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ISLINGTON

HEALTH AND WELLBEING BOARD

20 July 2021

SECOND DESPATCH

Please find enclosed the following items:

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ISLINGTON

Camden and Islington Public Health
222 Upper Street, London N1 1XR

Report of: Director of Public Health

Health and Wellbeing Board	**Date: 20 July 2021**	**Ward(s): All**

Delete as appropriate		Non-exempt

SUBJECT: Proposed change to Health and Wellbeing Board agendas

1. Synopsis

1.1 This paper sets out the proposal undertaken in March 2020, prior to the Covid-19 pandemic, which sought to redevelop the workings of the board, with a greater thematic focus on collective problem-solving and action on health inequalities.

2. Recommendations

2.1 The HWBB is asked to:

2.1.1 CONSIDER and AGREE a re-balancing of the Board's time towards thematic or deep dive looks into key health inequalities affecting people in the borough; and, if agreed:

2.1.2 AGREE three health inequalities themes are identified each year

2.1.3 AGREE that the subject of the Annual Public Health Report would normally be one of the three themes

2.1.4 AGREE to timetable shorter time slots for routine reports received by the Board

2.1.5 CONSIDER whether the proposed change in emphasis of the Board's time together indicates a change in the core membership

3. Background

3.1 Shortly before Covid impacted in March 2020, the Health and Wellbeing Board carried out a development session to consider the Board's business cycle and way of working. The outcome from the session was a clear desire for the Board to move to a more thematic way of working, with deep dives or more focused sessions on particular topics through the year. The principle indicated changes were:

- Shift the balance of Board time to more thematic and deeper looks into particular priorities around health and wellbeing and inequalities.
- Topics would represent key issues or areas of concern where a deep dive between partners would be beneficial to provide time to explore issues and perspectives, reach shared understandings and potential solutions, and identify collective actions.
- Find a way to manage the regular report cycle into the Health and Wellbeing Board in a way that took up a smaller proportion of the Board's meeting time.

Additional considerations – not directly addressed in the session – relate to the contribution to, and link with, the Fairer Together Partnership's strategic objectives and programme of work; and, if the above changes are agreed, to consider also the composition of the membership of the Board.

3.2 Health inequalities themes

Using the framework or lens of "start well, live well, age well", the Board could identify three themes per year, focused around key strategic priority areas in the JHWS or through the lens of the Fairer Together priorities of Start Well, Live Well, Age Well. The greater part of Board time would be committed to the theme, or a development or similar session could be timetabled to support a deep dive where there was agreement more time would be beneficial. Each identified theme could

- Share and learn from local examples of new approaches and progress towards improving health and wellbeing outcomes in line with our ambitions and commitments, as well as opportunities for learning from beyond Islington
- Explore the current health and wellbeing system issues and challenges from a range of perspectives, including residents, patients and communities, bringing in the experience and contribution of other partners and organisations within the borough
- Use new data, intelligence and insight, including through the HealthEIntent population health data system, to identify and address key issues
- Support the HWBB and system to develop solutions, approaches and ways of working to address health inequalities in order to drive improvement and make sure the borough is a fairer place for all our residents.

The Annual Public Health Report (in next section) is received as a regular report to the Board, but could in itself form the basis of one thematic deep dive each year, as described above.

3.3 Regular reports to the Board

Currently a number of reports are received through an annual cycle – these comprise

- Section 75 reports
- Safeguarding Annual Reports from Children's and Adult's Boards
- Healthwatch annual forward plan and update
- Joint Strategic Needs Assessment updates
- Annual Public Health Report (see above)

There are ad hoc requests from time to time to receive strategies in development or updates for comment or input. Recent HWBB meetings have also received an update on Covid, however this is also covered through the Outbreak Control Board.

On a longer term cycle, there is the need to review and keep up to date the Joint Health and Wellbeing Strategy, although this could also in part be approached as a deep dive or thematic.

Following on from the development session recommendations, a smaller proportion of time would be devoted to receiving these reports. Depending on the nature of the report and the role of the Board in relation to the report, this could be by way of shorter presentations focused on key messages or findings or issues by exception, or to be principally received for information only.

4. Implications

4.1 **Financial Implications:**
There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. Any recommendations from this report, if adopted, will need to be expanded upon and reviewed with the financial implications assessed.

4.2 **Legal Implications:**
Health and Wellbeing Boards established under the Health and Social Care Act 2012 act as a forum in which leaders from the local health and care system can work together to improve the health and well-being of their local population. S.1 of the Care Act 2014 gives the local authority a duty to promote an individual's well-being and s.2 Care Act 2014 provides a duty to prevent needs for care and support.

4.3 **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:**
As this proposal is a change to the agenda of existing meetings, there are no environmental implications.

4.4 **Resident Impact Assessment:**

Please retain this standard paragraph and add relevant text about specific impacts and mitigation below:
The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

There are no anticipated impacts of the change on residents.

5. Conclusion and reasons for recommendations

5.1 The Board's development session pre-Covid identified the desire to review the balance of agendas and Board time, with more time given to deeper, more thematic approaches to address selected health and wellbeing topics and less on routine business. The recommendations are intended to support the outcomes from that development session.

