



Haringey Council

Agenda item:

[No.]

Overview and Scrutiny Committee

On 12 January 2008

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

Report of: Chair of Overview and Scrutiny Committee

Contact Officer : Robert Mack, Principal Scrutiny Support Officer Tel: 0208 489 2921

Wards(s) affected: All

Report for: **N/A**

1. Purpose of the report (That is, the decision required)

- 1.1. To approve amendments to the scope, terms of reference and work plan for the review set up to respond to proposals by Barnet, Enfield and Haringey Mental Health Trust to close an adult acute ward at St. Ann's Hospital.
- 1.2. In the light of previous and ongoing engagement with patient and user groups by the Mental Health Trust on the proposals, to agree to a shortened period of public consultation of 8 weeks.

2. Introduction by Cabinet Member (if necessary)

- 2.1. N/A

3. State link(s) with Council Plan Priorities and actions and/or other Strategies:

- 3.1. The proposals in the report are linked to the Haringey Mental Health Strategy 2005-8.

4. Recommendations

- 4.1. That, in the light of previous and ongoing engagement with patient and user

groups by the Mental Health Trust on the proposals, a shortened period of public consultation of 8 weeks be agreed.

4.2. That the updated scope, terms of reference and workplan for the review, as outlined in the report, be approved.

5. Reason for recommendation(s)

5.1. The recommendations take into account the suggestion made by the National Clinical Advisory Team (NCAT) that the scope of the consultation be widened and the wishes of user groups for the period of consultation to be varied.

6. Other options considered

6.1. The other option would be to keep the scope within its previous boundaries and to insist on the full period of consultation of 12 weeks. For the reasons specified within the report, this option is not recommended.

7. Summary

- 7.1 As previously reported to the Committee, Barnet, Enfield and Haringey Mental Health Trust (BEH MHT) have made proposals to make changes to their adult acute services within the Borough. These were designated to be a “substantial variation” to local services by the Committee at its meeting on 2 June 2008.
- 7.2 The Committee has set up a small panel of Members to look at the proposals in detail and approved the scope and terms of reference for the review of them at its meeting on 6 October. This report updates the Committee on developments since then and recommends changes to the scope and terms of reference for the review and the timetable for formal consultation.

8. Chief Financial Officer Comments

8.1. To follow

9. Head of Legal Services Comments

9.1. The Overview and Scrutiny Committee (OSC) has already determined that the proposals of Barnet, Enfield and Haringey Mental Health Trust amount to substantial variations. NHS bodies have a duty to consult the OSC about substantial developments or variations of the health service in the area under regulation 4 of the Local Authority (Overview and Scrutiny Committees Health and Scrutiny Functions) Regulations 2002. The regulations further empower the OSC to make comments on the proposal consulted on and to report to the Secretary of State in writing if it is not satisfied that the consultation has been adequate or where it considers that the proposals would not be in the interests of the health services in the area. The Secretary of State may then make a final decision on

the proposal and require the NHS to take or desist from certain actions.

9.2. 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. These duties apply to those persons who having been compulsorily detained under the Mental Health Act 1983, are assessed as requiring after care services following their discharge from hospital. Case law has established that it is unlawful for local authorities to charge for such aftercare services.

9.3. Whilst Cabinet Office guidelines indicate that consultations should last at least twelve weeks to comply with best practice, it is possible for OSCs and NHS bodies to agree a different timescale for consultation. The most important issue is that the consultation is effective. Government guidelines further state that effective consultations will have clarity of scope and impact, be accessible and impose the minimum burden on consultees. It is also important for there to be clear analysis and feedback.

10. Head of Procurement Comments – [Required for Procurement Committee]

10.1. N/A

11. Equalities & Community Cohesion Comments

11.1. Disproportionate numbers of people from black and minority ethnic communities are admitted into acute mental health accommodation. In addition, although people with mental illness are often stigmatised, the level of stigma can be higher amongst some communities. Home treatment may play a role in helping to reduce this.

12. Consultation

12.1. The Panel appointed to consider the proposals on behalf of the Committee received evidence from stakeholders and user and care organisations at its meeting on 17 December and their views are reflected in the recommendations.

13. Service Financial Comments

13.1. [click here to type]

14. Use of appendices/tables and photographs

14.1. The report undertaken by the National Clinical Advisory Team (NCAT) on the proposals by the Mental Health Trust is attached.

15. Local Government (Access to Information) Act 1985

15.1. Background papers are as follows:

None.

