



Haringey Council

NOTICE OF MEETING

Scrutiny Review – Foundation Trust Applications (North Middlesex University Hospital & Barnet, Enfield & Haringey Mental Health Trust)

MONDAY, 19TH NOVEMBER, 2007 at 14:00 HRS - CIVIC CENTRE, HIGH ROAD, WOOD GREEN, N22 8LE.

MEMBERS: Councillors Bull (Chair), Mallett, Newton and Winskill

AGENDA

1. APOLOGIES FOR ABSENCE

2. URGENT BUSINESS

The Chair will consider the admission of any late items of urgent business. Late items will be considered under the agenda items where they appear. New items will be dealt with at item 8 below.

3. DECLARATIONS OF INTEREST

A member with a personal interest in a matter who attends a meeting of the authority at which the matter is considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the member's judgment of the public interest **and** if this interest affects their financial position or the financial position of a person or body as described in paragraph 8 of the Code of Conduct **and/or** if it relates to the determining of any approval, consent, licence, permission or registration in relation to them or any person or body described in paragraph 8 of the Code of Conduct.

4. TERMS OF REFERENCE (PAGES 1 - 4)

5. TO HEAR EVIDENCE FROM THE NORTH MIDDLESEX UNIVERSITY HOSPITAL (PAGES 5 - 24)

To hear evidence from:

Claire Panniker (Chief Executive) & Joe Harrison (Deputy Chief Executive)

6. TO HEAR EVIDENCE FROM BARNET ENFIELD & HARINGEY MENTAL HEALTH TRUST (PAGES 25 - 48)

To hear evidence from:

Maria Kane (Acting Chief Executive), Andrew Wright (Head of Business Development) & Katia Louka (Membership and Marketing Manager)

7. TO RECEIVE WRITTEN EVIDENCE TO THE PANEL

The Panel is due to receive written submissions from:

- Haringey TPCT (to follow – will be available on the 19th November)

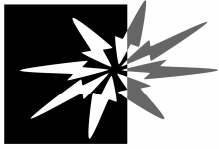
8. NEW ITEMS OF URGENT BUSINESS

9. DATE OF NEXT MEETING

To confirm the date of the next meeting at 2.00 p.m. on 12th December 2007.

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Haringey Council

Agenda item:

[No 1]

Overview and Scrutiny Committee

On 22 October: 2007

Report Title: **Barnet, Enfield and Haringey Mental Health Trust/The North Middlesex University Hospital – Public Consultation on Applications for Foundation Status – Response by Overview and Scrutiny Committee**

Forward Plan reference number (if applicable): N/A

Report of: Chair of Overview and Scrutiny Committee

Wards(s) affected: **All**

Report for: **N/A**

1. Purpose

1.1 To agree a process for considering a response to the public consultations being undertaken by the Barnet, Enfield and Haringey Mental Health Trust/The North Middlesex University Hospital Whittington NHS Trust on their applications for foundation status.

2. Introduction by Cabinet Member (if necessary)

2.1 N/A

3. Recommendations

3.1 That a scrutiny review panel be set up to consider the proposed applications and recommend comments to be made on behalf of the Overview and Scrutiny Committee.

3.2 That the scope and terms of reference for the review, as outlined in the report, be approved.

Contact Officer: **Rob Mack, Principal Scrutiny Support Officer, 020 8489 2921**
rob.mack@haringey.gov.uk

4. Local Government (Access to Information) Act 1985

4.1 Background Papers:

Centre for Public Scrutiny (CfPS) briefing paper for overview and scrutiny committees on NHS foundation trusts.

5. Report

- 5.1 Both Barnet, Enfield and Haringey Mental Health Trust and the North Middlesex University Hospital have announced their intention to apply formally for foundation status. The consultation on their proposals will run from 17 October to 16 January. Overview and Scrutiny Committee have been invited to comment on these proposals.
- 5.2 NHS foundation trust hospitals are a new type of NHS organisation that are intended to be accountable to their local community rather than to central government. The aim is to make them more responsive to the needs and wishes of local people. However, they remain part of the NHS and are required to provide healthcare services that are consistent with NHS standards and principles.
- 5.3 The main advantage to NHS trusts in obtaining foundation status is that they can have greater financial freedom. It enables them to seek new sources of income, retain any surplus and decide, in partnership with the members' council, how best to spend their money to meet local needs.
- 5.4 NHS foundation trusts are governed by a members council that is elected by its members. Patients, the public, staff and local organisations are all able to become members. The members' council works with the hospital's board of directors to agree its strategic direction. There are three specific tiers of governance:
 - A membership that is made up of patients, staff local people and partner organisations, such as Primary Care Trusts (PCTs), GP practices, local authorities and voluntary organisations
 - A members' council of about 30 members which includes individuals elected from the membership and people appointed from partner organisations. This will include four members of staff
 - A board of directors made up non-executive and executive directors, the chairman and chief executive
- 5.5 Proposals to apply for foundation status cannot in themselves be regarded as 'substantial variations' to services and there is therefore no need for statutory consultation under Section 7 of the Health and Social Care Act 2001. However, there is a general duty on NHS trusts have to involve patients and the public in decisions about all changes under Section 11 of the Act and it is under this duty that consultation on this issue will be taking place. The specific purpose of the consultation, as outlined in the guidance to NHS trusts on applications for foundation status, is to obtain views from patients and the public on the overall strategy and governance arrangements.

- 5.6 Should the trust gain foundation status, there will still be a need for them to consult with Overview and Scrutiny Committee on any future “substantial variations” although the process for doing this has some differences. In particular, there will no longer be a right to refer contested proposals to the Secretary of State.
- 5.7 It is proposed that the terms of reference for the review be as follows:
- “To consider and comment as appropriate on the applications for foundation status by the Barnet, Enfield and Haringey Mental Health Trust and the North Middlesex Hospital NHS trusts and, in particular, their overall strategy and governance arrangements”
- 5.8 The Committee is currently in the process of responding to the application for Foundation Status by the Whittington Hospital. A small panel of Members of the Overview and Scrutiny Committee was set up to respond to the application as this allowed the proposals to be looked at in greater detail than would be possible at a meeting of the full committee. The Panel looked at the application in some detail and, as part of this process, was assisted by the provision of external expert advice.
- 5.9 The issues in relation to the applications from the Mental Health Trust and the North Middlesex Hospital are likely to be very similar and it is therefore suggested that the panel of Members appointed to consider both these applications be set up on the same basis as the panel that was appointed to consider the Whittington Hospital application i.e. drawn from Members of the Overview and Scrutiny Committee.
- 5.10 It is felt that the Panel will need to meet three times:
- One meeting each to receive the proposals from both of the trusts
 - A final meeting to consider appropriate responses.
- 5.11 Key issues for the Panel will be as follows:
- Process: Has the consultation process to seek foundation status been adequate? Has the consultation process involved all sections of the local community? Has the process been open and clear? Have all views – negative as well as positive – been reflected in the application for foundation status? Will the trust act on and address any concerns raised in the consultation process?
 - Accountability: To what extent will foundation status increase democratic accountability and community ownership of health services? Will local people have more say in local health services? How can the trust ensure that the membership and management board reflect the diversity of the local community? Will the membership and board of governors have any influence on services?
 - Partnerships and the local health economy: Will the creation of the trust lead to a two-tier local health economy? Will the trust have a competitive advantage over other NHS trusts? What are the risks and benefits to partnership working and the stability of the local health economy? Is the “duty to cooperate” effective? What will be the impact on the local health

economy? How can it be ensured that the trust continues to be fully committed to local health improvement partnerships?

