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**Briefing for Haringey Overview and Scrutiny Committee - Barnet, Enfield and Haringey  
Mental Health Trust.**

The strategic and operational management framework in the Trust:

A Trustwide Delayed Transfer of Care (DToC) policy is in place, compliance with which is directly overseen by an established Trustwide DToC Steering Group which meets six weekly and reports through the Assistant Director to the Service Director, through to the Chief Operating Officer. The DToC Steering Group ensures the implementation of the policy and of any recommendations from the annual Trust audit on DToC activity undertaken by the internal auditors. It considers the need for amendments to the policy, reviewing that regularly, and making recommendations where necessary to the responsible Service Director. Through the Assistant Director, the DToC Steering Group issues guidance to operational staff, and assists in notifying and clarifying the implications of legislative and national social policy measures having a bearing on DToC work.

A named DToC co-ordinator is employed by the Trust in each of the three boroughs - whose function it is, working with Ward and CMHT Managers, senior medical staff and care co-ordinators, to facilitate prompt discharge as soon as a patient is medically fit to leave hospital. In their respective areas, local DToC co-ordinators chair the weekly DToC Meeting involving Ward and CMHT Managers and care co-ordinators. Each maintains an up to date DToC list, and also prepares and centrally submits the mandatory weekly SITREPS report to commissioners and to NHS London.

A continuously updated central register of DToC patients is maintained by the Trust. In addition to maintaining their local DToC list, the local DToC co-ordinator compiles and updates a weekly 'B List' containing the anonymised details of those patients who, though not yet ready for discharge, are believed by ward staff and involved community professionals to face probable delay in discharge

because of difficulties relating, for example, to their social situation and/or, to particularly complex individual mental health needs. DToC patients, and those on the supplementary 'B List', are a Trust priority for discharge-planning, and each is allocated to a care co-ordinator to lead on that process.

### **The DToC position in Haringey: (see Figure 3 attached)**

In the half year under report, 1<sup>st</sup> January to 30<sup>th</sup> June 2010, 18 patients in Haringey, twelve men and six women, experienced delays in their discharge from hospital. Total loss of DToC days in the period was 777.

Of those lost DToC days, 666 related to six 'complex needs' patients with accommodation difficulties and UK residence and State benefits entitlement issues. The individual delays and the causes of those were as follows:

- Patient A - 112 days. This was a homeless person in need of supported accommodation in the community. The patient was unable to access SP housing in Haringey, and was turned down by a series of other providers, including St Mungo's, on the grounds that his behaviour was too chaotic and risk was involved.
- Patient B - 121 days. This was a patient who'd been declared 'intentionally homeless'. ID papers could not be found. Several specialist MH community providers declined to accept this person in their accommodation because of the high support needs involved. A Supporting People placement was not available as an option in the case.
- Patient C - 101 days. An appeal was being pursued here against a decision to refuse specialist housing.
- Patient D - 102 days. A case involving 'no recourse to public funds'. A Community Care Assessment and a Human Rights assessment were conducted, and an appeal lodged on Human Rights grounds.
- Patient E - 142 days. In the case of this patient, a specialist placement at 'Arbours' had broken down. No Supporting Peoples accommodation was available locally. A Council tenancy with Floating Support was being pursued.
- Patient F - 88 days. Poor discharge-planning by the Care Co-ordinator here – with a long delay in arranging presentation to the MH Panel for a necessary placement in Residential Care.

The ethnic breakdown of Haringey DToC patients in the period was as follows - 'White UK' 8, 'White Other' 2, 'Black UK' 1, 'Black African' 2, 'Black Caribbean' 2, 'Black Other' 1, 'Bangladeshi' 1. Ethnicity was not recorded in one case.

### **Action Taken:**

1. The responsible Assistant Director of Mental Health has liaised with senior management in the Service Line on the problems of Care Co-ordinator engagement on DToC in Haringey.
2. The Trust's Operational Lead on DToC has been in contact with Haringey's Head of MH Commissioning on the adverse impact on patient-discharge of current community resource constraints in the borough.

## **Bed and Breakfast Accommodation:**

In addition to those individuals whose discharge from hospital are delayed because they are awaiting arrangement or agreement of community support or care packages there are a number of other service users who do not need an ongoing costed package of care (e.g. supporting people or floating support) but do have accommodation or UK residency issues.

