

DRAFT

PUBLIC CONSULTATION RESPONSE AND EVIDENCE OF STAFF ENGAGEMENT AND INVOLVEMENT ON OUR PLANS TO BECOME AN NHS FOUNDATION TRUST

SUMMARY

This is the final report on the public consultation process which supports Barnet Enfield and Haringey Mental Health Trust's (BEHMHT) application to become an NHS Foundation Trust.

It contains:

- A summary of the Trust's consultation process
- The key points raised by service users, carers, partners, local agencies, residents and our staff
- Analysis of responses received, laid out according to the Department of Health consultation pro forma

THE CONSULTATION PROCESS

BEHMHT's Foundation Trust consultation programme included the following:

- A core document which was available by download from the Trust's website and in hard copy. Copies were mailed to:
 - All Trust staff (including those on the Trust's Bank)
 - Members of Parliament in Barnet, Enfield, Haringey, Camden, Brent and Harrow.
 - Voluntary Organisations (a total of 516 organisations)
 - Primary Care Trusts in Barnet, Enfield, Haringey, Camden, Islington, West Hertfordshire, Harrow,
 - Neighbouring acute Trusts and Mental Health Trusts/Foundation Trusts in London
 - Local Authorities and Councillors in Barnet, Enfield and Haringey
 - Local press within Barnet, Enfield and Haringey
- A summary leaflet, also available by download. Copies were sent to:
 - Current and recent Service users (29,000)
 - All secondary schools in Barnet, Enfield and Haringey,
 - All colleges and universities in the area
 - All places of worship within Barnet Enfield and Haringey
 - All libraries in Barnet, Enfield and Haringey
- Posters and leaflets were distributed around the Trust's main sites, GP surgeries, libraries and leisure centres where public events were held.

- A version of the summary document published in three local newspapers (delivered to every household in the three Boroughs covered by the Trust – a total of 264,000 leaflets).
- 75,000 postcard size leaflets to raise awareness of mental health distributed to public places such as pubs, cafés theatres, restaurants within the three Boroughs.
- Information made available on the Trust's website: www.beh-mht.nhs.uk and to staff via the intranet
- Telephone information via direct dial to the Membership Office
- A programme of meetings with statutory partners including local authority Overview and Scrutiny Committees.
- Open public meetings in each Borough at differing times.
- Meetings with local and national organisations with relevant perspective, eg service users, carers, providers, third sector organisations (voluntary and not for profit agencies, black and minority ethnic communities, faith groups and organisations representing women, people with disabilities, and older people
- A programme of meetings and activity with staff and internal audiences.

People were invited to respond using a wide range of channels:

- By letter
- By email
- By telephone
- Using the feedback form developed for the consultation document
- Verbally at public meetings, forums and events.

THE RESPONSE

The consultation received a high level of responses as follows:

- 431 responses from individuals, through return of questionnaires and through the other channels listed above.
- 12 formal written responses from organisations and major stakeholders (as defined by the Department of Health for Foundation Trust consultations)
- Verbal responses through the programme of open meetings with users, carers, staff and others, captured via notes of discussion.

Overall the response was broadly representative of the main areas served by BEHMHT.

The main areas served by the Trust, as defined by the local authority areas of Barnet, Enfield and Haringey, are characterised by a very high level of cultural diversity. Overall, over two thirds of the population (68.2%) is classed as “white” (including British, Irish and other backgrounds), and the remainder are from a very wide range of minority ethnic communities.

This was closely reflected in the response to this consultation exercise (70.7% of the responses were from those who classed themselves in the “white” category (including British, Irish and other backgrounds). Detailed analysis, using the standard categories for ethnicity used within the NHS in London suggests that the responses were representative of all the resident population and there was no under-representation in terms of ethnicity. A more detailed analysis is given in Appendix A.

In terms of gender and age profile, the responses also closely reflected those of the local population. Further details are given in Appendix A.

MAIN ISSUES RAISED:

The BEHMHT consultation exercise was a high profile one, which opened a positive dialogue with many users, carers, staff, local residents, organisations and other stakeholders.

In an area of great diversity and significant deprivation, the level of response and its degree of representation of the local community was notably strong.

Whilst the majority of respondents were broadly in favour of the Trust’s plans to become a Foundation Trust, there were a number of key issues that emerged:

- **Area Public Members come from**

The majority of responses to the consultation (around 59%) supported limiting the area Public Members can come from to just Barnet, Enfield and Haringey. However, currently around 20% of the Trust’s service users, particularly in specialist services, come from outside Barnet, Enfield and Haringey. If this point is agreed, this would mean that these users (and their carers) would not be able to become Members and be represented on the Council of Members. We would therefore like to discuss this point further with stakeholders over the next few weeks before a final decision is taken.

- **Minimum age for Public Members of 12**

There was not a decisive view arising from the consultation, with around 44% of responses supporting the minimum age of 12 and 30% not, with 26% saying they did not know.

- **Separate Public Membership category for service users and carers or one combined category for service users, carers and residents**

This was one of the most contentious areas of the consultation with an almost exactly even split of views for both options (37% and 38% each). It is clear therefore that there needs to be further discussion on this point before making a final decision.

- **Possible change of Trust name**

The majority of responses to the consultation (55%) supported the proposal to change the Trust name to 'North London Foundation NHS Trust'. However, in the public and stakeholder meetings, while there was strong support for changing the name to 'North London' to reflect the Trust's catchment area, there was a greater divergence of views on whether or not to remove 'Mental Health' from the name. The consultation question sought an overall view and did not separate the two aspects of the name.

Before finalising our decision on our membership and governance arrangements, we are arranging for further debate within our stakeholders and local voluntary and community organisations, particularly those representing service users and their carers, to be able to influence the final decisions on these important issues before the Trust Board makes a final decision.

