

**MINUTES OF THE SCRUTINY REVIEW - FOUNDATION TRUST APPLICATIONS (NORTH MIDDLESEX UNIVERSITY HOSPITAL & BEH MENTAL HEALTH TRUST)
MONDAY, 19 NOVEMBER 2007**

Councillors Bull (Chair), Mallett, Newton and Winskill

LC1. APOLOGIES FOR ABSENCE

None.

LC2. URGENT BUSINESS

None.

LC3. DECLARATIONS OF INTEREST

None.

LC4. TERMS OF REFERENCE

Agreed: The Review Panel will also consider the implications of the new financial freedoms conferred with Foundation Trust status within the terms of reference

Agreed: With the above addition, the terms of reference were approved by the Panel.

LC5. TO HEAR EVIDENCE FROM THE NORTH MIDDLESEX UNIVERSITY HOSPITAL

Claire Panniker (Chief Executive) and Joe Harrison (Deputy Chief Executive) gave a presentation (attached) outlining the NMUH's proposals for foundation Trust status and responded to questions raised by Members. A summary of the main points to arise from this discussion is provided below.

Consultation process

- It was noted that the NMUH is also due to consult with Overview & Scrutiny Committee at Enfield Council on the 27th November 2007. A copy of responses provided by NMUH to questions posed by Enfield OSC was circulated to members (attached).
- In response to questions from the Panel, the NMUH indicated that it intended to distribute 25,000 copies of the consultation document within the Haringey and Enfield communities. The expected response rate was difficult to predict. Although the BEH Clinical Strategy consultation had a response rate of 2-3%, it was anticipated that the FT status consultation response would be lower as this did not directly concern changes to patient services.
- NMUH stated that the consultation requirements for applications for Foundation Trust status concerned governance proposals for the Trust. National policy objectives also state that all NHS Trusts are to become Foundation Trusts by end of 2008. Consultation questions were thus focussed on those proposals for which the trust was able to respond.

Governance arrangements

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- The Panel were concerned as to how the views and opinions of the Membership would effectively be represented at Board level of the new Foundation Trust. The Panel heard that the NMUH aims to recruit 5,000-10,000 people to the membership of the Foundation Trust from which representative Governors would be elected. These 18 public Governors would form a majority on the Board of Governors, which itself would be able to appoint a majority of the Board of Directors (Chair & Non Execs). The Board of Governors would be expected to engage and consult the Membership and the broader public.
- In response to Panel questioning, the NMUH indicated that Board meetings would continue to be held in public once Foundation Trust status has been attained.
- The Panel heard that the Board of Directors would have overall responsibility for day to day management, though the Board of Governors would have influence in the overall strategic direction of the Foundation Trust. It is prescribed in the legislation that the Chairman of the Foundation Trust will chair both the Board of Directors and Board of Governors meetings.

Agreed: The NMUH was requested to provide an organisational chart of the new governance arrangements for the Foundation Trust (attached).

Partnerships

- The Panel were concerned that Foundation Status might impact on partnership work in the local health economy as this would in effect take the NMUH out of NHS control. The NMUH indicated that it would still forge close relationships with other health and social care providers, and noted that partner agencies would all be able to nominate Governors to the Board (of Governors).

Patient Experience

- The Panel were keen to understand what impact Foundation Trust status would have on the experiences of patients using the NMUH. The trust reported that patients would experience very little difference in the short term, though it was hoped that improved accountability arrangements would bring about substantive service improvements in the medium term.

Finance

- NMUH has turned around a £9m deficit in to a projected surplus of £3m through efficiency savings made in 2006./7. However, amore challenging financial climate lay ahead, as tariffs for Payment by Results would be reduced over the coming years.
- The main sources of income will continue to come from NHS organisations (i.e. local PCTs) once Foundation Trust status has been attained. Income from the private patients is capped at 2002/3 levels, which for the NMUH is approximately £200,000-£300,000. The regulator, Monitor, will determine the amount which the NMUH may borrow as a

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Foundation Trust. Although a number of sources (both private and public) of borrowing will be available to the NMUH once Foundation Trust status has been attained, no future lenders have not specifically identified as yet.

- The NMUH indicated that it would be able to keep and reinvest some surpluses. The Foundation Trust would be allowed to keep any operating surplus that was derived from efficiencies made in the treatment and care of patients (i.e. improved arrangements leading to earlier discharge). Surpluses derived from unplanned variations in contracts or Service Level Agreements (i.e. seeing fewer patients to those contracted) would not be retained.
- There was some concern among the Panel that the new financial and contractual freedoms available to the NMUH would be used to create pay differentials which may be detrimental to staff working in the locality. The NMUH reassured the Panel that all staff would still continue to be working for the NHS. It was acknowledged that it might be necessary to incentivise particular groups of healthcare personnel where there were known to be particular shortages or and strong competition between trusts (i.e. Consultant Radiologists).

Framework for Action

- There was some uncertainty amongst the Panel as to how the acquisition of Foundation Trust status would affect the NMUH in relationship to the planned NHS regional reorganisation (Framework for Action – Darzi Review).

Agreed: The NMUH was requested to provide a written response to confirm what role it would take in relation to *Framework for Action* (Darzi Review of London health services) and it would cooperate and respond with resultant service recommendation (attached).

LC6. TO HEAR EVIDENCE FROM BARNET ENFIELD & HARINGEY MENTAL HEALTH TRUST

Maria Kane (Acting Chief Executive), Andrew Wright (Head of Business Development) and Katia Louka (Membership & Marketing Manager) gave a short presentation (attached) and responded to questions from the Panel. A summary of the points within this discussion is provided below:

Consultation process

The Panel were keen to hear how the MHT would engage the diverse communities that live across the three boroughs.

- The MHT reported that the consultation document would be distributed in two formats; the full consultation document and a summarised version. In total, 30,000 copies would be distributed. A newsprint version of the consultation document has been produced and will be

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circulated to all homes across the locality. Copies have also been distributed to all local libraries and general practices.

- The Panel suggested that there was a danger of the public becoming consultation weary and inundated with requests to become Members of different local Foundation Trusts. The MHT indicated that the public could indeed become members of any number of Foundation Trusts. The MHT was working with the NMUH and the Whittington to develop a joint membership arrangement with these trusts.

Agreed: That Haringey local Area Assemblies be included within BEH MHT consultation programme for Foundation Trust status.

Governance arrangements

The Panel thanked the MHT for the clarity of new governance proposals within the consultation document. The Panel were concerned as to how the community would be represented at the executive level within the Foundation Trust.

- The MHT proposals for the Members Council include a larger number of Governors than for other Foundation Trusts, this being to reflect the number of boroughs which the trust covers.
- The MHT indicated that it has a long tradition of user and carer involvement in all aspects of service planning and delivery. It was expected that this tradition would be expanded under new governance arrangements for the trust. The MHT also noted that it had a good relationship with its Patient & Public Involvement Forum.
- The Panel were concerned at the MHT proposals to change the name of the trust to North London NHS Foundation Trust. The MHT reported that it proposed to omit reference to mental health in its name to minimise service associated stigma. The MHT also felt that 'North London' was more appropriate to signify the area in which its clients were resident. The MHT indicated that this particular issue was one of the key consultation questions and agreed to provide specific feedback from the consultation to Overview & Scrutiny.
- Members questioned the MHT on why there was just one public constituency within proposals for the Membership. The MHT indicated that a distinct patient constituency for a mental health trust may deter people from applying, thus preferred the general option of one public constituency which would not be stigmatising. The Panel suggested that it might be more appropriate to retain both public and patient constituencies to give people a choice. The Panel indicated that it would like to receive feedback on this specific aspect of the consultation.
- Representatives from the PPI Forum suggested that there should be greater representation of voluntary sector groups on the Members Council that was currently planned for (3 Governors).

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Agreed: The MHT to provide specific feedback to Overview & Scrutiny in relation to (1) proposals for name change for the trust (2) proposals to have one public constituency (and no patient constituency) within the Membership.