Signed by:

Jonathan O'Sullivan
Director of Public Health Date 7 July 2021

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ISLINGTON

Report of: Sarah Mansuralli, Executive Director Strategic Commissioning, NCL Clinical Commissioning Group

Health and Wellbeing Board	Date: 20 July 2021	Ward(s):

Delete as appropriate	Exempt	Non-exempt

SUBJECT: North Central London Clinical Commissioning Group Strategic Review of Community and Mental Health Services

1. Synopsis

1.1 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 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.

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

2. Recommendations

2.1 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.

3. Background

3.1 The paper provides the 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.

3.2 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.

3.3 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.

3.4 The 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.

4. Implications

4.1 **Financial Implications:**
There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. Any recommendations from this report, if adopted, will need to be expanded upon and reviewed with the financial implications assessed.

4.2 **Legal Implications:**
Islington Council delegate their Community and Mental Health Services to various CCGS under s.75 of the NHS Act 2006 ('s75 agreement'). The Council will have to ensure that a s.75 agreement with North Central London CCG is in place and that funding provisions are clarified clearly to ensure the work proposed can be funded through this agreement and in accordance with the law.

4.3 **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:**

As this report is simply an update on the progress of the reviews, there are no environmental implications at this stage.

4.4 **Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

5. Conclusion and reasons for recommendations

5.1 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.

5.2 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.

5.3 The review and transition plan will also need to be sufficiency 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.

5.4 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

Appendices

- Full report on the NCL Community and Mental Health Services Strategic Review
- Powerpoint Slide Deck: Update on the NCL Community and Mental Health Services Strategic Review

Background papers:

None.

Signed by:

Executive Director of Strategic Commissioning Date 14/07/2021
North Central London CCG

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North Central London Clinical Commissioning Group' Strategic Review of Community and Mental Health Services

1. INTRODUCTION

1.1 This paper provides the Islington Health and Wellbeing Board with a report on the progress of 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 is taking place between March and September 2021, when Carnal Farrar will present to the CCG an options appraisal and transition plan to support the implementation of a core service offer. The options appraisal will consider a range of impact assessments including affordability and feasibility, to support implementation of the recommendations.

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 services are 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 have been developed. These will be used as a touch point against which the outputs of the review will be measured. The design principles have been signed off by the Community Service Review Programme Board at its July meeting. 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/GP 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 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 included 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.
- This initial phase of the Community Services Review took place 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, 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 Community Services Review Baseline report was signed off by the Programme Board at its July meeting, and the expectation is that the Mental Health Baseline Review should be signed of at the next meeting of the Mental Health Services Review Programme Board on 21st July.

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 has been reviewed and incorporated into revised draft documents. During June and through to mid-July there have been 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 impactions of the proposals. Part of the review will be further detailed discussion with local partners, including Local Authorities, residents /service users about the emerging recommendations and implications of the proposals. These will then need to be reviewed and agreed by the Programme Boards before any recommendations can be presented to the CCG 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 has informed 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 which will remain live until the end of July. We have sent out a series of letters to key partners and have talked 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 as well as Health and Well Being Boards. We have also attended the NCL Joint Health Overview and Scrutiny Committee and are attending a range of other community groups including the patient engagement event organized by Islington Healthwatch on 14th July.

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. The meetings have 20-22 residents from across the 5 Boroughs, from a range of different communities/interest groups. Our challenge will be to try and ensure that their suggestions are incorporated into the core offer 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, and the need for shared records to avoid having to repeat what were often distressing stories. 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 want to be able to demonstrate how we have heard this feedback and used in it our core service offer.

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 Workshops and we are supporting 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 also have user representatives on theProgramme 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. The acuity of people leaving in the community is often very high and people have a multiplicity of needs which requires a health and other wider interventions e.g. from housing, employment etc. The CCG is committed to working collaboratively to play its part in addressing issues related to the wider determinants of health. 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 finds 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 delivery 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, Trusts and other partners including Local Authorities 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 sufficiency 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. 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.

Sarah Mansuralli

Executive Director of Strategic Commissioning

NORTH LONDON PARTNERS
in health and care
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Update on the NCL Community and Mental Health Services Strategic Review
Islington Health and Well Being Board

July 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 and People with a Learning Disability).	Continuing Health Care
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.	Care Providers / Care Homes (except non Continuing Healthcare NHS Services delivered in a Care Setting)
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.	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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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)	**Ongoing**	Initial Proposal (July)
Development of baseline report (May-June)		Transition Plan Development (August-September)
Finalising		**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

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

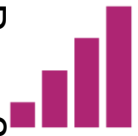
There appears to be **a large focus on crisis response** rather than early intervention and there is recognition that further investments are needed for more preventative offers

- 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

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Design Principles

Purpose of Principles - what our design principles should do

- Provide a clear and consistent **touchpoint** which can be referred back to during design
- Act as a 'test' against which we use to **help make decisions**
- Give an **inspirational and ambitious message** which all health and care colleagues can get behind and support
- Be a **basis for communication** about the aims of the design
- Be a **focus** on the key things that will really make a difference
- Set out **the constraints** for design (i.e. be based on best clinical practice and affordable)
- Recognise the **challenge of system sustainability** and aims to make a net zero carbon impact
- Link the **overall strategy and vision** to more detailed design choices
- Be **compliant with the national and regional requirements**

Our draft design principles for NCL:

