
Meeting Health and Well-Being Board

Date 20th March 2014

Subject **Barnet, Enfield and Haringey Mental Health Trust: implementation of the CQC action plan/ implementation of the BEH CCG's mental health commissioning strategy**

Report of Chief Officer, Barnet Clinical Commissioning Group

Summary of item and decision being sought This report sets out the current issues and challenges in relation to the priorities of NHS mental health services for Barnet.

The Board is asked to comment on the actions to address quality concerns as well as the CCG's commissioning approach to develop an integrated primary care mental health model.

Officer Contributors John Morton- Chief Officer, Barnet CCG

Vivienne Stimpson- Director of Quality and Governance, Barnet CCG

Temmy Fasegha- Joint Commissioner Mental Health, Barnet CCG & LB Barnet

Reason for Report This report is to update the Board on progress being made to address quality issues identified following CQC inspections of Trust services.

Partnership flexibility being exercised None

Wards Affected All

Status (public or exempt) Public

Appendices Appendix 1: Summary of the quality issues regarding Barnet, Enfield and Haringey Mental Health Trust- 24 February 2014

Contact for further information Temmy Fasegha, temmy.fasegha@barnetccg.nhs.uk

1. RECOMMENDATIONS

- 1.1 That the Health and Well-Being Board notes and comments on the actions to address quality concerns set out in this report.**
- 1.2 That the Health and Well-Being Board supports planned actions to involve the Council's social care and housing leads in tackling 'delayed transfers of care'.**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Health and Well-Being Board- held on 19th September 2013 received, commented on and noted the 'Tri-borough Mental Health Commissioning Strategy for Adult and Older Adult Services- 2013-2015', and Operational Plan 2013 – 2015 and agreed that the Chairman and Chief Executive of the Barnet, Enfield and Haringey Mental Health Trust attend the Board's meeting in March 2014 to discuss progress at implementing the Strategy.
- 2.2 Health and Well-Being Board- held on 23rd January 2014- the Board discussed the quality and safety concerns raised by the CQC reports with senior managers at the Barnet, Enfield and Haringey Mental Health Trust. Prior to this, senior officers across the NHS and Council met with the executive team at the Trust to ensure that there was clarity of expectations across commissioners and the Trust as to the actions that are being undertaken and how progress will be monitored. The Board requested an update on progress from the Trust at the March 2014 meeting.
- 2.3 Special Meeting, Joint Health Overview and Scrutiny Committee- held on 7th February, 2014 received presentations from Barnet, Enfield and Haringey Mental Health Trust and Enfield CCG as lead commissioner of services from the Trust on behalf of Barnet and Haringey CCGs including other associates CCGs.
- 2.3 Joint Health Overview and Scrutiny Committee- held on 7th February, 2014, received reports on funding of mental health services across the North Central London sector.

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

- 3.1 The content of this report is aligned with and supports the delivery of the aims of the Barnet Health and Well-Being Strategy, 'Keeping Well and Keeping Independent' and the Barnet Clinical Commissioning Group Integrated Strategic and Operational Plan 2013 – 2015.

4. NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 National public health information as well as Barnet's Joint Strategic Needs Assessment (JSNA) show that people with mental health problems experience significant health risks including obesity, diabetes, heart and respiratory diseases as well as lower life expectancy. In addition, they are much more likely to be socially excluded making up over 45% of Incapacity Benefit claimants. The Barnet, Enfield and Haringey Clinical Commissioning Groups- CCGs have developed and agreed a Tri-borough Mental Health Commissioning Strategy to address these challenges and to ensure parity, and integrated approaches, in the management of mental ill health.

5. RISK MANAGEMENT

- 5.1 The CCGs have put in place rigorous systems for the commissioning of safe and high quality mental health services, including monitoring and overview arrangements through the tri-borough Clinical Quality Review Group- CQRG and monthly performance reports to the CCG Board. The CCG is also represented on the Barnet Safeguarding Adults Board along with a GP representative and the Barnet, Enfield and Haringey Mental Health Trust- BEHMHT.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 None identified.

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

- 7.1 Enfield Clinical Commissioning Group is lead commissioner of secondary mental health services from Barnet, Enfield and Haringey Mental Health Trust-BEHMHT. In this regards, Enfield CCG hosts monthly contract and quality review meetings which are attended by clinical and quality leads as well as the joint commissioner from the three CCGs. These meetings are coordinated and supported by the Commissioning Support Unit.