DRAFT

1. Name of Applicant Trust

Barnet, Enfield and Haringey Mental Health NHS Trust

2. Area served by Trust

Community and inpatient mental health services to the residents of :

Barnet
Enfield
Haringey

Specialist forensic services to the residents of:

North Central London

Child and Adolescent Mental Health Services to the residents of:

North Central London

Brain Injury Rehabilitation Unit to the residents of:

Greater London and
Hertfordshire

Eating Disorder Service to residents of:

North Central London
North East London
North and South Essex

3. Contact details of person responsible for public consultation

Maria Kane
Executive Director of Corporate Development
Maria.Kane@beh-mht.nhs.uk
Tel: 0208 442 5850

ABOUT THE PUBLIC CONSULTATION

4. Dates of public consultation

Started	Finished
17 th October 2007	16 th January 2008

5. Which media were used for the public consultation document?

Full consultation document in hardcopy	Yes
Summary consultation document in hardcopy	Yes
Web-based consultation document	Yes
Mail-out (including 29,000 service users)	Yes
Advertisement in local press (door-to-door distribution to 264,000 households)	Yes
Talking book/audio tape/CD Rom (Braille)	Available on request
Large print versions	Available on request
Versions in ethnic languages	Available on request

5.1 Versions in Ethnic Languages

Versions of the consultation document were made available in other languages through Newham Language Shop. This service offers translation of documents into 23 community languages, including the most commonly used ethnic languages in the areas served by the Trust. It also offers large print Braille and spoken word versions. Translations are provided free of charge to enquirers, either in printed form or, if more appropriate, through telephone interpreting.

A panel section advertising this service and the contact telephone number appeared in both the full and summary consultation documents. (During the consultation period requests was made for written translations in Farsi; a Turkish speaking interpreter to attend the public meeting at Tottenham Green Leisure Centre; and an interpreter to provide signage for a Deaf People's group).

5.2 Presentations at Public Meetings

The Trust engaged with local people through a series of public meetings within the three Boroughs. At these events a consultation pack was handed out to all attendees, a short film about the Trust's plans to become an FT was shown and a presentation by the Chairman and Acting Chief Executive was given. Senior members of staff were available to answer questions, with staff from the Membership office available to sign up members.

The public meeting events schedule is detailed below:

DATE	VENUE	NUMBERS ATTENDING
Wednesday 7th November 2007 – 7pm	Council Chamber Link Block Haringey Civic Centre High Road London N22 8LE	3

Thursday 15th November – 7pm	Barnet Football Club Westcombe Drive Barnet Hertfordshire, EN5 2DN	9
Wednesday 21st November – 2pm	Building 2 North London Business Park Oakleigh Road South London N11 1NP	16
Wednesday 5th December 2007 – 7pm	Building 2 North London Business Park Oakleigh Road South London N11 1NP	10
Wednesday 12th December 2007 – 2pm	The Drawing Room Avenue House 17 East End Road London N3 3QE	23
Tuesday 18th December 2007 – 2pm	The Gold Room Tottenham Green Leisure Centre 1 Philip Lane London N15 4JA	14

In addition to the above public meetings, the Trust, in conjunction with North Middlesex University NHS Trust pioneered a joint recruitment campaign to attract members for their proposed Foundation Trusts. Both Trusts were assigned to the same “Wave” to become Foundation Trusts and this prompted the possibility of working together. The two Trusts already work together in a number of areas and partnering seemed to be a sensible way forward. This was the first time that two NHS Trusts in the country worked directly together to attract members through their joint endeavor. The joint meetings with the North Middlesex Hospital are detailed below:

DATE	VENUE	NUMBERS ATTENDING
28 th November 2007 – 11am	Enfield Southbury Leisure Centre 192 Southbury Road, Enfield EN1 1YP (in conjunction with the Over 50s Forum in Enfield)	30
10 th December 2007 – 2pm	Tottenham Hotspur Foundation Conference Centre, 748 High Road London N17 OAP	12

13 th December 2007 – 2pm	Hornsey Town Hall The Broadway London N8 9JJ	2
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5.3 Other meetings with stakeholders

The Trust also engaged with stakeholders through a structured programme of meetings, which included a presentation and discussion with senior Trust staff, details of which are listed below. In order to engage with as many stakeholders as possible, some of the meetings were held before the formal consultation start-date where these were offered. (These are indicated with *).

DATE	MEETING	VENUE
14 th Sept 2007*	Barnet Mental Health Partnership Board	Avenue House East End Road N3
18 th Sept 2007*	Enfield Mental Health Partnership Board	Community House Fore Street Edmonton
20 th Sept 2007*	Barnet Children & Young Person's Partnership Board	Committee Room 1. Hendon Town Hall, The Burroughs, Hendon, NW4 4BG
25 th Sept 2007*	Barnet Older Adults Partnership Board	Westgate House Edgware Community Hospital
27 th Sept 2007*	Enfield Children's Trust Executive Meeting	Conference Room, Southbury Leisure Centre 192 Southbury Road, Enfield EN1
2 nd Oct 2007*	Enfield Health Overview and Scrutiny Committee	Civic Centre Silver Street Enfield EN2
19 th Nov 2007	Haringey Council Overview and Scrutiny Committee	Civic Centre, Wood Green London N22
19 th Nov 2007	Barnet Council Overview and Scrutiny Committee (Supporting the Vulnerable)	The Town Hall The Burroughs Hendon London NW4 4BG
20 th Nov 2007	Enfield Mental Health Partnership Board	Forest Road Primary Care Centre Edmonton
26 th Nov 2007	Barnet Mental Health Partnership Board	Avenue House East End Road London N3
27 th Nov 2007	Safeguarding Children Board	Room 1, Civic Centre Silver Street, Enfield EN2
27 th Nov 2007	Enfield Health Overview and Scrutiny Committee	Civic Centre, Silver Street Enfield EN2

	(2 nd meeting)	
29 th Nov 2007	Haringey Mental Health Executive Group	River Park House Wood Green London N22
30 th Nov 2007	Enfield Council Carers Partnership Board	Civic Centre, Silver Street Enfield EN2
12 th Dec 2007	Haringey Consultation Sub Partnership Board	Block A1 , Meeting Room, St Ann's Hospital, St Ann's Road, London N15 St
13 th Dec 2007	Haringey Council Well Being Partnership Board	Civic Centre High Road Wood Green, London N22
16 th Jan 2008	Metropolitan Police	Avon Villa, Chase Farm Hospital site
18 th January 2008	North London Learning & Skills Council	Avon Villa Chase Farm Hospital site

In addition, meetings were arranged with a range of other community groups. This encompassed a variety of different forums and meetings, including:

- User Groups
- Carer Groups
- Umbrella Bodies and forums (eg of older people)
- Local Black and minority ethnic organisations (user and provider) and faith groups.