Partnerships & Finance

- The Panel were keen to hear from the MHT how it is preparing for the new contractual relationship that will exist between commissioners (PCTs) and themselves, these now being legally binding and of three year duration.
- The MHT indicated that it was broadly in favour of three year contracts as this allowed adequate time for the service development cycle to occur (start up, evaluate and respond). In the future, the MHT would have to carefully consider whether short-term service commissions would be viable.
- The MHT were of the opinion that the contractual balance between itself and the commissioning bodies was currently not balanced, where there were greater risks on the side of the MHT. It was hoped that the new contractual relationship that would exist once the MHT became a FT, would balance out these risks.

St Ann's Hospital (SAH) Site

The Panel had a number of questions about the future of the SAH site and how Foundation Trust status would influence these plans.

- The MHT reported that development of the SAH site remained an important priority as this was central to their service development priorities. The redevelopment of the site was also necessary to tackle the large backlog of maintenance work that was required on site.
- The MHT reported that the outline for the development of the SAH site has been with the Strategic Health Authority for some time and had been approved. The next stage of the development process has been to develop a final business case for the site development. The MHT reported that a joint appointment of Project Director had been approved (with the TPCPT) to oversee site development.
- The final business case had yet to be agreed however and there were a number of discussions taking place between interested stakeholders. The MHT are in discussions with the TPCT in respect of the development of a possible polyclinic on site (in accordance with their Primary Care Strategy). The MHT also noted that the review of NHS Estates is currently being undertaken by NHS London in which the SAH site is included. In light of these discussions, the MHT reported that it was not in a position to confirm as yet, future plans for the site.

Patient issues

- A member of the PPI Forum was in attendance. It was recorded that the MHT was in the process of responding to a number of questions from the forum.

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Agreed: The MHT to provide the Panel with a copy of its responses to the PPI Forum questions (attached).

Agreed: That BEH MHT is invited to attend Overview and Scrutiny Committee to feedback on the consultation process (booked 25/ 2/ 2008).

LC7. TO RECEIVE WRITTEN EVIDENCE TO THE PANEL

No submissions were received from Haringey TPCT. It was noted that these responses would be distributed to Panel Members once received.

LC8. NEW ITEMS OF URGENT BUSINESS

None.

LC9. DATE OF NEXT MEETING

The date of the next meeting was confirmed as 2pm on Wednesday 12th December 2007 (Haringey Civic - Committee Room 6).

Cllr Gideon Bull

Chair

Becoming a Foundation Trust

Our community, our health, our hospital

Clare Panniker, CEO

Haringey OSC



North Middlesex University Hospital **NHS**
NHS Trust

Some Facts: a Foundation Trust is...

- A provider of health care on the basis of need, not on the ability to pay
- An organisation that has proven ability to govern itself
- An organisation with members: local people who have an interest in how the Trust is run and the services it provides
- An independent, public benefit corporation, run by the Board of Directors accountable to the Board of Governors and the community it serves

Building the **Foundation** for the Future

Some facts: Membership

- Consists of patients, carers, staff (elected) and partner organisations (appointed)
- All members have voting rights
- All members are eligible to stand for election to the Board of Governors
- Members ensure that the Trust is accountable to the community we serve

Building the **Foundation** for the Future

Some Facts: Governance

- Board of Governors elected by the membership chaired by the Chair of the Trust: is involved in the appointment of Non-executive Directors and the Chief Executive
- Board of Directors made up of Executive and Non-executive Directors chaired by the Chair of the Trust and is accountable for the running of the Trust

Building the **Foundation** for the Future

Governance continued:

The Trust is:

- Free to set its strategic direction to meet the needs of the local population
- Required to provide a specified services
- Subject to Healthcare Commission standards
- Performance managed by Monitor, the independent regulator

Building the **Foundation** for the Future

We want to become a Foundation Trust because...

We are ready for the challenge, we have come a long way in a short space of time:

- Turnaround
- Hospital Development
- Clinical Strategy
- Core Standards
- FT Diagnostic 2006
- Changing image and momentum



Building the **Foundation** for the Future

For staff becoming a Foundation Trust means...

- Being members of the Trust, not just employees
- The opportunity to be elected to the Board of Governors
- Playing a direct and meaningful role in influencing the future of the Trust
- Local pay and reward flexibility within Agenda for change
- Participation in job design to create roles to meet local needs

Building the **Foundation** for the Future

For patients becoming a Foundation Trust means

- The opportunity to become members of the Trust
- The opportunity to be elected to the Board of Governors
- The opportunity to play a direct and meaningful role in influencing the future of the Trust
- The opportunity to influence the quality, pattern and range of services for patients

Building the **Foundation** for the Future

We want to become a Foundation Trust because...

- The Trust will progress to Foundation Status with the consent and support of its members, the endorsement of its stakeholders, and via affordable and innovative solutions.
- The goal set out in the FT Application will be to become a major acute hospital serving the local population and local patients

Building the **Foundation** for the Future

Summary

- Through its membership, we will have a stronger understanding of the needs of the local community
- Foundation Trusts are the future: if we stand still we will be subsumed into another organisation
- We will have greater financial freedom and borrowing powers to invest into new services
- Healthcare contracts will be focussed on our local population needs



Building the **Foundation** for the Future

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Q&A NMUHT Application for Foundation Trust Status

Consultation process

	OSC QUESTION	TRUST RESPONSE
1	Please outline the consultation process and ways in which you are trying to reach people	<p>We launched our three-month public consultation on becoming an NHS foundation trust on 22nd October 2007. The consultation will close on the 13th January 2008.</p> <p>We are printing 25,000 copies of a 16 page consultation document, which describes what an NHS foundation trust is, the benefits of becoming a foundation trust and our proposed membership and governance arrangements. The document includes a response form, with nine questions, asking people for their views.</p> <p>The consultation document will be translated into Turkish, Polish, Albanian and French, (these are the top four languages spoken by people who use our services). The translated versions of the document will be available on our website (which has a foundation trust section) for people to download. The English version of the consultation document has statements in all four languages, instructing people to contact a freephone helpline number or send an email if they would like to request a version in their language. We will also make the consultation document available in Braille or on audiotape if requested. This is stated in the document.</p> <p>This document will be sent by post to the home addresses of patients living outside of Enfield and Haringey. It will also be sent by post to all the community and voluntary sector groups in Enfield and Haringey, as well as GP practices and pharmacies, local councillors and the Primary Care Trusts.</p> <p>The link workers at the hospital will take the translated documents onto the wards and encourage patients to complete the response form.</p> <p>We will be sending a consultation campaign email to 60,000 people, including Enfield and Haringey residents, patients living outside Enfield and Haringey and local welfare organisations. This email will take people directly to an online version of the consultation document, with the opportunity to fill out the response form online. It will also promote the opportunity to sign up to become a member of the trust using an online membership application form.</p> <p>We will be sending a consultation document to every member of staff and also to staff who work for contractors, such as Medirest, who provide the hospital's</p>

Q&A NMUHT Application for Foundation Trust Status

		<p>catering facilities and MITIE, who provide the cleaning service.</p> <p>Members of the executive team will be giving presentations at all the key meetings that take place at the hospital, such as the open staff meetings, joint staff side committee meetings, PPI steering group and medical staff committees. At every meeting the opportunity to ask questions will be made available.</p> <p>We have made a 3-minute film that showcases the hospital and explains why we are applying for foundation trust status. This film is available to view on our website and we have recorded the voiceover in both English and Turkish. We will also play the film in our outpatient and A&E departments and have produced versions with both English and Turkish subtitles for this purpose.</p> <p>We are holding a number of public meetings across Enfield and Haringey, in venues and at times that are accessible to the public. Interpreters speaking Turkish, Polish, Albanian and French will be available at two of these events. With the understanding that public meetings are rarely well attended, we are looking at providing incentives to encourage people to attend. For example, inviting a member of Tottenham Hotspur to attend the event at THFC, inviting a local author to attend the event at Alexandra Palace, and providing free complementary therapy taster sessions. The meetings will be publicised via the local press and in the consultation document.</p> <p>We will also be attending other meetings, such as a job fair at Edmonton Leisure Centre on 2nd November 2007 and the Voluntary Sector Health and Social Care Group Meeting at Community House on 5th December 2007, as well as carers groups, older adults groups, youth groups and ethnic minority groups meetings.</p> <p>We are also meeting with stakeholders and other partner organisations including Enfield and Haringey Overview and Scrutiny Committees, Enfield Primary Care Trust, Haringey Teaching Primary Care Trust and NHS London.</p>
<p>2</p>	<p>How will you demonstrate that the consultation process has involved all sections of the local community?</p>	<p>The consultation document response form and online response form both ask people for details of their age, gender, ethnic background and whether or not they have a disability. This will enable us to monitor whether the people who are responding to the consultation are representative of the communities we serve. If we identify sections of the community who are not</p>

