NOTICE OF MEETING

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – BARNET, ENFIELD AND HARINGEY SUB GROUP

Monday 23 March 2015 at 10.00am
Civic Centre, High Road, Wood Green, London, N22 8LE

Contact: Christian Scade

T: 020 8489 2933
E: christian.scade@haringey.gov.uk

Councillors: Alison Cornelius and Graham Old (L.B.Barnet), Alev Cazimoglu and Anne Marie Pearce (L.B.Enfield), Gideon Bull (Chair) and Pippa Connor (L.B.Haringey)

Support Officers: Anita Vukomanovic (L.B. Barnet), Andy Ellis (L.B. Enfield) and Christian Scade (L.B. Haringey)

AGENDA

1. WELCOME

2. APOLOGIES FOR ABSENCE

3. DECLARATIONS OF INTEREST

Members of the Committee are invited to identify any disclosable pecuniary or prejudicial interests relevant to items on the agenda. A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting at which a matter is considered:

a) must disclose the interest at the start of the meeting or when the interest becomes apparent; and
b) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in their borough's Register of Members' Interests or the subject of a pending disclosure must notify their Monitoring Officer of the interest within 28 days of the disclosure.

4. MINUTES (PAGES 1 - 6)

To approve the minutes of the meeting of 15 July 2014.

5. BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST - UPDATE (PAGES 7 - 12)

To receive an update from Barnet, Enfield and Haringey Mental Health NHS Trust and the Enfield Clinical Commissioning Group on current issues, including:

- Quality Issues
- The Enablement Model of Care
- Financial Issues
- The Redevelopment of St Ann's Hospital, Haringey

Interviews with:

- Maria Kane, Chief Executive, Barnet, Enfield and Haringey Mental Health NHS Trust

- Andrew Wright, Director of Strategic Development, Barnet, Enfield and Haringey Mental Health NHS Trust

- Graham MacDougall, Director of Strategy and Partnerships, Enfield Clinical Commissioning Group

A briefing paper, prepared by Barnet, Enfield and Haringey Mental Health NHS Trust, is attached.

North Central London Sector Joint Health Overview and Scrutiny Committee
Meeting of Barnet, Enfield and Haringey Members
Tuesday 15th July 2014

Present:

Councillors	**Borough**
Gideon Bull (Chair)	LB Haringey
Alev Cazimoglu	LB Enfield
Pippa Connor	LB Haringey
Alison Cornelius	LB Barnet
Graham Old	LB Barnet
Anne-Marie Pearce	LB Enfield

Also present: Councillor Barry Rawlings (LB Barnet)

1. APOLOGIES FOR ABSENCE

None.

2. DECLARATIONS OF INTEREST

Cllr Cornelius declared a personal interest as an assistant chaplain at Barnet Hospital.

3. BARNET, ENFIELD AND HARINGEY MENTAL HEALTH SERVICES: FINANCIAL REVIEW – FINAL REPORT

Maria Kane, Andrew Wright, Mary Sexton and Dr Jonathan Bindman attended the meeting from Barnet, Enfield and Haringey Mental Health Trust. Ms Kane reported that, since the last discussion of the issue at the JHOSC, both enforcement notices that had been served on the Trust by the Care Quality Commission (CQC) following inspections had been lifted. There had also been a small surplus of £500,000 in the Trust's accounts for the previous financial year. However, a deficit of £4.7 million was forecast for the current year. There had nevertheless been small increases in funding from local CCGs.

As recommended in the financial review report, a Mental Health Transformation Board had now been established and the Trust and the Clinical Commissioning Groups (CCGs) were working together on whole system solutions. The local authorities had also been invited to be represented on the Board. The Trust had continued to extend its provision of specialist mental health services and recently won two additional contracts. The Trust's specialist services were highly regarded and this had been helped by the fact that they were fully funded by commissioners.

Around £60 million had been taken out of mental health services delivered by the Trust in the last five years. The levels of efficiency savings of 6% that had been required were above the 4% average that had been the norm elsewhere within the NHS. There was now limited scope for making further savings. Such savings could only come from reductions in staffing, which made up 60-70% of costs and would be difficult to achieve without impacting on quality and safety. Quality expectations remained high with the

new CQC inspection regime being extremely rigorous. The level of activity had increased by 11% in the last three years, despite the reductions in funding in real terms. A high percentage of patients – 70% - were detained under the Mental Health Act or "sectioned".

