

# Barnet, Enfield and Haringey

Mental Health NHS Trust

*A University Teaching Trust*

<b>Title:</b>	Chief Operating Officer / Executive Director of Patient Services' Report
<b>Report to:</b>	Trust Board
<b>Date:</b>	30 January 2017
<b>Security Classification:</b>	Public Board Meeting
<b>Purpose of Report:</b>	
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.	
<b>Recommendations:</b>	
The Trust Board is asked to note progress made since the last report to the Trust Board on 28 November 2016.	
<b>Report Sponsor:</b>	Andy Graham, Chief Operating Officer / Executive Director of Patient Services
<b>Comments / views of the Report Sponsor:</b>	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.
<b>Report Author:</b>	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
<b>Report History:</b>	Regular Report
<b>Budgetary, Financial / Resource Implications:</b>	Some cost reductions set out in this report.
<b>Equality and Diversity Implications:</b>	None.
<b>Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register</b>	Links to the Board Assurance Framework summary (Trust Board agenda item).
<b>List of Appendices:</b>	
<ul style="list-style-type: none"> <li>None</li> </ul>	

## Report

### 1. Introduction

- 1.1. I am pleased to introduce a report covering the considerable successes of all four operational teams in recent months. The initiatives detailed in this report continue to be patient focused and demonstrates continued commitment and innovation in the challenging financial circumstances.
- 1.2. I am also pleased to be able to report that the Trust has attracted new business through our Specialist Services including:
  - Winning the tender to provide comprehensive Substance Misuse Services to the people of Enfield.
  - Securing an extension to Specialist Services Anti-terrorism Prevent Liaison and Diversion Service.
  - Developing a highly innovative pilot scheme with London Marine Police to reduce suicides and direct people to appropriate treatment.
- 1.3. As well as these new successes, operational teams continue to deliver substantial increases in recorded activity. Progress on Care Quality Commission (CQC) actions and finance are detailed in separate reports to the Board.
- 1.4. Following the Trust signing a two year contract with commissioners in December, as well as continued operational delivery, Quarter 4 will focus on negotiating the detail of delivering for 2017/18, particularly in Early Intervention in Psychosis (EIP) and planning together with my team the priorities to be delivered in the coming year.
- 1.5. The remainder of this report reflects local context from our borough and specialist teams.

### 2. Barnet Borough Services

#### 2.1 Barnet Acute and Liaison Services: Quality Improvement

- 2.1.1 Three Barnet teams are participating in the Trust-wide quality improvement collaborative with Haelo. They are the Psychiatric Intensive Care Unit at Avon Ward, the Crisis Resolution Home Treatment Team (CRHTT) and the Barnet Mental Health Liaison service with consultant and team manager participation. Teams have been setting out their goals and are working closely with Haelo to develop improvement plans and learn the skills and methods to robustly measure the impact of changes they make.

#### 2.2 Barnet Acute and Liaison Services: Recruitment

- 2.2.1 There has been further progress with recruitment in the acute care services, positively impacting on the amount spent on agency staff in some areas, however appointing a consultant for Trent Ward remains unsuccessful. The CRHTT now has a more stable workforce, with a Nurse Prescriber amongst the new starters in the team. It is anticipated that having consistent staffing will impact positively on the delivery of care to our service users and will also positively impact on staff experience of working in the team. The additional benefit seen has been the sustained improvement in the activity recording in the CRHTT.

### **2.3 Psychiatric Intensive Care Unit, Avon Ward Improvement Plan**

2.3.1 Further progress has been made against the revised Avon Ward improvement plan and the Ward was recently visited by the Executive Director of Nursing, Quality and Governance, with significant improvements noted. The additional band 4 posts developed with Clinical Commissioning Group (CCG) investment arising from the CQC inspection have all been recruited to.

### **2.4 Barnet Older Adults Services**

2.4.1 The older people's service continues to perform well. In terms of development, a working group to include Dementia UK, BEH and the CCG is being formed to develop a business plan for one further Admiral Nurse post. The aim is to build on the success of the existing Admiral Nurse provision and to present a case to the CCG by the end of March 2017.

