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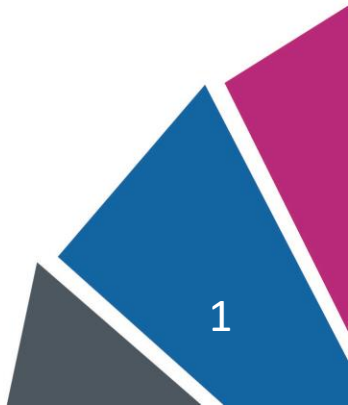
Update on the NCL Community and Mental Health Services Strategic Review
Barnet Health and Well Being Board

July 2021



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Background to the Community and Mental Health Services Strategic Review

- North Central London (NCL) CCG **spends £595 million** annually across a range of NHS, Local Authority and Private Providers delivering a wide range of **Community Services and Mental health services** that supports our 1.7m population across the 5 Boroughs.
- Before the formation of the NCL CCG services were commissioned by each of the 5 legacy CCGs in isolation **leading to substantial variation in service delivery** models and **the range of services provided**, e.g. opening hours, provision of a community IV service, different models of dementia care etc. This has lead to **variations in outcomes and inequalities in access to provision**. It has also created opportunities to identify improvements.
- With the formation of the NCL CCG and as **we move toward an Integrated Care System (ICS**) along with the development of Borough Based Integrated Care Partnerships (ICPs) we are in a position to address both the issues highlighted in the initial review as **well as accelerate the development of PCN/neighbourhood based services in line with the Long Term Plan.**
- This work will also enable us to create **sustainable community and mental health services** that starts to improves health outcomes, and **address inequities in access and disproportionality** and also drives better value from our current spend.
- Following discussion with **Trust and Local Authority partners** we have agreed that we would **run the two reviews in parallel**. This will enable us to consider the **overlap and interdependencies** for people with complex co-morbidities and both physical and mental health needs.
- The CCG have **commissioned Carnall Farrar as design partners** to deliver the two strategic reviews. Both reviews have active **Programme Boards** which include Trusts and Local Authority senior leadership along with service users and clinical representatives.
- The **ambition of the reviews** is to agree with partners a **consistent and equitable service core offer** for our population that is delivered at a neighborhood/PCN level based on identified local needs and that is fully integrated into the wider health and care system ensuring outcomes are optimized as well as ensuring our services are sustainable in line with our financial strategy and workforce plans.

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Scope of the Community and Mental Health Services Strategic Review

The scope of the Community and Mental Health Strategic Review is summarised below:

In Scope
All NHS funded Community Services (meaning Adult and Children and Young People services delivered outside of a hospital setting and not part of an Acute Spell) delivered by both NHS Community and Acute Providers. All NHS funded mental health services (including Perinatal, Children and Young People, Adults and Older Adults and People with a Learning Disability).
All NHS funded Community Services delivered by Private and other Providers (Voluntary and Charitable Sector etc). This includes Community Services delivered by Primary Care partners that are not part of a Primary Care Core Contract, Locally Commissioned Service/Directed Enhanced Service or similar arrangement.
The scope also includes services such as Discharge (Integrated Discharge Teams) etc, End of Life Care , services for people with Long Term Conditions etc where these are funded by the NHS and delivered outside an acute episode of care.

Out of Scope
Continuing Health Care
Care Providers / Care Homes (except non Continuing Healthcare NHS Services delivered in a Care Setting)
NHS Acute Services
Primary Care contracts including core GP contracts and additional NHS service contracts
Statutory Homelessness Services
Local Authority Commissioned Services with the NHS (except where jointly funded)
0-19 Services Delivered by Local Authorities
Specialist Mental Health Services for Adults and Children/Young People
Learning Disability Services (Transforming Care cohort of people)

Interdependencies will need to be considered and this review is being undertaken in conjunction with a strategic review of mental health services to take into account population co-morbidities and the need for integrated services for some people.