The core offer needs to

1. Put **service users at the heart of our work** so we can improve their experience of care, through a strengths-based approach to support them to live healthier, independent and high quality lives within the communities that they live.
2. Provide **equitable access to care** that best meets the current and future needs of the diverse population across NCL and that optimises accessibility for our diverse population groups.
3. Focus more on **prevention and early intervention** and supporting self care to enable people to live independently for as long as possible.
4. Collaborate with **wider community partners** and community assets to understand the impacts of **the wider determinants of health** to support residents' **good mental health and well-being holistically.**
5. Through strong relationships**, collaborate across health and care**, recognising the interdependencies of different services in different sectors, and promote joined up integrated care for children and adults across primary, community, mental health and care services reducing handoffs between organisations.
6. Build on and **spread best practice** from NCL and elsewhere, enabling innovative and transformative ways of delivering high quality care, maximising the use of technology and information to provide effective and efficient care.
7. Enable the development of a more **flexible, multidisciplinary and sustainable workforce**, strengthening it for the future and attracting staff to work and stay in North Central London.
8. Maximise **value for money**, utilising resource across the system efficiently so as to **minimise waste and duplication and ensure sustainability** recognising the need that the timescale for achieving the outcomes is considered and set realistically.
9. Organise services at the most **appropriate place level and scale,** where it best meets population needs, workforce resilience and sustainability, value for money tests and allows flexibility within the delivery of a core service offer to reflect the needs of different neighbourhoods.
10. Ensure **system leadership (clinical and managerial)** support the new ways of working and the transition to this through co-producing the solutions.

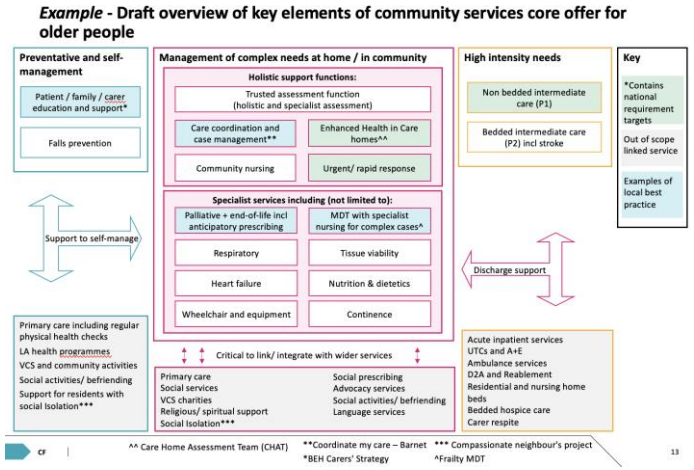
Impact assessment: We will conduct an impact assessment on the core offer to evaluate the changes to the new operating model, including a value for money assessment.

The second Community and Mental health design workshops had over 60 attendees each, and generated rich content for the core offer design

Objectives for the sessions

1. To articulate the purpose of the core offer
2. To review and feedback on an outline of the core offer
3. To develop the detail behind the elements of the core offer

- In large breakout groups of ~20 people, participants reviewed the **core offer outline** and reflected on:
  - Does the core offer outline cover the **right elements**?
  - Is anything **missing**?
  - What elements of the core offer should be **prioritised for more detailed discussion**?



In breakout groups of ~10 people, participants then **discussed the detail behind key elements of the core offer** for a particular age cohort.

This was based on the elements that had been identified as priorities for more detailed discussion.

For elements of the core offer, Participants reflected on:

- **Service description**
- **Access hours and required response time**
- **Links/ integration with other services**
- **Access criteria**
- **Workforce skills and competencies**

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What do we mean by a core offer?

What is the 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 will describe:

- Services to be available across NCL including:
  - Service description
  - Access hours and required response time
  - Links/ integration with other services
  - Access criteria
  - Workforce skills and competencies

The core offer will not describe:

- A detailed specification for how providers will deliver care
- How providers should organise to deliver the core offer

The offer will be tested against our agreed design principles

Through our engagement to date, we have aligned on the need for the core offer to meet a set of design principles which we have developed and iterated with significant feedback from across the programme's stakeholder groups.

As the offer is developed, we will test it against these design principles and through this process iterate the offer accordingly.

