MINUTES OF THE MEETING OF THE NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - BARNET, ENFIELD AND HARINGEY SUB GROUP - HELD ON TUESDAY 19 MAY 2015

MEMBERS: Councillors Abdul Abdullahi and Anne-Marie Pearce (LB Enfield), Alison Cornelius and Graham Old (LB Barnet), Charles Wright and Pippa Connor (LB Haringey)

Officers: Andy Ellis, Jane Juby (LB Enfield), Christian Scade (LB Haringey)

Also Attending: Andrew Wright (Director of Strategic Development, BEH Mental Health NHS Trust), Mary Sexton (Director of Nursing, Safety and Quality, BEH Mental Health NHS Trust), Maria Kane (Chief Executive, BEH Mental Health NHS Trust), Graham MacDougall (Director of Strategy and Partnerships, Enfield CCG), Jill Shattock (Director of Commissioning, Haringey CCG), Maria O'Dwyer (Barnet CCG)

2 members of the public. Deborah Fowler (Healthwatch Enfield)

1. WELCOME

Attendees were welcomed to the meeting.

Attendees were reminded of the policy for filming or recording the meeting as follows:

Please note, this meeting may be filmed or recorded by the host Council for live or subsequent broadcast or by anyone attending the meeting using any communication method.

Although we ask members of the public recording, filming or reporting on the meeting not to include the public seating areas, members of the public attending the meeting should be aware that we cannot guarantee that you will not be filmed or recorded by others attending the meeting.

Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on.

By entering the meeting room and using the public seating area, you are consenting to being filmed and to the possible use of those images and sound recordings.

2. APOLOGIES FOR ABSENCE

No apologies were received.

3. ELECTION OF SUB GROUP CHAIR

Cllr Old nominated Cllr Pearce as Chair. This was seconded by Cllr Connor.

Cllr Pearce was duly **ELECTED** as Chair, **for the duration of the meeting only**.

4. DECLARATIONS OF INTEREST

Cllr Connor declared a personal interest – her sister was currently working at a GP practice in Tottenham.

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

5. MINUTES

Page 1 - Cllr Connor commented that her sister continued to work in a GP practice in Tottenham; the Minutes implied that this was no longer the case.

Cllr Old asked if the redevelopment of St Ann's Hospital was still on schedule, as outlined in the Minutes. Andrew Wright confirmed that it was.

Subject to the above, the Minutes of the meeting Monday 23 March 2015 were duly **AGREED.**

6. DRAFT QUALITY ACCOUNT (2014/15) FOR BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST

Mary Sexton, Director of Nursing BEH Mental Health NHS Trust, introduced the Draft Quality Account 2014/15 as follows:

- The Account was an annual statutory document, required by all NHS service providers.
- The document's format and content was determined to a certain extent by guidance.
- This year's Account would, however, incorporate a more user friendly, visual format with additional information as a result of feedback on the previous year's document.
- The priorities for 2014/15 and 15/16 had been agreed via a number of stakeholder events; this ensured that they were meaningful to those involved.

- The final Account would include a summary document to make it more accessible to service users.
- Data within the Account incorporated both local statistics and national benchmarking. All data would be subject to external audit and a statement would be included in the final Account to this effect.
- The Account sought to develop and build on last year's priorities and work which were being taken forward by groups such as the Clinical Quality Review Group.
- The Trust was also working closely with the Patient Experience Committee to ensure that previous work continued to be developed.
- A number of challenges remained; for example, improving GP engagement.
- The Account would be taken to the Public Trust Board on 29 June for final sign off and would be published via the Trust's website on 30 June.

The following questions and comments were then taken:

Q: There is a lot of very positive work and information within the Account, which is to be commended. Communications with GPs seem to have improved significantly and this should be maintained. Please could you, however, expand on the position regarding the continued funding of the Primary Care Academy (page 22)?

A: Discussions around the continued funding of the Academy are still in progress. We will be keeping the situation under close review.

Q: Page 32 refers to a 90% service satisfaction level in the Service User Experience Survey. However, there seems to have been a decline in satisfaction during February and March. Were there any particular reasons for this?

A: This has been noted. A number of factors have contributed to this; in particular occupancy pressures.

Q: (Page 35) Would you say the Staff Engagement Task Force remains an effective group?

A: It is a relatively new initiative but we believe it is starting to make inroads into improving staff engagement and satisfaction. Staff satisfaction is a fluid issue; during January to March the Trust undertook a staff restructure and this kind of activity can impact upon results. We believe, however, that staff feel well supported and that their voices are heard.

Q: (Page 45) The use of CORE by the Complex Care Teams seems to show declining clinical improvement between 2010/11 and the present. Is there any explanation for this?