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		<p>engaging, we will target them in other ways (e.g. by asking to attend a relevant meeting).</p> <p>We will also be monitoring attendance at events by identifying the number of attendees, their ethnicity, their age and their gender.</p> <p>We will be ensuring that we attend a variety of community and voluntary sector group meetings, so that all sections of the local community have been reached.</p> <p>We will be sending media releases about the consultation and membership to the local ethnic press.</p> <p>We will be providing an article on our foundation trust application to magazines produced by community and voluntary groups and those produced by the councils and PCTs.</p>
<p>3</p>	<p>How will their views be collated, analysed and acted upon?</p>	<p>We will log all the formal and informal feedback that we receive, whether this is verbally at public meetings, by email, via the website or in hard copy.</p> <p>When the consultation period is over, we will analyse both the formal responses to the questions posed in the consultation document and other informal responses received.</p> <p>The responses will be categorised into those broadly in favour, broadly neutral and broadly opposed. This will include the main topics that attracted critical comment and those that attracted support will be identified. The general tenor of responses regarding the different areas of the foundation trust application, such as membership, Board of Governors, constituencies etc., will be analysed and recorded.</p> <p>The analysis of the responses will be written up and taken to the Foundation Trust Project Board, a formal sub-committee of the Trust Board. The Foundation Trust Project Board will then look at whether the constitution needs to be revised in light of the responses received and will prepare a response on behalf of the trust to address critical comments.</p> <p>We will respond in writing or via email to everyone who provides a formal response, to thank them for making the response and to let them know of any changes that have been made to the constitution as a result of the feedback received.</p> <p>The overall outcome of the consultation will be made available to the public via the local media.</p>

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Accountability

	OSC QUESTION	TRUST RESPONSE
4	How will Foundation Trust status address the democratic deficit and increase accountability to local people?	<p>Foundation Trusts are set up as Public Benefit Corporations and are designed to address issues of lack of accountability of power where the public and patients may disapprove of trust policy but feel disempowered to change it.</p> <p>The Board of Governors will work with the trust's Board of Directors to ensure that everyone from members of the public, patients, carers, staff and representatives in the area the trust serves will have an opportunity to influence the range of services provided and the way the trust is run.</p> <p>Our governance proposals will bring greater democracy into future decision making and the trust's public consultation is the first step in the process. The outcome will inform the foundation trust's constitution.</p>
5	How will Governors and non-executives be elected/appointed and how will you ensure that membership reflects the diversity of the local community?	<p>Members will be able to stand for election as governors, and public and patient members will be eligible to be appointed as non-executive directors on the Board of Directors provided that they meet the criteria set out in the trust's constitution.</p> <p>Members of the Board of Governors, other than the appointed members, will be chosen by election. The number of governors to be elected by each constituency is outlined in our consultation document and is subject to change pending the outcome.</p> <p>Elections for the Board of Governors will be conducted in accordance with the Model Rules for Elections. There will be staggered terms of office for initial appointments.</p> <p>The initial appointment to the Board of Directors will follow rules in the NHS Act 2006, which says that the chief executive is appointed as chief executive and the chairman and non-executives of the Trust are appointed to the Board of Directors. The chairman and non-executive directors will be appointed for the remainder of their term on the Foundation Trust Board or 12 months, whichever is the longer.</p> <p>The governors will in future appoint the chairman and non-executive directors, enabling local ownership and maintaining local accountability.</p> <p>Our membership strategy outlines how the trust's membership will reflect the diversity of the local community.</p>

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		<p>The strategy will be subject to an Equality and Diversity Impact Assessment, and the negative impact issues will be accommodated in the decisions and recommendations made within the strategy following the outcome of the public consultation.</p> <p>Demographic profiling is included in the strategy, in addition to a chapter dedicated to developing and building a representative body with accompanying targets. The Board of Governors will own the membership strategy and monitor progress. It is expected that our membership strategy will change over time to continue to reflect the membership community needs.</p>
6	<p>What influence will local Governors and non-executives have on what, where, and how services are provided?</p>	<p>Governors elected from the membership community as well as appointed people from partner organisations and key stakeholders make up the Board of Governors. The majority of governors are to be elected from the public and patient constituencies.</p> <p>The Board of Governors will be responsible for representing the interests of the local community in the strategic planning and stewardship of the foundation trust. However, the Board of Governors will not be responsible for the day-to-day, operational management of the trust that will come under the remit of the Board of Directors.</p> <p>The Board of Governors will enable local residents, staff and key stakeholders to influence decisions about spending and the development of services.</p> <p>The chairman, non-executive directors, chief executive and executive directors make up the Board of Directors.</p> <p>Non-executive directors, as part of the Board of Directors must be able to demonstrate that they have 'had regard' to the views of the governors in drawing up their forward plans, this includes what, where, and how services are provided.</p> <p>Non-executive directors are also expected to bring independent judgment, they will question the executives so that the Board of Directors can make sound and well-informed judgments and act as a corporate team.</p>

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Local Partners

	OSC QUESTION	TRUST RESPONSE
7	How will you balance the needs of your organisation with the commissioning requirements of PCTs and Social Services?	We will look to ensure, as now, that the objectives of the trust are consistent with those of the PCTs, Social Services and other key stakeholders, putting the patient at the heart of clinical care developments and recognising that there are limited resources within the health community.
8	What opportunities will there be for new and existing partnerships to help you deliver more comprehensive services in innovative and flexible ways?	We are continually looking at how to develop our current partnerships further. An example of how the trust has progressed this thinking is in the innovative and unique partnership with Great Ormond Street Hospital (GOSH) that enables our patients to benefit from the world-class expertise and input from GOSH clinicians. We will continue to assess how best we can provide first class services to patients, and how best we can do that.
9	How will liaison with primary care improve and expand?	<p>The foundation trust will have governor representation from both Enfield PCT and Haringey Teaching PCT to strengthen links and to work collaboratively with PCTs, in the best interests of their local health communities.</p> <p>Liaison with primary care will improve and expand by building upon our existing work re LDP, service changes and future commissioning intentions and close joint planning with PCTs to ensure workload projections are robust and capacity can be flexed in advance.</p> <p>The foundation trust will also be required to enter into legally binding agreements with both PCTs. The PCTs buy locally relevant services. These contracts will set out the number and type of services that the foundation trust will provide. If an NHS foundation trust wants to change its services, it must consult the PCTs that pay for those services.</p> <p>The Board of Governors will be assessing evidence of changes to our services resulting from working in partnership.</p>
10	When will the users see a difference?	<p>The pace and impact of changes depends upon the scale of changes being implemented. Users will start to see a difference in terms of improved communication with the commencement of the public consultation. However, regardless of the trust's application to become an NHS foundation trust, the organisation is committed to improving services to our local community, patients and users will continue to see positive differences.</p> <p>The Board of Governors will be responsible for</p>

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		representing the interests of the local community in the strategic planning and stewardship of the foundation trust, this will include helping the trust prioritise improvements and expansions. They will also be responsible for communicating with other foundation trust members.
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Advantages of being a foundation trust

