Haringey Council

NOTICE OF MEETING

Scrutiny Review – Mental Health; Proposed Acute Services Reconfiguration

TUESDAY, 2ND SEPTEMBER, 2008 at 18:30 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

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

AGENDA

1. APOLOGIES FOR ABSENCE (IF ANY)

2. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. Where the item is already included on the agenda, it will appear under that item but new items of urgent business will be dealt with at item 7 .

3. DECLARATIONS OF INTEREST

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest **and** if this interest affects their financial position or the financial position of a person or body as described in paragraph 8 of the Code of Conduct **and/or** if it relates to the determining of any approval, consent, licence, permission or registration in relation to them or any person or body described in paragraph 8 of the Code of Conduct

4. SCRUTINY REVIEW OF PROPOSED RECONFIGURATION OF ACUTE MENTAL HEALTH SERVICES (PAGES 1 - 10)

To approve the scope and terms of reference (attached) for the review for recommendation to the Overview and Scrutiny Committee.

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

To receive the case for the proposed change from Barnet, Enfield and Haringey Mental Health Trust.

6. IMPROVING MENTAL HEALTH SERVICES IN HARINGEY - DRAFT CONSULTATION PLAN AND PAPER (PAGES 11 - 28)

To consider and comment on the attached draft consultation paper from and plan (attached) from Barnet, Enfield and Haringey Mental Health Trust for the proposed reconfiguration of acute mental health services within the Borough.

7. NEW ITEMS OF URGENT BUSINESS

To consider any items of business admitted at item 2 above.

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22 August 2008

Agenda Item 4

Haringey Council

Agenda item:

[No.]

Scrutiny Review - Proposal by Barnet, Enfield and Haringey Mental Health Trust to Restructure Haringey Mental Health Acute Care Services On 2 September 2008

Report Title: Review of Proposal by Barnet, Enfield and Haringey Mental Health Trust to Restructure Haringey Mental Health Acute Care Services – Scope and Terms of Reference

Forward Plan reference number (if applicable): N/A

Report of: Chair of Overview and Scrutiny Committee

Wards(s) affected: **All**	Report for: **N/A**

1. Purpose

1.1 To consider, for recommendation to the Overview and Scrutiny Committee, the draft scope and terms of reference for the review to respond to the proposal by Barnet, Enfield and Haringey Mental Health Trust to close an acute ward at St. Ann's Hospital.

2. Introduction by Cabinet Member (if necessary)

2.1 N/A

3. Recommendations

3.1 That the scope and terms of reference for the review, as outlined in the report, be approved and recommended to the Overview and Scrutiny Committee.

Contact Officer: **Rob Mack, Principal Scrutiny Support Officer, 020 8489 2921**
rob.mack@haringey.gov.uk

4. Local Government (Access to Information) Act 1985

4.1 Background Papers:

Improving Mental Health Services in Haringey – Draft Consultation Plan and Document – Barnet, Enfield and Haringey Mental Health Trust

5. Report

5.1 As previously reported to the Committee, Barnet, Enfield and Haringey Mental Health Trust have recently made proposals to make changes to their inpatient services within the Borough. The proposals involve the closure of an acute adult inpatient ward at St. Ann's Hospital. This is intended to allow re-investment of resources into (i). their Community Home Treatment Team to enable more people to benefit from Home Treatment and (ii). the remaining in-patient wards in order to improve establishments and reduce reliance on temporary staffing.

5.2 The Trust is of the view that their Home Treatment Teams, as currently established, are meeting their national targets and could treat more people at home, prevent more admissions and support people to return home earlier if there were more staff available to enable this. The proposed change was identified as a requirement of the Haringey Joint Health and Social Care Mental Health Strategy 2005-2008, which cited the Haringey model as being over-reliant on institutionalised, hospital based care and requiring a shift of resource from hospital to community. This has been confirmed by benchmarking undertaken by the Trust. They also feel that the current inpatient staffing establishments are insufficient to meet modern requirements.

5.3 The Trust feels that the changes will improve the quality of care to service users within the Borough. National audits identify that people prefer the opportunity to receive their care at home rather than having to be admitted to hospital. They feel that avoiding admission also improves opportunities for recovery. Research has shown that some communities, particularly black and minority ethnic communities, also prefer home treatment where this is appropriate and available.

5.4 Individuals will be assessed for their suitability for home treatment. Risk assessment will form part of the process for deciding whether hospital admission or home treatment is appropriate. Some people will benefit from an increased opportunity to receive their treatment in their own environment. The Trust comments that this is not a new method of delivery in itself but a proposal to re-allocate further resources to more modern and effective models of service delivery. These are effective for a particular group of users who require care for an acute episode of illness but not necessarily hospital care if an alternative to admission can be provided.

5.5 The Trust feels that the changes will contribute to the delivery of local targets, increase, choice for patients and provide better value for money. In particular:

- There are local and national targets set for the number of home treatment episodes and a requirement for services to be delivered as close to home as possible.

- Increasing the resource in Home Treatment Teams will enable more people to receive their care at home and more people to return home earlier in their stage of recovery.

- Not only is hospital admission expensive, it has a big impact on the individual's chance of recovery. The Trust feels that keeping people connected with their networks reduces the possibility of dependency.

5.6 The Trust accepts that the change does mean that there will be a fewer number of male acute admission beds. There are currently 95 adult acute beds and closing 19 male beds would reduce this to 76. The resources freed up will be transferred to enable more home treatment episodes and an improved level of staffing on the remaining wards to improve the therapeutic environment. Increasing the number of staff on the remaining wards will reduce the need for additional temporary staffing to cover periods of sickness absence, training etc, resulting in some efficiencies and improving continuity and quality on the wards.

