

Report Title: **Proposal by Barnet, Enfield and Haringey Mental Health Trust to Restructure Haringey Mental Health Acute Care Services**

Report of: **Chair of Overview and Scrutiny Committee**

Wards(s) affected: **All**

Report for: **Non-Key Decision**

1. Purpose

To consider proposals by Barnet, Enfield and Haringey Mental Health Trust to close an acute adult inpatient ward at St. Ann's Hospital in order to allow reinvestment of resources into the Community Home Treatment Team and remaining inpatient wards.

2. Recommendations

2.1 That the proposals by the Mental Health Trust be considered to constitute "substantial variations" to services due to:

- Number of patients affected
- Changes to methods of service delivery

and therefore subject to consultation under Section 7 of the Health and Social Care Act 2001.

2.2 That the Committee comment on the proposals as appropriate their response the Mental Health Trust, appropriate.

2.3 That the Committee submit comments thereon, as appropriate, and consider further engagement with the TPCT as part of the ongoing consultation process.

Contact Officer: **Rob Mack, Principal Scrutiny Support Officer**

Tele: **020 8489 2921**

E-Mail: **rob.mack@haringey.gov.uk**

4. Reasons for any change in policy or for new policy development (if applicable)

Not applicable

5. Local Government (Access to Information) Act 1985

The background papers relating to this report are:

Substantial Variations and Developments of Health Services – A Guide (CfPS)

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

e-mail: rob.mack@haringey.gov.uk

6. Report

The Trust's Proposals

- 6.1 Barnet, Enfield and Haringey Mental Health Trust have made proposals to make changes to their inpatient services within the Borough. The proposals involve the closure of an acute adult inpatient ward at St. Ann's Hospital. This is intended to allow re-investment of resources into (i). their Community Home Treatment Team to enable more people to benefit from Home Treatment and (ii). the remaining inpatient wards in order to improve establishments and reduce reliance on temporary staffing.
- 6.2 The Trust views the change as urgent. They state that their Home Treatment Teams, as currently established, are meeting their national targets and could treat more people at home, prevent more admissions and support people to return home earlier if there were more staff to enable this. The proposed change was identified as a requirement of the Haringey Joint Health and Social Care Mental Health Strategy 2005-2008, which cited the Haringey model as being over-reliant on institutionalised, hospital based care and requiring a shift of resource from hospital to community. This has been confirmed by benchmarking undertaken by the Trust. They also feel that the current inpatient staffing establishments are insufficient to meet modern requirements.
- 6.3 The Trust is of the view that the changes will improve the quality of care to service users within the Borough. National audits identify that people prefer the opportunity to receive their care at home rather than having to be admitted to hospital. They feel that avoiding admission also improves opportunities for recovery. Research has shown that some communities, particularly BME communities, also prefer home treatment where this is appropriate and available.
- 6.4 Individuals will be assessed for their suitability for home treatment. Risk assessment will form part of the process for deciding whether hospital admission or home treatment is appropriate. Some people will benefit from an increased opportunity to receive their treatment in their own environment. The Trust comments that this is not a new method of delivery in itself but a proposal to re-allocate further resources to more modern and effective models of service delivery. These are effective for a particular group of users who require care for

an acute episode of illness but not necessarily hospital care if an alternative to admission can be provided.

- 6.5 The Trust feels that the changes will contribute to the delivery of local targets, increase, choice for patients and provide better value for money. In particular:
- There are local and national targets set for the number of home treatment episodes and a requirement for services to be delivered as close to home as possible.
 - Increasing the resource in Home Treatment Teams will enable more people to receive their care at home and more people to return home earlier in their stage of recovery.
 - Not only is hospital admission expensive, it has a big impact on the individual's chance of recovery. The Trust feels that keeping people connected with their networks reduces the possibility of state-dependency.
- 6.6 The Trust accepts that the change does mean that there will be a fewer number of male acute admission beds. There are currently 95 adult acute beds and closing 19 male beds would reduce this to 76. The resources freed up will be transferred to enable more home treatment episodes and an improved level of staffing on the remaining wards to improve the therapeutic environment. Increasing the number of staff on the remaining wards will reduce the need for additional temporary staffing to cover periods of sickness absence, training etc, resulting in some efficiencies and improving continuity and quality on the wards.
- 6.7 The Trust reports that it has undertaken some consultation with users already. Whilst there is support for the direction of travel, there is also concern about how the transition of resources is undertaken. Further information on the proposal, as provided by the Trust, is attached.

Comments of the Director of Adults, Culture and Community Services (ACCS)

- 6.8 The Director of Adults, Culture and Community Services (ACCS) comments that, in broad terms, the MHT proposal to reduce inpatient capacity and redeploy resources into community Crisis services is in keeping with the existing Joint Mental Health Strategy. Following more detailed partnership discussions of the proposal due to take place at the Mental Health Executive on the 12th June, ACCS will be able to comment more meaningfully on the possible implications of the ward closure. The proposal has caused some concern amongst service users and carer organisations in the borough particularly due to a perception that community services are still adjusting to the service reconfiguration, which took place in October 2007. Whilst there are still some difficulties, the service is continuing to improve and there has been some positive feedback on the single point of access to services now in place. Management support and action is under constant review to ensure that the teams are pro-actively working with the service users and carers affected by the changes.

