



Haringey Council

Agenda item:

Overview and Scrutiny Committee

On 22 October 2007

[No 1]

Report Title: **Closure of Continuing Care Beds at St. Ann's Hospital – Consultation by Barnet, Enfield and Haringey Mental Health Trust.**

Forward Plan reference number (if applicable): N/A

Report of: Chair of Overview and Scrutiny Committee

Wards(s) affected: **All**

Report for: **N/A**

1. Purpose

1.1 To comment on the proposal by Barnet, Enfield and Haringey Mental Health Trust to close Pine Ward at St. Ann's Hospital.

2. Introduction by Cabinet Member (if necessary)

2.1 N/A

3. Recommendations

3.1 That the Committee comment, as appropriate, on the proposal by Barnet, Enfield and Haringey Mental Health Trust to close Pine Ward.

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4. Local Government (Access to Information) Act 1985

4.1 Background Papers:

The background papers relating to this report are:

Haringey Health Scrutiny Protocols

These can be obtained from Robert Mack – Principal Scrutiny Support Officer on 020 8489 2921,
7th. Floor, River Park House

5. Report:

- 5.1 Barnet, Enfield and Haringey Mental Health Trust are proposing a reduction of 12 Category 1 continuing care beds (dementia) in the Greentrees Unit at St Ann's Hospital. The service has 36 beds in total - 24 beds on Chestnut Ward and 12 beds on Pine Ward. The Trust feel that the size of the service is now too large and many beds are now surplus to requirements. The bed surplus has been created through significant performance improvements in delayed transfers of care in older peoples mental health services and greater choice for patients, with improvements in the volume and type of residential provision available locally in Haringey. Savings arising from the closure are likely to be in the region of £500,000 per annum.
- 5.2 In July 2007, 13 of the 36 beds were vacant. Following a meeting between staff and relatives, it was agreed to move existing Pine Ward patients (10 patients) to vacant beds on Chestnut Ward, allowing Pine Ward to be temporarily closed pending further consultation on the future bed model required. Chestnut Ward is located directly opposite Pine Ward in the Greentrees Unit. Even with the transfer of Pine Ward patients, there will still be 3 vacant beds on Chestnut Ward. There are also six patients from Enfield on Chestnut Ward who are due to transfer to Chase Farm Hospital in April 2008 as part of the larger repatriation programme of the Trust.
- 5.3 The Patient and Public Involvement Forum (PPIF) has been closely involved in the temporary changes that were implemented and are also involved in plans to refurbish most of the Greentrees Unit during the next year. The view of the PPIF is that the proposed closure is practical and understandable considering the number of surplus beds
- 5.4 The Pine Ward patients who transferred to Chestnut Ward all have severe dementia. All of their relatives were involved and agreeable to the transfer, although there is one patient who does not have a close relative and they have referred to the Independent Mental Capacity Advocacy service.
- 5.5 The improvement in moving patients out of hospital when they are ready to be discharged has implications for the social care budget, which has to fund the future residential care needs provision as appropriate. For example, moving someone into long term care earlier will incur an additional cost to the social care budget of around £500 per week. The original intention of the Mental Health Trust was to reduce bed provision in the Borough and to reinvest the savings in community based services that will help prevent admission into hospital or long term care. However, the Mental Health Trust has indicated that savings will be used initially to pay for cost pressures elsewhere within the Trust.
- 5.6 There is a general requirement for NHS bodies to consult with patients and the public, including a duty to consult with Overview and Scrutiny Committee under Section 11 of the Health and Social Care Act 2001. In addition, there is also a specific duty to consult on what are termed as "substantial variations" to local services under Section 7 of the Act. Discussions have taken place with the Trust

on their proposals and, in particular, if they could be described as constituting a “substantial variation or development” to services. Any proposals that are considered to fall into this category are subject to a statutory consultation process with Overview and Scrutiny Committee.

- 5.7 The consensus of opinion amongst relevant stakeholders, including the Mental Health Trust and Social Services, is that the proposals do not constitute a substantial variation to services. This is due to the comparatively small number of patients involved, the limited effect that the proposed change will have on them and the fact that the proposed changes will not affect the accessibility of the service or the method of service delivery. However, concurrence with this view by the Committee would still give it the power to make comments and recommendations to the Mental Health Trust as appropriate under its Section 11 powers, albeit without the power of referral to the Secretary of State that Section 7 provides.
- 5.8 Representatives from the Mental Health Trust will be attending the meeting to outline their proposals and answer questions. In addition, relevant stakeholders have been invited to submit any comments that they may have to the Committee.

6. Equalities Implications

The Committee may wish to consider any equalities implications that the proposal by the Mental Health Trust may have.

7. Consultation

Members may also wish, as part of their consideration, to satisfy themselves that the Trust has consulted appropriately with relatives and stakeholders.