MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
THURSDAY, 17 OCTOBER 2013

Councillors Adamou (Chair), Erskine, Stennett and Winskill

LC35. APOLOGIES FOR ABSENCE

Pam Moffatt, HFOP
Mabel Kong-Rawlinson, Healthwatch
Mike Wilson, Healthwatch
Sarah White, MHSA
Cllr Bull

LC36. DECLARATIONS OF INTEREST

None received.

LC37. URGENT ITEMS

None received.

LC38. MENTAL HEALTH AND ACCOMMODATION

The Panel heard from BEH MHT with the following points noted:

- The average length of stay on a mental health ward is 20 days.
- There are currently 158 acute beds across the Trust (49 in Haringey), 31 recovery house beds and 18 beds being used in bed and breakfast accommodation.
- Approximately 40% of the beds in recovery houses are 'blocked' – where they are being used by people who are well enough to leave the recovery house.
- There can be 7 or 8 people a day waiting for a bed to become available on a Ward.
- The day prior to the meeting there was:
    - 11 people waiting for a bed;
    - 16 patients ready to leave but with nowhere to go.
- There is a desire to look at a person's accommodation issues earlier in the process, whether this is day one of admission or when a person begins to break down.
- BEH MHT is a hospital service and people should not be on the Wards for longer than necessary and at a cost of £285 per day.
- There is a desire to work in a constructive way and raise the profile of the mental health client group.

- There is a proportion of people on the wards and in recovery houses every day who should not be there and it is not good for these people to be there when they do not need to be.
- BEH MHT is working with Re-Think to employ a dedicated Accommodation Case worker who will solely focus on people's accommodation needs for leaving the MHT.
- People with mental health needs can find it difficult to concentrate for long periods of time, manage their finances etc – all of which need to be considered when looking at a person's accommodation needs.
- Mental health pressures across the country have increased over the past 6 months, including in Haringey. This is believed to be due to the economic situation.
- The nearest bed available for a Haringey resident recently was in Pontefract. To avoid the person having to go to Pontefract they stayed in the S136 suite overnight until a bed became available.
- There is one Recovery House in Haringey, this is situated in Fortis Green and has only 7 beds. This is not enough for Haringey. Ideally there should be more Recovery House beds and they should be situated where the need is e.g. in St Ann's Ward.
- The issues around moving people on from Ward/Recovery Houses include a person not wanting to move on as they feel secure, are being fed and kept warm etc. It can also take 4-5 weeks for electricity to be re-connected to a property.

In response to questions from the Panel:

- Every person known to the MHT has a Care Coordinator assigned to them.
    - It was acknowledged that there may be issues around the work loads of Care Coordinators and that there is a need for an increased focus to get the service overall back on track.
- Approximately 95% of patients across the 3 borough have the right to abode in the UK.
- There is a need to be more creative about the use of pooled budgets.
- People attending mental health panels are not always as prepared as they should be.

- Sometimes a person does not have any accommodation to go to and sometimes there is accommodation but it is in a dreadful state.
- There are clearly issues about the process involved and time taken in ensuring someone has accommodation. The Re-Think enablement Officer should help a lot with these issues.
- There is a need to have more vigour in the process right from the start.
- There are approximately ten people today on mental health wards who could be deemed as homeless. The MHT questioned whether the Council would have places for these people should they be deemed as in priority need and was informed that the Council has a statutory duty to house these people and they would therefore find places.
- There is a 'Top Delays' meeting every Monday which is attended by the Vulnerable Adults Team. An issue which has been raised at these meetings is that there is a lack of places to discharge people to.
- Within the first 72 hours of a person's admission their housing need is identified.
- The Head of Housing Support and Options informed the Panel that they had previously offered a surgery at St Ann's Hospital to try and address some issues and it was noted that the proposed Reablement Officer may provide this link.
- Housing Support and Options need to be informed earlier than is currently happening so that they can address any problems with a person's accommodation for example, if a front door needs to be replaced or the accommodation needs a deep clean.
- There is a need to remember that not everyone wants to return to their previous accommodation and that there are a variety of reasons for this.
- There is a need to build a closer working relationship across the organisations earlier and as an ongoing part of the process in settling someone into accommodation.
- There are some people who will never be able to live alone, and whilst they may not need hospital care they may need some sort of supported or sheltered living arrangements.
- Approximately 50% of people of people lose their Housing Benefit whilst in hospital, this means that they therefore lose their tenancy.

