Public Document Pack

Contact: Andy Ellis
Scrutiny & Governance Officer
Direct : 020 8379 4884
or Ext 4884
e-mail: Andy.ellis@enfield.gov.uk
Council Website: www.enfield.gov.uk

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE - MENTAL HEALTH SUB-GROUP

Friday, 5th May, 2017 at 1.30 pm in the Conference Room, Civic Centre, Silver Street, Enfield, EN1 3XA

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

AGENDA

1. WELCOME & APOLOGIES

2. DECLARATIONS OF INTEREST

Members of the Sub-Group are invited to identify any disclosable pecuniary, other pecuniary or non-pecuniary interests relevant to items on the agenda.

3. BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST - DRAFT QUALITY ACCOUNT 2016/17 (Pages 1 - 2)

To receive a presentation from the Mental Health Trust in relation to the draft Quality Account for 2016/17 **(TO FOLLOW)**

The Sub-Group response to the draft document from last year is attached for reference. **(ATTACHED)**

4. MINUTES OF THE LAST SUB GROUP MEETING (Pages 3 - 26)

To confirm the minutes from the last meeting of the Sub-Group held on 13th May 2016. These minutes were 'noted' by the full JHOSC at the meeting on 10th June 2016.

5. DATES OF FUTURE MEETINGS

To consider future dates as required.

Agenda Item 3

Members Room

Mary Sexton
Executive Director of Nursing, Quality & Governance
Barnet, Enfield and Haringey Mental Health Trust
Trust Headquarters, Orchard House
St Ann's Hospital
St Ann's Road, London, N15 3TH

27 May 2016

Dear Mary,

Quality Account 2015/16 – NCL JHOSC BEH Sub Group Response

This letter is a joint submission to the Trust made by the London Boroughs of Barnet, Enfield and Haringey following consideration of the draft Quality Account at a meeting between the three Boroughs held on 13 May 2016.

Members of the BEH Sub Group are grateful for the presentation of the Trust's Quality Account. The positive work and information provided within the Account was commended by Members.

Members noted concerns raised within the Quality Accounts were often underpinned by the issues of poor ward environment, high inpatient bed occupancy and staffing levels. Members were pleased to hear of the positive plans to address staff retention. It was noted that the poor ward environment was being picked up as part of the STP Estates strategy. Members also agreed suitable funding was very important, not only in funding inpatient stays but in developing more robust care within the community setting. Moving forwards, Members were interested to learn of the plans to tackle these issues and will be scrutinising the follow up CQC report in the coming year to see if improvements have been achieved.

A number of the comments were generated by the actual results provided in the Account and where questions were raised, you either gave a suitable answer or committed to provide further information (the draft minutes are enclosed).

To assist with the completion of the final document, I have provided a summary of Members comments relating to the structure and content of the Account itself.

- **Discharge Communication was a concern (Para 3.1.4)**
  - The Quality Account should include details of the work that was taking place to improve discharge communication from inpatient settings with GPs.

- **Smoking cessation targets (Para 3.1.6)**
  - The Quality Account should provide clarity in terms of what was being measured and why.

- **The graphs shown on pages 47 to 49.**
  - All graphs were thought to be rather small. The graphs should be enlarged with text included to make clear what was being reported.

- **Page 48**
  - The graph on page 48 showed EIP % of people treated within 2 weeks of referral. For those not being treated within this time it was asked how long before they are treated.
  - It was agreed that these details should be included in the final version of the Quality Account.

- **Page 49**
  - The graph at the top of the page showed % of occupied bed-days due to delayed transfers of care and showed that 41% was the responsibility of the Local Authorities. It was asked how many cases this referred to and whether there was a difference between the three boroughs? Actual numbers were not shown, it was thought there were broadly the same number for Barnet, Enfield and Haringey. It was suggested that details relating to actions to be taken should be set out in the document with data, from each of the three boroughs, clearly displayed.
  - It was agreed that these issues should be kept under review by the BEH Sub Group during 2016/17.

- **Staff Survey on pages 68 to 70**
  - It was noted feedback from staff was generally positive. However, there are challenges for the Trust to look at, including % experiencing harassment, bullying or abuse.

In addition to the Quality Account the BEH Sub Group considered various issues, including: the NCL Transformation and Sustainability Plan; the Trust's CQC Action Plan; concerns about the delays in approval of the plans for the redevelopment of St Ann's Hospital in Haringey; and an update on the contracting and funding arrangements between the CCGs and BEH MHT for 2016/17. It was agreed that these issues should be kept under review by the BEH Sub Group during 2016/17.

On behalf of BEH Sub Group Members, I hope the above comments are beneficial and assist with the completion of the final Quality Account.

Yours sincerely,

Councillor Pippa Connor
Chair, NCL JHOSC BEH Sub Group

Members Room
River Park House
225 High Road
Wood Green
London N22 8HQ

T 020 8489 2933
E scrutiny@haringey.gov.uk

MINUTES OF THE MEETING OF THE NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – BARNET, ENFIELD AND HARINGEY SUB GROUP- HELD ON FRIDAY 13 MAY 2016

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

OFFICERS: Andy Ellis, Elaine Huckell (LB Enfield), Christian Scade (LB Haringey).

Also Attending:
Maria Kane, Chief Executive, Barnet, Enfield, Haringey Mental Health Trust (BEH MHT)
Andrew Wright Director of Strategic Development (BEH MHT),
Mary Sexton, Executive Director of Nursing, Quality and Governance (BEH MHT), Stephen Porter, Director Social Care (BEH MHT)
Graham MacDougall, Director of Strategy and Partnerships (Enfield CCG),
Jill Shattock, Director of Commissioning,
Shelley Shenker, Assistant Director Mental Health Commissioning (Haringey CCG)
Dane Satterthwaite, Associate Director of Governance North Middlesex Hospital (NMUH) and approximately 6 Members of the Public

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 for absence were received.

