

Barnet, Enfield and Haringey

Mental Health NHS Trust

A University Teaching Trust

Title:	Chief Operating Officer / Executive Director of Patient Services' Report
Report to:	Trust Board
Date:	27 March 2017
Security Classification:	Public Board Meeting
Purpose of Report:	
This is a regular report to update the Board on Trust operational matters. The report is to inform and update the Board on the progress of key operational issues across the Borough and Specialist Services.	
Recommendations:	
The Trust Board is asked to note progress made since the last report to the Trust Board on 30 January 2017.	
Report Sponsor:	Andy Graham, Chief Operating Officer / Executive Director of Patient Services
Comments / views of the Report Sponsor:	This section is to be completed by the above named Report Sponsor only. Report Sponsors are requested to set out their views in relation to the proposals within the report.
Report Author:	Name: Andy Graham Title: Chief Operating Officer / Executive Director of Patient Services Tel Number: 020 8702 6010 E-mail: andy.graham@beh-mht.nhs.uk
Report History:	Regular Report
Budgetary, Financial / Resource Implications:	Some cost reductions set out in this report.
Equality and Diversity Implications:	None.
Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register	Links to the Board Assurance Framework summary (Trust Board agenda item).
List of Appendices:	
<ul style="list-style-type: none"> None 	

Report

1. Introduction

- 1.1. As introduction to this report, I will address the core priorities that the operational team agreed to deliver in 2017/18.
- 1.2. **Activity** - recorded activity has increased by 15% YTD in community mental health against 2015/16 (297,955 more contacts) and 9.8% for Enfield Community Services for the same period. Overall the Trust is 9.8% ahead of the plan agreed with Enfield CCG as lead commissioner.
- 1.3. **Cost Improvement Programmes (CIPs)** – on plan to deliver 100% of CIP value for 2016/17.
- 1.4. **Care Quality Commission (CQC) actions** – there are notable improvements including psychological input to adult mental health wards and staff increases in PICU. The teams enjoyed participating in 'Quality Week' and are working towards further improvement in 2017/18.
- 1.5. **Enablement** – Adult Pathway Review is complete in Barnet and Consultation is live in Enfield and Haringey at the time of writing.
- 1.6. Looking forward to 2017/18, the service operational team have planned priorities; these will be presented to the Board Workshop in April.
- 1.7. I am also pleased to report an £800,000 investment in our Early Intervention Psychosis (EIP) Services by local CCGs. Whilst this falls short of the EIP Workforce Calculator recommendation, the additional investment is welcome and essential for our 3 borough based teams.
- 1.8. The remainder of this report reflects local issues and highlights from our borough and specialist services.

2. Barnet Borough Services

2.1 Barnet Acute Service

- 2.1.1 The Barnet Crisis Resolution and Home Treatment Team have, through their focused improvement work, seen a sustained period of a reduced caseload closer to that expected for the size of population and team establishment. The Primary Care Link Working team are having a positive impact in diverting demand away from acute services, and the more stable staff workforce from recent recruitment is supporting more effective working and patient flow. The Haelo quality improvement work in the team is focusing on improvements to patient and staff experience, and the team presented their initial work at the Barnet Enablement Steering Group in March.
- 2.1.2 Psychology provision in the acute wards is being strengthened with post CQC inspection investment being used to recruit an additional psychologist, and a more senior psychologist being seconded into the vacant psychology sessions on Avon Ward, the Trust's Psychiatric Intensive Care Unit (PICU), to support the on-going improvement work on the ward.
- 2.1.3 Demand for acute beds remains a significant pressure, despite seeing a reduction in length of stay over December and January.

2.2 **Accommodation Review**

2.2.1 Barnet services have undertaken a review of the use of current office and clinical spaces, modeling demand and capacity, and appraising various options with valuable support from the Trust's Estates and facilities Directorate. The Borough Management Team will be implementing a significant scheme over the coming 6-9 months aiming to utilise space more efficiently, reducing current spend on rent and contributing a significant sum to the Barnet CIPs target for 2016/17. This will place a requirement on all the services to occupy space in a more efficient and careful way but will also enable the Barnet services to contribute towards efficiency savings targets from non-pay budgets.

2.3 **Barnet Older Adults Services**

2.3.1 The Older People's Service continues to perform well meeting targets effectively. Positive feedback was received with regard to contributions to Dementia Support at the Barnet Health Overview and Scrutiny Meeting on 6 February 2017.

2.4 **Barnet Child and Adolescent Mental Health Services (CAMHS)**

2.4.1 CAMHS remain an area where risks are being generated by continued uncertainty over future commissioning intentions. Alongside these risks are opportunities to show-case the work of our CAMHS services raising the profile of services that are generally very well received by our partners, families and young people using the service. The team is in the final stages of putting in place an interim clinical and operational leadership structure which will take the lead with strengthening the Trust's reputation with partners, developing the future clinical model and positioning the Trust as a lead provider and partner in the future CAMHS provision.

