

	Health and Wellbeing Board 15th July 2021
Title	North Central London Clinical Commissioning Group Strategic Review of Community and Mental Health Services
Report of	NCL CCG - Strategic Review of Community and mental health services
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 - NCL Community and Mental Health Services Strategic Review
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Summary

The paper is to provide information on two strategic service reviews being undertaken within the North Central London System covering the Community and Mental Health Services delivered by the NHS in North Central London (NCL). The reviews were launched in March 2021 and initial work, supported by our external partners Carnall Farrar will be completed by mid-September 2021.

The reviews are all age and will look at all CCG funded community and mental health services. Current patterns of service are based on the legacy CCGs and are different in terms of services available, access criteria, and opening hours etc. The CCG's aim is to ensure all residents have access to a core service offer that is equitable for all residents on North Central London.

The report sets out the governance we are applying and the risks we are managing through the reviews as well as describing its communication and engagement strategy.

Members of the Barnet Health and Wellbeing Board are asked to consider how they can work with the CCG to ensure that it achieves a good level of use engagement from local residents and advise on other actions the CCG could take to ensure achieve this aim.

Recommendations

The Health and Wellbeing Board is asked to note the progress of the reviews of community and mental health services and advise on further engagement actions that would support these reviews.

1. INTRODUCTION

- 1.1 This paper provides the Barnet Health and Wellbeing Board with a report on the current strategic services review of both community and mental health services. The two reviews are being held concurrently in recognition of the number of NCL residents needing services for both their mental health and physical health needs. In addition a number of Trusts involved in the reviews provide both mental health and community services so it is more efficient to undertake the reviews in parallel, which will identify interdependencies and reduce duplication of work associated with the reviews.
- 1.2 The CCG has inherited a range of community and mental health services from its 5 legacy CCGs. This has led to a variation in access to services the approach to delivering care and to patient outcomes. The purpose of the review is therefore to better understand this variation and then to develop a core service offer that will bring about greater consistency in access to community and mental health services for all NCL residents, driving out unwarranted variation whilst allowing local services to respond to variable patient need.
- 1.3 The CCG has engaged Carnall Farrar as its design partners to work alongside a CCG programme team. This strategic service reviews will take place between March and September 2021, when Carnal Farrar will present to the CCG an options appraisal and transition plan for the recommended option. The options appraisal will consider a range of impact assessments including affordability and feasibility, to support implementation of the recommended option.
- 1.4 This paper provides information on the purpose of the review, its aims and objectives and governance. It will also update on progress, risks, set out next steps and provide details on how users and residents are being engaged in both reviews.

2. BACKGROUND TO THE REVIEW

- 2.1 NCL CCG inherited from its 5 legacy CCGs a varied pattern of services both for community and mental health services. The variation across NCL exists in access to services, in terms of opening hours and thresholds for clinical access to services. For example, information gathered as part of the Baseline Review shows there is variation in the clinical services staff provide, and therefore what services are available across NCL, to housebound patients. Although each Borough has access to a rapid response team they vary for example as to when referrals can be accepted. Some are 24/7 but others only take referrals up to 8pm which limits the support available overnight to patients, acute trusts etc. For mental health services, dementia services in Camden and Islington have twice the rate of contacts compared to the three other Boroughs which may indicate different services are being provided.
- 2.2 The baseline reviews sets out the case for change provides further details on the differences in provision of services, differential funding, and workforce. The report also contains details of, for example, different waiting times as well as differences in patient outcomes.

3. AIMS AND OBJECTIVES OF THE REVIEWS

- 3.1 The aim of the reviews is to ensure a consistent and equitable core service offer for the NCL population that is largely delivered at a neighborhood/Primary Care Network level. The core offer of equitable access to services will be based on identified local needs and fully integrated into the wider health and care system ensuring outcomes are optimised, as well as ensuring services are sustainable in line with the CCG's financial strategy and workforce plans.

