

Report Title: **Proposal by Haringey Learning Disabilities Partnership - Changing Services and Improving Outcomes for Adults with Learning Disabilities who also have Mental Health Issues or Behaviour that Challenges Services**

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

Wards(s) affected: **All**

Report for: **Non-Key Decision**

1. Purpose

To consider and comment on proposals by Haringey Learning Disabilities Partnership

2. Recommendations

- 2.1 That the Committee comment on the proposals by the Learning Disabilities Partnership
- 2.2 That the Committee concur that the proposals do not constitute a “substantial variations” to local health services as specified by Section 7 of the Health and Social Care Act 2001, but notes that they are nevertheless subject to consultation under the Committee’s powers under Section 11 of the Act...

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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

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6. Report

- 6.1 Haringey Learning Disabilities Partnership have made proposals to change services for adults with learning disabilities who also have mental health issues or behaviour that challenges services. The proposal is to develop a model of enhanced support to enable people to remain in their local community and minimise the use of hospital based provision. Full details are provided in the attached report.
- 6.2 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.
- 6.3 Discussions have taken place with the Partnership on their proposals and, in particular, if they could be described as constituting a “substantial variation” services. Any proposals that are considered to be “substantial variations” are subject to a statutory consultation process with OSC.

The consensus of views obtained is that proposal does not constitute a “substantial variation” to services due to the comparatively small number of patients directly affected, which is 5. However, it should be emphasised that the Committee still has its specific powers to respond to the consultation under Section 11 albeit without the right of referral that Section 7 carries. The Committee is therefore recommended to approve this designation.

Legal and Financial Implications

- 6.4 Whilst there appear to be no direct financial implications for the Council – the proposals are partly driven by the cost implications of current arrangements, Members may wish to ensure that there are unlikely to be indirect effects.

There are no specific legal implications in this report.

Chief Financial Officer Comments

- 6.5 The Chief Financial Officer endorses the financial comments above. It is understood that the new service will result in additional costs and that this will be entirely funded by the PCT”.

Head of Legal Services Comments

- 6.6 These will be available at the meeting.

Equalities Implications

- 6.7 The proposals involve a particularly marginalised group within the community who suffer from pronounced health inequalities.

Report For:	Overview and Scrutiny Committee
Title:	Changing Services and Improving Outcomes for Adults with Learning Disabilities who also have Mental Health Issues or Behaviour that Challenges Services
Purpose of Report:	Seeking approval for changes to the model of service for adults with learning disabilities who also have mental health issues or behaviour that challenges services
Lead Officer:	Chloe Chandra-Rajan
Date:	14 July 2008

Report:

1. Introduction

This paper outlines the proposal to change services for adults with learning disabilities who also have mental health issues or behaviour that challenges services. The proposal is to develop a model of enhanced support to enable people to remain in their local community and minimise the use of hospital based provision.

2. Background

The Learning Disability Commissioner in conjunction with the Haringey Learning Disability Partnership has carried out a comprehensive review of both commissioned and provided assessment and treatment services. The new model has been developed inline with national best practice and the principles of the government white paper Valuing People. It has been agreed by the TPCT Professional Executive Committee.

The review came about as a result of concerns about the cost and appropriateness of the services currently provided. The key drivers have been to commission / provide a cohesive and responsive service, which both reflects good practice and is the best use of the resources available.

Services for this group of people consist of both outpatient and inpatient services. Haringey Learning Disability Partnership (HLDP) provides outpatient care in the form of community visits and outpatient clinics. It also provides inpatient care in Mulberry House, which is a building on the St Ann's Hospital site. In addition inpatient care is accessed through the General Adult Mental Health Wards at St Ann's Hospital and is commissioned in a number of assessment and treatment units out of borough.

3. Information about the new model

The ethos of this model is to provide a community based service that supports people to remain in their local community with appropriate levels of support rather than hospital based provision. However it also recognised that inpatient care is sometimes the most appropriate response.

Assessment and Intervention

- Low level support and advice to service users, providers and families;
- Intensive crisis support within home or current placement to minimise hospital admission;
- Community Support to enable an individuals transition back into the community.