2.5 **Barnet Adults Community Mental Health Services**

2.5.1 The adult pathway re-design is being implemented with a launch date of 1 April for the new service model. It is anticipated that all case transitions will be completed by 30 June 2017. Staff are very much looking forward to working in the new configuration which the Trust believes offers the best chance of delivering effective integrated care in a climate of increasing demand and financial constraint.

2.5.2 Barnet CCG has recently confirmed that the Barnet Primary Care Link Working will be funded for a further year to a value of £400,000. The proposed staffing model will be amended slightly with greater emphasis placed upon a systems approach to referrals with GP practices that connects with the new Locality team infrastructure. Early indicators suggest a swift response to referrals is sustainable, brief support can be provided in the right place and with the right service for the right length of time. Analysis of the first seven months activity informs us there has been a reduction in referrals to secondary services, GP satisfaction is high, service user satisfaction is very positive and there is greater and more meaningful use of both community resources and the collaborative via the Voluntary Sector led Wellbeing Hub.

2.5.3 The CCG, with the Trust as a lead partner, has been shortlisted for the HSJ Value in Healthcare Award - Improving the value of primary care services. The Link Working service has played a key part in this and it is hoped that the strategic initiative will achieve further recognition of its success and achieve receipt of the award.

3. Enfield Borough Services

3.1. Enfield Health

3.1.1 In the past month, some highlights for Enfield Health are:

- Producing the new Enfield GP newsletter with the full support of the Trust's Communications Team - this includes information on a number of quality developments including Mental Health and Physical integration projects.
- Launching the consultation on Adult Mental Health Pathway changes.
- Delivering on an ambitious Cost Improvement Programme.
- Holding a learning event in March across the borough services, with a focus on improving care to patients with diabetes.
- Continuing to build and share the benefits of the new Enfield Health identity, including appearance of the new signage on the Chase and St Michael's site and the use of the new logo for recruitment.
- Opened the newly refurbished 'child friendly' Cedar House at St Michael's in collaboration with Barnet and Southgate College

3.2. Community Therapies and Musculoskeletal (MSK)

3.2.1 The additional non-demographic investment into Community Therapies and MSK is improving the key performance indicators around waiting times with MSK now achieving >95% on 13 week waits and Community Therapies achieving >90% in 8 week waits.

3.3. Magnolia: Additional Rehabilitation beds

3.3.1 The works to create four additional bed spaces on Magnolia Ward commenced at the end of February and is progressing according to plan. Works are due to be completed at the end of March. Communications have been sent to all local commissioning and provider organisations about the increased availability of general rehabilitation beds from April 2017.

3.4. Enfield Integrated Locality Team

3.4.1 Community Services integration with the local Council's Older People and Physical Disabilities Service has progressed. The strategy paper on Integrated Locality Teams (ILT), with its emphasis on managing local GP populations and providing care closer to home (as stipulated in the Sustainability and Transformation Plan for North Central London) is agreed. The paper builds on the current ILT pilot. An action plan, covering a single point of access, improving care co-ordination and developing a co-managed service, is agreed and activity to deliver it continues.

3.5. Enfield Children and CAMHS

3.5.1 Waiting times remains an issue. This is set out in the Board Performance report. Planned improvement is expected to be delivered in April and May following successful recruitment.

3.5.2 The Safeguarding Team continues to provide high quality supervision and advice to front line professionals and the Trust. They respond and advise on all Datix reports with a safeguarding element. The team also works as part of the multidisciplinary team in the Single Point of Entry (SPOE) in Enfield run by the local authority, which screens children's safeguarding referrals.

3.6. Children and School Nursing

3.6.1 The Immunisation Task Force for School Aged Children, is now delivering part one of the annual Human Papilloma Virus (HPV) vaccination to young girls in Year 8 and the Year 10 school leavers booster which includes a boost of the Meningitis vaccine.

3.7. **Family Nurse Partnership (FNP)**

3.7.1 The FNP is holding, with Local Authority commissioners, their second Graduation ceremony in April for young parents who have completed the FNP Programme, which aims to help Breaking break the cycle of poor Infant Parent relationships and child poverty.

3.8. **Enfield Adult Mental Health**

3.8.1 Enfield has successfully recruited to the two Service Manager posts for Acute and Community Adult Services and to the Inpatient Team Leader role, bringing the senior management team to a full complement for the first time since the launch of the Enfield service line in 2015. It is anticipated that this will enable the team to push forward with the clinical pathway development and implementation of the adult mental health pathway review following the current consultation.

