Haringey NHS
Teaching Primary Care Trust

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

Improving Mental Health Services in Haringey

Full Consultation Paper

26 January 2009

We are pleased to jointly introduce this consultation paper about the development of acute mental health services in Haringey.

Our mental health is as important as our physical health. As many as one in four of us will have a mental health problem at some point in our lives.

In Haringey we have many good mental health services, provided by skilled and dedicated staff. We want to ensure that our acute mental health services are provided most effectively and where service users want them.

We are proposing to increase the level of mental health services for adults of working age that are provided in the community and reduce the number of in-patient beds in St Ann's Hospital. This will mean that more people can receive the treatment and care they need at, or closer to, home.

You will find more information about our proposals in this paper. We hope that you will give us your views and contribute to this consultation. Section 14 of this paper explains how you can do so.

We look forward to receiving all your comments and ideas.

Maria Kane, Chief Executive, Barnet, Enfield and Haringey Mental Health NHS Trust

Tracey Baldwin, Chief Executive, Haringey Teaching Primary Care Trust

1 What is this about?

The Mental Health Trust and Haringey Teaching Primary Care Trust are proposing to make a change in the way that acute 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 separate engagement processes, which will start in the next few months. Details of these will be available on the website of the Mental Health Trust, 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. Indeed, through services such as Psychological Therapies, the Primary Care Trust is putting more funding into mental health over the coming year and beyond. This change is about improving services in accordance with the wishes of many service users.

National best practice over the last ten years has directed that acute mental health care is provided, where possible, at or near home, in the 'virtual ward', as an alternative to in-patient wards. Acute care is care for more serious, generally shorter term illness, when the patient tends to be in crisis. Acute care can be delivered at home or in a hospital ward by the same staff, just in a different setting. The most appropriate setting needs to be decided according to the needs of service users, between in-patient care and home treatment, but we wish to provide service users with a choice.

Our proposals involve:

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

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

3. **permanently closing sixteen beds in an adult male acute ward, one of five acute wards at St Ann's Hospital, and further reducing permanent bed numbers in a planned way over time as we are sure that the changes can be made safely.**

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. Being admitted to hospital can be very disruptive and is often a difficult experience. A person's individual identity can become overlooked in a clinical environment. The idea behind home treatment is that staying in a familiar environment, even though they are seriously unwell, can help a person get better more quickly. 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 have recently temporarily closed sixteen inpatient beds (in Northumberland Ward), following severe water damage to the ward, and we propose to make that closure permanent, given that those in-patient beds are no longer needed. Although the closed beds were for men, the additional resources now available in the Home Treatment Teams can be used to treat men or women, as necessary, so that service is now more flexible in responding to service users' needs. For the same cost as one ward we are able to treat approximately thirty people at home.

We recognise the importance of carers to the recovery of service users and are committed to supporting carers in this role. We also recognise that some carers may have concerns about service users' needs when receiving care at home, and concerns about how they themselves will cope. We know that it is important to include carers in the planning of care at home, ensuring that there are adequate safeguards, for example, good information about the availability of 24 hour support .

We are developing ways of working more closely with carers, and will be monitoring how we improve. Carers are offered a carer's assessment and we are working to further improve the support available to carers. We are also improving the monitoring of carer's experiences by including carers in our Clinical Governance structures and developing questionnaires about their experiences.

3 Why change?

Until recently, someone who came into St Ann's Hospital stayed 76 days or almost eleven weeks, on average. This was 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 Trust. Research has shown that longer stays in hospital (over 21 days) tend to lead to worse long term outcomes for patients.

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. Acute 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.

This proposal will help to improve some of the inequalities that still exist in mental health by increasing the availability of services in non-stigmatising settings which are therefore more accessible to service users from communities where this remains a major issue. This should therefore help to increase the take up of services from these communities.

Treatment at home or close to home is better for many people because:

- **Crisis intervention at home is more likely to be more successful more quickly,** providing more individual person centred care and 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 more than 740 new mental health teams across the country in the community offering home treatment, early intervention or intensive support. More patients are receiving effective and earlier treatment, which is reducing the number of hospital admissions. There were 106,000 home treatments provided in 2007/8, for people who would otherwise have needed hospital admission. (Dept of Health, Mental Heath Key Facts Oct 2008)

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)."

