MINUTES OF THE SCRUTINY REVIEW - MENTAL HEALTH; PROPOSED ACUTE SERVICES RECONFIGURATION
TUESDAY, 2 SEPTEMBER 2008

Councillors: *Aitken (Chair), Adamou, Beacham and *Mallett

*Member present

LC1. APOLOGIES FOR ABSENCE (IF ANY)

None.

LC2. URGENT BUSINESS

None

LC3. DECLARATIONS OF INTEREST

None.

LC4. CHAIR'S OPENING REMARKS

The Chair stated that he wished to ensure that discussion was kept directly relevant to the issue for which the Panel had been set up – the proposed closure of Finsbury Ward. There would be opportunities elsewhere for the wider issue of the future of St Ann's Hospital to be debated. He thanked the Mental Health Trust for delaying the consultation in order to ensure that the Overview and Scrutiny Committee, and others, had the necessary opportunity to consider the case for change and respond accordingly.

LC5. IMPROVING MENTAL HEALTH SERVICES IN HARINGEY - CASE FOR PROPOSED CHANGE

Lee Bojtor and Andrew Wright from Barnet, Enfield and Haringey Mental Health Trust, introduced the Trust's case for the proposed change. He stated that the consultation document was a final draft and it was planned to begin the formal consultation period from Monday 8 September.

The main objective of the proposed change was to increase the capacity for home treatment. Teams within the Trust responsible for providing this were meeting targets and had exceeded them for this year. However, they were currently under resourced and could treat even more patients if they had additional staff.

Benchmarking had revealed that there was a disproportionately high number of acute beds in Haringey and people were also staying in hospital for longer then elsewhere. The average hospital stay in Haringey was in excess of 70 days whilst in Barnet this figure was nearer 50. In other areas, the figure was around 21 days. Haringey patients were therefore staying in hospital up to 3 times longer then in other parts of the country. As there were less staff to support patients in the community, it was necessary to keep them in hospital for longer.

The Trust hoped to initially address the problem by reducing the length of stays. They were intending to look firstly at internal procedures, such as addressing delayed transfers of care. These would be focussed on during the consultation period as the

Trust wished to demonstrate that it was able to manage stays more effectively. Their own administrative systems had a role as assessments needed to be completed before patients could move on and they required speeding up. Improvements were already being made with delayed discharges down by 25%. The Trust was also reviewing all other reasons for delays. However, housing was not a major issue – they were not aware of a single case of delay where housing was the sole issue.

It was more problematic finding appropriate packages of care for patients. In addition, the role of consultant psychiatrists was a major factor and the Trust was looking at also improving their current systems of working. The money saved by the closure of the ward would be re-invested in home treatment and providing additional resources for the remaining wards. Care Services Improvement Partnership **(**CSIP) standards suggested that the Home Treatment teams were 14 staff short. The resources freed up would enable 11 additional staff to be taken on by the teams and 2 staff per ward on the remaining wards. It would also help to reduce the amount of money spent on temporary and agency staff, which was currently £3 million per year. This money would be far better spent on improving support for patients. The changes were not about saving money but using resources better.

Dr. Peter Sudbury, the Clinical Director of the Trust, stated that admitting people to hospital was very bad for their welfare. Mental health in-patient wards were both terrifying and dehumanising places. People began to display institutionalised behaviour after only 21 days in hospital. The benchmark for in patient care should be around 28 days, with most people discharged within 21 days. The expansion of home treatment would help to prevent admissions and enable people to return home earlier. Suicide rates amongst patients were at their highest levels immediately after discharge and the involvement of home treatment teams after discharge would help to address this. Home treatment services in Haringey were relatively poorly developed compared with elsewhere. Users and carers were generally very positive where change had successfully been implemented.

Mr. Bojtor stated that there were currently 3 male and 2 female wards and that maintaining a suitable gender balance between bed numbers was a challenge. He noted that the Council was currently re-tendering its Supporting People provision. He stated that the Trust could find it difficult to identify suitable support for higher levels of need. Current figures showing high levels of occupancy on the wards were due to the current model of care. When people were getting better, they were often sent home on leave and, whilst they were away, additional patients were admitted to take their place.

The Chair thanked the Mental Health Trust for their presentation.

LC6. IMPROVING MENTAL HEALTH SERVICES IN HARINGEY - DRAFT CONSULTATION PLAN AND PAPER

The Panel considered the Mental Health Trust's draft consultation document and plan. The Panel noted the consultation period had been amended and was now due to finish on Wednesday 3 December.

A representative from the Mental Health Carers Support Association noted that the timescale for the consultation was three months, which was the minimum and asked

why a longer period had not been considered. He also felt that more information needed to be provided on the number of patients and carers potentially affected, patterns of illness and rates of relapse, the financial implications of the changes proposed and the potential affect on supported housing. He encouraged the Panel to give further consideration to these issues during their work. The recent reorganisation of community mental health teams had not gone smoothly and had resulted in a fragmentation of services that was disconnected from patients. Acute services could at least provide a degree of safety and stability. The respective roles of home treatment and crisis teams needed to be clearer and the approach to dealing with crises could be somewhat bureaucratic. Community based teams needed to be able to provide the same safeguards for patients as acute services.

Carers and user representatives present at the meeting made the following points:

- Concern was expressed at the possibility that there might not be beds available for people when required.

- A range of facilities to better support people in the community needed to be provided so that the proposed changes could be implemented effectively.

- There needed to be a clear timetable for implementation.

The Mental Health Trust stated they saw no need to extend the consultation period beyond 12 weeks and they were confident that this period would be adequate. During the period, there would be a chance to test the feasibility of their proposals. They would also be increasing the permanent establishment of the home treatments teams from 7 to 10 during the consultation period. They would respond in due course to the other issues raised. The changes were not aimed at one particular group of patients but were about improving the care pathways for them all.

The Chair thanked the Mental Health Trust for their presentation and carers and user representatives for their responses.

AGREED:

That the Trust address the issues raised above in their consultation document and the Panel give particular consideration to them during their work.

LC7. SCRUTINY REVIEW OF PROPOSED RECONFIGURATION OF ACUTE MENTAL HEALTH SERVICES

The Panel considered the draft scope and terms of reference for the review of the Mental Health Trust's proposals. The Chair gave the Mental Health Trust notice that the Panel would be asking for specific information on the likely number of patients affected in due course. In addition, the Panel also wished to consider, as part of the deliberations, the adequacy of systems for reducing delayed discharges. They were of the view that supported housing was a significant issue in relation to the proposal.

It was agreed that external input would be sought on the proposal by the Mental Health Trust from the National Clinical Advisory Team.

In reference to stakeholders to be interviewed by the Panel, it was agreed that input would be sought from the four GP mental health leads within each commissioning cluster. In addition, Haringey User Network would be invited to provide input.

AGREED:

That subject to the following amendments, the draft scope and terms of reference be agreed and submitted to the Overview and Scrutiny Committee for formal approval.

LC8. NEW ITEMS OF URGENT BUSINESS

None.

Cllr Ron Aitken

Chair