### **2.5 Child and Adolescent Mental Health Services (CAMHS)**

2.5.1 CAMHS remain an area of risk generated by continued uncertainty over future commissioning, e.g. decisions on substantive recruitment to clinical post vacancies or to invest in the desired level of management support to the service. In addition to this risk, Barnet CAMHS currently has no written confirmation of the CCG's intentions to continue to fund Transformation initiatives beyond the financial year 2016-17. Whilst some limited verbal re-assurances have been given, the written position remains unclear. This matter is being followed up at Chief Executive level.

2.5.2 Barnet CCG has allocated £115,000 of the available £168,000 of NHS England (NHSE) CAMHS Waiting Times monies for use by the Trust. A plan is in place to make good use of this income; however the underlying concerns regarding accumulating waiting times for treatment in CAMHS remain present and will not be resolved by this transient funding. This concern continues to be a matter for discussion with commissioners and a matter that will also hopefully be addressed by the re-tendering process for CAMHS.

2.5.3 A traded service business proposal is being produced for Barnet CAMHS, for completion by the end of January and with the objective of expanding the existing traded service delivery in the form of the Health and Emotional Wellbeing Service (HEWS) that is delivered in schools in Barnet.

### **2.6 Barnet Adults Community Mental Health Services**

2.6.1 The Adult Pathway re-design is on schedule to be implemented by 31 March 2017. Some important changes have been made to the original proposal following the feedback from staff, service users and other stakeholders during the consultation process. Barnet is now at the stage of implementing the slotting in process for staff, and the re-organisation of the pathways of delivery in partnership with the London Borough of Barnet and third sector colleagues is progressing well, ensuring robust processes are in place for the safe and positive implementation of the changes for service users, stakeholders and team colleagues.

2.6.2 The Primary Care Link-Working Pilot is now operating across the Borough, and remains well received by Commissioners, GPs and service users. The experience for staff working in these new roles has been highly positive. Discussions with the CCG with regards to extending Transformation investment further through 2017/18 are progressing positively and a business case is being made to seek approximately £400,000 for 2017/18.

### **3. Enfield Borough Services**

3.1. This quarter, the Enfield team is working towards a number of deadlines:

- By the end of January, Enfield will have launched its new corporate identity as Enfield Health to support shared identity and integration of community and mental health services and to aid recruitment into community services.
- The first stage consultation paper on the Enfield new Adult Pathway will be produced before the end of January.
- This year, the Enfield Mental Health and Long Term Conditions group have decided to have a focus on projects to improve diabetes care bringing more psychological awareness to community services and improved physical health interventions into mental health service. A project plan will be agreed by the end of January.
- Enfield has now received its personalised report on Benchmarking of Community Services and is preparing a presentation to highlight highly performing teams and those requiring focused improvement. A steering group is being set up to take forward this work, starting with developing the shared vision for where Enfield would like services to be in 5 years' time.
- To further extend the borough work on Enablement, Enfield is collaborating with Enfield Healthwatch to co-produce an approach to service development.
- There are a number of Haelo projects on the starting blocks, including a ward improvement project.

### **3.2. Child and Adolescent Mental Health Services (CAMHS) and Children and Young People (CYP)**

- 3.2.1 Financial re-positioning to clarify funding streams and budgetary lines continues in light of the London Borough of Enfield's (LBE) planned savings. Agreement between the Trust and the CCG in regards to recurrent and non-recurrent Future in Mind allocations is expected to be confirmed before the end of January.
- 3.2.2 Enfield CAMHS have been able to use NHSE funding allocation to employ additional therapists to reduce the number of children waiting over 13 weeks for an appointment in generic CAMHS and this has had a positive effect. However, a combination of fewer people wanting appointments over Christmas and the loss of two of the agency workers has led to a small decline in the progress made in November. This is being monitored on a weekly basis and is urgently being addressed. New staff have started and it is expected that the number of children waiting for an appointment will be reduced over the coming weeks. The position has been explained to Enfield CCG who have expressed understanding about the competitiveness of the current agency market, given the widespread injection of non-recurrent NHSE money into the system.

### **3.3. School Nursing**

- 3.3.1 The School Nursing Service continues to offer a health needs assessment for children starting in reception, for those in year 6 and for new entrants. As such, school nurses are continuing to fulfil the new service specification.
- 3.3.2 There is potential to develop the role of the School Nurse in the management of long term conditions which is being explored.

### **3.4. Family Nurse Partnership (FNP)**

3.4.1 A large number of local authorities across England are now delivering the Family Nurse Partnership (FNP) programme as lead commissioners. This means many vulnerable young people are breaking the cycle of deprivation and the Trust is continuing to work in partnership to implement the programme with vulnerable and deprived families in Enfield in order to offer early support.