The National Institute for Mental Health in England (NIMHE) and the Care Service Improvement Partnership (CSIP) in their 'Guidance Statement on Fidelity and Best Practice for Crisis Services 2006' said:

"*Crisis resolution (CR) teams are a key step in implementing the Mental Health National Service Framework. They form part of the drive to ensure inpatient care is used appropriately, and only where necessary; with good quality intensive treatment in the community being offered in its place. PSA/ NHS plan targets for 2004 and 2005 set out, respectively, numbers of CR teams expected to be in place, and the numbers of home treatment episodes completed. The latter was seen as the most meaningful measure of their activity".*

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 is benefitting from being treated at home, and particular focus can 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

Since one ward has been temporarily closed, some patients who would formerly have been admitted to hospital have been able to be treated at home, providing them with a real choice. Increased resources in the community have also enabled the Home Treatment Team to provide a better service to patients being discharged from hospital, enabling them to have a shorter stay in hospital and leave the ward more promptly as they are clinically ready.

6 Who has been involved?

a. Stakeholder engagement to date

Informal pre-consultation meetings have been held with representatives of the Patients' Council, service users, carers and relevant Trust staff. Their views helped shape the draft consultation papers. The discussions with stakeholders have focused on concerns about the implementation of the proposed changes and whether they can be successfully and safely achieved, rather than disagreement with the principles behind them, which are widely recognised as moving towards best clinical practice.

Some service users and carers have been concerned about ensuring sufficient capacity is available in the Home Treatment Teams to allow the safe reduction in inpatient beds proposed. Due to the need to take urgent action and close a ward temporarily, it has been possible to demonstrate that the proposed changes can be achieved safely and effectively. Following demonstration of this in the short term, the Trust and TPCT now propose to make the changes permanent.

Discussions on the proposed change have also been held with Haringey Overview and Scrutiny Committee, which has set up a Sub-Committee to focus on the proposed change. The Sub-Committee recognises the case for change: the focus of their scrutiny is on the arrangements for implementation and ensuring the changes are achieved safely.

The Consultation Sub-Group of the Haringey Mental Health Partnership Board has also discussed the proposed changes and the consultation at their meetings, and has been fully involved in the process. The Board includes participants from the London Borough of Haringey, Haringey TPCT, service users and carers, including representatives from the Haringey User Network.

b. National Clinical Advisory Team stakeholder engagement

In October 2008, Dr Ian Davidson, an expert member of the National Clinical Advisory Team (NCAT), visited the Trust and reviewed the proposed changes to acute mental health services in Haringey. His review was commissioned by NHS London, the Strategic Health Authority for London, in order to confirm the clinical case for change. During his visit he met with a wide range of stakeholders and invited further written comments from them. The stakeholders involved included:

- Consultant psychiatrists
- Team managers
- Ward managers
- Service users and carers
- Chair of the Haringey Council Overview and Scrutiny Review Group on Mental Health

The NCAT report (see also Section 10) confirmed that the anxieties expressed by some stakeholders have been about the pace, rather than direction, of these changes and the need to demonstrate that the benefits outweigh the risks for service users and carers.

b. Plans for ongoing stakeholder engagement

The proposed process for ongoing involvement through the consultation is as follows:

- The length and timing of this consultation has been agreed with Haringey Overview and Scrutiny Committee.

- Local media have been briefed so that public awareness is raised and the consultation is well publicised.

- Two versions of the Consultation Document are available – this formal Consultation paper, and a summary 'easy read' version. With the partnership of Haringey Council services, there is a language translation service and an alternative format for visually impaired people on offer for the consultation document.

- Regular newsletters are being produced to keep all stakeholders updated about the position and the consultation. The newsletters outline the formal consultation process under way and invite comments. The newsletters are circulated to all stakeholders. They are made freely available in mental health and other healthcare locations.

- Consultation documents are being circulated to all stakeholders as appropriate, 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.

- 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.

- Staff affected have already been consulted on the proposals. Their views and preferences are taken into account so far as possible. Subject to the need to provide the best service for service users, staff will 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 are all free to the respondents, are provided for responses:

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

7 How will we ensure the changes are safe?

We are making these changes in a way that is safe and making sure that people still get the services they need to help them recover as quickly as possible and then stay well. The temporary closure of Northumberland Ward involved the transfer of most of the staff from the ward to the Home Treatment Teams (formerly known as a Crisis Team) in Haringey (the other staff transferred to the remaining wards at St Ann's). This made sure there were enough resources in place to provide safe and effective care.

