Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

Improving Mental Health Services in Haringey

Draft Full Consultation Paper

21 August 2008

1 What is this about?

We are proposing to make a change in the way that some mental health services are provided in Haringey and specifically at St Ann's. You are invited and encouraged to tell us your views about the proposed change. This consultation paper tells you about the proposal. Although we are a suggesting a specific change, we are consulting so that the views of users, carers and others can all be taken into account. Tell us if you agree or disagree or have any comments or concerns about the proposal. This is **not** about the redevelopment of St Ann's Hospital or about mental health services in general in Haringey. Those matters are part of a separate engagement process, which will start at the beginning of October, details of which are available on our website, www.beh-mht.nhs.uk/haringeypublicengagement.

Key facts about mental health in England

- One in four of us will experience some kind of mental health disorder in our lifetime.
- One in six people will suffer from depression – most commonly between the ages of 25 and 44
- One in ten people will suffer from disabling anxiety at some stage in their life
- Up to seven in ten adults will at some time experience depression so bad that it affects their daily life
- Six out of ten of us know someone who has experienced mental health problems
- More than half the people who visit their GP may have symptoms of depression
- Mental health patients account for half the people treated by the NHS but mental health services only get 14% of the NHS budget

2 What is the proposed change?

We propose to alter the way that some service users are given treatment and most importantly, the place where they are treated. Essentially, the change will mean more treatment at or nearer home being available, resulting in fewer beds needed in St Ann's Hospital for mental health in-patients. This is a redistribution of resources to provide a better service with less emphasis on in-patient beds for mental health service users. It is not a cut in services or funding. It is about improving services in accordance with the wishes of many service users.

Our proposals involve:

1. **reducing the length and number of hospital stays;**

2. **treating more people in or close to their own homes;**

3. **closing Finsbury Ward, at St Ann's Hospital, an adult (18-65 years old) male acute ward, as and when a gradual implementation of 1 and 2 can be safely and successfully achieved.**

   We recognise that all three elements depend upon the availability of appropriate support and accommodation for service users, to avoid the need for admission as an in-patient whenever possible, and to ensure that service users are discharged from hospital as soon as it is clinically appropriate.

Many service users choose home treatment when it is available. We want to provide that choice for more people in Haringey. We plan to regularly treat more people at home. More resources will be allocated to Home Treatment Teams, and so fewer in-patient beds will be needed. We propose to reduce the number of male mental health beds at St Ann's Hospital by sixteen. (For the same cost we are able to treat approximately thirty people at home.) Of course, Home Treatment Teams can treat men or women, as necessary, so their service is also more flexible according to need.

At present there are 54 beds in three acute mental health wards for men and 38 beds in two mental health wards for women in St Ann's Hospital. There is also a twelve bed intensive therapy unit. We intend to reduce the number of acute beds to 38 male and 38 female in four wards, closing the present Finsbury Ward, which largely serves the area of Wood Green and surroundings. The men who would have been in-patients to Finsbury Ward, if they need to be admitted as in-patients, will be admitted primarily to Alexandra Ward.

Some staff currently working on the Ward would be released to reinforce Home Treatment Teams. During the twelve week consultation period and for the future, we will in any case strengthen Home Treatment Teams by increasing their permanent staffing by seven to ten posts, enabling more service users to be treated at or close to their home.

The change we are proposing would also allow more staff to be allocated to the remaining in-patient wards. This will allow us to strengthen teams and reduce reliance on agency or temporary staff which interrupts the continuity of care of service users.

This will in turn help to reduce the length of stay for those service users who are in-patients, not only because their treatment will be more effective, but also because we will have the resources to ensure that the discharge process is not delayed by administrative or housing issues.

3 Why change?

There will always be a need for short term in-patient beds for some seriously mentally ill people but many who now go into hospital can be treated just as well and better, in their own home or in a local setting, with appropriate support. Treatment at home or close to home involves an intensive programme of clinical interventions for a period that may be similar to, or shorter than, a hospital stay. It is not reserved for service users who are less poorly, but it is a real and preferred alternative to a hospital stay for many service users, particularly those from black and minority ethnic communities.

Treatment at home or close to home has many benefits:

- **Crisis intervention at home is more likely to be more successful more quickly,** supporting the service user's recovery back to wellness and normal life.

- **A service user who stays at home is far less likely to lose home or job or family and social networks**. Becoming homeless or jobless is naturally and inevitably stressful in itself. This can bring the person into a downward spiral of illness which becomes increasingly long term and chronic.