3.2 Objectives of the review

The provision of a core & consistent service offer that is delivered locally based on identified needs and that works to reduce inequities of access and improves health outcomes.

- The provision of community and mental health services that optimises the delivery of care across NHS Primary, Secondary, Tertiary services and the wider system with Local Authority and Voluntary & Charitable Sector (VCS) partners and services.
- It will move the CCG closer to the national aspirations around the delivery of care as close to home as clinically appropriate and ensuring it is as accessible as possible.
- It will provide a set of population health outcome measures that will help monitor progress supported by some key performance Indicators.
- Ensuring that community and mental health services are financially sustainable system both now and into the future based on the growing and changing needs of our population.
- Ensure the delivery of national planning guidance including the Long Term Plan and Mental Health Investment Standards.

3.3 In addition, as part of the reviews a set of design principles are being developed. These will be used as a test or touch point against which the outputs of the review will be measured. The design principles have been reviewed by a number of groups including the Community Service Review Programme Board, and at the first design workshop. The design principles reflect an ambition for a forward looking review which puts service users and residents at the heart of the service delivery and which has a focus on prevention, early access and personalisation of care.

4. SCOPE OF THE REVIEW

4.1 The reviews include all CCG funded community and mental health services, both inpatient services and those provided in the community. It is an all age services review and it should be complimentary to other reviews the CCG is undertaking e.g. the review of maternity, neonatal and paediatrics as well as the review of Borough contracts. It has a number of exclusions to try and manage the scope of the reviews e.g. primary care services, Continuing Health Care, acute services etc. are excluded from the scope of these reviews.

5. GOVERNANCE OF THE REVIEWS

5.1 Both Service Reviews have established governance arrangements, underpinned by a Programme Board, which are both chaired by the CCG's Accountable Officer. Each Programme Board comprises a Governing Body GP lead and a Governing Body Lay member lead as well as representatives from Provider Chief Executives, senior leadership from Local Authorities; Chief Executive leads, Directors of Adult and Children's Services Leads and a Director of Public Health lead. Membership also includes the CCG Chief Finance Officer, ICS Lead Nurse and the Executive Director of Strategic Commissioning as the Senior Responsible Officer of the Service Reviews. Both Boards have or are in the process of identifying service user membership.

5.2 Each Programme Board meets monthly and is supported by an internal combined steering group which includes clinical lead GPs, representatives from the CCG's Quality, Communities, Communications and Engagement, Finance, Operations and Business Intelligence teams as well as Population Health input. The steering group meets bi-weekly and it oversees the work with Carnall Farrar as well as reviewing and supporting the review and ensuring alignment to the wider work of the CCG. There are various sub groups which report into the steering group, including a finance and communications and engagement sub group.

6. STRUCTURE OF THE REVIEWS

6.1 Both the Community and mental health services reviews follow a 3 phase approach.

6.2 Phase 1 - Data Gathering to drive shared understanding of the problems

- This includes data analysis to look at financial, contract and workforce data. Information was also collected on population needs both existing but given the impact of Covid particularly on mental health services, on future demand. Data gathering also included interviews with senior leaders from the CCG, Trusts and Local Authorities, group interviews with Local Authority colleagues and a survey which was sent out to a wide circulation list of GP, Trusts, Local Authority colleagues, CCG and voluntary sector/users etc.
- The initial phase of the Community Services Review was between March- April. As part of their work Carnall Farrar interviewed 56 senior leaders, and there were 228 survey forms returned. For the Mental Health services review, which started in May, 45 senior leaders were interviewed and 221 survey forms were returned.
- Information from phase 1 has been analysed and presented in the form of baseline reviews which summarises the data collected and sets out a case for change as to why the review is required. The baseline reviews are still being finalised but is anticipated to be completed within the next few weeks. The relevant Programme Boards will sign off the baseline reports.

