NCL Community and Mental Health Services Strategic Review
Barnet Children's Partnership Board

November 2021

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.

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	Out of 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 .	Continuing Health Care
	Care Providers / Care Homes (except non Continuing Healthcare NHS Services delivered in a Care Setting)
All NHS funded Community Services and Mental Health services delivered by Private and other Providers (Voluntary and Charitable Sector etc).	NHS Acute Services
	Primary Care contracts including core GP contracts and additional NHS service contracts
	Statutory Homelessness Services
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.	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

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.

Good User and Resident Engagement has been central to driving the programmes of work. Summary of 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 and age. Reference Group feedback has been incorporated into the review process and also shared with commissioners and providers.

Residents survey
- Open for over 3 months; limited responses (just over 100) but comments very similar to those received from Residents Reference Panel and in a review of previous work/recommendation undertaken by Healthwatch, Citizens Assembly's etc prior to start of reviews.

Engagement Events
- Wide range of events across all five Borough including an event hosted by Healthwatch in Islington and one in Haringey organised by Bridge Renewal Trust. Attendance at ICP partnerships, Health & Well Being Boards as well as smaller focused sessions e.g. Barnet Mencap 'have your say meeting with adults with a learning disability with or without autism' etc.

User Engagement with Service Reviews
- Both Programme Boards have user and or voluntary sector representation. Experts By Experience and voluntary sector reps included Healthwatch attended design workshops and have contributed to shaping the core service offers.

Next Slides Outline The Process we have followed From March-September

Initial Process was a Baselining Review to understand the current position

Baselining the current position
Interviews with key stakeholders from CCG, Provider and Local Authorities (May)
Health & Care Survey (May) to wide range of colleagues in primary care, providers, Local Authority
Data analysis (May-June) including finance, contracts, workforce and Public Health information on demographics, need and impact of Covid
Baselining workshop x 2 (April and May); attending by a wide range of colleagues from CCG, Providers, Local Authority, Experts By Experience and Voluntary Sector
Development of baseline report (May-July); widely shared and will be on CCG website soon
Completed; set out on next 2 slides are key highlights from Baseline Reports. These have then formed the basis of our case for change

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
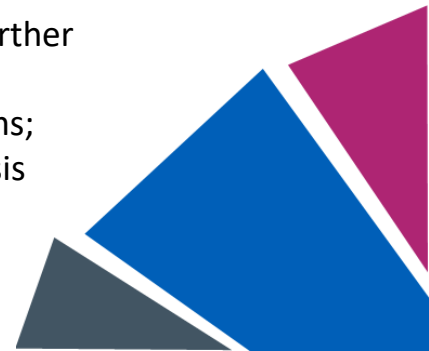
Key messages from the baseline analysis of NCL community services

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

Development of the Community and Mental Health core offer during June and July

Initial design

- Aligned on population focused approach and pen portraits for initial design discussions
- Joint design workshop on principles and outcomes
- Collated national requirements
- Deep dive workshops as initial input on offer including existing best practice

Development of the outline core offer

- Collated initial design inputs
- Developed initial draft, setting out the care functions of the core offer for different age cohorts
- Included critical links to wider services
- Design workshop 2 and 3 involving c.60 attendees from community providers, primary care, LA, CCG, mental health, acute providers

Iterated core offer and developed specifications

- Collated feedback from design workshops 2 and 3
- Iterated core offer based on feedback
- Further developed offer alongside commissioners and providers
- Complete draft of the core offer shared with programme team at the end of July for review and further iteration during August

Through this process, a core offer outline was developed for different age segments of the population and specifications were drafted for each care function of the core offer

Example core offer outline showing all services

Draft core offer outline – Working age adults Community Health
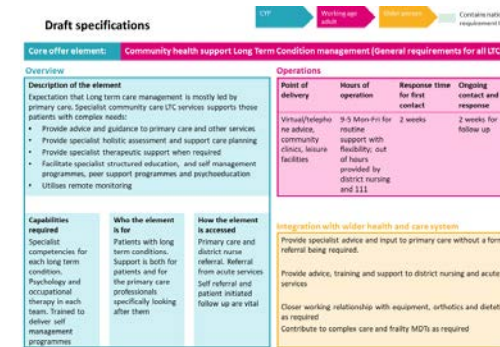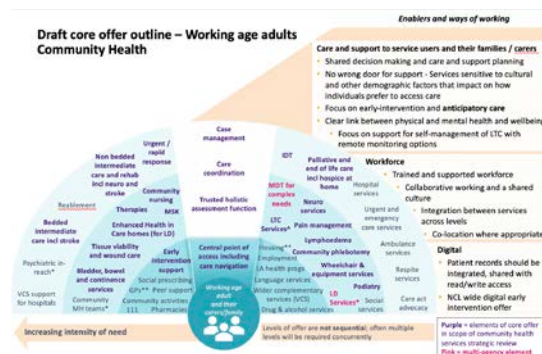
Example specification for single service

Draft specifications

What the "core offer" is and what it isn't

NHS

The purpose of the core offer is to set out a commitment to the support the NCL population can expect to have access to, regardless of their borough of residence

The "core offer" is about the **minimum requirements**

Purpose of the core offer

The purpose of the core offer is to address the inconsistency of service provision across NCL by setting out a commitment to the NCL population of the support they can expect to have access to regardless of their borough of residence.

