MINUTES OF THE MEETING OF JHOSC MENTAL HEALTH SUB GROUP HELD ON FRIDAY 5TH MAY 2017

COUNCILLORS

PRESENT Pippa Connor (Chair) –Haringey, Charles Wright –Haringey, Abdul Abdullahi – Enfield, Anne Marie Pearce – Enfield, Alison Cornelius – Barnet, Caroline Stock - Barnet

ABSENT

OFFICERS: Mary Sexton, Executive Director of Nursing, Quality and Governance, BEH MHT, Andrew Wright, Director of Strategic Development, BEH MHT, Margaret Southcote-Want, Deputy Director of Quality, BEH MHT, Carole Bruce-Gordon, interim Director of Quality and Integrated Governance, Enfield CCG, Peppa Aubyn, Head of Mental Health Commissioning, Enfield CCG, Bridget Pratt, Assistant Director of Quality and Governance, Enfield CCG, Andy Ellis, Scrutiny Officer, Enfield Council.

Also Attending: Deborah Fowler, Chair- Healthwatch Enfield, Patricia Mecinska, Chief Executive – Enfield Healthwatch, Cllr Laurie Williams (Barnet)

1 WELCOME & APOLOGIES

The Chair, Cllr Connor welcomed everyone to the meeting and introductions were made. Apologies were received from Cllr Graham Old (Barnet) with Cllr Caroline Stock attending as a substitute. Apologies also from Maria Kane (BEH MHT), Graham McDougall (Enfield CCG) and Christian Scade (Haringey Council).

2 DECLARATIONS OF INTEREST

Cllr Connor declared an interest as her sister is a GP in Tottenham and Cllr Connor is also a member of the Royal College of Nurses.

3 BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST- DRAFT QUALITY ACCOUNT 2016/17

RECEIVED: An overview of the draft document from Mary Sexton.

NOTED: The following:

(i) That the draft document reflects previous comments received from the JHOSC Sub Group over the past 4 years and will move away from core text to include more visual content.

(ii) The document reflects the CQC Development and Action Plan and it was noted that a full re-inspection will take place in early autumn.
(iii) As in previous years, this is a hybrid document, looking over the past year in addition to priorities for 17/18. The priorities for 17/18 have been agreed with stakeholders and commissioners.
(iv) The final document will be published on the Trust's website on 30th June and will be an inter-active and colour coded version. A hard copy, summary document will also be available.

Mary then took Members through the document, highlighting areas and taking questions as appropriate.

(v) In response to a question relating to 3 actions not being on target within the Improvement Action Plan, it was noted that although funding had been agreed with Enfield CCG, the monies were not received until January 2017, therefore, the actions had to be shown as not on track.
(vi) There followed a general discussion on well-being services being implemented to reduce episodes of crisis. Members were informed that Enfield CCG is working with Enfield Council and the Trust on a Better Care Fund pilot relating to well-being. The Trust really welcomes primary care support to avoid admissions, however, this has yet to be realised as the current bed occupancy rate is 111%.
(vii) A deficit of £12m was posted for the last financial year. It is planned that following proposed savings measures, the deficit will be reduced to £4.6m for this year. However a comment was received that 3 previous price reviews have failed to realise additional funding.
(viii) The savings proposals include reducing agency costs, rationalisation of estates, review of procurement processes and a review of back office functions in conjunction with the Mental Health Trust Alliance.
(ix) It was noted that with the Trust still having low reference costs, there is little capacity to reduce costs without reducing services.
(x) In reply to a question relating to the value of the peer review, Members were advised that the process acted as an invaluable training exercise for staff when being questioned by outside bodies.
(xi) A question relating to staffing levels highlighted that there is less reliance on agency and locum staff with the average vacancy factor for registered nurses now running at 16%. Ideally, the vacancy factor should be running at 6-8%. Agency costs for last year were £1.2m however this has reduced to £700k this year.

(xii) The section on ‘looking Back to 2016/17’ was presented in a very visual style which Members felt was helpful and they were advised that information was collected to reflect themes and trends therefore ensuring improvements are made.