- Impact on local people: How will local people benefit? Will there be any negative impacts for local people? What impact will foundation status have on local health inequalities in health – especially unequal access to health services? Will foundation status improve health services for local people?

5.12 It is also recommended that the panel work closely with relevant PPI Forums in order to obtain a patient perspective on what the proposals might entail for local people. In addition, evidence should be sought from Haringey Teaching Primary Care Trust, who are a key stakeholder due to their strategic role in commissioning.

6. Equalities Implications

The review panel may want to consider whether the respective plans take into account the diverse nature of the local population and will not exacerbate

7. Consultation

Members may also wish, as part of their consideration, to look at both trust's consultation plan on their application as well as their proposals for ongoing patient and public involvement should their application be successful.

8. Use of Appendices / Tables / Photographs

8.1 The consultation documents are appended to this report

Your Health, Your Community, Your Hospital

Cover design here

Document to be A4 landscape

Contents

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- The advantages of becoming a Foundation Trust
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- Our plans for the future
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Introduction

The Trust Board of North Middlesex University Hospital (NMUH) has decided to apply to become an NHS Foundation Trust. We believe that this would be good for our patients, their carers, local people, our staff and our partner organisations.

This document states why we believe that becoming a Foundation Trust is important and describes more about what a Foundation Trust is. It refers to our future plans and sets out the benefits of becoming a Foundation Trust. Finally it sets out how and why we would like you to get involved by becoming a member.

We want our community to be proud of their local hospital and join us in shaping and taking forward our plans for the future. The high quality clinical services we provide are being supported by the development of new hospital premises, which are due to open in 2010. This will help to transform the way in which we provide high quality patient care, by providing modern facilities, which local people deserve.

We would like your views on the questions we have posed in this document. The reply form provided is your opportunity to tell us what you think. Please send this to us by **13th January 2008**. As a member of our local community, your comments will play an important part in the decisions we make about the future of your Hospital.

If our application is successful, the North Middlesex University Hospital could become a Foundation Trust from July of 2008.

This consultation document is also available on our website www.northmid.nhs.uk. If you would like a copy on audio tape or in Turkish, French, Polish or Albanian, or have other translation needs, please call: freephone 0800 028 6394 or email: communications@nmh.nhs.uk

About Us

North Middlesex University Hospital (NMUH) is a busy acute district general hospital serving about 260,000 people living in the London Boroughs of Enfield and Haringey and surrounding areas, including Barnet.

We provide the full range of health services expected of a local acute hospital including a 24-hour accident and emergency (A&E) department, other inpatient emergency services and maternity and children's services. We also provide a number of specialist services that reflect the needs of the local population. These include HIV/AIDS, cardiology, haematology, diabetes and renal services. We are a centre for oncology as part of the local Cancer Network.

Our accident and emergency department with the walk-in centre is one of the busiest in London, with over 145,000 attendances per year. Last year over 62,000 patients were admitted into the 400 beds of the hospital for treatment, of which 47,000 were emergencies. We carried out almost 15,000 surgical procedures and there were nearly 200,000 outpatient attendances.

Our staff

We are a major employer in the area with nearly 2,000 staff and another 300 employed by our partner and contracting organisations. There are almost 300 doctors, of which nearly 100 are consultants, 700 nurses, a variety of other health professionals and nearly 250 health care support workers. Our staff profile reflects the diversity of the community they serve.

Working in partnership

We are a university hospital and work closely with the Royal Free and University College Medical School London to provide medical and nursing undergraduate and post-graduate training.

We established a partnership with Great Ormond Street Hospital for Children NHS Trust in April 2005. This unique arrangement also includes the Whittington Hospital NHS Trust and Haringey Teaching Primary Care Trust. Now all children's services at NMUH, including the children's accident and emergency department, are run by Great Ormond Street Hospital under the umbrella of NMUH. Renal services, including a new dialysis unit, are provided on our behalf by the Royal Free Hampstead NHS Trust.

About Foundation Trusts

NHS Foundation Trusts were created in 2003 when the Government published the new Health and Social Care Act. Foundation Trusts are part of the NHS and, in line with the founding principle of the NHS, provide health care based on need, not on the ability to pay.

Some of the main features of NMUH as a Foundation Trust will be:

- We will become a 'public benefit corporation', similar in nature and legal status to mutual building societies and co-operatives. The Trust will be run locally and is clearly accountable to elected members through the Board of Governors which is made up of patients, the public and staff;
- There is a requirement for us to meet all the patient care and other standards required by the Healthcare Commission and the national targets set by the Department of Health, but we will be answerable to the local community and Monitor rather than central government;
- We will have the opportunity to retain surpluses generated by the Trust, with greater freedom to invest in services that meet the needs of the local community.
- The creation of a Board of Governors, consisting of elected public, staff and stakeholders, will appoint the Board of Directors to lead the organisation and determine and implement the strategic direction of the organisation;
- Additional flexibilities to recruit and retain staff to enable us to further improve patient care and treatments for the local population;
- We will remain part of the NHS and have greater freedoms to further develop working relationships with partner organisations to the benefit of the local community.

The advantages of becoming a Foundation Trust

Becoming a Foundation Trust is important to our patients, carers, community and staff. We see the following as the main advantages of becoming a Foundation Trust.

Sharing the vision

In order to provide healthcare in the best way possible, we believe the different organisations providing healthcare in a community need to work together. We think that by having a wide, representative membership, with the views of patients, carers, staff and our partner organisations represented by the Board of Governors, our services will be the ones that local people need, delivered in the way that local people want.

Involving the community

The local community has a huge network of support agencies that help people with health problems to get the most out of their lives. We believe that by becoming a Foundation Trust, NMUH can strengthen its role in working with those agencies to improve health and healthcare for local people.

A better place to work

Our staff will be able to become members and vote in, or stand for, election to the Board of Governors. This will give staff a greater say in the way that the organisation is run and greater control over the services they deliver.

Greater freedom

As a Foundation Trust we would be self-governing and have greater financial freedom to invest in services and improve premises for patient care aligned with the local health needs of our patients.

Our strengths

We provide high quality emergency and elective services to the local population. Our consultant led emergency care service, which is supported by an intensive care unit, is continuing to grow and is at the heart of these services.

We also have a range of specialist services, which reflect the needs of the local population. These include maternity, cardiology, haematology, diabetes, renal services and HIV/AIDS. We have a large oncology department, which runs alongside the Helen Rollason Cancer Centre. Through our networks we provide access to a 24-hour stroke care service, emergency balloon angioplasty for heart attacks and major trauma care such as neurological surgery.

The support for the major rebuilding of North Middlesex University Hospital represents a significant vote of confidence in the future of the Trust and rewards our excellent improvement in performance in recent years. The largely Edwardian estate will be substantially replaced by an investment of over £100 million in new clinical facilities, enabling NMUH to provide healthcare to local patients in 21st century facilities.

A combination of strong clinical performance, supported by the Trust achieving a financial surplus for the last two years, provides a very solid base for the Trust to build upon for the future. This progress, combined with the future growing demands for health services at NMUH will place the Trust at the centre of delivering healthcare for north London in the future.

Our selection as a candidate for Foundation Trust status follows this period of strengthening and improvement in the overall governance of the organisation. On completion of the public consultation, the Foundation Trust application process will involve further detailed scrutiny of our capacity to operate in the future as a self-governing organisation, building on the progress made to date.

All of this progress has been supported by a stable and very loyal workforce that continues to improve and develop each year. The variety of clinical cases continues to be a source of inspiration and motivation to our clinical workforce enabling us to attract and maintain the best staff and ensure a high quality of medical education. This is supported by positive leadership across the Trust which has been strengthened to meet the demands of being a Foundation Trust.

