

**MINUTES OF THE SCRUTINY REVIEW - MENTAL HEALTH; PROPOSED ACUTE SERVICES RECONFIGURATION
MONDAY, 2 MARCH 2009**

Councillors Aitken (Chair), Beacham and Mallett

Apologies Councillor Adamou

LC21. APOLOGIES FOR ABSENCE (IF ANY)

Received from Councillor Adamou.

LC22. URGENT BUSINESS

None.

LC23. DECLARATIONS OF INTEREST

None.

LC24. IMPROVING MENTAL HEALTH SERVICES IN HARINGEY - RESPONSE OF PATIENT, SERVICE USER, RELATIVE AND STAFF REPRESENTATIVES TO CONSULTATION PROPOSALS

The Panel received the views of patient, service user, relative and staff representatives. The following comments/observations were made by those present:

- What reassurance could be given to the public that the proposals were safe? Patients were vulnerable and could be at risk. Who would check to ensure that they were taking their medication?
- After a period of reduction, the trend of occupancy levels and delayed discharges seemed to now be upwards.
- No one should remain in St Ann's who did not need to be there. People sometimes had to stay there because they had nowhere else to go. However, this was a partnership issue and not something that the MHT could resolve on its own.
- A carer reported that family and friends could need to provide much of the support when patients were being treated at home. She had found that the home treatment team could sometimes only be able to monitor medication. There was not enough overall support provided. Hospital was safe and food and activities were provided. Home treatment teams did not have the time to do much with patients. The presence of a sick relative in the house could cause tension and was hard for relatives to cope with.
- It was felt that information about the sort of work that home treatment teams undertook, their obligations and duties and the time that they were able to spend with patients would be of assistance to the review.
- UNISON at St Ann's stated that there had been a lot of disquiet about the proposals amongst staff. The last reorganisation, which had taken place two years ago and involved the reduction of 20 community posts, had proven to be

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disastrous. Staff viewed the current proposals as part of the Trust's efforts to make savings ahead of its application for foundation status. This had been stated by management. It was felt that some nurses had been pressurised to discharge patients in order to reduce occupancy levels. It was not being said that the model of care was not good but that the pace of change was too quick and its implementation too soon. There was a high relapse rate, some patients were living in unfit accommodation and families could have difficulty supporting relatives. The Trust needed to plan ahead to ensure that the necessary infrastructure was in place to support change. The posts of Delayed Discharge Co-ordinator and Benefits Advisor had both been deleted. Although there was now a Practical Support Team, they had not yet received specific training on benefits, which was a complex area. Her view was the MHT had not done the necessary preparatory work for the proposed changes.

- It was considered that a consultation event for staff had been poorly attended following late changes to the arrangements. A lot had missed the event and UNISON felt that another event was required.
- It was felt that proper opportunities had not yet been provided for the public to air their views. One consultation event had been so far held during working hours and had only attracted 5 people, of whom two were service users, one was a volunteer advocate, and one was a member of the LINK forum for older people. It was considered that the MHT had not yet explained fully what support was available in the community.
- Additional support opportunities needed to be available in the community, such as crisis units. Haringey Therapeutic Network also needed expanding. Its capacity was only 20 and assurances had been made when it had been set up that it would be expanded if the demand warranted it.
- The view of the Mental Health Carers Support Association was that the Borough could not afford to lose a male ward permanently at the moment. There were not yet enough resources in the community to support the change. The views of carers had been echoed by the Mental Health Act Commissioners in their report for 2008, which expressed concern about occupancy levels. It had urged caution in reducing bed numbers and stated that this should only be done when occupancy levels had been reduced below 100% consistently over a period of time. They had gone on to say that any disinvestment in acute in patient facilities could only be justified by a sustained decrease in demand. There was little evidence of prior collective planning with mental health partners. It was noted that the proposals had changed since they had first appeared. Home treatment teams were now linked to specific wards. The proposals, if approved, might lead to the closure of another ward. There had been continual change in services and reassurances needed to be provided that stakeholders would have a genuine opportunity to influence change.
- It was not realistic to expect the ward in question to re-open nor was it necessarily desirable. However, the Overview and Scrutiny Committee could say that they did not think that enough had been done so far to justify closing the ward permanently. Some of the money saved by closing the ward appeared to be being used to offset savings. It would be useful to establish how much had actually been transferred.

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There needed to be clarity and clear evidence that appropriate re-investment would take place. The Committee could, if it felt appropriate, say that permanent closure should only take place when certain conditions have been met.

- Concern was expressed at the temporary re-location of some Haringey patients, who required intensive care, to Edgware following the fire at Chase Farm. The move was inconvenient for relatives who wished to visit and had resulted in a reduction of available beds for Haringey patients. Liz Rahim, from the TPCT, stated that these were unusual circumstances and patients had been placed as best as could. If Haringey patients needed an intensive care bed, one would be found.
- It was emphasised that service users were not against change but it had to be good for users. The consultation needed to focus more on the change in the type of care provided then on the ward closure and loss of beds.

Penelope Kimber, from the MHT, reported that a meeting had now taken place between the MHT and the Council on housing issues and the setting up of appropriate pathways. Further information would be provided on progress at the next meeting as well as details on the resource implications and funding of the proposed changes. Staff had specific responsibility to determine whether patients were fit for discharge. If they felt that they were being inappropriately pressurised into discharging people, they could raise this with their line manager or, if necessary, use the Trust's whistle blowing procedure.

The Chair thanked service users and health partners for attending.

LC25. NEW ITEMS OF URGENT BUSINESS

None.

Cllr Ron Aitken
Chair