3. **ELECTION OF SUB GROUP CHAIR**

Councillor Pippa Connor was elected as Chair, for the duration of the meeting only.

4. **DECLARATIONS OF INTEREST**

Cllr Connor declared a personal interest – her sister works at a GP practice in Tottenham.

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

5. **MINUTES OF MEETING OF 19 MAY 2015**

The minutes of 19 May 2015 were **AGREED**.
(Actions previously agreed in the minutes are to be provided as a written update by those people named against each Action. These are shown at the end of the 13 May 2016 minutes)

6. **BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST - UPDATE**

Maria Kane, Chief Executive, Barnet, Enfield, Haringey Mental Health Trust presented an update on key issues following the last meeting on 26 February 2016. The following points were highlighted:

- A five year Sustainability and Transformation Plan (STP) is to be developed by 30 June 2016 to address three key gaps – health inequalities, care quality and financial sustainability.
- Latest projection shows a financial gap of £519m for North Central London (NCL) NHS by 2020/21.
- David Sloman, Chief Executive Royal Free Hospital is leading the process, the overall theme of the STP is about reducing numbers of people needing physical and mental care in hospital.
- Principle is for early intervention and to transfer care currently taking place in hospitals into community/ primary care settings.
- Mental health care is to be developed for more care to take place in primary care settings, and transforming mental health acute and recovery pathway through greater enablement and self- care. Also to invest in improved care within acute hospitals.
- CAMHS (Child and Adolescent Mental Health services) – more resources available from Central Government following a rising need for young people's mental health problems.
- Possibility of establishing a separate PICU (Psychiatric Intensive Care Unit) for females for North Central London so that they would not have to move away from their local area.
- David Sloman will be looking at Estates as part of the STP which will include the St Ann's site.

The following comments were then taken:

It was asked if it was realistic to look at transforming care to the community

when looking at cuts that are being made to local services and also for GP surgeries to be expected to take on more of the primary care functions.
Maria Kane answered that it was known that at present GP surgeries would not be in a position to take on extra functions, an effective structure would need to be developed and there would need to be a shift in the workforce before the reduction of hospital beds could take place.

It was stated that there is a cultural shift away from the treatment of people in large hospitals and towards more preventative and primary care, for example in respect of obesity and diabetes. The changes are ambitious, this is the start of a journey and we are being asked to show demonstrable change from this year.
We would be exploring the possibility of linking services for example with Camden and Islington MHT and co-location of services provision. It may be possible to link together Mental Health and Social Care together.

Reference was made to the closure of Chase Farm hospital A&E and maternity services, and that we should ensure that any additional services/ people are in situ before there is a reduction in hospital beds.

Concern was also raised about whether GP's would have the necessary expertise in the treatment of mental health issues following the shift towards greater primary care. It was thought there would be more care through family/ nurse partnerships including looking at mental health issues in schools.

It was commented that the funding gap was very high, the Transformation and Sustainability Plan that would be developed by 30 June 2016 is the first step of putting forward options of how to meet the three gaps previously mentioned including financial sustainability.

Councillor Connor spoke of a letter that had been sent on behalf of the Sub JHOSC to the NHS Improvement Team outlining their concerns about the buildings at St Ann's hospital, we are awaiting a response from them. David Sloman will attend the 10 June meeting of JHOSC for an update on the STP and discussions that are taking place.

Financial / Contract Position

Maria Kane referred to the current contract position that the Trust is forecasting a £12.9m planned deficit for 2016/17, which includes the Trust making substantial cost savings. She said that in line with a lot of trusts a great deal of money is spent on agency staff and we are hoping to change this.
The Control Total is a £9.1m deficit, and we are working with NHS Improvement team to discuss the consequences of this and whether we need to meet this target in order for the Trust to be able to draw down funds/ cash support.
Contract negotiations are continuing and it was emphasised that the Trust is recognised as being an efficient provider of services and reasonably good value for money.

CQC Action Plan

Maria Kane spoke of the CQC Inspection of BEH MHT- report published on 24 March 2016. She stated that the Trust had found it to be a helpful and positive

process and highlighted the following:

- The overall rating was 'Requires improvement', which is the rating for approximately 80% of trusts. A rating received of 'Good' for Caring in all services.
- It was highlighted that there was very positive feedback and high staff morale
- A Quality Improvement Plan (QIP) had been developed by the Trust, a number of the actions from this had already been taken.
- Temporary ward managers were in place at the time of inspection
- St Ann's hospital premises were of poor quality estate.
- There are four key themes for improvement - staffing, patient-centred care, leadership / management, premises and equipment.
- An improvement partner is being sought to help to further continuous improvement.
- The 'Live, Love, Do – model of care is being followed, enablement training taken place.
- Working with Middlesex university as an evaluation partner.
- Investigating ways of making savings regarding the use of agency staff

The following comments/ questions were then taken:

Maria Kane was asked if she had any further views on the inspection and she stated that the BEH MHT had had a good experience with the CQC, they had found it beneficial to be benchmarked with other trusts, although she understood that the process may be more difficult for others. Maria was commended as being listed as one of the top 50 Chief Executives.

The CQC report on page 15 refers to the lack of support – during and after discharge from hospital. Mary Sexton, (Executive Director of Nursing, Quality and Governance) said it was necessary for the team to look at how to manage expectations both pre and post discharge. She referred to the provision of services such as social care needs to link in with the MHT. There was a need for staff to ensure the plan for discharge is as effective as possible, it should also cover provision for what should be done if a person cannot cope when discharged.

Mary spoke of the high caseloads for home treatments and said appointment times may only allow for a 15 minute visit although an hour may be taken as this is required. It is important that communications are clear and if a visit is to be delayed we should ensure people are kept informed.
With staff absences it is a challenge sometimes to ensure services are maintained, they were looking at practical ways to facilitate this for example by using technology, talking to teams and looking at how to improve handovers. They were also looking at improvement in the management of self- medication.