The core offer will provide clarity to the population, clinicians and professionals in the system on what support is available, when it is available and how to access it.

The core offer is:

- A description of elements and services that should be available across NCL for different age segments of the population and how these elements integrate with the wider health and care system
- In particular, the core offer provides a brief specification for each element that describes:
    - What the element is and what it aims to deliver
    - Operating hours and any out of hours provision
    - Response times for first contact with service user and ongoing contact (in line with national requirements)
    - Who the element is for and how the element is accessed
    - Links/ integration with other services and agencies
    - Workforce capabilities required
    - Point of delivery (e.g. in person, virtual)

The core offer is not:

- A detailed specification for how providers should deliver care
- A description of how providers should organise workforce, facilities etc. in order to deliver the core offer

Process to review and refine the community and mental health core offer during August

Review	Feedback and comment	Final revisions

Review

- During August, the Community and Mental Health core offers were extensively reviewed by a group of over 30 people including:
  - Joint borough commissioners
  - Provider colleagues
  - Clinical leads including GPs and nursing colleagues
  - Clinical SROs
  - Residents' reference group
  - Experts by experience

- The work on the Mental Health core service offer has been consistently triangulated with the work on the Long Term Plan for Mental Health to ensure a consistent and aligned approach
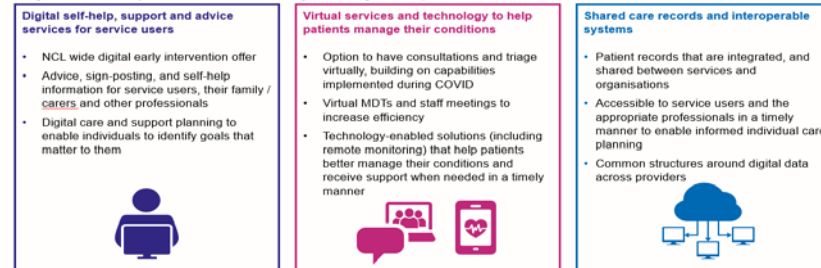
Feedback and comment

- Comments and feedback were provided on the core offer document including to:
  - Clarify, refine and add detail to aspects of the service specifications
  - Amend details of the service specifications, such as opening hours
  - Add or rename services
  - Add on a more local details on integration and partnership working
  - Add in involvement of other non qualified workforce e.g. peer workers, foot care assistants etc

Final revisions

- Versions of the core offer reports with comments and feedback log shared with CF on 13 September
- CF has incorporated the comments through the final version of the core offer report
- CF has also added to the upfront materials in the report around enablers (digital and ways of working) and patient initiated follow up based on feedback received
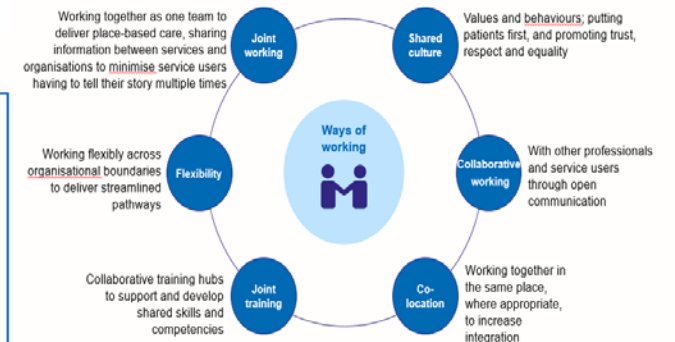
Digital is a fundamental enabler to the delivery of the core offer

A digital element forms part of the core offer and is integrated throughout the specifications. This could include:

Digital self-help, support and advice services for service users

- NCL wide digital early intervention offer
- Advice, sign-posting, and self-help information for service users, their family / carers and other professionals
- Digital care and support planning to enable individuals to identify goals that matter to them

Virtual services and technology to help patients manage their conditions

- Option to have consultations and triage virtually, building on capabilities implemented during COVID
- Virtual MDTs and staff meetings to increase efficiency
- Technology-enabled solutions (including remote monitoring) that help patients better manage their conditions and receive support when needed in a timely manner