	OSC QUESTION	TRUST RESPONSE
11	Please outline the greater financial freedoms you will have to invest in services and improve premises for patient care	<p>We will be able to support investment in services and improve our premises through the retention of surpluses and borrowing.</p> <p>The trust, through its governors and members, will be able to liaise directly with its main stakeholders to ensure investment is focused on supporting the health care needs of its resident population. A foundation trust's ability to borrow is limited by detailed guidance from Monitor, the regulatory agency appointed by the Department of Health.</p>
12	What services have you identified, and why would foundation status allow you to develop these services which cannot be met within existing arrangements (Health Scrutiny has undertaken a detailed review of Stroke services and therefore it would be extremely helpful if you could provide an in-depth answer to this particular service)	<p>Achieving foundation trust status will enable the trust to become even more responsive to local requirements. This will enable us to respond faster than other trusts that are constrained by the bureaucratic processes of the centrally managed NHS.</p> <p>The provision of acute care (of which stroke services form a part), maternity and paediatric services, as well as specialist medical and elective services are all key to the ongoing strategy of the Trust which we are keen to develop.</p> <p>The Trust Board will be discussing stroke services on 6th November 2007 and we will be delighted to talk through the details with the OSC at the meeting scheduled for November.</p>
13	<p>Your Consultation Question 1 asks what people see as the most important issues for the Trust to focus on?</p> <ul style="list-style-type: none"> • Cleanliness • Translation/interpretation • Patient transport • Availability of services 	<p>The issues list for the trust to focus on in our consultation document was arrived at by looking at themes raised by patients, carers and staff through existing feedback channels and the patient/staff survey. We are interested in establishing priorities from the point of view of public, patients and staff via the public consultation.</p> <p>We are tackling these issues as they have been identified but are keen to ensure that we are focussing appropriately on those issues and asking whether there are other issues that we should prioritise by the Trust</p>

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	<ul style="list-style-type: none"> • Infection control • Disability awareness • Waiting times <p>How was this list arrived at and why cannot the Trust tackle these issues without the need to become a Foundation Trust?</p>	Board.
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Financial

	OSC QUESTION	TRUST RESPONSE
14	The current Trust still has a cumulative deficit of £12.9 million that has built up over the last 5 years. How will this deficit be recovered?	<p>We have a robust plan to recover the deficit. We made a small surplus in 2006/2007 and are expecting to deliver a £3 million surplus in 2007/2008. Substantial strengthening of the trust management team has led to significant improvements across the trust.</p> <p>This plan has been recognised by the SHA and approved.</p>
15	The current £111 million PFI will be paid back with a 35-year loan. Will the responsibility of this loan fall to the new Foundation Trust and its Governors?	<p>The PFI agreement will be the responsibility of the Trust over the duration of the contract. This will not be altered by the move to foundation status. Our financial plans going forward take into account the changes in cost relating to the PFI.</p> <p>These plans were reviewed and signed off by the SHA and Department of Health.</p>

Relationship with Scrutiny Panels

	OSC QUESTION	TRUST RESPONSE
16	In what ways can the relationship between the Trust and Scrutiny be further developed? (The Local Government & Public Involvement in Health Bill 2007 is expected to come into force by April 2008 and will extend the role of Scrutiny with Foundation Trusts)	<p>The Local Government & Public Involvement in Health Bill 2007 sets out plans to abolish PPI Forums and the CPPIH, they will be replaced by Local Involvement Networks (LINKs). We understand that the Bill includes significant duties for the Local Authorities, including ones relating to community strategies, Local Strategic Partnerships, Local Area Agreements and duties of Overview and Scrutiny Committees.</p> <p>We welcome the opportunity to work closely with the OSC and LINKs to explore opportunities for developing relationships further.</p>
17	How will you ensure	We are clear that we are operating within a framework

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that Scrutiny is informed of any potential substantial variations?	that has scrutiny as an integral part of any change process. We would expect the panels to be involved in any relevant variation as early as possible.
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Relationship with LINKs

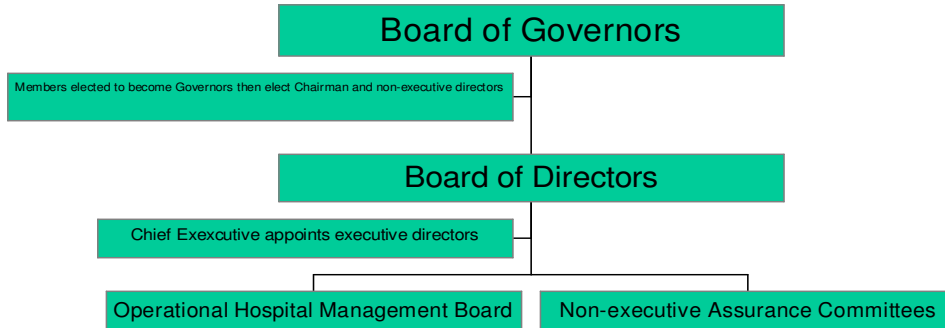
	OSC QUESTION	TRUST RESPONSE
18	The Local Involvement Networks are to be established in April 2008. The purpose of LINKs is to provide a stronger voice for people in the planning, design, commissioning and provision of health and social services. How will the Foundation Trust work with them?	<p>The Department of Health is currently consulting on the regulations that will accompany the new LINKs. The legislation updates and strengthens the duty on NHS bodies, of which the North Middlesex University Hospital as a foundation trust would be part, to involve and consult local communities about changes to services. LINKs will make reports and recommendations, and refer issues to local councillors. It will provide a one-stop-shop for the community to engage with care professionals and vice versa.</p> <p>The trust is following these developments closely; it currently works closely and constructively with the PPI Forum and PRF and expects to continue to be able to do so with LINKs when established.</p> <p>The trust recently appointed a full-time PPI Officer who will work closely with the Foundation Trust Project Board and Board of Governors, once established, to ensure that LINKs is integrated into our planning, design and health service provision.</p>

5 November 2007

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North Middlesex University Hospital - Governance Arrangements

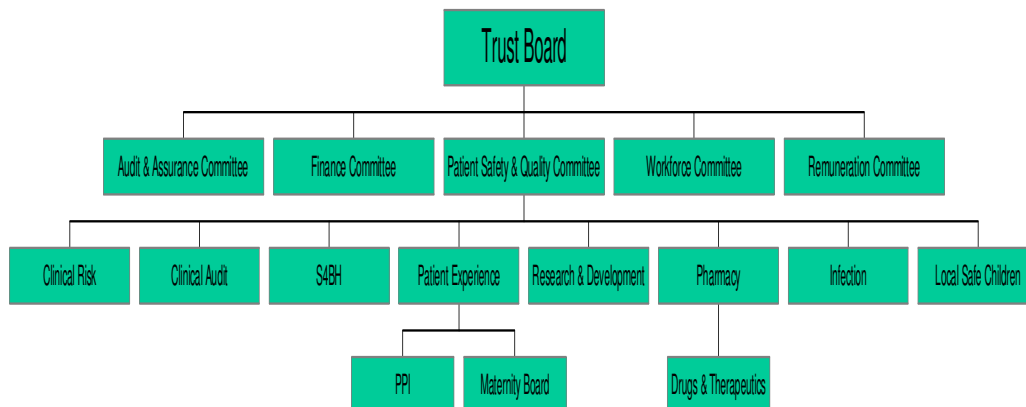
High Level Governance Structure



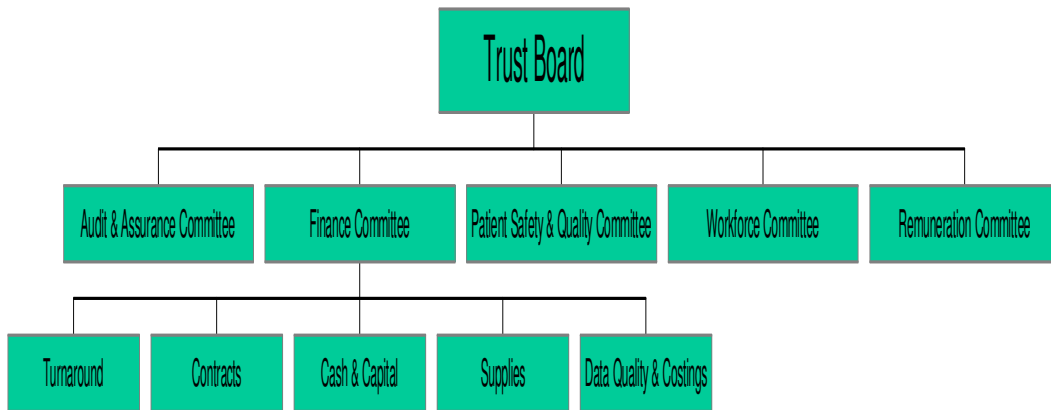
Performance Management template

Operational – Referrals – Activity & income – Waiting lists – 18 week performance	Financial – Expenditure – Capital – Turnaround
Clinical – H.I.C. – S4BH – Mort./Morbidity	Workforce – Appraisals – Sickness/absence – AfC