- **It was agreed that BEH MHT would look at whether it would be cost effective for BEH MHT to pay a person's rent whilst they are in hospital, therefore avoiding a loss of tenancy and a person therefore being in hospital longer than necessary**.
- The cost of running a Ward over a year is approximately £1.5 million.
- Private sector beds cost £800 per night.
- BEH MHT is currently running at a 105% bed occupancy rate. The optimum bed occupancy rate is 85%.
- Due to the increased demand there is no flexibility in the system at present.
- Rod Wells noted that there are not enough beds at St Ann's Hospital at present and asked how another Ward could be included in the St Ann's redevelopment. BEH MHT responded by noting that the whole process needs to be strengthened in order to free up the beds where people do not need to be in hospital and therefore make room available for someone who does need to be in hospital. It was also noted that the BEH MHT is moving towards more community based services, however there had been plans to close a Ward approximately 12 months ago. Due to the increased demand over the last 6 months this had not been possible.
- The St Ann's redevelopment application will include space for extra beds, however the question is how many beds will the Commissioners commission and therefore fund?
- The Haringey Clinical Commissioning Group (CCG) welcomes the scrutiny focus on accommodation and is keen to move towards a recovery model. The CCG would also welcome focus on S117 cases (aftercare).
- BEH MHT are currently running three Wards which are not commissioned – these include a private Ward and Somerset Ward.
- BEH MHT can not see demand getting better any time soon, however if the system can be unblocked this would help.
- Occupancy, funding and bed numbers have been benchmarked and BEH MHT do well against statistical neighbours. Haringey is below the London average on number of beds per population, length of stay and funding. **It was agreed that this information would be made available to the Panel**.
- There are only 7 recovery house beds in Haringey, rather than the 12 which BEH MHT had wanted.

- BEH MHT are funding ten places at the Pavillion on a trial basis – these places will be a structured place for people to go and there will opportunities for cooking, CVs etc.

The Panel then heard from Claire Drummond, Commissioning Manager, Housing Related Support.

- Housing Related Support offers accommodation based and floating support for a range of needs, including mental health.
- Floating support includes training, well-being and employment.
- The service is in the process of commissioning a new pathway for drugs and mental health which will extend the availability of accommodation by 36 units. This new pathway should be in place by 2015, with some units commissioned for 2015 and some for 2016. The pathway coordinator role is currently being recruited into.
- Some people come into the service at the higher need support end and move to lower support or come into the service at a lower support end.
- There is an issue with a number of the units at present, where it is no longer appropriate for a person to be in them. This is being worked through with the Community Mental Health Team (CMHT).
- Supporting Housing units should be for 18 months to 2 years. However, approximately 50% of the units have people in them who have been there for over 2 years. The 50% are being looked at on a case by case basis with Adults Services and the Community Mental Health Rehabilitation Team in order to move them on. As part of this project a needs analysis will be undertaken and any gaps in provision found will form part of future commissioning plans.

In response to questions from the Panel:

- After the 18 month to 2 years a person is in supporting housing a Pathway co-ordinator and a member of the Vulnerable Adults Team sits down and discusses options. This can include finding housing through mainstream routes e.g. private renting or thorough housing options.
- The Panel raised concerns about a person being placed in private accommodation with no support and noted that in these cases a person's

mental health can deteriorate very quickly and was informed that floating support is still available at this stage.

- 24 hour supported living is commissioned by Adult Services.
- A supported living arrangement for 6 mental health service users at Truro Road is being developed and should be ready for March 2014. Following this there are plans for further developments.
- The delays in move on are historic. A number of the cases where issues have been identified are due to the care element for example where the care coordinator does not believe a person is ready to be moved on.
- There are people in housing related support who have higher needs than can be delivered by the service.
- There is a need for joint commissioning for care and support.
- There is a need for stepping stones along the whole pathway as opposed to silos of working.
- Public Health raised a query as to how many of the 195 people in housing related support were from out of borough placements which then place a demand on services in Haringey and whether there is any data on this. **It was agreed that BEH MHT would have a look to provide this data to the Panel**.
- The Chair asked attendees to each highlight three issues/actions:
    - Process links need to be developed. This could include a short pact/protocol with accountability and which is signed up to by all parties.
    - Greater impetus behind move-on.
    - Future joint commissioning throughout the pathway.
    - More work on the preventative side e.g. housing benefit payments not stopping, more communication about where people are.
    - S177 unblocking.
- **It was agreed that further thoughts would be emailed to Melanie Ponomarenko.**

- **It was agreed that a glossary of terms would be compiled.**

LC39. MENTAL HEALTH AND PHYSICAL HEALTH

The Panel received a presentation from Dr Tamara Djuretic and Dr Fiona Wright.

