

Annual General Meeting

Monday 19 September 2016 at 2.00pm

Bernie Grant Arts Centre
Town Hall Approach Road, Tottenham Green, N15 4RX

The AGM will start at 2.00 pm. Doors will open from 1.30 pm where a light lunch will be provided. There will be an opportunity to meet Trust Board members and to view displays about various Trust services.

Pay and Display car parking is available behind the Bernie Grant Arts Centre via Clyde Road, or outside the Tottenham Green Leisure Centre in Philip Lane.

A G E N D A

Time	Item Number	Agenda Item	Lead
2.00	1.	Chairman's Welcome	Michael Fox, Chairman
	2.	Apologies for Absence	Michael Fox, Chairman
	3.	Minutes of the Annual General Meeting held on 21 September 2015 (attached)	Michael Fox, Chairman
		To confirm the minutes of the last Annual General Meeting as a true record.	
	4.	Matters arising from the Minutes	Michael Fox, Chairman
		To discuss any matters arising from the minutes of the Annual General Meeting held on 21 September 2015.	
2.05	5.	2015 / 2016 Trust Annual Report	Maria Kane, Chief Executive
		To receive the 2015 / 2016 Trust Annual Report.	
		Copies of the Annual Report have been circulated separately to Board members and copies will be available to the public at the meeting and on the Trust's website.	

Time	Item Number	Agenda Item	Lead
2.45	6.	<p>2015 / 2016 Quality Account</p> <p>To receive the 2015 / 2016 Quality Account.</p> <p>Summary copies of the Quality Account have been circulated separately to Board members and copies will be available to the public at the meeting. A full copy of the Quality Account is available on the Trust's website.</p>	Mary Sexton, Executive Director of Nursing, Quality and Governance
3.00	7.	<p>2015 / 2016 Annual Accounts</p> <p>To receive the 2015 / 2016 Annual Accounts.</p> <p>Details of the Annual Accounts are contained within the Annual Report.</p>	Simon Goodwin, Chief Finance and Investment Officer
3.15	8.	<p>Introduction of Presentations</p>	Michael Fox, Chairman
3.20	8.1	<p>The Grove - Haringey Substance Misuse Service</p> <p>An outline of substance misuse services provided at The Grove located at 9 Bruce Grove, Tottenham.</p>	Pardeep Grewal, Consultant Psychiatrist and Amina Lahrichi, Team Leader
3.40	8.2	<p>The Eating Disorders Service</p> <p>An outline of the Eating Disorders Service located at St Ann's Hospital, Tottenham.</p>	Lorna Richards, Consultant Psychiatrist
4.00	9.	<p>Round Table Discussions and Feedback</p> <p>An opportunity to provide feedback on the issues discussed during the meeting directly with a member of the Trust Board on each table.</p> <p>Please note that the Trust staff are unable to respond to questions about individual cases.</p>	
4.30	10.	<p>Close</p>	Michael Fox, Chairman

There will be a further opportunity to meet Board members and senior staff, as well as to view displays about various Trust services at the conclusion of the meeting.

2015 Annual General Meeting

**Minutes of the Barnet, Enfield and Haringey Mental Health NHS Trust
Annual General Meeting (AGM) held in public on Monday, 21 September 2015 at
The Royal Air Force Museum, Grahame Park Way, London, NW9 5LL**

The meeting commenced at 2.00 p.m. and closed at 4.20 pm

Present:

Board Members:

Michael Fox	Trust Chairman
Jonathan Bindman	Medical Director
Paul Farrimond	Non-Executive Director
Simon Goodwin	Chief Finance and Investment Officer
Andy Graham	Executive Director of Patient Services
Rebecca Harrington	Non-Executive Director
Christine Harvey	Non-Executive Director
Catherine Jervis	Non-Executive Director
Maria Kane	Chief Executive
Mary Sexton	Executive Director of Nursing, Quality and Governance
Mark Vaughan	Executive Director of Workforce
Charles Waddicor	Non-Executive Director