The Trust was now focussed on developing an enablement model of care. This would focus on promoting independence and self-help for patients. The aim was to keep people well and help patients manage their condition independently of services. The new model would require staff with different skills and a re-profiling of the work force.

Work was being undertaken with local CCGs and the Trust Development Authority (TDA) to develop a high level long term financial viability plan. Without additional funding, the services currently provided by the Trust were not sustainable. The Trust was also not financially viable in the long term.

It was noted that the Trust had 156 acute adult mental health beds. If forensic and other services were included as well, the number was 550. It was currently not possible to provide places for patients in Recovery Houses due to the Trust being unable to move patients out despite them being ready to go home. The average level of delayed transfers of care (DTOC) across Barnet, Enfield and Haringey was 11%, which was equivalent to a ward and a half. The issue was most acute in Haringey. There were working groups in all three boroughs that were addressing the issue. The Trust could not throw patients out onto the street but it was also not funded to provide accommodation. It had been forced to place patients in bed and breakfast accommodation although this was also not an ideal option. It was now placing patients in private sector mental health accommodation, which was costing the Trust an average of £20,000 per night. This was not sustainable and represented a large percentage of the Trust's projected deficit.

Ms Kane reported that the Trust was in active dialogue with each local authority over DTOCs. It was arguable that local authorities had a specific duty to assist under the Care Act. However, the Trust was mindful of the need to work in partnership. There was a sub-group of the Transformation Board that was looking at DTOCs and how they could be addressed. She recognised that all three CCGs could also benefit from more funding, particularly as they were currently receiving amounts that were slightly below their capitation levels. It was hoped that work on the development of the enablement model would be completed by the end of September. The CCGs had been involved in the development process and, in particular, in discussions regarding how CCGs could assist in the transition. The Trust wished to have clarity regarding the kind of services that that CCGs wished to commission in the future. It would be important to determine what level of service could be provided for the funding that was available.

Members expressed concern at the suggestion that local authorities might not be fully meeting their obligations to accommodate vulnerable people. They noted that the Trust had been in direct contact with Haringey Council but not Homes for Haringey. The enablement model was based on early intervention to support people at home and help them to stay in work. The transition to this model would require some double running of services whilst it was being brought in.

It was also noted that each recommendation of the report was being addressed by a particular sub-group of the Transformation Board. A number of productivity issues were being addressed and the use of information technology was a key part of this. There was a review of sites within the community taking place as it was felt that they were not all needed. However, the sale of any surplus sites would only provide a one-off capital receipt and would not impact much on the long term financial viability of the trust. The Trust also still wished to keep services local wherever possible.

In answer to a question, it was noted that there were 18 beds in the recovery houses in Barnet and Enfield and 7 in Haringey. Consideration was being given to providing another recovery house in Haringey and suitable premises were currently being sought.

The Committee noted that the CCGs were receiving a total of approximately £15 million of activity additional to that which they were paying for. In particular, Barnet was receiving significantly more services than it was actually contracted to receive. However, services were not commissioned in the same way across the boroughs. The MHT had been found to be not particularly expensive. Its reference costs were the 2nd lowest in London. The key issue was that levels of investment from local CCGs were lower than elsewhere.

The contractual issues with CCGs were historical as the block contracts were rolled over from one year to the next. This was an issue common to all mental health providers. The move to payment by results (PbR) should help ease the financial pressures. However, there had been delays in implementing the change to a tariff based system and mental health was a very complex area. Prices charged to commissioners were likely to increase.

Ms Kane reported that the CCGs had accepted the findings of the report but it was nevertheless difficult for them to fully fund the Mental Health Trust's services. The money to fund services would nevertheless need to come from somewhere. All three CCGs were probably not funded to the level that they ought to be and desperately needed more money themselves. However, "parity of esteem" did not currently equate to parity of payment. The Trust aimed to do its best to maintain quality but the financial pressures were likely to have an impact on it at some stage. The pressures would be exacerbated by demographic changes.

