

## **Islington Health & Well Being Board – 14.12.21**

### **1. Introduction**

This report is designed to provide members with an update on the progress of the North London Clinical Commissioning Group's (NCL CCG) work on its service reviews of community and mental health services. Both reviews have been run in parallel and are considering all NHS funded community & mental health services for adults and children.

The two service reviews were prompted because of concerns about the impact of differential spending and therefore service provision across the five NCL Boroughs. This was the result of the historic legacies of the five former CCGs where there were very differential levels of investment. Based on figures for community services this ranges from £117 (unweighted spend per head of population in 20/21) in Haringey to £232 in Islington. For mental health services spend per unweighted head of population is between Barnet at £161 to Camden at £264. The Islington spend per unweighted head of population for mental health in 20/21 is £242. The different levels of spending have contributed to a number of differences in the availability, waiting times and criteria for accessing services.

As part of this work core service offers have been developed and a gap analysis undertaken to better understand the current position against the service set out in the core offer, e.g. does it match in terms of accessibility, opening hours, expected level of staff skills and competencies needed to deliver the service etc.

This report provides a brief update to members on the current phase of the reviews and briefly updates on emerging but high level implications for Islington residents. Work is currently being concluded on the development of a financial and non-financial benefits analysis and this paper will describe the emerging narrative on opportunities arising from this work, as well as the current timelines on decision making. It will not at this stage provide any definitive actions or implications for Islington, as we do not yet have the level of detail to formulate more detailed plans. This more detailed stage of work will start from January and we expect to be having detailed discussions with partners, local people etc. about our proposals. Any implementation of the core offer would start to take place only after April 2022 and once detailed plans have been agreed.

Underpinning the review has been work to co-design and co-produce the core offer, utilising the skills and contributions of residents, services users, Healthwatch, voluntary groups etc. along with CCG and Local Authority staff. Residents and service users have already played an important role in terms of helping shape some of the requirements set out in the core offer, e.g. reflecting local frustrations with the challenge of accessing services as an example. As this work develops we are looking at ways for not only deeper involvement of borough partners, but also thinking how we can ensure that the ICS developing strategy on public and patient engagement continues to support and help shape this work.

### **2. Background and Context; Recap on Development of Core Service Offers**

The coming together of the five CCGs into one pan NCL organisation has provided an opportunity for NCL CCG to take a detailed look at the community and mental health services its residents' receive. Populations and services have obviously been impacted by Covid and part of the work of the reviews has been to consider the impact of the pandemic

on service delivery, on population health and especially for those very deprived populations where the impact of Covid has hit the hardest. It was also an opportunity to think about some of the accelerated changes that Covid drove, for example the use of digital technology or remote monitoring to help manage patients' diseases. Part of the review has also been to consider both national best practice and clinical requirements alongside local innovation, so that the development of core service offers reflected the CCG's aspiration for its services in terms of reducing health inequalities and driving quality improvement.

To underpin the service reviews two Baseline Report documents have been developed and are available on the CCG's website. These provide some details on needs/deprivation spend and set out some of the current challenges in terms of service provision. For example, they describe workforce profiles in different boroughs, or waiting times or give examples of the challenges from a workforce perspective of staffing a number of small services such as Community paediatrics or Tissue Viability services across all five Boroughs. They also set out some of the implications for the different range of services and admission criteria, for example for colleagues in the Acute Sector trying to discharge a patient to a non-local Borough in NCL or the London Ambulance Service who have to be able to understand the different community options that might be available to help support a patient to stay in their home rather than be taken to hospital.

To develop a core service offer there were a series of iterative workshops across the summer which involved the considerable input of many colleagues in clinical roles, operational, and commissioning, from Local Authorities, and from service users and voluntary groups. At the end of the workshop discussions the CCG received two reports that set out the core service offers for community and mental health services. The core service offer reports contain a description of each of the functions that should be available across NCL for different population segments, i.e. children and young people, young adults 18-25 (mental health only) working age and older people, and how the different functions integrate within the wider health and care system. Specifically the core service offers were set out as a brief description for each function. The brief description includes; what the function is e.g. district nursing and what it aims to deliver; it covers opening hours and out of hours provision, response times for initial contact and then responses times in line with national specifications etc. The descriptions also cover who the service is for, how it might integrate or link with other services, where it is delivered e.g. home based and the workforce capabilities needed to deliver the function e.g. that could be rapid response team nurses being able to deliver intravenous antibiotic therapy.

### **3. Stage Two; Financial and Non-Financial Impact Assessments**

Since the core service offers and gap analysis development was completed in September, the CCG has continued to work with its partners Carnall Farrar on two further pieces of more detailed analysis. One strand of this analysis is a detailed review of service costings to allow an inter trust comparison of efficiency and productivity as well as understanding the costs of estate and overheads, the implications of paying staff inner versus outer London supplements etc. This work is due to be completed by early December and will provide the CCG with much more information to use in discussion with community and mental health Trust colleagues on the opportunities for efficiencies and transformation to support the delivery of the core service offer.