We plan to continue to strengthen the Home Treatment Teams by transferring staff from the wards over time in a phased and planned way, so that more service users can benefit from being treated at or close to home. Those patients who require inpatient admission however, will continue to be admitted to a ward and the staffing on the remaining wards will also be strengthened. This will improve the quality of care for those patients who need to be admitted to a ward, partly by reducing reliance on agency or temporary staff which interrupts the continuity of care of service users. These changes will help us to make sure every service user in Haringey receives the best possible and most clinically appropriate care.

There were 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 have so far reduced the number of acute beds to 38 male and 38 female in four wards, by temporarily closing Northumberland Ward, which largely served the area of Wood Green and surroundings. The men who would have been in-patients on Northumberland Ward, if they need to be admission as in-patients, are being admitted primarily to Alexandra Ward.

The temporary change we have made, which we are proposing to make permanent, will not only allow more service users to be treated at or close to home, but will also help to reduce the length of stay for those service users who have to be admitted as in-patients, not only because their treatment will be more effective, but also because we will have more resources to ensure that the discharge process is not delayed by administrative or housing issues.

The changes have involved and will continue to involve a complex implementation process. Many smaller changes have come together to make the initial permanent 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. We are in a period and process of adjustment as consultants' working practices change and delays in discharge are addressed.

Treatment at, or close to, home by a Home Treatment 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. For a substantial proportion of service users, this is a safe and preferred option to a hospital stay, or a way to make the hospital stay shorter, so that they stay in hospital only so long as is clinically necessary.

Like all mental health services, successful implementation of this proposal will rely on effective partnerships. This proposal is brought to consultation by Barnet, Enfield and Haringey Mental Health Trust on behalf of Haringey Teaching Primary Care Trust.

Permanent successful implementation and future progress also depends on our partnership with the London Borough of Haringey as well as with third sector and voluntary organisations.

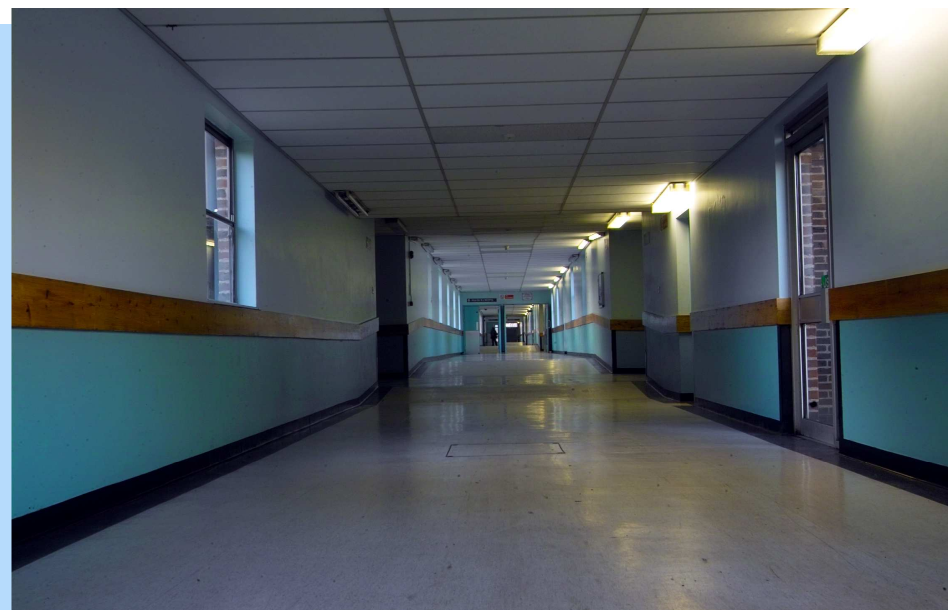
The most important factor that has permitted the reduction of in-patient beds, even without expanding the availability of Home Treatment, is reducing length of stay. Until recently, someone who came into St Ann's Hospital stayed 76 days or almost eleven weeks, on average. This was an excessively long 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%

Avge. length of stay in the Barnet, Enfield, & Haringey Mental Health Trust, by borough, July 2008

Good practice internationally would indicate an average stay of less than half that length. Improving practice in Haringey to shorten lengths of stay to similar periods to those found elsewhere in London has so far meant that 16 beds have closed and more are being released. No more people are discharged from hospital but they now leave hospital more promptly.