- **The family or carer support that exists can be maintained at home** whilst the service user recovers their mental and emotional well being. That can mean less stress in terms of time and travel for family and friends. Facilities at St Ann's are not easy to travel to for many people around the area, particularly those who live in the north of the Borough.

- **Hospital services can focus more therapeutic care on those who will benefit most.** Consequently they recover more speedily and can be supported back home at the right time for them.

The Trust's new Medical Director, Dr Pete Sudbury, emphasises the risks and potentially harmful effects of unnecessary hospital stays for psychiatric in-patients:

"*Mental hospitals are frightening, socially toxic environments for many people, where they rapidly show signs of institutionalisation, losing their ability to make choices for themselves and maintain the skills they need for independent living. Best evidence based practice, nationally and internationally, would lead us to reduce the number of admissions, by treating more people in their own homes, or in small community crisis units close to home. We would also expect at minimum to halve the length of time people stay in hospital compared to the level currently seen in Haringey.*

"I have direct experience of introducing Home Treatment Teams in place of in-patient units in deprived areas: they work, and they are popular both with service users and their carers. They also allow remaining in-patient units to focus their expertise on people who really do need to be in hospital, because they present a risk to themselves and others, and in-patient psychiatry is an exciting and rapidly-developing speciality. Haringey deserves leading edge services and change is absolutely necessary."

4 Why Home Treatment?

The National Service Framework (NSF) for Mental Health (September 1999) set out a ten year strategy towards the achievement of good practice, based on evidence of outcomes, for adult services. It said that services should be delivered as close as possible to home. A major intention of that Framework was to deliver Home Treatment as a **standard** intervention and alternative to hospital admission.

" *Home treatment and alternatives to hospital - Local health and social care communities should be able to offer home treatment as an effective and practicable alternative to hospital admission, focussing initially on those groups for whom hospital admission is most problematic - for example, black service users and women. (NSF p.65)"*

This recognised that people have improved recovery outcomes if they can be maintained in their own environment. Also, most people, and particularly people from black and minority ethnic backgrounds, find this form of treatment to be far more acceptable than hospital admission.

There are now some 343 home treatment teams operating nationally. They are seen as a great success. Almost 100,000 people across the country used these services last year and as a result, admissions to hospital are falling.

The Department of Health Mental Health Policy Implementation Guide (PIG) for the NSF supported the delivery of the NSF and the NHS Plan published in 2000. It described the role and objectives of Crisis Resolution/Home Treatment Teams:

"People experiencing severe mental health difficulties should be treated in the least restrictive environment with the minimum of disruption to their lives. Crisis resolution/home treatment can be provided in a range of settings and offers an alternative to inpatient care. The majority of service users and carers prefer community-based treatment, and research in the UK and elsewhere has shown that clinical and social outcomes achieved by community-based treatment are at least as good as those achieved in hospital

…If hospitalisation is necessary (a crisis resolution/home treatment team should), be actively involved in discharge planning and provide intensive care at home to enable early discharge. (PIG p.11-12)."

5 Home Treatment

In Haringey, two Crisis Resolution Home Treatment Teams (CRHTT) were established in 2004. Originally these teams were designed to accept all and any referrals for assessment as well as offer treatment to people as an alternative to hospital admission. With this broad remit it was very difficult for the teams to reach their targeted number of home treatment episodes.

With the reconfiguration of community services in 2007 this initial assessment function moved to the Short Term Assessment and Recovery Team (START) freeing up more time for the CRHTTs to focus on providing treatment at home and also to help more people to return home earlier in their recovery.

This has enabled Haringey's Home Treatment Teams to not only reach their nationally set target of 727 episodes for the first time but to achieve a final total of 772 in 07/08. The experience of the staff working in those teams is that, with further investment, an even greater number of individuals would be able to benefit from being treated at home and particular focus could be given to those able to return home with additional support. The chart shows the steady growth over four years.

HARINGEY	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Total**	increases on the previous year
2007-08	54	46	65	64	65	60	61	71	64	72	77	73	772	+32%
2006-07	31	46	43	41	58	57	39	44	48	54	62	60	583	+22%
2005-06	44	36	37	42	33	42	41	31	43	43	51	35	478	+18%
2004-05	20	20	28	21	37	24	54	45	43	38	30	44	404	

Haringey Crisis Resolution Home Treatment Team - number of treatment episodes

In other words there are patients who are currently admitted to hospital for whom home treatment would be more appropriate. Patient choice is therefore being restricted by the current arrangements as there is often no alternative to an in-patient admission.

