MINUTES OF THE SCRUTINY REVIEW - MENTAL HEALTH; PROPOSED ACUTE SERVICES RECONFIGURATION
THURSDAY, 12 FEBRUARY 2009

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

* Member present

LC15. APOLOGIES FOR ABSENCE (IF ANY)

None.

LC16. URGENT BUSINESS

None.

LC17. DECLARATIONS OF INTEREST

None.

LC18. MINUTES

AGREED:

That the minutes of the meeting of 17 December be confirmed.

LC19. IMPROVING MENTAL HEALTH SERVICES IN HARINGEY - CONSULTATION BY BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST

Andrew Wright, from Barnet, Enfield and Haringey Mental Health Trust (MHT), provided an update on the consultation that was being undertaken on the reconfiguration of adult acute services within the Borough. The proposal had been reviewed by the National Clinical Advisory Team (NCAT). It had been subject to this process as part of a pre-consultation review undertaken by NHS London. This was necessary in all cases where an overview and scrutiny committee had designated a proposal to be a "substantial variation" to local services. NHS London had now given its approval for the consultation to proceed.

The consultation document had been circulated and a series of public meetings arranged and publicised. This would include meetings with carers and service users. The feedback was being submitted to an independent external organisation who would report back on the outcome.

The proposed changes were about improving services and increasing investment for providing services in community settings. The MHT was of the view that home treatment was a better option for many people. This was recognised national policy. The policy was not new and many parts of the country operated with a similar model

of care. All of the staff affected directly by the proposals would be re-allocated to either the home treatment teams or other wards.

Services provided by the MHT had improved and the average length of stay had gone down from 76 to 32 days. This was due to a large extent to improvements in processes. There was now less demand for beds and one male ward at St Ann's Hospital had been temporarily closed. There was currently no difficulty in accommodating male patients who needed beds. It was recognised that there were significant concerns about the proposed changes but these were not concerned with the policy but its implementation. In response to these, he stated that:

- Improvements were being made to support carers. This included the provision of a carer's assessment for everyone.

- Home treatment would be undertaken in partnership with carers. If the carer was not able to cope, the patient would be admitted to hospital.

It was noted that there had been concerns expressed by other agencies. It was emphasised that the changes only affected acute patients. They would receive the same care from the same staff but in a different setting. Patients would be visited several times a day and would still be treated as a priority. The MHT did not believe that the proposals had significant implications for other agencies.

Lisa Redfern, Assistant Director of Adult Services, reported that the overall direction of travel was welcome. However, there had not yet been many opportunities to discuss the potential impact (financial/performance/practice perspective) of the proposals. She did not concur with the view that the proposals would have no impact on partners. The infrastructure necessary to support the changes needed to be put in place and this took a lot of prior planning. The proposals were likely to impact on the Adult Services budget and there was a need for the budget for supplementary community care to be looked at again, in detail.

Acute patients needed a lot of support from a range of professionals including social workers and Community Psychiatric Nurses (CPNs). Although mental health services were good in some areas, her view was that they were fragile in others. There was likely to be a particular impact on housing and ensuring that there was sufficient capacity to respond to the potential additional demands on services took time. The position within the Supporting People service was currently causing concern and getting provision right was slow and problematic. Residential placements could cost over £800 per week and this had a considerable impact on budgets. These were often required until such time that suitable housing was available

The move towards greater home treatment was the right thing to do but it needed to be carefully planned beforehand. An integrated plan was needed in order to ensure that the changes could be implemented successfully. The potential cost needed to be worked out and appropriate provision adequately funded. There were currently no pooled budgets for commissioning and the necessary preparatory work had not yet been competed.

Representatives from the MHT stated that people would not be asked to eave hospital until they had somewhere to live. However, it was not desirable for people to be left in

hospital who did not need to be there and agencies needed to work together to ensure that what happened was in the best interests of patients.

Liz Rahim, the Director of Mental Health Commissioning at NHS Haringey, stated that the PCT very much supported the proposals. They were not about moving people from one institution to another but reducing the length of stay in hospital. The proposals would improve the care throughout the pathway and would entail a comparatively small reduction in the number of beds.

