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

# Update on the NCL Community and Mental Health Services Strategic Review
# Islington Health and Well Being Board

**July 2021**

# Background to the Community and Mental Health Services Strategic Review

- North Central London (NCL) CCG **spends £595 million** annually across a range of NHS, Local Authority and Private Providers delivering a wide range of **Community Services and Mental health services** that supports our 1.7m population across the 5 Boroughs.

- Before the formation of the NCL CCG services were commissioned by each of the 5 legacy CCGs in isolation **leading to substantial variation in service delivery** models and **the range of services provided**, e.g. opening hours, provision of a community IV service, different models of dementia care etc. This has lead to **variations in outcomes and inequalities in access to provision**. It has also created opportunities to identify improvements.

- With the formation of the NCL CCG and as **we move toward an Integrated Care System (ICS**) along with the development of Borough Based Integrated Care Partnerships (ICPs) we are in a position to address both the issues highlighted in the initial review as **well as accelerate the development of PCN/neighbourhood based services in line with the Long Term Plan.**

- This work will also enable us to create **sustainable community and mental health services** that starts to improves health outcomes, and **address inequities in access and disproportionality** and also drives better value from our current spend.

- Following discussion with **Trust and Local Authority partners** we have agreed that we would **run the two reviews in parallel**. This will enable us to consider the **overlap and interdependencies** for people with complex co-morbidities and both physical and mental health needs.

- The CCG have **commissioned Carnall Farrar as design partners** to deliver the two strategic reviews. Both reviews have active **Programme Boards** which include Trusts and Local Authority senior leadership along with service users and clinical representatives.

- The **ambition of the reviews** is to agree with partners a **consistent and equitable service core offer** for our population that is delivered at a neighborhood/PCN level based on identified local needs and that is fully integrated into the wider health and care system ensuring outcomes are optimized as well as ensuring our services are sustainable in line with our financial strategy and workforce plans.

# Scope of the Community and Mental Health Services Strategic Review

The scope of the Community and Mental Health Strategic Review is summarised below:

| In Scope | Out of Scope |
|---|---|
| All NHS funded Community Services (meaning Adult and Children and Young People services delivered outside of a hospital setting and not part of an Acute Spell) delivered by both NHS Community and Acute Providers. All NHS funded mental health services (including Perinatal, Children and Young People, Adults and Older Adults and People with a Learning Disability). | Continuing Health Care |
| All NHS funded Community Services delivered by Private and other Providers (Voluntary and Charitable Sector etc). This includes Community Services delivered by Primary Care partners that are not part of a Primary Care Core Contract, Locally Commissioned Service/Directed Enhanced Service or similar arrangement. | Care Providers / Care Homes (except non Continuing Healthcare NHS Services delivered in a Care Setting) |
| The scope also includes services such as Discharge (Integrated Discharge Teams) etc, End of Life Care, services for people with Long Term Conditions etc where these are funded by the NHS and delivered outside an acute episode of care. | NHS Acute Services |
| | Primary Care contracts including core GP contracts and additional NHS service contracts |
| | Statutory Homelessness Services |
| | Local Authority Commissioned Services with the NHS (except where jointly funded) |
| | 0-19 Services Delivered by Local Authorities |
| | Specialist Mental Health Services for Adults and Children/Young People |
| | Learning Disability Services (Transforming Care cohort of people) |

Interdependencies will need to be considered and this review is being undertaken in conjunction with a strategic review of mental health services to take into account population co-morbidities and the need for integrated services for some people.

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

NHS

# Work completed to date and ongoing design process

| Baselining the current position | Developing the core offer | Refinement |
|---|---|---|
| Interviews (May) | 5 x Design Workshops (June/July) | Options Appraisal (June-July) |
| Health & Care Survey (May) | Deep Dive Workshops (June/July) | Impact Assessment (June-July) |
| Data analysis (May-June) | Testing and Challenging Emerging Proposals (June–July) | Financial Impact Analysis (June-July) |
| Baselining workshop (May) | | Initial Proposal (July) |
| Development of baseline report (May-June) | Ongoing | Transition Plan Development (August-September) |
| Finalising | | To follow |

## Joint design workshop on principles and outcomes *(3 June)*

**Purpose:** To provide input on the design principles and desired outcomes for community and mental health service offer

