

WANDSWORTH BOROUGH COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE – 6TH FEBRUARY 2008

Report by the Chief Executive and Director of Administration on the proposed closure of the Henderson Hospital, Sutton

SUMMARY

The South West London and St George's Mental Health NHS Trust agreed in December 2007 to close the Henderson Hospital, a specialist service for people with a personality disorder. Subsequently Wandsworth PCT has written to the Council to enquire whether the Health Overview and Scrutiny Committee would allow the closure to proceed without requiring formal consultation.

The rationale for the closure is that the number of clients using the hospital has dropped dramatically since commissioning of the service was delegated from the national level to a consortium of Primary Care Trusts. The Primary Care Trusts involved with the consortium have agreed that, from 1st April 2008, the service will be funded only on a cost per case basis. The South West London and St George's Mental Health NHS Trust calculates that this will mean it is making a loss on the service of over £100,000 per month.

Whilst the number of Wandsworth clients using the service is small, this is inevitable with a service that serves a catchment area including most of the south of England. Whilst the proposed replacement service would include access to the Cassel Hospital, which also offers inpatient treatment for people with a personality disorder, as well as strengthening of community-based personality disorder services, doubts have been expressed as to whether this will meet the needs of all clients who would otherwise have used the Henderson Hospital. The proposed closure of the Henderson Hospital has received national media coverage and has been criticised by some of the major national mental health charities.

The Chairman of the Health Overview and Scrutiny Committee has been consulted on the matter and believes that there the closure of the Henderson represents a significant change in service, and that formal consultation on the change will therefore be required.

In view of the very wide catchment area of the Henderson, he recommends that contact be made with Health Overview and Scrutiny Committees throughout the catchment area, with a view to establish a Joint Overview and Scrutiny Committee as required by the directions on consultations on such services.

1. **Recommendations.** The Health Overview and Scrutiny Committee are recommended to agree that:
 - (a) formal consultation is required over the proposal to close the Henderson Hospital;

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- (b) the Wandsworth Primary Care Trust and the South West London and St George's Mental Health NHS Trust be advised of this view; and
 - (c) the Health Overview and Scrutiny Committees within the Henderson Hospital catchment area be contacted with a view to the formation of a Joint Overview and Scrutiny Committee for the purpose of scrutinising the closure proposal, including the commissioning decisions which underlie it, and responding to the formal consultation.
2. If the Overview and Scrutiny Committee approve any views, comments or additional recommendations on the report, these will be submitted to the Executive or to the relevant NHS body as appropriate for their consideration.
3. **Introduction.** On 7th December 2007, the South West London and St George's Mental Health NHS Trust Board received a paper setting out the case for the closure of the Henderson Hospital in Sutton. The Henderson is a specialist residential service with 29 beds, functioning as a therapeutic community for people with a personality disorder, although there are currently only ten inpatients. The consortium of PCTs responsible for funding of the service has agreed to dissolve on 31st March 2008, with the result that funding thereafter will be on a 'cost per case' basis. The paper presented to the Trust Board warned that keeping the Henderson open after this change in funding arrangements would cost the Trust just over £100,000 per month more than it could expect to receive. The Trust Board therefore agreed the proposal in the paper, that the Hospital should close on 31st March 2008.
4. **Background to the closure proposal.** Until recently, the Henderson was a nationally commissioned service funded through the National Specialist Commissioning Advisory Group. In 2006/07, responsibility for commissioning of the service had been delegated to a consortium of Primary Care Trusts. In the first year, this did not lead to any significant change but, in 2007/08, many of the PCTs that had been involved opted to withdraw from the consortium and to purchase places at the Henderson for individual patients as required. Following this, there has been a sharp decline in the number of patients, leading to the current low level of occupancy.
5. **Trust and PCT views on consultation.** The paper agreed by the Trust Board suggested that formal consultation would not be required if suitable alternative provision was made available and that, if there were to be formal consultation, it would be the responsibility of primary care trusts to lead it. On 2nd January 2008, Wandsworth Primary Care Trust wrote to the Council's Health and Drug's Policy Co-ordinator, asking if the Council would agree to the closure taking place without formal consultation. The arguments advanced for this were that:
 - (a) the number of Wandsworth clients using the Henderson Hospital was very low – at the time of writing there were two inpatients from Wandsworth and four Wandsworth patients awaiting assessment prior to admission;
 - (b) discussions were taking place with the Cassel Hospital (located in Richmond but managed by the North West London Mental Health NHS Trust) with a view to securing places for people with a personality disorder who would otherwise have required admission to the Henderson Hospital; and
 - (c) steps were being taken to strengthen community-based personality disorder services, which meant that there would be a continuing decline in the need for residential treatment of the kind provided at the Henderson Hospital.