Shared care records and interoperable systems

- Patient records that are integrated, and shared between services and organisations
- Accessible to service users and the appropriate professionals in a timely manner to enable informed individual care planning
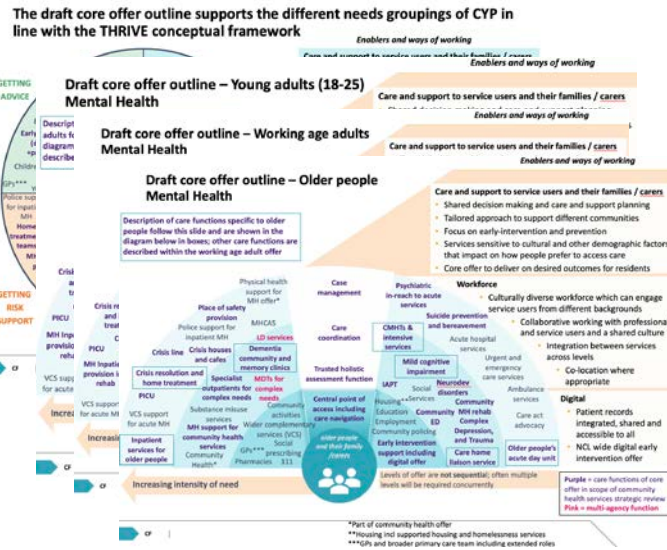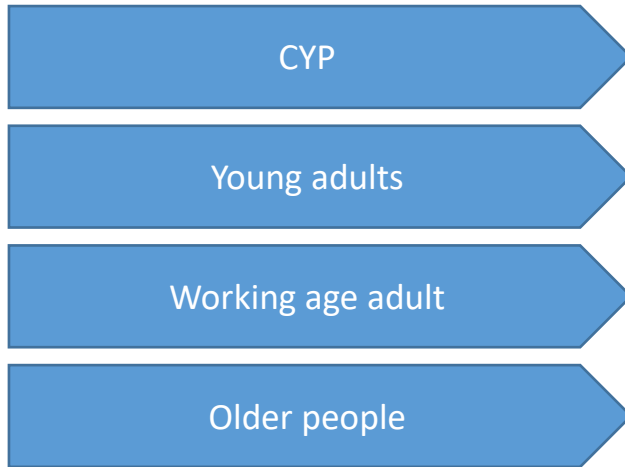- Common structures around digital data across providers

Integrated ways of working across community health, mental health and other agencies will be central to implementation of the core offer

Workforce transformation to support delivery of the core offer could include:

- **Joint working**: Working together as one team to deliver place-based care, sharing information between services and organisations to minimise service users having to tell their story multiple times
- **Shared culture**: Values and behaviours; putting patients first, and promoting trust, respect and equality
- **Flexibility**: Working flexibly across organisational boundaries to deliver streamlined pathways
- **Collaborative working**: With other professionals and service users through open communication
- **Joint training**: Collaborative training hubs to support and develop shared skills and competencies
- **Co-location**: Working together in the same place, where appropriate, to increase integration

Move to next phase approved by Community and Mental Health Service Review Programme Boards

Core Service Offer presented to Community Services Review Programme Board on 24th September and Mental Health Services Review Programme Board on 30/9.

Some minor changes to be made to core service offer to reflect final comments.

Community and Mental Health Programme Boards have given approval of the service gap analysis process

Presented to Programme Boards in September

Acknowledge the context, but need to future proof as far as possible; increasing need in population, new populations moving into area, ongoing impact of Covid etc

Workforce and finance two of biggest challenges. Conversations with NCL workforce planning programme

Next Steps; October/ November: Assessment of the impact of the core offer on access, inequalities, quality, workforce and finance

Through mapping existing services compared to core offer and leveraging best practice evidence, CF are assessing the core offer against 5 domains

Domain	Criteria
Access	• Comparison of current access hours vs core model access hours • Comparison of referral ease (including implications of consistency of services across NCL, central point of access, ability to self-refer in some cases)
Inequalities	• Comparison of current need (population segmentation) vs current offer (finance and demand)
Quality	• Impact of delivering national must-do's and consistently implementing best practice • Service user and family experience (strengths based approach, personalised care, joined up care e.g. people only need to tell their story once)
Workforce	• Current types of workforce compared to future types of workforce • Flexibility requirements – difference from current ways of working • Impact of integration (e.g. opportunities to work more closely with other organisations/professionals, training/rotation opportunities)
Finance	

Next Steps

- **Complete Impact Assessment** to understand overall impact of core service offers (**October)**

- Continue work within **ICS Financial Framework** as part of development of a financial plan and **time table for implementation (October-November)**

- Continue work with ICS to **think through commissioning implications** for the transition implementation plan (**October-December)**

- Continue to work with **ICS leadership to consider transition to new core offer (October-December)**

- **Conversations with Borough leadership** to discuss progress, pace and place (**October-November)**

- **Work with NCL workforce development team** to think through opportunities for local people to support workforce as part of implementation plan along with considering other opportunities for staff **(October-December but ongoing)**

- **Work with Boroughs and ICP leadership** and place based partnerships to help determine implementation locally to achieve a balance between an NCL wide core and consistent service offer v local population need **(October-January)**

- Further work on comms and engagement approach to be able to clearly articulate to local people the '**so what' of the service reviews and be able to set out how these will make a difference** to their care and experience and health outcomes locally (**November-January)**

- **Develop high level delivery options to inform further discussion (November-December)**