



Haringey Council

Agenda item:

[No.]

Scrutiny Review - Proposal by Barnet, Enfield and Haringey Mental Health Trust to Restructure Haringey Mental Health Acute Care Services On 2 September 2008

Report Title: Review of Proposal by Barnet, Enfield and Haringey Mental Health Trust to Restructure Haringey Mental Health Acute Care Services – Scope and Terms of Reference

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 consider, for recommendation to the Overview and Scrutiny Committee, the draft scope and terms of reference for the review to respond to the proposal by Barnet, Enfield and Haringey Mental Health Trust to close an acute ward at St. Ann's Hospital.

2. Introduction by Cabinet Member (if necessary)

2.1 N/A

3. Recommendations

3.1 That the scope and terms of reference for the review, as outlined in the report, be approved and recommended to the Overview and Scrutiny Committee.

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4. Local Government (Access to Information) Act 1985

4.1 Background Papers:

Improving Mental Health Services in Haringey – Draft Consultation Plan and Document – Barnet, Enfield and Haringey Mental Health Trust

5. Report

- 5.1 As previously reported to the Committee, Barnet, Enfield and Haringey Mental Health Trust have recently 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 in-patient wards in order to improve establishments and reduce reliance on temporary staffing.
- 5.2 The Trust is of the view 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 available 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.
- 5.3 The Trust feels 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 black and minority ethnic communities, also prefer home treatment where this is appropriate and available.
- 5.4 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.
- 5.5 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 dependency.
- 5.6 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.
- 5.7 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.
- 5.8 The Director of Adults, Culture and Community Services (ACCS) has commented 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. The proposal has caused some concern amongst service users and carer organisations in the borough 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.
- 5.9 ACCS 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

- 5.10 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.

5.11 Overview and Scrutiny Committee on 2 June 2008 approved the recommendation that this proposal be designated as a “substantial variation” to services and therefore subject to a statutory consultation process with OSC. This was 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,

5.12 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.

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

5.14 Cabinet Office guidelines recommend that full consultations should last a minimum of twelve weeks and that they 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.

5.15 The MHT has set a consultation period that will run from Monday 8 September to Monday 1 December. The response from the Overview and Scrutiny Committee will need to fit within this timescale.

Terms of Reference:

5.16 It is proposed that the terms of reference be as follows:

“To recommend to the Overview and Scrutiny Committee an appropriate response to the proposal by Barnet, Enfield and Haringey Mental Health Trust to restructure acute mental health services within Haringey and in particular;

(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.”

5.17 Key areas for consideration by the Panel in reaching conclusions and recommendations will be the following:

- The impact on the existing community mental health teams and other support that will be required for the increased numbers of patients being treated within the community.
- The relationship between this development and plans to enhance and define community rehabilitation services
- Whether the remaining number of beds will be sufficient to meet demand
- The potential for unplanned demand against purchasing budgets
- The implications for carers
- The availability of suitable housing provision for patients leaving hospital
- Clarity on plans for reinvestment in the community therapeutic, treatment and assessment teams

Sources of Evidence:

5.18 In undertaking this exercise, the Panel will consider the following:

- Research documentation and national guidance and targets
- Local strategy documents and statistical information, such as current and projected occupancy levels
- Comparison with other areas such as neighbouring boroughs
- Interviews with a range of stakeholders including the MHT, the Council's Adults, Culture and Community Services and Haringey TPCT
- Views of patient, user and carer representatives

5.19 It is proposed that the following organisations and individuals will be approached for their views on the proposals:

Barnet, Enfield and Haringey Mental Health Trust

Maria Kane, Chief Executive, BEH MHT
Lee Bojtor, Borough Director - Haringey
Andrew Wright – Director of Strategic Development

Penelope Kimber – Engagement Manager

Council Services

Lisa Redfern – Assistant Director, Adult, Culture and Community Services

Douglas Maitland-Jones –Mental Health Service Manager, Adult, Culture and Community Services

Matthew Pelling – Housing Commissioning Manager, Adult, Culture and Community Services

Siobhan Harper - Head of Mental Health Commissioning Haringey TPCT/LBH Adult, Culture and Community Services

Phil Harris – Assistant Director Strategic and Community Housing, Urban Environment