The Panel noted the DTOCs were also impacting on A&E performance at acute hospitals in the area. It was agreed that the MHT would be requested to provide statistics on DTOCs and an analysis of trends and that, in the light of this, consideration be given to making representations to relevant boroughs and the Department of Health.

AGREED:

That BEH MHT be requested to provide Committee Members with a breakdown and trend analysis of delayed transfers of care.

4. CQC REPORT – TRUST HEADQUARTERS

Mary Sexton from BEH MHT reported on recent CQC inspections involving the Trust. There had been particular issues regarding the use of seclusion rooms to accommodate

patients. However, this had only been done as a last resort when there were no other beds available within a reasonable distance. The CQC had served an enforcement notice on the Trust due to this but this had now been rescinded. The CQC had commented positively on the improvements that had been made when they re-inspected recently. There had also been issues raised relating to care on the Silver Birch older people's ward. There were still three outstanding issues here and the Trust was currently waiting for the CQC to re-inspect.

Issues had been raised in respect of the Home Treatment Teams. These had concerned medicines management and staffing. The CQC had revisited in June and found the Trust to be now fully compliant. Medicines management was now subject to enhanced monitoring internally in order to ensure that improvements were sustained.

Ms Kane commented that the Trust had been disappointed to receive the enforcement notices from the CQC. The medicines management issues were not directly linked to financial pressures although enhanced training on this issue could be provided were additional funds available. The Trust nevertheless accepted that it had got things wrong. However, it was noted that there was a link between resources and the issues relating to the use of seclusion rooms. The Trust currently had bed occupation levels that were well above the national average of 85%. Demand would always fluctuate but the Trust did not currently have any slack to deal with increased demand. In addition, there was a national crisis in relation to the availability of mental health beds.

The Committee noted that there had been high levels of staff sickness in respect of Oaks Ward. Average levels for the Trust were 3% but a small number of staff on long term sick could distort figures. There were now very low figures in respect of Oaks Ward. One particular emerging issue was the age profile of staff. In particular, the Trust now had a large number of staff who were over the age of 50 and therefore carried a comparatively higher risk of developing long term illnesses. However, the Trust provided support to staff who were experiencing health issues. Ms Kane commented that intensive and pressurised nature of work on wards including the most acutely ill patients could impact on staff sickness levels.

In response to a question, the Committee noted that staff turnover amongst consultants was not high and the Trust strove to ensure that there was continuity in the treatment of patients. However, people who were being treated by Home Treatment Teams would be covered by different staff due to the nature of shift patterns.

5. BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST - QUALITY ACCOUNT 2013-14

The Committee noted that the Quality Account showed progress across a range of key indicators. There was a particular need for the Trust to address the issue of communication with GPs. However, progress had been made in other areas. Dr Bindman commented that letters to GPs were still produced in the traditional way and were difficult to turn around in 24 hours. It would always be challenging to achieve a high level of compliance with this indicator without the use of e-mail.

Ms Kane commented that mental health was a very small part of the training of GPs. Efforts were being made to promote a better understanding of mental health amongst

them through the provision of in-service training in the Trust's Primary Care Academy. GPs were incentivised to attend this. It was hoped that attendance could be encouraged through the appraisal system for GPs.

In answer to a question, Ms Kane commented that the Trust tended to categorise patient safety incidents at a higher level when recording them than some other Trusts. It was important that people were encouraged to report incidents and the relevant learning was captured and responded to. It was noted that the GP survey had only yielded a 44% return rate against a benchmark of 80%. The Trust stated that they would be running the survey again in due course and would report back on results in due course. In respect of assessment, review and discharge letters, efforts would be made to improve the percentage sent out within 24 hours but, without the use of e-mail or other electronic means of communication, this was a challenging target.

It was noted that the Trust would be meeting with the Trust Development Authority at the end of September to discuss its future development in respect of its overall financial viability in the long term.

The Chair thanked officers from the Trust for their attendance at the meeting.