Our plans for the future

Our vision for the future is to become one of London's major acute hospitals. We want to be the hospital of choice for our local community, providing first class patient care in state-of-the-art healthcare facilities.

In 2010 the new hospital building will be ready and will provide 150 inpatient beds in modern premises to replace the remaining Edwardian open-plan wards. We will have new, larger Accident and Emergency and outpatient departments for adults and children, supported by x-ray and scanning equipment and there will be a new operating theatre suite.

Further development at NNUH will take into account the outcome of 'Your health, your future', the public consultation on the Barnet, Enfield and Haringey Clinical Strategy. Further development will also depend on the outcome of the Healthcare for London public consultation, planned to begin in December of 2007.

As a Foundation Trust we propose to become a major acute hospital that also offers primary care facilities on the hospital site. We will continue to fulfill our role as an emergency centre for adults and children and for maternity care. We will also continue our important role in cancer care and in the specialist areas required by the local population such as the treatment of blood disorders and sexual health.

Our plans will ensure that, with our neighbouring health organisations, the highest level of clinical expertise and training is provided to support patient care. This includes achieving the right balance of services provided in the community and as outpatients or following admission to our hospital as necessary.

CONSULTATION QUESTION 1:

What do you see as the most important issues for the Trust to focus on?

(Please indicate your order of preference with 1 being most the important and 8 being the least important)

- Cleanliness
- Translation/interpretation
- Patient transport
- Availability of services
- Infection control
- Disability awareness
- Waiting times
- Other - Please specify what you would like the Trust to focus on

Membership

Membership offers a new opportunity for local people and others who would like to be involved in developing the Trust's services. Our membership drive will seek to recruit membership from our patients, their carers, the public, our staff, local community and voluntary groups and partner organisations.

The role of members will include:

- Being able to vote and stand in elections for the Board of Governors;
- Being consulted on plans for future developments;
- Having the option to receive Trust documents such as the Annual Report and a membership newsletter;
- Being able to vote in elections to, and stand for, the Board of Governors.

Becoming a member is free and details of how to become a member are at the end of this document.

Membership eligibility

We propose that membership is made up of the following constituencies:

1. There should be two public constituencies, consisting of:
 - Persons twelve years and over who live within the London Borough of Enfield Council Boundaries;
 - Persons twelve years and over who live within London Borough of Haringey Council Boundaries.
2. There should be one patient/carer constituency:
 - All patients or their carers registered with the hospital who are not part of the public constituency.

Please note the patient/carer constituency enables patients from outside Enfield and Haringey to become members.

The lower age limit to become a member is 12 years old, although members aged up to 16 years would not be eligible to stand for election as a governor.

It is expected that patients and the public in any of the three categories above will be required to opt-in to becoming a member of the Foundation Trust.

A member of staff who is eligible to be a staff member (see 3 below) cannot be either a public constituency member or a patient/carer member.

3. A staff constituency, which will consist of:

- People employed by North Middlesex University Hospital NHS Trust

We are proposing that staff should automatically become members, with the option to opt-out if they wish. Staff who are on temporary contracts must have worked for the Trust for at least one year before they are eligible to join as a member of the staff constituency.

CONSULTATION QUESTION 2:

What do you think about the eligibility criteria and constituencies?

CONSULTATION QUESTION 3:

Do you agree that there should be two public constituencies?

CONSULTATION QUESTION 4:

Do you agree that patient and carers should be part of the same constituency?

CONSULTATION QUESTION 5:

Do you think 12 is old enough to be a member of the Foundation Trust?

CONSULTATION QUESTION 6:

Do you think staff should have to work for us for a year before becoming a member?

Governance

The Board of Governors represents the interests and views of the Foundation Trust's membership and stakeholders. This means that the population served by the Trust is directly involved in the running (governance) of the organisation.

The key roles of the Board of Governors will include:

- Playing an active part in making sure that members are aware of developments to services;
- Ensuring that members' views are heard by the Board of Directors;
- Electing the chairman and non-executive directors of the Board of Directors.

More than half of the Board of Governors must be made up of members from the public constituency (which includes patients and carers). The chair of the Foundation Trust chairs both the Board of Directors and the Board of Governors.

The Board of Governors

The Board of Governors is made up of elected and appointed members.

Elected governors

Any eligible member of the public and staff constituencies will be able to stand for election to the Board of Governors. We are proposing that there are the following numbers of elected governors.

Public/patient members

18 patient/public members, constituted as follows:

- 8 members each from the two public constituencies
- 2 members from the patient/carer constituency

Staff members

3 staff members, shared across the whole range of staff groups.

Appointed governors

Our appointed governors will represent the partner organisations that we work with on a day-to-day basis. They will bring with them expert knowledge in their area and help the Board of Governors to have a broad perspective.

We are proposing that the following organisations have one place each on the Board of Governors:

Enfield Primary Care Trust
Haringey Teaching Primary Care Trust
Enfield Council
Haringey Council
Middlesex University

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University College London
Great Ormond Street Hospital for Children NHS Trust
Royal Free Hampstead NHS Trust
Barnet, Enfield and Haringey Mental Health Trust
Bouygues Consortium (Hospital Development Project Partner)
Enfield Community Voluntary Service
Haringey Community Voluntary Service
Metropolitan Police
London Ambulance Service (LAS)

Transitional arrangements

To ensure continuity when the a Foundation Trust is established, transitional arrangements are set out for this in the Health and Social Care (Community Health and Standards) Act 2003 and the National Health Service Act 2006 which we will be adopting.

The Act indicates that the current chair, non-executive directors and chief executive of the Trust are appointed to the Board of Directors of the NHS Foundation Trust. This applies only if, in each case, the person concerned wants to be appointed. The chair and non-executive directors will be appointed for the remainder of their existing term on the NHS Trust Board or for 12 months, whichever is the longer. Any vacancies on the Board of Directors that arise during the first year will be filled following the appointment procedures in the Trust's constitution.

CONSULTATION QUESTION 7:
Do you think the partner organisations are the right ones?

CONSULTATION QUESTION 8:
Are you happy that Enfield and Haringey have 8 governors representing the constituencies, and that the patient/carer constituency has 2 governors?

Yes

No – What do you suggest?

Your views

From 22nd October 2007 to 13th January 2008 we will be asking everyone who lives in Enfield and Haringey, plus staff and other patients and carers, what they think of our plans to become a Foundation Trust and our plans for the future of the Hospital.

We will be approaching local people, patients and staff for their views. We will host public events and attend meetings held by voluntary and community groups, patient groups, staff groups and our partner organisations.

We have arranged a series of public events and special interest events to give you the chance to come and find out more about what it means to become a Foundation Trust and our future plans for North Middlesex University Hospital. These events will have a community and health focus.

The times, dates and venues of the meetings set up so far are as follows:

Events in Haringey

Edmonton Leisure Centre
2 The Broadway,
Edmonton,
London, N9R 0TR
Friday 2nd November 2007 from 10am to 2pm

Tottenham Hotspur Foundation Conference Centre
748 High Road
Tottenham
London, N17 0AP
Monday 10th December 2007 from 2pm to 5pm

Hornsey Town Hall
The Broadway
Crouch End
London, N8 9JJ
Thursday 13th December from 2pm to 5pm

Events in Enfield

Southbury Leisure Centre
192 Southbury Road
Enfield, EN1 1YP
Wednesday 28th November from 11am to 1pm

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Enfield Civic Centre
Silver Street
Enfield, EN1 3XA

Wednesday 5th December from 6pm to 8pm

Additional meetings will be publicised widely in the local press and on the Trust website.