5.7 The Trust reports that it has undertaken some consultation with users already. Whilst there is support for the direction of travel, there is also concern about how the transition of resources is undertaken.

5.8 The Director of Adults, Culture and Community Services (ACCS) has commented that, in broad terms, the MHT proposal to reduce inpatient capacity and redeploy resources into community Crisis services is in keeping with the existing Joint Mental Health Strategy. The proposal has caused some concern amongst service users and carer organisations in the borough due to a perception that community services are still adjusting to the service reconfiguration which took place in October 2007. Whilst there are still some difficulties, the service is continuing to improve and there has been some positive feedback on the single point of access to services now in place. Management support and action is under constant review to ensure that the teams are pro-actively working with the service users and carers affected by the changes.

5.9 ACCS considers that, at this stage, the proposal to close the ward needs to be reviewed in the context of the whole system of community services and current planning across the partner organisations. The areas for consideration include the possible impact on the existing community teams; the relationship between this development and plans to enhance and define community rehabilitation services and the potential for unplanned demand against purchasing budgets. In addition, for the council, ACCS will need to work closely with Housing colleagues to ensure that the pathways for Mental Health service users to obtain independent accommodation remain effective.

Consultation Arrangements

5.10 There is a general requirement for NHS bodies to consult with patients and the public, including a duty to consult with Overview and Scrutiny Committee (OSC) under Section 11 of the Health and Social Care Act 2001. In addition, there is also a specific duty to consult on what are termed as "substantial variations" to local services under Section 7 of the Act. Legislation and relevant guidance does not define exactly what is a "substantial development" in service. Instead, NHS bodies and overview and scrutiny committees are advised to aim for a local understanding of the definition, taking into account;

- Changes in accessibility e.g. reductions or increases of services on a particular site or changes in opening times for a clinic

- The impact of the proposal on the wider community e.g. economic, transport, regeneration

- Patients affected e.g. changes affecting the whole population or specific groups of patients accessing a specialist service

- Methods of service delivery e.g. moving a particular service into a community setting rather then being hospital based.

5.11 Overview and Scrutiny Committee on 2 June 2008 approved the recommendation that this proposal be designated as a "substantial variation" to services and therefore subject to a statutory consultation process with OSC. This was due to:

- The number of patients potentially affected

- The nature of the changes in the method of service delivery, which involves moving a significant proportion of services from a hospital setting into the community,

5.12 The purpose of formal consultation with the Overview and Scrutiny Committee is to consider:

(i) whether, as a statutory body, the OSC has been properly consulted within the consultation process;

(ii) whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and

(iii) whether, a proposal for changes is in the interests of the local health service.

5.13 The above matters are therefore the issues that the Panel will need to consider in making its formal response.

5.14 Cabinet Office guidelines recommend that full consultations should last a minimum of twelve weeks and that they should ensure that groups that are traditionally hard to engage are involved, in addition to the wider community and OSCs. The guidelines set out the basic minimum principles for conducting effective consultation and aim to set a benchmark for best practice. However, the guidance states that it may be possible for OSCs and NHS bodies to reach agreement about a different timescale for consultation, if appropriate.

5.15 The MHT has set a consultation period that will run from Monday 8 September to Monday 1 December. The response from the Overview and Scrutiny Committee will need to fit within this timescale.

Terms of Reference:

5.16 It is proposed that the terms of reference be as follows:

"To recommend to the Overview and Scrutiny Committee an appropriate response to the proposal by Barnet, Enfield and Haringey Mental Health Trust to restructure acute mental health services within Haringey and in particular;

(i) whether, as a statutory body, the OSC has been properly consulted within the consultation process;

(ii) whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and

(iii) whether, a proposal for changes is in the interests of the local health service."

5.17 Key areas for consideration by the Panel in reaching conclusions and recommendations will be the following:

- The impact on the existing community mental health teams and other support that will be required for the increased numbers of patients being treated within the community.
- The relationship between this development and plans to enhance and define community rehabilitation services
- Whether the remaining number of beds will be sufficient to meet demand
- The potential for unplanned demand against purchasing budgets
- The implications for carers
- The availability of suitable housing provision for patients leaving hospital
- Clarity on plans for reinvestment in the community therapeutic, treatment and assessment teams

Sources of Evidence:

5.18 In undertaking this exercise, the Panel will consider the following:

- Research documentation and national guidance and targets
- Local strategy documents and statistical information, such as current and projected occupancy levels
- Comparison with other areas such as neighbouring boroughs
- Interviews with a range of stakeholders including the MHT, the Council's Adults, Culture and Community Services and Haringey TPCT
- Views of patient, user and carer representatives

5.19 It is proposed that the following organisations and individuals will be approached for their views on the proposals:

Barnet, Enfield and Haringey Mental Health Trust

Maria Kane, Chief Executive, BEH MHT
Lee Bojtor, Borough Director - Haringey
Andrew Wright – Director of Strategic Development

Penelope Kimber – Engagement Manager

Council Services

Lisa Redfern – Assistant Director, Adult, Culture and Community Services
Douglas Maitland-Jones –Mental Health Service Manager, Adult, Culture and Community Services
Matthew Pelling – Housing Commissioning Manager, Adult, Culture and Community Services
Siobhan Harper - Head of Mental Health Commissioning Haringey TPCT/LBH Adult, Culture and Community Services
Phil Harris – Assistant Director Strategic and Community Housing, Urban Environment

The Cabinet

Cllr Bob Harris – Cabinet Member for Health and Social Services

Partners

Helen Brown – Deputy Chief Executive, Haringey TPCT

Voluntary Sector

MIND in Haringey
Rethink
HAVCO
Haringey Racial Equality Council
Ethnic minority/refugee and asylum seeker organisations

User/Carer Groups

Haringey LINks
Haringey Mental Health Carers Support Association
Day Hospital Campaign Group
Haringey User Network
The Patients Council at St Ann's Hospital

Staff/Professional Organisations

UNISON
Royal College of Nursing
Royal College of Psychiatrists

Others

Mental Health Act Commissioners

Membership of Panel:

- Councillors Ron Aitken(Chair), Gina Adamou, David Beacham and Toni Mallett

Co-opted Members

5.20 The Panel may wish to consider the co-option of an appropriate person to assist in their work. Whilst there are no specific criteria for the appointment of such a person, it is suggested that this be a local person with specific knowledge and/or expertise of the issue in question. In addition, they should be independent of any relevant partners. The co-option would be on a non voting basis and would require the formal approval of Overview and Scrutiny Committee.