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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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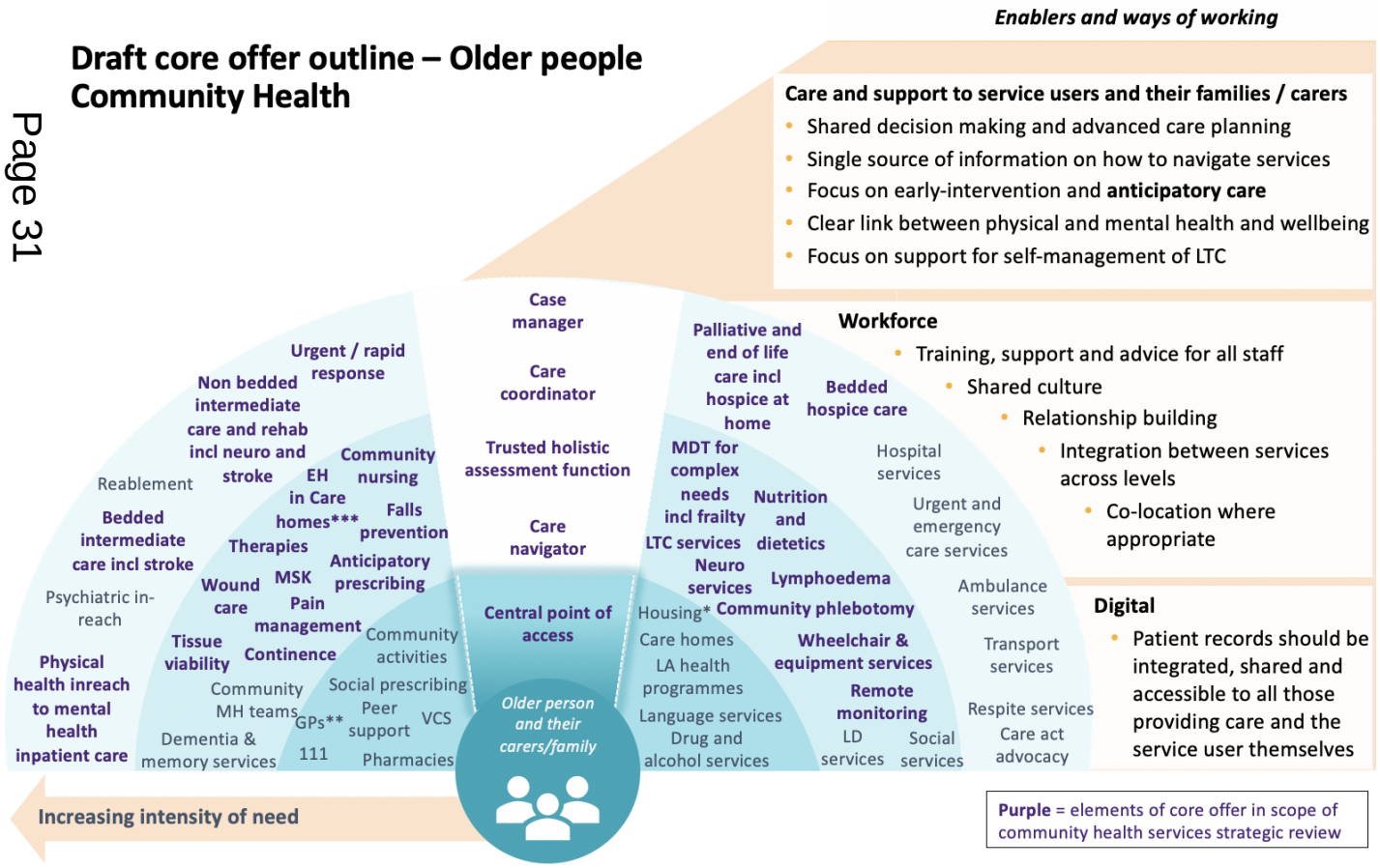
Example –Presentation of the core offer outline

Draft core offer outline – Older people Community Health



*Housing including homelessness services
**GPs including GPs with extended roles
***EH: Enhanced Health in care homes

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Example –Presentation of the detail for each element behind the core offer (content is indicative in draft format)

Core offer element: **Trusted assessment function**

Overview

Description of the element

Holistic assessment with service user and their family to identify current and past mental health problems, interventions, personal, family and social circumstances, environment living in, physical health problems, functioning, service user needs assessment, informal carer needs assessment, capacity to consent to care and treatment, and identify any drug and alcohol use and misuse.

Capabilities required

OT, psychiatric, physical, social and environmental assessment professionals

Who the element is for

Older people entering a mental health service who have complex needs requiring multidisciplinary input and holistic assessment

How the element is accessed

When an older person is assigned a MDT, holistic assessment can be requested by MDT through care navigator

Operations

Point of delivery	Hours of operation	Response time for first contact	Ongoing contact and response
At home and / or in clinic	Assessment performed 9-5 Mon-Fri	Within 4 weeks	As required based on MDT and shared decision making or a change in circumstances

Benefits and integration

NCL specific benefits of the element

Holistic assessment gives an overall view of the older person and their environment and shows which services should be linked to community teams to provide the best overall integrated care. Establishes proactive and pre-emptive links with teams.

Integration with wider health and care system

Through a care coordinator and shared records (where required), assessment should be integrated with Primary Care, Mental Health Community Teams, MDT, social care, schools, youth services, VS and if appropriate; Youth Offending Teams.

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We are working with commissioner and provider leads to review the core offer outline and to develop this detail.

Approach:

1. Prioritise elements of the core offer to develop detail for
2. Share a draft of the supporting detail (based on feedback from the workshops, best practice and national standards) with commissioner and provider leads to review and refine as an aspiration for NCL
3. The core offer outlines and supporting detail will be inputs into the final design workshops in w/c 12 July

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/

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

- Two **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.

- 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 **Integrated Care System 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, 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.

ISLINGTON

Camden and Islington Public Health
222 Upper Street, London N1 1XR

Report of: Director of Public Health

Health and Wellbeing Board	**Date: 20 July 2021**	**Ward(s): All**

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SUBJECT: REFRESH OF ISLINGTON'S JOINT HEALTH AND WELLBEING STRATEGY

1. Synopsis

1.1 Islington's Joint Health and Wellbeing Strategy (JHWS) (2017-2020) set out the Health and Wellbeing Board's priorities for tackling health inequalities and promoting health and wellbeing for Islington's residents, patients and communities. To build on progress, and to provide a strategic framework and focus for the Board's work going forward, the JHWS and its priority outcomes need to be reviewed and refreshed.

1.2 Working with Islington residents and with key partners across the health and wellbeing system, the refresh of the JHWS provides the opportunity to set out the vision and delivery plan for improving health and wellbeing in the borough, and for tackling health inequalities.

