ISLINGTON

Resources Department
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE JOINT OVERVIEW AND SCRUTINY COMMITTEE ON HEALTH

A meeting of the Joint Overview and Scrutiny Committee on Health will be held in Camden Crowndale Centre Eversholt Street on, **27 September 2019 at 10.00 am.**

The Islington Council nominees are:
Councillor Osh Gantly
Councillor Tricia Clarke

See Agenda Reports Pack for full details

1.	Agenda	1 - 136

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NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FRIDAY, 27 SEPTEMBER 2019 AT 10.00 AM
THE COUNCIL CHAMBER, CROWNDALE CENTRE, 218 EVERSHOLT STREET, LONDON, NW1 1BD

Enquiries to:	**Sola Odusina, Committee Services**
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MEMBERS

Councillor Alison Kelly (London Borough of Camden) (Chair)
Councillor Tricia Clarke, London Borough of Islington (Vice-Chair)
Councillor Pippa Connor, London Borough of Haringey (Vice-Chair)
Councillor Sinan Boztas, London Borough of Enfield
Councillor Alison Cornelius, London Borough of Barnet
Councillor Lucia das Neves, London Borough of Haringey
Councillor Clare De Silva, London Borough of Enfield
Councillor Linda Freedman, London Borough of Barnet
Councillor Osh Gantly, London Borough of Islington
Councillor Samata Khatoon, London Borough of Camden

Issued on: Wednesday, 18 September 2019

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NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
27 SEPTEMBER 2019

THERE ARE NO PRIVATE REPORTS

PLEASE NOTE THAT PART OF THIS MEETING MAY NOT BE OPEN TO THE PUBLIC AND PRESS BECAUSE IT MAY INVOLVE THE CONSIDERATION OF EXEMPT INFORMATION WITHIN THE MEANING OF SCHEDULE 12A TO THE LOCAL GOVERNMENT ACT 1972, OR CONFIDENTIAL WITHIN THE MEANING OF SECTION 100(A)(2) OF THE ACT.

AGENDA

1. APOLOGIES

2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Members will be asked to declare any pecuniary, non-pecuniary and any other interests in respect of items on this agenda.

3. ANNOUNCEMENTS

4. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

5. MINUTES (Pages 7 - 18)

To approve and sign the minutes of the meeting held on 21st June 2019.

6. FUTURE PRIORITIES FOR NORTH CENTRAL LONDON (Pages 19 - 46)

Report of the North London Partners in Health and Care.

The report summarises priorities for NCL, the approach being taken to build on existing plans and respond to the NHS Long Term Plan provides an update on collaborative work which is still in progress.

7. ORTHOPAEDIC REVIEW (Pages 47 - 70)

Report of the North London Partners in Health and Care.

The report sets out the progress made by the Adult Elective Orthopaedic Services Review programme since the last paper to JHOSC in June 2019. The paper also outlines the next steps for the programme.

8. MENTAL HEALTH (Pages 71 - 108)

Report of the North London Partners in Health and Care.

This is an update on the NCL Mental Health workstream, following a previous paper brought to JHOSC in January. The paper also includes some further information in response to questions raised at the January meeting.

9. PATIENT TRANSPORT SERVICE (Pages 109 - 124)

Report of the North London Partners in Health and Care.

The presentation provides an update on the non-emergency patient transport service (NEPTS) across North Central London. It summarises a recent procurement process and notes that DHL has started providing patient transport services for a range of NCL trusts from September 2019.

It covers the benefits the patient transport system brings to patients and residents, how the system works in practice and how changes to NEPTS can help to enable wider service transformation.

10. WORK PROGRAMME AND ACTION TRACKER (Pages 125 - 136)

This paper provides an outline of the proposed areas of focus for the Committee for 2019-20.

This has been informed by topics highlighted by the Committee previously and a review of key health and care strategic documents that impact on North Central London. Throughout the municipal year, as the Committee considers other areas of interest, these will also be added to the work programme, either for discussion in the current municipal year or in subsequent years.

11. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

AGENDA ENDS

The date of the next meeting will be Friday, 29 November 2019 at 10.00 am in Enfield.

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THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 21ST JUNE, 2019** at 10.00 am in Committee Room 2, Hendon Town Hall, The Burroughs, London NW4 4AX

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Tricia Clarke (Vice-Chair), Pippa Connor (Vice-Chair), Boztas, Alison Cornelius, Lucia das Neves and Freedman

MEMBERS OF THE COMMITTEE ABSENT

Councillors Clare De Silva, Osh Gantly and Samata Khatoon

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. ELECTION OF CHAIR

Councillor Alison Kelly was nominated as Chair. There were no other nominations.

RESOLVED –

THAT Councillor Alison Kelly be elected as Chair of the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC) for the municipal year 2019-20.

2. ELECTION OF VICE CHAIR(S)

Councillors Pippa Connor and Tricia Clarke were nominated as Vice-Chairs of the Committee.

The Chair welcomed all newly appointed members to the Committee.

RESOLVED –

THAT Councillor Pippa Connor and Councillor Tricia Clarke be elected as Vice-Chairs of JHOSC for the municipal year 2019-20.

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3. APOLOGIES

Apologies for absence were received from Councillors Clare De Silva, Osh Gantly and Samata Khatoon.

4. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Connor declared that she was a member of the Royal College of Nursing (RCN) and that her sister worked as a GP in Tottenham.

5. ANNOUNCEMENTS / DEPUTATIONS

The Chair informed the Committee that a deputation had been received from Phillip Richards and Jan Pollock on the new joint contract for non-emergency patient transport service. The item would be considered when Peter Ridley Chief Finance and Compliance Officer was available to provide a response.

The deputation expressed concern that vulnerable patients, who may have accessed the service previously would now be denied in order to make savings, particularly, as Royal Free London would be managing the eligibility and call centre services. The case of a vulnerable patient with severe mobility problems was read out which highlighted the issues of concern.

In response, Caroline Clarke Chief Executive Royal Free NHS Foundation Trust explained that transport procurement was undertaken by the Trusts, however it was an item to be included on the agenda for consideration across North Central London. The organisation did not always get it right, the national eligibility criteria had not changed but the organisation was trying to get it to work. Essentially it was not a universal service, however she would get more information on the issue of patient transport and would come back to a meeting later in the year on behalf of NCL to provide a fuller response.

It was highlighted that in Enfield a number of issues were being raised, it was requested that some of those examples should be sent in.

Information was also requested on who was delivering those services when it came back.

RESOLVED:

That the issue of patient transport in North Central London be considered at the September meeting to include information on who delivered this service.

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6. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

None.

7. TERMS OF REFERENCE

Consideration was given to the terms of reference.

RESOLVED –

THAT the terms of reference be noted.

8. MINUTES

Consideration was given to the minutes of the meeting held on 15th March 2019.

RESOLVED –

THAT the minutes of the 15th March 2019 meeting be approved and signed as a correct record.

9. GOOD GOVERNANCE PRINCIPLES

Consideration was given to a report from the Chair.

The Chair proposed that the set of good governance principles contained in the report be used by the committee as a guide to ensure effective public scrutiny and the principles sent to members of the public sending in petitions and officers responding to petitions.

There was a suggestion that explicit reference should be made to holding people to account, also the Francis Report into the failings of Mid Staffordshire NHS Trust highlighted the need for scrutiny committees to obtain evidence from a range of sources and not be over reliant on information provided by NHS officers.

The Committee also commented on the use of acronyms particularly, in reports received from the Clinical Commissioning Group and asked that report authors write the word out in full before using abbreviations.

There was a discussion about the principles of good governance and the Committee asked that the chair in consultation with officers made the required amendments to the good governance principles document. The good governance principles once amended should be sent to all officers responding to petitions.

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ACTION BY: Chair, Principle Scrutiny Support Officer and Principle Committee Officer.

RESOLVED –

THAT the report and the comments above be noted.

10. ADULT ELECTIVE ORTHOPAEDIC SERVICES REVIEW

Consideration was given to a presentation on the Adult Orthopaedic Services review.

Will Huxter and Rob Hurd introduced the item reminding members that this was last considered by the committee at its meeting in November 2018 and was an update on progress made.

The review was conducted to improve the adult elective orthopaedic surgery in North Central London by consolidating services onto fewer sites to ensure that every adult in North Central London that required elective orthopaedic surgery, received consistent, high-quality care, avoiding long waits or cancellations.

The review has had extensive clinical involvement with nurses, doctors, surgeons, physiotherapists and other allied health professionals - alongside members of the public - involved in shaping how this kind of care could be delivered in the future.

A Programme Board made up of all key stakeholders was overseeing the work of the review. Clinical commissioners in Barnet, Camden, Enfield, Haringey and Islington (or joint arrangement with other commissioners, via committees in common) would make the final decisions on where and how future services were shaped.

The review so far:

- The Committee was informed that the review was a multi-stage process that had been designed to ensure that all available options were open to pursue in future, it drew on the expertise of those delivering the services both locally and nationally and involved patients at each stage.
- The reasons for the review and early thoughts of the North London Partners had been shared by publishing a draft case for change.
- Feedback had been received on the draft case for change which had been independently evaluated and the outputs from clinical design workshops had been presented.
- The feedback from engagement had been taken on board and had influenced the next step of the review for example feedback from patient experience the options appraisal had included a scored section on vulnerable patients within the patients experience section. For the continuity of care, providers were

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asked to give detailed consideration of how they would deliver both pre-operative assessment and patient education in their proposals.
- The governance arrangements for stage two of the review had been set out and the Joint Commissioning Committee (JCC) had made a decision about final contract form.
- A 'clinical delivery model' had been developed – which included a description of how services could be managed in future.
- The 'options appraisal process' had been set out which described how the different options from NHS healthcare providers (such as local hospitals) would be evaluated.
- Regular updates were provided to interested stakeholders.

The next steps

- The Clinical Delivery model was reviewed and agreed by the JCC and following this, potential providers of the service would be invited to make proposals about how they might deliver the service in future.
- Over the summer an options appraisal process would determine the final options for consultation.
- The current plan was to consult in autumn 2019.

The Committee asked officers from the North London Partnership to come back to its September meeting to describe the consultation process and its outcome.

ACTION BY: Director of Strategy NCL CCGS and Chief Executive, RNOH

Responding to questions from the Committee the presenting officers commented that:

- In relation to issues of transport for patients and location of hospitals, they could not evaluate the transport impact and how it would affect patients because a decision had not been made on where the Hubs would be located. As part of the options appraisal providers would be asked to set out how transport arrangements would be managed for patients.
- Barnet General had not been included in the map on page 41 of the agenda, however officers at this point did not yet know which sites would be closed.
- Officers were asked to come back to the Committee to explain the issues of transport impact and locations that would be closed.

ACTION BY: Director of Strategy NCL CCGS and Chief Executive, RNOH

- The service would not only cater for private patients there where a significant number of NHS patients, the service model would be the NHS model which would have to deal with complex cases also. The aim was that the service provision would carry on, but less fragmentation across fewer sites.

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- Intensive rehabilitations would be standardised across the service setting post-operative pathways to become a world class service and this would be achieved by having less fragmentation.
- There would be opportunities for staff to train across all areas.
- The North London Partnership had drawn heavily on learning from the South West London Elective Orthopaedic Centre which had been in operation for 15 years and where surgeons from local hospitals used the centre for all their planned routine procedures. It was a helpful relationship.
- In terms of diversity and engagement particularly, with groups found harder to engage with, there were plans to meet with Healthwatch and also engage with local GPs to generate more public awareness.
- In terms of Adults with special needs there had been meetings with the Adult Social Care Joint Partnership Board and local authority representatives had membership on the Programme Board. There was a clear need to look at the programme all the way through to ensure that there was equal access to treatment for all.

Officers expressed every confidence that the changes would improve the quality of care delivered to patients.

RESOLVED –

(i) THAT the presentation and the comments above be noted.

(ii) THAT a report come to the Committee in September providing more information on the outcome of the consultation, the transport impact on patients and locations that would be closed.

ACTION: North London Partners

11. ROYAL FREE LONDON FINANCIAL UPDATE

Consideration was given to a presentation on the Royal Free London Trust's finances.

Peter Ridley (Chief Finance and Compliance Officer, RFL) and Caroline Clarke (Chief Executive, RFL) addressed the Committee on behalf of the Royal Free. They explained that they were working to reduce their underlying deficit and the reference costs of the Trust had fallen.

In response to questions from members about the reasons for the deficit, the Committee was informed that from 2013 there had been considerable price reductions which had included a reduction in the amount of income received from patients seen. The Royal Free Hospital had experienced large reductions in the amount of income particularly on its Hampstead site.

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Responding to further questions about the Royal Free Hospital London position within the North Central London aggregated position concerning increasing deficit and patient waiting times, Ms Clarke commented that the RFL was trying to be more and more efficient by coming together and working together as a group which had enabled it to reduce costs.

In 2018/19 RFL had not been able to agree its control total as it was undeliverable. As a result RFL had the largest single variance which was partially offset by positive variances in other providers. For the current year, RFL had agreed its control total with a requirement to deliver a £61.4m deficit target, if this target was achieved additional funding of £31.8m would be available. To achieve this a savings programme of £49.5m was required. This involved changing the way things were done including working with regulators on a three year plan to achieve the targets of RFL and system sustainability.

Responding to further questions about the Care Quality Commission (CQC) ratings, the Committee was informed that in terms of cost efficiency it was in a really favourable position compared to the London average as RFL in terms of relative unit costs and increase in quality was 10% more efficient.

In terms what was different now than before given that RFL had portrayed an equally positive picture 12 years ago, the Committee was informed that there was much more scrutiny now than previously, Central Government checked everything to ensure compliance with good governance principles.

Responding to further questions, Ms Clarke commented that in terms of the impact of the changes on patient experience there had already been an impact on time patients were waiting for services because even if there was more money available the workforce was not available. It was important to have an ambition and direction of travel and the ambition was to aspire to reach the Kingston model. There was a lot of work being done on variation over a three to five year period. Viability of services was contingent on having a social and health care system that worked.

In terms of the amount spent on agency staff, it was previously £2m a month this had now reduced to £1.2m a month there was a real focus on further reducing this.

In terms of the amount owing for NHS treatment by overseas visitors who were not entitled to NHS treatment, the figures were not immediately available, information on this could be circulated to members.

Action By: Chief Executive RFL

It was important to identify overseas visitors early as it was difficult to pursue after the fact. A lot had been done at regional level to train staff.

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The Chief Executive RFL agreed to come back to the Committee in November to provide an update on the CQC inspection.

Action By: Chief Executive RFL

Members asked about the confidence officers had in future estimates, and projections and asked for continued openness and transparency. Ms Clarke assured members that the projections in the report were robust and that they had to submit them to the NHS regulator on a monthly basis, officers would continue to be open and transparent.

RESOLVED –

(i) THAT the report and the comments above be noted.

(ii) THAT information on how the amount owed by overseas visitors not entitled to NHS treatment was pursued would be circulated to the Committee.

(iii) THAT the Chief Executive RFL would come back to the Committee in November to provide an update on the CQC inspection.

12. 2019/20 OPERATING PLANS OVERVIEW: FINANCE AND RISKS

Consideration was given to a report and supplementary papers on the finance plans and risk management across North Central London.

Simon Goodwin (Chief Finance Officer, NCL CCGs) addressed the Committee, informing members that:

- In the 15th May 19/20 Operating Plan resubmissions, NCL STP reported a £33.5m adverse variance against control total, with the variance entirely on CCG plans. All NCL Trusts were able to sign-up to, and planned to deliver, their control totals for the year.
- The aggregate CCG 19/20 plan position had improved by £18.3m (from £59.3m deficit to £41.0m deficit) since the previous submission on the 4th April.
- With the exception of NHS Islington that was expected to break even, NCL CCGs were currently in deficit and had adverse variances to control totals. All Trusts were planning to achieve their control totals. This included three Trusts (UCLH, Royal Free and RNOH) that had deficit control totals.
- The combined 2019/20 deficit position was £82.7m compared to £5.9m surplus in 2018/19. The CCGs deficit in 2019/20 was £41m compared to £50.5m in 2018/19 and the Trust deficit in 19/20 was £41.8m compared to £56.5m surplus in 18/19.

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- The plan was to improve the underlying position from £210m deficit in 2018/19 to £174m deficit in 2019/20, an improvement of £36m;
- The CCG underlying position is improving from a £42m deficit in 2018/19 to a £41m deficit in 2019/20, an improvement of £1m;
- The Trust underlying positions is improving from £168m deficit in 2018/19 to a £133m deficit in 2019/20, an improvement of £35m.

The Committee was informed that the information above provided a summary of the overall position.

Responding to a members question about the impact the CCG deficit would have on local authorities, it was commented that the immediate impact could not yet be determined but it would need to be considered at some point in the future, particularly how this would affect integration.

The medium term financial strategy aimed to achieve financial balance against system control totals for NCL over a number of years, by adjusting and adapting systems to support cost reduction and focus on improved quality of care to reduce demand for services. The aim was to deliver the strategy by adopting a more collaborative approach to planning across organisations.

RESOLVED –

THAT the report and the comments above be noted.

13. ESTATES STRATEGY UPDATE

Consideration was given to the estates strategy update report.

Nicola Theron, Director of Estates, introduced the paper informing the committee that the paper provided an update on the Estates work stream following the last presentation to JHOSC in July 2018.

Members commented and raised a number of questions about the Estates Strategy including the redevelopment site proposals relating to the Camden and Islington Foundation Trust and why they had not been included in the strategy.

In terms of collaboration, members queried how the Estates Strategy was assisting with the provision of mental health services in North Central London and in terms of accountability what were the governance and decision making structures around the Estate Strategy.

Members commented that there was the need to ensure public assets were used for the public good and not for making private gain and there was the need to ensure that public assets were preserved and protected as much as possible. Members

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remarked that Estates was a long term programme which worked within a national policy it would be more appropriate to provide a revised update in the autumn to include information on the disposal of assets and where the money had been allocated for all the providers.

ACTION: Nicola Theron (Director Estates, NCL CCGs)

The Chair asked that information on the estates strategy come back to the Committee in November.