6. **Concerns about the closure.** Following the receipt of this letter, representations were received from representatives of the staff team at the Henderson, who met with the Chairman of the Health Overview and Scrutiny Committee. They argued that the decline in the use of the Henderson Hospital had come about, following delegation of funding responsibility to PCTs, not because of a reduction in need, but because PCTs lacked an appreciation of the needs of clients with serious problems of personality disorder. Evidence in support of this was the high number of clinical referrals made to the Henderson Hospital which PCTs had refused to fund.
7. A number of concerns were raised about the proposal to close of the Henderson Hospital:
 - (a) that, if the hospital were closed, the level of inpatient provision for people with personality disorders across the South of England would fall below the clinically recommended level;
 - (b) that negotiations over alternative provision at the Cassel Hospital were only at an early stage. In particular, the future of the Cassel itself is uncertain and, as it includes a family unit in which children are resident, it would not be a suitable location for some of the Henderson's patients, a number of whom have a history of offending; and
 - (c) that no additional resources had been committed to strengthening community-based personality disorder services in Wandsworth.
8. **PCT Response.** The Chairman agreed that responses to these concerns were required before the Overview and Scrutiny Committee could reach a decision on the need for formal consultation. A letter was sent to the Wandsworth Primary Care Trust and a response, dated 22nd January 2008, has been received. PCT responses were as follows:
 - (a) therapeutic communities of the kind provided at the Henderson Hospital are an evidence-based treatment for people with a personality disorder. However, there is no universal agreement of the amount of such provision required per head of population. It is likely to be appropriate only for a very small number of clients and, with the strengthening of community-based services, this number is declining;
 - (b) the Cassel has indicated that it has capacity to take the clients currently accommodated at the Henderson Hospital. The Cassel service is cost-effective in that the programmes it offers are tailored to individual patient need and generally shorter than those at the Henderson. At least one commissioner from another PCT has indicated that the Cassel is capable of taking patients with a similar risk and history to those at the Henderson but, if it were not possible to accommodate a particular patient at the Cassel, alternative provision would be available at Main House, Birmingham; and
 - (c) it is acknowledged that the planned strengthening of community-based personality disorder services does not involve the commitment of additional resources. Instead, the strengthening will involve a three-stage process:
 - (i) bringing together three existing community-based services for people with a personality disorder into a single service with clearly defined care pathways, directly managing the care of some clients and supporting community mental health teams and community drug teams in caring for clients with a personality disorder;
 - (ii) appointing a specialist clinical psychologist to provide training so that clinical teams that do not specialise in personality disorder are able to offer

‘Dialectical Behaviour Therapy’, an intervention that is effective in the treatment of clients with a personality disorder; and

- (iii) conversion of a hostel to increase efficiency in the management of patients with a personality disorder who are in crisis.

9. The letter from the PCT also advised that one of the two clients from Wandsworth had been discharged and that the second would be discharged prior to 31st March. The number of Wandsworth clients on the waiting list for admission was now reduced to three. If the closure were confirmed they would be advised of this and alternative options would be explored with them, in line with their individual needs assessments.
10. **Determining the need for formal consultation.** Department of Health guidance indicates that there are two grounds on which the NHS may implement a change in services without the need for formal consultation:
 - (a) *Urgency.* This refers to circumstances beyond the control of the provider and commissioner that make it unsafe or highly undesirable that a service should continue to function. The guidance is explicit that financial problems do not constitute grounds for urgency; or
 - (b) *Limited impact.* Formal consultation is not required when a change is not considered to be substantial. There are no defined rules on what is to be considered substantial. Factors are likely to include the number of people affected and the extent of the impact on those who are affected.
11. **Grounds for urgency.** There do not appear to be any good grounds for claiming that the proposal to close the Henderson satisfy the ‘urgency’ criterion, as the case advanced has been primarily a financial one. The second letter from the PCT suggests that there is a risk that, on present trends, the number of clients admitted to the Henderson may fall to below the level where it is viable as a therapeutic community. However, that point does not yet appear to have been reached.
12. **Is the change substantial?** The claim in the report to the Board of the South West London and St George’s Mental Health NHS Trust that consultation would not be required if suitable alternative provision is made available was a clear under-statement of the Trust’s statutory duties in this respect, as the guidance is explicit that a change may be considered substantial if it involves either a different model of service or delivery of services in a different location. There is a face validity to the claim that the change is not to be regarded as significant for Wandsworth, as the number of Wandsworth clients is so small. However, this is likely to be the case with any highly specialist service drawing patients from as wide an area as the Henderson. It would be perverse if the most specialist services were excluded from the consultation requirements applying in all other parts of the NHS. Thus, the Overview and Scrutiny Committee will need to take a view on whether the overall service change is a substantial one. Given the fact that the change involves the closure of a 29-bed hospital offering a highly specialist model of care, that it has been criticised by two major national mental health charities (Mind and SANE), and that there has been substantial coverage in both national newspapers and broadcast media, it appears that the threshold for considering the change substantial has been easily reached.
13. **Is there any alternative?** The consideration of whether there is any alternative to a proposed change in health services is more properly considered as a part of a consultation process than in deciding whether consultation should take place. Nevertheless, it would be