2. Recommendations

2.1 The Health and Wellbeing Board is asked to:

2.2 To provide a strategic steer on the development of Islington's new Joint Health and Wellbeing Strategy, reflecting on achievements of the previous strategy and its focus on three high level priorities – giving every child the best start in life, preventing and managing long term conditions and improving mental health and wellbeing.

2.3 To discuss potential priorities, themes or areas of focus in order to provide a framework to the process of strategy refresh.

2.4 To agree the approach to refreshing the JHWS as set out in this report, subject to any changes discussed and agreed by the Board

3. Background

3.1 One of the primary functions of the Health and Wellbeing Board is to set out the strategic priorities for improving health and reducing health inequalities in the borough, based on the ongoing assessment of need in the Joint Strategic Needs Assessment, engagement with residents, patients and communities, and other ongoing assessments of the state of health in Islington.

3.2 The 2017-2020 strategy refreshed the priorities of its predecessor strategy, under three major objectives (Strategy attached at Appendix 1). The vision set out in the 2017-2020 strategy was to improve the health and wellbeing and reduce the health inequalities of the local population, its communities and residents, by:
1. Ensuring every child has the best start in life
2. Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities
3. Improving mental health and wellbeing

3.3 The strategy is predominantly focused on the health and social care related factors that influence health and wellbeing. The underlying determinants of health and wellbeing are also important, such as the environment, community safety, housing and employment, but are primarily addressed through other key strategies and it was agreed the JHWS should not duplicate such strategies. The JHWS also emphasised the importance of partnership working, joint commissioning and integrated delivery of services to maximise value for money and cost effective use of system resources. These remain important components of the delivery of better outcomes and reductions in inequalities, and of the Fairer Together borough partnership. The JHWS was informed by the Joint Strategic Needs Assessment (JSNA) and consultation with residents, partners and other stakeholders.

4. JHWS 2017-2020 – High level overview of achievements and challenges

4.1 Over the three years of the strategy, there had been important progress with delivery under each of the three priorities, but many challenges also remain. Appendix 1 includes the goals for improving health and reducing inequalities in the JHWS; Appendix 2 provides an overview of progress against some of the high level outcome indicators identified in the strategy, and comparison with London outcomes. The goals described in the JHWS 2017-20 represented a mix of important programmes and interventions to improve health and care (process or access indicators or milestones for new, more integrated ways of working to meet the needs of residents and communities more holistically) and outcome indicators.

4.2 Overall, healthy life expectancy (the period of time spent in good health which draws across all three priority objectives) has significantly improved over the past decade, particularly for males. Improvements in life expectancy (number of years of life) in the most recent years has significantly slowed, with a stabilisation or slowing of improvement in the rate of premature deaths from long term conditions. Islington ranks lower than London for both male and female life expectancy, particularly for males, but in both cases life expectancy in the borough is similar to the national averages despite the high level of deprivation.

4.3 In general, the outcomes for best start in life have sustained or improved over the period of the strategy, and compare with or are better than London averages, in spite of the exceptionally high levels of child poverty in the borough. Important new and continuing programmes of work have addressed early developmental, health, social and educational needs. However, the immediate and long term impacts of childhood obesity and greater vulnerability to mental health conditions, among other challenges, remain very significant challenges and are unequally distributed across the borough by deprivation and ethnicity. Significant new investment into services to tackle domestic violence and violence against women and girls services, which affects all three of the JHWS priorities, has significantly improved the capacity and ability of local services to respond and support those affected.

4.4 Outcomes for long term conditions continue to show progress on significant risk factors, notably sustained higher levels of stop smoking success rates compared with London and overall smoking rates continuing to decline, and a narrowing on alcohol related admissions (although the latter remains significantly higher than London). Reported physical activity levels have also improved (and are better than London) in recent years, however the proportion of adults who are overweight or obese is significant (and will have increased during Covid lockdowns), and smoking rates, although reducing (and likely to have fallen at an increased rate in response to Covid), continue to be a significant preventable cause of early deaths in the borough, among other risk factors. In terms of premature deaths (under the age of 75), progress on the three major groups of causes has either slowed or stabilised in the most recent period, with all three groups of causes higher than London averages: cardiovascular deaths have continued to reduce; cancer deaths considered to be preventable have remained steady and at a much higher level compared with London; and respiratory deaths in the borough had increased slightly. Recent local analysis has also indicated diabetes as a direct or indirect contributory factor to Islington's overall higher premature mortality rates.

4.5 Access to early help for mental health conditions for children and young people and adults has continued to be a significant local priority across the partnership, with increased access to psychological support including through the IAPT service and a significant expansion of wellbeing support options, including through social prescribing and in response to the Covid period. Early diagnosis of dementia has continued to be an important priority, and Islington has one of the highest diagnosis rates in the capital. Deaths due to suicide remained steady during the period of the JHWS, and a new bereavement support service for people affected by suicide has been implemented in partnership with the rest of North Central London. The gap in employment between people with Serious Mental Illness and the general population of the borough remains very wide. The impacts of Covid on emotional and mental health has been particularly significant, with younger age groups, people with pre-existing mental health conditions, and those more socially isolated disproportionately affected. Local resident engagement also found that groups in financial hardship and from Black, Asian and other minority ethnic groups were significantly more likely to report impacts on their emotional and mental wellbeing. There has also been a significant increase in Post-Traumatic Stress Disorder among those in the front line health and social care response. While some of these impacts may be relatively short term, particularly if recovery from the Covid period to a more normal way of life is smooth, others will be longer lasting and further increase needs in a borough which already has one of the highest levels of mental health conditions in the country.