Staff:

Christine Bascoe	Communications Manager
Suchi Bhandari	Trust Lead of Psychology and Psychological Therapies
Gill Bransby	Allied Health Professional Leadership Project Manager
Peter Dutton	Barnet Clinical Director
Gbemi Kuforiji	Chief Pharmacist
Marc Lester	Deputy Medical Director
Jackie Liveras	Assistant Director of Patient Services
Katia Louka	Corporate Services Manager
Louise McGill	Communications Officer
Stefan Mieczkowski	Interim Director of Strategy
John Mills	Director of Estates and Facilities
Alison Newcombe	PA to Chief Pharmacist
Kathryn O'Donnell	Enfield Clinical Director
Helen Price	Enablement Programme Practice Development Lead
Barry Ray	Trust Board Secretary
Andrew Wright	Director of Strategic Development

Also Present:

Helen Service User (For Agenda Item 8.1)
Kerry Service User (For Agenda Item 8.2)
Other members of staff and members of the public, including service users and carers, commissioners, regulators, local authority members and members of other partner organisations.

Item No.	Minute Item
1.	<p>Chairman's Welcome</p> <p>Michael Fox welcomed Board Members, staff, members of the public and partner organisations to the Annual General Meeting of the Barnet, Enfield and Haringey Mental Health Trust.</p>
2.	<p>Apologies for Absence</p> <p>Apologies for absence were received from the following Board Members:</p> <ul style="list-style-type: none"> • Cathy Hamlyn, Non-Executive Director
3.	<p>Minutes of the Annual General Meeting held on 22 September 2014</p> <p>The minutes of the Annual General Meeting held on 22 September 2014 were confirmed as a true record.</p>
4.	<p>Matters arising from the Minutes of the Annual General Meeting held on 22 September 2014</p> <p>There were no matters arising.</p>
5.	<p>2014 / 2015 Trust Annual Report</p> <p>Maria Kane, Chief Executive, introduced the Annual Report for 2014 / 2015 and gave a presentation on the highlights, which included:</p> <ul style="list-style-type: none"> • Continued improvements in quality and patients' experience, reflected in 91% of patients stating that they were satisfied with their involvement and that they are treated with dignity and respect. • Positive feedback from staff on their development and engagement, with the Trust being recognised as one of the 'Top 100 Employers in the NHS' in the national Health Service Journal awards. • The reorganisation of services into a borough-based structure, plus a Specialist Services service line, to support greater integration of services with other local partners. • The development of the Trust's Enablement approach of 'Live, Love, Do' to deliver care across all Trust services. • Received outline planning approval from Haringey Council in March 2015 for the redevelopment of the St Ann's Hospital site. • The publication of a recent report on mental health services across North Central London which confirmed that the Trust was cost effective and provides high quality services which are at least as good as other mental health trusts in London. The report confirmed that the Trust has a viable future, providing its relative funding levels from commissioners match those of other mental health trusts in London and the planned transformation of services through Enablement progresses as planned. <p>Maria Kane outlined the Trust's priorities for 2016 / 2017, as follows:</p> <ol style="list-style-type: none"> 1. Providing excellent services for patients - Developing the Enablement approach to care, building on the current pilots to extend Enablement more widely across the Trust.

2. **Developing our staff** - Continuing to support and develop all Trust staff, helping them to deliver excellent care for patients, and training staff in Enablement principles and appointing new peer support workers.

3. **Ensuring clinical and financial viability** - Working with the local Clinical Commissioning Groups to address the funding of services, so that the Trust can support the increasing numbers of patients being seen while maintaining and improving quality.

Maria Kane advised that the Trust was expecting to receive its Care Quality Commission Chief Inspector of Hospitals inspection of all Trust services in late November / early December.

It was noted that copies of the 2014 / 2015 Annual Report were available on the Trust's website and at the meeting.