Work is being undertaken with Managers to improve the conduct of practitioners through use of competency measures giving managers and interim managers greater confidence.

An important issue for BEH MHT is to ensure discharge details are sent in a timely manner to GP surgeries.

It was thought CQC will return before the end of the year, it would not be a full inspection and is expected to focus on St Ann's Estate and Workloads. It was thought unlikely that everything will have been dealt with by this time although many improvements should be seen including those on communications. There should be proper mobile working access for client notes in future. It was pointed out that it was not expected to have resolution for these issues immediately, we need to know issues are being taken forward.

It was asked - If a patient is being discharged, how soon should their GP practice be informed? An answer was given that they should be aware of this within 24 hours. Also if there is a medication change this should be known/ recorded as soon as possible.

Councillor Connor spoke of some concerns she had in the CQC report, including the 'Ward lay out unsafe, Downshill ward emergency equipment was not easily reached and that there were some blind spots at Chase Farm and St Ann's buildings. There were shown to have high levels of aggression and patients had absconded from wards. In CAMHS there is a high staff turnover and vacancy rate and patients did not always know their nurses name.
Mary Sexton responded that the Action around patient and staff safety due to the poor quality of the ward layout would be taken forward to JHOSC on the 10th June.

Issues have been addressed i.e blind spots have been remedied. With reference to absconding - this often occurs when a person has been given leave and have chosen not to return. All cases are reviewed to determine what can be learnt especially if involves the Secure Unit, we have reviewed our practices accordingly.

NOTED
It was noted that that there are a number of issues arising from the CQC report inspection to be examined including staffing, environment, risk assessment and health records. Also communication with Service users, Carers, Community Care Teams and GP's. There are a large number of actions to be delivered resulting from the inspection and an update on this would be summarised and brought back to a future meeting of JHOSC.

7. CONTRACTING AND FUNDING ARRANGEMENTS – MENTAL HEALTH UPDATE

Graham MacDougall, Director of Strategy and Partnerships (Enfield CCG) had circulated an update briefing on the contracting and funding arrangements between the commissioning CCGs and Barnet Enfield Haringey Mental Health Trust.

The following was highlighted

- That the CCG had agreed a £2.6m growth funding for this year.

- Enfield CCG had worked with the BEHMHT over the past few months to try to agree a mental health contract for 2016/17.
- The NHS Improvement Team and NHS England together with the CCG are considering a 5 year recovery plan to be completed shortly. This is to be seen as a five year financial plan and a sustainable process. On-going discussions were taking place.
- As part of this process there will be a reorganisation of mental health units on the Chase Farm site. The Secole centre will be redesigned to support a wider range of service users but would give opportunities for reduced costs.

The following comments/ questions were then taken:

It had been stated in the update briefing that as part of the 2016/17 contract with BEH CCGs, the Activity plan for 2016/17 showed no growth for the period. It was asked if this was realistic and does it apply to all three boroughs as it had been thought more people were accessing mental health services? It was answered that the data being recorded does not show any increases, this is being monitored on a monthly basis.

Alternative ways to help provide mental health support includes the voluntary funded 'Crisis Cafes' which are open places where people can seek help and support.

It was thought the funding arrangements had provided a 'lever for change' to progress improvements in the service.

David Sloman would attend the10 June meeting of JHOSC when it should be possible to discuss the areas where gaps could be bridged for the Sustainability and Transformation Plan (STP). It was anticipated that Mr Sloman's background and experience would enable him to generate the support needed to move forward on the STP.

That the recovery plan process should hopefully enable finances to become more 'in balance' we need to ensure a fairer share of funding – at present funding is provided of £96 per head in Barnet whilst it is approximately £200 per head for Camden. Reference was made to a discussion in Parliament about the funding allocation process which had been of interest because it is considered that BEH trust is underfunded. It was thought the 5 year allocation process should help to address this - 'To get CCG's in line with what their budgets should be' It was commented that this was needed as soon as possible, as it was considered work was urgently needed at St Ann's hospital.

It was stated that there appeared to be a big disparity on health funding between inner city boroughs compared with outer boroughs, this is historical and should be amended to take into account changes in the demographics of the country.

When asked whether it was known if the appointment of the new London Mayor would have an impact on health issues for the London area. It was answered that the Mayor's Office tends to focus on public health and wellbeing issues such

as prevention and the improvement of green spaces/ cycling. He is also committed to mental health issues.

There would be further discussion at the parent JHOSC meeting in June but the sub group - with support from Cllr Kelly – would like to invite the new Mayor or suitable political adviser to a future NCL JHOSC meeting. This would be to look at London/ NCL wide health and wellbeing issues – open space, walking clubs, allotments etc in order to:

- Gain an understanding of the new Mayor's health/ wellbeing priorities
- How such priorities will be implemented/ over what time
- To ask what success will look like in 1, 5, 10 years time
- To ask how scrutiny – especially the parent JHOSC can help drive change.

It was commented that Perinatal services were essential as a means of helping to keep families together.
The meeting was reminded that inequalities exist for people with mental health issues as their life expectancy tended to be 15 to 20 years less than for others.

8. DRAFT QUALITY ACCOUNT (2015/16) FOR BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST

Mary Sexton, Executive Director of Nursing, Quality and Governance (BEH MHT) introduced the Draft Quality Account 2015/16 for Barnet Enfield and Haringey NHS Trust. Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness.
Mary stated that this was a work in progress, when the final document is finalised a shorter version will be made available in plain English for the public.

The following comments/ questions were received:

Q: Para 3.1.4 – Discharge Communication shows progress of 84 to 89% to Q4 – how might this be improved?
A: We would continue to do what we are doing gradual improvement has been shown over the year, each team knows what they are expected to do for the future.

