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5 November 2012

## **Submission to Scrutiny Sub Committee on Health prior to meeting on 13 November 2012**

### **Decision and its implementation**

*The decision to close Downhills Ward was taken by the senior clinical management team on Monday 17 September as part of the ongoing business plan of the Mental Health Trust to reduce inpatient beds.*

1. Why was an attempt made to carry out this decision within two days (19 September) without any prior consultation, planning, and communication, preparation with services users, their carers or staff?
2. Why is there no awareness from management at all levels that their operational decisions affect vulnerable people – both service users and carers – and as such, however financially and clinically necessary such decisions are, they need to be carried out in a sensitive and humane manner
3. Why is there no one among all the many managers in the Trust that does not look at such operational decisions within their wider context before implementing them to make sure that they will work and be to the benefit of service users, the quality of the treatment that they receive and staff, and so as to ensure that they do not have to be referred to Scrutiny?

### ***Reasons for the Closure***

*The reasons that the Trust gave for its decision to close Downhills Ward were a surplus of female beds across the Trust at the time; lowered demand for inpatient beds due to the robust working of the Home Treatment Teams and the Recovery Houses; the positive effect of the Jonah task oriented system in reducing the length of inpatient stay; the fact that Downhills Ward has the worst quality of environment for patients. We would challenge these reasons.*

1. The Jonah system was started on St Ann's wards some six months ago and so presumably staff have been operating it on their own, after the training, for some

three months now. We are not clear when staff in other boroughs were trained in it, but we understand it was after Haringey. Surely one needs statistics for at least six months, preferably a year, to see if the original improvements in reducing patient stay are sustained and ongoing.

2. The Theory of Constraints (carried through to the Trust, by QFI consulting) talks about the fact that “one size doesn’t fit all” and looks towards “ongoing improvement”. Closure of the only female ward for longer stay patients in Haringey does NOT fit all
3. Neither will there be ongoing improvement for the patients placed out of borough. Contact with carers, friends and family will be impossible for many, resulting in poor integration back into their community, poor recovery and ultimately increasing the cycle of relapse.
4. As far as the Home Treatment Teams (HTT) are concerned we feel the jury is still out until the current reforms/restructuring have been introduced and operating for at least six months. The Home Treatment Teams have been working in an ineffective and untherapeutic manner for many years and consequently are yet again undergoing a full review of their structure and ways of working. Patient and carers dissatisfaction with the HTT service did not need to be proven to us by BEHMHT survey conducted by Kevin Yates in January. We have on-going and repeated examples from service users and their families of poor practice.
5. We need to be certain that any changes introduced will lead to the improvements that are necessary for HTT to be able to provide the quality of support for patients that will be a real alternative to treatment on inpatient wards or in the Recovery Houses.
6. The Haringey Recovery House (RH) at Fortis Green was opened in March/April and so has only been operating for some six months. There are four less beds provided in Fortis Green compared to the Elysian (Barnet) and Suffolk Houses (Enfield). We are very aware that the initial belief that the RHs would be a real alternative to hospital admission has not proven to be true. Inpatients are being discharged to RHs when their needs are primarily housing or social. Often poorly thought out sudden discharges of extremely vulnerable people are being made to B&B’s when a RH bed is needed. These “step-down admissions” are already resulting in patients in crisis not being “recommended” for admission.
7. We know that these people do not appear on the “refused” statistics. We refute the claims that Fortis Green is working well. Inaccurate and poorly kept information has resulted in a lack of consistent KPIs presented at the monthly operational meetings we have attended.
8. The Downhills Ward environment may be of poor physical quality but it does provide a space close to patients’ homes, families and friends. The Trust’s statement on Downhills mentions “allowing patients to stay closer to their homes and families” as an important point in favour of the Recovery Houses.

### *Consequences of Proposed Closure*

1. Closure of the ward would mean that there will be no acute inpatient beds for women from Haringey in Haringey for at least the next 3-4years.
2. Closure of Downhill's ward will mean additional stress, cost and inconvenience to family members wishing to maintain contact with female relatives who are admitted for treatment to a psychiatric ward in Chase Farm hospital.
3. Clearly a number of patients and their families were not happy to be moved from Downhills, which is why they are still on the ward and the ward is still open. What choice will future patients have to be able to stay close to their homes, families and friends?
4. There are already no Psychiatric Intensive Care Unit (PICU) beds for women anywhere in the Trust, so this would be a further reduction in services to women.
5. There will be six beds in the Haringey Assessment ward for women and that will be the sum total of inpatient beds for women in Haringey.
6. Despite assurances that "clinicians will review the situation...and...will only take the decision to close the ward once all the current patients have finished their current inpatient care programme" we have information that the Trust is not sticking by this statement but is at this moment planning to close the ward within the very near future and to move the remaining patients on the ward to Chase Farm.
7. The Trust has recently located its Recovery House for Haringey residents on the boundary with the Borough of Barnet(Fortis Green Road). It proposes to relocate inpatient facilities for Haringey women into Chase Farm Hospital in Enfield. For the most deprived members of our community, predominantly living in the east of the borough and likely to have a higher incidence of mental illness, as for residents across the borough, access to the Trust's services is convoluted and increasingly and increasingly burdensome. The Trust appears to be steadily withdrawing from populations that have greatest need; preferring to situate its services in relatively isolated locations outside f Haringey.
8. In the light of the mental health trust's constant changing of policies and practical actions, despite what they have previously stated publicly, what guarantee do we have that the new St Ann's will have an acute ward for female inpatients.
9. All these points add up to a substantial variation in service for female patients in Haringey.

Submitted by

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On Behalf of the Mental Health Support Association