Key points noted:

- Map showing where there are a greater proportion of people with schizophrenia is also the same areas where there is increased deprivation.
- Haringey is in the top 3 in London for the number of suicides, within this men are more likely to commit suicide and those in the East of the borough are more likely to commit suicide.
- 48% of people who claim benefits have a mental health need.
- Not enough dementia or depression cases are being detected.
- There are 3,000 people living with psychosis in Haringey – much higher than the expected number of 1,000.
- The GP data shown in the presentation is not Quality Outcomes Framework data. It is data extracted from the database.
- Haringey has started recording whether someone has a mental health problem or is taking medication for a mental health problem at smoking cessation services.
- There are issues around mental health and smoking cessation for example a person may not want to access the services. There is also a need to consider the reasons why a person started smoking in the first place.
- There is a two way relationship between mental health and physical health.

In response to questions:

- More GP data is available, but this data needs to be validated before it can be shared. **It was agreed that once the data is validated it will be shared with the Panel**.
- **It was agreed that Public Health will look at data for hospital admissions and see whether data on the number of people with an underlying mental health need can be extracted**.
- The Panel asked for the reasons behind: “Of those who have coronary heart disease (CHD) and diabetes, 91% were screened for depression and of those who have other LTCs, only 10% were screened for depression” and was informed that it could be reasons such as whether one screening was incentivised for example through QOF or it could be that there is a greater awareness of the link between CHD and depression.

- A report by Re-Think (Lethal Discrimination) noted that physical problems are sometimes seen as psychosomatic and are therefore not investigated and treated properly.
- The focus on mental health needs can often be detrimental to physical health needs.
- There seems to be a split between physical health and mental health whereby a person is seen to have either physical or mental health needs and not both.
- The majority of people which come under the scope of this project are already in contact with NHS services.

Discussion points:

- It was noted that BEH MHT are training all GPs in mental health at present (Mental Health Academy).
- IT systems between BEH MHT and other Trusts are not joining up so the information across a person's health is not marrying up.
- Men present later and there is a higher proportion of men with mental health needs.
- Social determinants have a significant impact on a person's mental health e.g. social isolation.
- The government has released £3.8 billion for integration between health and social care services (Integration Transformation Fund).
- There needs to be a greater utilisation of the voluntary and community sector.
- The Mind in Haringey representative noted that people with mental health needs who have visited their GP to discuss issues have often been referred to their consultants rather that the GP deal with issues. It was also noted that dentistry and optometry are key areas of a person's physical health and that these are often also ignored in people with mental health needs.
- Mental Health is only touched on in GP training.
- Attendees were asked for three areas of focus for mental and physical health:
    - Coordination and leadership – with clear lines of responsibility for who leads on what.
    - Training issues, especially for primary care.
    - Annual physical health checks for people with mental health needs.
    - Whole system approach – get rid of silo working.

- Prevention – can BEH MHT refer people to stop smoking services. The training for doing this is just ½ a day.
- Need to remember that people with mental health needs often have multiple needs and issues.

LC40. NEW ITEMS OF URGENT BUSINESS

None received.

LC41. FUTURE PROJECT MEETING DATES

Mental Health and accommodation

15th November, 10-12.30

Aim: To gain an understanding of the care pathway and how different agencies work together and fit into the care pathway.

17th December, 6.30-9pm

Aim: To gain an insight into patient experiences.

9th January 6.30-9.30pm

Aim: To discuss and agree conclusions and recommendations

(*Joint with physical health project*)

Mental health and physical health

28th October, 6.30-9pm

Aim: To gain an overview of what services are currently provided to improve the physical health of people with mental health needs

28th November, 7-9.30pm

Aim: To gain an insight into patient experiences.

9th January 6.30-9.30pm

Aim: To discuss and agree conclusions and recommendations

(*Joint with accommodation project*)

MINUTES OF THE ADULTS AND HEALTH SCRUTINY PANEL
THURSDAY, 17 OCTOBER 2013

Chair