A: It is an accurate picture; however, it is difficult to compare year on year data and so identify any particular trends. We are aware of the situation and are closely monitoring it.

Q: What sort of engagement does the Trust undertake with CCGs?

A: There are a number of formal mechanisms including, for example, the Clinical Quality Review Group. 'Focus on Sessions' help the Trust and CCGs collectively look at particular issues and areas for improvement. We have a very positive relationship with the CCGs.

Q: (Page 8) On average, how long did it take for those complaints acknowledged outside of the 3 day target to be acknowledged?

A: The longest time taken to acknowledge a complaint was 5 days. During the last two quarters the Trust has met its target of acknowledging within 48 hours.

Q: (Page 8) On average, how long did it take to investigate those complaints not investigated within the target timescale?

A: The timescale for investigation is 25 days. No complaint took longer than 30 days to investigate. Any complaints investigated out of timescale only occurred during the year's first quarter.

Q: The Account refers to a move to individual service lines, rather than one service line across all 3 Boroughs. What was the reason for this change?

A: There are a number of reasons, the primary one being that CCGs are borough based and too much time was spent de-aggregating data for their use. Also, GPs wished for a single point of contact within their Borough and patients requested it; they wanted to be known as a 'Haringey patient', for example, rather than a 'dementia patient'. It made them feel less stigmatised and more a participant in their communities.

Q: Has the Trust now moved to a 'payment by results' contract?

A: No, but we are working towards an 'activity based' contract.

Q: Could there have been greater continuity from last year's priorities to the priorities in this year's Account?

A: The selection of this year's priorities was determined by the stakeholder events we held; the priorities therefore reflect what people wanted. However, some of the work/priorities undertaken in 14/15 have now become embedded in core learning; so this work has not been lost.

Q: What is the timeline for sending letters of discharge to GPs?

A: This varies. Some take 2-3 weeks. The target of sending assessment, review and discharge letters to GPs within 24 hours of a service user being seen in our mental health services remains a challenge and particularly difficult in some circumstances, for example, for staff who undertake visits and are therefore often out of the office. Consequently, we are in the process of agreeing more specific timelines for different working practices.

Q: Would the use of email speed up the process?

A: Yes, however, we have found that not all GPs are enabled to receive emails; we are working to improve this.

Q: Why is the level of compliance for mandatory staff training only 84%? Should it not be 100%?

A: There are quite a number of courses that are mandatory and it is sometimes a challenge to be able to release staff to attend them, given current occupancy pressures. We are aiming for full compliance and to this end, are looking at blended learning styles which may help staff meet requirements.

Q: Why do there appear to be low satisfaction levels for the National Staff Survey and the Service User Experience Survey?

A: The Patient Survey is undertaken annually and samples the experience of 800 patients. We have found, however, that the results of this survey often differ from the real time feedback we gather at a local level, which tends to be more positive. Patient experience is very individual and our staff are very aware of that. Patient feedback can also change over time once a patient leaves the service.

With regard to the Staff Survey; again this is an annual exercise. Media coverage, changes within the organisation and high levels of ward occupancy may have affected results. However, the Trust has made some real improvements in particular areas. For example, in respect of the 'would you recommend the Trust' indicator; we discovered that staff felt that they would recommend their team, but did not know enough about other teams to recommend the Trust as a whole. As a result, we are working to improve staff knowledge and experience of other areas of the Trust. The Task Group is also looking at other issues, including where responses seem 'disconnected' for example, staff may feel supported but may not feel there are enough development opportunities.

In respect of bullying and harassment, the Trust is working to understand these issues and to be clear about the standards it expects.

It was commented that staff should feel they have somewhere 'safe' to go to report any concerns and it was suggested that an explanation of the statistics and the things being done to address lower survey scores should be added to the Account. It was also requested that comparative data with other London Boroughs be added. **ACTION: Mary Sexton.**

Q: (Page 22) Referring to the levels of communication with GPs for those over 75, what are the actual numbers behind the percentages?

A: This will need to be checked **ACTION: Mary Sexton.**

Q: (Page 23) Referring to levels of attendance at Primary Care Academy training sessions, could GP CPD sessions be utilised to improve attendance?

A: We do try to do this where possible and we do have higher levels of attendance when we do. However, it is a challenge to fit them into an often busy programme.

Q: (Page 23) The usage of the GP advice line seems low, are GPs aware of it?

A: The advice line was actually implemented at the request of GPs, so they are aware of it. However, usage has been lower than we might have expected. We are committed to continuing to provide the advice line at the moment but we may review this in the future.

Q: (Page 24) Are the results of Physical Health Checks passed to GPs and what is the timescale for doing so?

