Campbell (mother of patient), Maria Kane (CE, BEH MHT), Andrew Wright (BEH MHT), Lee Bojter (BEH MHT), Nuala Kiely (HUN), Dr Sarah White (MHSA), Nick Bishop (MHSA), Anne Clancy (mother of patient).

#### **1. Apologies**

Claire Andrews (HFOP)

#### **2. Urgent Business**

None received

#### **3. Declarations of Interest**

None received

#### **4. Barnet, Enfield and Haringey Mental Health Trust**

The Panel received a presentation from the Barnet, Enfield and Haringey Mental Health Trust. (Please see attached presentation)

Key points noted:

- Sincere apologies for the poor communication regarding Downhills Ward.
- The Trust is committed to learn from mistakes made and is reviewing their communications policy.
- 'Changing for Good' is an on-going initiative, which the MHT has had an on-going dialogue with Overview and Scrutiny about.
- <http://www.beh-mht.nhs.uk/changing-for-good.htm>

- Beds don't necessarily equate to better care.
- Patients spending too long on Wards isn't always good for them and can make them go downhill again.
- Some Wards across the MHT have consistently got empty beds.
- There is therefore a point where there is a need to look at consolidation. It was felt that this was the point reached in relation to Downhills Ward.
- Downhills Ward has consistently had the poorest quality environment, a point which has also been raised by the Care Quality Commission.
- Better stock will be available once St Ann's is redeveloped. However this is 2 ½ years away.
- Options currently being considered are for the interim period in the lead up to the site redevelopment. These options are (as per the presentation):
  - Looking at whether we can adapt the wards at St Ann's to allow mixed sex use – this would be very difficult and very expensive, given the wards will be replaced by 2015
  - Moving the assessment ward to Chase Farm and having separate male and female treatment wards at St Ann's in the interim – this would ease the travel difficulties for carers and other visitors of longer stay patients as only assessment patients would be affected
  - Combining assessment and treatment beds on each of the remaining male and female wards – the preferred option
  - We are also looking at how we could provide additional support for carers of patients if temporarily accommodated at Chase Farm, e.g. a free regular shuttle bus between St Ann's and Chase Farm

In response to questions from the Panel and other attendees the following points were noted:

- The announced closure of Downhills Ward in September was felt to be an operational and service decision as it was part of wider discussions on the service model and was therefore taken by the Crisis and Emergency Line.
- However, the Communication Policy was not followed in this case.

- There are clinical safety considerations e.g. having to correct ratio of staff to patients – as capacity reduces any staff absence can have a bigger impact and therefore bigger clinical concerns.
- It is estimated that changes would impact approximately 10 patients per month.
- 2 ½ years is a realistic time frame for the redevelopment of St Ann's.
- There was some confusion on the number of patients on Downhills Ward as of the date of the meeting.
- There are no new admissions to Downhills Ward. Any additional beds used where due to moving people around as opposed to admitting.
- It would not be cost effective to keep Downhills Ward open for new admissions during the consultation as there were too many empty beds across the MHT.
- The LINK raised concerns that procedures had not been followed and questioned reassurances that the situation would not occur again.
- The Recovery House programme was fully consulted on, the closure of Downhills Ward was based on this programme. However, MHT acknowledged that they had forgotten to remind people of this.
- At the time of the Recovery House programme consultation it was agreed that beds would be kept until Recovery Houses were at full capacity, this point had now been reached.
- The Communication Policy now states that any decision to close a Ward should go to the MHT Board.
- The MHT can never say 100% that every Haringey resident will be treated in Haringey as this is not practical due to fluctuations in need and the flow across the whole of the Trust and the three Boroughs covered.
- Concerns were raised that the mental health needs of residents in some of the most deprived areas would not be met during the redevelopment and that those with mental health needs, women, families of those with mental health needs and those in deprived areas would be disadvantaged.
- Wards had previously been both treatment and assessment but splitting them helps to manage the pathway better. The MHT now felt that Clinicians

had found a way in which both could be done on one Ward but keeping assessment and treatment elements very separate in order to get the best results.