DATE	MEETING	VENUE	NUMBERS ATTENDING
26 TH Sept 2007*	Enfield Mental Health Carers Group	Community House, Fore Street, Edmonton, London N18	15 - 20
31 st Oct 2007	PPI Forum for Barnet Enfield and Haringey	The Dining Room Avenue House East End Road, Finchley London N3	14
1 st Nov 2007	Enfield Faith Forum	Edmonton Police Station Fore Street, London N18	25+
6 th Nov 2007	Supporting People Small Provider Network	Cypriot Centre, Earlam Grove, London N22	25
6 th Nov 2007	Greek and Greek Cypriot Community of Enfield	Community House, 311 Fore Street Edmonton	24
15 th Nov 2007	White Hart Lane Safer Neighbourhood Team Careers Fair 2007	Main Hall, Selby Centre Selby Road London N17 8JL	200
15 th Nov 2007	Black and Ethnic	Selby Centre	25

	Minority Carers Support Service	Selby Road London N17 8JL	
21 st Nov 2007	Tulip Mental Health Group	5 River Park Road, Wood Green London N22	15
27 th Nov 2007	Barnet Voice	Avenue House East End Road London N3	7
1 st Dec 2007	Polish and Eastern European Christian Family Centre	Salvation Army Wood Green London N22	100
3 rd Dec 2007	Haringey User Network (HUN)	Etcetera, 595-597 Green Lanes, London N8	12
3 rd Dec 2007	Enfield Mental Health Users (EMU) AGM	St Paul's Centre, Enfield Town	40
4 th Dec 2007	Haringey Association of Voluntary and Community Organisations (HAVCO) Well Being Theme Group	Cypriot Community Centre, Earlham Grove, Wood Green, N22	20
6 th Dec 2007	Barnet Carers Group	Barnet Carers Centre, 3 rd floor 303 Ballards Lane, London N12	11
7 th Dec 2007	Alzheimer's Society, Enfield	United Reformed Church, Lancaster Road, Enfield EN2	40
11 th Dec 2007	Mental Health Carers Association	334 High Road London N15 4BN	15
12 th Dec 2007	MIND in Enfield	Fore Street Edmonton	10
13 th Dec 2007	Black Women's Health and Family Support	1 st floor 82 Russian Lane London E2 9LU	15
8 th Jan 2007	Tottenham and Wood Green Pensioners Action Group	Gold Room Tottenham Green Leisure Centre, Philip Lane, London N15	100
17 th Jan*	Deaf Project Enfield	Community House, Fore Street, Edmonton	30

Staff Engagement

Engaging staff in the FT process commenced before the start of the consultation period. Throughout 2007, senior members of staff took every opportunity to discuss the Trust's FT plans at Trust wide and local meetings. Alongside the public

consultation, there were a series of events for staff and internal audiences, which are detailed below: These meetings were supplemented by:

- A leaflet encouraging all staff to have their say was distributed with the October payslips
- Foundation Trust Update (monthly staff magazine to keep staff up-to-date with progress on becoming an FT)
- Details on internal intranet
- A full copy of the Consultation document was sent to every member of staff. In addition, consultation information and documents are available on the Trust's Intranet to download.
- Sessions with clinical, management and support staff which are outlined below:

DATE	MEETING	VENUE	NUMBERS ATTENDING
13 th Nov 2007	BEH-MHT User Strategy Group	Meeting Room, Avon Villa, Chase Farm Hospital site	9
7 th Dec 2007	Staff Awards Ceremony and Foundation Trust Gala Night	Alexandra Palace	400
11 th Dec 2007	Staff Roadshow	Dennis Scott Unit	5
14 th Dec 2007	Staff Roadshow	St Ann's Hospital	7
17 th Dec 2007	Staff Roadshow	Postgraduate Centre, Chase Farm Hospital site	5
4 th Dec 2007	Joint Staff Committee	Trust headquarters, B2, St Ann's hospital	
14 Dec 2007	Trust Lead Nurses Forum	Avon Villa Chase Farm Hospital site	12
8 th Jan 2008	Inspire! Trust Black and Ethnic Minority Group	Avon Villa Chase Farm Hospital site	7
9 th Jan 2008	Staff Roadshow	Lincoln Room, Enfield Mental Health Unit Chase Farm Hospital site	15
11 th Jan 2008	Staff Roadshow	Common Room Postgraduate Centre St Ann's Hospital St Ann's Road, London N15 3TH	12

11 th Jan 2008	Staff Roadshow	Premier House Station Road, Edgware	7
15 th Jan 2008	Staff Roadshow	Therapy Room Dennis Scott Unit Edgware Community Hospital,	29

6. Number of formal responses received

Hardcopy, using proforma provided as part of the consultation exercise	417
Others in hardcopy – letters etc	12
On website	14
By email	4
By telephone	2
By fax	1
By text	0
Verbally at public meetings	45
Others – please specify	0

7. Was the pattern of responses to the public consultation in line with the demography and geography of the area? Were there any areas or groups that were not adequately represented in the responses received? Please provide explanations where necessary.