Summary

Foundation Trusts are the future model for the governance of hospital and other health services where care is provided. We cannot stand still if we want to take our new powers and freedoms to mould and develop our services in a strong and stable healthcare system. Through our membership we will have stronger engagement with the people we serve.

If you would like more information about Foundation Trusts or about our application to become a Foundation Trust you can:

Go to our website: www.northmid.nhs.uk
Email: membership@nmh.nhs.uk
or write to:

Clare Panniker
Chief Executive
North Middlesex University Hospital NHS Trust
Sterling Way
London N18 1QX

Or call Freephone: 0800 028 6394

This consultation document is also available on our website www.northmid.nhs.uk. If you would like a copy on audio tape or in Turkish, French, Polish or Albanian, or have other translation needs, please call Freephone: 0800 028 6394 or email: communications@nmh.nhs.uk

How to Respond

It is free to respond to this consultation. We hope that after reading this document you have a better understanding of Foundation Trusts and their benefits and of our future plans for the Hospital.

We welcome your comments. Please spend a few moments to fill in the form and let us know your views. The feedback you give us will be analysed and included in our formal application to become a Foundation Trust.

CONSULTATION QUESTION 1:

What do you see as the most important issues for the Trust to focus on?

(Please indicate your order of preference with 1 being most the important and 8 being the least important)

- Cleanliness
- Translation/interpretation
- Patient transport
- Availability of services
- Infection control
- Disability awareness
- Waiting times
- Other - Please specify what you would like the Trust to focus on

CONSULTATION QUESTION 2:

What do you think about the eligibility criteria and constituencies?

Please state

CONSULTATION QUESTION 3:

Do you think that there should be two public constituencies?

Yes, I agree that there should be two public constituencies, one for people who live in Haringey and one for people who live in Enfield?

No – Please say what you think

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CONSULTATION QUESTION 4:

Do you agree that patient and carers should be part of the same constituency?

Yes, I agree that patients and carers should be part of the same constituency.

No – Please say what you think

CONSULTATION QUESTION 5:

Do you think 12 is old enough to be a member of the Foundation Trust?

YES

NO – What age do you suggest

CONSULTATION QUESTION 6:

Do you think staff should have to work for us for a year before becoming a member?

YES

NO

CONSULTATION QUESTION 7:

Do you think the partner organisations are the right ones?

YES

NO – What do you suggest

CONSULTATION QUESTION 8:

Are you happy that Enfield and Haringey have 8 governors representing the constituencies, and that the patient/carer constituency has 2 governors?

YES

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NO – What do you suggest

**CONSULTATION QUESTION 9:
Is there anything else you would like to say about this application?**

Please state

Name:

Address:

Postcode:

Email:

Please tick the box if you would like to register your interest in becoming a member. We will send you a membership application pack; so that you can find out more about what membership means for you and we hope that you will join us and help make a difference to the future of your Hospital.

This section to be distributed as a series of prompts/footnotes throughout the document. It will not be a section in its own right.

Members need to meet the criteria for being members, and are those who have an interest in the development and well being of North Middlesex University Hospital and have applied to become a member of the Foundation Trust.

Members of an NHS Foundation Trust have ownership in a similar way to becoming a member of a co-operative society. This gives a greater involvement of local communities through their links with their members and their partner organisations. Local people, staff, patients and their carers can become members of their local NHS Foundation Trust.

Members are able to stand for election to the Board of Governors.

The Board of Governors represents the interests of the members and other stakeholders. It ensures that the local community is directly involved in the governance of the Foundation Trust and ensures that it meets its objectives. The Board of Governors is responsible for appointing the Chair and non-executive Directors at a general meeting.

The Constitution describes the main purpose of the Foundation Trust and the way in which it should operate. It describes who is eligible to become a member and how the Board of Governors is formed and operates.

The Board of Directors comprises both executive and non-executive directors, including both the Chief Executive and the Chair. The Board of Directors is the decision making body within the Foundation Trust and both legally and morally has responsibility for both achievements and failures.

The Chief Executive has certain direct responsibilities for both reporting and for proper management as the “Accountable Officer, but she (or he) has no authority over the Board, and cannot alone overturn a board decision.

Executive Directors work in their roles overseeing the day-to-day running of the Trust, but work under authority of the Chief Executive.

Non Executive Directors (NEDs) are lay members of the Board who are appointed by the governors at a general meeting. They are not employees but are remunerated at a rate decided by the Governors. The Chair and NEDs are responsible for appointing the Chief Executive.

Executive and Non Executive Directors are of equal status on the Board of Directors and each carries equal responsibility for the decisions and activities of the Board.

Monitor is appointed by the Secretary of State for Health to be the Independent Regulator of NHS Foundation Trusts and is accountable to

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Parliament. It is responsible for authorising a Trust's application to become a Foundation Trust and for making sure that the Trust continues to meet its objectives and the standards set by the Healthcare Commission.

The Healthcare Commission is the independent watchdog for the standards of health services in England. Foundation Trusts have to meet all the national patient care standards set by the Healthcare Commission.

Primary Care Trusts (PCTs) are the NHS organisations that commission health care services to meet the needs the local population by spending the NHS money allocated to them by the Government.

Stakeholders are everyone who has an interest in how an NHS Foundation Trust is run. They can be organisations such as community groups, other parts of the health and social care system, educational organisations, other representatives of local public services, local businesses, local representatives and community leaders.

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Barnet, Enfield and Haringey Mental Health NHS Trust

Foundation Trust Consultation Document

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1. Welcome

This document outlines Barnet, Enfield and Haringey Mental Health NHS Trust's plans to become a Foundation Trust, and - most importantly - asks for your ideas and support.

Foundation Trusts are a new kind of NHS organisation. This document will help to explain the differences, and the opportunities which Foundation status offers.

The Government wants all NHS Trusts to become Foundation Trusts eventually but, for the time being, only those seen as being well-managed and financially sound can apply.

Our invitation to apply from the the Department of Health is a real recognition of the quality of our services and a tribute to the commitment, care and skill of our staff.

The hallmark of a Foundation Trust is that it is accountable to local people, and involves service users, staff and residents in deciding the priorities of the organisation. We see it as crucially important that we reflect the diverse needs of the population we serve.

This consultation exercise sets the tone for a new way of working with the community. We want to know what you think, and we hope you will be as excited by the potential as we are.

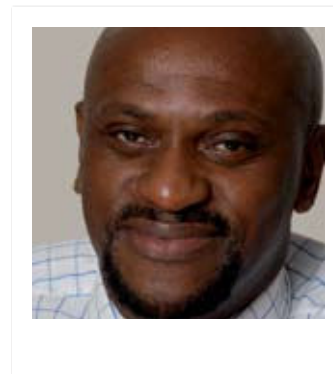
Then we want you to join us, and become a Member – and really get involved in your local Mental Health Trust!

Becoming a Member won't cost you a penny, but we will ask for your ideas and feedback, keep you up to date with life in the Trust, and hope that you will work with us to promote positive mental health.

Please take a few minutes to look through this brochure. It answers many of your questions and tells you how to find out more. Then there is a freepost form through which you can tell us what you think – and apply to become a Member.

I look forward to hearing from you.

Yours faithfully



Carl Lammy
Chair

2. The people we serve, our organisation, and our partners

We were established as a Trust in 2001, and are responsible for providing mental health care to residents of Barnet, Enfield and Haringey. We work from both hospitals and community-based premises throughout these boroughs.

