
Meeting	Health and Well-Being Board
Date	23 rd January 2014
Subject	Quality and Safety at Barnet, Enfield and Haringey Mental Health Trust
Report of	Strategic Director for Communities
Summary of item and decision being sought	This paper informs the Health and Well-Being Board of the actions being taken by the Chairman of the Health and Well-Being Board, Barnet CCG and the local authority, to respond to the quality and safety issues on a number of Older People's Wards at Barnet, Enfield and Haringey Mental Health Trust, raised by a recent report from the Care Quality Commission.

Officer Contributors	Claire Mundle, Policy and Commissioning Advisor, London Borough of Barnet
Reason for Report	To update the Board on the work taking place locally to address quality and safety concerns at Barnet, Enfield and Haringey Mental Health Trust.
Partnership flexibility being exercised	Not applicable
Wards Affected	All
Status (public or exempt)	Public
Contact for further information	Kate Kennally, Strategic Director for Communities, London Borough of Barnet Kate.kennally@barnet.gov.uk

1. RECOMMENDATION

- 1.1 That the Health and Well-Being Board considers and approves the recommendations (that will be presented verbally at the Board meeting on the 23rd January) on an appropriate course of action to address the quality and safety concerns at Barnet, Enfield and Haringey Mental Health Trust.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Health and Well-Being Board- 25th April 2013- the Board discussed the CCG's approach to monitoring quality and safety among Barnet's health providers, in response to the publication of the Francis Report. The Board resolved to receive further reports detailing how all relevant players in the system are working together to implement the recommendations of the Francis report.
- 2.2 Health and Well-Being Board- 19th September 2013- the Board considered the Barnet, Enfield and Haringey Tri-Borough Mental Health Commissioning Strategy. During discussion on this item, the Chairman of the Health and Well-Being Board noted that there had previously been concerns about performance at the Barnet, Enfield and Haringey Mental Health Trust, and questioned whether those issues had been resolved. Mr Morton (Chief Officer of Barnet CCG) advised the Board that one of the performance issues had been around access to urgent care services, and that this had improved significantly. There had also been some progress to improve the other key issue of continuity of care. Mr Morton explained that the CCG was meeting with the Trust on a monthly basis to improve performance in this area.
- 2.3 Health Overview and Scrutiny Committee- 12th December 2013- NHS Quality Accounts: mid-year update- Councillor Helena Hart raised concerns following publication of the CQC's report in November 2013 about the quality of care provided at Barnet, Enfield and Haringey Mental Health Trust.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 Barnet's Health and Well-Being Strategy (2012-15) sets out the Borough's ambitions to deliver high quality and safe health and social care services to residents that enable them to *Keep Well* and *Stay Independent* throughout the course of their lives. The Health and Well-Being Board has recently reviewed the progress being made to deliver the objectives of the Health and Well-Being Strategy, and formally agreed that improving mental health and wellbeing in Barnet would be a priority for the Board over the course of the second year of the Strategy.
- 3.2 Barnet, Enfield and Haringey Clinical Commissioning Groups have developed a 2-year Tri-Borough Mental Health Commissioning Strategy, and will work closely with Barnet, Enfield and Haringey Mental Health Trust to ensure effective delivery of this Strategy. The Strategy aims to ensure that local mental health services will support people in maintaining and developing good mental health and well-being; give people the maximum support to live full, positive lives when they are dealing with their mental health problems and help people recover as quickly as possible from mental illness.

4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 Barnet's thematic JSNA refresh on mental health (2014) highlights that the prevalence of mental illness in Barnet is higher than the England average and has slightly increased over the past 5 years at a similar rate to that of England. Mental health issues can result in social isolation, loneliness or disrupted relationships, or can be the catalyst for these problems. People with mental health problems also experience significant physical health risks including obesity, diabetes, heart and respiratory diseases and have lower life expectancy.
- 4.2 The Health and Well-Being Board have formally committed to focus on mental health as one of its priorities during Year 2 of the Health and Well-Being Strategy, to ensure that the needs of those with mental health problems in the Borough are supported as well as possible.
- 4.3 The Equality Act 2010 requires that public bodies, in exercising their functions, have due regard to the need to (1) eliminate discrimination, harassment, victimisation and other unlawful conduct under the Act, (2) advance equality of opportunity and (3) foster good relations between persons who share a protected characteristic and persons who do not share it.
- 4.4 Racism, homophobia and other forms of discrimination affect mental health and can be an underlying cause of mental health problems. The promotion of mental well-being will contribute to addressing inequalities.

5. RISK MANAGEMENT

- 5.1 There is a risk that vulnerable residents in Barnet who are using the inpatient services on three of Barnet, Enfield and Haringey's Mental Health Trust's wards do not receive high-quality, safe care, unless performance concerns raised by CQC are adequately addressed.
- 5.2 The Health and Well-Being Board has an important role to play in mitigating risks to the quality and safety of local health and social care services. The Board has a responsibility to strengthen the democratic legitimacy of the NHS by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care. Health and Well-Being Boards should provide a forum for challenge, discussion, and the involvement of local people; the purpose of raising the quality and safety issues documented in the recent CQC report on older people's inpatient wards at Barnet, Enfield and Haringey Mental Health Trust is to engage the Board in a focused discussion on this issue and agree a collective approach across local organisations to addressing the concerns.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area. In public law terms this target duty is owed to the population as a whole and the local authority must act reasonably in the exercise of these functions. Proper consideration will also need to be given to the duties arising from the Equality Act 2010 as mentioned above.
- 6.2 Due regard must also be given to the general public law duty set out in s149 of the Equality Act 2010.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 Barnet CCG invests an estimated £35 million for the provision of mental health services in Barnet. Approximately £31 million of this investment is committed in contracts with NHS trust providers including the Barnet, Enfield and Haringey Mental Health Trust.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 None at this stage.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 Barnet CCG meets regularly with Barnet, Enfield and Haringey Mental Health Trust, and the CCG commissioners in Enfield and Haringey to address quality and safety concerns.