The second piece of analysis is a non-financial impact assessment. This has considered the impact of consistently implementing the whole of the core offer against the following domains; quality, access, inequality and inequity and workforce. This work sets out the benefits that the delivery of the core service offer could bring e.g. in terms of reducing non-elective admissions or supporting earlier discharge or other wider system benefits such as reducing the waiting time for children's speech and language therapy and the impact that has in the longer term on mental health services. Although this is more difficult to quantify it is important to try and recognise the impact on a wide range of indicators that delivering a core service offer consistently across NCL could have both financially, but more importantly in the longer term on improved population outcomes.

Both the work on the financial and non-financial impact assessment will be able to contribute to helping the CCG and then the Integrated Care System understand and agree how NCL CCG and then the North London Integrated Care System will fund the implementation of the core service offers consistency across NCL.

The work to develop the financial and non-financial impact assessment should be completed by mid-December and it should provide sufficient information to support the start of much more detailed discussions with Borough partnerships, Community and Mental Health Trust colleagues on how we will implement the core service offers for community and mental health services.

#### **4. Emerging Implications For London Borough of Islington**

As noted above work is not yet completed on the financial and non-financial implications and impact of consistently delivering the core service offers, so it is difficult currently to pull out specific implications for Islington residents. This section of this report starts to indicate some areas that may have implications and which would then need further discussion. However a starting point is to note that NCL CCG has confirmed that its intention is not to destabilize any Borough in NCL and nor is it looking at levelling down what services local people have access to locally. However, neither can the CCG continue to leave the current inequity of provision across NCL, not least because residents of NCL move across Boroughs e.g. for schools or for health services such as inpatient care. So, the CCG will be looking at what opportunities exist to fund the level of investment that may well be required and over what timescale it is reasonable to expect to move to full delivery of a consistent NCL core service offer.

Islington already has many elements of the core service offers already in place. For example, Islington is the only Borough in NCL that has a full range of children's services and some innovative examples of care e.g. the Children's Hospital at Home Team. This is one example of how Islington's existing good practice has been incorporated into the core service offer, so children and families across NCL have access to this service. However, Islington does not have all of the new elements included as part of the core service offer e.g. new coordinating functions i.e. a central point of access, trusted assessor function and care coordination. Parts of these services are in place, but not to the full extent set out in the core service offer. These would need to be developed as part of the plans on implementation, and thought given to how these services/functions sit within local pathways of care and link into services provided by the Local Authority and or voluntary sector, which would support these functions such as social prescribing or access to local physical activity etc.

Whittington Health, the provider of community services in Islington and Haringey, like other providers faces challenges in the provision of some small and/or fragile services where there are concerns with clinical resilience and the availability of the workforce. Part of the next phase of work, along with the financial and non-financial impact assessment are discussions being planned for December- January to identify services that might be clinically better suited to be provided on a different footprint than currently, e.g. for children services such as community paediatrics, the children continuing care team or for adults the tissue viability service. The decision on footprint is related to how the service would be organised, rather than where it will be delivered. The core service offer sets out where services should be provided e.g. at home, in local community clinics. However, there are opportunities to consider changes to geographical footprints to secure larger more resilient services that can still work locally, but can also benefit from opportunities for skill mix and staff development as part of a larger clinical team. These discussions will be for both community and Mental Health services, as both areas have small and clinically fragile services.

## **5. Next Steps**

The CCG is developing a much more detailed understanding of service costs and the opportunity for greater productivity and service efficiencies. This understanding forms one part of the next phase of work which will contribute to the development of a menu of opportunities to fund the core service offer. As already noted this is likely to consist of a mix of looking for transformational change opportunities, and in doing this learning from Local Authority partners to realise productivity and efficiently benefits in doing things differently. There will need to be some investment in boroughs, and the work on at scale provision should also help realise efficiencies and support workforce resilience.

Work will also be completed on the non-financial impact assessment. This will help us to demonstrate to partners, especially acute sector colleagues, the importance of agreeing a small percentage of their funding moving to support community services. The intention is to be able to demonstrate that investment in community and mental health services is beneficial in terms of supporting their focus on elective activity and reducing waiting times by freeing up capacity and management capacity from managing the current levels of non-elective care. This shift of funding would need to be agreed over several years which would also support the work of NCL to continue to implement a local workforce plan designed to support delivery of the core service offers.

As the level of opportunity emerges then there will need to be detailed discussions with local Borough partners to develop local plans to implement the core service offer in a way that fits with local need etc. The move to deliver the core service offers could act as a prompt for further and more detailed discussions on integrated working across primary, community, mental health, acute, Local Authority and voluntary and charitable sector partners. The CCG/ICs will expect to have these more detailed discussions once further information is available to support the level of detail necessary to facilitate practical discussions.

## **6. Conclusions**

This report provides a brief update on the work the CCG has been undertaking towards the delivery of a core and consistent service offer across NCL. The outputs from the review remain very high level at this stage whilst further more detailed analysis take place. This work is

nearing completion and will provide the basis for more detailed discussions that the CCG is aware that partners are keen to start.

The CCG will shortly be updating its communications and engagement plans and starting the more detailed discussions it knows will be necessary to move the review along from their current stage to that of making a tangible difference to people living in all Boroughs of North Central London.