



Councillor Gideon Bull
Chair – Overview & Scrutiny Committee
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20 October 2011

Dear Councillor Bull

Community Hub Project - BEH NHS Mental Health Trust

We are attaching a copy of a consultation paper concerning a Community Hub Project which has recently been issued by the BEH NHS Mental Health Trust. We have looked at the proposals and believe that they will constitute changes to local health services that require consultation in line with duties to consult that are set out in Sections 11 and 7 of the Health and Social Care Act 2001 and associated Department of Health Guidelines. We are therefore asking the Overview Scrutiny Committee to examine in detail the Community Hub Project proposals and review the arrangements for consultation. We list below a number of points and questions that have been highlighted by ourselves and colleagues.

Community Health Teams/Support and Recovery Teams (SRTs)

Under the proposals no SRTs will be based in the East of Borough. All SRTs will be based in the West of the borough at the Canning Crescent mental health centre near Wood Green. How many patients will this affect? For the period 2010 -2011, according to BEH NHS Mental Health Trust, there were 41,554 community health services appointments with community mental health services based in the east of the borough located in St Ann's. (Ref: BEHMHT 'The New St Ann's Stakeholder Workshops 1 report. October 2011)

This will result in inequality of MH services in borough. East is the most deprived side of borough. It has the greatest proportion of BME clients, highest rates of mental health morbidity and other causes of morbidity, low income clients, etc. [In addition the 684 mental health day centre is being closed by LBH, again in the East]

It will be difficult for CMHT/ SRTs staff to receive clients in their offices as staff will be required to 'hot-desk' and not own a dedicated space for clients or their case administration

There will be difficulties of confidentiality as staff will not have their own dedicated space

There will be difficulties (time and travel) for staff to visit clients in their homes

There will be risk factors in staff making home visits, which could mean the need for extra back up staff. Has this been considered and costed?

The accessibility of staff for both clients and carers will be affected as the staff will not have their dedicated extension numbers

What impact assessment has been made for clients in both the west and east of the borough? It will not be impact neutral.

Home Treatment Team (HTT)

The Community Hub Project proposes that the Crisis and Emergency HTT will be based outside the borough of Haringey and located in the Borough of Enfield. Our concerns include:

Problems of access for staff; HHT Staff will need to visit and treat clients in their homes in Haringey, assess clients place in wards in St Ann's hospital and assess, treat and discharge clients placed in recovery houses based in the west of the Borough and on its boundary with Barnet. In its proposal, BEHMHT does not account for the logistics or the capacity of the HTT operating based out of borough with such varied in borough commitments.

Problems of access for clients; At present clients visit HTT in Bruce Castle for depots and talking therapies.

Has any impact assessment been made on the extra time and cost needed for travel for both staff and clients?

How will the HTT be able to meet its targets such as the four hour response rule or the 72 hour assessment by the Consultant? These are already very difficult to achieve. With the HTT in Edmonton targets would be even more difficult to achieve.

Clearly these proposals will

1. change the accessibility of services
2. impact on the wider community, including carers and staff
3. affect a substantial number of patients, many of whom will be needing to access the MH services for many years

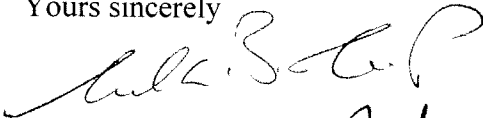
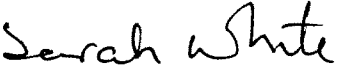
There are also a number of general points we would like to raise about these proposals.

1. Is mobile working used widely in MH Trusts? If it is then where is it practiced and what are the benefits?
2. What are the costs and what are the savings?
3. Why is it not possible to find another larger space than Canning Crescent able to house all the teams as was originally envisaged? What about St Ann's which is ideally situated

for both sides of the borough? A modern facility could be part of the development of the site which is currently being discussed.

We look forward to hearing from you

Yours sincerely

Nick Bishop
Manager MHCSA
Dr Sarah White MHCSA committee representative

cc.