Independent Expert Advice

5.21 In addition, the Panel may wish to consider if their work would be assisted by the provision of some independent expert advice. This could "add value" to the review by:

- Impartially evaluating current practice and providing advice on successful approaches and strategies that are being employed elsewhere
- Suggesting possible lines of inquiry
- Commenting on the final report and, in particular, the feasibility of draft recommendations.

A small budget is available for such purposes.

Timescale

5.22 It is proposed that the Review Panel aims to finish its work by the close of the consultation period on 1 December. The Panel's draft response will be considered by the Overview and Scrutiny Committee on 2 December. Although this is after the consultation period has finished, the MHT have indicated that they have no objection to this timescale.

Provisional Evidence Sessions:

Meeting 1 – 2 September 2008:

Purpose:

- To consider the draft consultation plan and document and approve terms of reference and scope for the review.
- To consider the MHT's proposals for the reconfiguration of acute services and, in particular, the closure of Finsbury Ward

Background Information:

- Draft scope and terms of reference for review
- BEH MHT's draft consultation document and supporting evidence;

Possible Witnesses:
Maria Kane, Andrew Wright, Lee Bojtor and Penelope Kimber - BEH MHT

Meeting 2 – Date TBA:

Purpose: To obtain the views of key stakeholders and other mental health partners on the MHT's proposals

Possible witnesses:

Helen Brown – Deputy Chief Executive, Haringey TPCT
Lisa Redfern – Assistant Director, Adult, Culture and Community Services
Douglas Maitland-Jones –Mental Health Service Manager, Adult, Culture and Community Services
Matthew Pelling – Housing Commissioning Manager, Adult, Culture and Community Services
Siobhan Harper - Head of Mental Health Commissioning Haringey TPCT/LBH Adult, Culture and Community Services
Cllr Bob Harris – Cabinet Member for Health and Social Services
Phil Harris – Assistant Director Strategic and Community Housing, Urban Environment
MIND in Haringey

Meeting 3 – Date TBA:

Purpose: To obtain feedback on the proposals from relevant voluntary sector, user/patient, staff and other relevant organisations

Possible witnesses:
Rethink
Ethnic minority/refugee and asylum seeker organisations
Haringey LINks
Haringey Mental Health Carers Support Association
Day Hospital Campaign Group
Haringey User Network
UNISON
Royal College of Nursing
Royal College of Psychiatrists
Mental Health Act Commissioners

Meeting 4 – Conclusions and Recommendations:

Aim:
- To receive preliminary feedback from the MHT on the results of its consultation exercise.
- To agree a response to the proposals by the MHT to recommend to the Overview and Scrutiny Committee.

Background Information:
- Interim feedback on consultation results from BEH MHT
- Paper highlighting key issues and evidence from the review

Visits

5.23 Members may wish to meet consider meeting members of the Home Treatment Team, if possible, to hear from the about their work. A visit to St. Ann's Hospital has already been undertaken by some Members of the Overview and Scrutiny Committee. However, Members may wish to visit the hospital again and, in particular, meet with the Patients Council at the hospital to obtain their views.

6. Legal and Financial Implications

6.1 Whilst there are no direct financial implications for the Council, there are likely to be long term indirect affects as the move to provide more care away from hospitals and

closer to the community has the clear potential to place additional demands on social care services provided by the Council, for which no additional provision has yet been made.

7. Chief Financial Officer Comments

7.1 The Director of Adults, Culture and Community Services has indicated that more detailed discussions on the proposal to close an acute adult inpatient ward at St. Ann's Hospital and to reinvest resources into the Community Home Treatment Team and remaining inpatient wards will take place at the Mental Health Executive. At this stage he is unable to comment more meaningfully on the possible implications of the ward closure. Similarly, it not possible at this stage to provide detailed financial implications for the Council although there is a risk that the closure will place additional demands on social care services.

8. Head of Legal Services Comments

8.1 Regulation 2 of the Local Authority (Overview and Scrutiny Committees Health and Scrutiny Functions) Regulations 2002 allows the Overview and Scrutiny Committee to "review and scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authority". Thus the Overview and Scrutiny Committee is empowered to consider the proposals of Barnet and Enfield and Haringey MHT. The committee is further empowered 'to make reports and recommendations on such matters'. These regulations are made under section 21 of the Local Government Act 2000 as amended by section 7 of the Health and Social Care Act 2001.

8.2 The 'long term indirect effects' stated above have to be considered in light of the After Care duties placed on the Primary Care Trust and the local social services authority under Section 117 of the Mental Health Act 1983 . The duties applies to those persons who having been detained under section 3 of the Mental Health Act 1983 cease to be detained and leave hospital.

9. Equalities Implications

9.1 Disproportionate numbers of people from some black and ethnic minority communities suffer from metal illness, such as the African Caribbean community. The proposals are therefore likely to have particular impact on them. In addition, mental illness can be source of particular stigma within some communities, which the proposals aim address through reducing reliance on hospital base care.