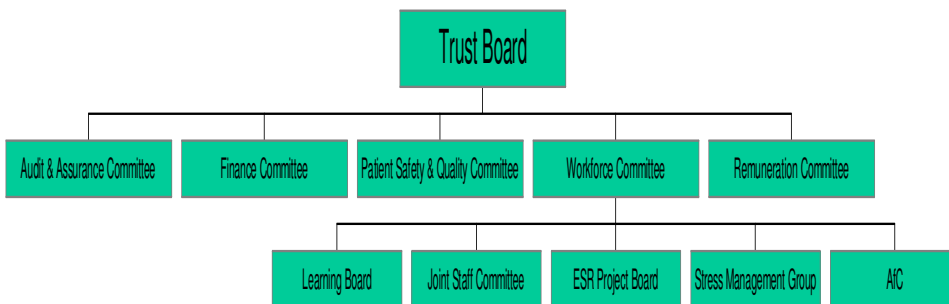
Patient Safety & Quality (2)



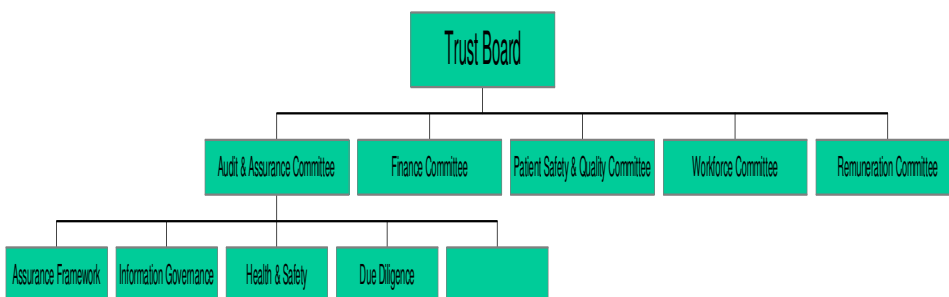
Finance (3)



Workforce (4)



Audit & Assurance (5)



Response to Panel request to state the relationship between the NMUH and the Darzi review of NHS services in London (from Claire Panniker (Chief Executive, NMUH)).

26/11/07

Dear Martin

Thank you for your invitation to the overview & scrutiny committee last Monday, both Joe and I found it very helpful to hear directly the questions and concerns that you raised, and trust that we were able to reassure you of our intentions to use the foundation trust process to really focus on our local population and patients.

With regard to your specific question concerning the current London-wide review that is being consulted on as part of the work commissioned through Professor Lord Darzi, I can assure you that this work will inform how North Middlesex University Hospital develops its services, along with the current consultation regarding Barnet, Enfield and Haringey.

It is really important that we develop our services in conjunction with what is happening in the wider health economy to ensure that we deliver the best services that we can to our local patients.

Best wishes

Clare

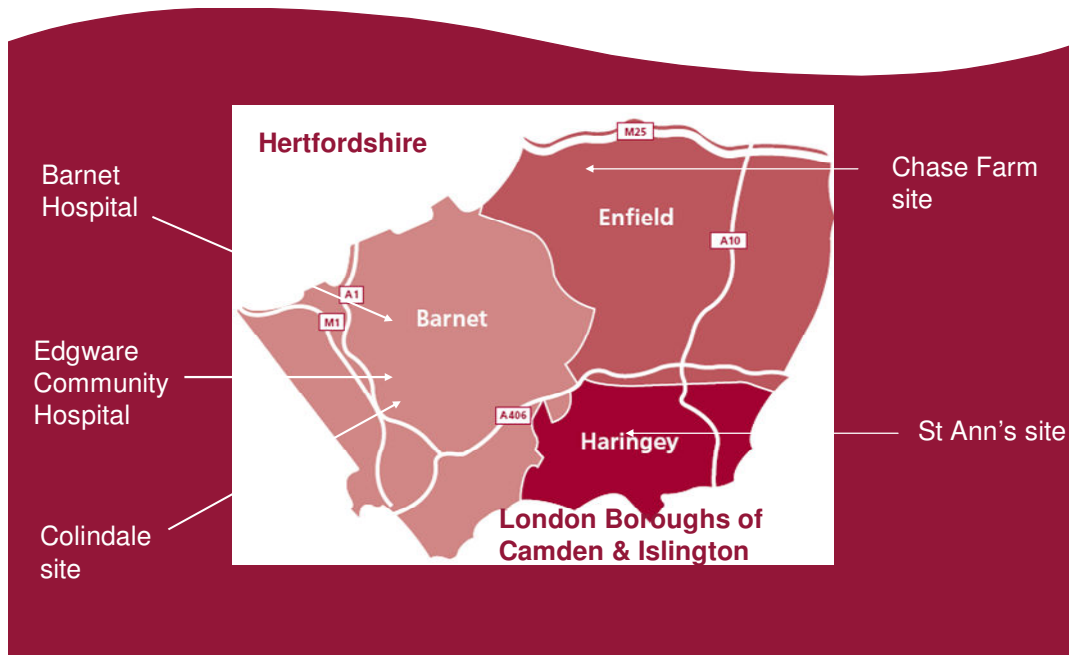
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**Welcome to the
Barnet, Enfield & Haringey
Mental Health NHS Trust
Public Meeting**

Where we are



Who we serve

- 800,000 population
- Just under 1/3 people come from an ethnic minority background
- Varied levels of deprivation
- 40,000 refugees/asylum seekers
- 5,000 people with psychotic disorder
- 150,000 with neurotic disorders
- 3 in 10 of our users have dual diagnosis of substance misuse

Our Services

- 12,000 people treated each year
- All ages
- Large number of community teams and bases
- 711 inpatient beds
- Specialist services
- 2,700 staff
- £182m annual budget

Partnerships



Our Vision

- To lead and influence the development of person centred networks to deliver effective, high quality services
- To be the first choice for staff, patients and commissioners by building a reputation for excellence
- To develop innovative partnerships to better serve the needs of our population

Recent highlights

- Our Healthcare Commission ratings for 2006/07 have improved significantly from last year, we have now achieved 'Good' for Quality of Services and 'Fair' for Use of Resources
- We have had formal authorisation from the Dept of Health and SHA to proceed with our Foundation Trust application
- Ongoing improvements in our services for users and carers

What is a Foundation Trust?

- New "public benefit" corporation
- Part of the NHS but greater freedom
- Accountable to local people
- Opportunity for greater involvement and influence by the community it serves

Why do we want to become a FT?

- Give users, carers, staff and local communities more say
- Feedback will help us provide more responsive appropriate services
- Greater stability of funding
- New partnerships and ventures within a range of community services
- Greater financial freedom to borrow or invest surplus to improve premises or services

Latest FT timetable

- 17 Oct 2007 –consultation begins
- 16 Jan 2008 – consultation ends
- **(your last chance to respond!)**
- Mar 2008 – Secretary of State decision
- Apr – Jul 2008 Monitor assessment
- Autumn 2008 FT status confirmed

Proposed Service Developments

Trust is proposing five major service developments over the next few years:

- Implementation of early intervention across the Trust
- Increasing access to psychological therapies
- New inpatient forensic unit at Chase Farm Hospital
- New inpatient substance misuse detoxification unit at Edgware Hospital
- Redevelopment of St Ann's Hospital in Haringey

We would like to hear your views

- Does our vision sound about right to you?
- Do our service priorities sound about right to you?
- How should we define the area we draw public members from in our constitution?
- Do you agree that the minimum age limit for public Members should be 12?
- Should we have a separate public category for service users?
- Do you have any comments on the role we see for Members?