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Key messages from the baseline analysis of NCL mental health services

There is significant **variation in demographics** both across and within NCL boroughs which is associated with **different needs** for support from mental health services:

- 10.8% of the Enfield has a diagnosis of depression compared with 7.9% in Barnet and 8.2% London wide
- NCL STP has the highest prevalence of SMI of STPs in England, with particularly high levels of need in Camden, Haringey and Islington

Analysis of finance and activity show that **service provision and investment do not correspond to the level of need:**

- In Haringey CYP have higher mental health needs relative to other boroughs, with highest number of CYP presenting at A&E with mental health needs, but the spend per head is lower than NCL average
- Enfield and Islington have higher diagnosed rates of depression but spend less per head on IAPT services, potentially contributing to more presentations in A&E due to depression and self-harm

There are **significant health inequalities** including significant disparity by ethnicity:

- The black population are higher users of acute mental health services, with 27% of admitted patients being black, compared to representing 11% of the NCL population
- C. half of patients admitted are unknown to services; this is particularly high among black population groups

There appears to be **a large focus on crisis response** rather than early intervention and there is recognition that further investments are needed for more preventative offers

- Workforce is concentrated in Community Mental Health Teams and Crisis Response and Home Treatment Teams; there are over 3 times as many staff in NCL in Crisis Response teams compared to Early Intervention in Psychosis teams
- Rejected referrals to community mental health teams are most likely to be referred onwards to crisis teams

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Key messages from the baseline analysis of NCL community services

There is significant **variation in demographics** both across and within NCL boroughs which is associated with **different needs** for support from community health services:

- 25% of Year 6 pupils in Islington have childhood obesity compared to 11% in the least deprived London borough
- Enfield and Haringey have over 30% of LSOAs in the 2 most deprived deciles; research has shown that people in the most deprived areas develop long-term conditions approximately at least 10 years earlier

Analysis of finance and activity show that **service provision and investment do not correspond to the level of need:**

- Waiting times for children's therapy assessments are between 5-7 times as long in Barnet as in Camden, which is linked to the size of the workforce which is 5 times as large in Camden as in Barnet
- Enfield has over twice the prevalence of diabetes as Camden yet has a community diabetes resource that is less than half the size

This disparity appears **related to levels of historic and current funding**

- Camden spends 1.2 times as much on community health services per weighted head of population compared to Enfield
- In boroughs with lower levels of community spend, survey respondents felt patients were less likely to be effectively supported

There are **significant health inequalities and inequities in outcomes** for patients across NCL

- Barnet has 3 times as many care home beds per 65+ population as Haringey. However, Barnet also has the lowest coverage of care home in-reach
- Enfield has the lowest % of diabetics receiving the 8 care processes or attending structured education. However Enfield, has lower rates of admissions for hypo- and hyper-glycaemia

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Work completed to date and ongoing design process

Baselining the current position	Developing the core offer	Refinement
Interviews (May)	5 x Design Workshops (June/July)	Options Appraisal (June-July)
Health & Care Survey (May)	Deep Dive Workshops (June/July)	Impact Assessment (June-July)
Data analysis (May-June)	Testing and Challenging Emerging Proposals (June–July)	Financial Impact Analysis (June-July)
Baselining workshop (May)		Initial Proposal (July)
Development of baseline report (May-June)		Transition Plan Development (August-September)
Finalising	**Ongoing**	**To follow**

Joint design workshop on principles and outcomes *(3 June)*

Purpose: To provide input on the design principles and desired outcomes for community and mental health service offer

Who: Representatives from community, mental health, primary care, acute providers, service users and commissioners

Deep dives on population needs, best practice and new care models

Three sessions: Primary care, mental health and community health

Purpose: To provide input to the design of the core offer including best practice in NCL

Who: Wider stakeholders from primary care, mental health and community respectively

Further design workshops on core offer and delivery model

Four sessions: Mental health x 2 and community health x 2

Purpose: To design the core offer based on population needs, existing best practice in NCL and further opportunities to improve the delivery of care

Who: Representatives from community, mental health, primary care, acute providers, service users and commissioners

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Pen portraits shown below were discussed and elements of a core offer and were considered in context of their holistic needs