We provide services for people of all ages, and with a range of mental health needs. Sometimes our service users need to spend time in hospital as inpatients, but much more often we provide services in outpatient or community settings. We also work closely with GPs and other partners to support people with mental health problems living at home, and to keep the wider community mentally healthy.

We provide some specialist services across the whole of North London, such as our forensic services, and we have developed centres of excellence, such as our Eating Disorders service at St Ann's Hospital and our Brain Injuries and Rehabilitation Unit in Edgware.

Our 2,700 clinical and other staff see around 12,000 people each year, and we have 711 inpatient beds occupied at any one time. We have an annual budget of £170 million.

Our population

The area we serve is very mixed, and includes both inner and outer London boroughs. We serve suburban communities and city neighbourhoods of all kinds. Some of these are prosperous, while others are areas of severe deprivation.

We work with diverse communities. For example, Haringey is the fourth most mixed borough in terms of ethnicity in London, with large African and African-Caribbean communities, significant

numbers of residents of Greek, Turkish or Cypriot descent, and newer communities from South Africa and Eastern Europe.

Barnet has a notably young population, with the second highest number of children and young people in London.

Children in Enfield's schools come from 87 different ethnic groups and, while much of the borough is leafy suburbia, it also contains areas which are among the most deprived 20% in the country.

Our partners

Our main NHS partners are the Primary Care Trusts (PCTs) responsible for Enfield, Barnet and Haringey, and we also work closely with the local authorities of these boroughs.

From the wider North London area, we provide services for significant numbers of people from the PCT areas of Brent, Camden, Harrow, Islington and Waltham Forest, as well as some services in East London and out to Essex.

We also work closely with agencies which support people with mental health problems, such as Barnet Voice, Enfield Mental Health Users Group, the Haringey Patients' Council, MIND, Tulip and the Richmond Fellowship.

Key Service Bases in Each Borough

These are the main locations from which the Trust operates

Service Bases in Enfield

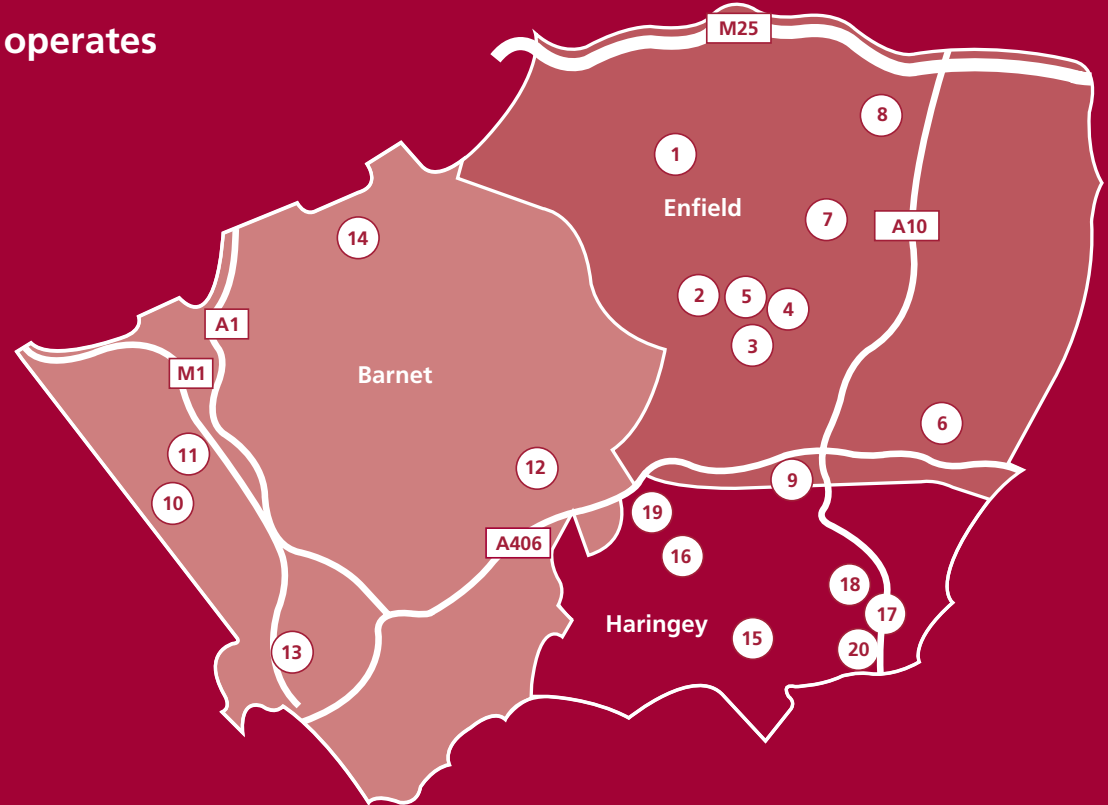
- 1 Chase Farm Hospital site
- 2 Crown Lane Clinic
- 3 Silver Street
- 4 Bay Tree House
- 5 Refuge House
- 6 Fore Street, Edmonton,
- 7 Dryden Road
- 8 Charles Babbage House
- 9 Link Liaison Nurse Service - North Middlesex University Hospital

Service Bases in Barnet

- 10 Edgware Community Hospital
- 11 Premier House, Edgware, Middlesex
- 12 Finchley Memorial Hospital
- 13 Colindale Hospital
- 14 Spring Well Centre – formerly Barnet Psychiatric Unit, Barnet Hospital site

Service Bases in Haringey

- 15 St Ann's Hospital
- 16 Canning Crescent Centre
- 17 Tynemouth Road Health Centre
- 18 Drug Advisory Service Haringey – DASH – Wood Green
- 19 Bounds Green Health Centre
- 20 Excel House



Across these sites, the Trust provides a wide range of services to the people of North London

- Outpatient clinics
- Acute inpatient wards
- Psychiatric Intensive Care Units (PICU)
- Rehabilitation services
- Elderly Mental Health Continuing Care Wards
- Day Hospital for Adults and the Elderly
- Community Mental Health Teams
- Occupational Therapy services
- Psychotherapy Services
- Continuing care for older people, including dementia day care services
- Child and adolescent mental health services (CAMHS) both outpatient and in-patient care
- Assertive outreach services
- Drug and alcohol advice services (Barnet and Haringey only)
- An eating disorders service
- North London Forensic Service -Medium Secure Unit

3. What is a Foundation Trust? And why do we want to become one?

Foundation Trusts are a new type of NHS organisation. They are more independent of Government, and have more financial freedoms than other NHS Trusts.

They are accountable to service users, staff and the community, through their Membership, which is open to all local residents, service users and Trust employees.

They also have Governors, who are elected by the Members or nominated by partners and other stakeholders, such as local authorities.

Through Members and Governors, local people have a real say in how the Foundation Trust operates, and its priorities.

Foundation Trusts remain part of the NHS, and continue to provide services free to the people who use them, on the basis of need not ability to pay. And they are still subject to the same regulations and standards as all other NHS Trusts, including quality and effectiveness scrutiny by the Healthcare Commission.

The Government has also set up a new body, called Monitor, to regulate Foundation Trusts – making sure that they do what they say, and stepping in should problems occur.

The process of application is rigorous, however, and we expect Monitor to examine our plans carefully.

This consultation exercise is an important part of that process.

Why do we want to become a Foundation Trust?

We think that becoming a Foundation Trust will bring many benefits:

- Service users, carers and our staff will have the opportunity of being directly involved in the running of the Trust
- Our Membership and local Governors will make us better informed, and more able to reach out to the many communities in the areas we serve
- Services will be more responsive to local needs
- Financial freedoms will help us to speed up the improvements we have identified, and plan over a longer term
- We will be able to retain any financial surpluses and proceeds from the sale of surplus assets to help further improve our services
- We shall have the opportunity to enter new partnerships with organisations which can help us to deliver more comprehensive services, and to work in ways which are innovative and flexible.