We would like to hear your views (cont)

- Do you have any comments on the number of Governors and the composition of the Council of Members?
- Do you have any comments on the role we see for the Council?
- Do you agree with our plans to adopt a new name for the Trust (probably North London NHS Foundation Trust)?

Thank you for coming

**Please fill in the Membership form in
your pack to join us**

**For more information please see our
website (www.beh-mht.nhs.uk) or
contact us on 020 8375 1692 or e-mail
membership@beh-mht.nhs.uk**

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**TRUST APPLICATION FOR FOUNDATION TRUST STATUS
BRIEFING FOR HARINGEY OVERVIEW AND SCRUTINY COMMITTEE –
19 NOVEMBER 2007**

INTRODUCTION

This briefing is intended to provide further information to the OSC on the Trust's application to become an NHS Foundation Trust (FT). It complements the general presentation that will be given at the meeting and has been previously circulated to Members on why the Trust wishes to become an FT and the benefits to users, carers and local people.

This briefing focuses on the specific questions raised by the OSC and outlines a brief response to each, to be discussed further at the meeting.

PROCESS:

- **Has the consultation process to seek Foundation status been adequate?**

The consultation process began on 17 October 2007 and will run to 16 January 2008. The aim is to present the Trust's proposals for becoming a Foundation Trust and its key priorities for the medium term. The consultation is seeking views from a wide range of stakeholders, both on the proposal to become a Foundation Trust and also on a number of specific issues. The Trust has produced a formal Consultation Document which has been distributed to key stakeholders and also a Summary Consultation Document, which has been very widely distributed. In addition, it is planned that the Summary Consultation Document will be produced as an insert in local newspapers shortly. Information has been sent to local libraries, GP surgeries, higher education establishments and other community locations to ensure wide engagement. We are also engaging with our users and their carers and our staff, all of whom have received copies of the Summary Consultation Document.

During the consultation period there are a number of meetings arranged, which have been widely publicised. There are two major public open meetings in each borough, which have been advertised in the local press and other forums. The major public meetings in Haringey were 7 November (7.00 pm) at the Civic Centre and 18 December (2.00 pm) at the Tottenham Green Leisure Centre. We are also attending the Haringey Well-Being Partnership Board on 13 December. In addition, we have arranged a large number of local meetings with community groups, voluntary organisations and others to present our plans. These include groups like the Haringey User Network, the Polish & Eastern European Christian Family Centre in Wood Green and the Haringey Mental Health Carers Association.

As well as seeking views on our plans, we are also inviting people to express an interest in becoming a Member of the Foundation Trust and are asking for views on a number of membership issues. These include questions such as the minimum age, whether we should have Members from outside the three Boroughs and also on our proposed Members Council.

We are seeking around 2000 Members by early January 2008 and we are actively seeking support from our key partners, such as the Local Authorities, in helping us to achieve this. We would welcome advice on reaching local people and also, potentially, through inviting your staff to become Members, to help us promote mental well being, as well as mental healthcare.

- **Has the consultation process involved all sections of the local community?**

We are actively seeking to reach out to all sections of the local community, through the local press, libraries, GP surgeries and other means. The meetings we are arranging include a number for specific community groups. We also plan to produce summary information in local languages addressing issues of specific interest to specific communities and make this available in local community venues.

- **Has the process been open and clear? Have all views – negative as well as positive – been reflected in the application for Foundation status?**

The consultation process still is underway and we believe that it is open and clear. The whole point of our consultation is to engage people in discussing our future and we want to hear all views. We will reflect all views in our formal FT application.

- **Will the Trust act on and address any concerns raised in the consultation process?**

All views and comments expressed during the consultation will be recorded on a database and thoroughly analysed. The Trust will produce a formal report summarising the results of the consultation and our responses to the key points. This will form a key part of FT application document.

ACCOUNTABILITY:

- **To what extent will Foundation status increase democratic accountability and community ownership of health services?**

Increasing accountability to local people, users and staff is one of the key objectives of becoming a Foundation Trust. We are seeking to recruit a significant membership made up of local people, service users, carers and staff and, as outlined earlier, we are inviting as many local people as possible to join us as Members.

The Members of a Foundation Trust are central to the way that it works. They are an important route through which the Trust will engage more

effectively with its local communities, inform the Trust about local mental health care needs and enable the Trust to reach out more effectively.

We see the key benefits of Membership as being:

- It will provide a useful reference point for our plans, ensuring that we consider a wide range of options and make wise choices
- It will be developmental for those involved
- It will facilitate and support existing and new partnerships and better linkages within the community
- It will support our efforts to become a culturally competent organisation and help us reach out to all the communities we serve

- **Will local people have more say in local health services?**

As a Foundation Trust, our organisation will be accountable to its Members. We already consult with service users, carers and staff, but through our Membership they can be formally involved in setting the direction of the Trust, agreeing priorities and checking on progress. In this way, we will ensure that our services are sensitive to local needs, practical and user-focused.

Our Membership will provide us with new channels to engage and work with partners and other local agencies. We hope that our Members will be active in other areas of community life as well, and can therefore help us to link in to the local community even more effectively, and open up new opportunities for our services and service users.

- **How can the Trust ensure that the membership and management board reflect the diversity of the local community?**

Membership will be actively encouraged from all sections of the communities we serve. The Trust has analysed the demographic and social profiles of the three Boroughs and will seek to ensure that the Membership is reflective by targeting hard to reach groups and specific local communities as outlined above. Because the Trust is seeking to develop a diverse and representative Members Council, we are positively seeking people who are less likely to have been active within formal structures previously.

We see it as particularly important that we develop services which are responsive to the different needs of the different communities we serve. We therefore see a key role for our Membership in being to ensure that all perspectives are involved in the life of the Trust, and that we continue to develop a culturally competent organisation in the future.

- **Will the Membership and Board of Governors have any influence on services?**

Members will receive regular information about what is happening in the Trust and will have a regular opportunity to feed in their views, giving them a direct influence on how the Trust moves forward. We want our Members to become as involved as possible in the life of the Trust, and aim to offer lots of different ways that individuals can take part.

We see the primary roles of our Members as being:

- To provide views on our priorities and plans, through consultation
- To elect the majority of Governors on the Members Council
- To work with us to promote positive mental health, and help to overcome the stigma and discrimination sometimes faced by our service users
- To help us to engage with the communities we serve
- To become more involved in other ways, such as helping us to fund-raise or working as volunteers.

In addition, we believe that our Membership will bring real opportunities to raise awareness about mental health issues in the communities we serve, and we are keen to ensure that our Membership is diverse and representative. We therefore expect that our Members will:

- Take an active part in the life of the Trust
- Help us to develop our thinking about service needs
- Help us to engage more effectively with local communities.

Our Members Council (as we propose to call our Board of Governors) will be directly involved in helping to shape the future direction of the Trust and will work closely with the Trust Board, advising them directly on the views of local people, users, carers and staff. The Members Council will not run the organisation; this remains the responsibility of the Trust Board, but will have a key role in scrutinising plans and agreeing key decisions.