3.9. **Enfield Memory Service (EMS)**

3.9.1 The Enfield Memory Service is undertaking the Memory Services National Accreditation Programme. Following the peer review stage, further evidence has been collated for a meeting in April with an outcome due in May.

3.9.2 The new Psychology post has been successfully recruited to with a start date planned for June 2017.

3.10. **Physical Health on the Older People's wards**

3.10.1 The teams have been refreshing their offer for admissions to include:

- Assessment by a doctor within 6 hours of admission to include an initial psychological, physical and social assessment.
- Physical examination including, assessment and full blood count, MRSA swab for patients from nursing homes and general hospitals, and urine screen investigation by the admitting doctor.
- All admitted patients receive a Falls Screening Tool assessment completed within 48 hours of admission. Patients deemed at risk of falls will have a Multidisciplinary Assessment and Referral Protocol completed, along with an individualised Falls Care Plan within 7 days of admission. All patients at higher risk need falls risks and care plans reviewed regularly at Care Programme Approach (CPA) Meetings and Ward Reviews. The wards now also fall under the work of the Falls Collaborative and have introduced zonal observations reducing the need and the cost of 1:1 observations.
- All admitted patients have a Nutritional Risk Assessment completed within 6 hours of admission. Patients deemed at risk receive a nutritional care plan. Patients with a high score are referred to the Ward Dietician. Nutritional Risk Assessments are completed at least once a month or more frequently if indicated. All in-patients are weighed on a weekly basis.
- All admitted patients receive a Waterlow Pressure Ulcer Risk Assessment Tool completed within 2 hours of admission. Patients at risk will need Multi-Disciplinary Team (MDT) care plan completed and a relevant referral, i.e. to a Dietician or Tissue Viability Nurse. All patients at risk are reassessed formally weekly or whenever their condition changes; all patients not at risk are re-assessed monthly.

3.11. **Older People's Ward Service Improvement Action Plan**

3.11.1 Each ward area has its own newly created Service Improvement Action Plan based on quality data which is shared for input from team level to senior operational management. Current initiatives include Namaste Care on Cornwall Villa, Computer tablets and training in

IT for Older People on the Oaks (funded through a successful Dragon's Den bid) and Improving the Mealtime Experience on Cornwall Villa. There is also the HAELo service improvement project taking place which is looking at staff retention.

3.12. Enfield Improving Access to Psychological Therapies (IAPT)

3.13.1 Enfield IAPT continues to meet and exceed the 6 and 18 week national waiting time targets, with an emphasis in Q4 and 2017/18 on reducing waiting times to second appointment. Recovery rates remain close to 50% - retaining a consistent rate of over 50% is a key objective for the coming year. Reliable improvement rates are well above the target of 55%, with January reaching 68%. The contract for 2017/18 has not yet been agreed. Any additional investment will target reducing wait times to second appointment and increasing access for older people, Black and Minority Ethnic populations and those with long term conditions.

4. Haringey Borough Services

4.1 Adult Mental Health Pathway Review Staff Consultation

4.1.1 The staff consultation document for the Adult Mental Health Pathway Review was released on 27 February. Two open staff meetings have been held with a third meeting planned. A public / service user and carer event around the Adult Mental Health Pathway Review took place on 24 February, organised by Haringey Association for Independent Living (HAIL) and Haringey Healthwatch.

4.2 Haringey's Berwick Suicide Learning Event

4.2.1 A half day Learning Event around the impact of suicide on staff took place on 20 February 2017. This was well attended by clinical staff from across the Trust. Useful lessons were learned with regard to support systems to staff, often managing high risk caseloads. These lessons will feed into the Adult Mental Health Pathway Review.

4.3 Creativity for Recovery, Enablement and Wellbeing (CREW) Dragon's Den project

4.3.1 Jon Hall, Music Therapist, Ben Wakeling, artist, Dr Edelman, Clinical Director for Haringey, and some service users were interviewed by Dan Damon from the BBC World Service for the 'World Update' programme, which was broadcast on 10 March 2017. The radio interview was to discuss the work that CREW have been doing, running art and music therapy at the Recovery College.

4.4 Recovery Star Model

4.4.1 Several Adult Community Teams have had Recovery Star training and will be piloting its use in due course.

4.5 Haringey Assessment Service

4.5.1 Community Engagement Workers have started working with service users in reducing the Did Not Attend (DNA) rates.

4.6 Haringey Crisis Resolution and Home Treatment Team

4.6.1 The Team has embarked on daily mindfulness for 10 minutes each day since January 2017, which has brought about tangible differences in the Team's cohesiveness vis-à-vis increased level of staff happiness and staff are less stressed than previously observed.

