

	Health and Wellbeing Board 14th July 2022
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 (slides)
Officer Contact Details	Daniel Morgan Interim Director of Aligned Commissioning (MH, LD/ Autism and CYP), NCL CCG daniel.morgan4@nhs.net Alex Smith Director of Transformation, NCL CCG alexander.smith1@nhs.net
Summary	
This brief update is intended to provide members with the latest update on the community and mental health services reviews.	

Recommendations
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

This report provides the latest update on the community and mental health services reviews.

At previous meetings, North Central London Clinical Commissioning Group (NCL CCG) has presented updates on the review of community & mental health services across the five Boroughs of North Central London. This report is intended to provide members with an update on progress as the review moves from a development and design phase into implementation and delivery. As far as possible the impact of delivery in Barnet has been set out, but at a high level as the more detailed delivery plans need to be developed by local Providers and worked through at a borough level. In addition, at the time of writing, investment for community services is still being agreed through NCL Integrated Care Board (ICB) governance. However it is hoped that by starting to set out the expected deliverables and therefore the impact for local residents, the Health & Well Being Board will be able to have an understanding on what next steps are planned to ensure the delivery of the core services offer for both community and mental health services in Barnet.

This report is divided into the following sections:

- Recap on the community and mental health services review
- Delivery of mental health services core service offer
- Delivery of Community Services core service offer
- Development of Community & Mental health outcomes indicators
- Next Steps

1.1 Recap on the community & mental health services review.

The slides set out details of the work to date since the reviews started. This includes providing details on programme governance with a particular focus on engagement, which has been central to how the review has progressed. As part of the reviews, we have developed powerful cases for change which sets out details of the variation and inequalities in terms spend and provision across NCL.

As part of the reviews, we have developed a set of core service offers which describe the minimum offer to local residents for range of community and mental health services. We will expect these core services to become routinely available across NCL as the review is rolled out. The core service offers set out the service to be delivered, competencies etc. of staff to deliver these services, points of access etc. The core service offer reflects best clinical practice and forms the basis of what providers are required to provide. These are not service specifications, but do provide high level service descriptions and do set out our aspirations in terms of access, and integrated working e.g. with Local Authority, voluntary services and or with primary care and mental health services etc.

This report also sets out how far need, based on the NHS England needs assessment allocation formula, correlates with spend. The slides show there is little correlation for community services, although there is more correlation for mental health services. This probably reflects the programme of investment related to the Mental Health Investment Standard, which the CCG has been able to target over the last couple of years and variation in the historic way community services were funded in the five previous borough based CCGs.

In addition, as part of developing a financial plan to underpin the review, the slides set out a description of how the core service offer will be funded using a range of different funding levers. We are currently requesting system investment for Community services in 2022/23, noting that funding for the Mental Health core offer comes from the Mental Health Investment Standard. However for both programmes, on-going investment will need to be found from a mix of opportunities ranging from savings achieved from productivity and increasingly from digitalisation, the redesign of ways of working including with acute sector partners, and via a share of any new growth funding the system obtains. As part of discussions on implementation, a work programme will need to be developed in more detail on how savings will be achieved and how these will then be recycled back into the further reduction in gaps against the core service offer.

1.2 Mental Health Services

The report notes the approach to addressing key themes in the review. There has been a particular focus on prevention and early intervention, which was a theme raised repeatedly as part of engagement conversations with local people. Other issues identified as part of engagement included, for example the need for improvements to transition planning from children to adult services and addressing long waiting times, for example for CAMHs services. Some of these issues are reflected within the design of the core service offer e.g. the development of specific 18-25 services. Within CAMHs, as part of work to reduce waiting times, a virtual waiting room services is being rolled out across NCL. Within this model, young people referred for assessment by the CAMHs service can access a wide range of resources and support prior to their appointment. There is also more investment into capacity in CaMHS services so that they respond in a more timely way, as well as plans to roll out a home treatment team to support young people and reduce the need for an inpatient admission.

Other actions that will benefit people in Barnet is the continued rollout of community mental health teams, designed to work closely with colleagues in primary, social care and with the voluntary sector. Again this responds to points raised as part of engagement as local people were clear that more community based support helped people stay in their homes and communities, and would help address issues of access and inequalities.

Throughout the pandemic we sought to bolster our crisis response through enhancements to crisis cafes, in line with the model in Islington. As a system we have strengthened our adult mental health liaison offer through the mental health clinical assessment service at St Pancras Hospital. For children we established two diversion hubs, so that children and young people could receive urgent support outside of hospital settings. Over the coming years our focus moves to implementing the core offer for mental health services, which will see our focus move to community and early intervention and prevention services.

1.3 Community Services

The report also updates on the collaborative work being led by the four Community Providers including Central London Community Health (CLCH). It sets out how locally there is work in progress with partners to continue to deliver on the Ageing Well agenda in terms of anticipatory care and support to care homes, which has resulted in

the One Care Home Care Team in Barnet. It describes the work of our provider collaboration which includes a work stream, led by CLCH to scope how the “core offer” for tissue viability services will be implemented across NCL. Other providers are leading other work streams e.g. Central North West London are leading work on community beds which will include within its scope the provision of the “core offer” at Finchley Memorial and Edgware Hospital to ensure a consistent approach to providing care and rehabilitation in all NCL community beds. This report also includes details on the rollout of the virtual ward programme across NCL. CLCH, working closely with colleagues at Barnet hospital and Adult Social Care are expanding their offer of virtual ward ‘beds’ which are available to Barnet residents.