"Becoming a Foundation Trust will give the people I work with in the local community a real opportunity for involvement through its Membership. This will ensure that service users and carers play an active role in shaping how services like mine will develop."

*Dr Therese Shaw
Consultant Psychiatrist for Older People*

What will be different?

If we are successful in our application to become a Foundation Trust, some things will change:

- We shall recruit a local Membership, and hold elections for people to become Governors
- We shall work with our Members to raise awareness about mental health issues, combat the stigma that can be faced by people with mental health problems, and improve the mental health of the community
- We will seek to expand some of our services which are particularly good
- We will actively build partnerships with PCTs, local authorities and other agencies important in the lives of those with mental health problems
- We may change the name of our Trust to a different one which better reflects our services and plans for the future. We are considering the name 'North London NHS Foundation Trust', as this describes the area we serve more accurately.

We hope that you will want to join us as a Member, and perhaps stand for election as a Governor.



4. Our Vision and Values

We want to be a leading provider of mental health services.
We aim to offer:

- An improved care environment and high quality services
- A recovery-based approach
- A sufficient, competent and motivated workforce
- More choice for, and meaningful engagement of, service users and carers
- A well-run, financially viable and sustainable organisation
- An environment which provides privacy and dignity.

What matters to us

We believe that how we go about achieving these aims is critical, and being values-led matters to us.

In providing mental health care, clinical excellence is centrally important - of course - but our aim is to enable our service users to live full lives, play their part in the community, and maintain their independence.

This requires more than just first-rate clinical care. It means treating people with respect and giving them choices, providing practical support (for example with housing and employment), delivering our services in the community wherever we can, and avoiding lengthy stays in hospital by keeping people mentally healthy.

In order to achieve our aims as a Foundation Trust, we have developed:

- A Vision of the kind of organisation we want to be
- Objectives for how we will make it happen
- Values which will underpin all of our work.

Why becoming a Foundation Trust will help

We believe that becoming a Foundation Trust will enable us to build on these values.

Why? Because we will use the financial and operational freedoms we will have as a Foundation Trust to work differently.

For example, with longer-term funding we can plan more effectively, and hence develop new services, or deliver existing services in new ways – particularly in community settings.

We can be more flexible in our dealings with other organisations, and we look forward to working with new voluntary sector partners, for instance to engage with communities we sometimes find “hard-to-reach”, and to support our service users with employment or leisure opportunities.

We shall be able to work in flexible and innovative partnerships, such as with housing or training providers, so that the package of care our service users receive is more tailored to their individual needs – and is geared towards maximising their quality of life.

Our Vision	Our Objectives	Our Values
To lead and influence the development of person-centred networks to deliver effective, high quality services	To support people of all ages to recover from mental ill health and promoting their well-being	We will behave with honesty and integrity, openly sharing ideas and concerns, while respecting the need for confidentiality under the law
To be the first choice for staff, patients and commissioners by building a reputation for excellence	To promote and develop the active participation of service users and carers in their own care, the monitoring of services and the planning of service improvement	We will create a friendly, caring and safe environment, where all people are treated with respect, dignity, courtesy and consideration
To develop innovative partnerships to better serve the needs of our local population	To develop innovative partnerships to better serve the needs of our local population	As an organisation striving for excellence, we will give recognition to achievements and value hard work and improved performance
	To become the best at what we do and build a reputation for excellence	We will work in partnership with individuals and other organisations to help them achieve their aspirations by facilitating and responding to their choices
	To become service users and commissioners' first choice for mental health services	We will be open to constructive feedback and always seek to provide services, which are responsive, efficient and effective, so they are the first choice for users, commissioners and staff
	To become a first choice employer for staff	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
	To be transparent in all our dealings and always ready to explain our decisions and plans	
	To strengthen our links with the local communities and allow us to target our resources for the benefit of service users, carers and staff; as part of our work towards Foundation Trust status	

5. About this Foundation Trust consultation

As part of our bid to become a Foundation Trust, we are consulting service users, staff, stakeholders and local people on the plans outlined in this brochure.

We shall prepare a report based on what you tell us, and submit it with our application to Monitor. Your views are important, and will have a real influence in shaping our plans.

You are welcome to comment on any aspect of our services or proposals, but we are particularly seeking your views on our:

- Plans and priorities as a Foundation Trust
- Proposals for Membership
- Proposals for the Council of Members.

Our consultation will run from 17 October 2007 to 16 January 2008. During this period, we shall explain our plans, listen to the opinions of others and answer questions. The programme will include:

- Formal meetings with NHS organisations and our main statutory partners (such as local authorities)
- Discussions with our staff, to encourage their input
- Attending meetings of local groups, community organisations and those representing service users
- Getting 'out and about' to meet local residents in community locations
- Holding our own public meetings, which everyone is encouraged to attend
- Posting information on our website, and encouraging you to comment on it
- Distributing this document, leaflets and other information as widely as we can.

Look out for us!

During our consultation, we will be 'out and about' in the community talking to local people, and will also hold public meetings to provide information about our Foundation Trust plans. Details of these will be posted on our Foundation Trust website. (www.beh-mht.nhs.uk).

We very much hope to see you at one of them.

"Hopefully, with the new Foundation Trust the voices of service users will be listened to more, leading to positive action from the Trust."

Melinda Back, service user, Enfield

Getting in touch with us

You can respond to our consultation (or find out more information) in many different ways:

- Send us a completed consultation form. There is one in this brochure (it is already addressed with a freepost number, so you don't need to put a stamp on it)
- By letter (using the freepost address below)
- By email to membership@beh-mht.nhs.uk
- Via our website www.beh-mht.nhs.uk
- By phone **020 8375 1692**
- In person. We would be pleased to make an appointment to discuss our plans with you
- By attending our public meetings. Details of these are on our website.

Copies of this document can also be downloaded from our website.

Barnet, Enfield and Haringey Mental Health NHS Trust

FREEPOST RRLT-GXKK-GLKU

Trust Headquarters

Avon Villa

Chase Farm Hospital Site

The Ridgeway

Enfield EN2 8JL

What happens next?

After we have completed this consultation and finalised our plans, we will submit a formal application to the Secretary of State for Health. The timetable for our application will be:

17 October 2007	Our consultation begins
16 January 2008	Our consultation ends Your last chance to respond!
End of January 2008	Our formal submission to the Secretary of State, including a summary of responses to this consultation
March 2008	Secretary of State decision. If s/he supports our application, it goes forward to Monitor for consideration
April-July 2008	Monitor's Assessment announced. If Monitor authorise us, we can then go ahead and become a Foundation Trust
Autumn 2008	Foundation Trust formally established

6. About our Membership scheme

The Members of a Foundation Trust are central to the way that it works. Membership is an important route through which the Trust engages with its local communities, it informs the Trust about local mental health care needs, and enables the Trust to reach out more effectively.

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.

The Membership will also be a powerful body, electing the majority of Governors, and being consulted widely on Trust plans.

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
- Work with us to raise awareness about mental health issues, and combat the stigma that can be faced by service users.

Trust Membership will not affect the service an individual receives, or their employment by the Trust in any way.

We are proposing two categories of Membership:

- Public Members
- Staff Members.

Public Members

Public Members can either be service users (or their carers), or people who live in the areas we mainly serve.

Residents in the London boroughs of Barnet, Enfield and Haringey are eligible to become Members. We see it as particularly important that our Members represent the full diversity of these boroughs.