Gideon Bull
Chair

This page is intentionally left blank

BRIEFING PAPER

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

BARNET, ENFIELD AND HARINGEY SUB GROUP

23 March 2015

This page is intentionally left blank

UPDATE BRIEFING ON BEH-MHT FOR NCL JHOSC – 23 MARCH 2015

1. Introduction

This short briefing aims to provide an update on BEH-MHT ahead of the meeting of the Barnet, Enfield and Haringey JHOSC sub-group on 23 March 2015.

2. Summary profile of the Trust

The Trust provides integrated mental health and community health services, following the transfer of Enfield Community Services in January 2011. It currently employs around 2,400 WTE staff (just under 2,800 individuals) and its annual income in 2014/15 is £190 million.

The Trust delivers comprehensive local mental health services across Barnet, Enfield and Haringey. These include the full range of services for children and adolescents, adults and older people.

The Trust also provides more specialist mental health services to a much larger population across North London, Hertfordshire, Essex and surrounding counties. Its specialist mental health services include the North London Forensic Service, the St Ann's Eating Disorders Service, specialist child and adolescent inpatient services and the Halliwick Centre for personality disorders. It also hosts the national Forensic Fixated Threat Assessment Centre (FTAC), providing a nation-wide service for high profile public figures.

Following the transfer of Enfield Community Services (ECS), the Trust also provides the full range of child and adult community health services in Enfield. These include comprehensive universal and specialist community health services for the whole of the population of the borough. Since these services joined the Trust, they have been increasingly integrated with the Trust's mental health services and with other local health and social care services to provide more holistic care for local people. The proposed tendering of ECS by Enfield CCG was discussed at the last NCL JHOSC sub-group meeting on 5 November 2014. Enfield CCG later confirmed that the original timetable for tendering the services would not be pursued, but that this would be re-visited later in 2015.

The Trust's specialist personality disorders service is one of only three national Personality Disorders Pilots. Its memory services in Enfield and Haringey have been recognised nationally for excellent care by the Royal College of Psychiatrists. The Trust also has a new Child and Adolescent Mental Health services (CAMHS) unit, based on a new model of care, at the Beacon Centre at Edgware Hospital. The Trust continues to work closely with the local acute hospitals, including further developing the successful Rapid Access, Intervention and Discharge (RAID) services at Barnet and the North Middlesex Hospitals.

The Trust has been successful in winning new business, with contracts for new services in Forensic mental health, including mental healthcare for Feltham Young Offenders Institution, Pentonville and Brixton Prisons and additional Court Diversion services.

The Trust has recently strengthened its senior leadership with a new Executive Director of Patient Services and new Executive Director of Workforce. It is also currently restructuring its clinical service lines to be co-terminus with the three local authorities, plus one specialist services service line. This is being done to support the development of the Trust's Enablement model of care (explained in more detail below) through aligning clinical services more closely with local authorities, local Clinical Commissioning Groups and voluntary organisations.

3. Quality Issues

Despite the challenging financial environment the Trust faces, it continues to focus on the quality of care provided and ensuring that patient safety is prioritised at every level of the organisation.

The Trust has continued with a strong track record on the quality of its services. There are no outstanding issues raised by the Care Quality Commission (CQC). However, along with all other NHS care providers nationally, the Trust will be inspected by the Chief Inspector of Hospitals from the CQC. An inspection visit is expected later in 2015.

The Trust continues to report to commissioners on both quantitative and qualitative performance indicators on a monthly basis and no major quality issues have been raised recently.

4. Enablement model of care

In order to address the major challenges facing the Trust of increasing activity with real terms reductions in funding each year, the Trust is developing plans to change how and where many of its services are provided.

At present, the Trust operates a fairly traditional model of care which sometimes involves keeping patients under its care longer than necessary. It is adopting an Enablement focused model of care, which is all about helping patients to care for themselves as much as possible and to reduce dependence on services. The aim is to enable patients to identify and work towards their own community, social and employment goals. This is often summarised as:

- **Live** – to have somewhere safe and secure to call 'home'
- **Love** – to have social contact, friends and relationships
- **Do** – to access meaningful activities and, if possible, employment

The Trust wants to help patients build their resilience and see themselves as residents, citizens and participants, accessing and receiving health and care services as and when required in order to maintain their own wellbeing. There is strong evidence nationally and internationally that, over time, this will not only improve services for patients, but also allow the Trust to help manage the increased demand for its services.

