

HARINGEY COUNCIL OVERVIEW AND SCRUTINY COMMITTEE – COMMENTS ON FINAL ANNUAL HEALTH CHECK DECLARATION BY BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST

The comments made by the Overview and Scrutiny Committee in relation to core standards have come from general health scrutiny work that has been undertaken during the year and from focussed reviews on specific topics and the Health Scrutiny Conference that was held on 22 March. Please note that comments from reviews apply only to the specific service area referred to, unless otherwise stated. The Committee welcomed the positive and pro-active approach taken by Barnet, Enfield and Haringey Mental Health Trust and the level of information provided.

Core Standard	Comment
<p>C6: “Healthcare organisations cooperate with each other and social care organisations to ensure that patient’s individual needs are properly managed and met.”</p>	<p>The Health Scrutiny Conference received evidence from patient representatives that service users presenting to agencies are often asked to repeat the same information to different agencies. Their responses may not be consistent as they can be dependent on how they are feeling and their condition at the time. This can lead to different impressions being obtained by different agencies. The Committee also notes the view of MIND that there can be an issue with the Crisis Team not always involving other agencies. The Committee is therefore of the view that services to patients could be improved by better sharing of information.</p> <p>The Committee notes that the recommendation of last years scrutiny review on mental health issues that “the adequacy of supply levels of housing that is suitable for people who have suffered a mental illness and need rehousing be reviewed and an appropriate action plan developed to ensure that demand can be met on a timely basis” has yet to be implemented, although. It also notes the concerns raised by the Trust’s PPI Forum on the delayed discharge level from St. Ann’s, which has remained at around 20% of St Ann’s patients, and its view that a lack of a suitable move on housing is a key factor. Although the Committee welcomes the fact that solutions are currently being addressed by mental health partners, it is nevertheless of the view that the recommendation should be implemented.</p> <p>The Committee notes that there are close working relationships with Barnet, Enfield and Haringey Mental Health Trust, including a liaison service with access to a psychiatrist. However, mental health partners have not so far implemented the</p>

	<p>recommendation of last years Scrutiny Review on Mental Health that consideration is given, as part of the process for determining the three year commissioning plan, to improving liaison between mental health services and the hospital in order to provide for the earlier detection of mental health needs. The Committee notes further developments will be considered when local reconfigurations of acute care have been completed and would hope that this will include the implementation of this recommendation.</p>
<p>C13; “Healthcare organisations have systems in place to ensure that: a) staff treat patients, their relatives and carers with dignity and respect; b) appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information; c) staff treat patient information confidentially, except where authorised by legislation to the contrary.”</p>	<p>The Committee received a range of views from patient representatives on this standard. One service user described her treatment as an in patient at St. Ann’s as displaying unswerving patience, courtesy, kindness and professionalism. However, evidence was received from other representatives that this was not always the case. Patient representatives, including the PPI Forum, have raised concerns about the Downhills Ward and have, in particular, described a perceived reluctance by staff to engage fully with patients. Concerns were also expressed about low morale amongst the workforce.</p>
<p>C15; “Where food is provided, healthcare organisations have systems in place to ensure that: a) patients are provided with a choice and that it is prepared safely and provides a balanced diet b) patients’ individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day”</p>	<p>The Committee welcomes feedback from patient organisations that food for patients is considered to be good.</p>
<p>C16: “Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care”</p>	<p>The Committee welcomes the fact that mental health partners have produced publicity on the range of services that are available and that this is being regularly updated. However, it notes that there are currently no plans to reprint the directory of services due to funding constraints. The directory is available on-line through the websites of all mental health partners but the Committee is of the view that the needs of people without access to computers should be considered. It therefore feels that “hard” copies of information on the full range of services need to be</p>

	continue to be made widely available.
<p>C17: “The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services”</p>	<p>The Committee feels that the Trust shows a willingness to engage with a range of organisations in order to obtain the views of users and their representatives. In particular, there continue to be good links with the Overview and Scrutiny Committee. This has included assistance with the setting up of the Health Scrutiny Conference to which a wide range of stakeholder organisations were invited, including user and carer representative organisations. There is also a good and constructive relationship with the PPI Forum and effective involvement with community groups.</p> <p>The Committee is of the view that the Trust consults well on service changes. There is a flexibility in their approach which is welcome. Adequate time has been allowed for consultations, such as the reorganisation of Community and Rehabilitation Services, and deadlines have been extended when requested. However, the Committee would endorse the view of PPI Forum that feedback from the Trust on the response to comments received could be improved.</p> <p>The Committee notes the views of some patient representatives, as expressed at the Health Scrutiny Conference, that patient do not always feel that they are kept fully informed about their care and that their views do not appear to be taken on board.</p>
<p>C18: “Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably”</p>	<p>The Committee notes the view of patient representatives as expressed at the Health Scrutiny Conference that access to services can be dependent on an individual’s knowledge of the types of services available, as well as support from a sympathetic GP. This can make it more difficult for people from newer communities within the Borough to access services, some of who have particular mental health needs such as comparatively high numbers of people suffering from post traumatic stress disorder. In addition, there are particular challenges in some communities in overcoming stigma that still need to be addressed effectively.</p> <p>There is also a perception amongst some patient representatives that there is an</p>

	<p>inequality in accessing services between the east and west side of the Borough, with residents in the less affluent east receiving a poorer service.</p>
<p>C21; Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non clinical areas that meet the national specification for clean NHS premises</p>	<p>The Committee notes that the Trust has identified that action is required in respect of this standard. As part of the work undertaken by last year's Scrutiny Review of Access to General Mental Health and Early Intervention Services, a visit was undertaken to St. Ann's Hospital. Members felt strongly that the quality of the buildings was not conducive to patient care. It notes that action that is planned by the Trust to redevelop the site and reconfigure services provided from it. The Committee is disappointed that very little progress has been made in the past year for reasons that are beyond the Trust's control and shares its frustration at this.</p> <p>The Committee notes the concern of the Trust's PPI Forum that the lack of progress is leading to continued shortcomings in privacy, dignity and environment through the continued reliance on old dormitory style wards, rather than provision of modern accommodation with single rooms.</p>