

MINUTES OF THE BARNET, ENFIELD & HARINGEY NCL JHOSC SUB GROUP MONDAY, 23 MARCH 2015

- Councillors Connor, Pearce, Cazimoglu (Vice-Chair, in the Chair), Old and Cornelius
- Witnesses Maria Kane, Chief Executive, Barnet, Enfield and Haringey Mental Health NHS Trust.
- Andrew Wright, Director of Strategic Development, Barnet, Enfield and Haringey Mental Health NHS Trust.
- Graham MacDougall, Director of Strategy and Partnerships, Enfield Clinical Commissioning Group
- Keith Dean, Mental Health Programme Manager, Enfield Clinical Commissioning Group
- Apologies Councillor Bull

BEH.1 WELCOME

Councillor Cazimoglu, Vice-Chair in the Chair, welcomed representatives from Barnet, Enfield and Haringey Mental Health NHS Trust and from Enfield Clinical Commissioning Group to the meeting.

BEH.2 APOLOGIES FOR ABSENCE

It was noted apologies for absence had been received from Councillor Bull.

BEH.3 DECLARATIONS OF INTEREST

Cllr Connor declared a personal interest as her sister worked as a GP in Tottenham.

There were no disclosable pecuniary interests or prejudicial interests declared by members.

BEH.4 MINUTES

RESOLVED: That the minutes of the meeting held on 15 July 2014 be approved as a correct record.

BEH.5 BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST - UPDATE

Barnet, Enfield and Haringey Mental Health NHS Trust and CCG Commissioning Update

Maria Kane, Chief Executive, Barnet, Enfield and Haringey Mental Health Trust, provided an update on the Trust's financial position. The sub-group noted, with concern, that Barnet, Enfield and Haringey Mental Health NHS Trust was the only mental health trust in the country operating with a deficit.

The Trust was forecasting a £4.7m deficit budget for 2014/15 and Ms Kane informed the sub-group that an increased financial deficit was expected for 2015/16. The deficit

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for 2015/16 was expected to be £13.3m, subject to the outcome of continuing contract negotiations.

Ms Kane informed the sub-group that the Trust continued to focus on the quality of care provided. However, it was noted that the Trust was in the process of developing plans to address the challenges of increased activity with real terms reductions in funding. It was noted that the Trust had recently been successful in winning new business, with contracts for new services in Forensic mental health, and had strengthened its senior leadership team with a new Executive Director of Patient Services and new Executive Director of Workforce.

The sub-group was informed that the Trust had adopted an enablement focused model of care. It was explained that this was about helping patients to care for themselves as much as possible and to reduce dependences on services. It was recognised there was strong evidence nationally and internationally that, over time, this model would improve services for patients and would allow the Trust to help manage the increased demand for its services.

The sub-group was assured that the Trust had been working with key stakeholders to convert “Live, Love, Do” into tangible deliverables and outcomes against which providers could be commissioned and against which each patient could measure their recovery process. It was noted that CCGs were seeking one off funding to fund this significant change management programme.

During the discussion, reference was made to the following:

- Historical financial challenges faced by the local health economy.
- The independent report from Mental Health Strategies concerning the underlying funding of local mental health services across Barnet, Enfield and Haringey.
- The Rubicon Review, carried out by Rubicon Consulting, that concluded that there were some changes that the Trust could and should make in order to help improve its financial sustainability, such as the introduction of enablement focused services and changes to the Trust’s estate.

The sub-group was informed that if the Trust was unable to become financially sustainable, in its current form in the long term, then local commissioners would need to seek alternative arrangements for the provision of services. Ms Kane informed the sub-group that it was the Trust’s view that it would be very disruptive to patients and staff if the Trust was to be merged with another organisation and, importantly, it would not solve the fact that local mental health services were not currently financially sustainable. It was noted that the Trust would continue to work with the NHS Trust Development Authority and local CCGs to explore options for the future.

Graham MacDougall, Director of Strategy and Partnerships, Enfield Clinical Commissioning Group, reported that mental health was one of six key strategic initiatives for the CCGs of North Central London. This included the development of Value Based Commissioning for Psychosis. It was noted that a tri-borough commissioning strategy was in place, across Barnet, Enfield and Haringey, in addition to individual CCG strategies which all focused on prevention, wellbeing and recovery.

