

Mr Tony Helman
BEH MHT Patient and Public Involvement Forum

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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