

Report to: Haringey Overview and Scrutiny Committee
Date: 22 October 2007
Report by: Alan Beaton. Assistant Director.
Subject: Proposed Closure of Pine Ward, St Ann's Hospital

Background

The proposed change involves 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 size of the service is too large and many beds are surplus to requirements. This is really a 'good news' story as the bed-surplus has been created through improvements in delayed transfers of care in older peoples mental health services and greater choice for clients, enabling them to receive 100% NHS funded continuing care in the most appropriate setting for them such as their own home or a care home in which they might currently reside.

In July 2007, 13 of the 36 beds were vacant and we met and agreed with staff and relatives to move existing Pine Ward patients (10 patients) to vacant beds on Chestnut Ward allowing us to temporarily close Pine Ward 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 patients to Chestnut Ward we still have 3 vacant beds on Chestnut. There are also six Edmonton patients on Chestnut due to transfer to Chase Farm Hospital in April 2008 as part of the larger Edmonton repatriation programme in the Trust. From April 2008, all Edmonton dementia continuing care patients requiring an NHS provided bed will be admitted to Chase Farm hospital.

All Pine ward staff (14 staff) have been temporarily redeployed to vacant positions within older peoples services at St Ann's Hospital following staff meetings and preference forms being submitted.

The Patient and Public Involvement Forum (PPIF) have been closely involved in the temporary changes that were being implemented and the PPIF are also involved in our plans to spend £850,000 to refurbish most of the Greentrees Unit during the next year.

The Pine Ward patients who transferred to Chestnut 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 we have referred them to the Independent Mental Capacity Advocacy service.

NHS Continuing Care Services for older people with mental health needs

The definition of 'continuing care' means '....care provided over an extended period of time, or episodes of time, to a person aged 18 or over, to meet physical or mental health needs which have arisen as a result of disability, accident or illness. It may require services from the NHS and/or social care and may be provided in a range of settings including a hospital, care home or a person's own home.'

The aim of continuing care is to provide the right long term support to clients, to maximise their health and quality of life, prevent deterioration where possible, and promote independence where appropriate.

Continuing care that takes the form of a package of care solely arranged and funded by the NHS is known as 100% NHS funded continuing care. Chestnut and Pine ward both provide category 1 fully NHS funded continuing care to people with severe dementia who have significant mental health need requiring regular multi-disciplinary input. Patients admitted to these units have been comprehensively assessed in terms of their clinical needs and eligibility for continuing care.

Future Demand

The Department of Health's National Continuing Care Criteria became operational from the 1st of October 2007 and replaces the North Central London Continuing Care guidance. It is expected that the new criteria will increase the number of people eligible for continuing care but only a very small proportion of this population would then meet the criteria for admission to an NHS dementia continuing care facility where patients require a formal diagnosis of dementia, have significant challenging behaviour (e.g. resistance to care, disinhibition, extreme noisiness, extreme restlessness, aggression) and require regular input from a multi-disciplinary team.

In Haringey, we expect fairly modest increases in the over 65 population over the next 5 to 10 years. The very oldest, 90+ is the main age group that would see more significant growth in terms of percentage of the age group but this still remains a relatively small proportion of the total population over the age of 65. The very old also tend to have increasing physical health needs. We commonly see this when patients are admitted to our dementia continuing care units. Over time, a patient's physical health needs become more prominent as some mental health needs, such as challenging behaviour, diminish.

As mentioned above Edmonton continuing care provision provided in Chestnut will transfer to Enfield in April 2008. At the same time, we are planning to reduce the number of Chestnut Ward beds from 24 to 22 in order to improve the standard of accommodation in relation to privacy and dignity, by maximising the number of single and 2-bed rooms (currently have several 4 bed dormitories). We are confident that we will have sufficient capacity to deal with future demand. Any increase in demand caused by the new national criteria and the ageing population has been offset by transferring demand from Edmonton and our shared agenda to increase choice for patients to be cared for in the most appropriate setting for them.

Proposed Change

The service now seeks to permanently close Pine Ward following a 30 period of consultation which will start on 29th October 2007. If accepted, Pine Ward staff will be permanently redeployed following a competitive process agreed with staff and representatives. There will be no redundancies as a result of this service change.

The service for Haringey patients will continue. Initially with 24 beds but reducing to 22 beds following the refurbishment of Chestnut Ward.

Finance

Part-year savings from the temporary closure of Pine Ward have been included in the cost improvement programme for the Haringey directorate for this year. Older Peoples services are currently developing a business case for investment in community services in 2008/09. The business case will outline the necessary investment required to increase the capacity for care coordination within the CMHTs and complete plans for the development of Haringey Memory Service. The Trust will be able to provide an update by January 2008 to the Overview and Scrutiny committee on the progress of the business case.

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