PARTNERSHIPS AND THE LOCAL HEALTH ECONOMY:

- **Will the creation of the Trust lead to a two-tier local health economy?**
As an FT, the Trust will remain part of the local NHS and will play its full part in the local health economy delivering care to those who need it. It is national policy that all NHS provision will be provided by FTs by the end of 2008/09 and therefore we are preparing our application alongside other NHS partners, including the North Middlesex Hospital, the Whittington Hospital and Camden and Islington Mental Health Trust. Many other NHS organisations locally have already become FTs and the others will be preparing their applications soon.
- **Will the Trust have a competitive advantage over other NHS Trusts?**
As an FT, the Trust will enjoy certain flexibilities and freedoms not enjoyed by NHS Trusts. These are designed to allow FTs to have more local control over how they use future financial surpluses or proceeds from the sale of surplus assets, to improve services for users and carers. The Trust anticipates that by the time we become an FT in autumn 2008, most local NHS organisations will also be FTs or be close to becoming one.
- **What are the risks and benefits to partnership working and the stability of the local health economy?**
As at present, the Trust will work closely with our commissioners (PCTs and local authorities) to fully understand their commissioning intentions

and plan on a joint basis. The three local PCTs and three Local Authorities will each have a nominated Governor who will sit on the Trust's Council of Members.

The ability to develop stronger partnerships with a wide range of key stakeholders is one of the major benefits of becoming an FT. As well as the local PCTs and local Authorities, we will also have nominated Governors from other partners including University College London, Middlesex University, the Metropolitan Police, North London Learning and Skills Council and Business Link.

We see the strengthening of partnership working with these key organisations as critical to the Trust's future, as we seek to raise awareness of mental health issues and promote mental well being, as well as improving services for those with mental health problems and their carers. Becoming an FT will also give us greater opportunities to form new partnerships with a range of voluntary and independent providers of mental health services, to help us expand the range of services we provide and better meet the needs of service users and carers.

- **Is the “duty to cooperate” effective?**

As outlined above, the Trust already works in close partnership with many different partners and becoming an FT will facilitate the development of stronger partnerships and new and innovative partnerships, for the benefit of our users and their carers. As a Mental Health FT, the Trust will not only have a duty to cooperate, but partnership and cooperation will be even more critical to the delivery of high quality services and therefore we will be seeking to develop these relationships at every level across the three boroughs.

- **What will be the impact on the local health economy?**

The local health economy will benefit positively from having a strong, well managed organisation which provides high quality mental health services in a cost effective way. The Trust will continue to work closely with local acute hospitals and colleagues in primary and community care, to ensure the overall improvement of the mental health and well being of local people.

- **How can it be ensured that the Trust continues to be fully committed to local health improvement partnerships?**

As already outlined, the Trust is totally committed to partnership working and to developing new partnerships where appropriate, to improve our services. The Trust sees itself as making an important contribution to the local health and social care economy and is committed to continuing to work to strengthen the local health improvement partnerships, because these are so important to the delivery of excellent services for our users.

IMPACT ON LOCAL PEOPLE:

• **How will local people benefit?**

We see significant benefits for local people in becoming an FT. We will continue to serve our local communities, providing high quality, cost effective, services that meet local needs in partnership with other organisations, in the NHS, in local authorities and in the voluntary and independent sectors. The Trust is committed to promoting good mental health and well being in its broadest sense, as well as helping people recover from mental ill health. An increasing part of our work is about promoting mental well being as well as helping those with mental ill health to recover. We believe that becoming an FT, with a wide Membership and direct involvement of key partners such as the local police, Chambers of Commerce, local Business Links and universities through our Members Council, will help us to improve the mental health and well being of local people.

• **Will there be any negative impacts for local people?**

We see the impact of becoming an FT as wholly positive, we do not believe there will be any negative impacts.

• **What impact will Foundation status have on local health inequalities in health – especially unequal access to health services?**

The Trust is committed to ensuring equal access to its services and, as an FT, will continue to strive to address current health inequalities. Through our Membership and Members Council, we will engage with a much wider cross section of the local population and will actively seek views on how our services can be made more accessible to all those who need them. The Membership and Members Council will hold the Trust to account for this and this will therefore provide a powerful lever for improvements where they are necessary.

• **Will Foundation status improve health services for local people?**

The Trust is continuing to improve its services all the time. The recent rating for the quality of our clinical services from the Healthcare Commission improved significantly from 'Fair' last year, to 'Good' this year. In addition, the results of the recent national survey of users experiences showed a significant improvement in users experiences of our services. However, the Trust is committed to continuing to improve all our services and we are seeking to achieve an 'Excellent' rating for clinical quality from the Healthcare Commission next year.

Becoming an FT will give users, carers, our commissioners and our staff a more direct voice in how we develop our services, in setting priorities for the future and in those areas that need attention to better meet users and carers needs. This will be an ongoing process, and we expect our Membership and, in particular, our Members Council, to hold us to account for seeing a planned programme of further improvements in response to the issues they work with us to highlight.

Mr Tony Helman
BEH MHT Patient and Public Involvement Forum

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Barnet, Enfield and Haringey Mental Health Trust
St Ann's Hospital
St Ann's Road
London N15 3TH

By e-mail only

Tel: 020 8442 5851
Email: maria.kane@beh-mht.nhs.uk

15th November 2007

Dear Mr Helman

Questions arising from the Foundation Trust Consultation Document

Thank you for your questions arising from the Patient and Public Involvement Forum meeting on 31 October and the earlier questions raised by Lynne Lambert. As you know, we are now in the formal consultation period and are very keen to hear from all our stakeholders, particularly users and carers, and therefore I am very pleased to receive comments from the PPIF. I will respond to each of the points you raised in order below:

1. The Trust is committed to promoting good mental health and well being in its broadest sense, as well as helping people recover from mental ill health. One of our core values is that "we believe in a positive, socially inclusive approach to mental health, that includes physical well being. We will work with individuals and communities to prevent/reduce mental ill health and promote as speedy a recovery as possible". An increasing part of our work is about promoting mental well being as well as helping those with mental ill health to recover. One recent example was during World Mental Health Day on 10 October when we had teams of staff out in the community promoting mental well being and giving out information to the general public. The Trust also runs a range of workshops, normally open to everyone, on issues like managing stress and anxiety at work and at home, which are aimed at helping local people keep mentally healthy. We are also involved in some specific outreach activities, for example, the Barnet Schools Project, where teams of our staff visit local schools and talk with pupils about promoting mental well being and reducing the stigma often associated with mental health.

In the future, we want to use our Membership and Members Council to help us promote mental well being more widely and to help service users on the road to recovery. We plan to attract organisations such as the local police, Chambers of Commerce, local Business Links and universities to become part of our Members Council because of the help they can offer in terms of jobs, training and housing for our service users and wider community involvement in promoting mental health and well being more widely. Mental health services have sometimes been viewed as low priority, however with the help of involved Members and Governors, we hope to make a real difference.

2. The Trust values the existing positive relationship with the PPIF and looks forward to establishing a constructive relationship with the new LINKs structure. At present, the detail of how the new LINKs arrangements will work is not yet clear; we are awaiting national guidance on this from the Department of Health. However, it is clear that all NHS Foundation Trusts will have close relationships with their LINKs and we will work with the new structure once established to continue the excellent work undertaken by the PPIF at present. The Foundation Trust governance structure

is based upon the principle of increased accountability to service users, carers, staff, local people and other stakeholders and all our users and anyone living in Barnet, Enfield or Haringey can become a Member and put themselves forward for election as a Governor. The new LINKs structure is intended to be independent of individual organisations and therefore we would not expect that LINKs Members would seek to become Members or Governors of any local NHS Foundation Trust. We anticipate that this point will be clarified further in forthcoming national guidance. We see the key role of our Members as being to help inform us of the views of all local stakeholders, so that we can ensure our services fully meet their needs. We see the role of our Members Council as being very complementary to that of the new LINKs, with the Members Council informing the Board on the views of the Membership and holding the Trust Board to account for how the Trust is run and decisions on major priorities. We envisage the LINKs, along with the Overview and Scrutiny Committees, continuing to scrutinise the Trust and hold us accountable to local people, particularly around proposals for major service changes.