Longer in hospital stays tend to lead to patients becoming institutionalised and less capable of longer term recovery. For lots of reasons, many service users prefer to stay at home where possible. Patients in hospital experience a fundamental lack of choice in all aspects of their daily lives and the longer they stay in hospital the more likely it is that links with home and their community and work might break down.



The National Institute for Mental Health in England/Care Services Improvement Partnership publication, 'A Positive Outlook: a good practice toolkit to improve discharge from inpatient mental health care' (April 2007), states in its executive summary,

"Delayed discharges disrupt the therapeutic potential of the ward, create dependence in service users and waste scarce resources. The evidence also shows that it is in areas of greatest pressure on beds that there are the greatest number of delays."

Of course, the individual, their illness and the treatment they require are the predominant factors which determine length of stay in hospital, but there are other factors in the system, that cause delays. Some of the elements that have contributed 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. In the functional model, one consultant psychiatrist is responsible for all in-patients in a ward. Consequently, there can be more frequent doctor-patient contact, more flexible time for contact with carers, and fewer time-consuming ward rounds. Ward staff can thus give more time to patients and carers individually. Following a successful pilot in one area, from 26 January 2009, consultant psychiatrists in Haringey are working **either** in the acute sector (covering an in-patient ward and Home Treatment Team), **or** with a community based team.

- Accommodation and support being available when people are clinically ready for discharge from hospital. Haringey Council has a new 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. Three hundred units of supported housing are being re-commissioned so as to provide more effective support to individuals 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 specimen 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
Total including acute, rehabilitation and older people	**18**	**10**	**2**	**30**
Adult acute	**10**	**8**	**0**	**18**

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

The Trust has focussed intensely on these issues and continues, 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 new and improved methods of working, additional experienced staff resources have been put in place to target delays in patient transfers and improve care pathways. A new lead nurse was appointed in August 2008, who is focussed on the management of beds and the quality of ward environments. An interim clinical specialist is also working on clarifying the process of transferring care between teams and optimising the patient care pathway.

In some cases recently, bed occupancy was technically exceeding 100%, i.e. there may have been sixteen actual beds on the ward and nineteen patients listed as being present. This was 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 were on occasion required to 'sleep out', perhaps in another ward, because there was no bed for them on the ward. With shorter in patient stays and improved management of delays, this practice has ended.

Reducing the number of people delayed in hospital for non-clinical reasons is important. It enables service users to get on with their lives, and allows the ward team to focus on those in real clinical need of hospital care. In order to ensure the patient benefits intended are realised and that changes have been made safely, the NCAT review suggested regular reporting to demonstrate the planned improvements are being delivered. In response, it has been agreed that regular reports will be fed into the local Overview and Scrutiny Review Panel, as part of the ongoing scrutiny process throughout this consultation and beyond.

8 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. The reduction to four wards facilitates the refurbishment programme and will eventually allow all four improved wards to be located on the ground floor with access to outdoor space.

The temporary closure of Northumberland Ward, the poorest ward in terms of its environment, has allowed resources to be re-allocated to environmentally better wards. It has also facilitated the continuing overall ward refurbishment programme. There is now vacant space which can used flexibly to accommodate service users when another ward is being renovated. For the period of the consultation, some of the closed beds remain available to be brought into use in case of urgent need.

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"

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

Haringey had 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, explained in more detail in the footnote below)[*] 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 had 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 was 76 days. All the comparisons indicate that Haringey would be better served by more resources allocated to home treatment and fewer in-patient beds.

10 National Clinical Advisory Team opinion

In October 2008 Dr Ian Davidson, an expert member of the National Clinical Advisory Team (NCAT), visited the Trust and reviewed the consultation process, and acute mental health services in Haringey and at St Ann's Hospital. His review was commissioned by NHS London, the Strategic Health Authority for London, in order to confirm the clinical case for change.

Dr Davidson used national statistics to compare existing inpatient bed numbers per *weighted* 100,000 population. The figures are, therefore, already nationally and objectively weighted to take account of factors, such as deprivation, known to affect the range and type of mental health needs in local communities.