(xiii) Members were concerned that only 65% of patients felt they had benefitted from their care, against a national target of 90%. A question followed in relation to how we compare against other trusts in this context. Members were informed that although there was no national data as yet, individual quality accounts are reviewed to see who is performing well. A supplementary question probed whether patients are asked for their views at the start and completion of their treatment. It was noted that care plans should be written in partnership with the clinician and the patient and then reviewed at the end of the treatment.

(xiv) Some GPs are concerned that they are not informed when patients are discharged and have no knowledge of the state of their medication. In response, Enfield CCG confirmed that meetings between themselves, GPs and the Trust would ensure future engagement with GPs was improved.

(xv) The section on ‘Enablement’ provided details of the different projects being undertaken in each borough. Clarification was provided that the ‘First Steps to Work’ project in Haringey was on a 6 week rolling programme, rather than a one-off event over a period of 6 weeks.

(xvi) A summary of the quality priorities for 2017/18 was provided, along with participation in accreditation schemes, participation in clinical research and data quality.

(xvii) The patient experience is measured in several ways within the draft quality account. The friends and families test (FFT), service user and carer surveys, compliments received and the community mental health survey are all valuable tools.

(xviii) A question was raised, asking how the FFT results compared to the figures for patients feeling they had benefitted from MHT care (see xiii above). In response, the Trust informed Members that as slightly different questions are used, it isn’t possible to compare results.

(xix) It was questioned why there were a higher number of complaints in Haringey and in response the Trust stated that this is likely to be a result of the environment, the declining of leave when requested and complex levels of need.

(xx) It was suggested that as more agency staff are used in Haringey, this may have a detrimental effect on the number of complaints. The Trust said they would consider possible correlation between these figures.

(xxi) It was agreed that compliments were an important form of feedback but a more detailed breakdown would be beneficial.

(xxii) There are less than 200 complaints across a customer base of 150,000 and 10% of complaints have been upheld. It would be useful if the Quality Account could contain detail of what action and learning has resulted from each complaint. The Trust agreed to address this.

(xxiii) With regard to re-admissions, the CCG praised the Trust for having the 2nd lowest rate in London.

(xxiv) Patient safety figures highlighted that more patients are coming to less harm in the Trust's care, however, more narrative is required in the Quality Account in support of patient safety incidents. This will include more detail relating to serious incidents.

(xxv) With regard to the staff survey, a question was raised asking if staff are encouraged to report assaults? They are encouraged to report any incident but an 'assault' can be as little as a tap on the shoulder, which could be the reason for the increase.

(xxvi) The figure quoted for staff experiencing physical violence from other staff over the past year (6%) is being investigated as there were only 2 reported incidents, which doesn't equate to 6% of the workforce.

(xxvii) Staff training figures are effected by issues such as staff being released, having booked a session or not reading the pre-competency assessment (therefore they fail). Some report as being unwell. All of these issues are being addressed in an attempt to improve the figures. For example, reminders are sent advising that 'you will become non-compliant in 12 weeks, so must attend training.'

(xxviii) The Trust confirmed that with a bed occupancy rate of 111%, delayed transfers of care (DTOC) are a significant issue for the Trust.

(xxix) The CCG confirmed that the 2 main causes for delay are access to housing and access to social care. The third cause is advice and guidance to people with no recourse to public funding. The Better Care Fund may be able to support a reduction in DTOC.

(xxx) Members agreed that this issue should be discussed at the wider JHOSC with figures providing a breakdown on the reasons for DTOC in each borough.

(xxxi) The Trust asked that any final comments be provided in writing by Friday 19th May.

(xxxii) Cllr Cornelius requested that the response from the sub-group be broken down into positive comments, areas of concern and amendments/additions to the draft document.

4 MINUTES OF THE LAST SUB-GROUP MEETING

AGREED the minutes from the meeting held on 13th May 2016

5. DATE OF NEXT MEETING

Date to be confirmed