Councillor Winskill: Vice Chair LBH Overview & Scrutiny Committee
Maria Kane, Chief executive of BEH NHS Mental Health Trust
Michael Fox, chair of BEH NHS MHT
David Lammy MP
Lynne Featherstone MP
Robert Mack, LBH

TO: Lee Bojtor, Chief Operating Office

FROM: Tasha Scott, Business Manager

DATE: 12th September 2011

RE: **Community Hub Project**

Context

The current economic climate is providing challenging times for the Trust. Following many years of real terms growth the NHS is facing the "Nicholson Challenge" of finding efficiency savings of approximately £20 billion. This has meant, in local terms, that the Trust has to meet a demanding internal savings plan. The Trust currently spends a significant percentage of its income on maintaining a large Estates footprint. In the interests of maintaining frontline services the Trust is reviewing this footprint to help make the required savings. The Trust is committed to the principles of mobile working, by the use of innovative technological solutions, it will support community staff to deliver care in the most efficient way possible. Mobile working will mean that staff no longer have to travel to specific locations to use a single desk but can access a variety of community based locations as well as remote working.

Community Hubs

In order to fully support the mobile working principles outlined above the Trust is developing "Community Hubs". These will act as central points within the boroughs of Haringey and Enfield to provide clinic space, treatment rooms, "hotdesking" facilities and meeting rooms for staff to utilise in the course of their work. To ensure that the project meets the needs of the services a community hub working group was formed and a series of development meetings have taken place to assess the impact on staff and take into consideration any issues.

Option Appraisal

The initial option presented to the working group showed that if mobile working was to be fully utilised and only consultants had fixed office space then all of the teams involved in the project could be housed within Canning Crescent. It soon became apparent that this would not meet the needs of the teams for the following reasons: Firstly, team managers and senior practitioners require dedicated office space for supervision and management. Secondly, professionals from different disciplines would frequently be required to share the same space. Finally there were no specific rooms to act as team bases for the different teams.

Following this feedback a second option was presented. This showed that all of the bases and offices could be allocated as requested however this led to an under provision of clinic space and the loss of bookable meeting rooms.

A further option was then presented which took the Haringey Home Treatment Team out of the equation and looked for alternative accommodation for them – this looks likely to be the Lucas Building in Fore Street, Edmonton. The Lucas Building is located less than 1 mile from the Haringey borough boundary, with easy access via road and public transport. This enabled all of the team requirements to be met in terms of office space, clinic rooms and team bases as well as providing adequate hotdesking space. This option is still being explored through the working group but at present appears to be the preferred solution.

The project group are still in the process of mapping out all available booking spaces within other Trust locations – this should allow for clinics and consultations to be booked away from the main hub at Canning Crescent to meet service user requirements and also allow additional capacity for staff for hotdesking.

Risks and Mitigation

As with any new project that requires new ways of working there are risks attached. Here follows the identified key risks and mitigations:

- Significant amount of the work of clinicians is admin based and requires desk space to complete – a further process looking at the administrative burden on clinicians is being undertaken concurrently with a view to reducing the overall admin tasks
- Confidentiality issues in hotdesking areas – there will be a variety of hotdesking areas available including space within dedicated team bases. There will also be a variety of bookable meeting and interview space available
- Parking at Canning Crescent – this is being reviewed alongside the availability of local authority essential worker permits
- Ability of book desk slots – there should be sufficient available hot desks without the need for a complicated booking process, also the building will be wirelessly enabled
- Concerns over home working – as above there should be sufficient hotdesking available meaning no member of staff will be required to work from home involuntarily
- Concern that staff will become isolated and not feel part of the team – this has been addressed by having dedicated team bases for meetings and hotdesking
- Services not being easily accessible to the Haringey East service users – whilst the team bases may be at Canning Crescent there is further work being undertaken to provide clinic and interview space in other buildings including potentially St Ann's and Fore Street to ensure that patients have choice

Conclusion

The Trust is required to make difficult decisions regarding how to best use its resources in the current climate. Community Hubs should be viewed as a way of providing patient care within the community, protecting jobs for staff and allowing a reduction in unnecessary spending on estates and facilities. Whilst there are still issues around the exact specifications of mobile working to be addressed this is happening via the ongoing working group process. Overall it is preferable for the Trust to explore these options rather than reduce frontline services.