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09 September 2008

To: All Members of the Overview and Scrutiny Committee

Dear Member,

Overview and Scrutiny Committee - Thursday, 11th September, 2008

I attach a copy of the following report which the Chair will consider agreeing as an Item of urgent business at the Overview and Scrutiny Committee on Thursday 11 September 2008.

- 11. URGENT BUSINESS AGENDA ITEM – 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 (PAGES 1 - 10)**

Please do not hesitate to contact me should you require any further assistance.

Yours sincerely

Clifford Hart
Committee Manager – Non Cabinet Committees

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Agenda item:

**Overview & Scrutiny Committee
2008**
On 11 September

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.

Contact Officer: **Rob Mack, Principal Scrutiny Support Officer**

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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

e-mail: rob.mack@haringey.gov.uk

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.

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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.

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Dear Helen

Changing Services and Improving Outcomes for Adults with Learning Disabilities who also have Mental Health Issues or Behaviour that Challenges Services

I am writing to formally respond, on behalf of the Overview and Scrutiny Committee, to the proposals by the Haringey Learning Disabilities Partnership, to reconfigure its services for adults who also have mental health issues or behaviour that challenges services and, in particular, to close Mulberry House.

You will no doubt recall that the Committee designated the proposed change as being a "substantial variation" to local health services at its meeting on 28 July 2008. I am aware that this view was not shared by the TPCT. The decision on whether or not proposals fulfil the relevant criteria for this will always be, to some extent, subjective as such guidance that exists is open to interpretation. In the majority of cases, I am sure that it will be possible to reach a consensus with the TPCT but there may be situations from time to time where the Committee's interpretation differs from that of the TPCT and this is probably unavoidable. We can nevertheless strive to minimise these occurrences by maintaining good communication and ensuring that any relevant information is provided to Members in good time.

The views of the Committee on the scale of the changes proposed are, in any case, of secondary importance to the Committee's views on their merit. Having considered the evidence carefully, including the additional information that was provided subsequent to the Committee meeting on 28 July, the Committee is happy to take a pragmatic approach in feeding back their comments. It acknowledges that consultation has been undertaken by the Learning Disabilities Partnership with all relevant stakeholders on the proposal. It notes that a period of consultation with stakeholders was undertaken in June and July and that it is still happy to receive any further comments. Formal consultation on "substantial variations" would normally need to be for a minimum of 12 weeks but this period can be varied by mutual agreement between Committee and the NHS body concerned. The Committee is willing to do so in this particular case as it is now satisfied that appropriate consultation has already taken place and is therefore of the view that no additional benefit would be gained from extending the period further.



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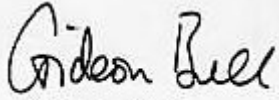
The Committee notes that there is general support for the change amongst relevant user groups and that no major concerns have been raised by those carers directly affected. In particular, MENCAP and Haringey Association for Independent Living (HAIL) were directly involved in discussions on the proposed service changes and have no objection to them.

The Committee also notes that there are currently only 4 residents left in Mulberry House and they will all be leaving in the next couple of months irrespective of the whether or not the changes are agreed as it is a short term service and residents move on as a matter of course. In addition, only 2 patients have been admitted within the last year and the building is considered to be unsafe and unsuitable for people in crisis.

Alternative provision for patients who may still require a facility of this nature will be provided in a new and modern ward at Chase Farm. The Committee is disappointed that this accommodation will be outside of the borough which will entail longer journeys for carers and relatives when visiting. However, due to the comparatively small number of patients involved and the specialised nature of the accommodation required, it reluctantly accepts that it would not be cost effective to develop a dedicated in borough facility.

The Committee hopes that the implementation of the changes are undertaken successfully and to the satisfaction of patients and carers. We would be happy to be informed of progress in due course.

Yours sincerely



Gideon Bull

Chair – Overview and Scrutiny Committee