RESOLVED –

(i) THAT the report and comments above be noted;

(ii) THAT an update on the estates strategy come to the November meeting.

ACTION: Nicola Theron (Director Estates, NCL CCGs)

14. DIAGNOSTICS RE-PROCUREMENT

Consideration was given to a report from North London Partners.

Will Huxter (Director of Strategy NCL CCG) introduced the report informing the Committee of the approach being taken by NCL CCGs to procure a provider of routine diagnostic testing in community settings and mobile units, as an alternative to patients being tested by local hospitals.

Responding to questions, the Committee was informed that the proposals was for a three year contract with the facility to extend the contract, there were proposals to bring the contract back in house during the lifetime of the new contract and there was a provision to develop workforce capacity locally.

RESOLVED –

THAT the report and the comments above be noted.

15. NORTH CENTRAL LONDON SUSTAINABILITY AND TRANSFORMATION PLAN

The briefing was noted.

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16. WORK PROGRAMME

Consideration was given to the work programme, action tracker and to the comments on the Quality report 2018/19.

Members agreed that items they wanted to consider at the September meeting were:

- Adult Elective Orthopaedic Services Review
- Patient Transport
- Mental Health Programme
- Briefing on the future nature of clinical commissioning

They also indicated they would be interested in receiving an information paper on screening and immunisation.

With regard to the Quality Report 2018/19 the Committee asked that all the comments made on the quality accounts should be published including a summary of the minutes of the meeting.

RESOLVED –

THAT the work programme be amended, as detailed above.

17. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

None.

18. DATES OF FUTURE MEETINGS

Dates of future meetings of NCL JHOSC:

- Friday, 27th September 2019 (Camden)
- Friday, 29th November 2019 (Enfield)
- Friday, 31st January 2020 (Haringey)
- Friday, 13th March 2020 (Islington)

The meeting ended at 12.37 pm.

CHAIR

Contact Officer: **Sola Odusina**
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MINUTES END

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North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

Future priorities for North Central London: Developing our collective plans to deliver the NHS Long Term Plan

FOR SUBMISSION TO:	DATE
NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	27 September 2019

SUMMARY OF REPORT

This paper summarises priorities for NCL, the approach being taken to build on existing plans and respond to the NHS Long Term Plan; inviting the JHOSC to help develop and shape these collective plans.

The report is an update on collaborative work which is still in progress and in development, for the purpose of keeping the Committee up to date. A further report has been commissioned for the November JHOSC meeting and this can be tailored to focus on any particular interests of the JHOSC.

Contact Officer:

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RECOMMENDATIONS

1. To note the report and progress made to date, highlighting any particular issues to be covered at the next meeting of JHOSC.

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NORTH LONDON PARTNERS in health and care

North Central London's sustainability and transformation partnership

NHS

Future priorities for North Central London:

Developing our collective plans to deliver the NHS Long Term Plan

September 2019

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Mike Cooke, Chair, NCL

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

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NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Context and purpose of paper:

Across north central London there is a clear collective commitment to deliver changes that will improve the health and wellbeing of residents living in Barnet, Camden, Enfield, Haringey and Islington, building on local work and the STP programmes of work.

Earlier this year, health and care system partners took part in a series of "Inter-great" events. These resulted in a consensus on the need to work together in news ways, build on the close working of our local NHS and councils, with residents, to focus on delivering patient-centred care closer to home, based on individuals' whole needs.

The NHS Long Term Plan, published in January 2019, aligns closely with this direction of travel and our current system transformation programmes. We are currently shaping our response to the LTP, in an extension and refocusing of our existing plans. Working with our partners to develop a collective response has given us an opportunity to begin to design health services around residents needs, rather than organisations.

We now developed draft plans and are seeking the engagement and involvement of all local partners, stakeholder and residents to sense-check these over the next few months. In this time, they will also be cross referenced, costed and refined for final agreement in mid-November.

This paper summarises priorities for NCL, the high level approach being taken in our response to the LTP and invites the JHOSC to help us to develop and shape these collective plans.

The JHOSC is asked to:

- **Note** the alignment to current plans and direction of travel
- **Support** the review of draft sections

Priorities and alignment with existing work

Our current direction of travel is closely aligned to that set out in the NHS Long Term Plan and as a system, we are well placed to use this opportunity to refresh plans in areas that may need strengthening or additional focus.

Following a review of the Long Term Plan requirements, it is clear that many of the ambitions and clinical priorities are already being progressed, or are a logical next step, for our current partnership programmes of work. For example:

- integrated networks based around 30-50k population through our Health and Care Close to Home programme
- simplification of UEC system across NCL
- radical transformation of planned care and outpatients
- a strong focus on workforce and digital as drivers for and enablers of change

We remain committed to our existing priorities within our programmes of work, with a few notable additions. In particular:

- the move towards integrated care systems, leading to increasing partnership with local authorities and others, including the voluntary sector
- the merger of five CCGs in north central London into one organisation, with developing borough partnerships ensuring that we maintain the strength of local relationships
- a shift towards the prevention agenda and the wider determinants of health, which make partnership working with local councils a critical element for success

Developing collective plans for integrated care systems, means a move to planning services based on populations and individuals rather than institutions to maximise the impact we can have. It will support the reduction of health inequalities by supporting borough based integration of services to increase the focus on residents, communities and prevention.

We want to work with partners to refresh plans to take account of the latest context and support the tangible changes required across the health system as we move to integrated care.

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NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Headlines from the NHS Long Term Plan (Jan 2019)

The NHS will increasingly be:

- more joined-up and coordinated in its care
- more proactive in the services it provides
- more differentiated in its support offer to individuals.

Five major, practical changes to the NHS service model over the next five years:

- Boost 'out-of-hospital' care and reduce primary and community health services divide
- Redesign and reduce pressure on emergency hospital services
- People will get more control over their own health, and more personalised care
- Digitally-enabled primary and outpatient care will go mainstream across the NHS
- Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere.

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NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NHS

Process for developing our collective plans

July and August

Critical system inputs:

- Local population health profile
- Existing STP and Org plans
- Requirements from LTP Plan
- Key themes from resident engagement
- London Vision
- Priority areas from benchmarking
- Outputs of "Inter-great" events

Plan sections drafted based on LTP implementation framework in line with principles:

- ✓ Clinically-led
- ✓ Locally owned
- ✓ Realistic workforce planning
- ✓ Financially balanced and supports delivery of MTFS
- ✓ Delivers all LTP commitments and national access standards
- ✓ Phased - based on local need
- ✓ Reducing health inequalities
- ✓ Focussed on prevention
- ✓ Builds on existing work and programmes and engages with Local Authorities
- ✓ Drives innovation

Drafted by authors, reviewed by clinical leads SROs and review groups (see slide 13)

Sept and October

Coordinated engagement with partners boards and resident on:

- Priority areas
- Risks
- Alignment with organisational plans

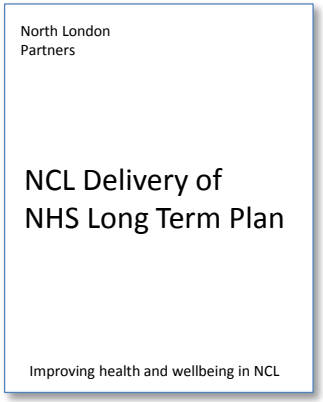
Work to cross referencing sections for:

- Interdependencies
- Alignment with activity and finance

Drafts sections shared on websites for review by staff, partners and residents

November

Final plan for submission



Working with Local Authorities

The shift towards an emphasis on prevention and wider determinants of health means that working collectively with local authorities is critical to the delivery of changes that will improve the health and wellbeing of residents across north central London.

To support us in developing these plans, we have worked with local authorities in the early stages of developing draft sections. We have done this through:

- Local authorities representatives have been involved in early system review groups to comment on and improve the draft sections
- We have had a dedicated public health leads for all sections
- Some of the section SROs are local authority senior leaders
- Taking draft plans to the Health and Wellbeing Boards and inviting them to review and contribute

In addition to this, over the next months, we will be working with local authority colleagues to review and develop the next iteration of these plans. We will do this through:

- Cross referencing the drafts against key themes of local authority plans strategic plans.
- Review of the working drafts by senior local authority colleagues.
- Review of sections by new borough partnerships, local authorities being a key member

Supporting the delivery of the Medium Term Financial Strategy

The NCL Health system has an underlying deficit of £200m per year. Work is underway to develop a medium term financial plan which will outline the work needed to support the financial sustainability of the health service, with a plan across multiple years to reduce and remove costs out of the system through a set of collective actions across NHS partners.

The financial principles will need to underpin the deliver of the MTFS, which is plan is still in development but has the following emerging themes:

- Reduce demand and activity growth particularly non elective
- Limit acute trust income growth to less than 2% from 2020/21 - 2023/24
- Focus on organisational recovery plans in light of the constrained income environment
- Implementation of new models of care that support the three core themes above

These themes will need to be reflected in the NCL Long Term plan response.

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Engaging with residents on our plans

Engagement is crucial at every level, with all partners having collective responsibility for involving residents and communities

Engaging with residents and communities will lead to better plans, more tailored to our local communities needs. Our work to engage and involve local people in different ways is ongoing, and will continue with oversight from NCL's Engagement Advisory Board and following our engagement principles (slide 11).

Engagement on our plans to date:

For the first phase (April to June): The five Healthwatch organisations were commissioned to engage with residents, including a survey and series of focus groups. Key resident health and care priorities from this work used as themes to help shape our draft plans

Phase two (July to September): engagement across NCL and at a local level with residents on these specific issues in more detail, including targeted engagement with specific seldom heard

Phase three (September to November): engagement on draft response to the LTP and the London vision ahead of the full submission of our plan in mid- November. Plans are being made available on our website to increase transparency of the process.

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Themes and resident priorities

From the HealthWatch surveys and focus groups, and ongoing engagement work, north central London residents told us about their priorities and we will include these as themes throughout the development of our plans:

- Increased access to services
- Importance of involving patients in discussions and decisions about their care
- Availability of clear and accessible information for patients, including easy read versions and access to interpreters
- Patients provided with the knowledge to keep themselves well and promote wellbeing
- Integrated personalised care
- Use of technology both to increase access to services and to health information
- Better joint working between health and social care
- Focus on prevention and early interventions
- Everyone gets the same care, regardless of where they live

Our engagement principles

We will:

- identify, understand, listen to and respond to our stakeholders
- put residents and patients at the heart our work – by making sure they are involved early and represented in discussions
- ensure equality impact assessments are robust
- ensure residents and communities have opportunities to influence our work
- engage with residents experiencing the greatest health inequalities
- build and protect local relationships with residents, communities and community groups
- be clear about why we are engaging with patients and the public
- listen and respond to feedback, being honest about what we can and can't do
- be clear about the impact that resident engagement has made
- involve voluntary, community and representative groups as partners and enablers
- work with our health and care partners rather than creating additional systems, processes and channels
- be open and transparent by providing accessible, clear, meaningful and timely communications

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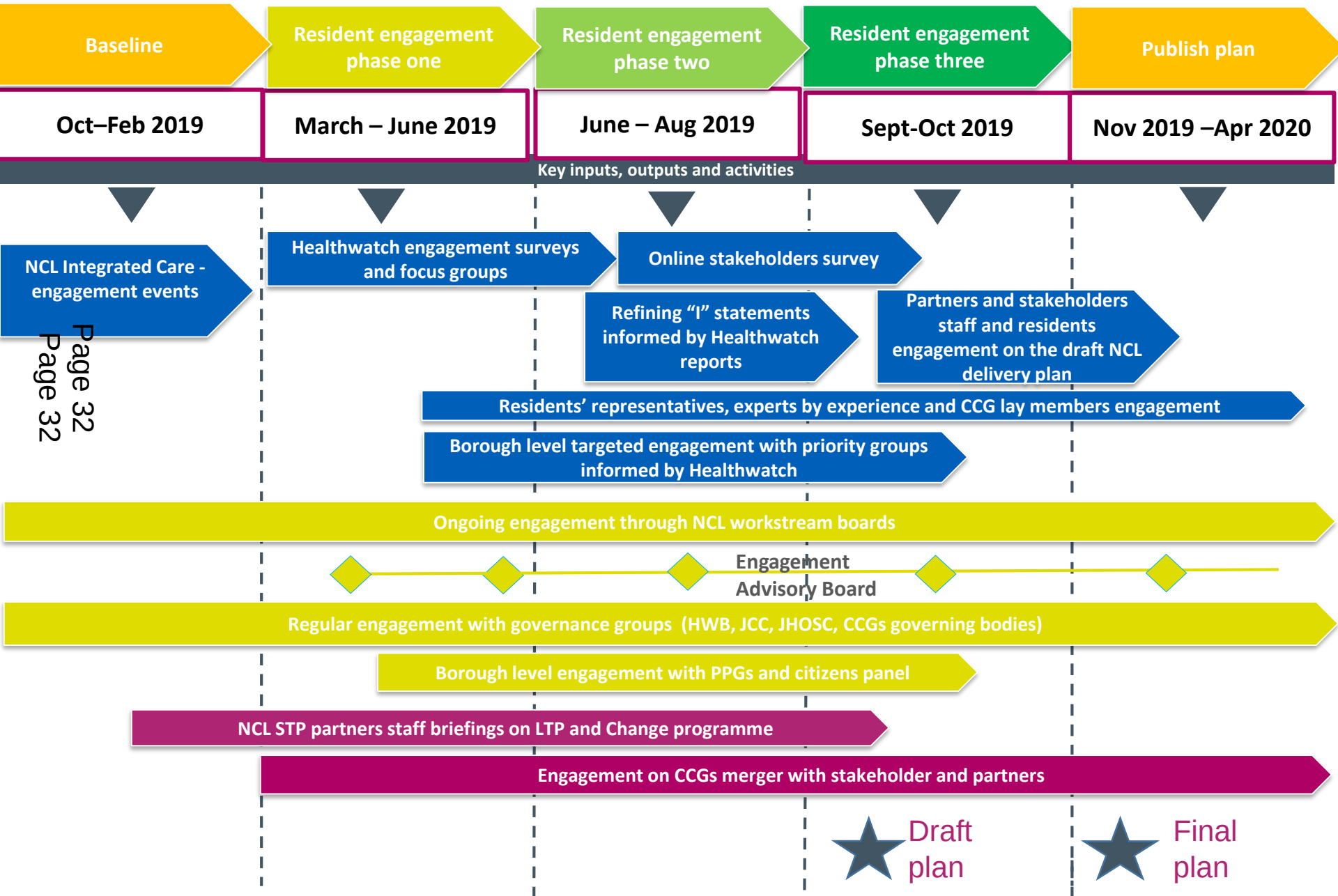
NCL: Engagement Plan



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Next steps and milestones

- **September** draft plans shared with stakeholders including JHOSC and CCG governing bodies
- **End of September** draft plans to NHS England
- **September – November** ongoing staff, stakeholder and resident engagement on draft plans
- **Mid-November** – final plans submitted to NHS England and published
- **29 November** – next JHOSC meeting

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Conclusion

This report is an update on collective work which is still in progress and in development, for the purpose of keeping the Committee up to date. A further report has been commissioned for the November JHOSC meeting and this can be tailored to focus on any particular interests of the JHOSC. This meeting is therefore asked to note this report and progress made to date.

Appendix 1:
Summary of plans and links to working drafts

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Notes on drafts

The next slides summarise some of the sections of our draft plans in development. In addition, we are making all of the full working drafts available on our website for review and comment. These can be found here: http://www.northlondonpartners.org.uk/ourplan/the-nhs-long-term-plan.htm

Please note:

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- The documents are intended as a 'system' documents (i.e. a working draft to be shared between partners) which are in the public domain, rather than a document designed for the public. A public version will be developed as part of the next stage of the process.
- These sections build on local plans and are being shared early on with partners and in public in the spirit of transparency and for constructive comment and iterative development.
- These are the first working draft of the sections and are the output of discussion and debate through a series of system review groups.
- These sections have not yet been fully cross referenced with each other for interdependencies.
- These are yet to be fully costed and financially modelled although have been developed in line with current funding assumptions.
- This draft does not yet represent finalised policy positions. The document will undergo significant change through a series of drafting iterations.

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Delivering a service model for the 21st century:

PCN development and building community capacity

Health and Care Closer to Home brings together system partners from primary, community, and acute services, local authority, commissioning and the voluntary sector via its Programme Board.

Development of PCNs

All mainstream primary care services are included in PCNs. There is now full coverage across NCL, with 30 PCNs (Barnet 7; Camden 7; Enfield 4; Haringey 8; Islington 4), based on geographical contiguity between practices; many are on the same footprint as the earlier CCGs/ neighbourhoods. As integrated care partnerships develop at borough level, community providers will configure teams on the same footprints and develop a roadmap to ensure readiness to deliver the anticipatory care PCN DES specification from April 2020.

PCNs are at varying stages of maturity. Clinical Directors are currently diagnosing the support they will need to develop the PCN, which will inform how development funding is allocated. The emerging themes are:

- Organisation development and change
- Leadership development support (inc Clinical Directors)
- Supportive collaborative working (MDTs)
- Population health management
- Social prescribing and asset-based community development
- Identifying, evaluating and sharing learning

Developing workforce and capacity in the community

Our NCL workforce programme, and specific Health and Care Closer to Home workforce action plan, describe our plans to develop, retain and recruit our workforce. We are using tools such as e-rostering, standardisation of shift patterns and the adoption of Care Hours per Patient Day to better understand our staffing requirements.

Our digital programme includes the introduction of a population health management approach, a health information exchange across NCL, and the development of a patient-facing digital record, and the development of digital and telephony-based services, which will increase capacity and support delivery of more efficient care In one borough, work is underway to align the community health care service system with that of GPs to include e-referrals, e-care plans and shared care planning. HealtheIntent is a local digital solution to support effective anticipatory care at a population level, which will integrate near real time data to deliver actionable analysis for anticipatory or proactive care.