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During discussion, reference was made to a number of issues, including:

- NHS Planning Guidance that had recently included mental health waiting times as part of delivering parity of esteem with physical health. It was noted that additional funding had been made available to the Trusts nationally to reduce waiting times and to position them to deliver new targets, although BEH-MHT had not received any additional funding from the three local CCGs for this.
- The NHS Planning Guidance that stated “*mental health spend will rise in real terms in every CCG and grow at least in line with each CCG’s overall allocation growth*”.
- Mr MacDougall commented that the NHS, in its planning guidance, had given an unprecedented opportunity for providers to work collectively together in a formal arrangement to deliver care to particular populations. Mr MacDougall went on to provide information on mental health investments that had been made across Barnet, Enfield and Haringey CCGs.
- The Mental Health Crisis Care Concordat. It was noted that this was a national agreement between services and agencies involved in the care and support of people in crisis. The sub-group was informed that Barnet, Enfield and Haringey CCGs had been working with the Trust to finalise a review of the mental health crisis pathway and to develop an action plan that delivered against the principles set out in the concordat.
- The work of the Clinical Quality Review Group and Sustainability Steering Group.
- The implications of the Dalton Review and the Care Act 2014 in relation to local mental health services.
- Recent articles in the Times newspaper (12 March, 2015) concerning child mental health.
- The Better Care Fund (formerly the Integration Transformation Fund) and how money was being spent to improve the way health services and social care services worked together.
- The work of Simon Stevens, Chief Executive of NHS England, in developing a five year forward view for the NHS and the implications of this for local mental health services. It was noted that the Trust had recently written to Mr Stevens to raise concerns about funding for 2015/16.
- The mental health needs and effectiveness of service provision for people in the criminal justice system across North Central London.
- The impact of delayed discharges, targets and reporting associated with delayed discharges, the use of private sector beds, and the recent improvements that had been made across all three boroughs.
- The excellent work being carried out by Somerset Partnership NHS Foundation Trust in relation to mental health.

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St Ann's Hospital Update

Andrew Wright, Director of Strategic Development, Barnet, Enfield and Haringey Mental Health NHS Trust, provided an update on the redevelopment of St Ann's Hospital. The sub-group was informed that:

- Many of the buildings at St Ann's were out-dated and hindered the provision of high quality health services.
- The mental health wards at St Ann's were no longer fit for purpose.
- A number of buildings at St Ann's were vacant or partially occupied and the Trust was spending money on maintenance rather than patient care.
- Major changes were required to improve the health facilities on the site for the future.

Mr Wright informed the sub-group that the Trust had submitted an outline planning application to Haringey Council in 2014. The proposals included:

- The retention of all existing health services on the St Ann's site in improved, modern facilities.
- The creation of a brand new mental health inpatient building.
- Up to 470 residential dwellings (including an element of affordable housing).
- The creation of new areas of public open space.

The sub-group was informed that the outline planning application had been considered by Haringey's Planning Sub Committee on 16 March 2015 and had been approved, subject to referral to the Mayor of London.

The sub-group was asked to note that over a third of the site would be required to accommodate existing and future health facilities. Mr Wright commented that the only source of funding for the proposed new health facilities would be from the sale of the surplus land.

The next step for the Trust would be to seek formal approval (during summer 2015) from the NHS Trust Development Authority (TDA). Approval from the TDA would enable:

- A final planning application for the new mental health facilities to be made to Haringey Council by the autumn of 2015.
- Work to start on the new health facilities by spring 2016, with a two year build period for completion. The residential development was envisaged to start around the same time, with a phased build programme over four to five years.

During discussion, reference was made to the following:

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- Affordable housing provision. It was noted 14% affordable housing had been agreed and that there would be a further affordable housing contribution should the value of the surplus land be more than the Trust required for the new mental health inpatient facilities.
- The need for the Trust to engage and consult with a wide range of stakeholders, including service users, in work to design the new health facilities.
- The work of an independent Commission, chaired by Lord Crisp, that had been set up, in February 2015, to review the provision of inpatient psychiatric care for adults in England, Wales and Northern Ireland.

The Chair thanked officers from Barnet, Enfield and Haringey Mental Health NHS Trust and Enfield CCG for their attendance at the meeting.

RESOLVED:

- 1. That the update from Barnet, Enfield and Haringey Mental Health NHS Trust be noted.**
- 2. That the update on CCG Commissioning be noted.**
- 3. That the update on the redevelopment of St Ann's Hospital be noted.**
- 4. That the sub-group hold an additional meeting on 19 May 2015 to enable joint consideration of Barnet, Enfield and Haringey Mental Health NHS Trust's Quality Account for 2014/15.**
- 5. That representatives from each of the three CCGs (Barnet, Enfield and Haringey) be asked to attend the 19 May 2015 meeting to provide an update on mental health funding arrangement and contracts for 2015/16.**
- 6. That the venue for the meeting on 19 May 2015 be confirmed outside of the meeting.**

BEH.6 DURATION OF MEETING

10.00 hrs to 11:36 hrs