4.6 Progress has been made, or strong performance sustained, against the backdrop of further and cumulative impacts of austerity measures upon the socioeconomic circumstances of many of our residents, particularly those who were most deprived and disadvantaged to begin with, as well as through the increasing financial pressures on public and community and voluntary

sector services. The income deprivation index published in 2019 found that residents aged 60 and over in Islington were the most income deprived group of older people in the country. Child poverty directly affects 48% of children and families in the borough, and is associated with significantly higher needs and risk factors for health – for example, a doubling of the rate of mental health conditions compared with the most affluent. Overall, more than a fifth of households in the borough are deprived. Section 4.2 below provides a short summary of the key achievements to date and ongoing challenges under each priority. It is not intended to provide a comprehensive overview of all work delivered across the borough over the past three years that has contributed towards improved outcomes under the three priorities, but instead highlights some of the recent, significant developments.

5. The changing strategic and organisational context for health and wellbeing

5.1 Since the last JHWS was published in 2017, the wider policy and organisational context has changed significantly and will continue to change, with a particular focus on integration. The direct and indirect impacts and recovery from Covid predominate at the current time, and may continue to do so for a considerable length of time going forward.

5.2 The **NHS Long Term Plan** was published in January 2019, and continued the focus of earlier NHS plans such as the Five Year Forward View on promoting integration of services, although the Plan concerned the NHS and did not encompass social care or public health, and heralded the future creation of new Integrated Care Systems. The plan includes a focus on strengthening early intervention and secondary prevention, particularly for long term conditions, as well as immunisation and screening and a commitment to improving access for mental health needs. The role of primary care, community and mental health services to keep people well in the community and help prevent avoidable hospital admissions is emphasised, as well as excellent hospital care when it is needed. The selected clinical priorities have the potential to importantly contribute to improvements in our population's health, particularly if outcomes can be lifted to the best performing of other similar advanced health systems. The priorities include cancer, cardiovascular disease, maternity and neonatal health, mental health, stroke, diabetes, respiratory care and children and young people's health. These are all consistent with the existing range of priorities in the 2017-2020 JHWS.

5.3 In February 2021, the Department of Health and Social Care published the White Paper **Integration and innovation: working together to improve health and social care for all**, which sets out legislative proposals for a new health and care Bill and the creation of new Integrated Care Systems (ICSs). The White Paper represents a very significant departure from the focus on competition in the 2012 reforms, including removal of some of the current competition and procurement rules in the NHS, and away from the internal market approach first established in the early 1990s.
Proposals support a new model of collaboration, partnership and integration to help deliver joined-up care across services, with a greater focus on outcomes. The proposed legislation is essentially enabling and does not advocate a single, one-size-fits-all model, with many decisions resting with local systems and leaders about the coordination and integration of services, which makes ICS implementation plans very important. The proposed changes to support integration to improve care for patients have been widely welcomed, but the scope of the White Paper does not address other important challenges regarding workforce, health inequalities and reform of social care. The ICS footprint of which Islington is a part is North Central London (NCL) which also includes Camden, Haringey, Barnet and Enfield.

5.4 ICSs will be focused on population health, and make increasing use of **Population Health Management (PHM)** as an intelligence and data-led approach to improving population outcomes and reduce inequalities. PHM describes a technique for local health and care partnerships to use data and insight to design and co-produce new models of prevention and proactive care, and make better use of collective resources. Historical and current data helps to explain more fully what factors are contributing to differences in outcomes and inequalities in different population groups. This informs the design and offer/targeting of new proactive models of care which will improve health and wellbeing now, but also into the future, recognising that the benefits of prevention and proactive care can extend for decades. The intention is to help prevent people becoming unwell in the first place, and improve the way services work together and with people who do have health conditions to improve outcomes. PHM operates at population or place level, but also as part of local networks of care to deliver improved and more holistic personal care, delivered as close to home as possible. The focus of PHM extends beyond health and social care needs to the wider determinants of health, and so represents a partnership approach between the NHS, councils and many other public services, the community and voluntary sector, and local people and communities.

5.5 The data side of PHM in Islington and across North Central London is being led through the HealthEIntent (HEI) population health system, which is providing increasingly granular and 'real time' demographic, deprivation and geographic based information to understand the needs and service use patterns of different groups and areas across Islington, informing plans and care delivery to improve health and address health inequalities. This development is of particular relevance to this Board and the refresh of the JHWS given the particular role of HWBB in the use and application of health intelligence and Joint Strategic Needs Assessments.

5.6 Public Health England's 'Beyond the Data' report published in 2020, looked at the impacts of Covid on BAME communities. Asian and Black communities experienced significantly higher case rates and deaths compared with White communities during the months most affected by the first wave of infections. Later analysis revealed that ethnicity continued to be a major factor in the health outcomes in these communities during the second wave of the pandemic. Deprivation had also been a key factor throughout, as well as older age. A further analysis of the population impacts carried out by ONS concluded that a large proportion of the difference in the risk of COVID-19 mortality between ethnic groups was explained by demographic, geographic and socioeconomic factors, including where people lived or their occupation.