Para 3.1.6 – Smoking cessation target of 25% to 30% refers to patients wishing to quit who have various illnesses/ conditions – It was thought this was not very clear and that this indicator and measure should be more plain, perhaps by showing the numbers of people involved. It was unclear as to what was being measured in relation to other illnesses.

Q:Smoking cessation – how is this defined?
A: We identify if someone is a smoker and signpost them to services, we have to take findings from them at face value.

Q:Para 3.21.1 number of serious incidents – 57 incidents reported how often did the Serious Incident Review Group meet?
A: They meet every month. There were significantly less incidents than previous year.

Para3.6 -The Peer Service Review programme was discussed, it has been running for 4 years and has changed and evolved, it is not a 'cosy' process. It is considered to be a useful means for people to learn from each other, benchmarking is done and people are able to learn together.

Q: Para 3.8 - Have any problems been encountered during the 'learning from Clinical Audits?
A: There is an on-going challenge in terms of releasing people as there is a time/resources issue. There is a large programme of audits and it is important that we are able to 'close the loop'

Para 3.10- Clinical Research -it was mentioned that research at BEH NHS Trust was quite small. There was a concern both with Audit and Research – Could lessons learnt be implemented at a local level and do not remain just theory? Concern lay around how outcome from any audit or Research would be implemented into clinical practice on the ground in order to improve patient care.

Graphs shown at pages 47 to 49 were thought to be rather small and should be enlarged.

Page 49 - graph showed '% of occupied bed-days due to delayed transfers of care and showed that 41% was the responsibility of the Local Authorities. It was asked how many cases this percentage referred to and whether there was a difference between the three boroughs? Actual numbers were not shown, it was thought there were broadly the same number for Barnet, Enfield and Haringey. It was suggested that details relating to actions to be taken should be set out in the document.

Page 48- graph showed EIP % of people treated within 2 weeks of referral. For those not being treated within this time it was asked how long before they are treated – details to be included **ACTION** : Mary Sexton to come back with figures for this

3.16 – GP Advice line – This line is managed every day, there were fewer calls now being made – this helps GP's to support their patients. It is considered to be a useful and not very expensive facility.

3.18.1 Friends and Family test – This is an important feedback tool however we are looking at ways to improve the response rates.

P69 – Staff survey results – % experiencing harassment. Although generally positive feedback from staff there are challenges for the Trust to look at what we can do to support people and challenge behaviours.

P55 – largest number of complaints is for Clinical Care – it was stated that there

were no specific areas being 'flagged up'.

3.19.2 Root Cause Analysis training courses for staff is mentioned and mandatory training shown on P71 – the target for training is 85% and would aim to improve the amount of training undertaken including for that on 'Resuscitation' however there is an issue of resources, release of staff to do this.
The Moving and Handling Medium Risk training is shown at 55.88% however it is a higher rate for those working in the older peoples ward – the Trust had made a steady increase on this training before this year and the report should mention this.

Comments made at the meeting and any further observations would be integrated in the response to the Quality Account, provided by the JHOSC Sub Group.

Concerns noted as part of the CQC and Quality Account to be picked up following the next CQC inspection. **ACTION**: Maria Kane to report back with the outcomes following the next CQC inspection taking place within the year.

9. DRAFT QUALITY ACCOUNT (2015/16) FOR NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST

Dane Satterthwaite, Associate Director of Governance introduced the Draft Quality Account 2015/16 for North Middlesex University Hospital.

The following was highlighted:

- In line with all acute trusts, in 2015/16, North Middlesex University Hospital faced rising demand for NHS services. It had not been possible to sustain a good performance in A&E waiting times from July 2015.
- Staffing levels were a priority for the Trust.
- The Trust has been open and honest with health partners about the difficulties that this year had posed.
- The Safer, Faster, Better transformational programme is the response to the deterioration in performance against the national A & E 4 hour target. The programme is aimed to improve patient flow across the organisation. This includes looking at discharges – which are occurring too late in the day, the Trust was aiming to bring this closer to a target of midday.

The following comments were received:

It may be better for patients to go to the Urgent Care Centre (UCC) rather than A & E as waiting times are shorter. This is being looked at closely – since January there is a weekly 'dashboard' - UCC performance of 94%. Will be extending urgent care centre availability from 8am to midnight.

'Discharge of patients' - A project is being undertaken with partners - an integrated discharge team is looking to implement actions to make the process more efficient.

Extensive recruitment is taking place. The Clinical Director post has now been

appointed. Of the thirteen senior establishment positions four remain to be filled There is a national problem to fill vacancies, especially across London. The Trust works with other local providers such as the Royal Free hospital to look at spare capacity to ensure there is adequate cover. The Trust is also looking to appoint other specialist posts for the hospital e.g paediatricians.

G.Ps need to redirect people to primary care facilities and away from A&E whenever possible. One of the challenges for the service is to ensure there is adequate cover when it is not known how many people may attend A&E. – The prime purpose of the 'dashboard' is to show that services are safe e.g for a cardiac patient to be seen within 15 minutes.

Gradual strategic improvements are anticipated to ensure A& E targets are met. The aim is to improve the situation so that there are no longer huge swings in performance. It was thought it may be helpful to improve the winter situation/ seasonal dip by re-running a programme of working with the community, the aim of which is to stop people presenting themselves at A &E. It was pointed out that the higher demand is throughout the year and not just during winter months.

Although it is often reported that people presenting themselves at A&E are not registered with a GP, this is not actually the case. Many are already registered with a GP.

It was commented that we need to improve communications to encourage people to submit any complaints they may have to enable us to learn from this and improve our service.

It was asked that JHOSC receive a report from the NMUH trust on how issues are progressing, report to cover communication matters.

