

Report for:	Overview and S Committee 14 December 20	-	Item number	
Title:	Barnet, Enfield and Haringey Mental Health Trust – Development of Mobile Working			
Report authorised by :	Eve Pelekanos – Head of Policy, Intelligence and Partnerships			
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Ward(s) affected:		Report for Key/Non Key Decision:		
ALL		N/A		

1. Describe the issue under consideration

The report provides background information to a request from the Mental Health Carers Support Association (attached) that the Overview and Scrutiny Committee uses its health scrutiny powers to scrutinise proposals by Barnet, Enfield and Haringey Mental Health Trust to facilitate mobile working through the development of community hubs within the borough.

2. Cabinet Member Introduction

N/A

3. Recommendations

- (i). That the Committees' specific powers to consider proposals for change made by NHS bodies be noted.
- (ii). That the Committee comment as appropriate on the proposals by the Mental Health Trust to establish Community Hubs within the borough.



4. Other options considered

N/A

5. Background information

- 5.1 Proposals have been made by Barnet, Enfield and Haringey Mental Health Trust to establish Community Hubs, which will be central points within the boroughs of Haringey and Enfield to provide clinic space, treatment rooms, hotdesking facilities and meeting rooms for staff to use in the course of their work.
- 5.2 The Mental Health Carers Support Association (MHCSA) wrote to the Chair (copy attached) on 20 October 2011 expressing concerns at the proposals on the basis that they would have a negative affect on patients in the east of the borough. They have asked the Committee to use its specific health scrutiny powers to examine both the proposals and the arrangements for consultation.
- 5.3 The Mental Health Trust have been invited to the meeting to present their proposals. In addition, the Mental Health Carers Support Association have also been invited to outline their concerns.
- 5.4 There is a general requirement for NHS bodies to involve and consult with patients and the public, including overview and scrutiny committees (OSCs) under Section 242 of the NHS Act 2006. This was formerly contained within Section 11 of Health and Social Care Act 2001, as referred to in the letter from the MHCSA. The Act states that each NHS body:

'must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways in:

- a. The planning and provision of those services
- b. The development and consideration of proposals for changes in the way those services are provided and
- c. Decisions to be made by that body affecting the operation of those services'
- 5.5 In addition, there is also a specific duty to consult on what are termed as "substantial variations" to local services under Section 244 of the Act and the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 (the Regulations). This was formerly contained within Section 7 of Health and Social Care Act 2001, as referred to in the letter from the MHCSA. Legislation and relevant



guidance does not define exactly what is a "substantial development" in service. Instead, NHS bodies and overview and scrutiny committees are advised to aim for a local understanding of the definition, taking into account;

- Changes in accessibility e.g. reductions or increases of services on a particular site or changes in opening times for a clinic
- The impact of the proposal on the wider community e.g. economic, transport, regeneration
- Patients affected e.g. changes affecting the whole population or specific groups of patients accessing a specialist service
- Methods of service delivery e.g. moving a particular service into a community setting rather then being hospital based.
- 5.6 Cabinet Office guidelines recommend that full consultations should last a minimum of twelve weeks and that they should ensure that groups that are traditionally hard to engage are involved, in addition to the wider community and OSCs. The guidelines set out the basic minimum principles for conducting effective consultation and aim to set a benchmark for best practice. However, the guidance states that it may be possible for OSCs and NHS bodies to reach agreement about a different timescale for consultation, if appropriate.
- 5.7 In the event of the Committee finding that the consultation has not been adequate or a proposal is not in the interest of the local health service, it has the power to refer the issue to the Secretary of State for Health. Such powers should however only be used as a last resort and if it has not been possible to reach a local resolution.
- 5.8 The Committee can, if it feels fit, decide that the proposals require formal consultation under Section 244 and the Regulations but it would need to be satisfied that the proposals had considerable implications for patients and the public.

6. Comments of the Chief Financial Officer and Financial Implications

6.1 As set out clearly in this report, the Committee is being asked to review proposals being put forward by the Mental Health Trust to establish Community Hubs within the borough. As this function is provided and funded by the NHS there should not be any direct financial implications for the Council arising from it. Should the Committee wish to investigate further, some small costs might be required however, these should be small.



7. Head of Legal Services and Legal Implications

There are no specific legal implications arising from this report.

8. Equalities and Community Cohesion Comments

In responding to the proposals, Members may wish to satisfy themselves that equalities and community cohesion issues have been addressed in the proposals.