A: Health checks for patients with enduring mental illness are undertaken every 12 months. Some patients may need health checks more often. Communication with GPs regarding health checks occurs, in the case of community patients, only if there is any significant change to a patient's circumstances or there are any concerns and in the case of a hospital patient, on the point of discharge.

Q: (Page 27) Referring to incident reporting, how was the target of increasing this by 10% determined?

A: It was felt there should be some sort of starting point and that this should be immediately achievable. The target will be reviewed after 6 months.

Q: (Page 28) Can you explain why there were significant increases in the numbers of serious incidents reported in May and September?

A: There are no particular factors which could explain this; serious incidents tend to be quite random in nature. There was no commonality between them.

Q: (Page 29) Are the Trust's levels of follow up contact with patients within 7 days below national average?

A: No, 98% is the national average.

Q: If no contact is established after 7 days, what action is taken?

A: A variety of actions are undertaken including welfare checks which may involve the Police visiting the home address.

Q: Are there may instances of this happening?

A: Not many. It is a small percentage.

Q: Do you take the opportunity to obtain patient feedback when contacting patients after discharge?

A: We have not done this to date but may well look at that. We acknowledge that doing so may provide more reflective feedback.

Q: (Page 34) Are the 6 questions listed in the Account for the Carer Experience Survey the total number of questions that were asked?

A: I believe these were all of the questions asked but will check this **ACTION: Mary Sexton.**

Q: (Page 39) It may be more useful to have population figures for those who use the Trust, rather than by London Borough with regard to the number of complaints?

A: It may be a statutory requirement to provide population statistics by London Borough, but I will check this **ACTION: Mary Sexton.**

It was proposed that if this was a statutory requirement, that information be added on the numbers of residents in Barnet, Enfield and Haringey who access the Trust's services **ACTION: Mary Sexton.**

Q: (Page 44) What would be a 'placebo' statistic for EQ-5D?

A: The scale would need to be checked. It should be noted that these are, however, patient reported.

It was suggested that the addition of benchmark figures from other Trusts would be helpful **ACTION: Mary Sexton.**

Q: (Page 46) Are the levels of reliable improvement during treatment within the Complex Care Teams going down and what are the reasons for this?

A: Yes, it is going down. It is a patient reported measure and it is difficult to compare year on year due to the fact that the patient group changes. Levels of occupancy on wards and higher sectioning levels may have affected results. It is sometimes difficult to achieve positive perceptions with patients who often have very complex needs and challenges.

Q: (Page 49) Why did the Trust not participate in the audit for prescribing for substance misuse (alcohol detoxification)?

A: The resources were not available at the time to participate in the audit; however, that will not be the case this year.

Q: (Page 52) Could the Trust indicate the timescale for resolving the IT coding issues?

A: The Trust has just gone live on a new upgrade for the RiO system which will address this.

Q: (Page 53) How many young people have been placed in employment support in partnership with Twinings?

A: I will need to obtain these figures after the meeting **ACTION: Mary Sexton**

It was requested that details of placements in Enfield and Haringey, as well as Barnet, be included in the Account **ACTION: Mary Sexton**

It was **AGREED** that a letter be drafted from the Sub-Group summarising all of the comments made and that this be sent to Mary Sexton by 20 June. It

was **AGREED** that comments provided for last year's Account also be included in this letter.

7. CONTRACTING AND FUNDING ARRANGEMENTS UPDATE

Graham MacDougall, Enfield CCG, gave the following update:

- No signed contract was yet in place.
- An agreed activity and finance schedule had, however, been submitted to NHS England.
- Areas of in year/long stop activity were still to be agreed and were currently under negotiation.
- It had been a significant year for the Trust, which was working closely with the CCG to agree levels of activity, efficiency of delivery and readiness to prepare and transform services. An independent company, Carnall Farrar, had been commissioned to look in more detail at the Trust's financial position.
- The Trust had operated against a deficit of £4.7m in the previous year, which would rise to £10m in the current year.
- Stabilisation of the Trust's financial position was a key area of discussion with CCGs. The Trust also wished to discuss further the sharing of risk around the deficit.
- It was acknowledged that the deficit position would impact upon staff recruitment and retention.

The following questions and comments were then taken:

Q: Is the Trust the only one in London at present to be operating with a deficit?

A: During 15/16 there will be 2-3 other Trusts in London that will be operating with a deficit.

Q: Are there any other sources or pools of funding available to the Trust to mitigate the deficit? There is a concern that service quality will drop as a result of financial instability.