In addition, we are interested in your views on our proposal to extend this more widely, to those living in other boroughs in North London. (For the purposes of our Membership scheme, we define North London as the local authority areas of: Barnet, Enfield, Haringey, Camden, Islington, Hackney, Brent, Harrow and Waltham Forest.)

We are not currently proposing to have a Membership section for service users separate from the Public Members. But we are interested to hear views from those who think that we should do so, as we recognise that mental health service users must be involved effectively and well-represented on the Council of Members.

We propose the minimum age for membership is 12 years of age, and we shall aim to involve young people through a range of different activities and events. We also propose that the lower age limit to be a Governor will be 16.

We are very keen to hear your views on our proposals for membership.

Staff Members

Our staff will be crucial to continuing to improve and develop our services as a Foundation Trust, and we want as many as possible to become active Trust Members.

All staff will automatically be made Members, unless they specifically choose to opt out.

We propose to extend staff Membership to:

- Everyone on a Trust contract of employment
- People on secondment with us
- All staff in the Trust Bank
- Academic staff who work in the Trust, but are not on our payroll.

Why become a Member?

We hope that you will want to become a Member.

Being a Member of the Trust is free, and you can get involved as much – or as little – as you wish.

As a Member you will be able to:

- Become active in the life of the Trust, and support it in the community
- Receive regular information and a Members' newsletter
- Take part in consultation about service developments
- Learn more about mental health, and how to take care of your own mental health, through events and seminars

- Work with us to raise awareness about mental health issues, and combat the stigma that can be faced by service users
- Elect representatives to the Council of Members, or stand for election yourself.

"Being a member of the Foundation Trust will give me a real say in the way the Trust operates in terms of services and the support it gives to staff to be effective in their roles."

*Veronica Flood
Lead Nurse Education + Practice Development*

7. Proposals for the Council of Members

The Council of Members will be a key part of our Foundation Trust.

The Board of Directors will continue to run the Trust day-to-day, and remain accountable to our commissioners, Monitor, regulators and Government rules on financial management, clinical standards and other quality and performance measures.

The Council has an important role, and some specific legal responsibilities. These include:

- Representing the views of the Membership, and overseeing the development of the Trust’s Membership Strategy
- Representing the Trust in the community, and being an advocate for it
- Being consulted on major plans, and setting overall direction
- Appointing the Chair and Non-Executive Directors of the Trust, and approving the appointment of the Chief Executive
- Appointing the Trust’s auditors, and receiving their annual report on the Trust’s accounts.

We believe that the Council of Members must represent a range of different perspectives and views, and - by law - the majority of the Council must be elected by the Members, with a brief to represent the wider Membership.

We propose to achieve this by establishing a Council with 40 Governors, in three different categories:

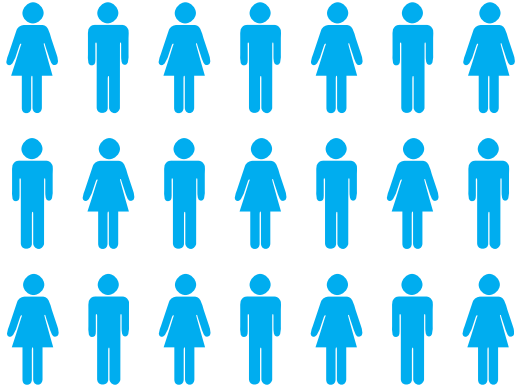
- Elected to represent Public Members, based upon the areas in which they live
- Elected to represent Staff Members
- Nominated by our partner agencies.

The Chair of the Trust will chair both the Council of Members and the Board of Directors.

Public Members (21)	No. of Governors
To represent:	
Barnet Members	6
Enfield Members	6
Haringey Members	6
Members not resident in Barnet, Enfield or Haringey	3
Staff Members (5)	
To represent Staff Members (with no reserved places for specific professional groups)	5
Partners (14)	
Nominated to represent:	
Barnet, Enfield and Haringey PCTs	3
Local authorities	3
Local voluntary organisations (including at least one to represent black and minority ethnic communities)	3
University College London	1
Middlesex University	1
Metropolitan Police Service	1
North London Learning & Skills Council	1
Business Link	1

Members' Council

Public Members



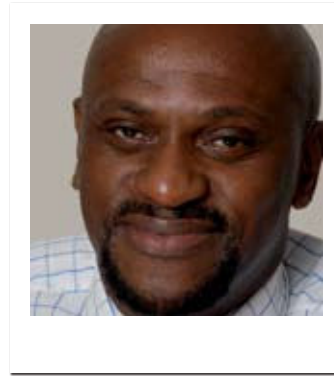
Staff Members



Partners



Chair



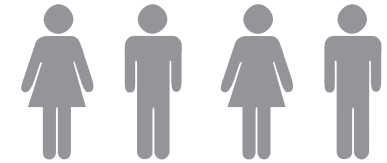
Chairs both Members' Council and Board of Directors

Board of Directors

Chief Executive



Executive Directors



Non Executive Directors



Elect



Elect



Nominate



8. Our priorities as a Foundation Trust

A main part of our Foundation Trust application will be an Integrated Business Plan (IBP). This document lays out our priorities as a Foundation Trust, financial projections and detailed plans.

As a Foundation Trust, we will be driven by three overriding priorities:

1. To improve the experience of our service users in inpatient care, while addressing the high levels of need in some parts of our area
2. To expand community crisis intervention services and home treatment teams, in order to reduce the number of people admitted to hospital as inpatients, and the length of their stay
3. To use our new financial freedoms to accelerate service developments, particularly improvements to our premises.

Specifically, we propose to:

- Implement early intervention across the Trust
- Improve access to psychological therapies across the Trust
- Redevelop the St Ann's site in Haringey
- Develop low secure accommodation for north central London at Chase Farm Hospital
- Develop inpatient detoxification services for north central London at Edgware Community Hospital.



9. Become a Member - and Have Your Say!

Personal details

Name

Address

Postcode

Telephone Email

Borough in which I live

Barnet Enfield Haringey Other (please state)

I am

A user of the Trust's services (within the past three years) The carer of a service user (within the past three years) A current member of Trust staff

Would you mind telling us a little about yourself?

Are you Male Female

Age range 12-16 17-25 26-35 36-45 46-55 56-65 66-80 81+

Ethnic background

White	Black or Black British	Mixed	Asian or Asian British	
<input type="checkbox"/> British	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Irish	<input type="checkbox"/> Black African	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other ethnic group
<input type="checkbox"/> Any other White background	<input type="checkbox"/> Any other black background	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Pakistani	
		<input type="checkbox"/> Any other mixed background	<input type="checkbox"/> Any other Asian background	

Yes - I want to become a Member!

I would like to take part in the following ways:

- Find out more about the work of the Trust
- Take part in consultation about the Trust and its services (e.g. through surveys or events)
- Attend seminars about mental health issues
- Support mental health campaigns and education work in the community
- Consider standing for election as a Governor

PLEASE TURN OVER TO HAVE YOUR SAY

9. Become a Member - and Have Your Say!

Please take a little time to answer as many questions as you wish. Your views will help us to improve our services in the future.

About our plans and priorities

1. What are your views on our plans to become a Foundation Trust?
Broadly in favour Broadly neutral Broadly opposed Don't know
2. Does our 'Vision' sound about right to you? (See page 6).
Broadly in favour Broadly neutral Broadly opposed Don't know
3. Do our service priorities sound about right to you? (see page 14)
Broadly in favour Broadly neutral Broadly opposed Don't know
4. Do you have any comments on our plans?

