

Overview & Scrutiny Team

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Your ref:

Date: 08 April 2009

Our ref: SR/ POC

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Dear Andrew,

Improving Mental Health Services in Haringey

I am writing to inform you of the conclusions and recommendations that have been reached by the Overview and Scrutiny Committee in response to your consultation on Improving Mental Health Services in Haringey.

The proposed changes were considered to represent a substantial variation or development to local services, as outlined in Section 7 of the Health and Social Care Act 2001. This requires that the Overview and Scrutiny Committee considers whether the Trust has properly consulted the Committee, conducted appropriate consultation and public involvement and presented proposals that are in the interests of local health services. A small panel of Members, chaired by my colleague Councillor Ron Aitken, was appointed by the Committee to undertake this detailed work and report back on its findings.

To assist in its deliberations, the Panel received evidence from a wide range of sources including Haringey Council's Adult and Housing Support and Options Services, the Metropolitan Police, MIND, Haringey Mental Health Carers Support Association, Haringey User Network, the Patients Council and the Mental Health Trust's Joint Staff Committee. It also considered relevant documentary information including statistical information provided by the MHT and reports from the Mental Health Act Commissioners and NCAT. Panel Members also visited St. Ann's Hospital.

From this evidence, the Panel has formed the following conclusions:

- They are satisfied that there has been appropriate consultation with the Overview & Scrutiny Committee. They are also satisfied that in developing the proposals for service changes, BEH MHT and NHS Haringey have taken into account the public interest through appropriate patient and public involvement and consultation. They are nevertheless concerned that the proposed closure of Finsbury Ward was initially only subject to consultation with staff and that the views of service users, carers, other stakeholders and the Overview and Scrutiny Committee were not actively sought. After this start, genuine efforts were made to involve those affected by the proposed changes. For example, two public meetings were arranged and officers



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from the MHT attended relevant area assemblies. Efforts were also made to engage directly with service users at clinics and at meetings of the Haringey User Network. In addition, the MHT also employed an independent organisation – Healthlink – to evaluate the feedback received,

- The Panel is of the view that future proposed changes should be brought to the attention of Overview and Scrutiny Committee, service users and carers and stakeholders in a more timely and proactive manner so that their views can be taken into account at an early stage in the development of proposals. The Trust not only has responsibilities under Section 7 of the Health and Social Care Act 2001 to do this where substantial variations or developments to services are planned – it also has a general duty to involve under Section 242 of the NHS Act 2006, which covers developments that fall beneath this threshold. The Committee is particularly mindful that the Trust has specific aspirations to close another ward at St Ann’s in 2009/10 and rationalise PICU. The Panel is of the view that the interests of transparency and openness would have been better served by the MHT if these had been shared more explicitly with the Panel, service users and their representatives when they were developed during the consultation period. Both of these proposals should be subject to appropriate levels of consultation in due course.
- The Panel has concluded that convincing evidence has been presented of the need to improve and modernise mental health services in Haringey and of the clear benefits of home treatment over in-patient care. Although no organisations or individual that the Panel received evidence from questioned the principle behind the proposed changes, concerns were raised about the pace of change.
- The Panel cannot yet support permanent closure of the ward or, at this stage, conclude that it is in the interests of the local health service. This is for the following reasons:
 1. The Panel notes the reductions in bed occupancy levels, lengths of hospital stay and delayed discharges, which are all welcome. However, it is mindful of the view of the Mental Health Act Commissioners that caution should be observed before making permanent reductions in beds due to the long term and ongoing nature of concerns about over occupancy at Ann’s. It also notes that although the figures show an overall downward trend, there have been some fluctuations. It is therefore of the view that it would be premature to conclude at this stage that there has been a “proven sustained diminution of demand for in-patient beds.” The Panel concurs with the view of the Commission that occupancy levels at St Ann’s need to be below 100% for a consistent period before consideration of a permanent reduction in the number of acute inpatient beds.
 2. The Panel received evidence from key stakeholders in the course of the review that, when the proposals were initially made, there had been limited opportunities for partners to discuss their potential implications and to make the joint strategic and operational plans necessary to ensure that the range of services were in place to support the changes. The Panel is of the view that proposals of this nature should routinely be the subject of detailed discussion with partners at an early stage, even if this is merely for the purposes of reassurance. However, the Panel notes that some progress appears to have since been made, with discussion taking place with relevant partners and stronger links established with relevant housing services.

The Panel is of the view that the proposals will have an impact on the Trust's partners. Patients being treated at home are likely to require a range of services to support them, not all of which will be resourced or provided by the MHT. These will include social care and housing. In addition, the Panel notes the concerns of the Police Service about the potential for additional demands on its officers, particularly out-of-hours.

It is of the view that, before the ward is closed permanently, an integrated and costed plan should be jointly drafted by mental health partners. This should address fully the consequences of the ward closure as well as the potential for the enhancement of services. The plan should also address the range of resources and services provided by the Trust, such as home treatment teams, START, community mental health teams, rehabilitation services and the remaining wards; services provided and/or commissioned by the local authority such as housing, day services and rehabilitation, as well as the roles of A&E departments, primary care, the Police Service and informal carers, who are all potentially active stakeholders during mental health crises.

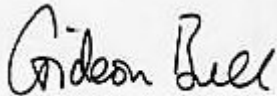
It is particularly important that mental health commissioners ensure that the necessary funding is in place to accommodate any additional financial pressures on partners that might occur as a consequence of the proposed changes. In addition, all financial savings made by the MHT as a result of the closure of the ward should be re-invested in providing treatment for Haringey patients – either through the home treatment teams or the provision of additional staff on the remaining wards. Any future ward closures should not take place until similar joint planning has taken place.

The Panel emphasises that, in saying that it does not yet support permanent closure, it is *not* proposing that the ward should be re-opened immediately and staff redeployed back onto it. It is of the view that, pending permanent closure once the above mentioned issues have been addressed fully, the ward should be available to accommodate patients should the need arise.

Overview and Scrutiny Committee has fully endorsed the findings of the Panel. It requests that the MHT and NHS Haringey respond formally to the issues highlighted above and that Overview and Scrutiny Committee are kept informed of future developments.

Finally, I would like to formally thank you and other officers from both the MHT and NHS Haringey for assisting the Panel and the Committee in consideration of this issue. Their co-operation is much appreciated.

Yours sincerely



Gideon Bull

Chair – Overview and Scrutiny Committee

c.c. Liz Rahim, NHS Haringey