

	<b>Health and Wellbeing Board 9<sup>th</sup> December 2021</b>
<b>Title</b>	<b>North Central London Clinical Commissioning Group Strategic Review of Community and Mental Health Services</b>
<b>Report of</b>	NCL CCG - Strategic Review of Community and Mental Health Services
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix 1 - NCL Community and Mental Health Services Strategic Review (slides)
<b>Officer Contact Details</b>	Jo Murfitt Programme Director for NC London CCG Strategic Reviews of Community and Mental Health Services <a href="mailto:joanne.murfitt1@nhs.net">joanne.murfitt1@nhs.net</a>
<b>Summary</b>	
This brief update is intended to provide members with the latest update on the community and mental health services review.	

<b>Recommendations</b>
The Health and Wellbeing Board is asked to note the progress of the NCL CCG reviews of community and mental health services.

## 1. WHY THIS REPORT IS NEEDED

- 1.1 This report is needed to provide the latest update on the community and mental health services review.
- 1.2 At a previous meeting North Central London Clinical Commissioning Group (NCL CCG) presented an update on their work to review community & mental health services

across the five Boroughs of North Central London. The previous report noted that as a result of historical variations in the level of spending residents across NCL experienced differential impacts on the level of services they receive e.g. in terms of access criteria, opening times etc. The CCG as one organisation is determined to address this variation in service accessibility as part of its wider approach to reducing health inequalities and to improving the health and health outcomes of all its residents.

- 1.3 The slides accompanying this report set out details of the findings of the initial stage of the reviews. This has resulted in two cases for change which are available on the CCG's website and which provide more details e.g. about levels of deprivation, the impact of Covid especially on mental health services as well as some of the challenges faced by services. For example in Barnet the report highlights issues such as waiting times for therapy services, the numbers of District nurses as well as for example the fragility of some very small services e.g. the bowel and bladder service where there are gaps in staffing and the service is struggling to recruit to vacant posts.
- 1.4 The slides then provide an update on the core service offer and the implications of its delivery in full. Over the summer a series of iterative workshops were held involving a wide range of CCG staff, clinical and commissioners, Local Authority colleagues, staff from Provider Trusts along with experts by experience and some residents and community & voluntary groups. These workshops led to the development of an agreed set of core service offers including a coordinating function to support service delivery. An example of the coordinating function is provided for community service but is equally applicable to mental health services. This sets out the importance of the coordinating functions i.e. a central point of access, a trusted assessment function and then case management. These proposals reflected feedback from both earlier work that organisations such as Healthwatch had lead and from discussions at meetings and presentations held by the CCG and with the CCG's Residents Reference Group as part of this work. The feedback unanimously was that local people wanted easier access to services and wanted to tell their story once and then have it shared (with patient consent) so they did not need to constantly repeat the information. A set of coordinating functions would help deliver this request.
- 1.5 Included in the slides is also an example of a core service offer for district nursing. This sets out the type of skills and competencies expected e.g. to be able to provide intravenous antibiotic drugs in a person's home, as well as setting out who can access the service, where its provided and how the service works or interfaces with other services e.g. for community nursing there will be close local working with GP practices, but also with the Extended Care Team that will support people living in Care homes etc. As part of the Core service offer there are approx. 50 service descriptions for community services and a similar number for mental health services. All these have been developed to reflect best clinical practice and where possible incorporate best local NCL practice e.g. plans to implement a Thrive model and Minding the Gap (a wraparound service for young people) across all NCL Boroughs.
- 1.6 The slides set out why implementing the full core service offer will bring system and patient improvements and these benefits are being further explored as part of the current phase of work, which is to understand the non-financial impact assessment of delivering the core service offer in full. Four domains are being used to undertake this analysis; access, quality, equality and equity and workforce. This should help the CCG and its partners understand more about the opportunities that should be possible as part of these reviews. E.g. for quality both reviews have as a focus the need for prevention and early intervention and to move away from the current focus on emergency and crisis care. In time this should bring opportunities to review the current bed base and to move away from the current focus on emergency and crisis care. But

until that is safe and out of hospital services are sufficiently developed the CCG and its partners must use the opportunity for investment in preventive services to help move away from current models of delivery. An example of this is the need to invest to reduce waiting times for speech and language therapy, as there is evidence that early intervention helps some children' development and can in turn have an impact on reducing the need for mental health services.