6.3 Phase 2 - Design Workshops

- Phase 2 started at the beginning of June and consists of a series of design workshops. The launch meeting was on 2nd June and 108 colleagues attended from Providers, GPs, Local Authority, users and a small number of voluntary sector groups. The meeting reviewed the work on draft design principles, a draft outcomes framework and a draft population health model that would be used to structure service planning. There was a lot of discussion and challenge as to the proposed models and feedback is now being reviewed and incorporated into revised draft documents. During June and through to mid-July there will be a series of deep dives on primary care and its interface with community and mental health services, and deep dives for community and mental health services followed by a series of design workshops to review and iterate the discussions from the deep dive sessions. This iterative process should result in an agreed draft core service offer.

6.4 Phase 3 - Impact Assessment

Phase 3 is from mid-July to mid-September. The Programme team will work with Carnall Farrar to understand the impact of the draft core service offer from a quality, workforce, financial, inequalities etc. impact and understand

the impacts of the proposals. These will then need to be reviewed by the Programme Boards before any recommendations can be presented to the Governing Body.

7. EMERGING THEMES FROM BASELINE REVIEWS

7.1 Themes Emerging From Community Services Review:

- Need to address health inequalities; includes a recognition there are unwarranted variations and that both within and between Boroughs people do not receive the same service offer. This can lead to different population and patient outcomes
- Discrepancy between need/prevalence and provision; resources (finance and workforce) are not distributed equitably across NCL. Challenge seen as how to support those with greatest level of need and support NCL commitment to reduce health inequalities
- Relationships and Integrated Working; Reflection that historically relationships between providers have not always been good, reflecting competition and access to resources. However, the pandemic has improved how Community Providers work together. The challenge is now how to embed collaborative working
- Organisational Form; Concern that the review should focus on best models of care to meet different population outcomes and should not focus on Provider Form. This could be considered once core service offer had been designed

7.2 Themes Emerging From Mental Health Services Review

- Variation and growth in population need
- Overall gaps in access and significant service variation across NCL
- Models of care not fit for purpose e.g. focus on crisis, not prevention and early access
- Lack of integration (within mental health and with primary care etc.)
- Inequity of Funding; based on historic spends – mirroring discrepancy between need/prevalence and provision as with community services baseline review
- Outcomes; Poor data especially on clinical outcomes

7.3 Further work required in relation to the following in the next iteration of the baseline review for mental health services includes:

- Understanding the voluntary sector contribution commissioned both by CCG and Local Authority
- Benchmarking with Getting it Right First Time (GIRFT)

- Explore co-morbidity further
- Triangulate quality, spend and outcomes

7.4 Both baseline reviews have overlaps in terms of themes particularly relating to variation, models of care and differential outcomes. Information from the baseline reviews will inform design work and the development of an outcomes framework to guide the development of a core service offer.

7.5 **Other Emerging Themes**

Not specifically noted but identified as part of discussion with Borough colleagues, was the challenge of a centrally led strategic services review at the same time as local Borough teams were working with partners across the local Integrated Care Partnerships to develop specific local transformation plans for Primary Care Networks as the geographic basis for service delivery.

To mitigate this challenge the programme steering group has representatives from across the CCG and is working with local Directors of Integration and with local Integrated Partnerships to ensure there is a close working with the leadership of the Boroughs to understand how the reviews will sit with their transformational plans.

8. USER AND RESIDENT ENGAGEMENT

8.1 A key design principle is that users and residents are at the heart of work. The Programme has developed an active communications and engagement strategy to support this intention. Communications includes setting up information on the CCG's website and developing a resident's survey. We have sent out a series of letters to key partners and offered to attend and talk to a wide range of community groups. We have included updates in a number of CCG bulletins for GPs, community and mental health staff. We have also, through our GP leadership on the Programme, presented the reviews on recent GP webinars.

8.2 We have attended a series of Integrated Care Partnership (ICP) boards across the Boroughs and have started to attend Borough Health and Well Being Boards. We have invitations to the NCL Joint Health Overview and Scrutiny Committee and are attending a range of other community groups such as the Barnet Seniors Association, the Camden Patient and Public Engagement Group etc.