Overall, yes. 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 relatively prosperous, while others are areas of severe deprivation. Attached to this paper is an analysis of the responses received by ethnicity, gender, and age – See Appendix 1.

Barnet

Barnet is a suburban area with considerable affluence and high levels of qualifications among its community, as well as many of the problems associated with life in London such as over-crowding. 26% of residents are from minority ethnic communities, the largest being Indian and Black African.

Enfield

Enfield is London's northernmost borough, stretching from the North Circular road to the M25. It contains 16 conservation areas, and contains part of the Lee Valley Park, although it also has office, industrial and retail areas which employ a total of 110,000 within the borough. While much of the borough is leafy suburbia, it also contains areas which are among the most deprived 20% in the country.

Haringey

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. It is one of the most deprived boroughs in the country, with 7.7 per cent of the economically active population unemployed in March 2006 (more than

twice the national average). The area has recently benefited from significant investment in urban regeneration projects and skills development.

The pattern of responses was broadly representative. We also had meetings with members of the public and voluntary organisations to ensure that people from as diverse a background as possible had a chance to hear our plans and respond. The different views covered were captured verbally and fed into the analysis of key issues.

Young people engaged at a lower level and to counter this we have visited the Northgate Clinic School (for young people requiring admission for a mental health disorder), met with a major secondary school head representing a number of other local head teachers, sent out information to all local schools and are seeking to engage with the local Youth Councils / Parliaments.

ABOUT THE COMMENTS

8. Please list responses received from major stakeholders (individuals and organisations) and their general view – include local MPs, local NHS organisations professional and staff representative bodies etc. local commercial organisations, national and local voluntary organisations, etc.

Name	Broadly in favour	Broadly neutral	Broadly opposed	Main issue raised
Enfield Mental Health Carers Group	√			Interested in the opportunities for the Trust to raise the profile of mental health within the local community and to have greater security through three-year contracts.
Enfield Faith Forum Meeting	√			Concerns about the numbers of Members being sought and how effective consultation could take place with such a large membership
Barnet Mental Health Partnership Board	√			<ul style="list-style-type: none"> • Need for Trust to focus more on social care partnerships with local authority – need to work on strengthening partnerships with Barnet. • View that there should be a separate membership constituency for users and carers. • View that FT should retain “mental health” in title.
Polish and Eastern European Community	√			<ul style="list-style-type: none"> • Supported the plans for the Trust to become a Foundation Trust.

(PEEC) Family Centre				
Enfield Mental Health Users (EMU)	√			<ul style="list-style-type: none"> • Broadly in favour of the FT as do not want the Trust to be taken over by somebody else. • More attention to existing services on the Chase Farm site. Priorities should be the upgrade of the acute wards and a separate specialist drug and alcohol service for Enfield. • Would like to see at least two service users from each Borough on Council of Members but do not mind whether this is arrived at by guaranteed places or in a separate category for service users. • Support a name change without the reference to mental health because of the stigma this attracts.
MIND in Enfield	√			<ul style="list-style-type: none"> • Unsure that individual membership will provide the voice needed to influence services within the Trust. • Need to ensure that an organisation such as MIND would have a voice as an organisation.
Councillor Brian Colman Deputy Chairman of the London Assembly	√			<ul style="list-style-type: none"> • Increased autonomy in terms of decision-making and financial control will enable the Trust to develop areas such as forensic services, in which the Trust specialises so well. • Allotting three seats to residents outside of BEH is a sensible proposition. Enquired about how will this broader electorate be determined and contacted. • Supported proposal that all staff will automatically be made Members.
Julie Ann Phillips Branch Development Manager	√			<ul style="list-style-type: none"> • Concerns about the future of St Ann's Hospital site. Would not like to see the current site reduced. • Would be happy to see a local mental health service which

Alzheimer's Society - Haringey				<p>supports people living with dementia and provides strong and active links with the local community based voluntary organisations.</p> <ul style="list-style-type: none"> • The plan to maintain a local Trust rather than a wider based service would be advantageous.
Tottenham & Wood Green Pensioners Action Group		√		<ul style="list-style-type: none"> • How will the Trust recruit members and keep them involved? • Will the members have a say in what services will be provided in the St Ann's hospital redevelopment?
Patient and Public Involvement Forum		√		<ul style="list-style-type: none"> • The PPIF conditionally supports the application as long as the Trust speedily addresses all the issues raised by the PCTs and local authorities and makes permanent appointments to vacant, acting and interim Executive Management posts. • Most members would like to see mental health remaining in the Trust's title. • Questioned the goal of achieving a membership of one per cent of the population. • The number of public members proposed from outside the three core areas is too high. • The number of voluntary organisations on the Council of Members is insufficient and the make-up is unworkable. • Would like to see ongoing discussion with service users and carers on unresolved matters which have emerged through the consultation.
Enfield Health Scrutiny Panel				<ul style="list-style-type: none"> • Users and carers of the services have highlighted the Trust's priorities for some time. Every effort should be made that these are provided as a matter of urgency. • Imperative that the Chairman and members of any decision-making boards are democratically elected/appointed and that this

				<p>is done in an open and supported manner by acknowledged due process.</p> <ul style="list-style-type: none"> • The Trust should hold local public meetings in addition to an AGM and Trust Board meetings. Papers, reports including details annual financial reports must all be in the public domain. • The FT will have to provide an infrastructure that will allow local people to determine the services they want locally. • The Committee welcomed the commitment expressed to working closely with the local authority and LINKs and will need to explore way of developing effective and meaningful dialogue to ensure that the services provided reflect the needs and wishes of the population served.
-Barnet Overview & Scrutiny Committee Supporting the Vulnerable			√	<ul style="list-style-type: none"> • The Committee wished to defer its support of the Trust's FT application until all issues raised by the PCTs, had been resolved.
Trust Joint Staffside Committee			√	<ul style="list-style-type: none"> • Staffside is opposed to the principle of Foundation Trusts as they undermine the principles of the NHS and may lead to increased inequalities in service provision. • Conceded that present Government strategy means that FTs are inevitable and their responsibility in such circumstances is to represent their members in times of change. • Recognition that should the Trust fail to achieve FT status, then the alternative reconfiguration of parts of the Trust may not be in the interests of patients or staff.
Haringey	√			<ul style="list-style-type: none"> • Interested in the future of St