The Trust is also looking at its estate across all three boroughs. The Trust currently operates from four inpatient sites and many other community based sites. If the costs of these can be reduced without affecting patient care adversely, then this will also help the Trust to manage within the resources it has available.

5. Trust's latest financial position

The Trust is facing a serious financial challenge at present. It is forecasting a £4.7m deficit budget in 2014/15 for the first time ever. At present, the Trust is anticipating an increased financial deficit in 2015/16, subject to the outcome of current contract negotiations, which at the time of writing, are continuing. One of the key issues being negotiated is whether local commissioners will follow national guidance in increasing the funding of mental health services in line with their overall budget increases for 2015/16, which are significant, particularly for Barnet and Enfield CCGs.

The Trust's view is that its current financial situation is a direct result of the significant historical financial challenges faced by the local health economy, which has been one of the most financially challenged in the country for some time. Over the last five years, the Trust has made cost reductions totalling £56m, equating to an average of 6% each year for each of the last five years. This is considerably more than the national average of 4% per year.

As JHOSC members will remember, in early 2014 the Trust and the three local CCGs commissioned an independent report from Mental Health Strategies on the underlying funding of local mental health services. This showed that, overall, the Trust provides around £15m worth more services that it is funded to by the local CCGs. The report confirmed that the Trust is not a high cost provider. The latest NHS Reference Costs (an indication of overall cost efficiency) show the Trust is the most cost efficient mental health provider running inpatient services in London. Its latest Reference Costs are 87, compared to the national average of 100 and to neighbouring Camden and Islington NHS Foundation Trust at 107 and Central and North West London NHS Foundation Trust at 112.

A more detailed independent report (carried out by Rubicon Consulting) was commissioned by the Trust in late 2014 to review whether, given the overall financial position of the local health economy, it is able to remain financially sustainable providing the same services over the next five years.

The Rubicon Review concluded that there are some changes the Trust can and should make to help improve its financial sustainability, such as the introduction of Enablement focused services and potential changes in the Trust's estate. However, the Review was clear that these changes will not be sufficient to close the substantial financial gap facing the Trust if current funding levels from commissioners continue.

If the Trust is not able to be financially sustainable in its current form in the long term, local commissioners will need to seek alternative arrangements for the provision of the services. The Trust's view is that it would be very disruptive to patients and staff if the Trust were merged with another organisation and, very importantly, this would not solve the key issue, which is that local mental health services are not currently financially sustainable. The Trust continues to work with the NHS Trust Development Authority and the local CCGs to explore the options for the future.

6. Update on redevelopment of St Ann's Hospital, Haringey

The Trust submitted an outline planning application to Haringey Council in summer 2014. Since then, it has been working closely with Haringey Council in addressing the high volume of queries the Council received from statutory bodies, particularly the Environment Agency.

The Council and the Trust have also been working on the other key issues which had to be resolved before the application could be considered by the Planning Committee. These included the provision of additional school places nearby in response to the increased demand generated by the 470 new family houses and flats proposed on the part of the St Ann's site which is not required for NHS use. The Trust has also been working with the Council around the development gain payment which will be due from the developer to fund the additional education places and other social infrastructure, such as affordable homes on the site.

Haringey Council has now confirmed that the planning application is being recommended for approval at the meeting of the Planning Committee on 16 March. A verbal update will be given at the NCL JHOSC sub-group meeting on 23 March and at the Haringey OSC meeting on 26 March.

Following outline planning approval, the Trust will seek formal approval to proceed from the NHS Trust Development Authority. This is required before the Trust can finalise the plans for the new mental health facilities and begin the process of marketing the sale of the land surplus to NHS requirements.

The Trust hopes to secure NHS Trust Development Authority approval by summer 2015, which will allow a final planning application for the new mental health facilities to be made to Haringey Council by the autumn of 2015. This should then allow work to start on the new health facilities by spring 2016, with a two year build period to completion. The proposed housing development will be built in parallel, though a four - five year building programme is likely until final completion of the residential development.

Barnet, Enfield and Haringey Mental Health NHS Trust
March 2015