- 7.2 Barnet CCG invests an estimated £35 million for the provision of mental health services in Barnet, with approximately £27 million of this investment is committed to the contract with BEHMHT. The CCG holds contracts with other NHS Trusts such as Central North West London Foundation Trust, Tavistock and Portman Foundation Trust, Camden and Islington Foundation Trust and South London and Maudsley Foundation Trust for a range of mental health services to meet the needs of Barnet's registered population. The majority of the other spend is on rehabilitation, out of area and continuing health care.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 The Barnet Mental Health Partnership Board (MHPB), a multi-agency partnership arrangement bringing together people experiencing mental health conditions, family carers and professionals from the Council, NHS, voluntary sector and other mainstream services has played an important role in shaping and developing the mental health strategy. In February, the MHPB hosted a workshop on actions BEHMHT is taking to improve service quality.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 The Strategy has been shared widely with secondary mental health providers and at the last CCG public meeting held on 25 July. Representative from provider organisations including CommUnity Barnet are on the MHPB which was involved the development of the commissioning strategy.

10. DETAILS

- 10.1 Barnet, Enfield and Haringey NHS Mental Health Trust services have been the subject of a number of inspections undertaken by the Care Quality Commission in 2013. Some of these inspections have resulted in quality concerns being raised by the CQC in respect of the care and treatment of patients.

CQC Inspection of Older Adult Wards- Chase Farm Hospital

- 10.2 The CQC inspection in September 2013 showed that there were significant improvements in the care provided to patients on the Oaks ward but there was concern about the limited sharing across the organisation of lessons learnt. The CQC visited a number of older people's inpatients services at the Trust, this included a second visit to the Oaks as well as visits to Silver Birches, Cornwall Villas and Bay Tree House. The purpose of the inspection was to assess progress made since the previous inspection on the older adults mental health ward based at Chase Farm Hospital.
- 10.3 Where the previous inspection found that the Trust failed to meet regulations, the CQC found that overall significant improvements had been made to the care provided to patients at the Oaks. However, there were some areas of non-compliance in the other older adult wards. The CQC concluded that this demonstrated that lessons learnt from previous failings had not been shared effectively across the organisation. The CQC report was published 23 November 2013 and the Trust was found to be non-compliant in three out of five standards:
- Standards of treating people with respect and involving them in their care- Met
 - Standards of providing care, treatment & support that meets people's needs - **Action needed**
 - Caring for people safely & protecting them from harm- **Action needed**
 - Standards of staffing- Met
 - Standards of management and suitability of quality- **Action needed**
- 10.4 The report (published 17 December 2013) from the November 2013 CQC inspection of Magnolia Ward showed evidence of good patient experience. Magnolia Ward is part of Enfield Community Services (provided by the Trust) offering a unique inpatient service focused on preventing avoidable admissions to acute hospitals.
- 10.5 In response to the earlier CQC inspection of the Oaks, the Trust agreed a Service Improvement Plan with CQC and the CCGs. The plan included actions to increase medical staff, improvement to physical health care of patients, training and redesign of the ward model to separate older adults with functional and organic mental health conditions. A task and finish group (TFG), a sub-group of the BEHMHT Clinical Quality and Risk Group- CQRG was set up to oversee the implementation of the Oaks Service Improvement Plan. The TFG is a multi-agency group led by the CCG and includes service managers and clinical leads from the Trust, commissioners, CCG quality leads and London Borough of Enfield Safeguarding lead. This arrangement recognises the lead safeguarding role of the local authority and ensures effective interface with the 'Providers Concern Meeting' set up by London Borough of Enfield.
- 10.6 The work of the TFG was underpinned by a number of external assurance visits to the ward undertaken by representatives of the CCGs. Echoing the CQC report published in November, the TFG reported significant progress in implementing the Oaks Service Improvement Plan to the CQRG in January.
- 10.7 In January, the CQRG agreed to extend the role of the TFG to project manage the 'Bay Tree, Cornwall Villas, Silver Birches Service Improvement Plan', developed by BEHMHT and agreed with the CQC and commissioners to respond to the findings of the CQC inspections in September. This will ensure that learning from previous failings as well as learning from improvements in one area is embedded across the organisation. The TFG will be reporting to future meetings of the CQRG on progress.

CQC Inspection of St Ann's Hospital

10.8 On 22 November, the CQC undertook an inspection of services in St Ann's Hospital. It found that the two seclusion rooms on Haringey Assessment Ward and the s136 suite had been used to admit patients when there were not enough beds in the Trust. This meant that the Trust had not made the changes which were indicated in the action plan agreed with the CQC following the inspection in June 2013 and continued to be non-compliant. As a result, the CQC issued an immediate 'Enforcement Notice' to the Trust. The CCG supported the Enforcement Notice through a teleconference discussion with the Trust to agree arrangements for emergency admissions. The Trust agreed an action plan with the CQC which was presented to the January meeting of the CQRG for ongoing monitoring. The action plan includes independent audits undertaken by clinical and quality representation from the three CCGs to verify ongoing compliance.