<p>Association of Voluntary and Community Organisations (HAVCO)</p>				<p>Ann's site and would like to see more consultation and involvement in planning its future.</p> <ul style="list-style-type: none"> • Interested in FT status if this genuinely helps greater partnership working. • Would like to see Trust focusing more on supporting people in the community to help users recover and stay well. • Would have liked to see greater publicity around the FT consultation at an earlier stage as voluntary and community groups often take time to consider issues among their members and respond to formal requests for views.
<p>Haringey Well Being Partnership Board</p>	<p>✓</p>			<ul style="list-style-type: none"> • Remained interested in the future of the St Ann's site and the wider opportunity for regeneration and well-being. • Emphasis on the need for the Trust to do more to support primary care and to strengthen links with GPs as this will continue to be where most users engage with MH services. • Suggestion that Trust link with local authority Youth Councils to pursue engagement of young people.
<p>Barnet Voice for Mental Health</p>	<p>✓</p>			<ul style="list-style-type: none"> • Concerns that Monitor are only looking for a financial bias and less concerned about the care element. • FTs will have more scope to prioritise the needs of local residents as opposed to being driven by Government directives. • Hope that greater stability of funding and financial freedoms will allow for long-term planning without the yearly fear that further services will be cut. • Clarity sought around what is meant by working with voluntary sector partners and engaging with communities that are "hard

				<p>to reach”.</p> <ul style="list-style-type: none"> • Service priorities welcomed however delivery of some of the therapies was questioned. Further investment into primary care needed. • Giving staff more influence is welcomed. • Agree that users, irrespective of where they live should be able to apply for membership. • Felt that 12 is a reasonable age providing it is made clear that exceptions to the rule are permissible. • People should be given the choice as to whether they apply as a member of the public or as a service user and that there should be at least two designated service user places per borough. • Relevant organisation from each of the Boroughs has an automatic place on the Council, even if it means increasing the number of governors on the Council of Members.
Metropolitan Police	√			<ul style="list-style-type: none"> • Supportive of the opportunities FT Governance structure will give to strengthen existing positive links between mental health services and the Police and are keen to help in whatever possible way.
Barnet and Chase Farm Hospital NHS Trust	√			<ul style="list-style-type: none"> • Supportive of the application. • The name of the Trust should reflect the services provided as well as the geographical area it serves.
Supporting People Small Provider Network	√			<ul style="list-style-type: none"> • Agree with the age range • Supportive of the application.
Greek and Greek Cypriot Community of Enfield	√			<ul style="list-style-type: none"> • Council of Members – welcomed this as keen for local voice to be heard by Trust Board. • Keen for Ethnic Minorities to have representation and

				<p>interested in this being ensured.</p> <ul style="list-style-type: none"> • Wanted better interpretation availability as many have some but very limited English language
<p>Consultation Sub Partnership Board/LIT Haringey</p>	<p>√</p>			<ul style="list-style-type: none"> • Strong view that there should be 3 User and 2 Carer Members for each borough representing these groups. • Recognised that work should be done to enable quieter service users to have their views taken into consideration too through training and advocacy. • Concern to guard financial assets of Haringey within broader Trust. Assured that checks and balances are in place for this, and Haringey tends to be in a worse financial position to other parts of the Trust so they should have no fears that it would be an overall loser • Age limits – accepting of proposed age limit • Boundaries – not keen on members from non-Trust Boroughs to leave more capacity for own boroughs
<p>Barnet Carers Group</p>	<p>√</p>			<ul style="list-style-type: none"> • Council of Members – welcomed this as keen for local voice to be heard by Trust Board. • Concerns expressed about service level and continuity difficulty since reorganisation a year ago – further staff changes since too. • Concerned about carers having access to Crisis Team and need for advance agreements for potentially paranoid patients to give permission when well.. • Wanted better CPA paperwork – sometimes not issued promptly and without an emergency contact number

				<ul style="list-style-type: none"> • Welcomed carers assessments but promise of a w/e break not materialised and essential to be able to cope for the rest of the time. • Recognised that having a membership voice would help all above.
Haringey User Netowrk	√			<ul style="list-style-type: none"> • Board of Governors: Council of Members – extent to which there was an opportunity to have an effective voice • Constituencies – View expressed that Service Users should have identified Public Member representatives. • Boundaries – not keen on members from outside Boroughs served
Enfield Deaf Project	√			<ul style="list-style-type: none"> • Generally welcoming and supportive. • Appreciated the importance of recruiting members from their community to raise awareness of above.
Tulip Mental Health Group				<ul style="list-style-type: none"> • Concerns raised that as a small provider in the same area as the Trust, despite the freedoms that FTs have to collaborate with voluntary and private sector colleagues, a huge provider like the Trust would not see the need to work with them and overwhelm their market. This is based on experience of losing tenders in Enfield. • Concerns that the PCTs had rejected our bid to become an FT. Did that indicate that the organisation was not fit for FT status? • Enquired whether Tulip members of staff and users could join as an organisation or as individuals and whether staff working in the patch but living outside could become members.

9. Apart from those listed in 8 (above) how many other responses were received in total?

431

9A. Was there an OSC review process?

The consultation included meetings with the Overview and Scrutiny Committees of the three local authorities as follows:

Enfield Health Scrutiny Panel – 2nd October and 27th November 2007

Overall there were positive comments about the potential opportunities for improving services through becoming an FT, however the Committee wanted further evidence of how exactly services will improve for Enfield residents. A formal response has been sent to the Trust, which is reflected in section 8.