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Agenda Item 6

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

Improving Mental Health Services in Haringey

Draft Full Consultation Paper

21 August 2008

1 What is this about?

We are proposing to make a change in the way that some mental health services are provided in Haringey and specifically at St Ann's. You are invited and encouraged to tell us your views about the proposed change. This consultation paper tells you about the proposal. Although we are a suggesting a specific change, we are consulting so that the views of users, carers and others can all be taken into account. Tell us if you agree or disagree or have any comments or concerns about the proposal. This is **not** about the redevelopment of St Ann's Hospital or about mental health services in general in Haringey. Those matters are part of a separate engagement process, which will start at the beginning of October, details of which are available on our website, www.beh-mht.nhs.uk/haringeypublicengagement.

Key facts about mental health in England

- One in four of us will experience some kind of mental health disorder in our lifetime.
- One in six people will suffer from depression – most commonly between the ages of 25 and 44
- One in ten people will suffer from disabling anxiety at some stage in their life
- Up to seven in ten adults will at some time experience depression so bad that it affects their daily life
- Six out of ten of us know someone who has experienced mental health problems
- More than half the people who visit their GP may have symptoms of depression
- Mental health patients account for half the people treated by the NHS but mental health services only get 14% of the NHS budget

2 What is the proposed change?

We propose to alter the way that some service users are given treatment and most importantly, the place where they are treated. Essentially, the change will mean more treatment at or nearer home being available, resulting in fewer beds needed in St Ann's Hospital for mental health in-patients. This is a redistribution of resources to provide a better service with less emphasis on in-patient beds for mental health service users. It is not a cut in services or funding. It is about improving services in accordance with the wishes of many service users.

Our proposals involve:

1. **reducing the length and number of hospital stays;**

2. **treating more people in or close to their own homes;**

3. **closing Finsbury Ward, at St Ann's Hospital, an adult (18-65 years old) male acute ward, as and when a gradual implementation of 1 and 2 can be safely and successfully achieved.**

We recognise that all three elements depend upon the availability of appropriate support and accommodation for service users, to avoid the need for admission as an in-patient whenever possible, and to ensure that service users are discharged from hospital as soon as it is clinically appropriate.

Many service users choose home treatment when it is available. We want to provide that choice for more people in Haringey. We plan to regularly treat more people at home. More resources will be allocated to Home Treatment Teams, and so fewer in-patient beds will be needed. We propose to reduce the number of male mental health beds at St Ann's Hospital by sixteen. (For the same cost we are able to treat approximately thirty people at home.) Of course, Home Treatment Teams can treat men or women, as necessary, so their service is also more flexible according to need.

At present there are 54 beds in three acute mental health wards for men and 38 beds in two mental health wards for women in St Ann's Hospital. There is also a twelve bed intensive therapy unit. We intend to reduce the number of acute beds to 38 male and 38 female in four wards, closing the present Finsbury Ward, which largely serves the area of Wood Green and surroundings. The men who would have been in-patients to Finsbury Ward, if they need to be admitted as in-patients, will be admitted primarily to Alexandra Ward.

Some staff currently working on the Ward would be released to reinforce Home Treatment Teams. During the twelve week consultation period and for the future, we will in any case strengthen Home Treatment Teams by increasing their permanent staffing by seven to ten posts, enabling more service users to be treated at or close to their home.

The change we are proposing would also allow more staff to be allocated to the remaining in-patient wards. This will allow us to strengthen teams and reduce reliance on agency or temporary staff which interrupts the continuity of care of service users.

This will in turn help to reduce the length of stay for those service users who are in-patients, not only because their treatment will be more effective, but also because we will have the resources to ensure that the discharge process is not delayed by administrative or housing issues.

3 Why change?

There will always be a need for short term in-patient beds for some seriously mentally ill people but many who now go into hospital can be treated just as well and better, in their own home or in a local setting, with appropriate support. Treatment at home or close to home involves an intensive programme of clinical interventions for a period that may be similar to, or shorter than, a hospital stay. It is not reserved for service users who are less poorly, but it is a real and preferred alternative to a hospital stay for many service users, particularly those from black and minority ethnic communities.

Treatment at home or close to home has many benefits:

- **Crisis intervention at home is more likely to be more successful more quickly,** supporting the service user's recovery back to wellness and normal life.

- **A service user who stays at home is far less likely to lose home or job or family and social networks**. Becoming homeless or jobless is naturally and inevitably stressful in itself. This can bring the person into a downward spiral of illness which becomes increasingly long term and chronic.

- **The family or carer support that exists can be maintained at home** whilst the service user recovers their mental and emotional well being. That can mean less stress in terms of time and travel for family and friends. Facilities at St Ann's are not easy to travel to for many people around the area, particularly those who live in the north of the Borough.

- **Hospital services can focus more therapeutic care on those who will benefit most.** Consequently they recover more speedily and can be supported back home at the right time for them.

The Trust's new Medical Director, Dr Pete Sudbury, emphasises the risks and potentially harmful effects of unnecessary hospital stays for psychiatric in-patients:

"*Mental hospitals are frightening, socially toxic environments for many people, where they rapidly show signs of institutionalisation, losing their ability to make choices for themselves and maintain the skills they need for independent living. Best evidence based practice, nationally and internationally, would lead us to reduce the number of admissions, by treating more people in their own homes, or in small community crisis units close to home. We would also expect at minimum to halve the length of time people stay in hospital compared to the level currently seen in Haringey.*

"I have direct experience of introducing Home Treatment Teams in place of in-patient units in deprived areas: they work, and they are popular both with service users and their carers. They also allow remaining in-patient units to focus their expertise on people who really do need to be in hospital, because they present a risk to themselves and others, and in-patient psychiatry is an exciting and rapidly-developing speciality. Haringey deserves leading edge services and change is absolutely necessary."

