



Haringey Council

Agenda item:

[No.]

Overview and Scrutiny Committee on 6 October 2008

Report Title: Scrutiny 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 approve the scope and terms of reference for the scrutiny review set up 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.
- 3.2 That the temporary suspension to the work of the Panel caused by the delay in the commencement of the formal consultation period on the Mental Health Trust's proposed changes to services be noted.

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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 92 adult acute beds and closing 16 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 previously 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 considered that 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 than 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 In the event of the Committee finding that the consultation has not been adequate or a proposal is not in the interest of the local health service, it has the power to refer the issue to the Secretary of State for Health. Such powers should however only be used as a last resort and if it has not been possible to reach a local resolution.

Timescale

5.16 The MHT originally set a consultation period to run from Monday 8 September to Wednesday 3 December. However, following the first meeting of the Panel, on 2 September, the Trust was informed that it was required to submit the proposal to NHS London for a pre-consultation review in order to test the soundness of the case of the change. NHS London is now requiring a pre-consultation review to be

undertaken by all Trusts proposing changes which local Overview and Scrutiny Committees have designated as being “substantial variations”. This process is likely to take form 6 to 8 weeks. As part of this process, the proposals will be considered by the National Clinical Advisory Team.

- 5.17 In the light of the changes to the consultation timetable, the Panel has decided that it would be prudent to wait until the consultation formally begins before resuming its work. This is because it is possible that changes to the proposals will be recommended by NHS London and, in addition, local circumstances may change in the interim period. It is possible, for instance, that the work that the Mental Health Trust is currently undertaking to reduce the length of hospital stays may yield results and this may change the views of stakeholders and users.

Terms of Reference:

- 5.18 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.”

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

- The potential impact on the existing community mental health teams and other support required for the increased numbers of patients that will be treated in the community
- Whether the necessary community infrastructure is in place to support the proposed changes and, in particular, whether factors relating to clinical risk and performance and investment have been addressed sufficiently by the Trust.
- Arrangements by the Trust for ensuring that the training needs of all key professionals currently working in inpatient care are addressed.
- The relationship between this development and plans to enhance and define community rehabilitation services
- Whether the changes will ensure that the remaining number of beds is sufficient to meet demand nor compromise the requirement for single sex accommodation for patients.
- The potential for unplanned demand against purchasing budgets
- The implications for carers/relatives.

- The availability of suitable housing provision for patients leaving hospital and the adequacy of systems to reduce delayed discharges.
- Clarity on plans for reinvestment in the community therapeutic, treatment and assessment teams and, in particular, how funds will be transferred from their inpatient funding to community based care.
- The potential cost implications for other stakeholders, such as the Council, and any other clinical and financial risk implications

Sources of Evidence:

5.20 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

5.21 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
 Dr. Peter Sudbury – Clinical Director

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
 Manager – Alexandra Road Crisis Centre

The Cabinet

Cllr Bob Harris – Cabinet Member for Health and Social Services

Partners

Helen Brown – Deputy Chief Executive, Haringey TPCT
Lead mental health GPs within commissioning clusters

Voluntary Sector

MIND in Haringey
Rethink
HAVCO
Haringey Racial Equality Council
Ethnic minority/refugee and asylum seeker organisations
Tulip
Open Door
The Polar Bear Community

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

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 – Date TBA:

Aim:

- To receive preliminary feedback from the MHT on the results of its consultation exercise.
- To question further the Trust on its plans in the light of feedback from stakeholders, service users and carers.
- 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

- 5.22 Members of the Panel have indicated that they wish to meet members of the Home Treatment Team, if possible, to hear from them about their work. In addition, the Chair has already undertaken a visit to St. Ann's Hospital together with other Members of the Overview and Scrutiny Committee. However, Members of the Panel are planning to visit the hospital again and, in particular, meet with the Patients Council at the hospital to obtain their views.

Independent External Advice

- 5.23 As part of the review being undertaken by NHS London, the National Clinical Advisory Team will be considering the Trust's proposals. The team is chaired by Professor Sir George Alberti and provides a pool of clinical experts to support, advise and guide NHS organisations on local service reconfiguration proposals. In addition, the Panel may give consideration to commissioning its own external independent input should it feel that this would be appropriate and subject to the availability of suitably qualified individuals or organisations.

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 effects 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 is 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 apply 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 mental 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.