6. 2014 / 2015 Annual Accounts

Simon Goodwin, Chief Finance and Investment Officer, presented the Annual Accounts for 2014 / 2015. He reported that the Trust had achieved two out of the three statutory duties:

1. **To achieve breakeven** - Whilst the deficit was better than budgeted (delivering a deficit of £4.6m against a deficit budget of £4.7m) the Trust did not achieve breakeven.
2. **To operate within the Capital Resource Limit (CRL)** - The Trust had a CRL of £5.95m with actual expenditure of £5.92m.
3. **To operate within the External Financial Limit** - which was achieved.

Simon Goodwin advised that the Trust's financial performance was achieved in a challenging environment, with commissioners continuing to manage financial difficulties within a difficult financial position for the NHS overall.

Simon Goodwin set out the outlook for 2015 / 2016 as follows:

- Financial challenges continue for the Trust's commissioners, constraining the funding available for Mental Health Services.
- Coupled with unfunded demand pressures, this means that the Trust required a Cost Improvement Plan of £5.3m – nearly 2.6% of the Trust's income.
- Actions being taken include:
 - More rigorous controls around agency staffing.
 - Reviewing how the delivery of our services is organised.
 - Line by line review of non pay expenditure.
 - Discussing with commissioners how best to manage services within the funding available – two of our three main commissioners spend significantly less on mental health than the London average.
 - To achieve better alignment of expectations and funding of services.

Simon Goodwin advised that the funding situation would continue to be challenging and that in order to remain financially viable, the Trust would need to look at the following areas:

- Significant service change.
- Estates reductions.
- Additional funding from commissioners.

A summary of the 2014 / 2015 Annual Accounts was included in the 2014 / 2015 Annual Report, copies of which were available on the Trust's website and at the meeting.

Michael Fox noted that nearly two-thirds of NHS provider organisations had declared a deficit and that large numbers of local authorities had faced significant reductions in funding which was also having an impact on social care.

7. 2014 / 2015 Quality Account

Mary Sexton introduced the 2014 / 2015 Quality Account. She reported that the Trust produced a Quality Account each year which sets out how the Trust has performed against national standards. The Quality Account:

- Reports on the quality of Trust services with particular reference to safety, effectiveness and patient experience.
- Details improvement priorities for the year ahead.
- Builds on the Trust's values of kindness, compassion, excellence, openness, transparency honesty and integrity.

Mary Sexton confirmed that the Trust was seeking to ensure that 'Quality' was at the heart of every conversation.

She explained that the Trust's three quality priorities for 2014 / 2015, as agreed with service users and stakeholders, were:

- **Safety** - To improve communication with our GPs and the physical healthcare we provide to service users.

The Trust did not achieve its target but has shown improvement in certain aspects. This improvement priority will be carried forward to 2015 / 2016.

- **Experience** - To improve services through learning from incidents and patient feedback.

Several learning events were held during the year with positive feedback from staff who attended. Thematic analysis has helped identify improvement measures.

- **Effectiveness** - To reduce the delays to discharge experienced by our service users.

Both a steering group and a Discharge Intervention Team were established who worked alongside external agencies to reduce blockages in service users' pathway to discharge mainly caused by housing issues.

Mary Sexton outlined the priorities for 2015 / 2016, which were determined through engagement with service users, patients, carers, staff, commissioners and other stakeholders, which are:

- **Safety** - To improve discharge communication from inpatient settings with our GPs and improve individuals' physical health and wellbeing including alcohol misuse screening and smoking cessation services.
- **Experience** - To enable young individuals through coping and self-care skills training and provide additional support to those dealing with long term conditions.