Haringey Overview and Scrutiny Committee – 19th November. A scrutiny review panel was set up specifically to discuss the proposed application. A final meeting to consider the appropriate response on behalf of the O&S Committee was arranged for 12th December and a response is due.

Barnet Overview and Scrutiny Committee (Supporting the Vulnerable in our Community) – 19th November 2007

The Committee wanted to see positive feedback from users and carers on the service provided and proposals for improved working between Barnet and the Trust before taking a view the application for Foundation Trust status. A formal response has been sent to the Trust and is reflected in section 8 above.

10. Excluding those recorded at 8 (above) how many responses were:

Broadly in favour	Broadly neutral	Broadly opposed	Don't Know
284	71	9	67

TRUST'S RESPONSE

11. Does the Trust have any comments about the general tone of responses received? For example, were those opposing the proposals expressing fundamental objections or picking up minor (possibly technical) issues?

Overall the tone of comments was favourable to the Trust's application, and the service priorities outlined in the consultation document. The stated strategic aims, plans to develop services and change the name of the Trust, as outlined in the consultation document, were broadly supported. The majority of respondents welcomed the benefits of closer involvement from service users and carers. Support for the Trust's application is further evidenced by recruitment of nearly **1400** members to date.

The Trust was specifically seeking views on:

- **Views on our plans to become a Foundation Trust**

Most of the respondents were supportive of the overall plans. There was support for user and carer involvement and of the benefits that becoming an FT would bring.

- **Our vision and service priorities**

Access to services and early intervention was seen as a priority, as well as improvements in the hospital buildings and environments.

- **How we should define the area we draw Public Members from in our constitution**

The majority of responses to the consultation (around 59%) supported limiting the area Public Members can come from to just Barnet, Enfield and Haringey. However, currently around 20% of the Trust's service users, particularly in specialist services, come from outside Barnet, Enfield and Haringey. If this point is agreed, this would mean that these users (and their carers) would not be able to become Members and be represented on the Council of Members. We would therefore like to discuss this point further with stakeholders over the next few weeks before a final decision is taken.

- **The minimum age limit for membership should be 12**

There was not a decisive view arising from the consultation, with around 44% of responses supporting the minimum age of 12 and 30% not, with 26% saying they did not know.

- **Should we have a separate public category for services users or just one public membership for all?**

This was one of the most contentious areas of the consultation with an almost exactly even split of views for both options (37% and 38% each). It is clear therefore that there needs to be further discussion on this point before making a final decision.

- **Comments on the number of Governors and the composition of the Council of Members**

There was general agreement on the numbers of Governors and the composition of the Council of Members. There was some support for service users to have reserved places, which was not proposed by the Trust. Some respondents felt the number of Governors was too large and that three Governors to represent Members from outside the three Boroughs was too many. The Trust's proposal of three is in proportion to the numbers of users who come from outside the three Boroughs.

- **Comments on the role we see for Members**

Most respondents were in agreement with the proposed role for Members and there was a clear view that Members should receive training, support and information to have a better understanding of the role.

- **Comments on the role we see for the Council of Members**

There was general agreement with the proposed role of the Council of Members, however some respondents were unclear on the role and stressed the importance of Governors being provided with the relevant skills and support.

• **A new name for the Trust.**

The majority of responses to the consultation (55%) supported the proposal to change the Trust name to 'North London Foundation NHS Trust'. However, in the public and stakeholder meetings, while there was strong support for changing the name to 'North London' to reflect the Trust's catchment area, there was a greater divergence of views on whether or not to remove 'Mental Health' from the name. The consultation question sought an overall view and did not separate the two aspects of the name.

A breakdown of the responses to the individual questions in the consultation document is provided at Appendix B.

12. What were the main topics that attracted critical comment and what was the Trust's response?

Issue (please include in brackets the name of the main person(s)/bodies raising it	Trust's response
The area we draw Public Members from in our constitution was different to the Trust proposal (all)	To be finalised.
There were strongly divided views on whether the Trust should have a separate public category for service users or just one public membership for all. (all)	To be finalised.

13. What were the main areas attracting support locally? (please indicate in brackets the main source(s) of this support, eg patients, staff, general public)

There was support for the overall application. In addition, whilst there was support for the minimum age limit for membership to be 12, there were differences of views. The new Trust name also attracted support locally; however there were also differences of views expressed.

13a. In addition to the above the following comments concerning the Trust's service priorities and governance arrangements were raised through individual responses and at consultation meetings.

Service Priorities

There was general endorsement and support for the service priorities outlined in the consultation document. In particular the following comments were raised:

Interest in the future of St Ann's site with the need to include user involvement in the redevelopment and planning of services;

More attention to existing services on the Chase Farm site including upgrading the inpatient wards;

A separate specialist drug and alcohol service for Enfield;

Governance Arrangements

Overall the proposed governance arrangements, with the potential for the Trust to engage more effectively with the community, were widely supported.

14. Specifically what was the general tenor of responses with regard to:

Membership	A separate membership category for the users and carers was a key issue.
Council of Members	Supported proposals, only issue was whether to have three seats for non Barnet, Enfield and Haringey residents.
Board of Directors	No significant comments
Elections	No significant comments
Constituencies	There were mixed views on whether to have a constituency for users, carers and residents living outside of the three Boroughs.
Boundaries	There was no proposal to alter the Trust's boundaries. The main area of contention involving boundaries was whether to have a constituency for users, carers and residents living outside of the three Boroughs, as outlined above.
Constitution	No significant comments
Age limits	There was support for the proposed age limit of 12 as a Member; however there was a range of views were expressed.
Youth Representation	There was support for youth representation with a need for specific and appropriate means of engagement.
Staff representation	There was support for open staff constituency with no sub-divisions by profession or geography.
Vision	The Trust's vision was supported.
Transitional arrangements	No significant comments
HR Strategy	There was a view that there was a need for greater staff engagement. In this context the Trust is arranging a series of staff focus groups to take place, in conjunction with the Staff side.
Communications	There was a view that there was a need to strengthen communication with Members, both internally and externally.
Any novel suggestions received as result of consultation	None
Other issues – please	There was an issue about carers living in different boroughs

specify	to where users receive their care. This would mean that the carer would have to stand for election as a Governor in the constituency that they lived in, as opposed to the constituency where the user was receiving their care.
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- 15. Is there anything else about the public consultation exercise and outcome that you would like to let the Secretary of State or Regulator know?**

The consultation outcome will be supplemented by further discussions on the key outstanding issues raised, and on other issues arising before the FT application is submitted.