- 1.7 The work on understanding the non-financial impact assessment should be completed in the following weeks and will be combined with work that is taking place to understand the staffing costs including inner and outer London weighting, overhead costs and for example work to be able to compare service lines and understand efficiencies. Provider colleagues have been sharing data to allow these comparisons to take place, and again this work is due to be completed by mid-December. It will, alongside completing the non-financial impact assessment, help the CCG in developing a menu of approaches which will help it fund the consistent delivery of the core service offer. Although the work to fully understand the costs and opportunities is still being developed it is likely that approaches to funding will be based on a combination of transformation i.e. looking at opportunities for productivity and efficiency benefits and doing things differently, along with some at scale provision especially for services that are very fragile and difficult to attract a workforce and some investment differentially to reflect the needs of a particular Borough. NCL has already taken that approach e.g. with the use of the Mental Health Investment Standard and with the allocation of the Ageing Well funding and its use to fund the Extra Care Home team in Barnet.
- 1.8 Discussions are also in progress with Mental Health colleagues. Barnet, Enfield and Haringey MH Trust & Camden & Islington FT are working together on the first phase of a review. This has been focused on four themes; reducing health inequalities, eliminating unwarranted variation, improving outcomes for local patients and developing a sustainable workforce model. Part of the next steps of this and the CCG's review is to look together at opportunities for alignment and agree a transition delivery plan for mental health services. At the same time work continues with mental health colleagues to focus on how existing investment can help deliver the core service offer.
- 1.9 As part of working through next steps a series of discussions are being held with Borough partners and the ICS to consider a plan for prioritisation, funding and delivery. Work on this will continue during December and into January/February. Work is in progress to look at fragile services, noting this is about the options for delivering the management of the service rather than the interface with patients. The core service offer sets out where a service will be provided but this is an opportunity to think differently about how services might be organised and how if there were larger services covering a wider footprint might these be more resilient, offer opportunities on skill mix etc. This is becoming more of a priority given the workforce challenges in terms of recruitment and retention for a number of smaller services e.g. Bowel and Bladder services in Barnet, our Community paediatrics, our children continuing care assessment team etc as well as for services such as tissue viability or possibly falls etc.
- 1.10 The CCG is anticipating that the current phase of work i.e. to better understand the opportunities that consistently delivering the core service offer would bring along with the costs of doing so, are being developed. It is clear already that the costs required will likely be considerable and will not be found overnight, so the CCG expects to develop a three year transition plan to move to full implementation of the core service offer. However to find the funding will require considerable service transformation and the support of the Acute Sector who are likely to have to contribute funding but agreeing less money for themselves. Hence the importance of having confidence in the system benefits of implementing the core service offers. The funding plans also

have to recognise the current workforce challenge and that Providers are currently struggling to find workforce to fill existing vacancies. The development of the Integrated Care System, working with Borough and Borough Partners will all help contribute to the delivery of the core service offer, but this will require deeper integration and different ways of working to fully realise its benefits for local people.

1.11 Moving into the New Year the CGG will continue its round of discussions, currently with Local Authority partners, but then with Provider colleagues as it seeks to develop its plans and have more detailed discussions on next steps. Although the intention is to have developed more detailed plans during first months of 2022, implementation will only start after April 2022, as plans are worked through to provide the level of detail and confidence to start delivery and when we are assured that appropriate engagement and discussion has taken place.