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Delivering a service model for the 21st century: community crisis response and anticipatory care

Community health crisis response within 2 hours and reablement care within 2 days

We have established a crisis response model from 8am-8pm, 7/7, and are working with our three community providers to ensure a high degree of consistency including standard approaches to referral, eligibility criteria and operating hours. This is already being achieved in some boroughs, but not all. **We will seek to include a standard contract KPI across the 5 boroughs from 20/21**.

We are working with local authorities to ensure reablement care is delivered consistently within 2 days. Health-based community reablement is delivered same day in some but not all of our boroughs currently. We are seeking to increase the speed that patients access community-based rehabilitation**. A transition plan for contractual KPIs will see a shift from an expectation of a 2 week wait to a 2 day wait by 2023.**

Bed-based rehabilitation has varied, and significant work has taken place to embed an effective Discharge to Assess model with an emphasis on 'home first'. Further work is being undertaken in each borough with local authorities. Bed-based rehabilitation is often dependent on local authorities locating appropriate accommodation for patients deemed to require a supported care arrangement.

Anticipatory care by integrated primary and community services, together with local authority and voluntary sector providers

We have developed effective models of practice around a number of different patient cohorts (e.g. frailty, long term conditions, SMI), and each borough has developed MDT working with key elements of the health and care closer to home approach embedded (population segmentation / development of register, proactive case finding based on risk, outreach, care planning, MDT review and proactive case management, support to self care and self manage. Further work in 19/20 will develop the contribution of community providers, including caseloads, and operating policies. Some community health services are exploring operating from GP premises, including services for MSK, diabetes and asthma Self care is central to the plans. We have introduced the Patient Activation Measure (PAM) in one borough, focussing first on all care planned patients. This links to wider work on embedding the personalised care to spread best practice on the different elements of the universal personalised care model across NCL. **We will further review the models of care as further detail of national specifications are published.**

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Delivering a service model for the 21st century:
Enhanced health in care homes

Enhanced health in care homes

The 230 care homes in NCL are an important part of our health and care infrastructure, with care homes providing homes to 6,000 of our frailest residents outside of hospital (there are more care home beds than NHS beds in NCL). There is uneven distribution of care homes across NCL; around 90 care homes in Barnet (>70% of care home beds in NCL are in Barnet and Enfield), only 8 within Islington. There is a range of locally commissioned services for care homes across NCL, including GP in-reach, MDT support and a range of quality and workforce initiatives to support care homes. There are different models of care in each borough and some gaps, for example, benchmarking identified considerable variation in primary care input to care homes between boroughs, such as access to a named GP. NCL's care home residents experience high acute admissions and LAS call outs, costing our CCGs £42m in 2017/18. This is above peer benchmarks and the London and national averages.

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Working in partnership with the Local Authorities, NCL CCGs are working to join up health and social care and dedicated services in this area. The intention is to shift the reactive, expensive reliance on acute care, to a pro-active community based model that delivers better outcomes and meets the LTP ambition for consistent service delivery against the EHCH Framework by 23/24. This includes:

- an innovative workforce programme that is supporting social care providers to recruit and retain staff, develop progression pathways that increase staff skills and leadership capacity, which will support the NHS to meet the health care needs of care home residents.
- actions that will support PCNs, including commissioning a care home dashboard to give us up to date information on activity levels and quality; contributing to the development of the national PCN DES specification for EHCH, (some parts of NCL are likely to commission above this already).
- a Darzi fellow starting in September 2019 focusing on care homes to bring the system together to co-design and implement a new model for primary care input in line with the EHCH framework. This will strike a balance between standardisation of systems and processes, and necessary adaptation to local context, to address unwarranted variation.

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A focus on prevention:

Smoking and Alcohol

Smoking

Around 14% of people across NCL smoke, varying from 10% in Barnet to 17% in Haringey. It is the single largest cause of health inequalities and premature death. There is significant variation in the availability and capacity of smoking cessation services; each borough commissions smoking services differently, both in the community and secondary care. Services are accessed through a range of providers, and residents can access the London-wide Stop Smoking portal.

We are developing a system-wide map of current investment, service delivery, and stop smoking activity and outcomes across secondary care providers in NCL, alongside LA-commissioned community cessation services to identify gaps and investment requirements, ranging from the identification of smokers, provision of brief advice, provision of pharmacotherapy, and onward referral into community stop smoking support. We are exploring opportunities to reduce variation through initiatives such as developing a NCL smoke free policy and options to standardise very brief advice training. Smoking in pregnancy has already been identified as a priority and a joint programme of work is being delivered by a partnership of maternity services, public health, service users, and stop smoking services across NCL.

Alcohol

NCL has some of the highest rates of alcohol specific admissions in London with Camden and Islington significantly worse than London and England. Haringey, Camden and Islington also have some of the highest death rates for alcohol related mortality across NCL.

There are some excellent alcohol support services (including preventative and treatment services) across community, primary and secondary care, like commissioned online support (Barnet, Camden, Haringey and Islington), community outreach teams (Camden, Haringey and Islington), formalised detox and recovery services (Barnet, Camden, Haringey and Islington). The LTP highlights ACTs as being an effective approach to preventing alcohol related harm. Within NCL, services for alcohol liaison play a similar role to ACTs (in Camden, Haringey and Islington), funded by boroughs and situated in the local acute trusts, which are improving outcomes and a good return on investment. However, there is variation across NCL and where there are good services being provided, there are opportunities to upscale and reach a larger proportion of those in need.

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A focus on prevention:

Obesity, Air pollution and Antimicrobial resistance

Obesity

Being overweight is partly responsible for more than a third of all long term health conditions in NCL, with two of the five NCL boroughs (Enfield and Haringey) having a higher obesity prevalence (those with BMI of 30+) amongst 16+ than the London average. NCL's National Diabetes Prevention Programme is now provided by a single provider, which includes a more comprehensive face-to-face behaviour change programme and a digital platform. Local public health teams will support general practice to maintain referrals into the programme and improve equity of access, particularly to reduce variation and inequalities with 'at risk' groups. Adults and children have access to NICE recommended Tier 1 and Tier 2 weight management support in four out of five NCL boroughs through community and primary care initiatives, funded by local public health teams. There are no Tier 3 specialist support in NCL. We will look to develop a system business case for tackling this. There are system approaches targeting the obesogenic environment through sugar reduction, nutrition advice, physical activity schemes and promoting a healthy urban environment.

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Air pollution

The fraction of mortality attributable to air pollution particulate matters in NCL vary from 6.3% in Barnet to 6.9% in Islington, compared to 5.1% in England. Specific projects across NCL include work with schools, focus on Active Travel plans linked with local Transport Strategies and Local Implementation Plans, Healthy Streets approach, AirText messaging to residents that link with primary care, installing new electric charging points, and a health and care wide partnership on paediatric asthma pathways. Additional work will look at supporting NHS Trusts to sign up to the Clean Air Hospital Framework, and reduce business mileage and fleet air pollutant emissions.

Antimicrobial resistance

NCL CCGs are prescribing significantly below the national target of reducing antimicrobial use by 15% from the current national rate. Camden is the only borough achieving the target of broad spectrum antibiotics of less than 10% of the total antibiotics prescribed. 2018/19 AMR CQUIN data for NCL Trusts demonstrated improvements in total antibiotic usage - many found it difficult to reduce total carbapenem usage. The future focus will build on this and include: GP prescribing of broad spectrum antibiotics; healthcare associated Gram-negative blood stream infections and reducing UTI infections; evolving the Antimicrobial Pharmacists Group to become a multidisciplinary strategy group providing system wide leadership; establishing and improving antifungal stewardship; education & training; scoping work with all providers to support delivery.

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Improving mental health outcomes (i)

Ambitions

NCL's vision for mental health support is based on the principles established by our Expert by Experience Board. The ambitions are:

- **Improved access to care and support** (embedding "no door is the wrong door"; addressing significant areas of unmet need; provide support in the interim where people are on waiting lists for complex care treatment,; better coordination of access to specialist support once patients are discharged from secondary care, and develop fast track access to specialist mental health teams in a crisis)
- **Service provision and development** (reducing variation in support services; a greater community support offer and Crisis Cafes; stronger support and funding for the Voluntary and Community Sector, while subject to the same outcome measures as statutory services; transparency in addressing gaps in service provision and supporting people who require "complex care/the level above IAPT but below crisis intervention", expanding the workforce particularly peer support roles)
- **Outcomes and monitoring** (increased focus on patient-centred goals like patient recovery outcomes, housing and employment, patient and public participation in evaluation and monitoring of services)

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Strategic approach

- **Provider collaboratives**: there are three NHS Provider Collaboratives in development that are aiming to take over NHSE Specialised Commissioning budgets. The main objectives are to ensure: care closer to home through the elimination of external placements; incentives for community care; joined up pathways with secondary / primary care; providers in North London working as a system not in competition. All three have had their interview with NHSE following the first stage of the approval process and are awaiting feedback. If they progress into the fast track, they will need to submit a final business case by November with a start date of April 2020. They will be engaging with local authorities, CCGs and the NCL Transforming Care Partnership.

- **Stabilising and expanding community teams**: (i) implementing a new digital system across NCL, including a registry for physical health checks for adults with Serious Mental Illness, and automating identification of GP practices with low completion rates of health checks for this cohort, improving the support available for these practices and their patients through existing QUIST initiatives; (ii) expanding primary care workforce and further upskilling, including links to specialist support from mental health trusts, enabling the expansion of health checks and looking at further evidence of effective interventions that can be facilitated in part with Personal Health Budgets for this group; (iii) Individual Placement and Support services are available across NCL. The access standard for Early Intervention in Psychosis is already met across NCL and Service Development and Improvement Plans are now in place to ensure all services achieve Level 3.

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Improving mental health outcomes (ii)

- **Initiatives via additional fair share funding to expand access:**
  - **CYP aged 0-15 services:** NCL has good examples to learn from, including an open access / voluntary service models called 'HIVE' in Camden and 'Choice' in Haringey, with principles, which could be replicated across the STP.
  - **access to specialist community perinatal mental health services:** NCL is collaborating to deliver a specialist community perinatal mental health service for women with severe or complex mental health needs. Evidence-based care pathways operate locally and there are examples of initiatives that continue to inform the development of the new service, which will continue to focus resources and engage people who find help harder to access including teenagers and mothers from some BME groups including those for whom English is not their first language.
  - **24/7 adult crisis resolution and home treatment teams (CRHT):** there is 100% coverage of CRHT services which operate on a 24/7 basis and include Crisis Single Point of Access functions in addition to Home Treatment and Assessment teams. Camden and Islington also have a specialised Older Adults Home Treatment Team. CRHT provision will be able to deliver a high-fidelity service by 2021, maintain high-fidelity coverage of UCL Core Fidelity scales to 2023/24. There is a commitment to review Crisis Pathways in BEH; strengthening CRHT Teams and providing care closer to home will be critical to managing the increasing pressures on inpatient beds and to reducing out of area placements.
  - **CYP mental crisis services:** NCL will develop a local integrated pathway for children and young people with higher tier mental health needs, including rapid community-based and out-of-hours responses to crisis. Investment will focus on expanding the crisis workforce and training for the crisis response team, with a focus on Dialectical Behaviour Therapy (DBT).
  - **Alternative crisis provision:** current provision across NCL is varied. The planned transformation funding will evolve alternative crisis services to become increasingly uniform and equitable across the STP to all age groups for people, and their carers.
- **Initiatives via additional targeted funding allocations (to be agreed with NHS England and NHS Improvement):**
  - **Salary support for IAPT trainees:** IAPT trainee numbers have been agreed across NCL, with contract variations in place to provide salary support in line with regional funding requirements.
  - **CYP mental health support teams:** all five boroughs in NCL had successful bids for Mental Health Support Teams in schools trailblazer sites. Camden and Haringey went live in late 2018, Enfield go live in September 2019, and Islington and Barnet will go live in January 2020.
  - **Maternity outreach clinics in 2020/21 and 2021/22**

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Improving mental health outcomes (iii)

- **Initiatives that could be funded via additional targeted funding allocations (to be agreed with NHS England and NHS Improvement):**
  - **New models of integrated primary and community care for adults and older adults with SMI:** this is central to the joint clinical strategy by our mental health trusts over the next six months. Developments in community provision will continue over the next two years through transformation funding, using devolved specialised commissioning budgets, and expanding Primary Care Mental Health services across NCL.
  - **Mental Health Liaison Services:** these are delivered 24/7 in all 5 Acute sites in NCL, with a commitment to consolidate and expand MHLS. Partners have adopted a MHLS Collaborative Agreement, Core 24 service specification and associated KPIs. This system wide approach has attracted Wave 2 MHLS transformation funding to enhance provision and ensure all hospitals in NCL meet Core 24 Standards for adults and older adults by 2021.
  - **Individual Placement Support (IPS):** services are available across NCL following close working between health and social care, and a further two-year expansion will be supported through Wave 2 funding to extend access in primary and secondary care.
  - **Testing of clinical review of standards in 2019/20** (TBC)
  - **Model for problem gambling:** NCL was not successful in securing problem gambling funding in 19/20. It is considered a future ambition due to established existing services and ability to expand the model.
  - **Specialist Community Forensic Care and women's secure:** North London Forensic Consortium will be a wave 2 pilot site for the new specialist community forensic team model, which will be rolled out over a 2-3 year period, initially covering Barnet, Enfield and Haringey, expanding to Camden and Islington from 2022/23. It will support development of accommodation pathways by co-commissioning housing providers, which will reduce length of stay for forensic inpatients, improve housing pathways and increase community resource.
  - **Enhanced suicide prevention initiatives and bereavement support services:** NCL successfully bid for PHE funding to develop a post-intervention suicide bereavement support service. Procurement will take place by March 2020.
  - **Mental health services to support rough sleepers:** Haringey is a national pilot site and has taken an integrated multi-disciplinary approach to co-produce services for rough sleepers. It will integrate existing homelessness services in a co-located outreach teams. It will further integrate with health services (including GPs, Psychiatrists and Psychologists, occupational therapists, peer support workers) and integrated substance use treatment pathways to ensure effective holistic support. An MDT led by public health developed a funding proposal for Camden and Islington but was unsuccessful. It is a priority for future funding.

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Integration

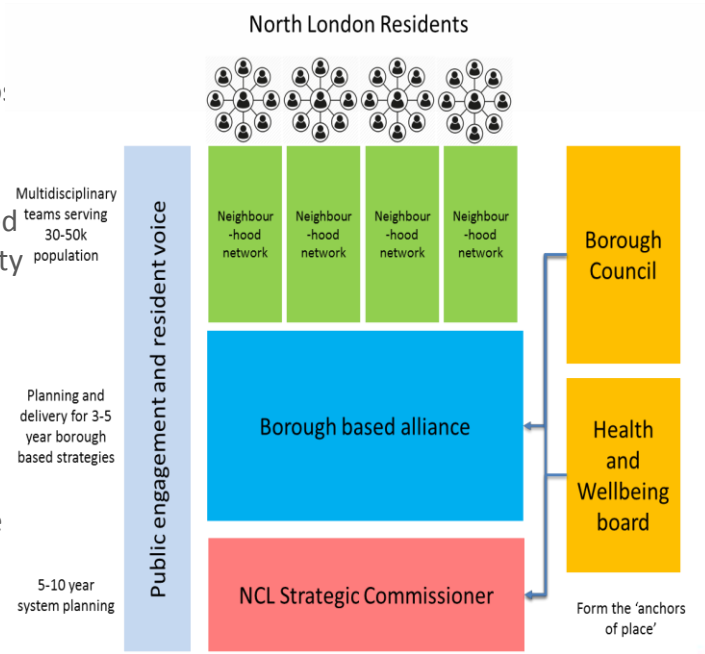
Evidence shows that as little as 10% of a populations health and wellbeing is linked to access to health care. We need to work with partners to look at the bigger picture, including: housing, education and skills, transport.

Following the co-ordinated programme of events exploring potential future arrangements consensus was reached on what a potential integrated care system acros North Central London might look like.

This would see a single NCL wide strategic commissioner working with a borough based partnership in each borough supporting frontline integration of services at a community level

Some of the key principles of this frameworks are that:

- There should be strong public/resident voice at all levels of the structure along with strong clinical and care leadership.
- All levels will take a population based approach and focus on prevention.
- The operational relationships between levels and functions is as critical as where the function sits.
- The partnerships and overall system are a collective initiative of public sector bodies working together in the public interest.
- The borough is the dominant level for planning and delivery of health and care services, underpinned by NCL-wide enablers and longer term collective planning.
- Local authority funding should be managed entirely at borough level, with effective mechanisms for considering the impact of wider determinates of health on residents outcomes There will need to be an evolving relationship with the current health regulator to develop new ways of mutual support assessment and development of system responses to cross organisational issues.



The London Vision (2019)

The London Vision will focus on areas that only a partnership at London level can address, to make sure:

- Londoners get better outcomes regardless of who they are or where they live
- Mental health is treated with the same importance as physical health
- Londoners have greater control and choice of their health and care
- People receive good joined up care throughout their life regardless of which organisation provides the service

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The work being undertaken across London and will feed into north central London plans:

Emerging Priorities

1. Reducing childhood obesity
2. Improving mental health of children & young adults
3. Reducing inequalities and preventing illness
4. Improving air quality
5. Improving sexual health
6. Reducing the impact of violent crime
7. Improving mental health
8. Improving the quality of specialised care
9. Making health and care more personalised and joined up at every stage of a Londoner's life from birth to end of life
10. Improving the health of homeless people

North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

Adult Elective Orthopaedic Services Review: Update to the Joint Health Overview and Scrutiny Committee

FOR SUBMISSION TO:	DATE
NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	27 September 2019

SUMMARY OF REPORT

This report sets out the progress made by the Adult Elective Orthopaedic Services Review programme since the last paper to JHOSC in June 2019. In July 2019 an options appraisal process was held to consider the options put forward; the panel included local commissioners and GPs and equal representation from patients and residents. The purpose was to assess submissions against the status quo, using a scoring system developed through a collaborative process. This paper also outlines the next steps for the programme.