These individuals have no current mental health risk issues and can be safely accommodated in the community with appropriate monitoring from Community Mental Health, or Home Treatment Teams. However, if they were to be discharged to street homeless it would not be possible to maintain contact with these individuals and their mental health would likely deteriorate leading to subsequent admissions.

To prevent this deterioration it is most effective, both clinically and cost effectively to provide these individuals with accommodation whilst their housing or residency issues are resolved. It is a commonly assumed but simplified view, that any person in contact with mental health services should receive this accommodation in a ward based environment. However, keeping people in an acute mental health environment longer than is clinically appropriate not only decreases their chances of recovery, but diverts resources away from those who are genuinely in need of clinical treatment. This wastes very high cost, limited clinical resources on the genuine requirement for much lower cost accommodation.

In Haringey the Trust has been using funds allocated for clinical care to provide accommodation for up to six people at any one time. Currently there are 3 individuals in bed and breakfast accommodation with a length of stay ranging from c.17 to c.170 days. One of these people, the longest stayer, has ongoing residency issues whilst the other two are awaiting accommodation issues to be resolved.

There is currently no multi-agency agreed solution to this issue.

## **The DToC position Trust-wide – a summary: (see Figure 4 attached)**

In the period January 1<sup>st</sup> to June 30<sup>th</sup>, a total of 75 patients in the Trust experienced delays in their discharge from hospital; 43 men and 32 women. A total of 2,080 days were lost to DToC.

1,121 of those days (54%) were attributable to delays in the discharge of 12 patients where complex needs, community risk concerns, UK residence and State welfare benefits entitlement issues variously were involved.

2 of the 12 cases involved Care Co-ordination and CMHT Manager oversight of a poor standard – one in Enfield and one in Haringey. The staff identified have received additional supervision and lessons learnt are shared between local DToC meetings.

A third of all DToC cases in the period involved patients from black and Asian groups. The ethnic identity of 4 DToC patients was recorded as 'White EU', and that of 9 others as 'White Other'. 3 patients of the 75 involved declined to give their ethnic identity. The ethnicity of 3 others was not recorded, as is required by the Trust.

Significant delays in discharge resulted from the lack of access for patients to MH Supported Housing in Haringey, with little compensatory information available to services on the availability of alternative, appropriate community resources for patients needing this support.

There were considerable delays in Barnet in accessing SP housing. Late-commenced and ineffective discharge-planning by some Care Co-ordinator staff contributed to a number of delays, this issue now requiring particular attention from the Trust in Haringey generally, and also in Enfield (Edmonton).

One case in Barnet involved a very substantial delay as a consequence of disagreement between the local authority and another London Council on the funding of a necessary community placement and

care package, while 'awaiting a local authority decision on funding a community placement and care package' was cited by the DToC Co-ordinator as delaying seven other discharges there.

Immigration and nationality legislation, and social policy constraints on UK residence and welfare benefits entitlement remain factors contributing to delays which, very often, take considerable time and professional effort to resolve.

The effective management of DToC is an important priority for the Trust. A continuous deployment of effort, professional skill and financial resources in the work is evident across all areas as, for example, in Haringey where, because of an insufficiency of community resources, the Trust, since last March, has been arranging and funding B&B placements for particular DToC patients it is otherwise unable to discharge from hospital.

There are good and effective working relationships on DToC between professional groups and with partner agencies, where only resource constraints continue to present a joint challenge.

Yours sincerely

A handwritten signature in blue ink that reads "Maria Kane". The signature is written in a cursive style with a long, sweeping underline that extends to the right.