5.7 A range of longstanding inequalities and socioeconomic factors were identified which may have led to the poorer outcomes from COVID-19 among Black and Asian communities. The issues identified were deeply rooted. A number of recommendations to support long term change addressing health inequalities of people from London's worst affected communities were identified, including:

- Mandate comprehensive and quality ethnicity data collection, including at death certification. Islington was among the very first boroughs in the country to introduce voluntary reporting at death registration last year.
- Improve access, programmes, experiences and outcomes for BAME communities of NHS, local government and integrated care systems commissioned services including: regular equity audits; use of health impact assessments; integration of equality into quality systems; good representation of black and minority ethnic communities among staff at all levels; sustained workforce development and employment practices;

community participatory research; trust-building dialogue with communities and service users.
- Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma.
- Ensure that COVID-19 recovery strategies actively reduce inequalities caused by the wider determinants of health to create long term sustainable change.

5.8 Locally, the council's **Corporate Plan** is focused on Islington becoming a fairer place where everyone, whatever their background, has the same opportunity to reach their potential and enjoy a good quality of life. The plan is currently being refreshed and updated. In the current plan there are four major objectives:

- **Decent and genuinely affordable homes for all:** building new council homes, protecting private renters, being a good landlord and preventing homelessness
- **Jobs and opportunity:** delivering an inclusive economy, supporting people into work and ensuring young people have the best possible start
- **A safer borough for all:** tackling Anti-Social Behaviour, ensuring young people are safe and encouraging a more cohesive borough for all
- **A greener and cleaner Islington**: keeping Islington clean and tidy, encouraging greener travel, creating a healthier environment for all and tackling the climate crisis.

The Corporate Plan commits the Council to work with its partners to address the social challenges that are fundamental to improving the quality of residents' lives and the significant financial challenges facing the Council and its partners across the public and community and voluntary sector. The key social challenges identified by the plan include mental ill health, domestic violence, long term conditions, substance misuse and long term unemployment.

5.9 Islington's **Fairer Together Partnership** has been established to bring together a wide range of organisations in the borough to address the challenges local people are facing, particularly relating to the high levels of poverty and disadvantage faced by many in the borough. With the development of the North Central London ICS, Fairer Together represents the local place-based partnership for integrating local care in Islington. The Partnership works together to make Islington a place where everyone – whatever their background – has a decent chance for a long and healthy life, lived on their own terms. It is bringing collective energy and resources behind shared goals, principles and ways of working, in order to create better solutions to address the needs of residents and communities and to make the borough a fairer place to live. The work of the Partnership is organised under three life course-based priorities of Start Well, Live Well and Age Well, each of which is based on creating and supporting integrated working between organisations organised around the needs of residents and patients and local areas. The first of these priorities reads across to the current JHWS priority for best start in life, and the Live Well and Age Well priorities read across to the JHWS priorities for prevention and early intervention of long term physical health conditions and better mental health and wellbeing.

5.10 The council's **Challenging Inequalities Strategy** sets out Islington's long term ambition for challenging inequality, inequity, discrimination and promoting inclusion. The rise of the Black Lives Matter movement and COVID-19 highlight deep inequality and the impacts of systemic, structural racism on society, impacting on the quality of life, opportunities and outcomes for individuals from Black, Asian and Minority Ethnic backgrounds and communities. The strategy

is focused on creating meaningful and tangible change for residents and staff, ensuring no-one is left behind, listening and working alongside staff and the community to understand the issues, plan and take action together, ensuring we monitor and evaluate the impact of our actions to create a fairer, more inclusive borough for all. The framework for Challenging Inequalities utilises the council's position as a strategic leader, as an employer and as a service provider and commissioner to create positive change. The initial focus is on race equality, but the scope will expand to tackle inequalities across the board over time, with the next phase to develop new objectives on disability.

5.11 The NHS and adult and children's social care systems will continue to face the long term significant and growing pressures from changing and rising demand and constraints on the available resources. Demographic pressures from a growing and ageing population, increased complexity of health and social needs, technological and medical advances, changing public and patient expectations and demands for a better standard of social care are long term drivers of this pressure. Additionally, at least in the shorter to medium term, recovery and 'catch up' of needs not identified through the first and second wave will be an additional factor, and there is every possibility that new waves of Covid or flu will continue to affect local communities and represent pressures on NHS, social care and other public services, particularly through the forthcoming year.

5.12 Although a new JHWS will focus on Islington's priorities, it will also need to complement and align with these other relevant strategies, plans and programmes. Furthermore the policy and financial context is likely to continue to change in the lifetime of the new strategy, and the longer term direct and indirect effects of Covid remain uncertain, so it will need to be sufficiently flexible in order to respond to this changing wider context.

6. Approach to reviewing the JHWS

6.1 This section sets out the proposed approach to updating a new JHWS for the three year period 2022-2024. It is proposed that an officer task and finish group is established, with representatives from across the HWB member organisations, that will be responsible for delivering the refreshed strategy to the Board. The review process would cover:

- Impact of the current JHWS, and what more there is to do.
- Needs and assets of the local population. The Joint Strategic Needs Assessment (JSNA), (see Appendix 3) gives an overview of local needs and priorities, and this, together with other insight and engagement work, will help us to develop priority areas of focus for future years.
- The current and future heath landscape within the context of local financial and other challenges, the Fairer Together partnership and wider system transformation and integration.