The report also provides details of plans to invest in children and young people’s services. Specifically for Barnet that will include the setting up of a Hospital at Home service for children, the rollout of the asthma nursing model into Barnet and plans to remodel Looked After Children’s Services to ensure these are more sustainable and clinically robust. It also includes plans to strengthen the Barnet children’s’ enuresis (bowel and bladder) service which has become very clinically fragile. Members will also be aware of the investment the CCG has funded into reducing the therapies and autism backlog, again an issue of concern raised as part of engagement discussions with parents and local support groups.

The report also sets out proposals, subject to ICB governance, for additional investment in adult community services in Barnet. This will include strengthening the community rehabilitation service and skill mix within community nursing, including on tissue viability, to start to address some of the challenges outlined in our gap analysis against the NCL “Core Offer”. Barnet residents will also benefit from the NCL delivery of a silver line telephone triage, which will help reduce ambulance conveyances from care homes and help with the local ambition to support more people to stay safely in their place of residence.

1.5 Community & Mental Health Outcome Framework

The final section of the report notes the work to develop a set of outcome indicators which will sit under the NCL Outcome framework, which has been included for information. The community and mental health outcome indicators will sit under the overall population health improvement strategy. It will simultaneously help to demonstrate how the delivery of the core service offer is progressing and how this work contributes to the delivery of the overall population health improvement strategy.

Work is in still in progress to develop more detailed indicators which are aligned to issues raised by local people during engagement events. Further discussion is anticipated with colleagues, e.g. Directors of Public Health before a final set of indicators are available.

1.6 Next steps

As we move into a delivery and implementation phase, it becomes increasingly important that Borough Partners including local people help shape how services are delivered and implementation. This is key in the work to integrate services and help think through how we ensure all partners are working together effectively. We are aware that workforce is a challenge for many partners so work on how redesigned

services are then delivered locally within place becomes critical. Discussions have started with individual Boroughs to understand how best to have these discussions and how to ensure that service delivery fits within a local context, but is delivered in a consistent way to ensure we continue to address the issue of variation and makes the most of having consistent “core offers”.

As funding is finalised through ICB governance we will be in discussion with provider colleagues to agree more detailed delivery plans and to particularly understand and look how we can support the actions on recruitment which are likely to be the biggest challenge to achieving a number of the plans set out in this report.

The service changes set out in this report are intended to be the start of a process of delivering the core services offer across NCL to ensure the benefits of scale are achieved, whilst still ensuring that local voices can contribute to ongoing delivery and improvement.

REASONS FOR RECOMMENDATIONS

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

2. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

Not applicable.

3. POST DECISION IMPLEMENTATION

The CCG are committed to providing regular updates about the service reviews and their implementation to the HWBB.

4. 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: Recruitment and Retention of Workforce to support delivery

Mitigation; Recognising this is a national challenge in a number of key posts, we have agreed some actions to support workforce retention and recruitment. This includes a focus on supporting staff well-being, offering training and development in line with our core services competencies framework. Providers are reviewing opportunities such as staff rotation between different services and experiences. Some of the plans for services which are being considered include the consolidation of smaller teams to create larger more resilient teams with a clear career progression structure. Other actions include plans to develop support roles e.g. for therapies and work by mental health providers to support the development of opportunities for local people to become peer workers or to train as social prescribers etc. However despite a plethora of actions this remains an area of high risk which will continue to need careful oversight.

Risk 2: Delivery of Improvements to Population Health outcomes and reduction in access inequalities

Mitigation: The agreement of outcome indicators underpinning the two reviews will help to assess progress. The core service offer, if delivered in a consistent way, will help address inequalities of access by setting out the same access, criteria, staff skills etc. Delivery plans will also address issues such as differential access to services e.g. from a language perspective. The overall delivery of actions to improve population health outcomes e.g. our work with homeless people or our learning disability population will also help contribute to mitigating against this risk.

Risk 3: Given the NCL system financial challenges there is a risk that insufficient funding is identified to fully deliver the core service offers in an agreed time frame.

Mitigation: This paper includes a slide setting out the levers that will be needed. Although year one (2002/23) funding for community services has been identified as coming from system funding (subject to ICB governance), the expectation is that both mental health and community services funding will be identified from productivity improvements, service redesign etc. to use for re-investment in gaps. To support this work, early identification of a pipeline of services for collaborative redesign will be needed as well as work to identify opportunities linked to digitalisation.

Risk 4; That partners, including local people do not feel engaged and involved in the delivery of the core service offers

Mitigation; Discussions are in progress with local Borough partners to agree how to implement core service offer delivery in a local Borough context. Whilst the intention of the reviews remains to ensure consistency and reduced variation across NCL, the ICB recognises the importance of place and local delivery. Further discussion and agreement on joint working, accountabilities and deliverables will need to be agreed and actioned to ensure that local residents and partners see and feel the benefits of delivering a consistent core service offer across NCL.

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. Plans being developed for implementation includes a requirement to undertake an Equality Impact Assessment as part of project documentation.

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.

Engagement has previously taken place with a number of key groups in Barnet. A revised plan will be developed with local partners 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](#)