**Who:** Representatives from community, mental health, primary care, acute providers, service users and commissioners

## Deep dives on population needs, best practice and new care models

**Three sessions:** Primary care, mental health and community health

**Purpose:** To provide input to the design of the core offer including best practice in NCL

**Who:** Wider stakeholders from primary care, mental health and community respectively

## Further design workshops on core offer and delivery model

**Four sessions:** Mental health x 2 and community health x 2

**Purpose:** To design the core offer based on population needs, existing best practice in NCL and further opportunities to improve the delivery of care

**Who:** Representatives from community, mental health, primary care, acute providers, service users and commissioners

# Key messages from the baseline analysis of NCL mental health services

There is significant **variation in demographics** both across and within NCL boroughs which is associated with **different needs** for support from mental health services:

- 10.8% of the Enfield has a diagnosis of depression compared with 7.9% in Barnet and 8.2% London wide
- NCL STP has the highest prevalence of SMI of STPs in England, with particularly high levels of need in Camden, Haringey and Islington

Analysis of finance and activity show that **service provision and investment do not correspond to the level of need:**

- In Haringey CYP have higher mental health needs relative to other boroughs, with highest number of CYP presenting at A&E with mental health needs, but the spend per head is lower than NCL average
- Enfield and Islington have higher diagnosed rates of depression but spend less per head on IAPT services, potentially contributing to more presentations in A&E due to depression and self-harm

There are **significant health inequalities** including significant disparity by ethnicity:

- The black population are higher users of acute mental health services, with 27% of admitted patients being black, compared to representing 11% of the NCL population
- C. half of patients admitted are unknown to services; this is particularly high among black population groups

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

- Workforce is concentrated in Community Mental Health Teams and Crisis Response and Home Treatment Teams; there are over 3 times as many staff in NCL in Crisis Response teams compared to Early Intervention in Psychosis teams
- Rejected referrals to community mental health teams are most likely to be referred onwards to crisis teams

# Key messages from the baseline analysis of NCL community services

There is significant **variation in demographics** both across and within NCL boroughs which is associated with **different needs** for support from community health services:

- 25% of Year 6 pupils in Islington have childhood obesity compared to 11% in the least deprived London borough
- Enfield and Haringey have over 30% of LSOAs in the 2 most deprived deciles; research has shown that people in the most deprived areas develop long-term conditions approximately at least 10 years earlier

Analysis of finance and activity show that **service provision and investment do not correspond to the level of need:**

- Waiting times for children's therapy assessments are between 5-7 times as long in Barnet as in Camden, which is linked to the size of the workforce which is 5 times as large in Camden as in Barnet
- Enfield has over twice the prevalence of diabetes as Camden yet has a community diabetes resource that is less than half the size

This disparity appears **related to levels of historic and current funding**

- Camden spends 1.2 times as much on community health services per weighted head of population compared to Enfield
- In boroughs with lower levels of community spend, survey respondents felt patients were less likely to be effectively supported

There are **significant health inequalities and inequities in outcomes** for patients across NCL

- Barnet has 3 times as many care home beds per 65+ population as Haringey. However, Barnet also has the lowest coverage of care home in-reach
- Enfield has the lowest % of diabetics receiving the 8 care processes or attending structured education. However Enfield, has lower rates of admissions for hypo- and hyper- glycaemia

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

NHS

# Design Principles

## Purpose of Principles - what our design principles should do

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

## Our draft design principles for NCL:

**The core offer needs to**

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

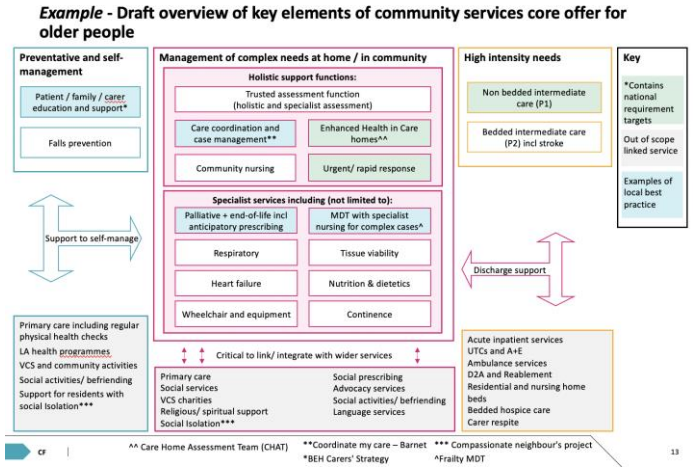
**Impact assessment:** We will conduct an impact assessment on the core offer to evaluate the changes to the new operating model, including a value for money assessment.