**AGREED:**

- That the Communications Policy would come to a future meeting of the Adults and Health Scrutiny Panel for consideration and to reassure the Panel that it would not fail in future.
- That the Panel would receive an update in the New Year on the overall strategy and the current and future position with regards to the position.
- That the Panel would receive information on how the long term change away inpatient centred treatment and to home and community based models is progressing, with special emphasis on how the new ways of working are being implemented from the point of view of clients, carers and mental health groups at a Panel meeting in the New Year.

## **5. Mental Health Support Association**

The Panel heard from Anne Clancy, the mother of a current patient on Downhills Ward and also received an email submission (*please see attached copy*). Points made included:

- The Home Treatment Team is over whelmed and on its knees.
- There is no continuity.
- Beds have always been full over the past ten years.
- Mrs Clancy's daughter has experienced times when the Ward has been overflowing and she has had to go and sleep somewhere else. Places have included a geriatric ward and Barnet General hospital. This has caused a relapse when she has been on the cusp of recovery.
- Feels it is counter-productive to take people out of their communities.
- When it was announced that Downhills Ward would close there were 9 patients on the Ward (including her daughter).
- At this time there was no mention of the options which had been outlined earlier by the MHT.

- In August Mrs Clancy had been told that Downhills Ward would not be closing.
- The distress and trauma inflicted upon patients on the Ward was felt to be outrageous.
- Asked for reassurance that options mentioned will be monitored to ensure they are implemented. The Chair of the Panel informed Mrs Clancy that the Panel would be monitoring.

The Panel heard from the **Haringey User Network** that:

- There is poor satisfaction amongst service users of the Home Treatment Teams.
- That there are 8 beds in the Haringey Recovery House and 4 each in Barnet and Enfield.
- There were examples of health professionals calling to admit people to Recovery Houses but being told there was no space and therefore having to treat them in the community.
- Service Users want a Home Treatment Team service which is working, which it is not felt to be at present.
- It is not the time to be closing beds.
- With regards to bed numbers at St Ann's – Haringey Ward has 12 beds, Finsbury Ward has 18 beds and Downhills Ward has 18 beds.
- Feeling that no answers are providing by the MHT and very little notice given to service users/patients, their carers and families.

The Panel heard from Ms. Campbell, patients mother, who expressed that she was still in shock what had happened with the announced closure and was also still very concerned about her daughter being moved at a time that she is making progress.

The Panel heard from **MIND in Haringey** that:

- It was good that more people are being treated at home, but there are flaws in the system for example, people find it difficult to contact Home Treatment Teams.

- Pets are very important to people and patients at St Ann's are currently able to pop home to check on their pets, if patients were moved further away this would not be possible.
- Advocacy provision would be much more difficult should patients be moved out of St Ann's to a location further away/harder to reach.
- People would prefer to be more local to their homes and communities that to have facilities such as an ensuite.

In response to the points raised above the Panel heard from Maria Kane, CE, BEH MHT who made the following points:

- The MHT recognises the impact on staff, service users and families.
- There are mystery shoppers looking at Home Treatment Teams on an ongoing basis as there has been some poor feedback. However it should be noted that this is not all teams.
- Maria requested that any issues from people with concerns are directed to her with specifics so that she can look into them properly.
- Future communications will take place differently. There are safeguards within the new communications policy to ensure that the issues regarding Downhills Ward communication are not repeated.
- 3 staff workshops have taken place alongside the re-drafting of the communications policy and have included communications, change management and involvement.
- A new staff member has joined the Communications Team to support the work.
- Changes are part of a programme and are not a 'knee jerk' cut.
- Current patients on Downhills Ward will not be moved.

## **6. Next Steps**

- The Mental Health Support Association requested more information on the financial background to reassure service users, carers and families that changes are based on strategy rather than cost savings.

- Noted that there was a need for transparency with changes, and that MHT Board papers are available to the public via the MHT website.
- A decision on options would be needed sooner rather than later and any work to be done would be needed to be done over the next month.
- The Panel asked that Downhills Ward remain open to new patients whilst discussions on proposed options take place. It was noted that this was technically possible but it would mean that some patients would then be in the position where they were faced with being moved at a later date after being admitted to Downhills Ward. There are also financial implications to consider.

**AGREED:**

- That a working group would be set up with a view to making recommendations on options.
- That this working group would meet over the next month and would complete its work within the month.
- That Maria Kane, CE, BEH MHT would write to the Panel within 48 hrs to address issues raised during the meeting. *(Please see attached letter)*