Increasing holistic needs

 Children & Young People	**1. Jack,** 10, lives in Edmonton and has behavioral problems. For over ten weeks he has been waiting for CAMHS treatment. He is progressively worse and now unable to attend school. He has low mood and parents are very worried. His family is from Ghana. There are multiple safeguarding concerns around Jack and siblings and parents want to take him abroad for treatment.	**2. Freya** 14, lives in Enfield, suffers from an eating disorder and is known to RFH Eating Disorder Service. She engages in self-harm and is admitted to an acute hospital following an overdose. She has been waiting for an inpatient MH bed for over 3 weeks. She continues to lose weight and harm herself in acute hospital.	**3. Joseph** is 17 and is a looked after child. He was moved out of Haringey because of his involvement with gangs. Had first episode of drug induced psychosis which resulted in a CYP MH inpatient stay. He has not been compliant with his medication and has had another episode of psychosis.
 Working age adult	**4. Asha** is 30, Asian and does not speak English. She is experiencing postpartum depression after her second child was born. Her husband works long hours and she is struggling to cope with 2 young children, one of whom has a learning difficulty.	**5. Daniel** is 25, lives in North Islington and is black. He suffers from psychosis and has been in and out of mental health facilities since he was 16. His family are supportive but cannot contact him when in crisis. He usually turns up in A&E when he is in crisis.	**6. Jake** is 55, he is about to be released from prison. He was diagnosed with personality disorder and episodes of psychosis and substance misuse. He has lived most of his adolescence and adult life in prisons. Most of his contacts have been with prison healthcare
 Older people	**7. Vera** is 70, white, lives in Bounds Green and is hospital for pneumonia. She is isolated and in debt. While in hospital, she is very anxious and tells staff her neighbours caused her illness. She also needs reablement.	**8. Paul** is 72, recently widowed, lives in Edgeware and is Black Caribbean. He is diabetic and now partially sighted. His son noticed he has lost interest in activities and is withdrawn. His son noticed he is confused and finds it hard to engage in conversation and he has been getting lost. Paul does not think there is a problem and declines any help.	**9. Yasmiin** is 80, socially very isolated and hates people coming into her home. She witnessed her family being murdered during the war in Somalia. She is depressed and hears distressing voices of her deceased family members. She wishes she were dead and thinks about suicide, but says she won't act on these thoughts. She is neglecting herself and losing weight. The GP has excluded any underlying physical illness.

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Elements of the pen portraits resonated; however, attendees reflected that there is a need to further bring out the complexity that mental health services see .
This was also reflected in the comments on the community pen pictures ; complexity and acuity
an a need to provide care in a personalized and way a person centred approach

Reflections on the Mental Health pen portraits

Children & Young People

Working age adult

Older people

The pen portraits broadly resonated and are representative of the presentations that colleagues see day to day

An adult case with LD could be helpful to illustrate their needs as opposed to just CYP

There isn't anyone with a presentation of mania / bipolar

Some more common Mental Health issues are missing – the portraits reflect the people that we see with more complex needs but we need to make sure we have an offer for everyone

We recognise funding issues and long waits for treatment

People transitioning face a 'cliff edge', and people entering the service at 18 are treated as adults

Examples including prison are missing which make up the entirety of people within the forensic service

Societal things (debt, general anxiety, employment support) could be reflected more

Dementia offer is different across NCL - services as well as models of care and that needs to be considered

- Please note these are not direct quotes but a collection of the themes from the discussions

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The themes from the core offer discussion for the pen portraits aligned with themes from the community and primary care deep dives

Patient-led care and support	• It is important to understand the individual's wishes and to engage on that basis • There should be a proportional plan based on personal aspirations and strength-based approach, and this should be holistic not just clinical • The service user's circumstances should be understood, and services nuanced and provided on that basis (e.g. language services, culturally designed care) • People should be empowered through education of their condition and where and how to seek help
Workforce	• To deliver the core offer, staff need to be supported and receive adequate training and education • Resources are constrained, so we should be innovative to maximise what we have
Holistic considerations and flexibility	• Individuals need to be considered within the context of their holistic needs • All a user's environment and demographics should be reflected; e.g. their family situation, the likelihood & method of engagement (some people may struggle to engage and shouldn't be disengaged with after missing an appointment), their employment, their housing etc.
Integration considerations	• Need to have a joined-up service for drug, alcohol, mental health and community services – involvement of VCS and Local Authority is crucial • For C&YP need improved links between the school, health service, GP, Community, Acute and Mental Health & support at transitional stages
Digital enablers	• Patient records should be integrated, shared and accessible to all those providing care
Case management	• It is not just what services exist, but how people engage with the service and navigate the system that needs to be considered • For complex service users who need to engage with multiple services, we need to ensure we have a case holder to support both the individual, the family and th clinicians

Examples of Local Best Practice were also referred to, including:

THRIVE Model
It conceptualises need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support.

Mind the Gap
This supports young people's transition from agencies working with young people into adult mental health services. It also reviews cases in adult services where there is concern about young people disengaging from services and/or risky behaviours in the context of their mental health needs.