Councillor Connor spoke of a number of areas of concern which would be integrated in the response to the Quality Account, provided by the JHOSC Sub Group. –

The Safer, Stronger, Better initiative was of interest to Members, with one of the expected outcomes being improved performance in A&E. Haringey CCG gave a commitment to provide the Sub JHOSC with an interim progress report on A&E performance. The provision of this report will allow Members to fully scrutinise progress in this area and will inform a decision on when we will ask to meet with Senior Hospital Management again. **ACTION: Jill Shattock Haringey CCG**

- The Quality Account should provide more detail on the Friends and Families Test, especially the figures highlighted in red. Members noted the improvement in customer complaint response times.
- It would be helpful if performance targets were benchmarked against other London Trusts
- Within 'Delivery of 2015/16 Quality Priorities' there should be a clear explanation as to why 6 of the 9 priorities have not been achieved or only partially achieved. Members were concerned as to an apparent over-sight with regard to the self-imposed priorities and targets.

- The ‘Cancer 62 Day Standard’ figures require improvement and the Quality Account should provide detail on how this can be achieved.
- An explanation of the term ‘Shwartz Rounds’ would be beneficial.

Key areas to be taken forward –

- Sepsis
- Safer Faster Better A&E Report to CCG. Timeframe to monitor improvement
- Patient Experience (A&E)

Date of Next Meeting – to be arranged

The meeting ended at 1.35pm

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 13.5.2016

Update on Actions from Meeting of North Central London Sector JHOSC BEH Sub Group – 19 May 2015

Item 6 - Draft Quality Account 2014/15) for BEH MHT	Officer	Action taken
Comparative data with other London Boroughs to be added	Mary Sexton	
Levels of communication with GP's - to check numbers behind the percentages	Mary Sexton	
Are the 6 questions listed in the Account for the Carer Experience Survey the total number of questions that were asked	Mary Sexton	
Is it a statutory requirement to provide population statistics by London Borough? and if this is the case information to be added on the numbers of residents in Barnet Enfield & Haringey who access the Trust's services	Mary Sexton	
P44 – Benchmark figures from other Trusts	Mary Sexton	
P53 – How many young people have been placed in employment support in partnership with Twinings	Mary Sexton	
Item 7. Contracting and Funding Arrangements Update		
What is the % of CCG budgets that is currently spent on adult mental health?	Graham MacDougall	
The Group requested that the proportions of investment by CCGs in the Trust by each Borough be provided	Graham MacDougall, Maria O'Dwyer, Jill Shattock	
Will the Carnall Farrar Report be a public document?	Graham MacDougall	

1. JHOSC AGENDA PACK 13 5 16

MINUTES OF THE MEETING OF THE NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE – BARNET, ENFIELD AND

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 13.5.2016

HARINGEY SUB GROUP- HELD ON FRIDAY 13 MAY 2016

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

OFFICERS: Andy Ellis, Elaine Huckell (LB Enfield), Christian Scade (LB Haringey).

Also Attending:
Maria Kane, Chief Executive, Barnet, Enfield, Haringey Mental Health Trust (BEH MHT)
Andrew Wright Director of Strategic Development (BEH MHT),
Mary Sexton, Executive Director of Nursing, Quality and Governance (BEH MHT), Stephen Porter, Director Social Care (BEH MHT)
Graham MacDougall, Director of Strategy and Partnerships (Enfield CCG),
Jill Shattock, Director of Commissioning,
Shelley Shenker, Assistant Director Mental Health Commissioning (Haringey CCG)
Dane Satterthwaite, Associate Director of Governance North Middlesex Hospital (NMUH) and approximately 6 Members of the Public

1. **WELCOME**
Attendees were welcomed to the meeting.

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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 for absence were received.

NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 13.5.2016

3. **ELECTION OF SUB GROUP CHAIR**

Councillor Pippa Connor was elected as Chair, for the duration of the meeting only.

4. **DECLARATIONS OF INTEREST**

Cllr Connor declared a personal interest – her sister works at a GP practice in Tottenham.

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

5. **MINUTES OF MEETING OF 19 MAY 2015**

The minutes of 19 May 2015 were **AGREED**.
(Actions previously agreed in the minutes are to be provided as a written update by those people named against each Action. These are shown at the end of the 13 May 2016 minutes)

6. **BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST - UPDATE**

Maria Kane, Chief Executive, Barnet, Enfield, Haringey Mental Health Trust presented an update on key issues following the last meeting on 26 February 2016. The following points were highlighted:

- A five year Sustainability and Transformation Plan (STP) is to be developed by 30 June 2016 to address three key gaps – health inequalities, care quality and financial sustainability.
- Latest projection shows a financial gap of £519m for North Central London (NCL) NHS by 2020/21.
- David Sloman, Chief Executive Royal Free Hospital is leading the process, the overall theme of the STP is about reducing numbers of people needing physical and mental care in hospital.
- Principle is for early intervention and to transfer care currently taking place in hospitals into community/ primary care settings.
- Mental health care is to be developed for more care to take place in primary care settings, and transforming mental health acute and recovery pathway through greater enablement and self- care. Also to invest in improved care within acute hospitals.
- CAMHS (Child and Adolescent Mental Health services) – more resources available from Central Government following a rising need for young people's mental health problems.
- Possibility of establishing a separate PICU (Psychiatric Intensive Care Unit) for females for North Central London so that they would not have to move away from their local area.
- David Sloman will be looking at Estates as part of the STP which will include the St Ann's site.

The following comments were then taken:

It was asked if it was realistic to look at transforming care to the community when looking at cuts that are being made to local services and also for GP surgeries to be expected to take on more of the primary care functions.

Maria Kane answered that it was known that at present GP surgeries would not be in a position to take on extra functions, an effective structure would need to be developed and there would need to be a shift in the workforce before the reduction of hospital beds could take place.

It was stated that there is a cultural shift away from the treatment of people in large hospitals and towards more preventative and primary care, for example in respect of obesity and diabetes. The changes are ambitious, this is the start of a journey and we are being asked to show demonstrable change from this year.
We would be exploring the possibility of linking services for example with Camden and Islington MHT and co-location of services provision. It may be possible to link together Mental Health and Social Care together.