On this measure Haringey came out having 42.93 beds per 100,000 population. The lowest rates in England were 12.37 in Norfolk. Only one other area was below 16 per 100,000. The English average is 27.13 and the London average 34.19. Haringey was virtually the highest area in England.

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[*] 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).

The report notes, “that in using national benchmarked data, Haringey is investing well over three times the lowest level in England and well over 20% more than the London average in inpatient services. This is money that is therefore not available for community services. Closing sixteen beds therefore leaves Haringey well above current London average which in turn is well above national average for those with greatest percentage of community service investment.”

The report concludes, “My finding on this is that closing a ward and transferring resources to the community is a step towards best national practice.”

Dr Davidson’s report is available in full on the Trust’s website, www.beh-mht.nhs.uk, on the Haringey Public Engagement page.

11 What are the alternatives?

There is only one option presented here, which is to follow national and local guidance on best practice and create a service with a different balance of Home Treatment and inpatient services which has been shown elsewhere to be better for most service users.

The alternative is for services in Haringey to remain the same. This means providing a poorer service to users than is offered in most other areas of the country, with service users staying in inpatient wards longer than they need to. It also means resources not being available to develop services so that users can be treated at or close to their homes, which has been clearly demonstrated to be better for many service users.

The benefits of the proposed change are compared, in the table below, to the consequences of keeping the services as they are:

More investment in Home Treatment services	**Keep the existing levels of resources for inpatient care and Home Treatment services**
More service user choice	Service users in crisis obliged to be admitted to inpatient wards at St Ann’s
Shorter stays when inpatient care required	Longer stays in hospital for service users – creating dependency and institutionalisation
Better, faster outcomes, improving recovery so service users resume normal life more quickly.	Slower recovery, greater stigma
More effective use of resources for more people	Resources focussed on fewer service users
More willingness of BME service users to come forward for treatment	Continued reluctance to engage with mental health services by many from BME communities

12 Next steps

Much work has already been done in Haringey to enable many service users to stay at home or in the community while they are ill, reducing the need for in-patient beds and investing more resources into safe, effective services in the community.

This consultation period provides the opportunity to respond to the Trust with views about the specific proposal to permanently close sixteen acute inpatient beds and to continue to make further changes to allow more service users to be treated at or close to home, where this is clinically appropriate. The Trust will use the eight week consultation period to demonstrate that, by admitting and discharging patients more appropriately, and providing more acute care at or nearer home, further permanent reductions in acute bed numbers at St Ann's is safe and desirable, as further improvement will mean that even fewer beds will be required over time.

The responses to the consultation will be analysed by an independent organisation. Then, subject to agreement from the Boards of the Mental Health Trust and the TPCT, and only after a report to both Boards to consider the outcome of the consultation, and the clear and consistent demonstration of the safe reduction in bed occupancy, the permanent closure of the ward will go ahead.

As further improvements are made and the need for inpatient beds reduces further over time, resources will be reallocated, for example from in-patient female beds as well as male beds, to more Home Treatment staff. Funds may also be able to be reinvested in other areas, such as:

- Support and Recovery Teams, who work with people with mental health problems over a longer period of time, in the community, supporting service users with a range of needs, providing not only therapeutic interventions but also helping with areas such as housing, employment, education and training, leisure opportunities, and family and social networks. Care co-ordinators are most often members of the Support and Recovery Teams so this would allow more and improved care co-ordination to be provided;
- The Short Term Assessment and Recovery Team (START), which acts as gatekeeper for all service users to all services and works with community service users for up to 6 months;
- Support Time and Recovery workers (STAR workers), who are often unqualified staff who are able to spend more time with service users;
- An intensive support team for acute patients in hospital or being treated at home;
- A practical support team for service users who need support with housing or domestic issues etc;
- A team who can work with individuals in various levels of supported accommodation to help them to step into increasingly independent living;
- Older people's services, to improve and expand in-patient services.

13 What will happen in the longer term?

Three year Mental Health Strategy

A new three year strategy for Mental Health Services across the three boroughs of Haringey, Barnet and Enfield is being developed by the three commissioning Primary Care Trusts for 2009 -2011. There will be a formal public consultation on that strategy by the Primary Care Trusts later in the Spring this year.