4 Why Home Treatment?

The National Service Framework (NSF) for Mental Health (September 1999) set out a ten year strategy towards the achievement of good practice, based on evidence of outcomes, for adult services. It said that services should be delivered as close as possible to home. A major intention of that Framework was to deliver Home Treatment as a **standard** intervention and alternative to hospital admission.

" *Home treatment and alternatives to hospital - Local health and social care communities should be able to offer home treatment as an effective and practicable alternative to hospital admission, focussing initially on those groups for whom hospital admission is most problematic - for example, black service users and women. (NSF p.65)"*

This recognised that people have improved recovery outcomes if they can be maintained in their own environment. Also, most people, and particularly people from black and minority ethnic backgrounds, find this form of treatment to be far more acceptable than hospital admission.

There are now some 343 home treatment teams operating nationally. They are seen as a great success. Almost 100,000 people across the country used these services last year and as a result, admissions to hospital are falling.

The Department of Health Mental Health Policy Implementation Guide (PIG) for the NSF supported the delivery of the NSF and the NHS Plan published in 2000. It described the role and objectives of Crisis Resolution/Home Treatment Teams:

"People experiencing severe mental health difficulties should be treated in the least restrictive environment with the minimum of disruption to their lives. Crisis resolution/home treatment can be provided in a range of settings and offers an alternative to inpatient care. The majority of service users and carers prefer community-based treatment, and research in the UK and elsewhere has shown that clinical and social outcomes achieved by community-based treatment are at least as good as those achieved in hospital

…If hospitalisation is necessary (a crisis resolution/home treatment team should), be actively involved in discharge planning and provide intensive care at home to enable early discharge. (PIG p.11-12)."

5 Home Treatment

In Haringey, two Crisis Resolution Home Treatment Teams (CRHTT) were established in 2004. Originally these teams were designed to accept all and any referrals for assessment as well as offer treatment to people as an alternative to hospital admission. With this broad remit it was very difficult for the teams to reach their targeted number of home treatment episodes.

With the reconfiguration of community services in 2007 this initial assessment function moved to the Short Term Assessment and Recovery Team (START) freeing up more time for the CRHTTs to focus on providing treatment at home and also to help more people to return home earlier in their recovery.

This has enabled Haringey's Home Treatment Teams to not only reach their nationally set target of 727 episodes for the first time but to achieve a final total of 772 in 07/08. The experience of the staff working in those teams is that, with further investment, an even greater number of individuals would be able to benefit from being treated at home and particular focus could be given to those able to return home with additional support. The chart shows the steady growth over four years.

HARINGEY	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	increases on the previous year
2007-08	54	46	65	64	65	60	61	71	64	72	77	73	772	+32%
2006-07	31	46	43	41	58	57	39	44	48	54	62	60	583	+22%
2005-06	44	36	37	42	33	42	41	31	43	43	51	35	478	+18%
2004-05	20	20	28	21	37	24	54	45	43	38	30	44	404	

Haringey Crisis Resolution Home Treatment Team - number of treatment episodes

In other words there are patients who are currently admitted to hospital for whom home treatment would be more appropriate. Patient choice is therefore being restricted by the current arrangements as there is often no alternative to an in-patient admission.

6 How will we make the changes safely?

We will make these changes in a way that is safe and we will make sure that people still get the services they need to help them recover as quickly as possible and then stay well.

The change we propose involves a complex implementation process. Many smaller changes are coming together to make the reduction of beds equivalent to one ward a safe and desirable option. We are reducing lengths of stay and refurbishing wards. The way that doctors work is changing, and the Trust and other organisations are making improvements to reduce patient discharge delays.

Treatment at home by a 'Home Treatment Team' (formerly known as a 'Crisis Team') is increasingly regarded as the preferred safe option for many service users in Haringey, across the Trust, nationally and internationally. Our Home Treatment Teams, and the 24 hour START team, which assesses anyone in a mental health crisis, are recognised, for example by the Healthcare Commission, as providing good quality care pathways.

Like all mental health services, successful implementation of this proposal will rely on effective partnerships – with the London Borough of Haringey, with Haringey Teaching Primary Care Trust, and with third sector and voluntary organisations.

The most important factor that gradually permits the reduction of in-patient beds, even without expanding the availability of Home Treatment, is:

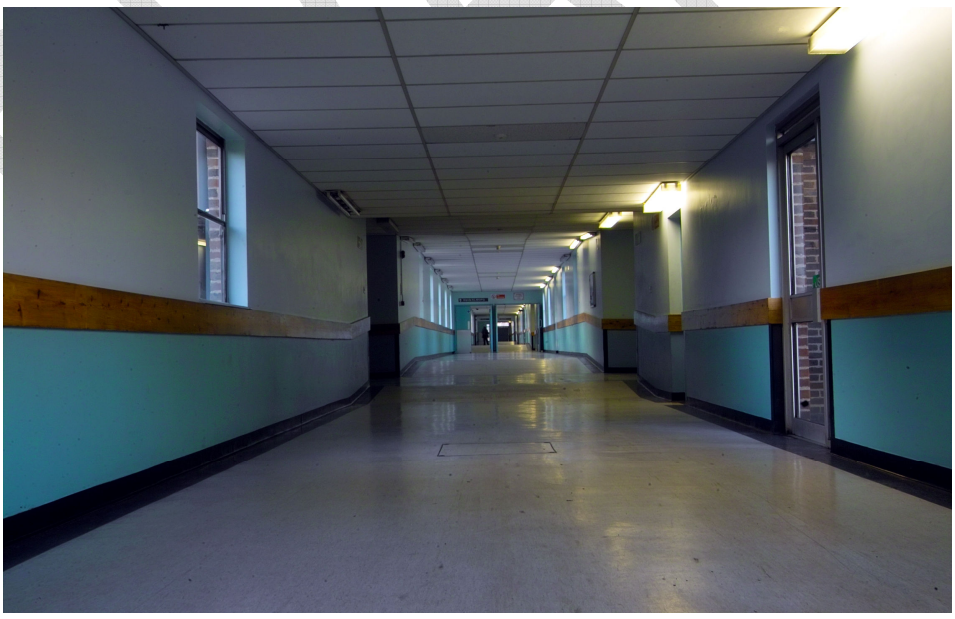
- **Reducing length of stay.** Someone who comes into St Ann's Hospital at present stays 76 days or almost eleven weeks, on average. This is an excessively long stay by any standard; one of the longest in London, and 24 days longer than someone would stay in on average in Barnet, another part of the same Trust.