Rehabilitation and Respite

- Rehabilitation to prepare individuals for returning to the community after a hospital stay if appropriate. This will provide a step-down function.
- Respite to support community placements. This will predominantly be available for people living with their families. This will significantly expand the respite opportunities for this group of people.

Inpatient services

- To be purchased from external providers.

4. Implications of the new model

Assessment and Intervention

The Haringey Learning Disability Partnership Combined Team will be enhanced with a number of different professionals. These will include psychology, occupational therapy, and community nursing.

Rehabilitation and Respite

This will be accommodated at 2 Edwards Drive (owned by HTPCT) which is a community based property and is currently vacant. It is a single level property that will provide 5 beds. It has appropriate disabled access and facilities. It is however not suitable for accommodating people detained under the Mental Health Act as there is no onsite back up support and the building does not have the appropriate safety elements (e.g. unbreakable glass).

Inpatient Services

Mulberry House currently provides inpatient services. It is a two-story building with no lift or disabled toilet facilities. In addition the stairs and corridors are narrow and the room configuration means that restricting access to the kitchen would be difficult. An assessment on the building therefore concluded that it not suitable to support people with high physical needs or people that are being held under the Mental Health Act.

It is therefore proposed that Mulberry House is closed. The new model will instead support people in the community as well as offering short-term respite and step down. When hospital admission is required this will be commissioned externally.

Impact on service users

The people currently resident in Mulberry House all have 'move on' plans for returning to permanent community placements. Mulberry House has always been a short term service so there is no expectation among service users or carers that people would be living there in the longer term.

In order to access the reconfigured service an individual must have been assessed as being eligible for a service from the Haringey Learning Disability Partnership. The purpose of the support being offered is to enable people to remain in their current community situations. For example it will support families to care for someone longer and thereby reduce the need for people to move away from home to receive appropriate support. In addition building the skills and capacity of local providers will reduce the need to place people with complex needs in out of borough placements when they do need to move out of their current home.

5. Consultation

Staff, service users and carers were consulted as part of the review and again formally once the proposals were finalised.

The programme of consultation has enabled both staff and stakeholders gain an understanding of the new model, its implications and to have an input into the final proposal.

The consultation period took place at the end of June 2008. Stakeholders from the Mental Health Trust, care and support providers, Learning Disability Partnership Board, Learning Disability Executive, Supporting People, Chase Farm Hospital – Enfield PCT, Haringey TPCT, service users and carers were invited to 2 events.

Ten people attended from a wide range of backgrounds. The following issues were raised:

Issue	Response
Need for transparent decision making based on clinical need not budget	The clinical team will lead on decision making in relation to interventions appropriate to individuals
Need for clear care pathways	There will be a written care pathway that will lead by the Care Programme Approach (CPA)
Importance of support to carers / families	This is a key element of the reconfigured service
Importance of support for people with no families	The use of Community Support Workers will be particularly key for these people
Concern over loss of Mulberry House – some people feel attached to the building / location	The environment at 2 Edwards Drive will be able to provide a service to people with a wider range of needs
Positive about increase in respite	Respite programmes will be individually designed to meet people needs
Agreement that supporting people to stay out of hospital is a good thing	It is a key aim of the service to do this whenever appropriate
Concern that no specialist beds will be provided for people detained under the Mental Health Act in Haringey and that people will be placed a long way away	Haringey residents will continue to have access to services in the Mental Health wards at St Ann's Hospital. It is expected that more specialist inpatient beds will be

	provided at Chase Farm Hospital in Enfield.
Concern that appropriate levels of funding are maintained	The funding as well as the effectiveness of the reconfigured service will be reviewed quarterly for the first two years and biannually after that.

6. Next Steps

Building

The building at 2 Edwards Drive needs to be prepared. It was recently used as a residential home so the work required is minimal. Support is being received from Haringey TPCT Facilities management

Staffing structure

The staffing structure for both the Assessment and Intervention and Rehabilitation and Respite Unit need to be finalised.

7. Conclusion

Approval is sought from Overview and Scrutiny Committee to proceed with the proposals outlined in this report.