Longer term future of services in Haringey

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

In order to plan the redevelopment of mental health services provided in Haringey by Barnet, Enfield and Haringey Mental Health NHS Trust, and the associated redevelopment of St Ann's Hospital the Mental Health Trust is developing a Strategic Outline Case for the future of its services. The Strategic Outline Case will be the subject of a wide public engagement process, planned to begin later in the Spring this year, where the views of service users, carers, and other stakeholders and the wider public will be sought. The outcome of that process will enable the Trust to formulate options for the future.

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

14 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 26 January to 23 March 2009.

The consultation lasts eight weeks because Haringey Council's Overview and Scrutiny Committee have agreed that the matter has already been widely aired and eight weeks is enough time for responses.

This consultation follows the Government's Cabinet Office consultation guidance, further details of which are available on request from behconsultations@beh-mht.nhs.uk or by telephone at 020 8442 5411 or online at http://archive.cabinetoffice.gov.uk/servicefirst/index/Consultation.htm.

The outcome of the consultation will be published later in the spring 2009 on the Mental Health Trust and TPCT websites (www.beh-mht.nhs.uk and www.haringey.nhs.uk) after the Board meetings considering the consultation report.

If you have any comments or questions about the consultation process, please contact Ken Wong at Haringey TPCT, telephone: 020 8442 6755 or email: ken.wong@haringey.nhs.uk.

Haringey NHS
Teaching Primary Care Trust

Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

Improving Mental Health Services in Haringey

A consultation – 26 January to 23 March 2009

You can download copies of the consultation documents from the Haringey Public Engagement Page on our website: www.beh-mht.nhs.uk. If you want to return your response by email, download and use the Word© version of the questionnaire. Email it to: behConsultations@beh-mht.nhs.uk.

Or you can post these pages back to us (with additional pages if you wish) free of charge. Please send to: Freepost Public Engagement (K1), St Ann's Hospital, N15 3TH.

You can supply your name and address if you wish or remain anonymous:

Name

....

Address

....

....

Organisation (If appropriate)

....

1. **Do you support the case for change and agree that people should have the choice of care at home or closer to home if clinically appropriate? (Please tick one)**

Yes	☐	Somewhat agree	☐	Somewhat disagree	☐	No	☐

Other Comments

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2. **In order for more treatment to be provided at or near home, some resources have to be transferred from in-patient wards. Do you agree with that? (please tick one)**

Yes	☐	Somewhat agree	☐	Somewhat disagree	☐	No	☐

Other Comments

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3. Do you support the case for further changes in order to continue to improve services, such as those mentioned in Section 12? (please tick one)

Yes	☐	Somewhat agree	☐	Somewhat disagree	☐	No	☐

Other Comments

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4. Which further changes to improve services are the highest priority in your view?

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5. Any other comments (for instance, is there anything else you think we need to do if the permanent closure of beds is to safely take place or further changes are to be made in the future?)

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If you wish to tell us, please tick the relevant box / boxes below:

- ☐ **I am responding as an individual**
- ☐ **I am responding for my organisation**
- ☐ **I am / have been a service user**
- ☐ **I am / have been a user of inpatient services**
- ☐ **I am / have been a carer of a service user**
- ☐ **I am a member of the public**
- ☐ **Other (please specify)**

This consultation is about mental health services in Haringey. The Mental Health Trust proposes to help more people in or near their homes, and to reduce the number of in-patient mental health beds. If you would like this document in your language, please complete and return the form below.

Albanian ☐
Ky konsultim është mbi shërbimet e shëndetit mendor në Haringej. Trusti i Shëndetit Mendor propozon që të ndihmojë më shumë njerëz në shtëpitë e tyre apo afër shtëpive të tyre, dhe që të reduktojë numrin e shtretërve për pacientët e shtruar të shëndetit mendor. Nëse e doni këtë dokument në gjuhën tuaj, ju lutem plotësoni dhe ktheni formularin e mëposhtëm.

Kurdish ☐
Ev şêwirdarî li ser xizmetên tendurustîya heş (hiş) ên li Haringeyê agahîyê dide. Trusta Tendurustîya Heş pêşniyar dike ku li malên wan an nêzîkî malên wan alîkarîya bêtir mirovan bike û hejmara nivînên nexweşên tendurustîya heş ên li nexweşxanê kêm bike. Heke hun vê dokumentê bi zimanê xwe dixwazin, ji kerema xwe forma jêrîn tije bikin û bişînin.