- 6.9 The service considers that at this stage the proposal to close the ward needs to be reviewed in the context of the whole system of community services and current planning across the partner organisations. The areas for consideration include the possible impact on the existing community teams; the relationship between this development and plans to enhance and define community rehabilitation services and the potential for unplanned demand against purchasing budgets. In addition, for the council, ACCS will need to work closely with Housing colleagues to ensure that the pathways for Mental Health service users to obtain independent accommodation remain effective.

Consultation Arrangements

- 6.10 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 (OSC) 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. Legislation and relevant guidance does not define exactly what is a “substantial development” in service. Instead, NHS bodies and overview and scrutiny committees are advised to aim for a local understanding of the definition, taking into account;

- Changes in accessibility e.g. reductions or increases of services on a particular site or changes in opening times for a clinic
- The impact of the proposal on the wider community e.g. economic, transport, regeneration
- Patients affected e.g. changes affecting the whole population or specific groups of patients accessing a specialist service
- Methods of service delivery e.g. moving a particular service into a community setting rather than being hospital based.

- 6.11 Discussions have taken place with the Trust on their proposals and, in particular, if they could be described as constituting a “substantial variation” services. Discussion has also taken place with relevant stakeholders, including service user groups. Any proposals that are considered to be “substantial variations” are subject to a statutory consultation process with OSC.

- 6.12 The consensus of views obtained is that proposal does constitute a “substantial variation” to services due to:

- The number of patients potentially affected
- The nature of the changes in the method of service delivery, which involves moving a significant proportion of services from a hospital setting into the community,

6.13 The Committee is therefore recommended to approve this designation. The purpose of formal consultation with the Overview and Scrutiny Committee is to consider:

(i) whether, as a statutory body, the OSC has been properly consulted within the consultation process;

(ii) whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and

(iii) whether, a proposal for changes is in the interests of the local health service.

6.14 The above matters are therefore the issues that the Committee will need to consider in making its formal response.

6.15 Cabinet Office guidelines recommend that full consultations should last a minimum of twelve weeks and that consultations should ensure that groups that are traditionally hard to engage are involved, in addition to the wider community and OSCs. The guidelines set out the basic minimum principles for conducting effective consultation and aim to set a benchmark for best practice. However, the guidance states that it may be possible for OSCs and NHS bodies to reach agreement about a different timescale for consultation, if appropriate.

6.16 The MHT has indicated that it plans to undertake detailed consultation on the proposal. Members may wish to consider as part of their deliberations how they wish to engage the MHT within this consultation period and the views of other stakeholders, including ACCS and Haringey TPCT. In addition, they may also wish to consider input from patient, user and carer groups. Relevant organisations have been invited to attend the meeting and Members may wish to obtain their input.

10. Legal and Financial Implications

7.1 Whilst there are no direct financial implications for the Council, there are likely to be long term indirect effects as the move to provide more care away from hospitals and closer to the community has the potential to place additional demands on social care services provided by the Council, for which no additional provision has yet been made.

7.2 Regulation 2 of the Local Authority (Overview and Scrutiny Committees Health and Scrutiny Functions) Regulations 2002 allows the Overview and Scrutiny Committee to “review and scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authority”. Thus the Overview and Scrutiny Committee is empowered to consider the proposals of Barnet and Enfield and Haringey MHT. The committee is further empowered ‘to make reports and recommendations on such matters’. These regulations are made under section 21 of the Local Government Act 2000 as amended by section 7 of the Health and Social Care Act 2001.

- 7.3 The 'long term indirect effects' stated above have to be considered in light of the After Care duties placed on the Primary Care Trust and the local social services authority under Section 117 of the Mental Health Act 1983 . The duties applies to those persons who having been detained under section 3 of the Mental Health Act 1983 cease to be detained and leave hospital.

8. Chief Financial Officer Comments

- 8.1 The Director of Adults, Culture and Community Services has indicated that more detailed discussions on the proposal to close an acute adult inpatient ward at St. Ann's Hospital, and to reinvest resources into the Community Home Treatment Team and remaining inpatient wards, are to take place at the Mental Health Executive on the 12th June. At this stage he is unable to comment more meaningfully on the possible implications of the ward closure. Similarly, it not possible at this stage to provide detailed financial implications for the Council although there is a risk that the closure will place additional demands on social care services.

10. Head of Legal Services Comments

- 9.1 As set out above.

10. Equalities Implications

- 10.1 Disproportionate numbers of people from some black and ethnic minority communities suffer from mental illness, such as the African Caribbean community. The proposals are therefore likely to have particular impact on them. In addition, mental illness can be source of particular stigma within some communities, which the proposals aim address through reducing reliance on hospital base care.