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RECOMMENDATIONS

1. The JHOSC is asked to note this report and progress made to date.

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Adult Elective Orthopaedic Services Review

Update to the North Central London Joint Health Overview and Scrutiny Committee

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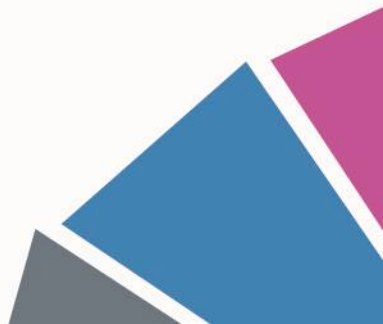
Rob Hurd, Joint SRO
Anna Stewart, Programme Director
Dr Dee Hora, Planned Care Clinical Lead (Primary Care)

Friday 27 September 2019



Our vision for a joined-up approach to adult elective orthopaedic services in North Central London

North central London residents should have **timely access to consistent high-quality orthopaedic surgery** regardless of where they live in the area.

Services delivered in **a single network** with two dedicated, **state-of-the-art orthopaedic elective surgical centres** and local, **convenient outpatient facilities**, would deliver the best care for local people.

This vision has been **clinically driven and co-created** with local people and staff to improve patient experience, outcomes, and ensure a service fit for the future.

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Timeline…what's happened so far

1 February 2018…

- JCC signed off the mandate for the adult elective orthopaedic services review

August – October 2018….

- Carried out a desktop equalities review to identify impacted groups
- Engaged patients, residents and other stakeholders on the draft case for change and rationale for the review. Five clinical design workshops to establish the model of care.

December 2018…

- JCC approved the design principles for a new model of care and received the feedback from the engagement on the draft case for change

January 2019…

- JCC approved the overarching timeline, revised governance and accepted the recommendation around final contract form

May 2019 the JCC…

- Agreed the **Clinical Delivery Model** and **Options Appraisal Process** and issued them to providers for them to submit options

July 2019…

- Carried out the options appraisal process

August and September 2019

- Drafting of pre-consultation business case, ahead of the NHS England assurance process
- Progressed areas of work to further refine the service model, including workshop to look at transport/access and further work on the finance/activity model

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Options appraisal process and outcome

- The panel included local commissioners and GPs and **equal representation from patients and residents**. Purpose was to assess submissions against the status quo, using a scoring system developed through a collaborative process
- **Panel considered two partnership submissions; these were submitted side-by-side and were not competing against each other**

Taken together the panel felt the two submissions could deliver the clinical model for the service, creating single adult elective orthopaedic service for patients and staff across the whole of NCL, overseen by a clinical network.

- **Panel welcomed the really positive engagement from clinicians and management, lots of thought and effort gone into collaborative submissions – both were definitely an improvement on the status quo.**
- Separate financial assessment, initial view was that the proposals should at have at least a neutral financial impact on the health economy. Further work to do on the detail over August and September.
- **Options appraisal was just the start, we need to work together over the next few months to refine and finalise the emerging options into a single holistic worked up proposition that can be consulted on in the autumn.**

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Proposed model of care – as a result of joint working by partners

NHS

	Northern Hub	Southern Hub
Partnership for orthopaedic excellence: North London*	Working as part of a clinical network, providers would create a standardised approach to pre-assessment, post-operative procedures and protocols, joint school and patient education. In total we envisage around 12,000 procedures taking place per year under this new model of care. **Partners: The Royal Free London, North Middlesex Hospital, UCLH, Whittington Health and RNOH.**	
Providers in the partnership	A partnership between **The Royal Free London** group of hospitals and the **North Middlesex Hospital**	A partnership between **UCLH** and **Whittington Health**
In-patient elective orthopaedic surgery*	**A change.** All in-patient orthopaedic care would take place at an Elective Orthopaedic Centre on the Chase Farm site. Approximately 400 people a year who at the moment have inpatient surgery at the North Middlesex would in the future have their surgery at Chase Farm.	**A change.** All in-patient orthopaedic care would take place in an Elective Orthopaedic specialising in in-patient care at UCLH's new building on Tottenham Court Road (known at the moment as phase 4). Approximately 350 people a year who currently have inpatient surgery at Whittington Health would in the future have their surgery at UCLH.
Day-case elective orthopaedic surgery*	**No change.** It would continue to take place at both at North Middlesex and Chase Farm.	**A change.** Whittington Health would become a centre specialising in day-case orthopaedic surgery and some day-case surgery would move from UCLH to Whittington Health. Approximately 400 people who currently have day-case surgery at UCLH would in the future have their surgery at Whittington Health Day-surgery would also continue to be carried out at UCLH.
Other potential changes	RNOH have indicated that there are a small group of patients referred to them for non-specialist care who may be suitable for treatment in the electives centres	
Pre-operative and post-operative outpatient care	**No change.** Patients would continue to be seen at the three Royal Free sites and North Middlesex both pre- and post-operatively; consultants would follow the patient to where they are going to have surgery.	**No change.** Patients would be seen at UCLH and Whittington Health both pre- and post-operatively; consultants would follow the patient to where they are going to have surgery.
Trauma – emergency orthopaedic care	**No change.** Will continue as now at both the North Middlesex, Royal Free and Barnet hospital.	**No change.** Will continue to take place as now at both UCLH and Whittington Health.

*Volumes are based on forecasts and may be subject to change. There may be some clinical exceptions that determine place of treatment.

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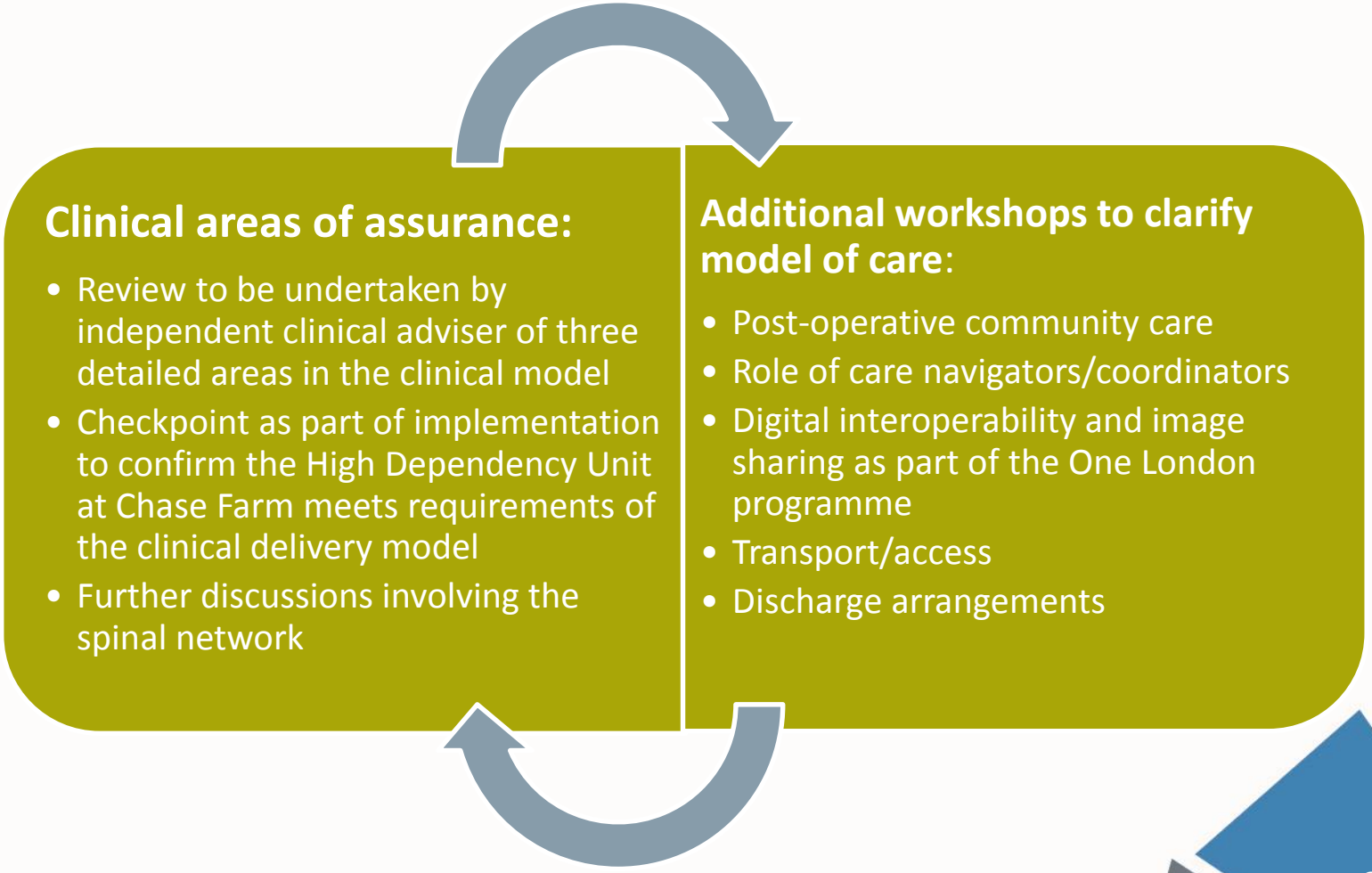
Building on the model of care – work underway



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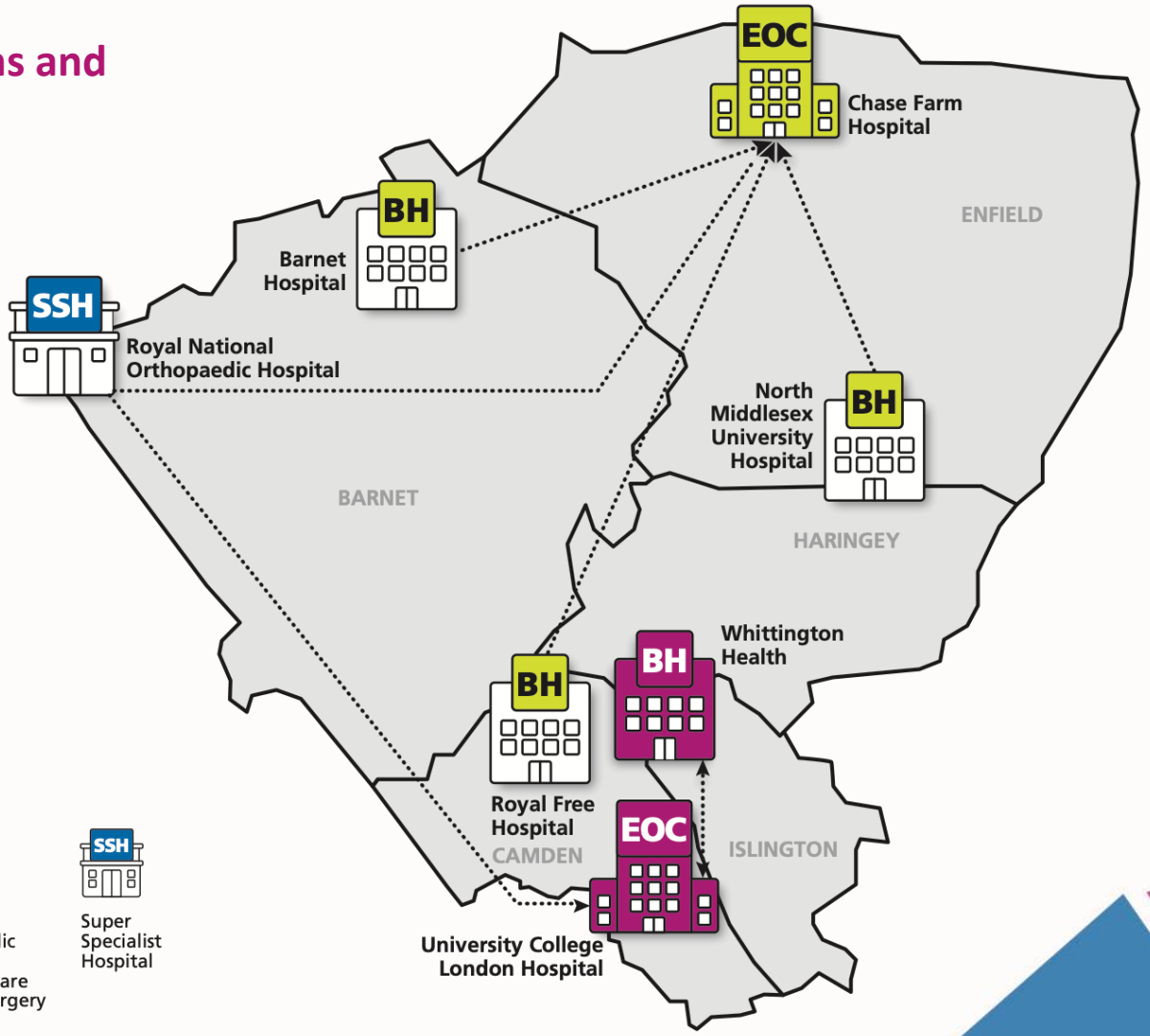
Proposed service locations and provider partnerships

Patients will travel to the Elective Orthopaedic Centre for inpatient surgery. The surgeon from their base hospital will carry out the operation.



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Proposed future patient pathway

A single elective orthopaedic service, delivered by a partnership of hospitals and formally overseen by a network of clinical staff.

REFERRAL	HANDOVER	HANDOVER	HANDOVER
GP & COMMUNITY CARE	**BASE HOSPITAL**	**ELECTIVE CENTRE**	**BASE HOSPITAL**	**COMMUNITY POST-OPERATIVE CARE**
	Assessment and treatment plan	**Surgery**	**Follow-up care takes place at a patient's base hospital**	
Initial assessment and triage Patient with joint pain is referred to the local musculoskeletal (MSK) service, where they are assessed. They may be given advice, therapy or further tests - or referred to a local hospital if it looks as though orthopaedic surgery may be needed.	Further assessments take place. Patients are either given: - non-surgical care - an appointment for day surgery - if an overnight stay is required, surgery at the elective centre. Patients who need extra support are allocated a 'care coordinator'.	Patients needing an overnight stay have their surgery at the elective centre, with the clinical team they know and receive immediate after-care. Care coordinators will continue to support patients.	Patients will continue to receive support from care coodinators	For patients with ongoing health needs, and those who need extra support, GPs or community teams continue to support patients after their surgery.

Patients have pre-operative classes at 'joint school' to prepare for surgery.

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Next steps

Autumn 2019

- Further work to refine model of care: following options appraisal
- Validating our plans: NHS England assurance and London Clinical Senate
- Commission: Equalities Impact Assessment and Transport analysis

September 2019

- Joint Health Overview and Scrutiny Committee: update and early conversation about consultation

September – November 2019

- Preparing for public consultation: involving partners

Early November 2019

- Formal decision-making: Commissioners asked to approve both the pre-consultation business case and decide to consult

Mid November 2019 – January/February 2020

- Public consultation – subject to agreement

Spring/early summer 2020

- Decision-making business case

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Public consultation – plans in development

- Our proposals are a significant change for patients in NCL, who need elective orthopaedic care
- We plan to consult with affected parties to inform the next stages of the review and continue ongoing engagement with local residents, staff and stakeholders who could help to further improve the model and its implementation
- Prior to consultation a transport analysis and health inequalities and equalities impact analysis will be completed and published alongside the consultation document
- The plan is to begin a 12-week consultation in mid-November

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Plans are at an early stage, and we welcome your views and feedback to improve them further

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Preparation for a public consultation

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Overseen by programme board. Taking into account:

- Meetings with Healthwatch organisations to facilitate public involvement
- Engagement advisory board

Consultation will draw on:

- Equalities and health inequalities impact assessment
- Travel and transport analysis

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Who are our main audiences for consultation?

The people most likely to be affected by any change to the services:

- People who have experienced Adult Elective Orthopaedic care in the past, at one of the existing sites, or other sites in the vicinity
- Those waiting for Adult Elective Orthopaedic care and those who may need services in the future
- The families and carers of affected groups, including local residents and the public
- Community representatives, including the voluntary sector
- Staff in affected Trusts and other partners in health and social care

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Key stakeholders:

- Relevant local authorities
- Elected representatives

Subject of the consultation:

We remain open to all suggestions and proposals throughout a consultation….

- How do people view the proposals and how they might be affected by them
- Any alternative suggestions that aren't covered by our proposals
- What matters to patients and families and how this could influence plans

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Consultation process – basic principles

1

The INTEGRITY of consultation

The consultation must have an honest intention. Consultors must be willing to listen…and be prepared to be influenced…

2

The VISIBILITY of consultation

All who have a right to participate…should be made reasonably aware of the consultation

3

The ACCESSIBILITY of consultation

Consultees must have reasonable access,using methods appropriate for the intended audience…with effective means to cater for hard-to-reach groups and others

4

The TRANSPARENCY of consultation

Consultation submissions will be publicised unless specific exemptions apply. FOI requests can now be used to disclose data previously kept hidden.