6 How will we make the changes safely?

We will make these changes in a way that is safe and we will make sure that people still get the services they need to help them recover as quickly as possible and then stay well.

The change we propose involves a complex implementation process. Many smaller changes are coming together to make the reduction of beds equivalent to one ward a safe and desirable option. We are reducing lengths of stay and refurbishing wards. The way that doctors work is changing, and the Trust and other organisations are making improvements to reduce patient discharge delays.

Treatment at home by a 'Home Treatment Team' (formerly known as a 'Crisis Team') is increasingly regarded as the preferred safe option for many service users in Haringey, across the Trust, nationally and internationally. Our Home Treatment Teams, and the 24 hour START team, which assesses anyone in a mental health crisis, are recognised, for example by the Healthcare Commission, as providing good quality care pathways.

Like all mental health services, successful implementation of this proposal will rely on effective partnerships – with the London Borough of Haringey, with Haringey Teaching Primary Care Trust, and with third sector and voluntary organisations.

The most important factor that gradually permits the reduction of in-patient beds, even without expanding the availability of Home Treatment, is:

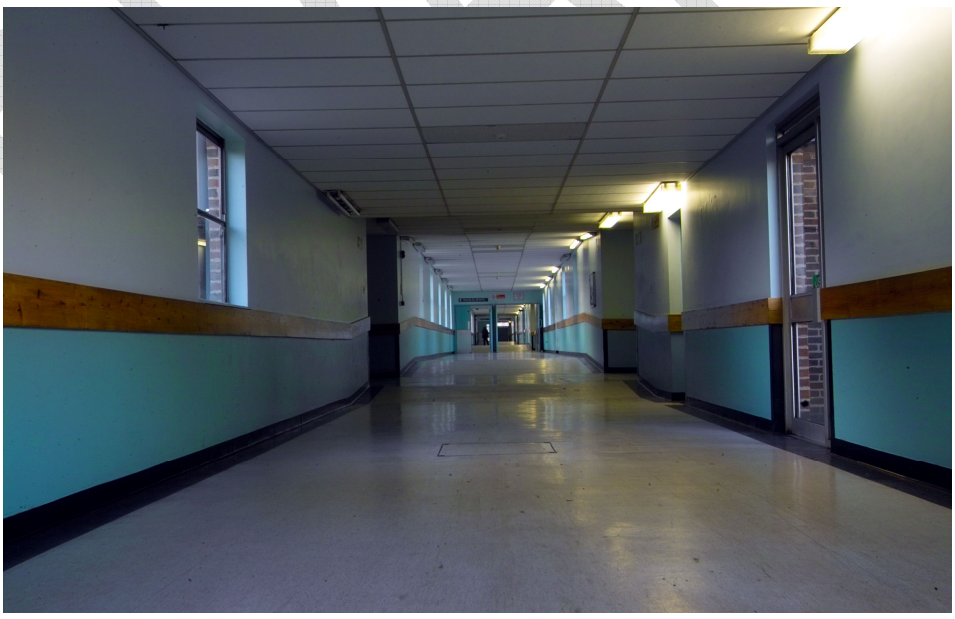
- **Reducing length of stay.** Someone who comes into St Ann's Hospital at present stays 76 days or almost eleven weeks, on average. This is an excessively long stay by any standard; one of the longest in London, and 24 days longer than someone would stay in on average in Barnet, another part of the same Trust.

Service	Average Length of Stay	Variance from Lowest
Barnet adult acute	52	N/A
Enfield adult acute	64	+ 23%
Haringey Adult Acute	76	+ 46%

Average length of stay in the Barnet, Enfield, and Haringey Mental Health Trust, by Borough

- Good practice internationally would indicate an average stay of half that length. Improving practice in Haringey to shorten lengths of stay to those found elsewhere in London would mean that one ward could be closed. No more people would be discharged from hospital but they would leave hospital more promptly.

- The closure of Finsbury Ward would allow resources to be concentrated in the environmentally better wards and facilitate the overall ward refurbishment programme by creating vacant space which can used flexibly to accommodate service users when another ward is being renovated.



Of course, the individual, their illness and the treatment they require are the predominant factors which determine length of stay, but there are other factors in the system, that cause delays. Some of the elements that would contribute to shortening in-patient stays are:

- Making sure that information is speedily exchanged between departments or agencies and promptly appointing the service user's Care Co-ordinator.