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

**Objectives for the sessions**

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

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




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

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

For elements of the core offer, Participants reflected on:

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

# What do we mean by a core offer?

**What is the purpose of the core offer?**

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

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

**The core offer will describe:**

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

**The core offer will not describe:**

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

**The offer will be tested against our agreed design principles**

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

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

NORTH LONDON PARTNERS in health and care

NHS

# The themes from the core offer discussion for the pen portraits aligned with themes from the community and primary care deep dives

| | |
|---|---|
| **Patient-led** care and support | • It is important to understand the individual's wishes and to engage on that basis<br>• There should be a proportional plan based on personal aspirations and strength-based approach, and this should be holistic not just clinical<br>• The service user's circumstances should be understood, and services nuanced and provided on that basis (e.g. language services, culturally designed care)<br>• People should be empowered through education of their condition and where and how to seek help |
| **Workforce** | • To deliver the core offer, staff need to be supported and receive adequate training and education<br>• Resources are constrained, so we should be innovative to maximise what we have |
| **Holistic considerations and flexibility** | • Individuals need to be considered within the context of their holistic needs<br>• All a user's environment and demographics should be reflected; e.g. their family situation, the likelihood & method of engagement (some people may struggle to engage and shouldn't be disengaged with after missing an appointment), their employment, their housing etc. |
| **Integration considerations** | • Need to have a joined-up service for drug, alcohol, mental health and community services – involvement of VCS and Local Authority is crucial<br>• For C&YP need improved links between the school, health service, GP, Community, Acute and Mental Health & support at transitional stages |
| **Digital enablers** | • Patient records should be integrated, shared and accessible to all those providing care |
| **Case management** | • It is not just what services exist, but how people engage with the service and navigate the system that needs to be considered<br>• For complex service users who need to engage with multiple services, we need to ensure we have a case holder to support both the individual, the family and th clinicians |

**Examples of Local Best Practice were also referred to, including:**

**THRIVE Model**
It conceptualises need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support.

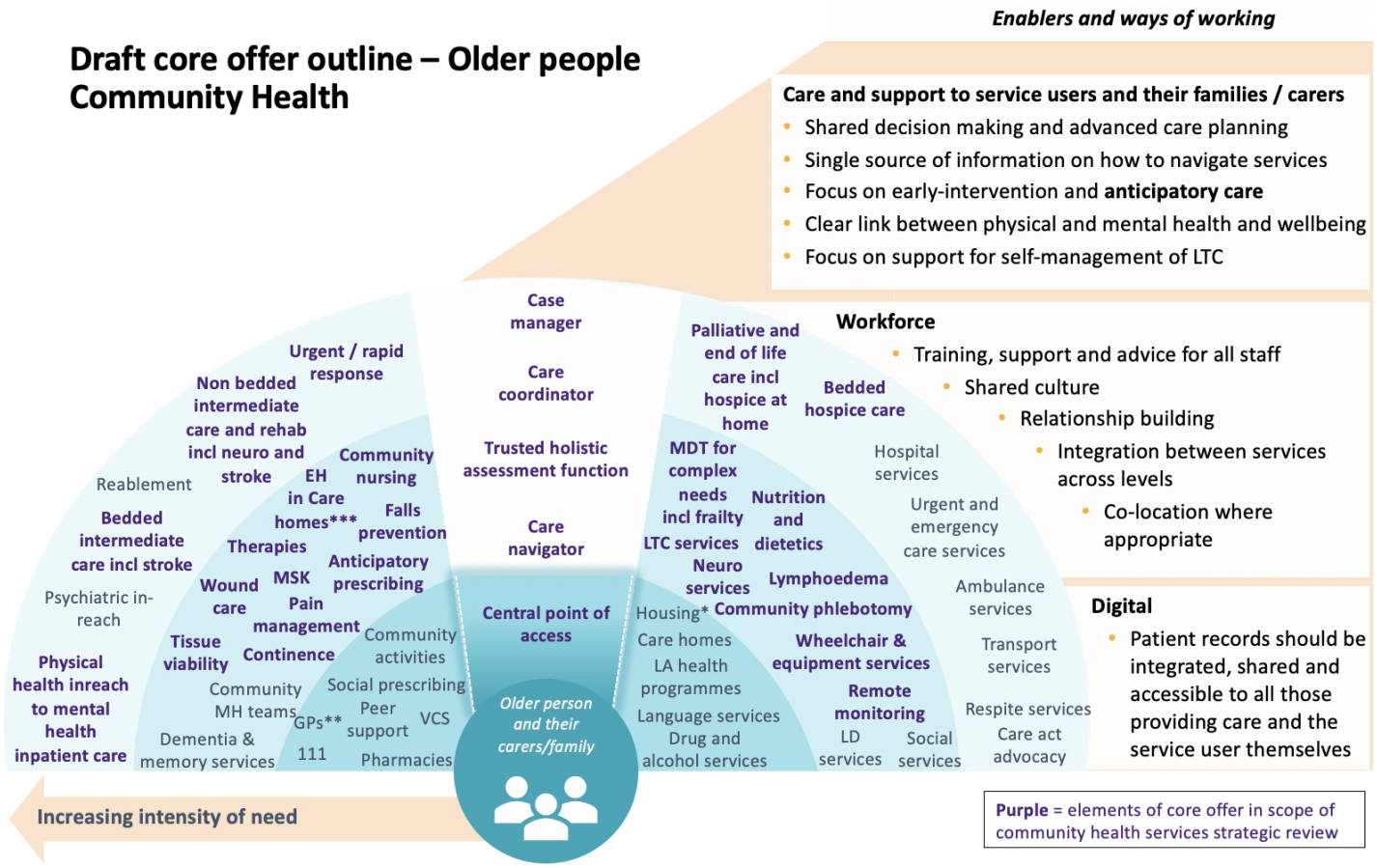
**Mind the Gap**
This supports young people's transition from agencies working with young people into adult mental health services. It also reviews cases in adult services where there is concern about young people disengaging from services and/or risky behaviours in the context of their mental health needs.