5

The DISCLOSURE of consultation

Consultors must disclose all material information; consultees must disclose significant minority views when representing many parties

6

The FAIR INTERPRETATION of consultation

Objective assessment, with disclosure of weightings if used

7

The PUBLICATION of consultation

Participants have a right to receive feedback of the consultation output and of the eventual outcome of the process

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Consultation feedback and evaluation process

Opportunities to get involved

- Open workshops for deliberative discussion
- Deeper-dive discussions on key themes identified in engagement
- Proactively arranged discussions with key groups
- Discussions at regular and existing meetings
- Meetings on request

Response channels:

- Response using the printed questionnaire (freepost return)
- Response using an online version of the same questionnaire
- Feedback captured at patient and carer groups
- Feedback captured at deliberative events
- Feedback given to our evaluation partner on the telephone
- Submissions via letter or email

Capturing the responses:

- All responses go to an independent third-party to ensure impartiality
- Responses will be monitored, emerging themes, reviewed and questions responded to
- Responses will be evaluated regardless of the feedback channel

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Post consultation decision making:

- An evaluation of responses report will be developed by the independent third party organisation
- The programme will review, write a response and make recommendations to the JCC based on feedback received
- Final decisions will be made by the JCC

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Discussion

JHOSC members are asked to:

- **Note** the further progress of the review since the June 2019 meeting
- **Comment** on the outcome of the options appraisal process and proposed model of care
- **Feedback** on early plans for consultation and offer input into the emerging plan
- **Agree** to receive an update report following the proposed public consultation

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Appendix: supporting information

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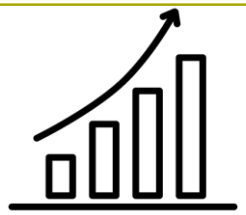
Our case for change: opportunities to improve patient outcomes and experience



Rising demand for services

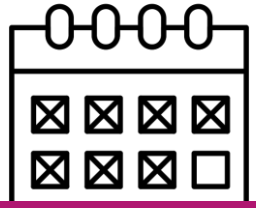
9.5% increase in activity, forecast to 2029

Waiting times

As of January 2019, over 10,500 NCL residents were waiting for orthopaedic surgery

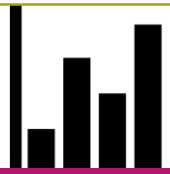
Cancellations

In 2018/19 across NCL there were 10 cancellations a week – almost all on the day of surgery



Inconsistent length of stay

Higher total length of stay than the English average in two out of four organisations



Variation in patient experience of care

Average PROM* scores were lower than the national English average

Infection, readmission and revision rates vary across providers

This leads to variation in the quality of care

Fragmented commissioning landscape

This contributes to variation in the quality of care

* PROMS – patient recorded outcome measures

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Where services are delivered at the moment…

Adult elective orthopaedic surgery currently takes place at ten different hospital sites in north central London

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Feedback from engagement

What we heard…	How this has influenced the next steps of the review…
Patient experience: Vulnerable patients might find it difficult to travel to and find their way around	•**Clinical delivery model:** Inclusion of care co-ordination function •**Options appraisal:** Scored section on vulnerable patients within the patient experience section.
Continuity of care: Location of pre-operative assessments and post-operative care/rehabilitation were a concern	•**Clinical delivery model:** is specific about which organisation is responsible for pre-operative assessment and patient education sit in the pathway. •**Options appraisal:** providers asked to give detailed consideration of how they will deliver both pre-operative assessment and patient education in their proposals
Patients with complex needs: It was not clear where patients with complex needs would have their surgery.	•**Clinical delivery model:** To include an essential requirement for all elective centres to have an HDU. •**Options appraisal:** Assessment of proposals around inclusion of HDU, case-mix and managing clinical complexity.
Integration: Contributors stressed the importance of joined-up working. Integrated IT systems are also important	•**Clinical delivery model:** To include a section on digital requirements •**Options appraisal:** IT and digital considerations are included as part of the deliverability score
Travel: There were repeated comments suggesting that an in-depth transport analysis should be considered	•**Clinical delivery model:** To include a section on travel and transport arrangements •**Options appraisal:** Patient experience will specifically address travel and transport arrangements •**Public consultation:** a detailed travel analysis will need to be carried out and published as part of public consultation.

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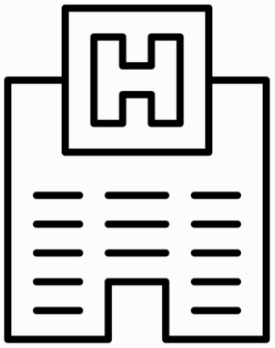
Tiers of hospital in the network



Base hospitals	Elective orthopaedic centre(s)	Super specialist hospital
Support the operation of the elective orthopaedic centres as part of a clinical network, manage outpatients and post-operative follow-up, some day-cases and all trauma care alongside an A&E	Able to undertake a mixture of some complex and all routine elective activity.	Undertake only tertiary and complex patients that cannot be appropriately cared for in local or elective hospitals. This super specialist work **does not form part of this review.**

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Clinical design principles – agreed December 2018

Staffing model with clinical staff working into the unit from the local trusts

Differentiation of 'levels or tiers' of hospital

Partnership approach

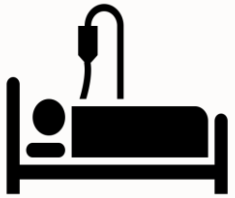
Development of common standards and pathways approach

All pre-operative and post-operative outpatient care at base hospitals

Paediatrics, trauma, spinal surgery to stay at base hospitals as at present

Care-coordination function (navigators) to be included in the new model

Multi-disciplinary team working to be a core component



High dependency unit co-located

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North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

NCL STP Mental Health Workstream Update

FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 27 September 2019

SUMMARY OF REPORT

This is an update on the NCL Mental Health workstream, following a previous paper brought to JHOSC in January. The paper also includes some further information in response to questions raised at the January meeting.

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RECOMMENDATIONS

1. To note the report and progress made to date.

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Joint Health Overview & Scrutiny Committee: 27 September 2019

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NCL STP Mental Health Workstream update

Chris Dzikiti

NCL STP Mental Health Lead

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Introduction

We want to improve the health and wellbeing of residents living in North Central London.

To do this, we need to build on the close working of our local NHS and councils, with residents, to focus on delivering patient-centred care closer to home, based on individuals' whole needs.

The NHS Long Term Plan, published in January 2019, sets out priorities and changes to the way health services will be delivered, with a focus on integration. This provides an opportunity to design health services around residents needs, rather than organisations.

Changing how we work together will allow us to work differently as partners to tackle current issues in the system. This will deliver more consistent and improved outcomes, a better experience for residents, and future financial stability.

We are currently drafting our Long Term Plan delivery plan for initial submission end of September 2019.

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Recent NHS policy has set out the continued journey towards integration of services

The NHS Long Term Plan was published in January 2019 and builds on previous NHS policy direction.

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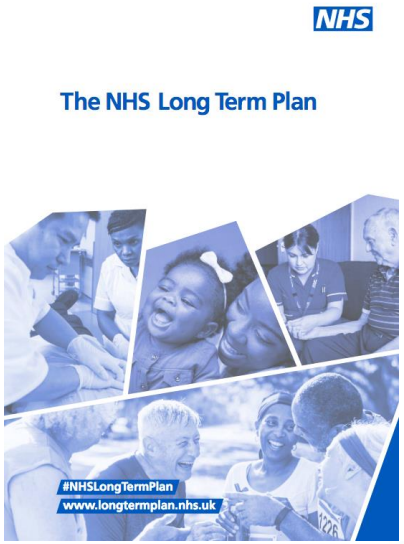
2014

2016



2019

Headlines from the NHS Long Term Plan (Jan 2019)

The NHS will increasingly be:

- more joined-up and coordinated in its care
- more proactive in the services it provides
- more differentiated in its support offer to individuals.

Five major, practical changes to the NHS service model over the next five years:

- Boost 'out-of-hospital' care and reduce primary and community health services divide
- Redesign and reduce pressure on emergency hospital services
- People will get more control over their own health, and more personalised care
- Digitally-enabled primary and outpatient care will go mainstream across the NHS
- Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere.

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The London Vision (2019)

The London Vision will focus on areas that only a partnership at London level can address, to make sure:

- Londoners get better outcomes regardless of who they are or where they live
- Mental health is treated with the same importance as physical health
- Londoners have greater control and choice of their health and care
- People receive good joined up care throughout their life regardless of which organisation provides the service

Over the coming months priorities and goals will be set. The work being undertaken across London to deliver the Long Term Plan will support the achievement of these goals.

Emerging Priorities

1. Reducing childhood obesity
2. Improving mental health of children & young adults
3. Reducing inequalities and preventing illness
4. Improving air quality
5. Improving sexual health
6. Reducing the impact of violent crime
7. Improving mental health
8. Improving the quality of specialised care
9. Making health and care more personalised and joined up at every stage of a Londoner's life from birth to end of life
10. Improving the health of homeless people

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Why we need to change

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Health and Wellbeing Gap

- Across NCL the numbers diagnosed with severe mental illness is high, and lies in the bottom quartile nationally
- There is significant unmet need – only ~72k of the est. ~194k with common or severe mental illness are known to GPs.
- Life expectancy gap for people with SMI, 18.5 years for men, and 15 years for women
- People with mental health conditions are more likely to have a lifestyle that may lead to poor physical health. e.g., almost 50% of adults with severe mental illness are smokers, compared to less than 25% of people without a severe mental illness.
- It is well established that people with a mental illness often also have poor physical health.
- There is also a high rate of psychoactive substance use in people with mental illnesses.

Care and Quality Gap

- Higher rates of people subject to the MHA than the London and National average, also higher rates for inpatient admissions
- Variation in service provision across the patch
- Most of the liaison psychiatry and CAMHS services in hospitals in NCL do not see children within one hour at weekends and overnight
- Nearly a third of people with dementia across NCL are thought to be undiagnosed
- In 2017 NCL STP was considered to be the 10th highest STP to place people in OAPs

Finance and Efficiency Gap

- Funding increases in NCL of £269m over the 5 year life of the STP will not meet the likely increases in population and hence growth in demand for health services of £426m, plus increases in the cost of delivering health care of £461m.
- This means that there is a substantial financial challenge facing health organisations in NCL. The "Do Nothing" scenario will result in NCL health commissioners and providers with a deficit of £876m by 2020/21.
- For mental health, if the model of care and support is not modified, by 2020/21 across NCL we will have a shortfall of 129 mental health inpatient beds, requiring an additional £20m to be spent on inpatient care

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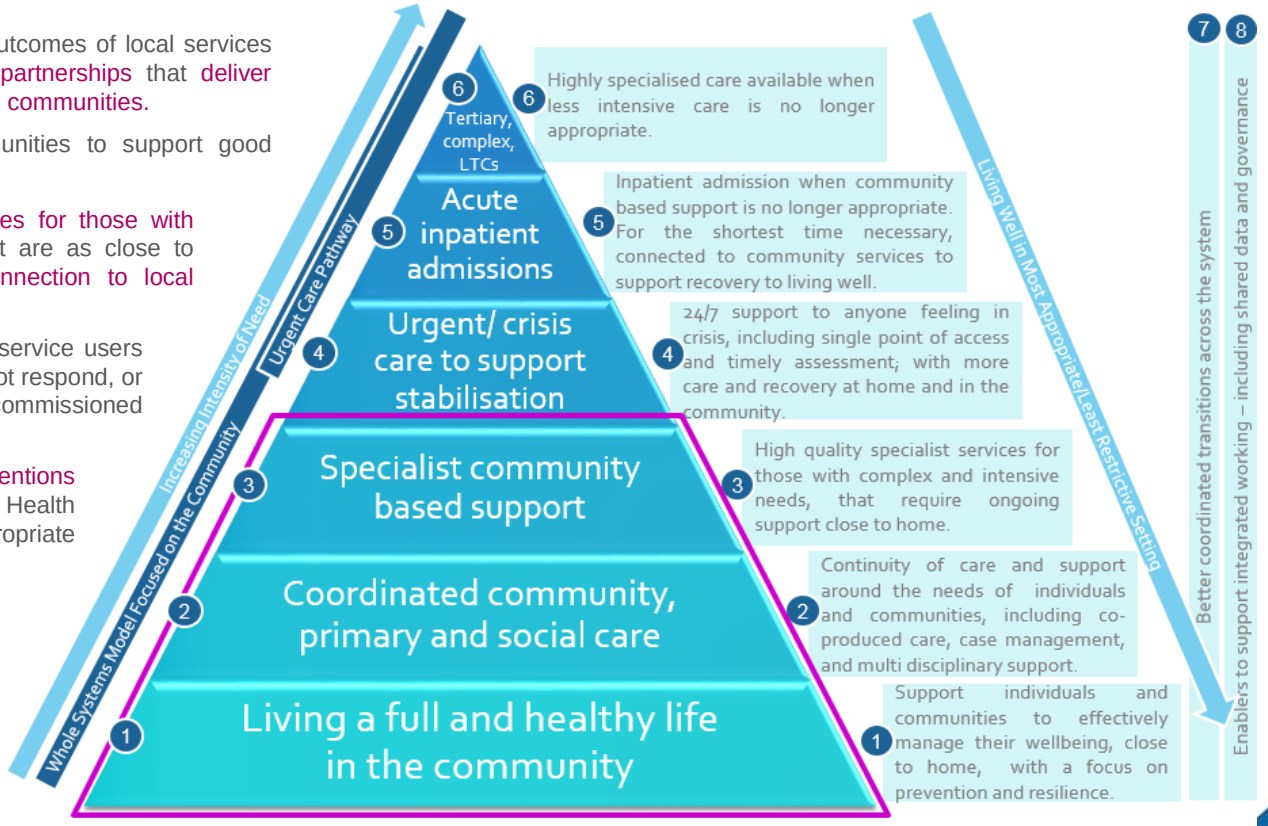
Model of Care and Support

Ambition

1. Transform the nature, value and outcomes of local services close to home, through building partnerships that deliver around the needs of individuals and communities.
2. Work with individuals and communities to support good Mental Health resilience.
3. Build high quality specialist services for those with complex and intensive needs, that are as close to home as possible, and allow connection to local community services.
4. Develop alternative responses for service users with Mental Health needs who do not respond, or prefer not to engage with current commissioned services.
5. Develop systems of early interventions which ensure people with Mental Health crises receive a prompt and appropriate response
6. Breakdown barriers between mental and physical health in a way which delivers better outcomes for patients and better value to the system.
7. Workforce training to better equip health and social care workers to support patients with Mental Health needs.



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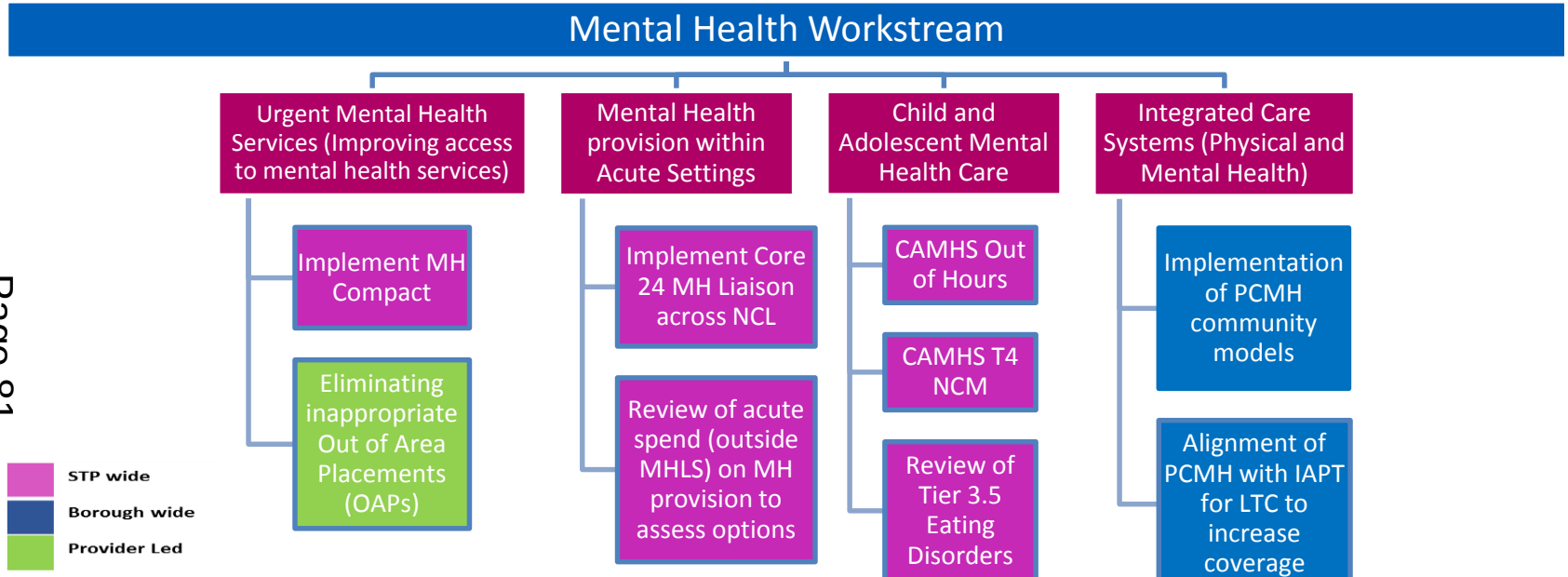
2019/20 Programme Scope



AMHs and CAMHs workforce developments aligned to main workforce workstream to support creation of new roles and more multidisciplinary functions.

These priorities are aligned to Mike Cooke's presentation (please see appendix 1)

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Project & Product Descriptions

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Project	Project Summary	Summary of Products / Outputs
Urgent Mental Health Services (Improving access to mental health services) **Workstream Leads** – BEH and C&I	To deliver local provision of inpatient services for people requiring mental health services whilst reducing the need for using inappropriate OAPs. This will enable patients to remain close to their communities, with a more streamlined and effective pathway ensuring a focus on recovery. As part of urgent mental health service sub-workstream the STP aims to ensure that: • There is an effective acute care pathway that ensures admission to hospital is appropriate and purposeful and that discharge from hospital is timely managed. • Discharge from hospital is supported by high quality community services that are fully engaged in discharge planning from the point of admission. • Inpatient services focus on the needs of the individual service user and provide care that is personalised and promotes recovery and social inclusion. • Service users and carers are involved in care planning, in how mental health services in NCL STP are run and in operational and strategic planning, evaluation and development. Priority will also be given to modernising acute inpatient services within wider service development programmes and strategic plans and partnerships (e.g.. the development of St Pancras hospital and St Ann's hospital sites). **FYFV priority** – *Eliminate inappropriate acute Out of Area Placements by 2021.* *CRHTTs resourced to operate in best practice, delivering 24/7 community based crisis response.* **LTP priority** - *Anyone experiencing mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need*	**Implement London Mental Health Compact** by creating a task and finish group with key stakeholders from across NCL to generate action plans for responding to the publication of the Final Compact guidance. An STP Compact implementation will be developed an shared with the UEC and MH Boards for sign off before being submitted to NHS England. The plan will address the key challenges identified in the STP Compact Workshop: • understanding the data • developing NCL protocols to support the implementation of Compact (including system-wide trusted assessors) • involving GPs, IUC and social workers in a wider conversation about pathways • sharing reciprocal issues with other STPs in London. **Elimination of OAPs** by expanding CRHTTs and delivering alternative models for community support. This will be achieved by a whole NCL STP system priority on intensive focus on patient pathways, LoS, bed management and patient flow. This will enable the system to develop alternatives to admission & strengthening CRHTT provision. A key aim of mental health care in NCL STP has been on supporting people to live more independent lives through better care and treatment in the community. There may be a link between inadequate CRHTT provision and high OAP activity. These teams are a crucial component of a well-functioning local acute mental health system, and areas that have successfully eliminated OAPs have achieved this in part by ensuring their CRHTTs are adequately resourced to provide a 24/7 emergency response and alternative to inpatient admission where appropriate. This initiative will also drive strengthening core community mental health services by: • Ensuring a system-wide approach to 24/7 crisis and HTT services that interface with key external stakeholders, particularly A&E, police and ambulance. • Investing in alternatives to admission through innovative models such as crisis recovery cafes and intensive home-based services • Working with other stakeholders to ensure that well resourced, personalised social care packages are in place. • Ensuring that housing, including specialist supported housing for mental health service users is appropriate and adequate.