	<ul style="list-style-type: none"> • Clinical Effectiveness - To evaluate a sample of enablement pilots through patient reported outcome measures. <p>Copies of the 2014 / 2015 Quality Account were available on the Trust's website. A summary of the 2014 / 2015 Quality Account was available at the meeting.</p> <p>Wilfred Canagaretna from Barnet Voice asked for details of quality standards used within the Trust. Mary Sexton advised that there were in excess of 400 quality standards which the Trust was required to meet including those set by the National Institute for Health and Care Excellence (NICE), as well as individual operating standards.</p> <p>In response to a question about the lack of awareness of mental health facilities and treatments by GPs, Marc Lester advised that the Trust had established a Primary Care Academy which aimed to educate primary care practitioners about the services available at the Trust.</p> <p>Ian Star highlighted that young people were less likely to access GP services and was therefore a harder to reach group. Jonathan Bindman advised that the Trust provided Child and Adolescent Mental Health Services (CAMHS) including outreach services in schools.</p> <p>In response to a question, Andy Graham advised that service user engagement was key to transforming services to provide an enablement approach to care.</p> <p>In response to a question from Wilfred Canagaretna, Andy Graham advised that the Trust was working in partnership with the police and local courts and so was able to provide support to any young person with mental health problems.</p>
8.	<p>Introduction of Guest Speakers</p> <p>Michael Fox introduced the following three presentations which highlighted service users pathway through enabled services, and the range of mental health services that the Trust provides.</p>
8.1	<p>The Enablement Programme – A Life Beyond Diagnosis</p> <p>Jackie Liveras gave a presentation providing an outline of the Trust's Enablement Programme, which was officially launched in April 2015. The Enablement Programme seeks to transform services to achieve the vision of:</p> <ul style="list-style-type: none"> • Live – somewhere safe and secure to call 'home'. • Love – Social contact, friends and relationships. • Do – Access to meaningful activities / employment <p>The presentation outlined the process used to transform services, the projects which have been delivered to date, and the key actions for 2015 / 2016, which include:</p> <ul style="list-style-type: none"> • Recruitment of an expert Enablement team. • Develop three Enablement steering groups to help drive change initiatives. • Finalise and deliver training for the workforce. • Develop tools and methods for evaluation in partnership with Middlesex University. • Continue to review and assess teams, embedding Enablement in service provision. • Continue to spread the 'Enablement' word across communities and services, working in partnership with stakeholders.

Helen, a service user, provided an outline of her experience of accessing mental health services. She informed that she suffered with chronic depression. She contacted the Trust and was referred to a Community Support and Recovery Team as it was not felt that she needed to be admitted to an inpatient ward. Helen was then referred to The Network which provides short-term support to people with mental health problems in Barnet. Helen advised that the support made available through The Network had helped her to feel safe and supported and was now a survivor. Helen is now using the experience to volunteer with Childline.

Kerry read out the following short poem about her experience:

I went into crisis nearly five years ago
The day that it happened I hit an all-time low
I went to my doctors who saw me that day
And listened to me as I had my say

He contacted the Crisis Team who agreed to see me
After meeting with them I started to see
The people I saw talked me through things
This was the point where my journey begins

The appointments were made for me to see them
To help find a solution to my problem
I find it hard to accept myself
But I know I have to for my own mental health

I was sent to The Network after being assessed
I was told this would be for the best
The things that they do, the words that they say
The courage they give you helps you along the way.

8.2

Mental Health Services in Barnet

Peter Dutton, Clinical Director for Barnet, and a Consultant Psychiatrist, gave a presentation providing an outline of the population, the mental health needs of the population and the services provided in Barnet.

In respect of the population and its mental health needs, Peter Dutton highlighted the following:

- Barnet is now the largest Borough in London by population and is continuing to grow.
- Overall rates of individual mental health problems are lower in Barnet than London and England however the rate of detention for a mental health condition is significantly higher than the London or England averages.
- Barnet has a very low proportion of people with learning disabilities and mental health conditions in employment compared with similar Boroughs.
- Rates for alcohol related mortality and hospital admissions in males are rising in Barnet.
- The over-65 population is forecast to grow three times faster than the overall population between 2015 and 2030.
- Barnet has more than 100 care homes, with the highest number of residential beds in London - significant net import of residents with health needs moving to Barnet from other areas.
- Barnet has a higher population of people with dementia than many London Boroughs and the highest number of care home places registered for dementia per 100 population aged 65 and over in London.
- By 2021 the number of people with dementia in Barnet is expected to increase by 24%

compared with a London-wide figure of 19%.