**Maria Kane**  
**Chief Executive**

**FIGURE 3 - DToc POSITION JANUARY 1ST TO JUNE 30TH 2010  
HARINGEY**

<b>MONTH</b>	<b>NO. OF DToc PATIENTS PER MONTH</b>	<b>NO. OF DToc DAYS LOST P/ MONTH</b>	<b>AVE. LENGTH OF DELAY P/MONTH (IN DAYS)*</b>	<b>CAUSES OF DELAY</b>	<b>ACTIONS TAKEN</b>	<b>ETHNICITY OF DToc PATIENT</b>	<b>GENDER OF DToc PATIENT</b>		
<b>January</b>	8	164	20	<ul style="list-style-type: none"> <li>Unavailability of SP Housing in Haringey - seven cases, leading to a loss of 166 DToc days.</li> </ul>	<ul style="list-style-type: none"> <li>Weekly DToc Meeting - all relevant partners invited.</li> </ul>	White UK	8	Male	12
<b>February</b>	2	26	13	<ul style="list-style-type: none"> <li>Delayed and ineffective discharge-planning by Care Co-ordinator staff on four cases in particular - resulting in a loss of 84 DToc days.</li> </ul>	<ul style="list-style-type: none"> <li>Liaison between the Service Managers responsible for DToc Co-Ordination locally and Community Care Co-ordination.</li> </ul>	White other	2	Female	6
<b>March</b>	6	161	30	<ul style="list-style-type: none"> <li>Awaiting Council accommodation - 3 cases, 36 DToc days lost.</li> </ul>	<ul style="list-style-type: none"> <li>Intensive involvement of Trust's Assistant Director of Mental Health in facilitating progress on complex cases and in monitoring DToc numbers.</li> </ul>	Black UK	1		
<b>April</b>	6	168	28	<ul style="list-style-type: none"> <li>No recourse to public funds - two cases.</li> </ul>	<ul style="list-style-type: none"> <li>Active scrutiny and reporting on individual delays.</li> </ul>	Black Caribbean	2		
<b>May</b>	8	134	17		<ul style="list-style-type: none"> <li>Trust has been using B&amp;B for DTocS since 1/3/2010.</li> </ul>	Black Other	1		
<b>June</b>	6	124	21		<ul style="list-style-type: none"> <li>Formal representation by Trust to Haringey's Head of MH Commissioning on lack of availability of and access to appropriate community resources locally.</li> </ul>	African	2		
<b>TOTALS</b>	N/A	777	22			Asian (Bangladesh)	1		
						Not Recorded	1		

\* to nearest round number

**FIGURE 4 - TRUST-WIDE DToc POSITION**  
**BARNET, ENFIELD & HARINGEY MENTAL HEALTH NHS TRUST - JANUARY TO JUNE 2010**

MONTH	NO. OF DToc PATIENTS PER MONTH	NO. OF DToc DAYS LOST P/ MONTH	AVE. LENGTH OF DELAY P/ MONTH (IN DAYS)*	CAUSES OF DELAY	ACTIONS TAKEN	ETHNICITY OF DToc PATIENT	GENDER OF DToc PATIENT	COUNT
<b>January</b>	19	362	19	<ul style="list-style-type: none"> <li>Non-availability of SP accommodation for MH patients in Haringey.</li> </ul>	<ul style="list-style-type: none"> <li>DToc issues are led and reported upon by a designated Trust professional in each of the three L/A areas - and are centrally co-ordinated by an overall Trust lead for DToc.</li> </ul>	White UK	Male	43
						White European	Female	32
<b>February</b>	15	248	17	<ul style="list-style-type: none"> <li>UK residency issues and 'no recourse to public funds' - an issue in all three L/A areas.</li> </ul>	<ul style="list-style-type: none"> <li>A weekly DToc monitoring and reporting meeting is held in each L/A across the Trust. These meetings are chaired by the DToc Co-ordinators.</li> </ul>	White Other		9
						Black UK		5
<b>March</b>	19	347	18	<ul style="list-style-type: none"> <li>Late-commencing and poor quality discharge planning by Care Co-ordinators - an issue generally but weakest in Edmonton area of Enfield and in Haringey.</li> </ul>	<ul style="list-style-type: none"> <li>DToc Trust-wide Steering Group meets six-weekly and reports to the responsible Trust Board Director.</li> </ul>	Black Caribbean		2
						Black Other		1
<b>April</b>	14	223	16	<ul style="list-style-type: none"> <li>Significant delays in accessing housing in Barnet and in Haringey L/A areas.</li> </ul>	<ul style="list-style-type: none"> <li>Annual Audit of Trust DToc performance conducted by Bentley-Jennison, internal auditors.</li> </ul>	African		10
						Asian UK		4
<b>May</b>	25	476	19	<ul style="list-style-type: none"> <li>MH Resources Panel in Enfield convenes three-weekly only. These gaps between Panel Meetings are too long and are contributing to the number of days lost to DToc locally.</li> </ul>	<ul style="list-style-type: none"> <li>Weekly DToc SITREPS Report submitted by the Trust.</li> </ul>	Asian (Bangladesh)		1
						Turkish		1
<b>June</b>	23	424	18			Ethnicity declined		3
						Not Recorded		3
<b>TOTALS</b>	N/A	2080	18					

\* to nearest round number



Chairman: **Michael Fox**  
 Chief Executive: **Maria Kane**