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Project & Product Descriptions

NHS

Project	Project Summary	Summary of Products / Outputs
Mental Health Liaison services **Workstream Lead** – Paul Jenkins (Tav & Portman CE & NCL STP SRO for MH. Sarah Mansuralli, Lead Commissioner MH STP, COO Camden CCG	Scale up 24/7 all age comprehensive liaison to all emergency departments and more wards, ensuring that more people in Emergency Departments and on inpatient wards with physical health problems have their mental health needs assessed and supported. We will also seek to address areas where NCL has higher activity compared to England as identified by the NHS E integrated mental and physical health analysis, including frequent attenders. The mental health workstream proposes to build on the evaluation of the UCLH pilot funded by NHS England in 2017/18 and the NMUH pilot funded in 2018/19, to more fully evaluate the benefits of liaison services and develop a more detailed clinical and business case for a constant model across NCL. This would ensure the benefits of specific initiatives are effectively rolled out and that both the provision and commissioning of liaison services are more consistent across NCL. A Mental Health Liaison Services Implementation (MHLS) Group was set up to develop a shared MHLS Service Specification, KPIs and collaborative agreement setting out the principles of partnership working and contract monitoring for the MHLS. A pooled budget will be held, protecting and ensuring MHLS funding is on a more solid, transparent and long-term footing by consolidating existing spend into two contracts (with C&I for the south and BEH for the north). **FYFV priority** - *By 2020/21, NHS England should invest to ensure that no acute hospital is without all-age mental health liaison services in emergency departments and inpatient wards, and at least 50 per cent of acute hospitals are meeting the 'core 24' service standard as a minimum.* ***LTP priority*** - *By 2023/24 all general hospitals will have mental health liaison services, with 70% meeting the 'core 24' standard for adults and older adults.*	**Develop a clear NCL MH Liaison Commissioning and implementation plan:** The MHLS Implementation Group developed a shared MHLS Service Specification, KPIs and collaborative agreement setting out the principles of partnership working and contract monitoring for the MHLS. The collaborate agreement adopts the principles that CCGs will be Lead Commissioners with Acute Trusts as Associate Acute Trusts. The collaborative agreement sets out the terms under which Commissioners (CCGs) and Associate Acute Trusts will collaborate and work together in managing the Commissioning Contract throughout its term. There are a number of work streams that the MHLS Implementation Group want to work on together throughout 2019/20. So a joint action plan has been developed which will look to; • Review the use of specialling, including a cost analysis and future proposals • Review drug & alcohol liaison in ED in partnership with Public Health • Review children and young people's inclusion / exclusion criteria • Devise a programme of clinical audit • Review powers of detention criteria across NCL • Review MHLS transport pathways • Review mental health trusted assessments **NMUH MHLS - reviewing and evaluating the NMUH MH liaison pilot impact.** NCL Commissioners are keen to evaluate the quality, safety and cost efficiency outcomes of the extended service at NMUH funded by the successful NHS E bid to ensure that we benefit from learning. It piloted the use of peer support workers in the ED on a 24/7 rota. The NMUH pilot aims to significantly improve response times and patient experience and reduce pressure on the liaison team and ED team staff dealing with challenging and complex mental health patients. NLP will work together to develop a sustainable solution to MH Liaison service funding with a goal of working towards reaching Core 24 in all sites across the patch from 2019/20.

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Project & Product Descriptions

NHS

Project	Project Summary	Summary of Products / Outputs
CAMHS **Workstream Leads** – Sally Hodges & Sheron Hosking	Improve CAMHS offer in NCL STP which is aligned with CYP LTPs whilst ensuring that more children have access to mental health support, and meet waiting time standards including for eating disorders. Unless highly specialised care is required, to eliminate out of area placements for children requiring inpatient support, and to reduce Length of Stay (LoS) through improved community support **FYFV Priority** *Eating Disorders: Make further progress towards delivering the 2020/21 waiting time standards for children and young people's eating disorder services of 95% of patient receiving first definitive treatment within four weeks for routine cases and within one week for urgent cases.* ***LTP priority** - national requirements to expand access from 70,000 additional CYP each year by 2020/21 to an additional 345,000 year CYP aged 0-25 by 2023/24.*	**Crisis Pathway (Out of hours service)** - Develop an NCL crisis pathway that includes 24/7 urgent and emergency mental health service for children and young people with care delivered as close to home as possible for children in crisis, this includes, and review of S136 provision Sub-workstream Lead – Haringey CCG **CAMHS T4 NCM** - local commissioning of Tier 4 CAMHS with care delivered as close to home as possible Sub-workstream Lead – Camden CCG **Eating disorder** – Review intensive eating disorder service provided by Royal Free hospital for NCL Sub-workstream Lead - Barnet CCG

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Project & Product Descriptions

NHS

Project	Project Summary	Summary of Products / Outputs
Increasing access to primary care mental health (PCMH) services **Workstream Leads** – Borough based	Delivering parity of esteem for mental health services includes a patient-centred focus on **reducing the stigma** associated with having, or receiving treatment for, mental health conditions. Increasing the provision of mental health assessment and treatment alongside other primary care services is a key element. The **PCMH models** used in NCL are not uniform nor uniformly available and need to reflect the local service provision (including IAPT services) so there is a complete offer that meets the population's needs. Expansion of **IAPT services**, including the introduction of **Integrated IAPT for people with LTCs** will see more people with 'common' mental health conditions able to access appropriate support. **FYFV priority:** *IAPT Services to provide annual access to 25% of population need by 2021, 75% treatment within 6 weeks, 95% treatment within 18 weeks & 50% recovery rate*.	Collaboration on PCMH at STP level to: • Support the development of **Primary Care Networks** (PCNs) through embedding the principles of good mental health care and collaboration with primary care mental health services. Collaboration on IAPT at STP level to: • Commission services to meet the **access target** of 22% by Q4 2019/20, and 25% by 2020/21. • Expand **digital IAPT** services, through commissioning at scale in support of the access target. • Build on the initial evaluation of the Haringey and Islington pilot services to further design and implement services and pathways that meet the needs of **patients with LTCs**. • Use high-quality service models that meet recovery target of 50%, and sustain **recovery rates** for different populations.

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NHS

We have a strong success record of working together to deliver benefits for residents

Together, we have delivered successes across North Central London, including:

- Opening of female PICU unit –previously women requiring psychiatric intensive care had to travel long distances to receive treatment. The majority of women can now be treated locally.
- Integrated Improving Access to Psychological Therapies (IAPT) service live in Haringey and Islington covering Chronic Obstructive Pulmonary Disease (CoPD) and diabetes.
- Specialist community perinatal service operational –first pan-NCL service meaning that pregnant women needing mental health support can now receive this in the community.
- Agreement for outline business case for the re-development of St Ann's and St Pancras inpatients provision. Once complete, this work will mean that local residents requiring inpatient mental health care will be provided in modern facilities.
- Development of agreed approach to mental health liaison services across NCL –we are rolling out a single service across all NCL hospitals which will provide 24/7 mental health care (in A&E and on wards).
- NCL Out Of Hours Nurse led service for CYP .

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Areas of focus requested by JHOSC

NHS

1. Data required on Out of Area Placements (OAPs) for each borough including costs per patient and in total.
2. Data required on the prevalence of mental health issues in BAME communities.
3. Data required on suicides, broken down by sex and age.
4. On physical health, provide an explanation for how the initiatives noted in the original report are working? Data from the evaluations should be provided.
5. On workforce, the original report notes 3000 new mental health therapist posts co-located in primary care. Further information should be provided on how this will work within the NCL mental health settings.
6. On acute care services within schools, further information is required on how the desired outcomes will be achieved by mental health liaison officers.
7. On personalised care in care homes, information required on how performance and delivery of obligations is monitored and recorded.
8. Information on who is responsible for the commissioning relating to beds.
9. The programme should include greater reference to the voluntary and community sector.

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1. Out of Area Placements by CCG in NCL

NHS

In addition to the information circulated to JHOSC from NHS England's quarterly Mental Health Dashboard.

Summary of Out of Area Indicators (Inappropriate Only) - STP and CCG

Source: NHS Digital

Rolling Quarter: May 2019

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		OAP Activity			OAP Costs
Organisation Name	**Total number of OAP days over the period**	**Total number of inappropriate OAP days over the period**	**Percentage of total days due to inappropriate OAPs**	**Average daily Cost (£)**	**Total Cost For Inappropriate OAPs in Period**
NHS Barnet CCG	1,065	1,045	98%	540	£583,277
NHS Camden CCG	115	40	35%	600	£24,116
NHS Enfield CCG	515	515	100%	550	£291,061
NHS Haringey CCG	670	670	100%	540	£367,606
NHS Islington CCG	100	20	20%	650	£12,890

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NHS

BEHMHT initiatives to eliminate OAPs:

- Commissioned a full review of Urgent Care Pathway, with support from North East London Clinical Support Unit. This work is underway and is expected to be completed by late October 2019.
- Opening 10 additional mental health inpatient beds in October 2019 at Edgware Community Hospital in Barnet which will allow a reduction of 900 OAPs bed days in 2019/20.
  Focus on those patients with inpatient stays of 50+ days, inpatient QI initiatives to reduce length of stay; PMVA and improve patient experience.
- The building of the new mental health inpatient facilities at St Ann's Hospital in Haringey (opening in Q3 2020/21), whilst bed numbers are unchanged, the new facilities will provide a substantially improved therapeutic environment with improved safety and functionality for patients and staff and should contribute to improved patient outcomes and flow.
- LTP transformational funding supporting new models of care to stabilise and expanding core community teams for adults and older adults with severe mental health needs.

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2. Prevalence of mental health issues in BAME communities

NHS

- Majority of information is held with Public health colleagues.
- A study published in 2008 which explored the association between ethnicity, mental problems and socio-economic status, found that among adults aged 16- 64, Black Caribbean and Black African groups were generally twice as likely to experience psychotic disorders compared with their White British counterparts. This effect was still observed after controlling for socio-economic status.

  In a report by National Institute for Mental Health (2003) it was noted that people of Black African Caribbean and South Asian origin are less likely to have their mental health problems detected by their GP and more likely to have other problems incorrectly described as mental health problems.
- A study published in 2014, exploring the role of ethnicity as a predictor to being detained under the Mental Health Act (MHA), found that ethnicity did not have an independent effect on the likelihood of being detained. However, a diagnosis of psychosis, the presence of risk, female gender, level of social support and London being the site of assessment did affect the likelihood of being detained.

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3. Suicide rates, by NCL Borough

Borough/ area	2017 mid-year population estimate	Annual suicide rate (age-standardised rate per 100,000, 2015-2017)	Annual number of suicides of borough residents, 5-year (2013-17) average
Camden	253,361	8.4	19
Barnet	387,803	8.9	27
Enfield	332,705	6.8	18
Haringey	271,224	9.4	22
Islington	235,000	9.5	19
NCL (total)	1,480,093	-	105

NCL population data and annual suicide rates by borough

Source: Office of National Statistics and Public Health England

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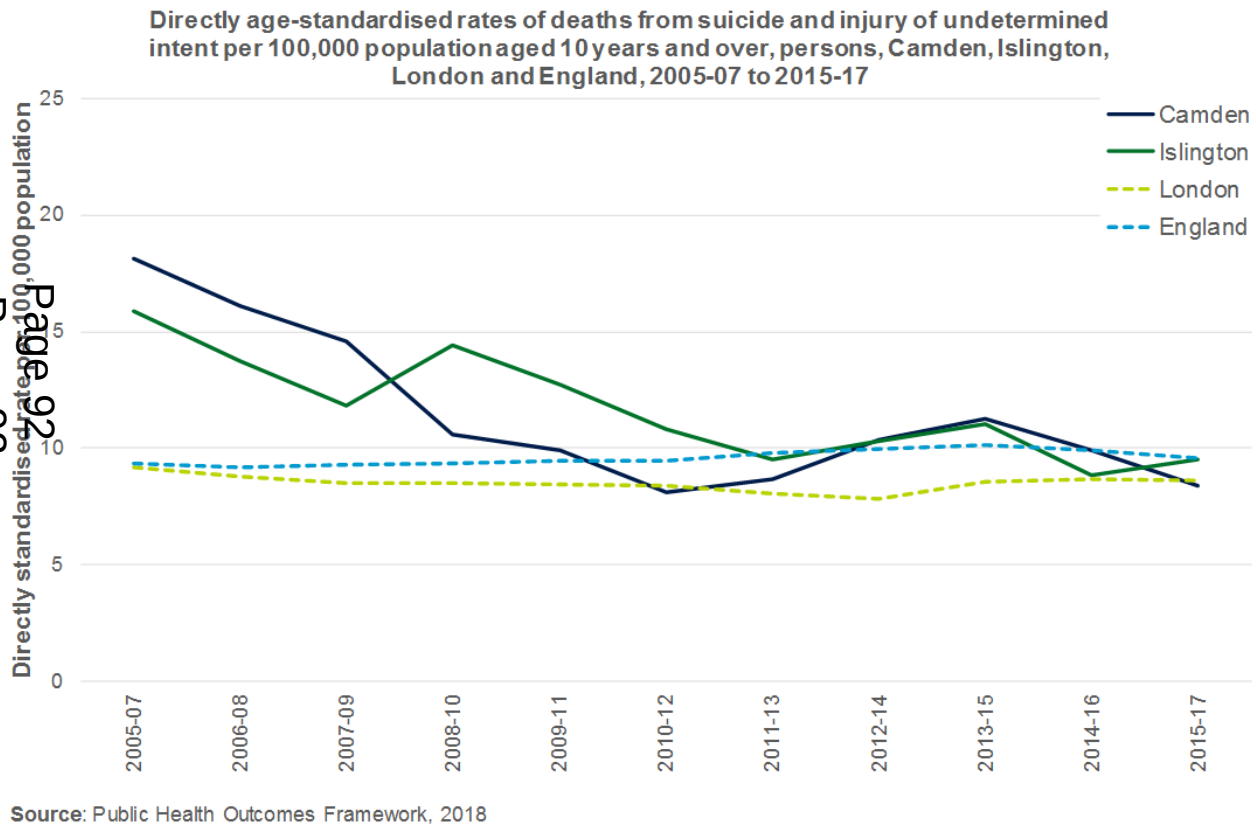
3. Camden & Islington Suicide trends

NHS



Source: Public Health Outcomes Framework, 2018

Over the ten years leading to 2015-17:

- In Camden, suicide rates dropped 54%, which is equivalent to 29 fewer deaths by suicide over a three-year period.
- In Islington, suicide rates dropped by 40%, equivalent to 17 fewer deaths by suicide over a three-year period.
- The overall rates of suicide in Camden and Islington are now similar to both the London and England averages.

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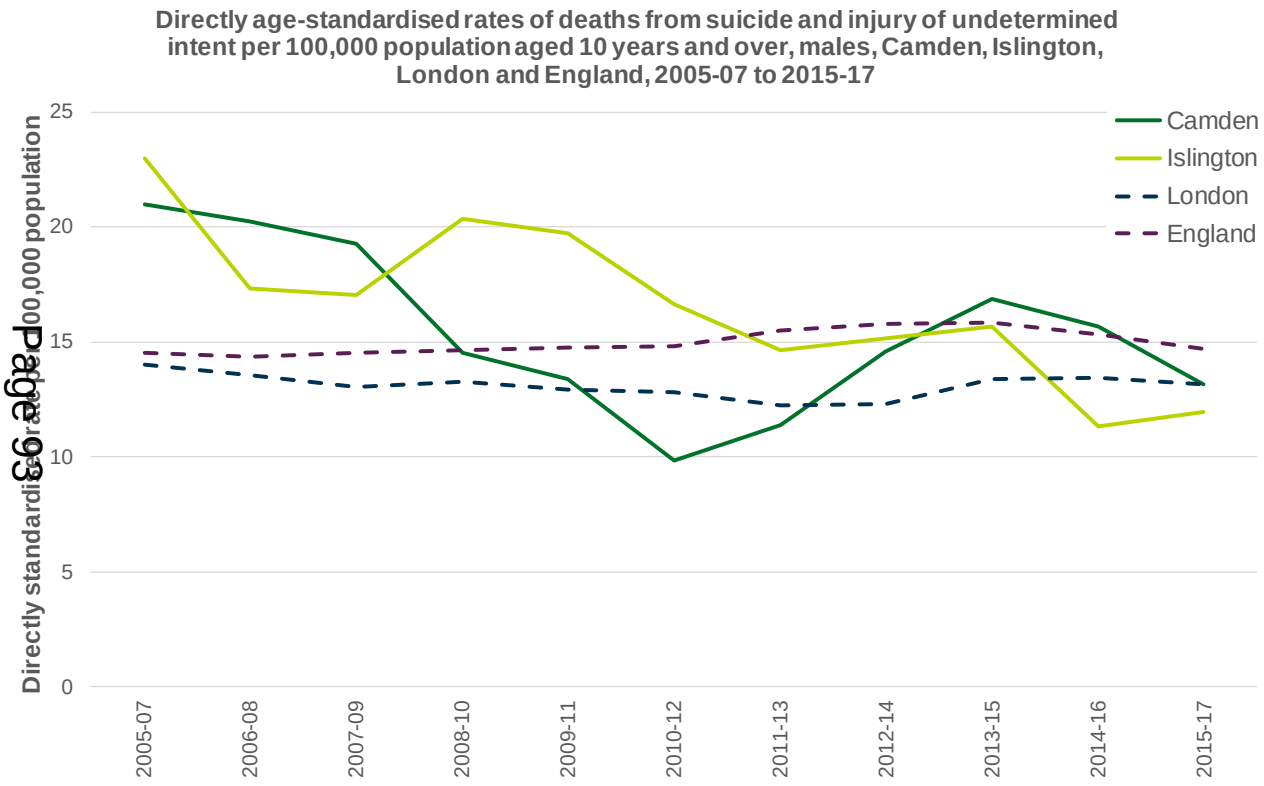
3. Camden & Islington Suicide trends amongst men

NHS



Source: Public Health Outcomes Framework, 2018

Over the ten years leading to 2015-17:

- In Camden, suicide rates dropped 48% to 11.9 per 100,000 cases or 34 deaths over 3 years.
- In Islington, suicide rates dropped 37% to 13.2 per 100,000 cases or 39 deaths over 3 years.
- Due to small numbers, the drops were not statistically significant.