- 16. Please provide the contact details for the person who will be available to answer detailed queries on the public consultation and provide copies of any responses required for further scrutiny?**

Name:	Maria Kane
Address:	Trust Headquarters, B2, St Ann's Hospital, St Ann's Road, London N15 3TH
Telephone Number:	0208 442 5850
Email:	maria.kane@beh-mht.nhs.uk

STAFF ENGAGEMENT, INVOLVEMENT AND WIDER CULTURE CHANGE

- 17. How have staff been given ample opportunity to play an active part in the dialogue and deliberations around the NHSFT application? Where has staff dialogue and views influenced the broad HR "strategy", which in turn supports the service development plans and organisational goals for the trust?**

Staff have been engaged through a series of staff roadshows during the consultation period. All staff received:

- A full copy of the consultation document
- A leaflet encouraging them to have their say which was distributed with the October payslips
- Details on the internal intranet site
- Foundation Trust Update - A regular staff magazine to keep staff up-to-date with progress

In addition the Staffside have been directly engaged and a Staffside representative sits on the FT project Steering Group.

Leading up to the consultation staff have been regularly briefed on the development of the Trust's FT plans.

Overall there has been general support from staff to have one open constituency for staff without splitting it into different categories.

The Trust is actively developing a workforce strategy and supporting plans to enable delivery of the clinical strategy and specific service developments, which are key elements of the Trust's plans for becoming a Foundation Trust.

18. How did (and for the future "how will") the organisation ensure effective staff involvement and participation in shaping cultural change and service development and delivery, and in embracing social partnership in its broadest sense?

Staff have been involved in shaping cultural change through consultation in partnership with staff representatives and managers across the Trust to develop a Staff Charter. The Charter has now been published, is widely available and sets out what staff can expect from their managers and the Trust as well as what the Trust expects from staff.

The Trust has also initiated and agreed with Staff Side colleagues to run a series of externally facilitated focus groups across the Trust to hear staff views on how they feel about working for the Trust and communications with staff. One of the outputs from this process will be a report from the independent facilitators that will be shared widely and, together with the results from the latest Staff Survey, will be used to develop a plan aimed at improving communications with staff and establishing a real sense of staff involvement across the Trust.

19. How has the organisation engaged with (and how will it continue to engage with) clinicians in determining the future direction of service provision, and how have the outcomes of such discussions been analysed from a cost/benefit perspective and integrated into the service development plans outlined in the business plan?

The Trust's Clinical Strategy was given Board approval in November 2007 and sets out the key clinical service developments for the future for the Trust overall as well for each clinical service. The development of the Clinical Strategy was led by the Medical Director with significant input from service users, carers, clinicians, managers, other staff and other stakeholders. The Clinical Strategy is key in determining the Trust's future service provision and underpins the detailed service development plans contained within the Integrated Business Plan.

On an ongoing basis, the Trust is establishing a Clinical Cabinet to be chaired by the Medical Director and comprising the Heads of Nursing, Psychology and Allied Health Professionals, the Associate Medical Directors and representatives from the local authority Social Services Departments. The Cabinet will be the main forum where key strategic issues are considered from a clinical perspective and clinicians are engaged in the organisational decision making process.

In addition, each professional group met regularly with the relevant Executive director. The Medical Director meets all the Associate Medical Directors twice a month and the Lead Nurses, Lead Psychologist and Lead Allied Health Professionals meet with the Director of Operations and Nursing on a regular basis, to ensure ongoing involvement and engagement of clinicians.

20. How is the Trust developing/managing new (and existing) relationships with local health organisations and other local networks, social care, good citizenship and social responsibility, and playing a role in the wider community?

The Trust works with the voluntary sector and local communities to create work experience opportunities for service users as a stepping-stone to paid employment and social inclusion as a part of our wider integration agenda. The Trust is developing stronger links with the local business community, including two business representatives proposed on the Council of Members.

The Trust is also works with a wide range of local partners to not only care for those with mental health needs, but also to promote mental health and well being and reduce the stigma often associated with mental health. The Trust wishes to exploit the opportunities of becoming a foundation Trust to develop new ways of working with local organisations and promote wider social responsibility and good citizenship. For example, the Trust is working with Haringey PCT and Haringey Council on plans to redevelop St Ann's Hospital in Haringey and is seeking to maximise the wider social and economic regeneration benefits possible through the development of the site.

The Trust plays a role in the wider community through its partnership with Kissy Mental Hospital in Freetown, Sierra Leone. The purpose of this initiative is to work with colleagues in Sierra Leone to learn from each other and, in particular, to support improvement of mental health services in Sierra Leone. This work is supported on a partnership basis with Unison providing financial support and the Trust providing study leave to staff.

The Trust has established a charitable fund with the aim of supporting a regular interchange of staff between our Trust and Sierra Leone providing professional development and consultancy to improve mental health services in Sierra Leone as well as bringing benefit to our own local practice in North London. This provides personal development challenges to staff and helps improve the organisation's cultural competence, a significant number of the population served by the Trust in North London originate from West Africa.