### **3.5. School Aged Immunisation Team**

3.5.1 The National Immunisation Programme is continuing for Flu vaccinations via nasal spray of all children in all 75 primary schools' Year 1, 2, and 3. The uptake has already exceeded that of last year.

### **3.6. CYP Specialist Children Services**

3.6.1 The Speech and Language service for school age children has been operating with a reduced budget due to LBE's funding reductions across all provider services. There have been meetings with local authority commissioners to ensure that the money remaining in the system delivers the most inclusive service for local children and gives good value for the investment. Local schools have been advised of this and the Trust remains confident of delivering a very good service in times of economic challenge.

3.6.2 The LBE has opened a new 30 place nursery for children with complex physical health needs cared for at home. Enfield Children's Services have been able to redesign its specialist nursing and therapies provision to manage these changes and are monitoring this closely with the LBE.

### **3.7. District Nurse**

3.7.1 Recruitment and retention of staff in District Nursing continues to be a major challenge. Additional staff have recently been recruited reducing vacancies from 27 whole time equivalent (wte) to 20 wte.

### **3.8. Musculoskeletal (MSK) Update**

3.8.1 Significant action has been taken to address MSK's 13 week access performance and December's data shows that the service has improved with 89% of patients receiving a first appointment within 13 weeks, compared to 69% in November 2016. The service is on target to see all new patients within 13 weeks during January 2017, one month ahead of the recovery plan target. The service has had some success with recruitment recently, which has been a long standing issue for the service.

### **3.9. Magnolia Ward: Additional Rehabilitation Capacity**

3.9.1 The service is developing a business case to increase short term general rehab capacity by an additional five beds.

### **3.10. Adult Mental Health Ward Improvement Programme**

3.10.1 A 'Positive Behaviour Support Programme' for staff has been introduced as part of the overall Ward Improvement Programme for inpatient wards. The aim of the programme is to: highlight positive practice in the management of challenging behaviour, foster a supportive staff culture, improve staff morale and learning from incidents. Two sessions have been held for ward staff and a further session was delivered as part of the academic programme for inpatient Doctors. In addition to this, two reflective practice sessions have taken place and will continue on a monthly basis.

3.10.2 The Enfield Inpatient Occupational Therapy Service has introduced 'Stress Buster Boxes' on each ward to support patients in smoking cessation and to assist patients in managing their stress on the ward, which it is hoped will also contribute to a reduction in challenging behaviour.

### 3.11. **Enfield Adult Recruitment Update**

3.11.1 The service has now successfully recruited to the posts of Inpatient Service Manager and Ward Manager for Suffolk Ward.

## 4. **Haringey Borough Services**

### 4.1 **Haringey Crisis Resolution Home Treatment Team (CRHT)**

4.1.1 Haringey CRHT is currently running weekly quality improvement meetings, so far implementing:

- Discharge plans at point of assessment
- Discharge plans on admission
- Daily meetings with the wards and also better interface meetings
- Kelly Sullivan, Dr Jarvis and Prince Acheampong are looking at how to improve care plans and risk assessments
- Further nursing recruitment
- Arranging further meeting with HAELO

### 4.2 **Haringey Assessment Ward**

Haringey Assessment Ward is now using a National Early Warning Score (NEWS) chart to monitor patients' vital signs. Every morning, during the Jonah meeting the medical staff check all vital signs and recordings. If there are any concerns these are dealt with immediately. All staff have been trained on how to detect concerns and escalate after taking patients vital signs.

### 4.3 **Finsbury Ward**

As part of the HAELO project, staff on Finsbury Ward are working on reducing the amount of violence and aggression. The Ward will be implementing aspects of the safe wards model to achieve this. Finsbury Ward are also working on other projects such as increasing the number of interactions between nursing staff and service users.

### 4.4 **Fairlands Ward**

4.4.1 Fairlands Ward is running Health and Well-being groups every Thursday. The Health and Well-being group is about physical health checks: Vital signs, ECGs, Blood tests, smoking cessation, checking patients Body Mass Index (BMI) and referring those patients that would benefit from assistance from a dietician. In addition, the Ward is doing urine drug screening and pregnancy tests for all patients.