The Cabinet

Cllr Bob Harris – Cabinet Member for Health and Social Services

Partners

Helen Brown – Deputy Chief Executive, Haringey TPCT

Voluntary Sector

MIND in Haringey

Rethink

HAVCO

Haringey Racial Equality Council

Ethnic minority/refugee and asylum seeker organisations

User/Carer Groups

Haringey LINKs

Haringey Mental Health Carers Support Association

Day Hospital Campaign Group

Haringey User Network

The Patients Council at St Ann's Hospital

Staff/Professional Organisations

UNISON

Royal College of Nursing

Royal College of Psychiatrists

Others

Mental Health Act Commissioners

Membership of Panel:

- Councillors Ron Aitken(Chair), Gina Adamou, David Beacham and Toni Mallett

Co-opted Members

5.20 The Panel may wish to consider the co-option of an appropriate person to assist in their work. Whilst there are no specific criteria for the appointment of such a person, it is suggested that this be a local person with specific knowledge and/or expertise of the issue in question. In addition, they should be independent of any relevant partners. The co-option would be on a non voting basis and would require the formal approval of Overview and Scrutiny Committee.

Independent Expert Advice

5.21 In addition, the Panel may wish to consider if their work would be assisted by the provision of some independent expert advice. This could “add value” to the review by:

- Impartially evaluating current practice and providing advice on successful approaches and strategies that are being employed elsewhere
- Suggesting possible lines of inquiry
- Commenting on the final report and, in particular, the feasibility of draft recommendations.

A small budget is available for such purposes.

Timescale

5.22 It is proposed that the Review Panel aims to finish its work by the close of the consultation period on 1 December. The Panel’s draft response will be considered by the Overview and Scrutiny Committee on 2 December. Although this is after the consultation period has finished, the MHT have indicated that they have no objection to this timescale.

Provisional Evidence Sessions:

Meeting 1 – 2 September 2008:

Purpose:

- To consider the draft consultation plan and document and approve terms of reference and scope for the review.
- To consider the MHT’s proposals for the reconfiguration of acute services and, in particular, the closure of Finsbury Ward

Background Information:

- Draft scope and terms of reference for review
- BEH MHT’s draft consultation document and supporting evidence;

Possible Witnesses:

Maria Kane, Andrew Wright, Lee Bojtor and Penelope Kimber - BEH MHT

Meeting 2 – Date TBA:

Purpose: To obtain the views of key stakeholders and other mental health partners on the MHT’s proposals

Possible witnesses:

Helen Brown – Deputy Chief Executive, Haringey TPCT
Lisa Redfern – Assistant Director, Adult, Culture and Community Services
Douglas Maitland-Jones –Mental Health Service Manager, Adult, Culture and Community Services
Matthew Pelling – Housing Commissioning Manager, Adult, Culture and Community Services
Siobhan Harper - Head of Mental Health Commissioning Haringey TPCT/LBH Adult, Culture and Community Services
Cllr Bob Harris – Cabinet Member for Health and Social Services
Phil Harris – Assistant Director Strategic and Community Housing, Urban Environment
MIND in Haringey

Meeting 3 – Date TBA:

Purpose: To obtain feedback on the proposals from relevant voluntary sector, user/patient, staff and other relevant organisations

Possible witnesses:

Rethink
Ethnic minority/refugee and asylum seeker organisations
Haringey LINKs
Haringey Mental Health Carers Support Association
Day Hospital Campaign Group
Haringey User Network
UNISON
Royal College of Nursing
Royal College of Psychiatrists
Mental Health Act Commissioners

Meeting 4 – Conclusions and Recommendations:

Aim:

- To receive preliminary feedback from the MHT on the results of its consultation exercise.
- To agree a response to the proposals by the MHT to recommend to the Overview and Scrutiny Committee.

Background Information:

- Interim feedback on consultation results from BEH MHT
- Paper highlighting key issues and evidence from the review

Visits

5.23 Members may wish to meet consider meeting members of the Home Treatment Team, if possible, to hear from the about their work. A visit to St. Ann’s Hospital has already been undertaken by some Members of the Overview and Scrutiny Committee. However, Members may wish to visit the hospital again and, in particular, meet with the Patients Council at the hospital to obtain their views.

6. Legal and Financial Implications

6.1 Whilst there are no direct financial implications for the Council, there are likely to be long term indirect affects as the move to provide more care away from hospitals and

closer to the community has the clear potential to place additional demands on social care services provided by the Council, for which no additional provision has yet been made.

7. Chief Financial Officer Comments

- 7.1 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 will take place at the Mental Health Executive. 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.

8. Head of Legal Services Comments

- 8.1 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.
- 8.2 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.

9. Equalities Implications

- 9.1 Disproportionate numbers of people from some black and ethnic minority communities suffer from metal 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.