- Patients being discharged promptly when clinically ready, rather than waiting for confirmation at a consultant's ward round later;

- Adoption of a 'functional' model by consultant psychiatrists rather than working on a geographical basis. Some doctors will be piloting the functional model which means working **either** on the acute in-patient wards and Home Treatment Teams, **or** in the community. In the functional model, fewer consultant psychiatrists (just one or two) are responsible for all in-patients in one ward. Consequently, there can be more frequent doctor-patient contact, and fewer time-consuming ward rounds. Ward staff can thus give more time to patients individually. This pilot model will be evaluated as it proceeds, to measure its outcome.

- Accommodation and support being available when people are clinically ready for discharge from hospital. Haringey Council has a draft Homelessness Strategy with an Action Plan that includes improved procedures by March 2009 for dealing with hospital discharges, for the prevention of homelessness and the accessing of appropriate housing and support. A further three hundred units of supported housing are being commissioned and will be on stream in April 2009.

- The majority of delays in discharge from hospital are the responsibility of the Trust, and therefore somewhat within our control, as shown in the table below. The reasons for delays due to factors within the health service include time finding an appropriate care place outside of hospital, and waiting for clinical reports for discharge planning. Delays which are the responsibility of the Local Authority including waits for 'Supporting People' placements or temporary housing.

Responsibility	NHS	Local authority	Joint NHS/LA	Total
	18	10	2	30

Haringey delayed transfers of care summary, snapshot on 1 August 2008

The Trust is looking in detail at these issues and will run pilot projects throughout the consultation period and afterwards, to monitor the success of suggestions for improvement. Bed management and reducing delayed discharges are an extremely high priority and are being closely monitored on a weekly basis by the Trust's Director of Mental Health Services for Haringey. Reducing delayed discharges in itself reduces the number of beds required.

Besides improved methods of working being trialled, additional experienced staff resources are already in place to target delays in patient transfers and improve care pathways. A new lead nurse/modern matron is in post from August 2008, who will focus on the management of beds and the quality of ward environments. A new clinical specialist is also working on clarifying the process of transferring care between teams and optimising the patient care pathway.

In some cases bed occupancy is currently technically exceeding 100%, i.e. there may be sixteen actual beds on the ward and nineteen patients listed as being present. This is due to a variety of factors. Occupancy may include individuals who are at home 'on leave', in-patients who are clinically ready for discharge from hospital but do not have accommodation available, and service users who cannot or will not move on, for other reasons such as issues of legal residency. Consequently, some in-patients may be required to 'sleep out', perhaps in another ward, because there is no bed for them on the ward.

Reducing the number of people delayed in hospital for non-clinical reasons is important. It enables them to get on with their lives, and allows the ward team to focus on those in real clinical need of hospital care.

This consultation period provides the opportunity to respond to the Trust with views about the proposal. However the Trust will also use the twelve week period to endeavour to demonstrate that, by admitting and discharging patients more appropriately, and providing more acute care at or nearer home, a substantial reduction in acute bed numbers in St Ann's, and the closure of Finsbury Ward, is practicable. Only after a report to the Trust Board to consider the outcome of the consultation, and the clear demonstration of the safe reduction in bed occupancy would the official closure of Finsbury Ward go ahead.

7 Other factors

- The current mental health wards at St Ann's Hospital do not offer a modern environment with the highest standards of care. A refurbishment plan is in place and under way, to make the best of the current wards and buildings but some wards are on the first floor so that access to outdoor or garden space is, at best, restricted. For service users in hospital for many weeks this is unacceptable. A reduction to four wards would facilitate the refurbishment programme and eventually allow all four improved wards to be located on the ground floor with access to outdoor space.
- The Mental Health Trust has committed itself to a clinical strategy where 'choice, social inclusion and Recovery' is the cornerstone of all of its clinical services. The 'Recovery' model of care is a radical approach which empowers service users as capable of choice, progress and growth. It is a method which offers support in all aspects of life – home, work or meaningful activity, social, personal development, and physical as well as mental health and wellbeing. The Trust's Recovery Strategy, developed by Ian Clift, Acting Director of Nursing, states:

"*Recovery based services require the service user to be at the centre of the care and in a position to articulate and describe their Recovery needs. The interventions provided need to take into account the unique needs of the individual and be as close to the patient's home as possible.*