Reference was made to the closure of Chase Farm hospital A&E and maternity services, and that we should ensure that any additional services/ people are in situ before there is a reduction in hospital beds.

Concern was also raised about whether GP's would have the necessary expertise in the treatment of mental health issues following the shift towards greater primary care. It was thought there would be more care through family/ nurse partnerships including looking at mental health issues in schools.

It was commented that the funding gap was very high, the Transformation and Sustainability Plan that would be developed by 30 June 2016 is the first step of putting forward options of how to meet the three gaps previously mentioned including financial sustainability.

Councillor Connor spoke of a letter that had been sent on behalf of the Sub JHOSC to the NHS Improvement Team outlining their concerns about the buildings at St Ann's hospital, we are awaiting a response from them. David Sloman will attend the 10 June meeting of JHOSC for an update on the STP and discussions that are taking place.

Financial / Contract Position

Maria Kane referred to the current contract position that the Trust is forecasting a £12.9m planned deficit for 2016/17, which includes the Trust making substantial cost savings. She said that in line with a lot of trusts a great deal of money is spent on agency staff and we are hoping to change this.
The Control Total is a £9.1m deficit, and we are working with NHS Improvement team to discuss the consequences of this and whether we need to meet this target in order for the Trust to be able to draw down funds/ cash support.
Contract negotiations are continuing and it was emphasised that the Trust is recognised as being an efficient provider of services and reasonably good value for money.

CQC Action Plan

Maria Kane spoke of the CQC Inspection of BEH MHT- report published on 24 March 2016. She stated that the Trust had found it to be a helpful and positive process and highlighted the following:

- The overall rating was 'Requires improvement', which is the rating for

approximately 80% of trusts. A rating received of 'Good' for Caring in all services.

- It was highlighted that there was very positive feedback and high staff morale
- A Quality Improvement Plan (QIP) had been developed by the Trust, a number of the actions from this had already been taken.
- Temporary ward managers were in place at the time of inspection
- St Ann's hospital premises were of poor quality estate.
- There are four key themes for improvement - staffing, patient-centred care, leadership / management, premises and equipment.
- An improvement partner is being sought to help to further continuous improvement.
- The 'Live, Love, Do – model of care is being followed, enablement training taken place.
- Working with Middlesex university as an evaluation partner.
- Investigating ways of making savings regarding the use of agency staff

The following comments/ questions were then taken:

Maria Kane was asked if she had any further views on the inspection and she stated that the BEH MHT had had a good experience with the CQC, they had found it beneficial to be benchmarked with other trusts, although she understood that the process may be more difficult for others. Maria was commended as being listed as one of the top 50 Chief Executives.

The CQC report on page 15 refers to the lack of support – during and after discharge from hospital. Mary Sexton, (Executive Director of Nursing, Quality and Governance) said it was necessary for the team to look at how to manage expectations both pre and post discharge. She referred to the provision of services such as social care needs to link in with the MHT. There was a need for staff to ensure the plan for discharge is as effective as possible, it should also cover provision for what should be done if a person cannot cope when discharged.

Mary spoke of the high caseloads for home treatments and said appointment times may only allow for a 15 minute visit although an hour may be taken as this is required. It is important that communications are clear and if a visit is to be delayed we should ensure people are kept informed.
With staff absences it is a challenge sometimes to ensure services are maintained, they were looking at practical ways to facilitate this for example by using technology, talking to teams and looking at how to improve handovers. They were also looking at improvement in the management of self- medication.

Work is being undertaken with Managers to improve the conduct of practitioners through use of competency measures giving managers and interim managers greater confidence.

An important issue for BEH MHT is to ensure discharge details are sent in a timely manner to GP surgeries.

It was thought CQC will return before the end of the year, it would not be a full inspection and is expected to focus on St Ann's Estate and Workloads. It was thought unlikely that everything will have been dealt with by this time although many improvements should be seen including those on communications. There should be proper mobile working access for client notes in future. It was pointed out that it was not expected to have resolution for these issues immediately, we need to know issues are being taken forward.

It was asked - If a patient is being discharged, how soon should their GP practice be informed? An answer was given that they should be aware of this within 24 hours. Also if there is a medication change this should be known/ recorded as soon as possible.

Councillor Connor spoke of some concerns she had in the CQC report, including the 'Ward lay out unsafe, Downshill ward emergency equipment was not easily reached and that there were some blind spots at Chase Farm and St Ann's buildings. There were shown to have high levels of aggression and patients had absconded from wards. In CAMHS there is a high staff turnover and vacancy rate and patients did not always know their nurses name.
Mary Sexton responded that the Action around patient and staff safety due to the poor quality of the ward layout would be taken forward to JHOSC on the 10th June.

Issues have been addressed i.e blind spots have been remedied. With reference to absconding - this often occurs when a person has been given leave and have chosen not to return. All cases are reviewed to determine what can be learnt especially if involves the Secure Unit, we have reviewed our practices accordingly.

NOTED
It was noted that that there are a number of issues arising from the CQC report inspection to be examined including staffing, environment, risk assessment and health records. Also communication with Service users, Carers, Community Care Teams and GP's. There are a large number of actions to be delivered resulting from the inspection and an update on this would be summarised and brought back to a future meeting of JHOSC.

7. CONTRACTING AND FUNDING ARRANGEMENTS – MENTAL HEALTH UPDATE

Graham MacDougall, Director of Strategy and Partnerships (Enfield CCG) had circulated an update briefing on the contracting and funding arrangements between the commissioning CCGs and Barnet Enfield Haringey Mental Health Trust.

The following was highlighted

- That the CCG had agreed a £2.6m growth funding for this year.
- Enfield CCG had worked with the BEHMHT over the past few months to try to agree a mental health contract for 2016/17.
- The NHS Improvement Team and NHS England together with the CCG

are considering a 5 year recovery plan to be completed shortly. This is to be seen as a five year financial plan and a sustainable process. On-going discussions were taking place.