- 21. What is the degree of “Integration” of first rate HR practice in all the main functions of the organisation (operational, strategic and clinical) – with a view to demonstrating that good HR practice and thinking is present in the wider organisation and not only in the specialist HR function itself.**

Whilst there are examples of first-rate HR practice across the organisation, this is an area that has been identified as requiring further development. There is good engagement between qualified and experienced HR practitioners working as “business partners” with directorate management teams. They are involved in business planning processes and in developing HR practice in the organisation through training, anticipating and contributing to solving problems in service delivery and in providing sound advice to managers about managing staffing issues and business risk in the context of expanding employment law requirements.

With the successful implementation of Electronic Staff Record in July 2007, workforce information is now provided both at the strategic level with an agreed set of workforce KPIs as well as in a more detailed way for individual services.

The Trust is also strengthening its staff training programmes and seminars and is developing programmes to continue this work.

- 22. How has the organisation demonstrated its commitment to unlocking the potential of all staff and enabling all staff to progress their skills and careers through lifelong learning and development?**

The Trust aims to provide training and development opportunities to staff covering all levels of education/development and promoting the model of the Skills Escalator. Opportunities are available ranging from induction, basic skills and NVQs through to personal and professional development and management and leadership programmes.

The Trust is committed to ensuring that a variety of development methods are available to staff to enable equal and equitable access to training opportunities. E-learning is being actively promoted as well as classroom based learning. Secondment opportunities are also available and a coaching and mentoring scheme for staff is being established.

The Trust has implemented the NHS Knowledge and Skills Framework and achieved an appraisal rate of 88%. Whilst keen to improve on this, the Trust is confident the vast majority of staff have the opportunity to discuss development needs with their line managers and agree a PDP.

Appendix A

ANALYSIS OF BACKGROUND OF CONSULTATION REPONSES
17th October 2007 – 16th January 2008

Borough in which people live					
	Barnet	Enfield	Haringey	Other	No response
	134 (31%)	130 (30%)	152 (35%)	14 (3.5%)	1 (0.5)

I am					
	User	Carer	Local resident	Members of Staff	User/Carer
	228 (53%)	36 (8%)	139 (32%)	17 (4%)	11 (3%)

Would you mind telling us a bit about yourself			
Are you	Male	Female	No answer
	194 (45%)	228 (53%)	9 (2%)

Comparative figures from the Greater London Authority for Gender groups in Barnet Enfield and Haringey (2006)

Male	Female
48.5%	51.5%

Age range	12-16	17-25	26-35	36-45	46-55	56-65	66-80	81+	No Response
	7 (2%)	26 (6%)	67 (16%)	88 (21%)	122 (28%)	51 (12%)	45 (10%)	19 (4%)	6 (1%)

Comparative figures from the Greater London Authority for Age groups in Barnet Enfield and Haringey (2006)

12 – 16	7%
17-25	13%
26-35	24%
36-45	19%
46-55	14%
56-65	10%
66-80	10%
81+	3%

Ethnic Background	
White	
British	235 (55%)
Other White background	46 (11%)
Irish	18 (4%)
British/Irish	3 (0.7%)

Black or Black British	
Black African	31 (7%)
Black Caribbean	28 (6.5%)
Other Black background	3 (0.7%)

Mixed	
White & Black Caribbean	4 (1%)
White & Black African	3 (0.7%)
Other Mixed background	3 (0.7%)
White & Asian	1 (0.1%)

Asian	
Indian	14 (3%)
Other Asian background	12 (3%)
Bangladeshi	3 (0.7%)
Pakistani	2 (0.3%)

Chinese	4 (1%)
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Other	
Other Ethnic group	6 (1.4%)
Turkish	6 (1.4%)
Algerian	2 (0.3%)
Iranian	1 (0.1%)

No Answer	6 (1.4%)
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Comparative figures from the Greater London Authority for ethnic groups in Barnet Enfield and Haringey (2006)

White	68.2%
Black Caribbean	5.0%
Black African	6.7%
Black Other	2.6%
Indian	5.8%
Pakistani	1.2%
Bangladeshi	1.2%
Chinese	1.7%
Other Asian	3.1%
Other	4.5%

The NHS categories differ slightly from the GLA categories so it has not always been possible to make exact comparisons within some of the smaller ethnic grouping. However, if we separate the NHS groups into four main categories (White, Black, Asian and Other) we see a more reflective comparison with the GLA figures for Barnet, Enfield and Haringey ie:

	% of Respondents	GLA comparative figures
White	70.7%	68.2%
Black	14.2%	14.3%
Asian	7%	11.3%
All Other (Mixed, Chinese, Other, No answer)	8.1%	6.2%

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Appendix B

**ANALYSIS OF REPOSES TO CONSULTATION DOCUMENT QUESTIONS
17th October 2007 – 16th January 2008**

About our plans and priorities				
	Broadly in favour	Broadly neutral	Broadly opposed	Don't know
1. What are your views on our plans to become an FT?	284 (67%)	71 (16%)	9 (2%)	67 (15%)
2. Does our 'Vision' sound about right to you?	268 (62%)	89 (21%)	10 (2%)	64 (15%)
3. Do our service priorities sound about right to you?	268 (62%)	73 (17%)	12 (3%)	78 (18%)

About our proposed Membership scheme			
How should we define the area we draw Public Members from in our constitution?	Barnet Enfield and Haringey	Wider area of London & Hertfordshire	Don't know
	251 (59%)	91 (21%)	89 (20%)

Do you agree that the minimum age limit for Public Members should be 12?	Yes	No	Don't know
	188 (44%)	132 (30%)	111 (26%)

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	One category for public members	Don't know
	159 (37%)	162 (38%)	110 (25%)

About our proposed for the Council of Members				
Do you agree with our plans to adopt a new, more relevant name for the Trust (North London NHS Foundation Trust)	Broadly in favour	Broadly neutral	Broadly opposed	Don't know
	237 (55%)	85 (20%)	39 (9%)	70 (16%)