Amharic ☐
ይህ ወይይት በሃሪንገይ ውስጥ የሚገኘውን የአእምሮ ጤና አገልግሎት የሚመለከት ነው። የአእምሮ ጤና ትራስት ብዙ ሰዎችን በቤታቸው ወይም በአጠገብ ለመርዳትና የአእምሮ ጤና ሕመምተኞች በሆስፒታል ውስጥ እንዲቀነስ ለማድረግ ነው። ይህ ጽሑፍ በራስዎን ቋንቋ የሚፈልጉ ከሆነ፡ እባክዎትን የሚቀጥለውን ፍርም ሞልተው እንዲልኩ።

Lingala ☐
Bokutani ya lelo ezali po na maye matali bokono ya motu na kati ya masanga ya bosalisi ya Haringey. Lisanga ya oyo etali bokono ya motu, elingi esunga bato na ndako to pembeni ya ndako na bango, pe kotisa talu ya baoyo baza na ba mbeto ya balopitalo oyo etalaka makambo ya pasi ya motu. Soki olingi batindela yo mokanda oyo na monko na yo koma pe tinda form oyo eza na se.

Arabic ☐
إلستشارة حول الخدمات الصحية العقلية في هارينجي
ئتمان الصحي الذهني يم ساعدة أكثر ناس في أو قرب
مهم، وتخفيض عدد الأسرة للمريض الذهني الداخلي
ة في لغتك، رجاء أكمل وأرجع الإستمارة في الأسفل

Polish ☐
Ten dokument konsultacyjny dotyczy usług w dziedzinie zdrowia psychicznego w Haringey. Instytut Mental Health Trust proponuje w nim zwiększenie usług w domach lub w pobliżu miejsca zamieszkania pacjentów i zmniejszenie liczby pacjentów hospitalizowanych na oddziałach psychiatrycznych. Dokument można otrzymać po polsku wypełniając formularz i przesyłając go na podany adres.

Farsi ☐
این مشاوره درمورد خدمات ناراحتی های روحی در هرینگی میباشد . بنیاد ناراحتی های روحی پیشنهاد میدهد که ، بیماران مبتلا به ناراحتی های روحی را درمنزلشان ویا درمراکز نزدیک به منزلشان درمان نماید تاتختهای بیشتری در بیمارستان مورد استفاده قرار بگیرد . چنانچه مایل هستید این مدرک را به زبان خود دریافت دارید لطفا فرم زیر را تکمیل وپست نمایید.

Somali ☐
Wadatashigani wuxuu ku saabsanyahay adeegyada caafimaadka maanka ee Haringey. Hay'adda caafimaadka maanka waxay soo jeedinaysaa inay dad dheeraad ah ku caawiso gurigooda ama meel ku dhaw, iyo in la dhimo dadka qaba bukaanka caafimaadka maanka ee sariiraha la jiifinayo. Haddii aad rabto warqaddan oo ku qoran luqaddaada, fadlan buuxi foomka hoose oo soo celi.

French ☐
Cette consultation concerne les services de psychiatrie de Haringey. L'administration des services de psychiatrie propose d'aider davantage de personnes dans ou près de leurs maisons, et de réduire le nombre de lits de patients en hospitalisation psychiatrique. Si vous souhaitez la recevoir dans votre langue, veuillez compléter et renvoyer le formulaire ci-dessous.

Turkish ☐
Bu görüş alışverişi (konsültasyonu) Haringey'deki Ruh Sağlığı Hizmetleri hakkındadır. Ruh Sağlığı Vakfı daha çok insana evlerinde ya da evlerinin yakınında hizmet sunarak yataklı tedavi için yatak sayısını azalmayı teklif etmektedir. Eğer bu belgenin Türkçe çevirisini edinmek istiyorsanız lütfen bu formu doldurup aşağıdaki adrese gönderin.

Please tell us if you would like a copy of this policy in another language that is not listed above or in any of the following formats, and send the form to the Freepost address below.

☐ Large Print ☐ Disk ☐ Audio tape ☐ Braille

Other language (please specify):

Name:

Address:

______________________________ **Postcode:**______________

Please return to: Freepost Public Engagement (K1), St Ann's Hospital, St Ann's Road, N15 3TH