Delayed Transfer of Care and Inpatient Bed Pressures

10.9 The Trust notified the CCG at the November meeting of the CQRG of the exceptional practice of using seclusion rooms as bedrooms for overnight emergency admissions. The practice required staff undertaking a risk assessment and the Medical Director's explicit approval. The alternative will have been to place people out of area a long way from home.

10.10 The Trust has reported increased bed pressures as a contributing factor to the inappropriate use of seclusion rooms. Bed pressures have resulted from increased acute admissions in 2013/14, similar spikes in acute admissions have been reported by Trusts across London, as well as increased incidence of delayed transfers of care as patients who are ready for discharge and are awaiting appropriate housing and/or residential, supported housing and rehabilitation placements block beds. This echoes the findings of the NHS Benchmarking Network Mental Health report published in October, which showed that current levels of delayed transfers of care- DTOC in the Trust is above average creating further pressures on the availability of inpatient beds and increased use of out-of-beds from the private sector.

10.11 An audit undertaken by the Trust in January shows that there were 21 patients on the DTOC's list (5 Barnet, 9 Enfield and 7 Haringey) and further 12 people in bed and breakfast accommodation (2 Barnet, 6 Enfield and 4 Haringey). In the current financial year, the Trust is reporting that DTOC and the increased acute admissions are expected to create additional funding pressures to the tune of £6m across the 3 CCGs, in lost bed days and in funding private beds for the treatment of patients as well as bed and breakfast placements for patients who are well and are awaiting appropriate housing.

Access to CAMHS Inpatient Beds

10.12 In October 2013, the Trust reported to the Clinical Quality Review Group (CQRG) that community CAMHS services (commissioned by CCGs) had been affected by the suspension of admissions to their Tier 4 inpatient CAMHS unit (commissioned by NHS England Specialised Services). At the time, the Trust was not clear on the alternative arrangements for admission, nor the process for reviewing and re-opening the inpatient service. Following the report, Enfield CCG, as lead commissioner, raised concerns with NHS England. Twelve of the eighteen beds have now been re-opened. The CQRG continues to monitor the situation to assure that the community pathways are working effectively and that the current reduced capacity in Tier 4 services is not affecting local residents in access to local services when they are required.

Next Steps: Management of DTOC and Acute Bed Pressures

10.13 Commissioners and the Trust are currently working together to set up a tri-borough project group supported by borough-based working groups to agree protocols and framework for the management of DTOC. It has been identified that to ensure success, full involvement of local authority social care and housing leads is required to agree the framework and to work together to prevent and manage current and future DTOC cases in line with arrangements that are already in place in acute hospitals. A project brief is currently being developed to inform the scope and shape of the project, which is due to commence in April.

Next Steps: Enhanced Assurance

10.14 In response to the quality issues identified from the CQC inspections, the CQRG has developed an enhanced assurance system. This includes reviewing the findings and lessons learnt from the CQC inspections; undertaking independent service and case file audits as well as announced and unannounced visits to Trust services; enhanced reviews of serious incidents and complaint reports ; ongoing monitoring of the outcomes of patient reported outcomes; audit of Trust communication with GPs and use of patient stories. A draft report, which summarises the finding of this exercise is being compiled (refer to appendix 1 for early draft). There are ongoing discussions with the Council and plans are in place to share the early draft report to ensure that the council's views are reflected and taken on board.

Next Steps: Benchmarking Review and Mental health Commissioning Strategy

10.15 In response to the Trust's communication in the Autumn about ongoing financial pressures and the potential impact it may have on service quality, the three CCGs and the Trust commissioned 'Mental Health Strategies ', to undertake an assessment of the potential gap between the investment provided by the commissioners to BEH-MHT and the realistic expected cost of providing the range and volume of services currently specified. The exercise, which commenced in December and is due to be concluded in March also includes an assessment of high level options to address the gap. In addition, the outcome of this exercise will help inform the development, prioritisation and phased implementation of the tri-borough Mental Health Commissioning Strategy for Adults and Older Adults a draft of which was presented to the Health and Wellbeing Board in September and signed off by the three CCGs in November.

Next Steps: South Locality Network Primary Care Mental Health Pilot

10.16 The South Locality Network is currently developing plans to pilot an 'Integrated Primary Care Mental Health' model to run between April and March 2015. The pilot, which represents additional funding in mental health in 2014/15, has been supported by the CCG through the Primary Care Strategy Grant, aims to increase the capacity and capability of primary care to manage mental health care and treatment, provide high quality care closer to home improving the experience and outcomes of patients through delivery of integrated mental health and physical health care to patients who otherwise fall between the gaps and who hitherto may have been difficult to manage in primary care because of the complexity of their mental health conditions. A formal evaluation will be undertaken of the pilot, the outcome of which is expected to inform future commissioning arrangements of mental health services also taking account of the learning of the development of the integrated locality multi-disciplinary teams across Barnet.

11 BACKGROUND PAPERS

11.1 None