**Co-Production Collective**
UCL-based facilitator for co-production

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

NHS

# *Example* –Presentation of the core offer outline




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

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

NHS

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

**Core offer element:** **Trusted assessment function**

## Overview

**Description of the element**

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

**Capabilities required**

OT, psychiatric, physical, social and environmental assessment professionals

**Who the element is for**

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

**How the element is accessed**

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

## Operations

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

## Benefits and integration

**NCL specific benefits of the element**

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

**Integration with wider health and care system**

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

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

Approach:

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

# Service user and resident engagement

**Resident Reference Group established**

- 20+ volunteers recruited comprising service users, carers, residents, representatives from patient groups and who are broadly representative of each of the five boroughs and in terms of diversity.
- Discussions relating to service user and carer experiences. Examples of themes included:
  - Fragmented services, constantly changing, so difficult for service users and carers to navigate
  - Lack of responsiveness of services, long waiting times, but in particular unacceptably long waits for mental health support
  - Repeating their story to different NHS providers as no shared records, causing re-trauma and distress
  - Barriers to access – services not responsive to the needs of those with sensory impairments, language / communication barriers, cultural competence and responding to the needs of our diverse population
  - A more holistic or person centred approach to care needed, to be treated as a whole person, not just their diagnosis or health condition
- Reference Group feedback to be incorporated into the co-design workshops as part of review process and also shared with commissioners for ongoing discussions with providers. Three further Resident Reference Group meetings planned.

**Residents survey launched**

- We are inviting feedback from service users and carers on their experiences of services, both mental health services and / or community health services, in terms of what is/isn't working well and what could be improved. https://feedback.camdenccg.nhs.uk/north-central-london/resident-survey-ncl-community-mental-health/

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

- Two **July Design Workshops to further iterate and agree more granular details** on the core service offer e.g. on type of skills and competencies staff will need to deliver core offer but review will not address how theses required skill and competencies will be delivered.

- Working with colleagues from Community Provider Trusts to **complete gap analysis on Ageing Well Programme** with a focus on Urgent Crisis Response, Enhanced Care in Care Homes and Anticipatory Care. Working closely within community services review Programme to **ensure delivery of guidance** happens quickly and gaps identified as part of our assessment  are incorporated within the community services core offer work

- Continue to **work with partners from Mental Health Trust** to understand the work all ready in place or at a detailed planning stage to **deliver on national mental health requirements** e.g. on crisis care, on the community mental health framework to agree how it is incorporated with the mental health services core offer

- Continue work to review the **use of intermediate beds as part of community services programme** to ensure they are commissioned to support future surge requirements and population need

- Continue to link into the **Integrated Care System on financial and workforce planning** as well as linking into **estates and digital work streams** across NCL

- Work closely with colleagues from Mental Health and Provider Trusts, Local Authorities **to test, challenge and review emerging recommendations** to ensure a no surprises approach to the September recommendations

- Continue to **engage with the voluntary and charitable sector, with service user/residents groups** etc. to ensure there is sufficient **co design and co-production** of the emerging core service offer for community and mental health services.