

**MINUTES OF THE SCRUTINY REVIEW - MENTAL HEALTH; PROPOSED ACUTE SERVICES RECONFIGURATION
WEDNESDAY, 17 DECEMBER 2008**

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

* Member present

LC9. APOLOGIES FOR ABSENCE (IF ANY)

None.

LC10. URGENT BUSINESS

None.

LC11. MINUTES

AGREED:

That the minutes of the meeting held on 2 September be approved.

LC12. DECLARATIONS OF INTEREST

None.

LC13. RECONFIGURATION OF ACUTE MENTAL HEALTH SERVICES BY BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST

Lee Bojtor, the Mental Health Trust's Service Director for Haringey, outlined progress that had been made since the last meeting of the Panel. Following the meeting, the MHT's proposals had been subject to a pre-consultation review by NHS London. This was now required in all cases where an overview and scrutiny committee designated a proposal to be a "substantial variation" to local services. In addition, it had become necessary to close a ward at St Ann's due to flooding. Although the problem had been resolved, the ward had remained closed. Beds were nevertheless available if required. However, demand had reduced due to the measures that the Trust had been taking to discharge people more quickly.

Part of the pre-consultation review had included an independent assessment of the clinical implications by the National Clinical Advisory Team (NCAT). This had been undertaken by Dr Ian Davidson. His report had been broadly favourable to the proposals but had suggested that the scope of the consultation be widened to include further possible changes to acute services. In addition, some service users had suggested that, in view of the fact that the issues had been in the public domain for some time already, the consultation period be reduced from 12 to 8 weeks.

The consultation still required final sign off by NHS London before it could proceed. However, it was envisaged that it would begin in mid to late January. It would be a joint consultation with Haringey TPCT, although it would be managed by the Mental Health Trust. The scrutiny process would run in parallel to it.

In the meantime, further steps had been taken to increase safety and prompt discharge. This included:

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- Dividing support and recovery teams into two for the east of the Borough and two for the west. Each team had one dedicated consultant psychiatrist
- Locating Home Treatment Teams at St Ann's Hospital near in-patient wards
- Notifying all service users individually of the new arrangements

Both the MHT and Haringey TPCT, together with LB of Haringey, were committed to working together to develop mental health services in Haringey. Current work was focusing on planning what services were needed in the future and how these should be provided to deliver the best possible care. A new Mental Health Strategy for Barnet, Enfield and Haringey would be produced in the spring and would be consulted widely on.

The changes in acute services that the MHT were currently proposing were fully aligned with national policy and therefore with the main themes of the new Mental Health Strategy. The MHT would also be seeking views in the spring on the wider development of mental health services in Haringey in order to support the business case for services at St Ann's Hospital. In addition, the PCT would also be consulting on the future of its services currently at St Ann's as part of its Primary Care Strategy. The process and timetable for effectively managing these pieces of work were still being worked on. However, there was a clear commitment to involve service users, carers, other organisations and the public. Only when these processes had been completed would it be clear what health facilities would be required on the St Ann's site in the future. There would then be a separate consultation process, with further opportunities for stakeholder involvement, around the future of the overall site but this would not be until later next year.

The Chair stated that the NCAT review had taken a narrow clinical view of the proposals. He felt that the consultation needed to be widened so that it focussed on the full range of services that patients needed for their support in the community as well as the kind of services that people wished to see in the future. He was, however, mindful of the need to avoid overlap with the consultations on the new mental health strategy and St. Ann's. He noted that the ward had already been closed due to flooding and the fact that the condition of some of wards at St Ann's was not conducive to modern standards of care. A lot of the concerns that had been raised were not about the direction of change but its pace.

Nick Bishop, from the Mental Health Carers Support Association, noted the view of the NCAT report that service users and carers should be able to see the benefits of the changes. This was the key issue. Patients and carers needed to be offered irrefutable evidence of the benefits that would come as a result of the changes. This could then be used as a precedent for further change. To date, such evidence had not been forthcoming. However, there had been improvement in dialogue with the Trust and information provided.

David Hindle from Haringey User Network stated that statistics should be provided at the beginning of the consultation process and regularly updated during its progress. However, it would be difficult to determine how patients were affected by the closure. Many of the affects were likely to be indirect and felt over a period of time. It needed to be noted that the ward that was to be closed permanently was a male ward. This

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was important as there needed to be the right balance between male and female beds. The proposals had been in the public domain for some time. There were also other consultations that were due to begin in the New Year and he was mindful of the need not to overload people. He therefore felt that there would be some justification for reducing the consultation period from 12 to 8 weeks.

Members of the Panel were of the view that supporting data needed to be provided before a judgement on the proposals could be made. This should include benchmarking with areas of a similar nature to Haringey. However, high bed occupancy rates did not necessarily mean indicate a disproportionate dependency on in-patient care – it could be that the rates were merely indicative of the specific needs of the Borough. The Chair stated that Dr Davidson had agreed that the data he had received would be shared with the Panel. The Panel also felt that information from the police on whether there had been any change in the number of disturbances involving people with mental health issues would be helpful as well as the views of services users on the support they were receiving, including help from their GPs. All the necessary services to support the additional numbers of people being treated in the community needed to be in place when the changes were implemented.

Mr Bojtor stated that the Trust had pledged to demonstrate that processes had improved and relevant information, included statistics relating to occupancy levels, would be provided as part of the consultation process. The Trust would look at providing both qualitative and quantitative information. This would also include benchmarking information.

The Chair stated that, as part of the work of the Panel, an opportunity would be provided for service users and carers to give their views. The Panel would be particularly interested in hearing from any patients who had recently left hospital.

AGREED:

1. To recommend the following to the Overview and Scrutiny Committee:
 - (a). That the scope of the consultation by the MHT and the TPCT be widened to include:
 - The potential for 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
 - (b). That, in the light of views expressed by service users, the consultation period be reduced from 12 to 8 weeks.
2. That, prior to the start of the consultation process, a meeting of the Panel be arranged to consider the draft consultation plan and document.

LC14. NEW ITEMS OF URGENT BUSINESS

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None.

Cllr Ron Aitken

Chair