16. Report

- 16.1 Proposals have been made by Barnet, Enfield and Haringey Mental Health Trust (MHT) to close 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.
- 16.2 The Trust are 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.
- 16.3 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. The Trust is of the view that the changes will contribute to the delivery of local targets, increase, choice for patients and provide better value for money.
- 16.4 The change will 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.
- 16.5 There is a general requirement for NHS bodies to consult with patients and the public, including a duty to consult with the Overview and Scrutiny Committee (OSC) under Section 242 of the NHS Act 2006. In addition, there

is also a specific duty to consult on what are termed as “substantial variations” to local NHS services under regulation 4 of the Local Authority (Overview and Scrutiny Committees Health and Scrutiny Functions) Regulations 2002.

16.6 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.

16.7 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 change is in the interests of the local health service.

16.8 The Overview and Scrutiny first considered the MHT’s proposals at its meeting on 2 June 2008 and determined that the proposals constituted a “substantial variation” to services 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,

16.9 The Committee set up a small panel to look at the proposals in detail and recommend an appropriate response to them on its behalf. The Panel first met on 2 September to receive MHT’s draft proposals and obtain preliminary feedback from user groups. Following this meeting, the proposals were referred to NHS London for a pre-consultation review, which is required in all cases where an overview and scrutiny committee designates a proposed change to be a “substantial variation”. This process included an independent review undertaken by the National Clinical Advisory Team (NCAT). However, before the review was completed flooding took place in another male acute mental health ward – Northumberland ward - leading to its emergency

closure. Staff affected were moved to the home treatment team and the other wards and, in effect, these changes put in place the plan which was to be the subject of the consultation by the MHT.

16.10 The review of the clinical implications of the proposed changes by NCAT was broadly favourable to them. However, it recommended that the scope of the consultation be broadened to consider the overall future direction of travel including:

- The further reduction of acute admissions in Haringey
- The development and investment in community services necessary to support such change
- The pace and timing of change

16.11 The NCAT report has been submitted to NHS London, who need to give final sign off to the proposed consultation process. This is expected shortly. Consultation documents are currently being revised by the MHT in line with NCAT review recommendations to broaden the scope. The appropriate documentation will be subject to agreement with the Scrutiny Panel.

16.12 The consultation will now be undertaken jointly by the MHT and the TPCT and managed by MHT. It will address:

- The permanent closure of one acute ward at St Ann's
- Further changes to acute services, such as the development of Home Treatment Teams and other services, leading to a need for less in-patient beds in the longer term

16.13 It is proposed that the consultation will run from mid/late January for 8 weeks. The scrutiny process will run in parallel to this.

16.14 The Scrutiny Panel met on 17 December to receive an update on the current situation. Whilst it feels that a broadening of the scope of the consultation would be beneficial, it is mindful of the need to avoid overlap with the consultations on the joint mental health strategy for Barnet, Enfield and Haringey, which the PCTs from the three Boroughs will be consulting on in the spring, and on the future of the St Ann's Hospital site.

16.15 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.

16.16 User groups have requested that this flexibility be exercised in the length of the consultation. Their view is that the proposals have been in the public domain for some time and will be familiar to most user and carer organisations. Whilst they welcome a full consideration of the implications of

the proposed changes, they wish a timely conclusion be reached to the current uncertainty. The Panel is therefore agreeable to a period of 8 public weeks consultation on the proviso that the MHT exercise a degree of flexibility in the receipt of the final response by Overview and Scrutiny Committee. The proposed workplan (Appendix A) has been amended to take into account the shorter consultation period

7. 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.

Appendix A

Scrutiny Review of Proposals by Barnet, Enfield and Haringey Mental Health Trust to Restructure Haringey Mental Health Acute Care Services

Updated Workplan

1. Terms of Reference:

“To recommend to the Overview and Scrutiny Committee an appropriate response to the proposals by Barnet, Enfield and Haringey Mental Health Trust to reconfigure adult 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 the proposals for change are in the interests of the local health service.”

2. Scope:

To consider 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
- Whether the overall direction of change is in the interests of service users and carers beneficial and, if so, how and when further change might be progressed

3. Sources of Evidence:

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

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

Tracey Baldwin - Chief Executive, Haringey TPCT
Liz Rahim - Commissioner for Mental Health Services, 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 LINK
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

4. Membership of Panel:

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

5. Provisional Evidence Sessions:

Meeting 1:

Purpose:

- To consider further the MHT's proposals for the reconfiguration of acute services and, the consultation proposals thereon
- To obtain the views of key stakeholders and other mental health partners on the MHT's proposals

Possible Witnesses:

Maria Kane, Andrew Wright, Lee Bojtor and Penelope Kimber - BEH MHT
Liz Rahim - Commissioner for Mental Health Services, 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 2 – Date TBA:

Purpose: To obtain feedback on the proposals from relevant voluntary sector, user/patient, staff and other 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 3 – 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

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.

