



**South London  
and Maudsley**



## **PROPOSALS TO MOVE AL3 FROM THE MAUDLSEY HOSPITAL SITE**

### **UNISON FORMAL RESPONSE TO THE CONSULTATION**

#### **Introduction**

Formal consultation on proposals to close ward AL3 at the Maudsley, and to relocate a proportion of the existing services, began on the 5<sup>th</sup> February and concludes on the 4<sup>th</sup> March 2009.

UNISON is the principal trade union for staff within the South London and Maudsley NHS Foundation Trust. This is our formal response to the proposals.

#### **A Finance-Led Exercise**

It is quite clear from the consultation document that the proposals for AL3 are entirely finance-led. They are designed to save £400,000 from the inpatient services budget of the Lambeth Executive Team.

Although there is some re-organisation of services across the SLaM estate to accommodate a switch away from Guy's and St Thomas's, this could have been planned over a longer term, and without the need for a net reduction in bed capacity.

It is the reduction of in-patient beds which is designed to save money. The consultation document refers specifically to an "overall reduction of 11 beds" to claw back the £400,000 demanded by the Cost Improvement Programme.

Since the document was published, the Trust has sought to explain that the net reduction in beds will be seven, although this relies heavily on being able to buy in possible spare capacity from Southwark. We are not convinced of the viability of this, against the background of increased demand across the SLaM inpatient services.



## **Recession and Mental Health**

The plans for the closure of AL3 must be viewed against the background of the current social and economic climate.

A report last month from the highly-respected Young Foundation think tank concluded that the recession will have even more impact on people's mental health than on their finances.

Politicians from all parties have concurred with this view, and have called for increased investment in mental health services to cope with the surge in referrals that will result from the deepening economic recession.

SLaM staff are already reporting an increase in demand, and what is required now is a more detailed analysis of the likely service implications, as we face up to a prolonged and deep recession lasting well into next year. UNISON would welcome the opportunity to work on developing a strategy to deal with the pressures that will impact on our current capacity.

The very last thing that we need at the moment is any loss in capacity like the reduction in beds that would result from the closure of AL3. We are deeply concerned that the consultation document makes no reference to the environment of increasing mental health service demand that clinicians, academics and politicians are forecasting as a result of the recession.

It has been suggested that the recession may not have a significant effect on new referrals to acute in-patient services, but it will be apparent that many existing patients have community support networks that may well experience financial hardship. The resulting pressures on these support networks could well impact on vulnerable people and make relapse and re-admission more likely.

This oversight alone should be grounds enough for halting the consultation process to allow a meaningful and informed discussion to take place.



## **Delayed Discharge**

UNISON recognises the issues over delayed-discharge, but they should not be over-simplified.

The harsh reality is that discharge is often delayed because the appropriate community and housing support is not in place, and this, in itself, is very much a resource issue. These are complex problems and simply speeding up discharge without dealing with the underlying issues would be a disaster. These problems need to be addressed over the longer term.

UNISON also has no problems with utilising residential rehabilitation beds and crisis resolution home treatment services, where they are available, and where they are appropriate, but we should not underestimate the very specific and intensive needs of patients who are currently being accommodated in AL3.

All of these complex issues need long-term consideration rather than the rapid, short-term and finance-led approach which is driving the AL3 closure. Again, we would call for the suspension of the current plans pending a full discussion on a viable long-term strategy that won't leave patients requiring an acute admission out in the cold or the Trust facing huge additional bills for private sector referrals.

## **Private Sector Costs**

The consultation document recognises the risk to the Trust of increased private sector referrals if the cuts in bed capacity are pushed through.

However, the document claims that “private provision is not an alternative” citing the potential to use Southwark capacity and Home Treatment Services as a way of plugging the gap.

But, as we have already pointed out, those alternatives, even if they were available, which we think is unlikely, may well not be appropriate for the patients who require an in-patient bed on AL3 - and again we need further and better information on just how the Trust expects these fall back options to work in practice. We are simply not convinced that they will. Nor are we convinced that Southwark has consistently excess capacity to accommodate.

That would then mean that the only alternative is the private sector where current charges are estimated at between £300 and £400 a night – making a mockery of the planned savings of £400,000 a year.



## ***South London and Maudsley***



We are asking the Executive to consider the current extent to which in-patients have to sleep elsewhere because they don't have a bed, given that the ward staff are well aware that this happens. The question which we ask is 'since 1<sup>st</sup> November 2008, how many of our in-patients have been accommodated elsewhere?' We're already short of beds!

### **Conclusions**

UNISON is calling for the consultation on the closure of AL3 to be halted.

- The case for the closure and partial transfer of services has not been properly made.
- The current social and economic background, and the increased demand for mental health services in a recession, has been ignored.
- The alternatives to in-patient acute admission have not been properly evaluated.
- The financial consequences of increased private sector referrals have been papered over.
- The £400,000 savings from the loss of beds could well prove to be a false economy and in the current climate, when billions of taxpayers' money is being used to bail out the banks, the budget reductions are a drop in the ocean, and we should not be afraid of making that political point.
- With the plans shelved, UNISON would welcome the opportunity to engage in a real discussion over the long term strategy for acute in-patient mental health services for Lambeth people.

Brian Lumsden, Branch Secretary  
Max Littler, Branch Chair

SLaM UNISON

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