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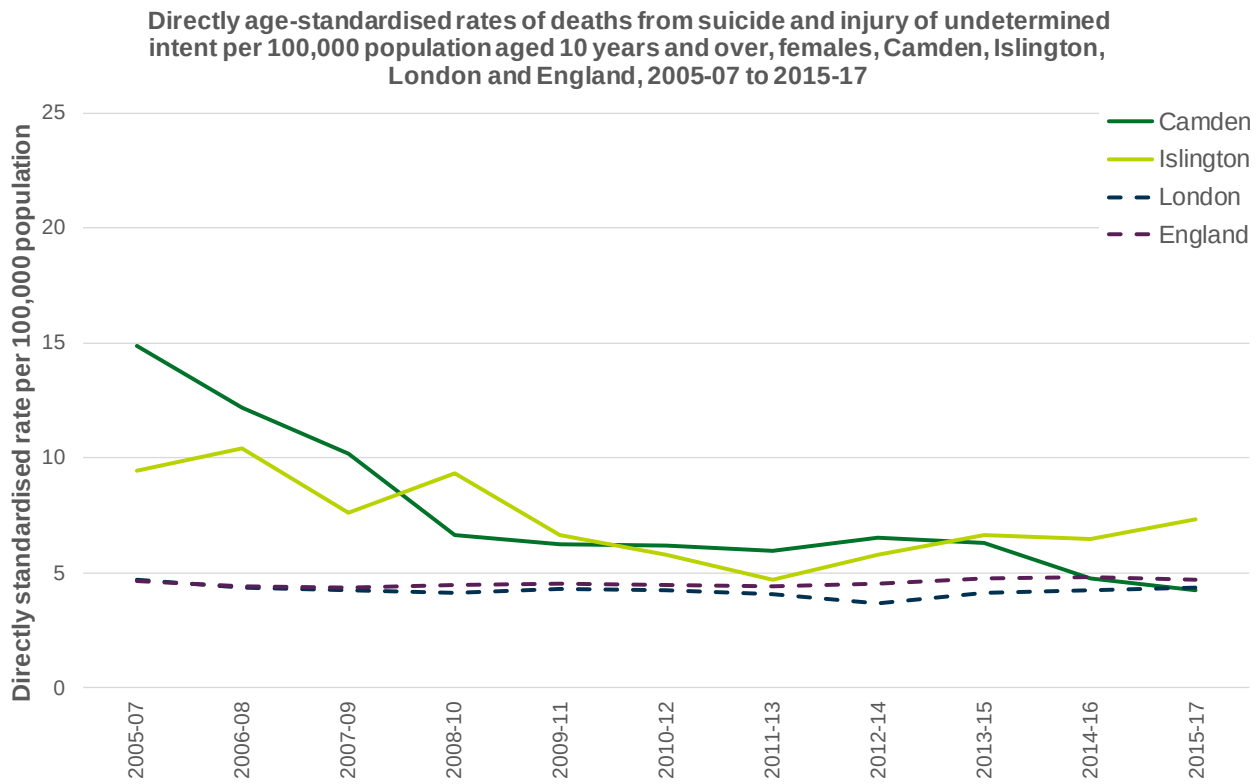
3. Suicide trends amongst women (Camden & Islington)

NHS



Source: Public Health Outcomes Framework, 2018

Over the ten years leading to 2015-17:

- In Camden, suicide rates dropped a statistically significant 71% to 4.2 per 100,000 cases or 16 deaths over 3 years.
- In Islington, suicide rates dropped 23% to 7.3 per 100,000 cases or 19 deaths over 3 years.

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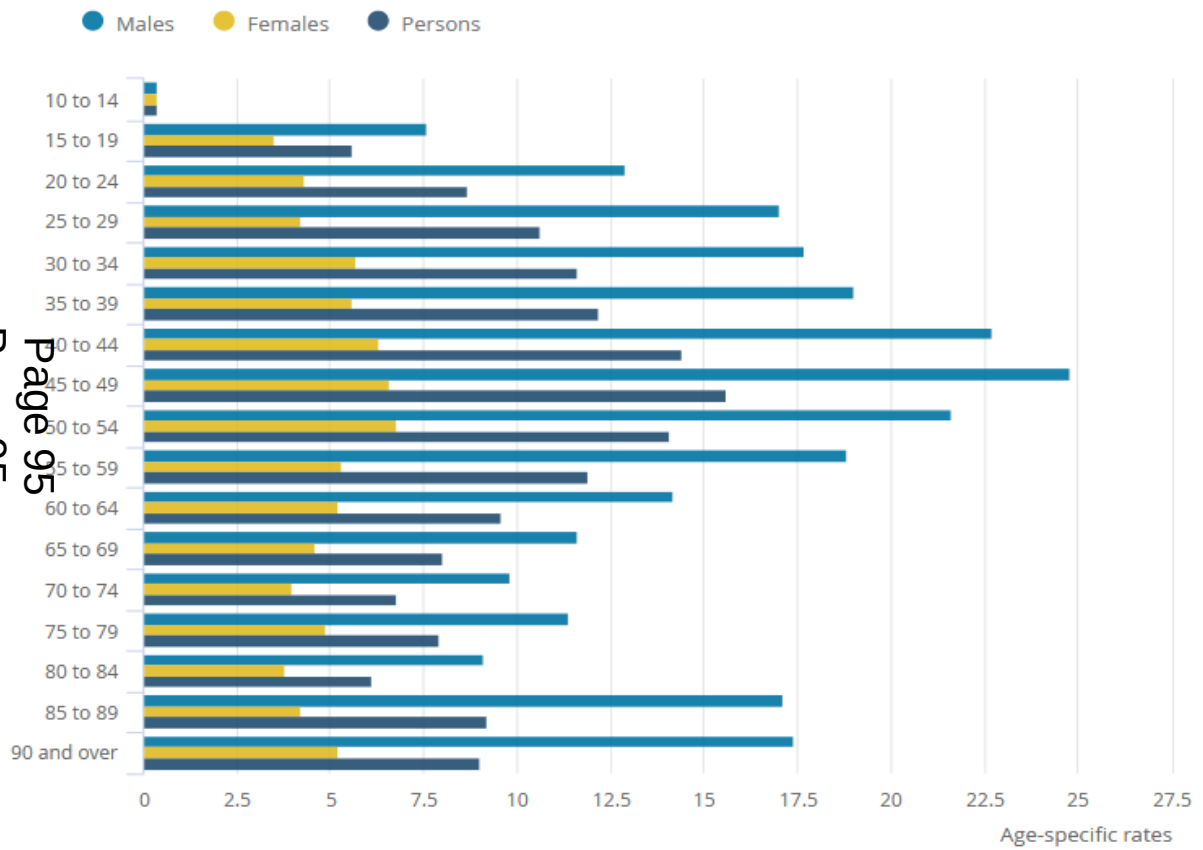
3. Camden & Islington Suicide patterns: age and gender

NHS



- Nationally, suicide is the leading cause of death in people aged 20-34.
- There are very few deaths in people under the age of 18: over the ten years to 2017, there were 6 across both Camden and Islington.
- Locally, the highest numbers of suicides are between 40-44 in Camden, and between 35-39 in Islington.

In 2015-17, men accounted for:

- 71% of suicides in Camden,
- 61% of suicides in Islington,
- 76% of suicides nationally.

Graph sourced from the Office for National Statistics

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4. Physical Health (Evaluation of Integrated IAPT service) (1)

NHS

- The NCL Integrated IAPT service has been confirmed as a valuable service, following an economic and qualitative evaluation study undertaken by an independent research and consultancy partnership in 2017-19.
- It demonstrates that the Integrated IAPT offer has more benefits in terms of recovery outcomes for patients with Chronic Obstructive Pulmonary Disease (COPD) and diabetes than the Core IAPT approach.

  Analysis of monitoring data suggests that a larger proportion of patients from the NCL Integrated IAPT services (43.1%) moved to recovery than did patients with diabetes and/or COPD who had accessed the core IAPT service in the preceding year (34.0%).
- This suggests that the service has clear potential to meet its central aim which is to "significantly increase the capacity of the NHS to provide psychological therapy for people with co-morbid Long Term Conditions and MUS in the context of a co-existing mental health problem", thereby delivering improved access to treatment and better access for patients.

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4. Physical Health (Evaluation of Integrated IAPT service) (2)

- Feedback from stakeholders and patients suggests that the two services in Haringey and Islington are delivering improvements to patients' lives, and that the overall referral process and patient experience is positive.
- Among the many findings in the evaluation report, two are especially notable. First is the statistically significant improvement which Integrated IAPT patients experience in depression (PHQ-9 scale) and anxiety (Generalized Anxiety Disorder - GAD-7 scale). The analysis in this report gives us confidence that these improvements can be attributed, at least in part, to the Integrated IAPT service.
- Secondly, an analysis of results for the Work and Social Adjustment Scale indicates that patients leave the service with a reduced impairment on their ability to do day-to-day tasks as a result of their mental health. The reduction was statistically significant so offers confidence that the result can be attributed to the Integrated IAPT service.

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5. Workforce in mental health settings, co-located with primary care

NHS

- Expansion into and co-location of mental health roles within primary care is happening across NCL in a number of areas.
- The introduction of new Primary Care Mental Health teams and mental health link workers reflect the borough based development of services.
- In addition, IAPT services are now co-locating psychological wellbeing practitioners (PWPs) in GP practices where there is space and also offering other community venues as service sights, including from Voluntary and Community Sector Providers.
- The NHS Long Term Plan will also see the provision of Perinatal Mental Health Services in more community settings as part of the expansion to family and partners and the extension of support beyond the usual postnatal period.

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6. Mental Health in schools (1)

NHS

- All five boroughs in NCL had successful bids to be trailblazer sites for Mental Health Support Teams (MHSTs) in schools. Camden and Haringey were successful in in Wave 1 and went live in late 2018. Islington, Barnet and Enfield all had successful bids in Wave 2. Enfield go live in September 2019. Islington and Barnet will go live in January 2020.
- Funding for each site will be used to commission MHST which are supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help.
- Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.
- One of our site is also a trial site for a four week waiting time for access to specialist NHS children and young people's mental health services.

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6. Mental Health in schools (2)

In addition to establishment of individual project governance and reporting and monitoring processes, the following initiatives are in place to support achievement of outcomes:

- NCL plans to have an STP MHSTs shared learning group to enable sharing of best practice. The learning group will feedback to NCL STP CAMHS project board, who will provide the governance arrangements. The group will be established at the beginning of Q3 2019/20 with representation from health, care and education.
- NCL are confident this initiative will ensure the improved access to community services through this extended provision. From 2021 we will increase the range of educational provisions able to access mental health support teams to colleges and universities in order to ensure the 16-25 age range have access to this provision.
- Integration and aliment with other relevant initiatives across the system, including other CAMHS in Schools services and Children's Wellbeing Practitioners to support whole borough learning and the development of school based approaches. MHSTs will be promoted to practices through Primary Care Networks (PCNs) in and the establishment of PCNs will allow for at scale working between practices and supports the reach to CYP who cannot be engaged through school.
- Tailored delivery initiative's to address variation in need across different localities within each borough – i.e. based on JSNA needs analysis. Pilot projects establish the allocation of resources initially where need is greater in terms if equalities around health outcomes. Data from the MHSTs will inform future decision making in terms of the resource allocation to the full borough.
- Wider CYP organisations delivering mental health support for children will also be engaged through the multi-agency partnerships developed . See next slide for extensive list of VSCE engaged, often facilitated through specific lead organisations within each borough.

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7. Personalised care in care homes

NHS

- Provision of care home quality assurance is currently undertaken by each of the 5 NCL councils through various methods.
- Some boroughs use self-assessments and others focusing in data from the Any Qualified Provider (AQP) dashboard.
- NCL is working on a consistent monitoring solution across the 5 councils so that there is a consistent assurance of quality of services.
- There have been a number of workshops to develop a comprehensive monitoring process that will be aligned to the CQC 5 key lines of enquiry.
  - ✓ Is care safe – are people protected from abuse* and avoidable harm. (*Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse.)
  - ✓ Is care effective – is people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.
  - ✓ Is care caring – does the service involves and treats people with compassion, kindness, dignity and respect.
  - ✓ Is care responsive – do services meet people's needs.
  - ✓ Is care well led – is the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture.
- This new tool will include reviewing care plans to make sure they are person centred.
- NCL is also exploring an option to purchase a tool called the Provider Assessment and Market Management Solution (PAMMS) to help facilitate this.
- The plan is to have this in place by 1st April 2020.

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8. Responsible commissioner for beds

NHS

Inpatient mental health beds are commissioned by NHS England specialised commissioning team and Clinical Commissioning Groups (CCGs).

NHS England	CCGs
CAMHS Tier 4 inpatient services	Adult & older adult inpatient mental health services
Low secure services	Mental health rehabilitation inpatient services
Medium secure services	Assessment & Treatment Units for people with Learning disabilities and/or Autism
High secure services	n/a
Eating disorder inpatient services	n/a

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9. Working with VSCOs

Collectively across the five boroughs, our STP work with many VSCE organisations to deliver mental health services, including programmes in schools as below

	Barnet	Camden	Enfield	Haringey	Islington
Trailblazer pilot partners	Facilitated by Young Barnet Foundation to 100-130 organisations that would complement the trailblazer platform	Eg – Fitzrovia Youth in Action is an example of a VSC provider in schools	MHST Steering Group reports directly to Thrive Partnership Board, which has representation from a number of VCS organisations who are members. Mental Wellbeing forum is an umbrella forum to bring together VSCE stakeholders in Enfield.	Open Door, Tottenham Hotspurs Foundation, deep:black & the Holding Foundation, parent representative	Board representation includes YMCA, Young Minds. Brandon Centre, Barnardo's. Network of >50 organisations
MHST coverage	To establish two Mental Health School Teams (MHSTs) across 33 settings.	2 MHST covering 70% schools in the borough	Two MHSTs over many settings (50 EOIs received)	two Mental Health Support Teams (MHST) working across five secondary schools, thirty-one primary schools and one primary special school	Two MHSTs will be established covering the North and South of the borough.

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NHS

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Appendix 1

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NHS

Improving mental health outcomes (i)

Ambitions

NCL's vision for mental health support is based on the principles established by our Expert by Experience Board. The ambitions are:

- **Improved access to care and support** (embedding "no door is the wrong door"; addressing significant areas of unmet need; provide support in the interim where people are on waiting lists for complex care treatment,; better coordination of access to specialist support once patients are discharged from secondary care, and develop fast track access to specialist mental health teams in a crisis)
- **Service provision and development** (reducing variation in support services; a greater community support offer and Crisis Cafes; stronger support and funding for the Voluntary and Community Sector, while subject to the same outcome measures as statutory services; transparency in addressing gaps in service provision and supporting people who require "complex care/the level above IAPT but below crisis intervention", expanding the workforce particularly peer support roles)
- **Outcomes and monitoring** (increased focus on patient-centred goals like patient recovery outcomes, housing and employment, patient and public participation in evaluation and monitoring of services)

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Strategic approach

- **Provider collaboratives**: there are three NHS Provider Collaboratives in development that are aiming to take over NHSE Specialised Commissioning budgets. The main objectives are to ensure: care closer to home through the elimination of external placements; incentives for community care; joined up pathways with secondary / primary care; providers in North London working as a system not in competition. All three have had their interview with NHSE following the first stage of the approval process and are awaiting feedback. If they progress into the fast track, they will need to submit a final business case by November with a start date of April 2020. They will be engaging with local authorities, CCGs and the NCL Transforming Care Partnership.

- **Stabilising and expanding community teams**: (i) implementing a new digital system across NCL, including a registry for physical health checks for adults with Serious Mental Illness, and automating identification of GP practices with low completion rates of health checks for this cohort, improving the support available for these practices and their patients through existing QUIST initiatives; (ii) expanding primary care workforce and further upskilling, including links to specialist support from mental health trusts, enabling the expansion of health checks and looking at further evidence of effective interventions that can be facilitated in part with Personal Health Budgets for this group; (iii) Individual Placement and Support services are available across NCL. The access standard for Early Intervention in Psychosis is already met across NCL and Service Development and Improvement Plans are now in place to ensure all services achieve Level 3.