Service	Average Length of Stay	Variance from Lowest
Barnet adult acute	52	N/A
Enfield adult acute	64	+ 23%
Haringey Adult Acute	76	+ 46%

Average length of stay in the Barnet, Enfield, and Haringey Mental Health Trust, by Borough

- Good practice internationally would indicate an average stay of half that length. Improving practice in Haringey to shorten lengths of stay to those found elsewhere in London would mean that one ward could be closed. No more people would be discharged from hospital but they would leave hospital more promptly.

- The closure of Finsbury Ward would allow resources to be concentrated in the environmentally better wards and facilitate the overall ward refurbishment programme by creating vacant space which can used flexibly to accommodate service users when another ward is being renovated.



Of course, the individual, their illness and the treatment they require are the predominant factors which determine length of stay, but there are other factors in the system, that cause delays. Some of the elements that would contribute to shortening in-patient stays are:

- Making sure that information is speedily exchanged between departments or agencies and promptly appointing the service user's Care Co-ordinator.

- Patients being discharged promptly when clinically ready, rather than waiting for confirmation at a consultant's ward round later;

- Adoption of a 'functional' model by consultant psychiatrists rather than working on a geographical basis. Some doctors will be piloting the functional model which means working **either** on the acute in-patient wards and Home Treatment Teams, **or** in the community. In the functional model, fewer consultant psychiatrists (just one or two) are responsible for all in-patients in one ward. Consequently, there can be more frequent doctor-patient contact, and fewer time-consuming ward rounds. Ward staff can thus give more time to patients individually. This pilot model will be evaluated as it proceeds, to measure its outcome.

- Accommodation and support being available when people are clinically ready for discharge from hospital. Haringey Council has a draft Homelessness Strategy with an Action Plan that includes improved procedures by March 2009 for dealing with hospital discharges, for the prevention of homelessness and the accessing of appropriate housing and support. A further three hundred units of supported housing are being commissioned and will be on stream in April 2009.

- The majority of delays in discharge from hospital are the responsibility of the Trust, and therefore somewhat within our control, as shown in the table below. The reasons for delays due to factors within the health service include time finding an appropriate care place outside of hospital, and waiting for clinical reports for discharge planning. Delays which are the responsibility of the Local Authority including waits for 'Supporting People' placements or temporary housing.

Responsibility	NHS	Local authority	Joint NHS/LA	Total
	18	10	2	30

Haringey delayed transfers of care summary, snapshot on 1 August 2008

The Trust is looking in detail at these issues and will run pilot projects throughout the consultation period and afterwards, to monitor the success of suggestions for improvement. Bed management and reducing delayed discharges are an extremely high priority and are being closely monitored on a weekly basis by the Trust's Director of Mental Health Services for Haringey. Reducing delayed discharges in itself reduces the number of beds required.

Besides improved methods of working being trialled, additional experienced staff resources are already in place to target delays in patient transfers and improve care pathways. A new lead nurse/modern matron is in post from August 2008, who will focus on the management of beds and the quality of ward environments. A new clinical specialist is also working on clarifying the process of transferring care between teams and optimising the patient care pathway.

In some cases bed occupancy is currently technically exceeding 100%, i.e. there may be sixteen actual beds on the ward and nineteen patients listed as being present. This is due to a variety of factors. Occupancy may include individuals who are at home 'on leave', in-patients who are clinically ready for discharge from hospital but do not have accommodation available, and service users who cannot or will not move on, for other reasons such as issues of legal residency. Consequently, some in-patients may be required to 'sleep out', perhaps in another ward, because there is no bed for them on the ward.

Reducing the number of people delayed in hospital for non-clinical reasons is important. It enables them to get on with their lives, and allows the ward team to focus on those in real clinical need of hospital care.

This consultation period provides the opportunity to respond to the Trust with views about the proposal. However the Trust will also use the twelve week period to endeavour to demonstrate that, by admitting and discharging patients more appropriately, and providing more acute care at or nearer home, a substantial reduction in acute bed numbers in St Ann's, and the closure of Finsbury Ward, is practicable. Only after a report to the Trust Board to consider the outcome of the consultation, and the clear demonstration of the safe reduction in bed occupancy would the official closure of Finsbury Ward go ahead.