- There are high rates of population growth for children and young people expected in wards with planned development works - predominantly in the west of the Borough.
- Domestic violence, parental mental ill health and parental substance abuse are the most common and consistent contributory factors in referrals into social care.
- Admissions for self-harm amongst children and young people are increasing.

Peter Dutton provided a summary of the services provided in Barnet which includes:

- Two acute psychiatric wards providing 41 beds.
- A Trust-wide Psychiatric Intensive Care Unit providing 16 beds.
- A continuing care and slow-stream rehabilitation ward.
- Crisis Resolution & Home Treatment Team, which provides urgent mental health crisis assessment and intensive home treatment as an alternative to inpatient care.
- A Recovery House, delivered in partnership with Rethink Mental Illness.
- A Mental Health Liaison Services to both at Barnet Hospital and the North Middlesex Hospital.
- Older People's Mental Health services, including Community Mental Health teams and a Memory Service.
- Community services for Working Age Adults, including an Assessment (Triage) Service, Community Mental Health Teams, an Early Intervention in Psychosis team, and Community Rehabilitation.
- Child and Adolescent Mental Health Services (CAMHS), which include an Adolescent Outreach Team, services for children in the care system, specialist services for neurodevelopmental disorders, Paediatric Mental Health Liaison at Barnet Hospital, and a Health and Emotional Wellbeing Service.
- Learning Disability Services, providing psychiatry and psychology input in to the Council led service.

Peter Dutton highlighted the following services as examples of Enabled services:

- Individualised Placement Support – providing employment support for people with Complex needs associated with Mental Ill-Health.
- Health and Emotional Wellbeing Service – which aims to increase the delivery of preventative and targeted interventions within mainstream, Special Schools, and the Pupil Referral Unit for permanently excluded pupils in Barnet.

Peter Dutton advised that a key development for the future was working with stakeholders to co-produce the future provision of mental health services in Barnet under the heading of "Re-imagining Mental Health".

In response to a question from Maria Nash, Peter Dutton advised that the Trust was working with Barnet Clinical Commissioning Group to look at the possibility of providing autism diagnosis. The Trust was not yet commissioned to provide this service.

Wilfred Canagaretna highlighted that as a former service user he was no longer entitled to access support services. Peter Dutton commented that as part of the Enablement approach the Trust was looking at assisting former service users by signposting them to other areas of support once they have been discharged from Trust services.

Jen Fidai highlighted the issue of young people transitioning between services for children and those for adults. Andy Graham referred to the Government's strategy entitled "Future in Mind" which seeks to address the transition period. The Trust will be working with the three local Clinical Commissioning Groups to implement the strategy in each of the three boroughs.

9.	<p>Round Table Discussion and Feedback</p> <p>A Round Table discussion was held specifically focussing on the Trust's plans to develop the Enablement programme, including what should the successful outcomes of Enablement be.</p> <p>Set out below is a summary of the feedback received:</p> <ul style="list-style-type: none">• There was a need for better cohesion amongst Enablement projects.• Service users required information on how to access services quickly.• Services users should be supported to identify the outcomes which matter to them specifically and to be kept up to date with the progress in their own treatment.• Schemes to assist service users into employment, such as the Individualised Placement Support in Barnet, should be available to all services users.• Activities for service users to engage in need to be personalised rather than standardised to meet individual needs. However, there was concern about how to fund personalised activities.• There was a need to ensure delivery if the Trust raises expectations.• There was a need to consider the importance of forward planning of support for a service user after treatment to provide ongoing support• Services users should be able to determine the level of support they need rather than wait to be told.
10.	<p>Close</p> <p>Michael Fox thanked everyone for attending, especially the guest speakers.</p>