- As part of this process there will be a reorganisation of mental health units on the Chase Farm site. The Secole centre will be redesigned to support a wider range of service users but would give opportunities for reduced costs.

The following comments/ questions were then taken:

It had been stated in the update briefing that as part of the 2016/17 contract with BEH CCGs, the Activity plan for 2016/17 showed no growth for the period. It was asked if this was realistic and does it apply to all three boroughs as it had been thought more people were accessing mental health services? It was answered that the data being recorded does not show any increases, this is being monitored on a monthly basis.

Alternative ways to help provide mental health support includes the voluntary funded 'Crisis Cafes' which are open places where people can seek help and support.

It was thought the funding arrangements had provided a 'lever for change' to progress improvements in the service.

David Sloman would attend the10 June meeting of JHOSC when it should be possible to discuss the areas where gaps could be bridged for the Sustainability and Transformation Plan (STP). It was anticipated that Mr Sloman's background and experience would enable him to generate the support needed to move forward on the STP.

That the recovery plan process should hopefully enable finances to become more 'in balance' we need to ensure a fairer share of funding – at present funding is provided of £96 per head in Barnet whilst it is approximately £200 per head for Camden. Reference was made to a discussion in Parliament about the funding allocation process which had been of interest because it is considered that BEH trust is underfunded. It was thought the 5 year allocation process should help to address this - 'To get CCG's in line with what their budgets should be' It was commented that this was needed as soon as possible, as it was considered work was urgently needed at St Ann's hospital.

It was stated that there appeared to be a big disparity on health funding between inner city boroughs compared with outer boroughs, this is historical and should be amended to take into account changes in the demographics of the country.

When asked whether it was known if the appointment of the new London Mayor would have an impact on health issues for the London area. It was answered that the Mayor's Office tends to focus on public health and wellbeing issues such as prevention and the improvement of green spaces/ cycling. He is also committed to mental health issues.

There would be further discussion at the parent JHOSC meeting in June but the sub group - with support from Cllr Kelly – would like to invite the new Mayor or suitable political adviser to a future NCL JHOSC meeting. This would be to look at London/ NCL wide health and wellbeing issues – open space, walking clubs, allotments etc in order to:

- Gain an understanding of the new Mayor's health/ wellbeing priorities
- How such priorities will be implemented/ over what time
- To ask what success will look like in 1, 5, 10 years time
- To ask how scrutiny – especially the parent JHOSC can help drive change.

It was commented that Perinatal services were essential as a means of helping to keep families together.
The meeting was reminded that inequalities exist for people with mental health issues as their life expectancy tended to be 15 to 20 years less than for others.

8. DRAFT QUALITY ACCOUNT (2015/16) FOR BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST

Mary Sexton, Executive Director of Nursing, Quality and Governance (BEH MHT) introduced the Draft Quality Account 2015/16 for Barnet Enfield and Haringey NHS Trust. Quality Accounts are annual reports to the public from providers of NHS healthcare services about the quality of services they provide. Providers are asked to consider three aspects of quality – patient experience, safety and clinical effectiveness.
Mary stated that this was a work in progress, when the final document is finalised a shorter version will be made available in plain English for the public.

The following comments/ questions were received:

Q: Para 3.1.4 – Discharge Communication shows progress of 84 to 89% to Q4 – how might this be improved?
A: We would continue to do what we are doing gradual improvement has been shown over the year, each team knows what they are expected to do for the future.

Para 3.1.6 – Smoking cessation target of 25% to 30% refers to patients wishing to quit who have various illnesses/ conditions – It was thought this was not very clear and that this indicator and measure should be more plain, perhaps by showing the numbers of people involved. It was unclear as to what was being measured in relation to other illnesses.

Q:Smoking cessation – how is this defined?
A: We identify if someone is a smoker and signpost them to services, we have to take findings from them at face value.

Q:Para 3.21.1 number of serious incidents – 57 incidents reported how often did the Serious Incident Review Group meet?
A: They meet every month. There were significantly less incidents than previous

year.

Para3.6 -The Peer Service Review programme was discussed, it has been running for 4 years and has changed and evolved, it is not a 'cosy' process. It is considered to be a useful means for people to learn from each other, benchmarking is done and people are able to learn together.

Q: Para 3.8 - Have any problems been encountered during the 'learning from Clinical Audits?
A: There is an on-going challenge in terms of releasing people as there is a time/resources issue. There is a large programme of audits and it is important that we are able to 'close the loop'

Para 3.10- Clinical Research -it was mentioned that research at BEH NHS Trust was quite small. There was a concern both with Audit and Research – Could lessons learnt be implemented at a local level and do not remain just theory? Concern lay around how outcome from any audit or Research would be implemented into clinical practice on the ground in order to improve patient care.

Graphs shown at pages 47 to 49 were thought to be rather small and should be enlarged.

Page 49 - graph showed '% of occupied bed-days due to delayed transfers of care and showed that 41% was the responsibility of the Local Authorities. It was asked how many cases this percentage referred to and whether there was a difference between the three boroughs? Actual numbers were not shown, it was thought there were broadly the same number for Barnet, Enfield and Haringey. It was suggested that details relating to actions to be taken should be set out in the document.

Page 48- graph showed EIP % of people treated within 2 weeks of referral. For those not being treated within this time it was asked how long before they are treated – details to be included **ACTION** : Mary Sexton to come back with figures for this

3.16 – GP Advice line – This line is managed every day, there were fewer calls now being made – this helps GP's to support their patients. It is considered to be a useful and not very expensive facility.

3.18.1 Friends and Family test – This is an important feedback tool however we are looking at ways to improve the response rates.

P69 – Staff survey results – % experiencing harassment. Although generally positive feedback from staff there are challenges for the Trust to look at what we can do to support people and challenge behaviours.