3. Foundation Trusts are accountable to the local communities they serve through their Membership and Members Council. They are not accountable to Commissioners, however, they are expected to work in partnership with their Commissioners to agree local priorities for services and ensure the most effective use of NHS resources locally to best meet the needs of local people. We will continue to work closely with our local PCTs and they will each have a seat on our Members Council. We see this as extremely positive, it will give our Commissioners more direct involvement in key decision making and will give them more direct contact with our service users and carers, who will also be represented on the Members Council. In the future, we plan to use our Membership much more actively to help inform the Trust and our Commissioners, both PCTs and Practice Based Commissioners, of the views of service users and carers. We also plan to establish a number of Members Focus Groups around particular services or issues and these will help the Trust to influence all our Commissioners more effectively on key decisions on the use of resources and service development priorities.

4. One of the key objectives of becoming a Foundation Trust is to give service users, carers and staff a greater say in how the organisation is run and its key decisions. As Members, they will be able to feed their views directly to the Trust and all Members will be able to stand for election as Governors if they wish. The Governors, through the Members Council, will have a significant influence in the key decisions of the Trust and in helping set our priorities for the future. The Members Council will not deal with the day-to-day running of the Trust, this will remain the responsibility of the Trust Board, however it will have some very important responsibilities, including:

- Representing the interests of the local community
- Feeding back information about the Trust to their local community / constituencies
- Appointing or removing the Trust Chairman and Non Executive Directors
- Appointing or removing the Trust's auditor
- Approving the appointment of the Chief Executive
- Attending relevant Board Committees
- Leading the development of the Trust's Membership, in order to ensure Members can contribute effectively
- Holding the Trust Board to account in relation to its compliance with its formal Authorisation by Monitor

The Trust Board will remain legally responsible for ensuring the Trust exercises its functions effectively, efficiently and economically. The Trust Board's specific responsibilities include:

- Day to day management of the Trust
- Ensuring compliance with the Terms of Authorisation, Constitution, statutory and contractual obligations

- Scrutinising the performance of Executive Directors
- Appointing or removing the Chief Executive and Executive Directors
- Deciding the remuneration of the Chief Executive and Executive Directors
- Agreeing the Trust's forward plans and Annual Report

5. Our proposal to change the name of the Trust reflects the fact that as a Foundation Trust we will be a new type of organisation, creating new opportunities with greater local accountability, financial freedoms and flexibilities. Our proposed new name is "The North London NHS Foundation Trust" and we feel this better reflects the geographical area we serve. We provide services not just to residents of Barnet, Enfield and Haringey. For example, we provide forensic services to Camden and Islington residents and Eating Disorder Services to people living in Essex and Hertfordshire. We feel this new name would better reflect our provider arrangements, both current and future. Dropping "mental health" from the title is in line with other mental health trusts in London and around the country and reflects the fact that we see our role as promoting mental well being as well as caring for those with mental illness and we want to help reduce the stigma sometimes associated with mental health services.

6. The operational freedoms that the Trust will enjoy as a Foundation Trust are determined in the Foundation Trust model set out by the Department of Health. Foundation Trusts are able to sell assets that are surplus to requirements and keep the receipts for use in improving local services, which is not always the case for NHS Trusts. Foundation Trusts are also able to retain surpluses made over the financial year to spend on improving local services, as determined locally, rather than set at national or Strategic Health Authority level. Members, through the Members Council, will have a say in how surpluses are spent. Foundation Trusts are also fundamentally different to NHS Trusts in how they are performance managed. They are free from direct performance management by the Secretary of State for Health through Strategic Health Authorities, they are self governing entities, enabled to determine their own future, working closely with local partners, including commissioners. There are already a number of examples in London and elsewhere where NHS organisations have been able to improve services for users, patients and carers better and more quickly than was possible previously, because they have been able to make locally based decisions which reflect the needs of local people. For example, Oxleas and South Essex Trusts are both now Foundation Trusts and both report that, through the local knowledge and contacts of their Membership and Governors, they are able to promote mental health and help the recovery of service users back into their communities much more effectively.

7. The Trust is committed to being the first choice provider of mental health services for service users and commissioners. Commissioners are increasingly looking at broadening the range of providers of mental health services to ensure that users have greater choice and to ensure access to high quality services is available for all service users. This will create greater competition in the future and we therefore need to ensure that our services are responsive to the needs of users and carers. The Trust wishes to provide as much choice as possible in the way we provide services, so that we remain first choice for users and commissioners. Already, users have choice around many aspects of the way they are cared for and who is caring for them and we want to continue to develop this, to extend the range of choices available for users.

8. Members of the Foundation Trust will have a direct route into the Trust and be able to directly influence the way services are shaped, through personal feedback and, particularly, through the Members Council. Members will receive regular updates and information on the work of the Trust and will be invited to feedback their views on important issues such as the Trust's future priorities. Non-members will still be able to give their views, but will not have the direct influence that Members and Governors will have.

9. As outlined above, the Membership of the Foundation Trust will be a powerful body in that it will be able to influence the way it is run and key decisions about the future. The Membership,

through the Members Council, will have power to ensure that the Foundation Trust makes decisions that are in the best interests of local people and their mental health and that the Trust properly implements agreed plans. We want to engage our Members in helping us to develop policy around particular issues / areas and to use the combined views of our Membership to help us influence Commissioners plans and priorities.

10. It is not envisaged that there will be significant conflicts between the Members Council and the Trust Board as they will work very closely together to improve the services we offer to our users and their carers. The Trust Chairman will Chair both the Trust Board and the Members Council and will therefore have a crucial role in ensuring the two bodies understand each other's roles and responsibilities and support each other in fulfilling these, for the benefit of our users. It is possible, however, that conflicts may occasionally occur and it would be the responsibility of the Chairman to seek to resolve these locally. All Foundation Trusts have to develop a constitution in accordance with Schedule 7 of the 2006 Health and Social Care Act. In line with other Foundation Trusts, we will have a section in the constitution on Dispute Resolution Procedures. Any disputes between the Members Council and the Trust Board will be resolved in accordance with the Dispute Resolution Procedure as set out in the constitution.

11a. The number of Governors to represent Members not resident in Barnet, Enfield or Haringey is something that we are consulting on and we would welcome the PPIF's views on this. A significant proportion of the Trust's work comes from outside Barnet, Enfield and Haringey. This equates to 19% of our total patient income and 14% of our activity, although this is concentrated mainly in our specialist services such as forensics, eating disorders and brain injury rehabilitation. Our proposed number of Public Governors representing Members not resident in Barnet, Enfield or Haringey seeks to broadly reflect the geographical split of our users and ensure appropriate representation of those who use our more specialist services.

11b. We have not get finalised our plans on how the three voluntary organisation Governors will be appointed. We are committed to ensuring that there is both geographical and interest group diversity among the three voluntary organisation representatives and it is likely that we will facilitate elections among those voluntary organisations that express an interest where this is necessary.

12. The five service development proposals outlined in the consultation document are the result of considerable work both within the Trust and with local stakeholders to clarify the major strategic priorities for the Trust over the next few years. These were proposed following input from users, carers, staff and our commissioners. They are not exhaustive, many other developments in our services are planned over the new few years, however, these represent the major strategic priorities that the Trust wants to pursue initially as a Foundation Trust. We feel that these do reflect the organisation's priorities. We have recently produced a short summary of our Vision for the Future as a Foundation Trust and I attach a copy. We would welcome any comments on this. In future, as a Foundation Trust, we will be consulting with our Members and formally involving the Members Council in such key decisions and we believe that this will help us to ensure we focus on the issues that users and carers see as priorities.

13. Our constitution will provide a section on Indemnity of Governors. Members of the Members Council who act honestly and in good faith will not have to meet out of their personal resources any personal civil liability which is incurred in the execution or purported execution of their Members functions, except where they have acted recklessly. Any costs arising in this way will be met by the Trust.

Thank you again for your positive engagement and I hope that my letter has been helpful in giving you more information on the benefits and opportunities of becoming a Foundation Trust. I look forward to continuing to work closely with the PPIF over the coming months as we seek to improve the well-being and mental health of the people we serve.

With best wishes

Yours sincerely

Maria Kane
Acting Chief Executive

cc Lynn Lambert
Ulla Chisolm
David Hindle