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NHS

Improving mental health outcomes (ii)

- **Initiatives via additional fair share funding to expand access:**
  - **CYP aged 0-15 services:** NCL has good examples to learn from, including an open access / voluntary service models called 'HIVE' in Camden and 'Choice' in Haringey, with principles, which could be replicated across the STP.
  - **access to specialist community perinatal mental health services:** NCL is collaborating to deliver a specialist community perinatal mental health service for women with severe or complex mental health needs. Evidence-based care pathways operate locally and there are examples of initiatives that continue to inform the development of the new service, which will continue to focus resources and engage people who find help harder to access including teenagers and mothers from some BME groups including those for whom English is not their first language.
  - **24/7 adult crisis resolution and home treatment teams (CRHT):** there is 100% coverage of CRHT services which operate on a 24/7 basis and include Crisis Single Point of Access functions in addition to Home Treatment and Assessment teams. Camden and Islington also have a specialised Older Adults Home Treatment Team. CRHT provision will be able to deliver a high-fidelity service by 2021, maintain high-fidelity coverage of UCL Core Fidelity scales to 2023/24. There is a commitment to review Crisis Pathways in BEH; strengthening CRHT Teams and providing care closer to home will be critical to managing the increasing pressures on inpatient beds and to reducing out of area placements.
  - **CYP mental crisis services:** NCL will develop a local integrated pathway for children and young people with higher tier mental health needs, including rapid community-based and out-of-hours responses to crisis. Investment will focus on expanding the crisis workforce and training for the crisis response team, with a focus on Dialectical Behaviour Therapy (DBT).
  - **Alternative crisis provision:** current provision across NCL is varied. The planned transformation funding will evolve alternative crisis services to become increasingly uniform and equitable across the STP to all age groups for people, and their carers.
- **Initiatives via additional targeted funding allocations (to be agreed with NHS England and NHS Improvement):**
  - **Salary support for IAPT trainees:** IAPT trainee numbers have been agreed across NCL, with contract variations in place to provide salary support in line with regional funding requirements.
  - **CYP mental health support teams:** all five boroughs in NCL had successful bids for Mental Health Support Teams in schools trailblazer sites. Camden and Haringey went live in late 2018, Enfield go live in September 2019, and Islington and Barnet will go live in January 2020.
  - **Maternity outreach clinics in 2020/21 and 2021/22**

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NHS

Improving mental health outcomes (iii)

- **Initiatives that could be funded via additional targeted funding allocations (to be agreed with NHS England and NHS Improvement):**
  - **New models of integrated primary and community care for adults and older adults with SMI:** this is central to the joint clinical strategy by our mental health trusts over the next six months. Developments in community provision will continue over the next two years through transformation funding, using devolved specialised commissioning budgets, and expanding Primary Care Mental Health services across NCL.
  - **Mental Health Liaison Services:** these are delivered 24/7 in all 5 Acute sites in NCL, with a commitment to consolidate and expand MHLS. Partners have adopted a MHLS Collaborative Agreement, Core 24 service specification and associated KPIs. This system wide approach has attracted Wave 2 MHLS transformation funding to enhance provision and ensure all hospitals in NCL meet Core 24 Standards for adults and older adults by 2021.
  - **Individual Placement Support (IPS):** services are available across NCL following close working between health and social care, and a further two-year expansion will be supported through Wave 2 funding to extend access in primary and secondary care.
  - **Testing of clinical review of standards in 2019/20** (TBC)
  - **Model for problem gambling:** NCL was not successful in securing problem gambling funding in 19/20. It is considered a future ambition due to established existing services and ability to expand the model.
  - **Specialist Community Forensic Care and women's secure:** North London Forensic Consortium will be a wave 2 pilot site for the new specialist community forensic team model, which will be rolled out over a 2-3 year period, initially covering Barnet, Enfield and Haringey, expanding to Camden and Islington from 2022/23. It will support development of accommodation pathways by co-commissioning housing providers, which will reduce length of stay for forensic inpatients, improve housing pathways and increase community resource.
  - **Enhanced suicide prevention initiatives and bereavement support services:** NCL successfully bid for PHE funding to develop a post-intervention suicide bereavement support service. Procurement will take place by March 2020.
  - **Mental health services to support rough sleepers:** Haringey is a national pilot site and has taken an integrated multi-disciplinary approach to co-produce services for rough sleepers. It will integrate existing homelessness services in a co-located outreach teams. It will further integrate with health services (including GPs, Psychiatrists and Psychologists, occupational therapists, peer support workers) and integrated substance use treatment pathways to ensure effective holistic support. An MDT led by public health developed a funding proposal for Camden and Islington but was unsuccessful. It is a priority for future funding.

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North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

Non-emergency patient transport service across North Central London

FOR SUBMISSION TO: NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 27 September 2019

SUMMARY OF REPORT

The presentation provides an update on the non-emergency patient transport service (NEPTS) across North Central London. It summarises a recent procurement process and notes that DHL has started providing patient transport services for a range of NCL trusts from September 2019.

It covers the benefits the patient transport system brings to patients and residents, how the system works in practice and how changes to NEPTS can help to enable wider service transformation.

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RECOMMENDATIONS

1. The committee is asked to consider, comment on and note the report.

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NHS
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Clinical Commissioning Group

Non-emergency patient transport service across North Central London

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North Central London Joint Health Overview and Scrutiny Committee meeting

September 2019

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Background

- The Royal Free London (RFL) is the non-emergency patient transport service (NEPTS) lead for North Central London (NCL) sustainability and transformation partnership (STP).
- After a tender process across NCL, in September 2019, DHL started providing services for the trusts below. They already provide services for the RFL.
    - Moorfields Eye Hospital NHS Foundation Trust
    - North Middlesex University Hospital NHS Trust
    - Whittington Health NHS Trust
- Clinical commissioning groups (CCGs) are responsible for commissioning NEPTS and have asked for assurance that only patients who are eligible are receiving patient transport.

Background

- The RFL led a project board consisting of senior members of NCL CCGs and the initial participating trusts.
- Two services have been developed in collaboration with a range of stakeholders including patients and carers;
    - eligibility and assessment service (access to patient transport services) and,
    - patient transport services
- The contracts have been designed as a framework for STP partners and other stakeholders to join.

What are the benefits for patients?

NHS Barnet Clinical Commissioning Group

Equity of access

- **Issue:** inequality of access across NCL – different assessment processes sometimes resulted in inequity of access
- **Solution:** single call centre with a consistent method of assessment, applying Department of Health and Social Care (DHSC) guidance consistently. This will make sure residents and patients who really need transport and have no other options are receiving the support they need

Knowledge of services

- **Issue:** GPs and patients did not know what services were available and how to access them
- **Solution:** a single service will make it easier to navigate and make sure vulnerable patients have access

Delivery of performance targets

- **Issue:** providers were often not meeting performance targets and accepting penalties. This meant patients did not get the best experience and had had long waits for their transport to arrive and spent a long time in transit
- **Solution:** contract has been reframed to incentivise the delivery of performance targets co-designed with patients

Other benefits

NHS Barnet Clinical Commissioning Group

- A unified service for the trusts involved and potentially for the whole of NCL CCGs and STP.
- Trusts will retain operational control of their local transport provision with the support of the framework to achieve significant volume discounts as more trusts come on board.
- NCL CCGs will cover actual transport costs (not estimated) for trusts in NCL using the assessment centre service.
- For the commissioners, this will result in a high quality service delivered within budget. The programme will deliver year-on-year efficiency savings after year one, through discounts from DHL as more trusts join and through identifying patients who are not eligible.

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Eligibility and assessment centre

NHS Barnet Clinical Commissioning Group

- Access to patient transport is based on medical need and the eligibility criteria used are in line with the DHSC guidelines. **There has been no change to the eligibility criteria.**
- The criteria makes patient transport available to patients whose clinical condition means that travelling by any other means would be detrimental to their recovery or existing condition, such as but not limited to:
  - patients who need to be transported on a stretcher
  - some wheelchair patients
  - some patients receiving oxygen
  - patients who require paramedic services
  - patients who need the support of patient transport staff during the journey
- Financial or social care grounds are not reasons for granting NEPTS.
- The questions that are part of the assessment have been revised.

Eligibility and assessment centre

NHS Barnet Clinical Commissioning Group

- Patients with a medical need will still receive the same service as they did previously.
- Patients will be reviewed at each transport request to ensure they continue to be eligible, while ensuring the most appropriate vehicle and crew support is provided.
- Eligible patients visiting frequently and those with medical conditions which are unlikely to change will undertake full assessments less frequently (between four weeks and three months)

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Patients who do not meet the eligibility criteria

- Patients can appeal to the assessment centre to have their decision reviewed by a nurse.
- Patients will be signposted to other means of transport, and towards the healthcare travel costs scheme for financial support if appropriate.

Patient transport service

NHS Barnet Clinical Commissioning Group

- Each trust retains operational control of their own transport service.
- Primary access to the service will be via the eligibility and assessment centre managed by the RFL on behalf of NCL CCGs for the participating trusts.
- NCL CCGs will cover actual transport costs for trusts in NCL using the assessment centre service.

Key performance indicators (KPIs), such as the time a patient waits for their call to be answered and the number of assessments completed before a booking is made, will be reported monthly to the trusts by DHL.

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Patient transport service

NHS Barnet Clinical Commissioning Group

- A governance structure is in place with a board which includes CCG and trust representation.
- DHL will be accountable to the trust they are contracted by.
- The framework has been developed to maximise economies of scale, with provision for contract variation where necessary and to achieve volume discounts as more trusts come on board.

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Service transformation

NHS Barnet Clinical Commissioning Group

Changes to NEPTs will likely enable wider service transformation in two ways:

1. Having consistent, well understood and high quality NEPTs will support the reconfiguration of service location such as in the elective orthopaedic specialist centre work allowing otherwise significant barriers due to accessibility to be mitigated.

2. Providers and commissioners working collaboratively together and procuring at scale in this way will act as a pilot for a number of other services.

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Summary

NHS Barnet Clinical Commissioning Group

- The new system brings a number of benefits for patients and residents including:

    - single call centre with a consistent method of assessment, applying DHSC guidance consistently. This will make sure residents and patients who really need transport and have no other options are receiving the support they need.

- Eligibility criteria is set by the DHSC and remains the same. It is based on medical need.

- Each trust will have operational responsibility for their own transport contract with DHL.

- Year-on-year efficiency savings after year one.

- Monitoring of quality via monthly KPIs.

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Any questions

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NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**
REPORT TITLE Work Programme and Action Tracker 2019-20	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 27 September 2019

SUMMARY OF REPORT

This paper provides an outline of the 2019-20 work programme and action tracker of the North Central London Joint Health Overview & Scrutiny Committee.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

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RECOMMENDATIONS

The North Central London Joint Health Overview & Scrutiny Committee is asked to:

a) Note the contents of the report; and
b) Consider the work programme for the remainder of 2019-20.

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1. Purpose of Report

1.1. This paper provides an outline of the proposed areas of focus for the Committee for 2019-20. This has been informed by topics highlighted by the previous Committee and a review of key health and care strategic documents that impact on North Central London. Throughout the municipal year, as the Committee considers other areas of interest, these will also be added to the work programme, either for discussion in the current municipal year or in subsequent years.

1.2. The report also includes an action tracker for the Committee, Appendix B. This will be populated with actions from each Committee meeting. It is intended to help the Committee effectively track progress against recommendations and requests for further information.

2. Terms of Reference

2.1. In considering topics for 2019-20, the Committee should have regard to its Terms of Reference:

- To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;

- To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;

- To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the areas of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;

- The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;

- The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and

- The joint committee will aim to work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people

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3. **Appendices**

Appendix A – 2019/20 Work Programme
Appendix B – Action tracker
Appendix C – Revised NCL JHOSC Governance Principles

REPORT ENDS

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Appendix 1 – NCL JHOSC Work Programme 2019/20

27 September 2019 (Camden)

Item	Purpose	Lead organisation
Future priorities for North Central London: Developing our collective plans to deliver the NHS Long Term Plan	Paper setting out the future vision and proposals in response to the NHS Long Term Plan, ensuring that partners and stakeholders' views have been used to develop and shape the plans.	NCL Partners
NLP Mental Health programme	Follow up on report received by NCL JHOSC in January 2019. Revised report to return with greater emphasis on data and evidence, addressing additional questions raised at the January meeting.	NCL Partners
Orthopaedic Services Review	Report to enable further conversation with JHOSC about the Orthopaedic Service Review consultation process (beginning end of October). Also including specific coverage of steps taken to consider location and transport as an enabler for the reconfiguration of services.	NCL Partners
Patient Transport: Non-emergency Patient Transport Services	Report on strategic transportation issues including the Non-emergency Patient Transport Services procurement contract, application process and impact on patients/residents. Following a public deputation received in July 2019.	Royal Free London FT Barnet CCG
Work programme and action tracker	Work Programme, action tracker and follow up of any ad hoc requests.	Chair of NCL JHOSC

Appendix 1 – NCL JHOSC Work Programme 2019/20

29 November 2019 (Enfield)

Item	Purpose	Lead organisation
Integrated Health and Care in North Central London	Further report of plans and action taken to implement the Integrated Care System across the five boroughs in North Central London. To provide a more detailed look at how integrated care systems will work in practice in NCL and what this will mean for our residents. Incorporating an update Primary Care Networks (PCNs) and care homes.	NCL Partners
General Practice as the foundation of the NHS: A strategy for NCL	A report to come to the NCL JHOSC updating members on the progress with the GP strategy.	NCL Partners
Moorfields Consultation - Outcome Report	To allow JHOSC to discuss the draft consultation outcome report and address any early findings.	NCL Partners
Royal Free Financial Update	Royal Free Financial Update including Action Plan. To include information on the amount owed by overseas visitors not entitled to NHS treatment and how this was pursued. Requested July 2019.	Royal Free London FT
Estates Strategy Report	To include disposal of assets and where the money has gone for each of the providers. In July the committee requested a substantive item return to committee in November following the release of the revised estate offer in September.	NCL Partners
Work Programme and Action Tracker	Work Programme, action tracker and follow up of any ad hoc requests. To include the updated strategic risk register.	NCL Partners

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Appendix 1 – NCL JHOSC Work Programme 2019/20

31st January 2020, Haringey

Item	Purpose	Lead organisation
Electronic Patient Records	An updated report on Electronic Patient Records to identify the benefits of the scheme from the perspective of patients and health staff, and including insight from officers and clinical practitioners. Also to include measures taken to ensure data security.	Royal Free London FT
Reducing A&E attendance	Report covering the cross organisational working of NHS, local providers and councils to reduce attendance at A&E. To include discussion on A&E and Place of Safety following Mental Health Programme item in January 2019.	NCL Partners
Work Programme and Action Tracker	Work Programme, action tracker and follow up of any ad hoc requests.	NCL Partners

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Meeting	Item	Action	Action by	Progress
Jun-19	ESTATES STRATEGY UPDATE	Report on the Estates Strategy to come back to the Committee in November 2019. To include information on the disposal of assets and where the money had been allocated for all the providers.	North London Partners	Report added to work programme, scheduled for meeting on 29th November 2019.
Jun-19	ROYAL FREE LONDON FINANCIAL UPDATE	Royal Free Financial Update with Action Plan to come back in November 2019. To include information on the amount owed by overseas visitors not entitled to NHS treatment and how this was pursued.	Royal Free	Report added to work programme, scheduled for meeting on 29th November 2019.
Jun-19	DEPUTATION	Report required patient transport across NCL for September. To include some information about who is running Non-Emergency Patient Transport Services	Royal Free	Report taken to meeting on 27 September 2019. Complete
Jun-19	ADULT ELECTIVE ORTHOPAEDIC SERVICES REVIEW	That a report come to the Committee in September providing more information on the outcome of the consultation, the transport impact on patients and locations that would be closed.	North London Partners	Report taken to meeting on 27 September 2019. Complete

Jun-19	GOOD GOVERNANCE PRINCIPLES	Required amendments to be made the good governance principles document. The good governance principles would be sent to all officers before producing JHOSC reports and responses to petitions	JHOSC policy support	Revised Good Governance Principles attached to work programme item 29th November 2019. Complete
Mar-19	Work Programme	The NCL Partnership risk register should be appended to the work programme report	North London Partners / Camden Strategy and Change	Risk register considered by JHOSC in July and to return at November meeting. Complete
Jan-19	NLP Mental Health Programme	Members requested data on out of borough placements for each borough, trust and hospital. Including costs per patient and in total.	North London Partners	Redrafted NLP Mental Health Programme paper to be considered at the JHOSC meeting in September 2019.
Jan-19	NLP Mental Health Programme	Mental Health Programme report to be redrafted with greater emphasis on data/evidence and responding to a number of issues raised by the committee	Henry Langford	Redrafted NLP Mental Health Programme paper to be considered at the JHOSC meeting in September 2019.

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North Central London Joint Health Overview Scrutiny Committee

OUR GOOD GOVERNANCE PRINCIPLES

Members believes that effective public scrutiny helps local providers to reduce inequalities, to improve people's lives, to improve people's experiences, to deliver better health and services and to achieve greater value from the public's money.

Effective public scrutiny uses democratic accountability, openness, transparency, searching questions and focused recommendations to deliver public good.

1. **Putting patients and residents at the centre of all we do**
   Our priorities are to reduce health and wellbeing inequalities, to improve health and wellbeing outcomes, to improve the experience of patients and residents, to prevent ill health and to make the best use of public money.

2. **Establishing our common ground, focusing at all times on our common purpose, setting objectives, planning**
   Our priorities are clear and focused. We are clear who is responsible for what, what will be different, and for whom. We are not distracted from our real business.

3. **Working collaboratively**
   We listen and learn from experts – patients, residents, clinicians, colleagues, partners, the voluntary and community sector, local businesses, elected members, council officers, NHS officials, and from each other - before we take decisions and before we act.

4. **Evidence based**
   We will actively seek evidence and relevant information from a range of sources and witnesses so that we are able to provide challenge and recommendations that are based on evidence.

5. **Acting in an open and transparent way**
   We always us inclusive language that is understandable to all.

6. **Publically accountable**
   We demonstrate consistently that we are publicly accountable for what we do and how we conduct business. Including for how and when we make decisions and take actions - in everything we do.

7. **Integrity**
   We consistently demonstrate an understanding that health sectors, local councils and the voluntary and community sectors have different cultures and priorities. We always act, individually and collectively, with the highest standards of integrity and behaviour

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