P55 – largest number of complaints is for Clinical Care – it was stated that there were no specific areas being 'flagged up'.

3.19.2 Root Cause Analysis training courses for staff is mentioned and

mandatory training shown on P71 – the target for training is 85% and would aim to improve the amount of training undertaken including for that on 'Resuscitation' however there is an issue of resources, release of staff to do this.
The Moving and Handling Medium Risk training is shown at 55.88% however it is a higher rate for those working in the older peoples ward – the Trust had made a steady increase on this training before this year and the report should mention this.

Comments made at the meeting and any further observations would be integrated in the response to the Quality Account, provided by the JHOSC Sub Group.

Concerns noted as part of the CQC and Quality Account to be picked up following the next CQC inspection. **ACTION**: Maria Kane to report back with the outcomes following the next CQC inspection taking place within the year.

9. DRAFT QUALITY ACCOUNT (2015/16) FOR NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST

Dane Satterthwaite, Associate Director of Governance introduced the Draft Quality Account 2015/16 for North Middlesex University Hospital.

The following was highlighted:

- In line with all acute trusts, in 2015/16, North Middlesex University Hospital faced rising demand for NHS services. It had not been possible to sustain a good performance in A&E waiting times from July 2015.
- Staffing levels were a priority for the Trust.
- The Trust has been open and honest with health partners about the difficulties that this year had posed.
- The Safer, Faster, Better transformational programme is the response to the deterioration in performance against the national A & E 4 hour target. The programme is aimed to improve patient flow across the organisation. This includes looking at discharges – which are occurring too late in the day, the Trust was aiming to bring this closer to a target of midday.

The following comments were received:

It may be better for patients to go to the Urgent Care Centre (UCC) rather than A & E as waiting times are shorter. This is being looked at closely – since January there is a weekly 'dashboard' - UCC performance of 94%. Will be extending urgent care centre availability from 8am to midnight.

'Discharge of patients' - A project is being undertaken with partners - an integrated discharge team is looking to implement actions to make the process more efficient.

Extensive recruitment is taking place. The Clinical Director post has now been appointed. Of the thirteen senior establishment positions four remain to be filled There is a national problem to fill vacancies, especially across London. The Trust works with other local providers such as the Royal Free hospital to look at

spare capacity to ensure there is adequate cover. The Trust is also looking to appoint other specialist posts for the hospital e.g paediatricians.

G.Ps need to redirect people to primary care facilities and away from A&E whenever possible. One of the challenges for the service is to ensure there is adequate cover when it is not known how many people may attend A&E. – The prime purpose of the 'dashboard' is to show that services are safe e.g for a cardiac patient to be seen within 15 minutes.

Gradual strategic improvements are anticipated to ensure A& E targets are met. The aim is to improve the situation so that there are no longer huge swings in performance. It was thought it may be helpful to improve the winter situation/ seasonal dip by re-running a programme of working with the community, the aim of which is to stop people presenting themselves at A &E. It was pointed out that the higher demand is throughout the year and not just during winter months.

Although it is often reported that people presenting themselves at A&E are not registered with a GP, this is not actually the case. Many are already registered with a GP.

It was commented that we need to improve communications to encourage people to submit any complaints they may have to enable us to learn from this and improve our service.

It was asked that JHOSC receive a report from the NMUH trust on how issues are progressing, report to cover communication matters.

Councillor Connor spoke of a number of areas of concern which would be integrated in the response to the Quality Account, provided by the JHOSC Sub Group. –

The Safer, Stronger, Better initiative was of interest to Members, with one of the expected outcomes being improved performance in A&E. Haringey CCG gave a commitment to provide the Sub JHOSC with an interim progress report on A&E performance. The provision of this report will allow Members to fully scrutinise progress in this area and will inform a decision on when we will ask to meet with Senior Hospital Management again. **ACTION: Jill Shattock Haringey CCG**

- The Quality Account should provide more detail on the Friends and Families Test, especially the figures highlighted in red. Members noted the improvement in customer complaint response times.
- It would be helpful if performance targets were benchmarked against other London Trusts
- Within 'Delivery of 2015/16 Quality Priorities' there should be a clear explanation as to why 6 of the 9 priorities have not been achieved or only partially achieved. Members were concerned as to an apparent over-sight with regard to the self-imposed priorities and targets.
- The 'Cancer 62 Day Standard' figures require improvement and the Quality Account should provide detail on how this can be achieved.
- An explanation of the term 'Shwartz Rounds' would be beneficial.

Key areas to be taken forward –

- Sepsis
- Safer Faster Better A&E Report to CCG. Timeframe to monitor improvement
- Patient Experience (A&E)

Date of Next Meeting – to be arranged

The meeting ended at 1.35pm

Update on Actions from Meeting of North Central London Sector JHOSC BEH Sub Group – 19 May 2015

Item 6 - Draft Quality Account 2014/15) for BEH MHT	Officer	Action taken
Comparative data with other London Boroughs to be added	Mary Sexton	
Levels of communication with GP's - to check numbers behind the percentages	Mary Sexton	
Are the 6 questions listed in the Account for the Carer Experience Survey the total number of questions that were asked	Mary Sexton	
Is it a statutory requirement to provide population statistics by London Borough? and if this is the case information to be added on the numbers of residents in Barnet Enfield & Haringey who access the Trust's services	Mary Sexton	
P44 – Benchmark figures from other Trusts	Mary Sexton	
P53 – How many young people have been placed in employment support in partnership with Twinings	Mary Sexton	
Item 7. Contracting and Funding Arrangements Update		
What is the % of CCG budgets that is currently spent on adult mental health?	Graham MacDougall	
The Group requested that the proportions of investment by CCGs in the Trust by each Borough be provided	Graham MacDougall, Maria O'Dwyer, Jill Shattock	
Will the Carnall Farrar Report be a public document?	Graham MacDougall	

The meeting ended at Time Not Specified.