- 4.6.2 The HAELo Collaborative work is on-going and has resulted in a consistent decrease in caseloads. Examples of quality improvements include among others improvements in time keeping for visits, less time spent in handovers, team learning opportunities, discharge planning from the start, etc.
- 4.7 **Inpatient Wards (Haringey Assessment Ward, Finsbury and Fairlands)**
- 4.7.1 There is now a monthly reflective practice group (staff support group) across all wards attended by all MDT members.
- 4.7.2 Fairlands Ward is involved in piloting Recovery Star initiatives and in piloting a new, improved care plan.
- 4.8 **Haringey CAMHS Transformation**
- 4.8.1 CAMHS Choices are seeing increased self-referrals now that the service is becoming better known. As part of the Transformation Plan, the team are about to take the next step to integrate the CAMHS Choices with the CAMHS generic Access Team.
5. **Specialist Services**
- 5.1. **Peer Review**
- 5.1.1 The North London Forensic Service (NLFS) had its annual peer review on 7 / 8 March. This is a learning event and as ever there were areas for development and significant strengths noted. The peer review commented the high quality clinical environments in Camlet 3 and the Kingswood Centre, but were less impressed with the appearance of some of the older environments. Of particular note was the very positive service user feedback in relation to staff patient relationships and in general with regards to the range of activities and the level of engagement.
- 5.1.2 There has been some criticism received about patient telephone areas on the wards not providing sufficient privacy. This is something that has been highlighted by service users previously and therefore the service has put in a charitable funds request to have works carried out which will allow the current space to be turned in to a private phone booth area. As of yet, we have not had any feedback about the bids being approved/declined.
- 5.1.3 Some concern was also raised about the seclusion room on Devon Ward; the two main points raised were that the seclusion ceiling was very low which made the room feel compact and confined. The second issue was around sealant peeling off in certain areas. There were some issues raised by the previous peer review and CQC groups, to address these.
- 5.2. **Derwent Ward**
- 5.2.1 On-going health and safety concerns remain regarding the flooring on Derwent Ward; however, there are plans to decant to the Seacole East unit in the next few weeks, in order to facilitate the full assessment of the problem and for immediate works to take place.
- 5.3. **Experts by Experience**
- 5.3.1 A group of inpatients in the NLFS have been trained to take on paid roles as Patient Experts. They are currently co-producing with staff a Recovery College. This includes designing the prospectus, liaising with all patients across the 11 wards, planning and delivering the training and evaluating the outcomes. This is a core part of the Specialist Service Commissioning for Quality and Innovation (CQUIN) programme.

5.4. User Led Ward Round Summaries

- 5.4.1 As part of the Reducing Restrictive Practice CQUIN, the NLFS has developed a series of projects. The User Forum requested a written ward round request and summary form that has been developed with them and the Speech and Language Therapist and is now being rolled out across all wards. The evaluation of this project will be led through the User Forum group.
- 5.4.2 Other projects that are part of delivering the Reducing Restrictive Practice CQUIN include Positive Handovers, Positive Behaviour Support training, Care Zoning and increasing the number of sensory rooms, and the delivery of sensory integration training to staff. All these projects are well underway and will be evaluated with the User Forum Group.

5.5. Positive Behaviour Support (PBS) Training

- 5.5.1 The Learning Disabilities PBS Team includes the ward manager, social worker, psychologist, speech and language therapist and occupational therapist. They have developed a training package to be delivered across the service.

5.6. Care Zoning

- 5.6.1 Following evaluation of Care Zoning on the admission ward, 3 Wards (women's medium secure, male medium secure and medium secure learning disability) are now rolling out Care Zoning onto their wards. Ward community meetings have been used to engage patients in the initiative and the ward managers group has agreed to take this work forward.

5.7. Sensory Rooms

- 5.7.1 With a range of international evidence to support the importance of sensory interventions in reducing the need for restraint and seclusion, the NLFS is using this evidence to drive changes in practice and culture. The NLFS has established sensory rooms on one male rehab ward and one male learning disability ward, and funding has been arranged for a further 4 wards to have rooms adapted and equipment has been ordered. Concurrent with this implementation has been the delivery of training to staff, sensory assessment for patients and an Ethics Committee approved research project: – 'Qualitative study of patient and staff experiences following the introduction of a sensory room on two forensic psychiatric wards'.

5.8. Enfield Drug and Alcohol Service:

- 5.8.1 The new Enfield Drug and Alcohol Service is going through the final stages of mobilisation in preparation of going live on 1 April. A launch event will be organised later this year.

Implications

6. Budgetary/ Financial Implications

- 6.1 There are no budgetary / financial implications as a direct result of this report.

7. Risk Management

- 7.1 There are no risk management implications as a direct result of this report.

8. Equality and Diversity Implications

- 8.1 None.