

APPENDIX A

Response to the written comments received through Overview and Scrutiny Committee on 28 July 2008.

Please see below for clarification on each of the issues raised:

1. No Haringey service users with learning disabilities nor their families were present.

The following were invited to the consultation event that took place on 1 July 2008:

Service users: Four plus support - all service users that have used Mulberry House in the last 2 years.

Carers: Three - all carers who's cared for person has used Mulberry House in the last two years

Local Support Providers: Marcus and Marcus, Haringey Association for Independent Living, Precious Homes, Markfield, Haringey Autism, Heritage Care, Mencap Pathways

Seacole Centre, Chase Farm Hospital: Lead Consultant Psychiatrist, Centre Manager

Mental Health Commissioners and Providers: Head of Mental Health Commissioning,
Assistant Director Inpatient Services, Assistant Director Community Services

Haringey TPCT: Assistant Chief Executive / Director of Commissioning; Assoc. Director Professional & Business Development (Executive Nurse)

Haringey Council: Head of Commissioning, Assistant Director Adult Services, Supporting People Team

Haringey Learning Disability Partnership: Head of Service, Combined Team, Mulberry House Manager, Community Support Work Team, Person Centred Planning Coordinator, Consultant Psychiatrist.

Haringey Learning Disability Partnership Board (including forum and delivery group champions) and Executive

People that Attended were:

One Haringey Autism / carer / Haringey Learning Disability Partnership Board

Edward Marcus – Marcus and Marcus

Ros Corrigan – Markfield

Barbara Nicholls – Head of Commissioning

Mathew Pelling – Supporting People Team

Gary Jefferson – Head of Haringey Learning Disability Partnership

Occupational Therapist – Combined Team

Mulberry House Manager

Haringey Federation of Residents' Associations – Haringey Learning Disability Partnership Board

A time was offered specifically for service users and carers in addition to the more general stakeholder event. In addition service users and carers of the people currently using Mulberry House were offered the opportunity to meet with the Joint Commissioner at an alternative time if they were unable to attend the main consultation.

The feedback received from carers of people currently using Mulberry House is that their focus is on the meetings around the individual move on plans for the person they care for. They are happy these are now being implemented.

In the process of the development of the proposal it was discussed at the Learning Disability Partnership Board Meeting on 19 January 2005, 1 June 2005 and 1 November 2006. In addition a presentation on the full proposal was done on 14 November 2007. The Learning Disability Partnership Board Meeting membership includes service users (different service users perform the following functions within the meeting - Chair of the meeting, representative of the Service User Forum, Delivery Group Champion), carers (representative of the Carers Forum) as well as voluntary sector representatives. Comments and feedback from these discussions were feed into the proposal (one of the main issues raised was the need for respite for this group of people).

2. The removal of the building asset of Mulberry House would leave Haringey with no in- house Treatment and Assessment facility for residents with LD and challenging behaviours.

Mulberry House, is a two story building with no lift or disabled toilet facilities. Also the stairs and corridors are narrow and the way the rooms are set out means that restricting access to the kitchen would be difficult. Because of these issues an assessment of the building concluded that it is not a suitable environment to support people whose behaviour challenges services, are detained under the Mental Health Act or have high physical needs. It is the very structure of the building which causes many of these difficulties and makes it impossible to change the current building to meet these needs.

Haringey does not have enough people with learning disabilities requiring hospitalisation for us to be able to provide specialist hospital services in the borough, for example only 5 people were admitted over last year and there have only been 2 people admitted so far this year. The proposed changes to the service have been very much shaped by the two Learning Disability Partnership psychiatrists.

3. Whilst a plan to create 5 respite care beds at Edwards Drive is welcomed, there are no facilities here for residents with LD who have become aggressive.

The development of 2 Edwards Drive as a respite unit for people who have additional mental health issues or behaviours that challenge services will greatly increase the respite opportunities for this group of people. While the unit will predominantly be for supporting people who live within family situations it will also be available to people in care homes or who live independently if this is part of their clinically lead care package. For people experiencing a breakdown in their mental health the appropriate response will be a clinical decision, which may include continued support within their current situation or admittance to hospital. The clinical decision will look at the needs of the service user and the impact on the people supporting them on a daily basis.

4. It would not be appropriate to place residents with LD and a mental health problem in a general psychiatric ward.

An individual is admitted to hospital when they require detention under the Mental Health Act. Although the focus of the 2 other parts of the model is to minimise the use of hospital as an intervention it is recognised that there are times when this will be needed.

Currently people are admitted to St Ann's generic mental health services under these circumstances and if appropriate transferred to alternative specialist hospitals.

The most appropriate intervention will remain a clinical decision including whether or not a person should be detained under the Mental Health Act and if so where they should be admitted.

The purpose of the model is to expand the range of clinical intervention available and provide a proactive and preventative service to the residents of Haringey. In addition the development of this model of service will facilitate people being able to leave hospital as early as possible through strengthening the support offered when people return to the community.

5. It would not be appropriate to attempt to manage a resident with LD and psychiatric distress in their own home.

One of the main issues to come out of the work done with service users and carers in reviewing the current services prior to developing the new service

model was that people did not like having to go into hospital but felt that this was often the only option.

The model of service being proposed is committed to hospital avoidance and supporting people to remain in their communities with appropriate levels of support.

The proposal does however recognise that there are times when hospital is the most appropriate intervention for an individual.

The decisions regarding an individual's support package including the most appropriate environment in which an individual should be cared for will be led by the clinical team. Any care package will take into consideration the wishes of both the individual and any people caring for them on a daily basis.

6. It is unrealistic for a borough not to provide overnight specialist care for this group of residents who are living at home.

The main drive of the proposed service is towards hospital avoidance, however it is recognised that hospital is a required clinical intervention option.

As set out in point 2 above only 5 people supported by the Haringey Learning Disability Partnership were admitted to hospital last year and only 2 people have been admitted so far this year. Similarly to our neighbouring boroughs we do not have the numbers to make a hospital unit for Haringey residents with a learning disability viable.

Enfield has NHS run specialist provision at the Chase Farm site and we are in the process of strengthening our relationship with this service. In fact we have recently referred someone to the service. The Seacole Centre provides specialist support to people with learning disabilities and additional mental health issues who require hospitalisation across North East London.

It will of course remain a clinical decision about what and where the most appropriate intervention should take place.

In relation to the use of the Mulberry House building this is being addressed as part of the wider look at the use of the St Ann's site.

Please do not hesitate to contact me on chloe.chandra-rajan@haringey.gov.uk if you would like to discuss the proposals further.

Chloe Chandra-Rajan
Joint Commissioner – Learning Disabilities.