8.3 We have also convened a resident reference panel which had its first meeting on June 3rd. It includes two lay members from the Governing Body and at the first meeting we had 22 residents join the meeting for a very helpful discussion.

They were all keen to be involved with the work and brought a wealth of experience to the discussions. However, the challenge will be to try and ensure that their suggestions are incorporated into design work. As part of the background reading for the meeting the Programme Team reviewed a number of recent reports undertaken by Health Watch, Local Authorities, Trusts etc. and synthesised these into a series of themes which we had planned to test with the panel and check their relevance. However, it was clear from the discussion that many of the themes raised in these reports were still very alive and not resolved. For example, we heard comments on challenges with access, long waiting times for treatment especially for autism and young people's mental health, the lack of cultural competency for some services, sharing of information and the need to not to constantly repeat histories. There was a discussion on the impacts of Covid on more marginalised communities and a focus on inequalities both from ethnicity but an age and sexuality perspectives as well. We are in discussion with Carnall Farrar as to how we incorporate these very informative comments into the design process.

- 8.4 The programme team have also been in conversation with the CCG communities team to understand how best to talk to those groups that are seldom heard. Part of the service review especially for mental health has highlighted that the expected prevalence for some conditions does not match the actual numbers in service, indicating a gap which may be due to a number of causes including inaccessible services. Starting to address this gap will be part of the work of the review but will clearly need a much wider effort on behalf of many partners not just the CCG.
- 8.5 Users, carers and voluntary sector organisations were invited to our Design Workshop and we are trying to support users e.g. colleagues from the Expert by Experience Group to attend and contribute to the workshops give the very important perspective that they bring to discussions. We have invited user representatives to join the Programme Boards as part of the senior oversight and assurance process.
- 8.6 We have developed a communication and engagement strategy which we are keeping under constant review to ensure as wide as possible engagement to ensure that the engagement supports the aims and objectives of the programme.

9. RISKS

- 9.1. There are a number of risks that the programme is facing. This is the first opportunity the CCG has had, post Covid, to undertake its strategic commissioning role and expectations are very high. There is pressure to both extend the scope of the review into areas that are not part of the CCG's statutory

responsibilities although the CCG has a role to play in addressing issues related to the wider determinants of health such as employment and housing. The reviews are also attempting to address some quite long standing challenges in terms of the funding for services as well as challenges that existed pre Covid, such as the workforce.

- 9.2. As noted the Pandemic has also focused attention on health inequalities and whilst the reviews will address the issue of inequalities and inequitable access to care this cannot on their own address the whole inequalities agenda but they must play their part. The reviews also need to ensure they address NHS England planning guidance such as the requirement to provide a 2-hour rapid response as part of the Ageing Well Programme. In addition, mental health has a very active programme to deliver the Mental Health Investment standards and a lot of work has already been expended to set up and deliver work on crisis such as the new crisis café, or investment in Child and Adolescent services. The challenge is to find ways to ensure that this work is not lost but incorporated both systematically and sustainably into the work of the reviews.
- 9.3. The support from Carnal Farrar ends in September when the CCG should receive a transition plan including financial and equalities impact assessment. These will form part of the transition plan and work will be needed with partners as part of the Integrated Care System to agree how the plans will be funded. There are some new funding streams associated with Ageing Well (urgent care standards) and the Mental Health Long Term plan deliverables but these will be insufficient, so agreement will be required on how the gap will be met within the CCG/ICS financial framework.
- 9.4. The reviews are actively engaging with local residents and users and carers to ensure there is support for the proposals that the CCG will receive in September. However, the changes may not be supported by everyone and at this stage it is not clear if any formal consultation on service change will be required but this will be determined on the basis of the transition plan.
- 9.5. In addition, staff from the CCG and Trusts are working at a time of huge challenge in trying to recover and restore services post Covid-19 as well as managing the pent-up demand for care that developed during the pandemic. The programme is trying to balance keeping colleagues informed and involved whilst recognising the huge challenge that clinical practice faces and trying to make most effective use of clinical time.