9.2 In addition, the 3 CCGs across Barnet, Enfield and Haringey have agreed to set up a 'Transformation Board' with representation from the Barnet, Enfield and Haringey Mental Health Trust, the CCGs and the London Boroughs of Barnet, Enfield and Haringey. The Transformation Board will be responsible for ensure the implementation of the tri-borough commissioning strategy including Barnet, Enfield and Haringey's Mental Health Trust's Clinical Strategy.

10. DETAILS

10.1 Barnet, Enfield and Haringey Mental Health NHS Trust are commissioned by Barnet, Enfield and Haringey Clinical Commissioning Groups (CCGs) to provide a range of mental health services at Chase Farm hospital. These include the following inpatient services: acute assessment wards for adults, continuing care wards for people with dementia and cognitive impairment, forensic wards, a specialist forensic ward for people with a learning disability, a rehabilitation ward, and a forensic intensive care service for people in the boroughs of Barnet, Enfield, Haringey, Camden and Islington.

10.2 In March 2013, in response to concerns, the CQC conducted an inspection on 3 wards that provide care to older people: Oaks, Cornwall Villa and Silver Birches. The CQC provides the full report of their inspection on their website - a link to the report (published on the 23rd May: <http://www.cqc.org.uk/node/315856>).

10.3 The Care Quality Commission (CQC) then conducted a routine inspection on the following wards at Chase Farm Hospital in late September 2013: Oaks, Silver Birches, Cornwall Villas and Bay Tree. The CQC published its inspection report in November 2013, which concluded that the Barnet, Enfield and Haringey Mental Health Trust had not implemented the learning from the earlier inspection in Oaks Ward to the other older adult wards. A link to this report can be found in the Background Documents section of this report.

10.4 Local commissioners have been working systematically with the Trust to address CQC's concerns. Since the earlier inspection on these wards, the CCGs have been collaborating with Safeguarding leads from the 3 Councils through a "Provider Concerns" meeting chaired by the London Borough of Enfield to ensure that safeguarding concerns are addressed by Barnet, Enfield and Haringey Mental Health Trust. There is also a Clinical Quality Review Group (CQRG) chaired by the Director of Quality – Enfield CCG (as the lead commissioner). The CQRG includes clinical and joint commissioners across the 3 CCGs, the Commissioning Support Unit and Barnet, Enfield and Haringey Mental Health Trust managers and meets on a monthly basis. The group provides monitoring oversight and assurance on quality and safety issues.

- 10.5 In July 2013, the CQRG set up an Operational Group to review progress on the implementation of the Oaks Service Improvement Plan (established to address specific safeguarding concerns raised by CQC during their visit to Oak Ward). Barnet CCG has recently reported that the Trust has been making steady progress towards meeting the objectives within the plan.
- 10.6 The quality issues that have been raised by these CQC reports are also being managed through the CCG's Contract Monitoring Framework with the Trust. Barnet CCG has planned a series of "Walk the Pathway" visits shortly with the Trust and has invited LBB colleagues to join these visits to facilitate collaboratively improved assurance in these areas.
- 10.7 Following publication of CQC's report in November 2013, Barnet's Cabinet Member for Public Health, who is also Chair of Barnet's Health and Well-Being Board, wrote formally to both the Chairman of Barnet, Enfield and Haringey Mental Health Trust and the lead commissioner at Enfield CCG, to express her concerns with the findings outlined in the this report, and she has requested further reassurance that there is action taking place to address the concerns that have been raised.
- 10.8 A meeting has been scheduled between senior officers across the local authority and Barnet CCG, and the top team at Barnet, Enfield and Haringey Mental Health Trust for Friday the 17th of January 2014. This meeting will provide an ideal opportunity to ensure that all partners are clear on the issues; the roles and responsibilities of each of the parties and how performance and improvement will be monitored. The meeting will also allow for the identification and agreement as to what the recommendations should be to the Barnet Health and Well-Being Board. There will be verbal feedback at the Health and Well-Being Board meeting on the 23rd January 2014 on the recommendations that are agreed on the 17th January 2014.
- 10.9 The Chair and Chief Executive of Barnet, Enfield and Haringey Mental Health Trust have been invited to attend the Health and Well-Being Board meeting on the 23rd January to engage with the Board on this matter. Barnet CCG has suggested the Board could usefully focus the discussion on the 23rd January around two key areas, set out below:
1. How the Trust specifically aims to address the issues in the recent CQC report, and also those issues relating to the broader set of concerns and recent inspections in the past year.
 2. How the London Borough of Barnet and Barnet, Enfield and Haringey Mental Health Trust can improve communication and engagement on quality issues through, for instance, the London Borough of Barnet Safeguarding Board, and the Tri-Borough Commissioning Strategy.

11 BACKGROUND PAPERS

- 11.1 Care Quality Commission (November 2013), *Inspection Report: Chase Farm Hospital*. Available at:
http://www.cqc.org.uk/sites/default/files/media/reports/RRP16_Chase_Farm_Hospital_IN_S1-954998402_Scheduled_23-11-2013.pdf

Legal – SW
CFO – JH