The functions of involved mental health services are to act as facilitators and providers of interventions to address these plans. This model requires radical rethinking and refocusing of the philosophical position of both worker and services. The refocusing of services will be addressed through a systematic training programme of the entire Trust clinical workforce between 2008-2010"

8 What happens in other places? How does Haringey compare?

Haringey has significantly more beds for each 100,000 people than Barnet and Enfield, the other areas served by the Trust. Even when population figures are adjusted and weighted by the Mental Health Needs Index (MINI)* to reflect the economic and social profile of the Borough, the numbers are higher in Haringey than would be expected for the population. Durham University collected and analysed figures showing that Barnet, Enfield and Haringey Mental Health Trust has significantly more beds, after adjusting for need, than all other London Trusts except South London and Maudsley Foundation Trust, which has many more highly specialised services.

Lewisham, served by South London and Maudsley, is also a good comparator in terms of MINI 'score' and uses two thirds of the bed numbers of Haringey.

	Beds per 100,000 people	Local MINI score
Lewisham	28	1.14
Haringey	42	1.16

In Haringey patients are also likely to stay longer. Whereas average length of stay for London Trusts is below 60 days, in Haringey it is 76 days. All the comparisons indicate that Haringey would be better served by more resources allocated to home treatment and fewer in-patient beds.

9 What will happen in the longer term?

In the longer term, major changes must be made to mental health services in Haringey. Although many aspects of services are recognised to be good quality, treatment for service users needing acute care is centralised at St Ann's at present, and too focussed on in-patient beds.

This old fashioned approach revolves around services at St Ann's Hospital where buildings are old, difficult to maintain and not appropriate for modern care for service users.

The question of the best way forward for mental services health services in Haringey in the longer term, and the redevelopment of St Ann's Hospital is being explored in a separate public engagement process which will begin in October 2008. Users, carers and the wider population are invited to give their views. That engagement process will be widely publicised – in the local press, and on our website (BEH-MHT.nhs.uk/haringeypublicengagement) as well as through user and carer and voluntary groups. The outcome of that process will enable the Trust to formulate some options for the future.

Whilst plans are being developed for that longer term change, it is vital that conditions and treatment for existing service users continue to move forward in line with good practice. Hence this consultation and this proposed specific short term change.

* The MINI Index was developed at the Institute of Psychiatry, largely based on London area data. It brings together a number of social and economic factors which can be associated with high rates of admission to acute psychiatric inpatient care. These factors are compiled into a weighted index which is then used to predict the prevalence of acute psychiatric admission in an area. (A score of 100 approximates the national average).

10 Tell us your views – what to do with this document

Your views will help us to decide the best way forward for mental health services in Haringey. This consultation invites you to tell us what you think. You have from 8 September to 3 December 2008. You can tell us by:

Email: consultation@beh-mht.nhs.uk

You can download copies of the consultation and give your comments at our website, www.beh-mht.nhs.uk/haringeypublicengagement

Or you can post this page back to us with your comments to the freepost address below. You can supply your name and address if you wish or remain anonymous:

Name ……...

Address ……

……

……

……

Organisation……

……

Do you agree that in principle more acute Home Treatment should be available? (please tick one)

Yes……Somewhat agree….Somewhat disagree …….No……..

Do you agree that more Haringey mental health service users should have access to Home Treatment Teams? (please tick one)

Yes……Somewhat agree….Somewhat disagree …….No……..

Do you think this is a high priority for Haringey mental health services? (please tick one) Yes……Somewhat agree….Somewhat disagree …….No……..

Do you agree that, as admissions are reduced and hospitals stays are made shorter, Finsbury Ward at St Ann's Hospital could safely be closed? (please tick one) Yes……Somewhat agree….Somewhat disagree …….No……..

Do you think that resources released from a closure of Finsbury Ward should go to other wards and Home Treatment Teams? (please tick one)
Yes……Somewhat agree….Somewhat disagree ……..No……..

Or should more resources be directed to other services that are higher priority in your view? (please, say where)

……..

Other.comments (for instance, is there anything else you think we need to do if the closure of the ward is to safely take place?)……
……..……..
……
……
……
……

 I am responding as an individual

 I am responding for my organisation

We particularly welcome the views of service users and their carers. You do not have to do so, but if you wish to tell us, please tick one of the boxes below if it applies to you, and if you wish, write in whether you have been a service user or carer for a mental health in-patient.

 I am a service user

 I am a carer of a service user

PAK 21.08.08