6.2 Engagement with local residents and stakeholders

Our approach to health and health inequalities places significant emphasis on listening to the views and experiences of local people and communities, and engaging and acting on those to identify actions and ways of improving health and wellbeing and promoting healthier behaviours. Over the past few years the Council, the local NHS and HealthWatch have developed significant mechanisms, approaches and programmes of work focused on engaging residents and patients in the planning, development, delivery and evaluation of local health and care services. This has developed even further through the Covid pandemic. The findings

from this ongoing work, further engagement work and a more formal period of consultation will be used to develop the new strategy and priorities.

6.3 **Proposed approach and timetable to refreshing Islington's JHWS**

Task	Lead/s	Date
Set up task and finish group to lead stocktake and refresh of JHWS - looking at the successes and outcomes, as well as outstanding issues	Public Health Current JHWS priority outcome leads	July – September 2021
HWB development session to present findings and discuss the approach to the new strategy	All board members	September 2021
Engage key stakeholders and residents in the process	Task and finish group/ Public Health	October – December 2021
Approval and adoption of Final JHWS	Health and Wellbeing Board	February 2022
Launch new JHWS	Health and Wellbeing Board	February 2022

4. Implications

4.1 **Financial Implications:**
Please allow at least 5 working days for Islington Council finance to supply content before the report is due to be submitted for approval. Please also detail any relevant financial implications for the CCG / Healthwatch / or other partner organisations.

4.2 **Legal Implications:**
Please allow at least 5 working days for Islington Council legal to supply content before the report is due to be submitted for approval. Please also detail any relevant legal implications for the CCG / Healthwatch / or other partner organisations.

4.3 **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:**
Guidance on environmental implications is set out at the end of this report. Further detail is available from Izzi (http://izzi/me/staff-essentials/reports-for-committees/Pages/default.aspx). Once you have drafted your paragraph, forward it to the Energy Services team at **energyservices@islington.gov.uk** allowing 8 days for clearance.

4.4 **Resident Impact Assessment:**

Please retain this standard paragraph and add relevant text about specific impacts and mitigation below:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment will be produced as part of the Strategy development.

5. Conclusion and reasons for recommendations

5.1 The Board is asked to provide a strategic steer to the development of Islington's new Joint Health and Wellbeing Strategy, reflecting on the previous strategy and its focus on three high level priorities – giving every child the best start in life, preventing and managing long term conditions and improving mental health and wellbeing; discuss potential priorities, themes or areas of focus in order to provide a framework to the process of strategy refresh; and agree the approach to refreshing the JHWS set out in this report, subject to any changes discussed and agreed by the Board.

Appendices

- Appendix 1 : Joint Health and Wellbeing Strategy, 2017-2020 - 20170131islingtonjointhealthandwellbeingstrategy20172020.pdf .
- Appendix 2 : Summary of selected high level outcomes (document attached)
- Appendix 3 : Joint Strategic Need Assessment - JSNA | Islington Council .

Signed by:

Director of Public Health Date 7 July 2021

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APPENDIX 2 – Summary of selected high level outcomes from the JHWS

		Islington				London
		Time Period	Value	Value 3 Years	3 Year Trend (where	
Ensuring every child has the best start in life	Percentage of new births that received a visit within 14 days	2019/20	95%	94%	→ No change since 2017/18	93%
	Percentage of two year olds receiving a development check	2019/20	81%	78%	↑ Increase since 2017/18	74%
	Percentage of children achieving a good level of development at the end of Reception	2018/19	71%	70%	→ No change since 2016/17	74%
	Percentage of 3-4 olds accessing funded early education programmes	2019	86%	86%	→ No change since 2016	82%
	Percentage of reception children who are overweight or obese	2019/20	22%	21%	→ No change since 2017/18	22%
Preventing and managing long term health conditions	Rate of Smokers that have successfully quit at 4 weeks (CO validated)	2018/19	2,400 per 100,000	2,500 per 100,000	→ No change since 2016/17	1,432 per 100,000
	Rate of hospital admissions for alcohol related conditions	2018/19	692 per 100,000	746 per 100,000	↓ Decrease since 2016/17	556 per 100,000
	Gap in employemnt rate between those with a long term condition and overall employment rate	2019/20	9.8%	9%	→ No change since 2017/18	12%
	Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)	2017/19	30.5 per 100,000	34.7 per 100,000	↓ Decrease since 2015/17	27.6 per 100,000
	Under 75 mortality rate from cancer considered preventable (2019 definition)	2017/19	70.8 per 100,000	71.7 per 100,000	→ No change since 2015/17	48.2 per 100,000
	Under 75 mortality rate from respiratory disease considered preventable	2017/19	24.7 per 100,000	22.7 per 100,000	↑ Increase since 2015/17	17.3 per 100,000
Preventing and managing long term health conditions	The number of people entering IAPT services as a proportion of those estimated to have anxiety and/or depression	2019	17%	16%	↑ Increase since 2016	
	Years of life lost due to suicide, age-standardised rate 15-74 years: per 10,000 population (3 year average) (Persons)	2017/19	25.3 per 100,000	27.9 per 100,000	→ No change since 2015/17	
	Gap in employment rate for those in contact with secondary mental health services and overall employment rate	2019/20	70%	74%	↓ Decrease since 2017/18	68%

London Comparison:

- Significantly better than London average
- Similar to London average
- Significantly worse than London average

Trend:

- ↑ Significantly better
- → No change
- ↓ Significantly worse

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