7 Other factors

- The current mental health wards at St Ann's Hospital do not offer a modern environment with the highest standards of care. A refurbishment plan is in place and under way, to make the best of the current wards and buildings but some wards are on the first floor so that access to outdoor or garden space is, at best, restricted. For service users in hospital for many weeks this is unacceptable. A reduction to four wards would facilitate the refurbishment programme and eventually allow all four improved wards to be located on the ground floor with access to outdoor space.
- The Mental Health Trust has committed itself to a clinical strategy where 'choice, social inclusion and Recovery' is the cornerstone of all of its clinical services. The 'Recovery' model of care is a radical approach which empowers service users as capable of choice, progress and growth. It is a method which offers support in all aspects of life – home, work or meaningful activity, social, personal development, and physical as well as mental health and wellbeing. The Trust's Recovery Strategy, developed by Ian Clift, Acting Director of Nursing, states:

"*Recovery based services require the service user to be at the centre of the care and in a position to articulate and describe their Recovery needs. The interventions provided need to take into account the unique needs of the individual and be as close to the patient's home as possible.*

The functions of involved mental health services are to act as facilitators and providers of interventions to address these plans. This model requires radical rethinking and refocusing of the philosophical position of both worker and services. The refocusing of services will be addressed through a systematic training programme of the entire Trust clinical workforce between 2008-2010"

8 What happens in other places? How does Haringey compare?

Haringey has significantly more beds for each 100,000 people than Barnet and Enfield, the other areas served by the Trust. Even when population figures are adjusted and weighted by the Mental Health Needs Index (MINI)* to reflect the economic and social profile of the Borough, the numbers are higher in Haringey than would be expected for the population. Durham University collected and analysed figures showing that Barnet, Enfield and Haringey Mental Health Trust has significantly more beds, after adjusting for need, than all other London Trusts except South London and Maudsley Foundation Trust, which has many more highly specialised services.

Lewisham, served by South London and Maudsley, is also a good comparator in terms of MINI 'score' and uses two thirds of the bed numbers of Haringey.

	Beds per 100,000 people	Local MINI score
Lewisham	28	1.14
Haringey	42	1.16

In Haringey patients are also likely to stay longer. Whereas average length of stay for London Trusts is below 60 days, in Haringey it is 76 days. All the comparisons indicate that Haringey would be better served by more resources allocated to home treatment and fewer in-patient beds.

9 What will happen in the longer term?

In the longer term, major changes must be made to mental health services in Haringey. Although many aspects of services are recognised to be good quality, treatment for service users needing acute care is centralised at St Ann's at present, and too focussed on in-patient beds.

This old fashioned approach revolves around services at St Ann's Hospital where buildings are old, difficult to maintain and not appropriate for modern care for service users.

The question of the best way forward for mental services health services in Haringey in the longer term, and the redevelopment of St Ann's Hospital is being explored in a separate public engagement process which will begin in October 2008. Users, carers and the wider population are invited to give their views. That engagement process will be widely publicised – in the local press, and on our website (BEH-MHT.nhs.uk/haringeypublicengagement) as well as through user and carer and voluntary groups. The outcome of that process will enable the Trust to formulate some options for the future.

Whilst plans are being developed for that longer term change, it is vital that conditions and treatment for existing service users continue to move forward in line with good practice. Hence this consultation and this proposed specific short term change.

* The MINI Index was developed at the Institute of Psychiatry, largely based on London area data. It brings together a number of social and economic factors which can be associated with high rates of admission to acute psychiatric inpatient care. These factors are compiled into a weighted index which is then used to predict the prevalence of acute psychiatric admission in an area. (A score of 100 approximates the national average).

10 Tell us your views – what to do with this document

Your views will help us to decide the best way forward for mental health services in Haringey. This consultation invites you to tell us what you think. You have from 8 September to 3 December 2008. You can tell us by:

Email: consultation@beh-mht.nhs.uk

You can download copies of the consultation and give your comments at our website, www.beh-mht.nhs.uk/haringeypublicengagement

Or you can post this page back to us with your comments to the freepost address below. You can supply your name and address if you wish or remain anonymous:

Name ……...

Address ……

……

……

……

Organisation……

……

Do you agree that in principle more acute Home Treatment should be available? (please tick one)

Yes……Somewhat agree….Somewhat disagree …….No……..

Do you agree that more Haringey mental health service users should have access to Home Treatment Teams? (please tick one)

Yes……Somewhat agree….Somewhat disagree …….No……..

Do you think this is a high priority for Haringey mental health services? (please tick one) Yes……Somewhat agree….Somewhat disagree …….No……..

Do you agree that, as admissions are reduced and hospitals stays are made shorter, Finsbury Ward at St Ann's Hospital could safely be closed? (please tick one) Yes……Somewhat agree….Somewhat disagree …….No……..

Do you think that resources released from a closure of Finsbury Ward should go to other wards and Home Treatment Teams? (please tick one)
Yes……Somewhat agree….Somewhat disagree ……..No……..

Or should more resources be directed to other services that are higher priority in your view? (please, say where)

……..

Other.comments (for instance, is there anything else you think we need to do if the closure of the ward is to safely take place?)……
……..……..
……
……
……
……

 I am responding as an individual

 I am responding for my organisation

We particularly welcome the views of service users and their carers. You do not have to do so, but if you wish to tell us, please tick one of the boxes below if it applies to you, and if you wish, write in whether you have been a service user or carer for a mental health in-patient.

 I am a service user

 I am a carer of a service user

PAK 21.08.08

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

Improving Mental Health Services in Haringey

Draft Consultation Plan

21 August 2008

Contents:

1 Introduction

There is a clear case for speedy interim change in the provision of mental health services in Haringey. The change being consulted on is the reallocation of resources from in-patient beds in Finsbury Ward, St Ann's Hospital, so that there can be an increase of capacity in the two Home Treatment Teams, and additional investment and improvement in the remaining four wards at St Ann's Hospital.

2 Purpose

The core reasons for the proposal and the consultation are:

- ***Clinical quality of inpatient services.*** Lengths of stay are excessive, by comparison with other areas and Trusts, and there are too many delayed transfers of care. This impacts the individual's recovery and has other serious adverse effects on their life such as loss of home and work, causing perpetuation of a vicious cycle.

- ***The care is too focused on inpatient services.*** More patients should be treated in their own homes and in locations closer to where they live, as set out in the Haringey Joint Health and Social Care Mental Health Strategy 2005 – 2008.