Diane Arthur from MIND stated that they had concerns about overcrowding which increased stress levels and the risk of violence. There was also concern about "sleeping out", which was not popular with patients. The direction of travel was nevertheless supported. Nick Bishop stated that the Mental Health Carers Support Association had urged caution on the implementation of the proposals. It felt that a longer period of preparation was needed. It noted that there had been changes from the original proposals and they now talked about the future possibility of closing other wards.

Mr Wright stated that the MHT had a new Practical Support Team in place that could intervene and assist patients in quickly resolving domestic problems. Occupancy levels had gone down in recent months as well as sleeping out. The proposals would have no impact on single sex occupancy. There would still be two female only wards and treatment of patients in their own home enhanced their privacy and dignity. Both Southwark and Lambeth had similar levels of mental health need but had fewer in-patient beds. Haringey had one of the highest numbers of acute beds, both in London and nationally. The proposal would not lead to any reduction in costs for the Trust overall. Sleeping out was sometimes due to patients going "on leave" and, in other cases, it was due to patients awaiting discharge. Going on leave was an essential part of the rehabilitation process and people were not actually present on the ward when this was happening.

David Hindle, from the Haringey User Network, stated that sleeping out was still occurring. The Mental Health Act Commissioners (MHAC) had urged caution in permanently reducing the number of beds. Their view was that reductions in demand needed to be first sustained over a period of time. They had been concerned for some time about overcrowding on the wards. He noted that, although there had been a considerable improvement in delayed discharges and lengths of stay, this now appeared to be creeping back upwards and the worry was that this could be the start of a trend. It was also unclear how much exactly of the resources freed up would actually be re-invested as some staff freed up by the changes would merely be used to replace agency staff.

The MHT stated that they took the views of the MHAC very seriously. They acknowledged that they needed to be able to demonstrate that the changes could be implemented successfully and they had another two months in which to do this. More up to date statistics would be produced in due course. They would not make any permanent changes that were not safe. If there was sufficient demand to justify it, the ward could be re-opened. The changes had allowed the Trust to reduce the number of agency staff being used by replacing them with established staff. All the posts within the Home Treatment Team were established and fully funded.

Denise Gandy, the Head of Housing Support and Options, stated that tests had to be applied in order to determine whether people were eligible for housing. If they did not fulfil the criteria, the service was unable to assist. Levels of homelessness could be difficult to predict. In some cases, admission to hospital could be the trigger for homelessness. Allowing people to remain in their homes could therefore help. However, that needed to be balanced against the possibility of raising family tension. There was also concern that people might end up in temporary accommodation. There needed to be a range of housing options and this was not yet the situation.

Lisa Redfern, Assistant Director of Adult Services stated that there were a high number of people within the Borough whose residency conditions stated that they had no recourse to public funds. In some circumstances, the Council was obliged to re-house them. There was also a group of such people that the Council was currently supporting whilst their residency cases where being determined. In some instances, these cases could take years to be determined. It was important to ensure that the right sort of housing was available within the Borough and detailed plans for this were necessary.

Nick Crago, the Supporting People Commissioning Manager, stated that there were currently 300 housing units available. Supported housing provided a range of options for supporting clients. Acute patients would not be suitable for supported housing as their needs were too great. However, as people became more able, they might then become appropriate for supported housing. Floating support could be provided for people in their own homes but this would not happen when home treatment was in place. If people suffered a relapse and had to be admitted to hospital, their tenancy was normally protected.

The Chair expressed concern that vulnerable people might find themselves unable to be admitted to St Ann's as they were not ill enough and also ineligible for re-housing. He was not convinced, as yet, that the intense work that was necessary to mitigate any additional pressures on housing and other support had yet been undertaken.

Diane Arthur from MIND stated that people were currently being discharged from hospital without a care co-ordinator. She was not convinced that services were yet in place to support the proposed changes. There was already considerable stress on them, particularly in relation to issues such as employment and benefits advice. She was not convinced that current systems could cope.

Ms Rahim commented that it was clear that appropriate community services and effective joint working were required to support the changes. Patients had been spending too long in hospital and this impacted on their employment prospects and housing. She did not envisage the proposed changes placing additional demands on GPs as patients would be being supported by the Home Treatment Teams and would not be discharged from their care until appropriate.

The Chair thanked the MHT and stakeholders present for their attendance and feedback.

LC20. NEW ITEMS OF URGENT BUSINESS

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None.

Cllr Ron Aitken

Chair