Co-Production Collective
UCL-based facilitator for co-production

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Development of a draft outline for the core offer

Approach

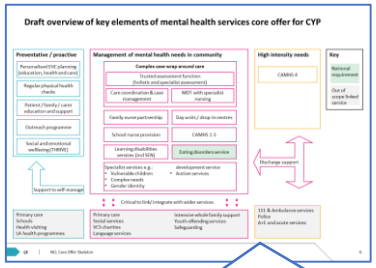
Baselining work — As-is service mapping, interviews and baseline analysis

Collated outputs of deep-dives — Gathered input into pen portraits and existing best-practice

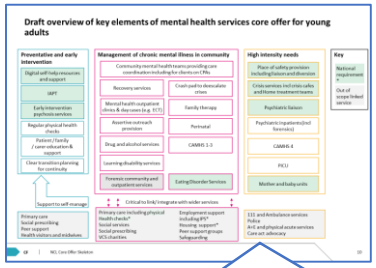
Development of the outline core offer — Drafted core offer elements and required links to wider services for different age cohorts

Through this approach we have drafted an outline of the core offer split by age profile

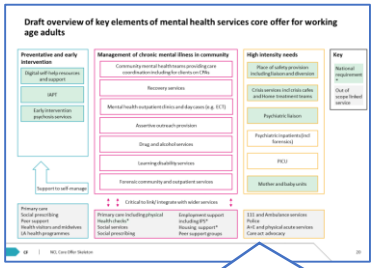
Outputs



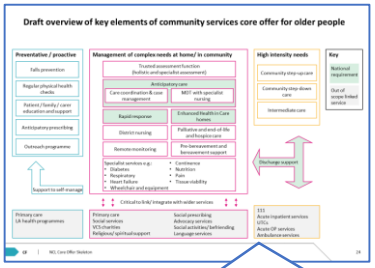
*Draft core offer outline for **Children and Young People***



*Draft core offer outline for **Young Adults***



*Draft core offer outline for **Working Age Adults***



*Draft core offer outline for **Older People***

Service user and resident engagement

Resident Reference Group established

- 20+ volunteers recruited comprising service users, carers, residents, representatives from patient groups and who are broadly representative of each of the five boroughs and in terms of diversity.

- Discussions relating to service user and carer experiences. Examples of themes included:
  - Fragmented services, constantly changing, so difficult for service users and carers to navigate
  - Lack of responsiveness of services, long waiting times, but in particular unacceptably long waits for mental health support
  - Repeating their story to different NHS providers as no shared records, causing re-trauma and distress
  - Barriers to access – services not responsive to the needs of those with sensory impairments, language / communication barriers, cultural competence and responding to the needs of our diverse population
  - A more holistic or person centred approach to care needed, to be treated as a whole person, not just their diagnosis or health condition

- Reference Group feedback to be incorporated into the co-design workshops as part of review process and also shared with commissioners for ongoing discussions with providers. Three further Resident Reference Group meetings planned.

Residents survey launched

- We are inviting feedback from service users and carers on their experiences of services, both mental health services and / or community health services, in terms of what is/isn't working well and what could be improved. https://feedback.camdenccg.nhs.uk/north-central-london/resident-survey-ncl-community-mental-health/

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Key Actions/Next Steps for the Community and Mental Health Service Reviews Programme

- We held **2 workshops in w/c 20th June** to move discussion from high level population 'pen pictures' and the very helpful feedback received to have a more granular discussion as to type of function e.g. care planning, community nursing, rapid response required by cohorts of population
- Use the forthcoming **July Design Workshops to further iterate and agree more granular details** on the core service offer e.g. on type of skills and competencies staff will need to deliver core offer but review will not address how theses required skill and competencies will be delivered. This will be for partner in Provider Trusts to decide as part of transition and implementation planning
- Working with colleagues from Community Provider Trusts to **complete gap analysis on Ageing Well Programme** with a focus on Urgent Crisis Response, Enhanced Care in Care Homes and Anticipatory Care. Working closely within community services review Programme to **ensure delivery of guidance** happens quickly and gaps identified as part of our assessment are incorporated within the community services core offer work
- Continue to **work with partners from Mental Health Trust** to understand the work all ready in place or at a detailed planning stage to **deliver on national mental health requirements** e.g. on crisis care, on the community mental health framework to agree how it is incorporated with the mental health services core offer
- Continue work to review the **use of intermediate beds as part of community services programme** to ensure they are commissioned to support future surge requirements and population need
- Continue to link into the **ICS work on financial and workforce planning** as well as linking into **estates and digital work streams** across NCL
- Work closely with colleagues from Mental Health and Provider Trusts and Local Authorities **to test, challenge and review emerging recommendations** to ensure a no surprises approach to the September recommendations
- Continue to **engage with the voluntary and charitable sector, with service user/residents groups** etc. to ensure there is sufficient **co design and co-production** of the emerging core service offer for community and mental health services