Barnet, Enfield and Haringey WHS

Mental Health NHS Trust

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Dear Gideon

Improving Mental Health Services in Haringey

Thank you for the letter from the Overview and Scrutiny Committee (OSC) in response to the consultation by the Mental Health Trust on behalf of NHS Haringey.

We are pleased to note that the OSC is satisfied that there has been appropriate consultation with the Committee and the OSC is also satisfied that in developing the proposals for service changes we have taken account of the public interest through appropriate patient and public involvement and consultation. We note your further comments about involvement and it is our intention to ensure that there is full involvement in planned service changes in the future.

The Trust is further pleased to note that the conclusion of the Panel set up by the OSC to review this proposal is 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 inpatient care'. We would like to thank the Panel for their involvement in this process of consultation which has increased the understanding of mental health issues amongst the wider public.

We accept the additional conclusion that occupancy levels at St Ann's need to be below 100% for a consistent period before the permanent closure of the ward or a further reduction in the number of acute in-patient beds takes place.

We note the observations of the Panel and are committed to ensuring that potential service changes are discussed with partners and we share information together as we plan for the future. It remains our view, however, that these proposed service changes do not have a financial impact on partners. We are, however, keen to ensure that mental health services across the board are enhanced and provided in a coherent and planned approach and are therefore eager to work with all our partners, particularly our commissioners and local authorities, to ensure that service users receive properly funded, comprehensive and high quality services from all partners. That can only be achieved with the full support and co-operation of service user groups and carers and other stakeholders. We have some concerns that, at present, discussions with Haringey Council officers have indicated that pressure on in-patient beds may be increased by an inability to provide funded placements which are clearly within the Council's obligations. This situation clearly impacts on the wellbeing of service users who are obliged to remain in a hospital ward beyond their clinical readiness for discharge, which has a direct impact on their recovery.

With reference to the potential further ward closure mentioned in the Committee's letter, we must point out that the report of the National Clinical Advisory Team in November 2008 observed that:

"the clinical case for change is overwhelming and to reverse the process would be unjustifiable from a clinical perspective. It is also going to be clear to any interested observer that there is

Chairman: Michael Fox Chief Executive: Maria Kane

an opportunity to further reduce acute admission ward numbers in Haringey and thus further improve investment in community services."

Accordingly, the consultation document contained the clear recommendation of:

"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".

Whilst the specific closure of a further ward, as mentioned in the Trust's draft Annual Business Plan for 2009-10 is one option being considered, the case for further reducing reliance on inpatient beds and further developing better alternatives to admission in a planned way over time has consistently been made and discussed during the consultation process, including in discussions with the Panel.

The option to rationalise the Psychiatric Intensive Care Unit (PICU) service across the Trust, which is only an option at this stage, will be considered with the involvement of all stakeholders. It is clear, however, that there are significant issues including both clinical quality and financial pressures facing the Trust which will mean that further changes are required. The Trust operates across three Boroughs and increasingly will have to take a wider view about the most clinically and financially appropriate model of care, which may mean that some services are more effectively provided across the Trust, rather than on a single Borough basis.

PICU is one example of a specialist service which needs to be provided in a Unit which offers good quality accommodation and care with highly trained staff for a limited number of patients. For some services such as this, it may be necessary to provide the service on a Trust wide basis in one location. Financial constraints on public services, including mental health services, will increasingly require provision of the best services for the best value. Ultimately, the commissioners of the Trust's services will make the decisions to purchase services which offer the highest quality and best value for money and the Trust has to respond to this.

In the coming year, the Trust is required by commissioners to make efficiency savings of £8 million across the Trust. At the same time there is pressure to improve mental health services and the environment for service users in Haringey, who deserve services of the same quality as any other patient across the country. As a Trust, we are committed to improving all our services and consistently providing the highest quality services for local people, within the resources available.

These pressures to do more with less resources provide an opportunity to consider better models of care that are community based, with a focus on partnership working and more effective interventions. One example may be an intensive community rehabilitation service which supports service users in their recovery. This is available to service users in other areas of the Trust, but in Haringey would be a new service, with new provision. This could be a better alternative to the restoration to Haringey of a second rehabilitation in-patient ward where long term patients remain in an institutionalised situation, which does not support their recovery and return to living as normal a life as possible.

We accept that there are always improvements that could be made in communications and involvement and we are making constant and substantial efforts to reach out and work with our stakeholders. One indicator of recent progress is that in coming months the Trust will begin to employ service users in Haringey as peer support workers in in-patient and community settings.

The Improvement Notice served on the Trust by the Care Quality Commission in respect of four wards at St Ann's Hospital is an indicator of the challenges of providing high quality care on a site which is in need of redevelopment. Whilst we know that the task of redevelopment will be a longer term one, it is vital that we operate here in a way that provides the best care we can now for the residents of Haringey, given the conditions of some of the facilities on the site. In the interim, the

Trust wants to continue to work closely with the OSC and needs the Committee's support to continue to provide an effective mental health service to the people of Haringey.

We are grateful for the engagement of the Panel and all those who contributed to the consultation, and we acknowledge the concerns and issues raised and are committed to working with our partners to continue to jointly improve services for local people with mental health needs. We are keen to continue the positive discussions with the OSC and I can confirm that we will continue to update the Committee in our regular meetings.

Yours sincerely

Maria Kane Chief Executive

CC: Liz Rahim – NHS Haringey

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