10. CONCLUSIONS

- 10.1. The reviews are wide in scope and have to deliver a wide range of expectations. The pandemic has highlighted a number of inequities for many of the NCL's

deprived and diverse communities. The CCG has highlighted its commitment to addressing these inequalities through a range of its work including these reviews. However, to be able to fund the recommendations that will arise from these reviews some difficult choices in terms of financial investment will need to be made. The new funding available is unlikely to be sufficient to address the historic differences between Boroughs and the CCG will therefore need to decide how to fund the core offer it wishes to provide. Working increasingly within an ICS framework could provide the opportunity for a system wide discussion on how the services are funded and the timescales to achieve a more equitable service pattern.

- 10.2. Engagement of service users and residents is central to the delivery of the reviews of community and mental health services. As far as possible the programme is working with other colleagues from within the CCG to ensure that advantage can be made of existing links, and it is also working with other partners such as Provider Trusts and Local Authorities to try and reach out to the diverse communities that use services currently and to those who communities who do not or who are not able to currently access services.
- 10.3. The review and transition plan will also need to be sufficiently granular to be able to use as a basis for a financial and impact assessment but not so detailed that Providers feel they are being told how to deploy their staff. As part of the initial interviews a number of comments were made on form and function and a concern that the review was being used as an opportunity to drive a provider re-configuration. Although this is not the purpose of the review it is inevitable that some discussion on the current pattern of service provision may take place as part of post review discussions on implementation.
- 10.4. The work of the reviews has also to compliment and support local work within boroughs on integration, transformation and the development of local neighbourhoods as the place for the delivery of services. Whilst every effort is being made to ensure representatives from Boroughs are involved and are helping shape and influence the direction of the review, inevitably there will be tension between what is being proposed centrally with what is happening at Neighbourhood level. The reviews and subsequent transition plans will need to be sufficiently flexible to allow local delivery this has to be within an agreed framework to ensure the CCG can achieve its ambition for a consistent core service offer to all its residents

11.IMPLICATIONS OF DECISION

11.1 Corporate Priorities and Performance

11.1.1 One of the aims of the Barnet Joint Health and Wellbeing Strategy is to improve the health and wellbeing of the local community and reduce health disparities for all ages which is aligned to the Council's Corporate Plan.

11.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

11.2.1 Not applicable in the context of this report.

11.3 Legal and Constitutional References

11.3.1 The terms of reference of the Health and Wellbeing Board, which is set out in the Council's Constitution Article 7, includes the following responsibilities:

- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate
- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social wellbeing.
- Specific responsibilities for overseeing public health and developing further health and social care integration

11.4 Insight

11.4.1 As set out above.

11.5 Social Value

11.5.1 Not applicable in the context of this report.

11.6 Risk Management

11.6.1 N/a

11.7 Equalities and Diversity

11.7.1 Decision makers should have due regard to the public sector equality duty in making their decisions. The equalities duties are continuing duties they are not duties to secure a particular outcome. The equalities impact will be revisited on each of the proposals as they are developed. Consideration of the duties should precede the decision. It is important that Cabinet has regard to the statutory grounds in the light of all available material such as consultation responses. The statutory grounds of the public sector equality duty are found at section

149 of the Equality Act 2010 and are as follows:

A public authority must, in the exercise of its functions, have due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- a) Tackle prejudice, and
- b) Promote understanding.

Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act. The relevant protected characteristics are:

- a) Age
- b) Disability
- c) Gender reassignment
- d) Pregnancy and maternity
- e) Race
- f) Religion or belief
- g) Sex
- h) Sexual orientation
- i) Marriage and civil partnership

11.8 Corporate Parenting

11.8.1 Decision makers to consider whether the decision may have a direct or indirect impact on looked after children and care leavers. If there are likely impacts, to consider and detail what steps have been taken to mitigate them.

11.9 Consultation and Engagement

11.9.1 As set out above.

12. BACKGROUND PAPERS

12.1 N/a