A: The previous Government had committed funding over 5 years for mental health services, but this was specifically targeted at children's mental health. There was also additional money provided over the last quarter to support the Crisis Concordat. In 14/15 CCGs and the Trust did write to NHS England to request transformation funding, but this request was refused. The Trust will, however, continue to seek funding from NHS England and other sources if available. It should be noted that CCGs are also in a challenging place financially. The work of Carnell Farrar is quite extensive and will be a good source of information for future transformation programmes. It will also be key in helping the Trust and CCGs focus more on preventative work. Barnet CCG has received Parity of Esteem funding but has been mandated to target this principally at primary care.

Q: Of the four service areas the Trust operates, which is currently experiencing the biggest pressures?

A: Probably inpatient services. Occupancy levels are at 100% and an extra ward has been temporarily opened, in addition to private sector beds being used.

Q: What is the percentage of CCG budgets that is currently spent on adult mental health?

A: I would need to check this **ACTION: Graham MacDougall**

Q: What particular factors for mental health are contributing to the rising pressure on services?

A: There are a variety of factors. Changes to benefit payments have led to an increased migration of people from inner to outer London boroughs. In addition, a reduction in social care provision (for example, day services, voluntary sector community services) which might support people outside of hospital has also led to increased demand. Lastly, the increased use of legal highs, and higher levels of dementia diagnoses have contributed to increased pressure on mental health services.

Q: Are there any plans to merge/share services with other organisations in the longer term?

A: There are none apparent yet. The Trust is looking at a range of options which may include partnership working with other organisations such as Housing Associations. Under the 5 Year Forward View and the Dalton Review, the Trust is being encouraged to look at more creative partnerships. Increasing preventative work and early interventions may also help to increase self-care and management and therefore reduce demand on in hospital services. Use of new technologies will be key in helping to reach people. Such measures will, however, require a significant transformation programme and investment.

Q: What is the current, immediate position regarding mental health services and funding? Has all of the funding passed to CCGs been transferred through to the Trust?

A: Different CCGs are in different positions. Enfield has invested 5% of the 7.1% uplift in Parity of Esteem funding received; it has also invested in community services. Enfield CCG currently has a deficit of £14.4m and a savings plan of £12m; it has therefore not been possible for the CCG to invest in the Trust at a higher level. The uplift is not ring-fenced.

Barnet CCG is in a similar position and has operated under a deficit for a number of years. It has invested both in the Trust and in the IAPT service. Barnet has received an uplift of 4% for Parity of Esteem. 3.8% of the total amount has been invested in mental health services as a whole (i.e. some investment has been made outside of the Trust).

Haringey CCG has received an uplift of 3.4-5% for Parity of Esteem. Again, investment has been in a basket of services. It has invested 5% of Parity of Esteem, so has exceeded the uplift.

It was noted that all of the above information would be included in the report to be produced by Carnall Farrar.

The Group requested that the proportions of investment by CCGs in the Trust by each Borough be provided **ACTION: Graham MacDougall, Maria O'Dwyer, Jill Shattock.**

Q: Will the Carnall Farrar Report be a public document?
A: I will need to check **ACTION: Graham MacDougall.**

Q: What is the Trust doing to address the issue of patients travelling long distances to access a bed?
A: A lot of work has gone into addressing this issue. We are working with local authorities to streamline patient pathways. However, 11 days ago the Trust experienced an unpredicted large 'spike' in demand; as a consequence we have had to open a temporary extra ward.

A Commission has been set up to look at the provision of acute inpatient psychiatric beds. This review is ongoing and will be reporting in September.

Distances travelled by patients for beds have reduced recently, most are now found within the London area. However, it should be noted that many private beds are more difficult to access, as private operators are more selective.

Q: Is the Trust's financial position sustainable for the next year and the year after that? The Sub-Group should be made aware of any potential significant downturn of services or other issues that may be as a result of the Trust's position.
A: The Trust's financial position is a matter of ongoing negotiations with commissioners. The Trust has a number of expectations that it has planned for over the coming year which are positive and deliverable. I don't envisage services ceasing but it will be a very challenging year. There will, as mentioned previously, no doubt be an impact on our ability to recruit and retain staff and the Trust is doing all it can to support them.

Q: Should there be any cause for concern over the sustainability of running the St Ann's development once complete, given the deficit?
A: There is an in year and a long term situation to bear in mind. We have a transformation plan that will help address the position in the longer term which will require investment. The new facilities at St Ann's will actually help reduce the Trust's costs in running these services.

Q: What is the Trust's annual budget?

A: £190m.

Q: A forecast deficit for this year of £14.3m has previously been given, how has this now been reduced to £10m?

A: There may have been a transformation component to this. There has also been an increase in performance against our own internal Cost Improvement Targets.

Date of Next Meeting

It was **AGREED** that a September date be set for the next Sub-Group meeting at the Joint Health Overview & Scrutiny Committee meeting to be held in June. This would align with the publication of the Carnall Farrar Report.

The meeting ended at 12pm.