For these reasons there is a need for some specific interim changes to be consulted on. The Mental Health Strategy highlighted the need to modernise mental health services, provide person centred care in the most appropriate service settings, and reduce the existing reliance on hospital based care. These proposals respond to that requirement.

3 Context

In the longer term, major changes must be made to Haringey Mental Health Services, and St Ann's Hospital redeveloped. In the meantime, services cannot stand still and user experience is prejudiced by delay.

It is clear that the balance of services will over time shift into community or home settings with the in-patient element decreasing in proportion, in line with good practice elsewhere. Policy and research pointing to that change are described in the National Service Framework for Mental Health, as well as the Haringey Joint Mental Health and Social Care Strategy 2005-2008.

The Trust is committed to the Recovery Model of care, and user preferences, as well as the widely recognised need to reduce the stigma of mental illness, all similarly indicate that Home Treatment needs to expand to meet the demand.

The proposal in this consultation is a step in this direction, to improve services and offer enhanced care, within the constraints of current conditions.

Therefore,

(i) this focussed and specific formal consultation will take place regarding a proposed shift of resources from Finsbury Ward, and,

(ii) a separate public engagement process (in October-November 2008) will prepare for the production of the Strategic Outline Case for how mental health services in Haringey are to be delivered in the longer term, including the redevelopment of St Ann's Hospital.

4 Principles and Methodology

In order to make appropriate decisions, the Trust needs to ensure that effective consultation and engagement takes place, with service users, carers, local people, local authorities, Haringey TPCT and other partners, healthcare professionals and other staff, Foundation Trust shadow members, voluntary organisations, faith groups, and stakeholders who act on behalf of others such as councillors, MPs, and the media. It must therefore be as easy as possible to communicate with the Trust about the impact of the proposed service change.

It is our intention to consult and engage in an open and transparent manner, ensuring that, so far as possible, the widest audience is reached, regardless of age, disability, ethnicity, location, or language. To this end we will ensure that, in partnership with Haringey Council, we use appropriate mechanisms, translation services etc in order to target the various groups.

5 Timescale

Preparation of documents and consultation programme	June – August 2008
Meeting with OSC Task and Finish Group	2 September 2008
Launch of consultation programme	8 September 2008
Consultation process runs for 12 weeks	
End of consultation programme	3 December 2008
Assessment and collation of results, production of report of results and the Trust's responses, publication of report and submission to Trust Board.	December 2008 – January 2009
Decisions about the way forward and implementation according to results begins	February 2009

6 The Proposals

The proposals involve:

1. reducing the length and number of hospital stays on adult (18 – 65 year old) acute in-patient wards in Haringey;

2. treating more people in or close to their own homes by providing more Home Treatment Team resources;

3. closing Finsbury Ward (an adult acute ward for males) at St Ann's Hospital, as and when a gradual implementation of 1 and 2 can be safely and successfully achieved.

7 The Communications Plan

- The formal Consultation will be launched on 8 September, following a meeting with the Task and Finish Group of the Overview and Scrutiny Committee of Haringey Council on 2 September to present and agree the approach and timetable.

- A local media briefing will be given during the week of 8 September to publicise the consultation.

- In the run up to the launch, informal meetings have been held with representatives of users and carers and the draft consultation documents made available to them, to gain their input and advice on the content and the principles involved.

- Two Consultation documents will be produced –the formal Consultation paper, and a summary 'easy read' version. With the partnership of Haringey Council services, both documents will offer a language translation service and an alternative format for visually impaired people. The documents are attached to this Consultation Plan, as Appendix A and B.

- Just prior to the launch a newsletter will be produced, at the beginning of September. This will outline the formal consultation process under way and invite comments. The newsletter will be circulated to all stakeholders. It will also be made freely available in mental health and other healthcare locations.

- The full and summary documents will be circulated to all stakeholders as appropriate, for consultation. This will amount to some 6500 organisations and individuals, including:

    - Service users – via Trust internal mechanisms and groups such as the Patients Council , and external voluntary groups
    - Carers – through surveying a sample of carers of in-patients from the last two years.
    - the Haringey public via local media
    - Haringey TPCT and other partners
    - Haringey LINKs (subject to the development of the LINk)
    - GPs
    - healthcare professionals and other staff
    - Foundation Trust shadow members
    - Local community and voluntary organisations
    - faith groups
    - Haringey Council councillors and officers
    - other representatives - MPs, London Assembly members, MEPs
    - local media.

- During the consultation period a number of meetings will be hosted by the Trust so that views can be presented in person. They will be designed to be accessible and led by clinicians as well as service managers.
    - There will be a number of meetings according to demand from groups and individuals who are existing and past service users and carers.
    - Two open meetings will be held, aimed at a wider public audience including community and voluntary groups as well as service users and carers. These meetings will be well publicised in advance
- Staff affected have already been consulted on the proposals. Their views and preferences will be taken into account so far as possible. Subject to the need to provide the best service for service users, if the proposal goes ahead, staff would be relocated to their preferred posting in the hospital or a Home Treatment Team.
- All Trust staff will be further invited to comment on the proposals during the formal Consultation Period. They will be able to do this via the Trust's normal management process or the Trust's intranet or through the external consultation response mechanisms if they prefer.

A range of mechanisms, which will all be free to the respondents, will be provided for responses:

- Website pages
- Email address
- Freepost address for people returning paper forms or who do not have internet access.

8 Report and Recommendations for decision

A report of the results of the consultation will be prepared, and will be published and submitted to the earliest meeting of the Trust Board in 2009. The report will analyse the responses to the consultation and detail an appropriate way forward in the light of the feedback.

PAK 21.8.08