

Report Title: **Proposal by Haringey Learning Disabilities Partnership - Changing Services and Improving Outcomes for Adults with Learning Disabilities who also have Mental Health Issues or Behaviour that Challenges Services**

Report of: **Chair of Overview and Scrutiny Committee**

Wards(s) affected: **All**

Report for: **Non-Key Decision**

1. Purpose

To approve the draft response by the Committee to the proposals by Haringey Learning Disabilities Partnership that were considered by the Overview and Scrutiny Committee at its meeting on 28 July.

2. Recommendations

2.1 That the draft response by the Committee to the proposal by Haringey Learning Disabilities Partnership be approved.

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4. Reasons for any change in policy or for new policy development (if applicable)

Not applicable

5. Local Government (Access to Information) Act 1985

The background papers relating to this report are:

Substantial Variations and Developments of Health Services – A Guide (CfPS)

These can be obtained from Robert Mack – Principal Scrutiny Support Officer on 020 8489 2921, 7th. Floor, River Park House

6. Report

- 6.1 Proposals by the Haringey Learning Disabilities Partnership to make changes to services for adults with learning disabilities who also have mental health issues or behaviour that challenges services were considered by the Overview and Scrutiny Committee meeting at its meeting on 28 July. The proposals involved developing a model of enhanced support to enable people to remain in their local community and minimise the use of hospital based provision.
- 6.2 The Committee were of the view that the proposals constituted a “substantial variation” to health services and therefore subject to formal consultation under Section 7 of the Health and Social Care Act 2001. This was due to the changes in service delivery that the proposals entailed. In addition, the Committee considered the potential long term affects on patients affected. Although the number of patients affected is comparatively small in number, the Committee were of the view that the change for them was likely to be considerable and long term. In addition, the change involved a small, often marginalised and particularly vulnerable group of patients.
- 6.3 Following the meeting, further information was circulated to Members by the Learning Disabilities Partnership on the consultation process and the possible implications of the proposed changes. This is attached as Appendix ‘A’. In the light of this, the response on behalf on the Committee (attached as Appendix B) has been drafted. Members of the Committee have indicated that they are now satisfied with the consultation that has taken place. They are also mindful of the wish of carers that the proposed changes are not subject to any further delay. It is therefore proposed that the Committee exercises its right to agree to vary the period of consultation as it is felt that no additional purpose would be served by extending it beyond the date of the meeting.

Chief Financial Officer Comments

- 6.4 The budget for Mulberry House is part of the Learning Disabilities Pooled Budget, Mulberry House is fully funded by the PCT. Any additional costs associated with the new service will also be fully funded by the PCT.

Head of Legal Services Comments

- 6.5 The response set out in Appendix 1 is made in accordance with the Overview and Scrutiny Committee’s (OSC’s) powers under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. Section 4 of these Regulations require local NHS bodies to consult the OSC about any proposals for a substantial variation in the provision of a health service in the local authority area and allow the OSC to comment on any such proposals by a date set by the local NHS Trust. Where the OSC considers that the proposals are not in the best interests of health service users in the area, the OSC may report to the Secretary of State who then has the power to make the final

decision. The OSC does not however appear to take that view in relation to these proposals.

- 6.6 Government guidance setting out best practice and principles for conducting effective consultation state that full consultations should usually last a minimum of twelve weeks. The *Substantial Variations and Developments of Health Services Guide* notes however that it is the *quality* of consultation that is important and that it may be possible for OSCs and NHS bodies to agree a different timescale.

Equalities Implications

- 6.7 The proposals involve a particularly marginalised group within the community who suffer from pronounced health inequalities.