## **2. REASONS FOR RECOMMENDATIONS**

The Barnet Health & Well Being Board are asked to note the progress of the reviews to date and the next steps.

A further review will be brought with more details at the next meeting.

## **3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

Not applicable.

## **4. POST DECISION IMPLEMENTATION**

A further report providing more details on delivery plans will be presented.

## **5. IMPLICATIONS OF DECISION**

### **5.1. Corporate Priorities and Performance**

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.

### **5.2. Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

Not applicable in the context of this report.

### **5.3. Legal and Constitutional References**

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

#### **5.4. Insight**

As set out above.

#### **5.5. Social Value**

Not applicable in the context of this report.

#### **5.6. Risk Management**

Identified risks and risk management actions are as follows:

**Risk 1:** The scope and complexity of reviews may put the timelines under pressure as well as creating potential issues with ensuring all partners have adequate capacity to contribute, particularly during a pandemic and then recovery phase. This will likely be exacerbated during the winter period given the continuing challenges of Covid, plus flu etc.

**Mitigation;** Management includes oversight by Programme Boards, joint community and mental health steering group including representation from other reviews, regular meetings with Review Design Partners Carnall Farrar and active communication and engagement strategy with Providers, Local Authority, partnership groups and residents on review, timescales etc. Review existing meetings for opportunities to discuss review rather than set up new meetings.

**Risk 2:** The review may suffer a lack of engagement by partners and especially residents and service users.

**Mitigation:** A Comms and Engagement Strategy has been produced and is being updated. The programme so far has used existing groups to talk to local residents, other partners such as the Local Authorities, Healthwatch etc. A Residents Reference Group has been set up, a resident's survey has been undertaken over a 3 month period, and there has been attendance at a range of borough based groups including attendance at events set up by partners in Barnet. Triangulation has shown that the programme has engaged with a comprehensive range of groups by borough, age, diversity etc. However once decisions are made on new steps in terms of delivery of further engagement and discussion will be required.

**Risk 3:** The review will need to agree how the potential costs of delivering a core service offer across all Boroughs might be funded within the context of the ICS financial strategy and current CCG financial position.

**Mitigation:** A Financial Sub-Group has been set up and as part of the Reviews we will be assessing the financial impact. A costing methodology has been agreed between

Carnall Farrar, the CCG and Providers Chief Financial Officers on approaches to costing. Further work is in progress to review financial data and look at opportunities for funding within the ICS financial strategy.

**Risk 4;** The scope of the review may expand to include a wider range of issues than originally set out in the aims and objectives for the review.

**Mitigation;** Review of Terms of Reference and restating of overarching aim to create sustainable and affordable service models for community and mental health services which seeks to address inequalities in service provision, spread good practice and improve outcomes for residents of NCL. Regular updates to stakeholders and users/residents etc. on aims and objectives. Steering group recording comments on wider issues e.g. primary care services that will be useful in sharing with other CCG reviews.

## **5.7. Equalities and Diversity**

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

Advice on completing Equality Impact Assessments (EIAs) can be found [here](#)

The CCG has completed an initial Equalities Impact Assessment which is available and will undertake a further review once the plans start to be developed to support implementation.

## **5.8. Corporate Parenting**

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 provide details and what steps have been taken to mitigate them.

Not applicable

## **5.9. Consultation and Engagement**

The NCL CCG Comms Strategy includes newsletters, website and bulletins to various groups e.g. GPs, community staff, mental health staff.

The engagement plan includes, for example, a Resident's Reference Panel, involvement of service users and carers, plus voluntary sector in design workshops and user representation at Programme Boards. Actions also include attendance for discussion at key partnership and community groups, as well as internal work to link with CCG's communities' team to work with groups whose voice is seldom heard.

A revised plan will be developed to build on the engagement work already undertaken.

## **6. BACKGROUND PAPERS**

Link to Baseline Reports on CCG website.

[Strategic reviews of community and mental health services - North Central London CCG](#)

---