About our proposed Membership scheme (see page 10)

5. How should we define the area we draw public members from in our constitution?
Just Barnet, Enfield and Haringey A wider area of London and Hertfordshire Don't know
6. Do you agree that the minimum age limit for public Members should be 12?
Yes No Don't know
7. Should we have a separate public category for service users, or should there be just one category of public Membership for service users and residents?
Separate category for service users Just one category for all public Members
Don't know
8. Do you have any comments on the role we see for Members?

About our proposals for the Council of Members (see page 12)

9. Do you have any comments on the number of Governors and the composition of the Council of Members?
10. Do you have any comments on the role we see for the Council?
11. Do you agree with our plans to adopt a new, more relevant name for the Trust (probably North London NHS Foundation Trust)?
Broadly in favour Broadly neutral Broadly opposed Don't know

10. Glossary

Board of Directors

The Board of Directors of our Foundation Trust will run the organisation day-to-day. It will be chaired by the Chair of the Trust, Carl Lammy, and include our most senior salaried staff: the Chief Executive, and four other Executive Directors - Finance Director, Medical Director, Corporate Development Director, Operations and Nursing Director.

In addition, the Board will have five Non-Executive Directors. These are people who do not work full-time for the Trust, but bring a wealth of experience from other walks of life.

Commissioners

All Trusts are funded by commissioners, who agree with us the mental health needs of our communities, and are the route by which the Government finances healthcare.

Our main commissioners are the Primary Care Trusts (PCTs) responsible for the London Boroughs of Barnet, Enfield and Haringey. We are also funded by other commissioners for services we provide to users from outside these areas.

As a Foundation Trust, we will have three-year contracts with our main PCTs, and more freedom to develop new services where other commissioners agree to fund them. This will enable us to plan more effectively, and make the best use of our resources.

Council of Members

Having a Council of Members will be completely new to us if we become a Foundation Trust. The Council of Members does not run the Trust day-to-day, but takes a very important role in scrutinising plans, and agreeing key decisions.

The Council will also be a main channel of accountability to local communities.

It will be made up of Governors elected by the Public Members (the majority), Governors elected by our Staff Members, and Governors appointed by partner agencies.

An important question for this consultation is the composition of the Council of Members.

Forensic Services

Forensic mental health services are provided for people who are in, or have been through, the criminal justice system.

Healthcare Commission

The Healthcare Commission is the Government's agency which oversees the quality of services within the NHS. Even if we become a Foundation Trust, we will still be inspected, and expected to meet the same standards as all other Trusts.

Integrated Business Plan (IBP)

The Integrated Business Plan (IBP) is the central document to our Foundation Trust application. It is a costed plan for what we would do as a Foundation Trust.

The priorities we see for the future as a Foundation Trust will be written into the IBP, so this consultation exercise is seeking your views on these priorities.

10. Glossary - continued

Monitor

Monitor is an organisation set up by the Government to oversee all Foundation Trusts. It is known as a 'Regulator'. Ultimately, Monitor will have to agree our application if we are to become a Foundation Trust.

If we are successful, Monitor will continue to work with us, ensuring that our plans remain on track.

Primary Care Trust (PCT)

Primary Care Trusts (PCTs) are known as 'Commissioners'. They are the part of the NHS which agrees with Trusts how much money they need to provide services, and provide the payments which enable us to run as an organisation, pay our staff and buy the supplies we need.

In London, there is a PCT responsible for funding healthcare for the residents of each London Borough.

Stakeholders

As well as the NHS, we work with many other agencies. Good health within the community relies on many agencies working together, for example: local authorities, housing providers, education, and voluntary sector organisations.

Our stakeholders include universities, the police service and local providers such as MIND.

As part of this consultation we will be talking to many of these organisations, so that their ideas can shape our plans.

"I'm looking forward to becoming a member of the Foundation Trust as this will show how individuals can work together to achieve a common goal."

Tasha Vandeppeer, administrator, North London Forensic Service

11. A Short Guide to Foundation Trusts by the Department of Health

Ten key points about NHS Foundation Trusts

NHS Foundation Trusts will be firmly part of the NHS and subject to NHS standards, performance ratings and systems of inspection.
They will treat NHS patients according to NHS quality standards and principles – free care based on need, not ability to pay.

NHS Foundation Trusts will be established in law as independent public benefit corporations.
This will mean far greater local ownership and involvement of patients, the public and staff rather than control from the Department of Health. The principles behind NHS Foundation Trusts build on the sense of ownership many local people and staff feel for their hospital.

NHS Foundation Trusts will be democratic.
Local people and staff will directly elect representatives to serve on the Council of Members. The Council of Members will work with the board of directors - responsible for day-to-day running of the Trust - to ensure that the NHS foundation trust acts in a way that is consistent with its terms of authorisation. In this way, the board of Governors will play a role in helping to set the overall direction of the organisation.

NHS Foundation Trusts will prevent privatisation of the NHS.
They will be required in law to use their assets - such as land and buildings - to promote their primary purpose of providing NHS services to NHS patients. A legal lock will protect these organisations from the sort of 'de-mutualisation' we have seen in the Building Society sector and prevent any threat of future privatisation.

NHS Foundation Trusts will operate within a clear accountability framework.

They will not be left to sink or swim, allowed to 'cherry pick' services or set loose to pursue organisational goals at the expense of the needs of their local health community.

NHS Foundation Trusts will be there to treat NHS patients, not to make profits or to distribute them.

Most of their income will come through agreements reached with local NHS Primary Care Trusts to provide locally relevant services for NHS patients at the national tariff rate. Private work will be strictly limited.

NHS Foundation Trusts are at the cutting edge of the Government's commitment to devolution and decentralisation in the public services.

They will not be subject to direction from Whitehall. Local managers and staff working with local people - rather than remote Civil Servants - will have the freedom to innovate and develop services tailored to the particular needs of their local communities.

NHS Foundation Trusts are not about elitism.

All NHS trusts will get help and support so they too are in a position to apply for foundation status.

11. A Short Guide to Foundation Trusts by the Department of Health - continued

Ten key points about NHS Foundation Trusts

NHS Foundation Trusts will work in partnership with other NHS organisations.

They will remain part of the NHS. They will have a duty in law to co-operate with other local partners using their freedom in ways that fit with NHS principles and are consistent with the needs of other local NHS organisations. They will be overseen by the Independent Regulator, Monitor, who is accountable to Parliament, and be inspected by the Healthcare Commission.

NHS Foundation Trusts will be able to direct their services more closely to the communities they serve with freedom to develop new ways of working that reflect local needs and priorities.

This will be done within the NHS framework of standards and inspection that safeguards the quality of NHS care. Direct elections of Governors by local people and staff will get local hospitals better focused on meeting the needs of the communities they serve.

Department of Health

Consultation document circulation

This document has been sent to a wide range of stakeholders and organisations. These include:

- Primary Care Trusts in the areas we serve
- GPs in Barnet, Enfield and Haringey
- Local NHS Acute Trusts
- NHS Mental Health Trusts in London
- Patient and Public Involvement Forum
- NHS London - Strategic Health Authority
- Department of Health
- Local Members of Parliament, Members of the European Parliament and Members of the London Assembly
- Councillors and relevant executives in nearby local authorities
- Local voluntary and community groups with an interest in: mental health; general health and disability; local residents; black and minority ethnic communities
- Our University partners
- Other local agencies (e.g. the Learning and Skills Council, Police, Prisons Service and Chamber of Commerce)
- Regulatory and inspection bodies (e.g. Healthcare Commission, Audit Commission, Mental Health Act Commission)
- Accredited trade unions
- Local media.

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