unfortunate if dogmatic adherence to rules on consultation forced the Mental Health Trust to incur additional costs of just over £100,000 a month with no realistic possibility of a different outcome to that it is currently putting forward. Given the reduction in funding for the services provided by the Henderson, it may be appreciated that, from the perspective of the Mental Health Trust, there is no apparent alternative to closure. However, a formal consultation would be concerned not just with the Trust's closure decision, but also with the commissioning decisions that underlie it. It would thus provide an opportunity to explore whether the reduction in use of the Henderson Hospital reflected a real strengthening of community-based personality disorder services or was simply a money-saving exercise at the expense of very vulnerable patients.

14. **Consultation arrangements.** The rules governing formal consultation dictate that, where the proposal being consulted on affects more than one local authority area, the consultation powers should be vested in a Joint Overview and Scrutiny Committee established by the local authorities whose populations are affected. Given the large area served by the Henderson Hospital and the number of PCTs which are members of the commissioning consortium, the establishment of such a Joint Overview and Scrutiny Committee would be a logistical challenge. It is likely that the most effective way of managing the process would be to keep the number of meetings to a minimum, with much of the business of the committee being managed through electronic communication.
 15. **Chairman's comments and recommendation.** The Chairman has been consulted on this matter and is of the opinion that the Overview and Scrutiny Committee should require formal consultation on the closure of the Henderson Hospital. Whilst acknowledging the difficulty faced by the South West London and St George's Mental Health NHS Trust, the closure of the Henderson Hospital is clearly a significant change in health service provision and no satisfactory argument has been advanced as to why the duty to consult should not apply in this case. Accordingly, he recommends that Wandsworth PCT and the South West London and St George's Mental Health NHS Trust be advised of the need to conduct formal consultation and that other PCTs within the Henderson Hospital catchment area be contacted with a view to the establishment of a Joint Overview and Scrutiny Committee for the purposes of responding to this consultation.
 16. **Conclusion.** The closure of the Henderson Hospital has received considerable national media coverage and appears to represent a significant change in service, which would therefore require formal consultation. However, given the reduction in the volume of treatment commissioned by PCTs, the South West London and St George's Mental Health NHS Trust expects to make a loss of just over £100,000 per month if the Henderson remains open beyond 1st April 2008. The Trust is therefore anxious to be able to proceed with the closure without the delay that a formal consultation would entail. The Chairman, nevertheless, recommends that formal consultation requirements should be adhered to, as such a consultation would not just examine the closure decision but also the commissioning decisions of Primary Care Trusts that have led to the reduction in the number of patients being treated in the Henderson Hospital.
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G.K. JONES
Chief Executive and
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29th January 2008

Background papers

The following background papers were considered in the preparation of this report:

Letter dated 2nd January 2008 from the Associate Director of Commissioning, Wandsworth PCT, to the Council's Health and Drugs Policy Co-ordinator. Available from Dr. Richard Wiles (020 8871 6020) (rwiles@wandsworth.gov.uk)

Letter dated 15th January 2008 from the Council's Health and Drugs Policy Co-ordinator to the Associate Director of Commissioning, Wandsworth PCT. Available from Dr. Richard Wiles (020 8871 6020) (rwiles@wandsworth.gov.uk)

Letter dated 23rd January 2008 from the Associate Director of Commissioning, Wandsworth PCT, to the Council's Health and Drugs Policy Co-ordinator. Available from Dr. Richard Wiles (020 8871 6020) (rwiles@wandsworth.gov.uk)

All reports to Overview and Scrutiny Committees, regulatory and other committees, the Executive and full Council can be viewed on the Council's website (www.wandsworth.gov.uk/committ) unless the report was published before May 2001 in which case the committee secretary can supply it if required.