4.4.2 Fairlands Ward has designed a complimentary card to give out to relatives and patients. This card comprises information such as the Ward phone number, the name of the Ward's consultants and ward manager with contact details and visiting times.

### 4.5 **CAMHS CHOICES**

4.5.1 CHOICES is a new service which was launched in November 2016 and has been developed and delivered by staff from Haringey Child and Adolescent Mental Health Services; the service seeks to enable access to support the Emotional Wellbeing of Children, Young People and Families in Haringey.

4.5.2 This service allows for self-referral (for parents and young people) to CHOICES and offers a one-off (1 hour) appointment to establish with children, young people and their families the intervention most appropriate to them to help address concerns about emotional wellbeing and/or mental health. This 'Open Access' service approach is an early intervention and makes appointments available to children and young people who would not currently meet the threshold for CAMHS.

#### 4.6 **Physical Healthcare Assessment Tool pilot**

4.6.1 One of the improvement projects which has come out of the Continuous Improvement sessions is the development of a service user friendly physical healthcare assessment tool. This tool will be jointly piloted by four community teams based at Canning Crescent Centre: the Haringey Early Intervention Service (EIS), the Haringey Recovery Enablement Team (RET) and the Haringey East and West Community Support Recovery Teams (CSRTs). The draft assessment tool was originally produced by the Haringey EIS as a result of the last national IIP standards audit, and aims not only to improve monitoring of physical healthcare, but to make this a meaningful experience for service users. Working together with service users in co-producing the assessment tool is one of the objectives of the improvement project.

#### 4.7 **Dementia Navigators**

4.7.1 The Haringey Older People Community Mental Health Team (CMHT) and Memory Service have worked jointly with the Haringey Integrated Locality Team and the London Borough of Haringey (LBH) in recruiting a new dementia friendly posts: of the Dementia Navigator. The posts (1.5 WTE) are jointly funded by the Better Care Fund and the LBH. The role of the Dementia Navigator is to:

- Liaise with the Dementia Action Alliance (DAA) coordinator to build up a comprehensive knowledge of local non-commissioned services that offer a dementia friendly approach
- Facilitate service user and carer organised support groups and organise and run professionally led support groups (such as the Tom's Club)
- Manage a caseload of cases and provide interventions to individuals, such as maintaining physical and mental health, maintaining social interactions and relationships, finances and planning for the future, signposting them as necessary to other services.

### 5. **Specialist Services**

#### 5.1 **Highbury Magistrates Court**

5.1.1 From April 2017 the community service will be extended from two days per week to five days per week. This is to try and reduce the number of people being remanded into HMP Pentonville only for the purpose of coming back to the see the liaison and diversion team on the two days they are currently there. There will also need to be a greater focus on trying to achieve a successful diversion into hospital on those days.

#### 5.2 **SO15 Prevent Liaison And Diversion Service (PLAD)**

5.2.1 NHSE and the Home Office have agreed to extend the PLAD Service pilot programme for a further year from July 2017 – July 2018. All three sites (London, Birmingham, and Manchester) are part of a national evaluation being led by Professor Jenny Shaw.

5.2.2 The British Transport Police patrol pilot has started; The Trust looks forward to reporting back on its progress in 2017.

### 5.3 **Inpatient Services**

5.3.1 CCTV has now been installed in areas outside of Paprika and Fennel Wards which provide a key reassurance to NHSE in relation to a previous serious incident.

5.3.2 The North London Forensic Service (NLFS) has funded two sensory rooms on Tamarind and Mint Wards. A request has made to charitable funds to convert rooms in to sensory rooms for other Wards.

5.3.3 Forensic Intervention Community Services have recently decided to end the contract with Certitude and are looking to recruit their own education, training and employment workers as well as a part time Occupational Therapist to lead functional clinical assessments for community bases. Bringing the service in-house will improve the pathway from inpatient to community, and further develop the Experts by Experience and Recovery College. It is hoped that this will enhance the enablement work and increase co-production opportunities.

5.3.4 As part of NLFS's Commissioning for Quality and Innovation (CQuIN) target, work is being undertaken to establish a recovery college for its service users and carers. The work has focused on developing both an inpatient and community based group of Experts by Experience who are quality assuring, co-producing and delivering courses and developing a new prospectus. This will build on the strong foundations of courses/interventions based on current educational, psycho educational, vocational and physical health that already exist.

## **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.