NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Dominic O'Brien, Principal Scrutiny Officer

Monday 18th March 2024, 10:00am
The Dome Youth Club (upstairs room), 170 Weedington Road, NW5 4NU

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Councillors: Rishikesh Chakraborty and Philip Cohen (Barnet Council), Larraine Revah **(Vice-Chair)** and Kemi Atolagbe (Camden Council), Chris James and Andy Milne (Enfield Council), Pippa Connor **(Chair)** and Matt White (Haringey Council), Tricia Clarke **(Vice-Chair)** and Jilani Chowdhury (Islington Council).

Quorum: 4 (with 1 member from at least 4 of the 5 boroughs)

AGENDA

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

2. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3. URGENT BUSINESS

The Chair will consider the admission of any late items of Urgent Business. (Late items will be considered under the agenda item where they appear. New items will be dealt with under item 9 below).

4. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's constitution.

6. MINUTES (PAGES 1 - 12)

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 29th January 2024 as a correct record.

7. NCL COMMUNITY AND MENTAL HEALTH CORE OFFER (PAGES 13 - 38)

To provide an overview and update on the progress of the community and mental health service reviews including how co-design and co-production have been embedded in the design and delivery of the core offers.

8. WORK PROGRAMME (PAGES 39 - 46)

This paper provides an outline of the 2023-24 work programme for the North Central London Joint Health Overview and Scrutiny Committee.

9. NEW ITEMS OF URGENT BUSINESS

10. DATES OF FUTURE MEETINGS

The dates of meetings for the 2024/25 municipal year are yet to be confirmed but are expected to take place in July 2024, September 2024, November 2024, January 2025 and March 2025.

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Fiona Alderman
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Friday, 8 March 2024

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Agenda Item 6

MINUTES OF MEETING OF NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Monday 29TH January 2024, 10.00am – 12.35pm

PRESENT:

Councillors: Tricia Clarke (Vice-Chair), Cllr Larraine Revah (Vice-Chair), Cllr Kemi Atolagbe, Cllr Rishikesh Chakraborty, Cllr Jilani Chowdhury, Cllr Philip Cohen, Cllr Chris James, Cllr Andy Milne and Cllr Matt White

40. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

41. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Pippa Connor (Haringey).

In the absence of the Cllr Connor as the Chair, the meeting was chaired by Cllr Tricia Clarke as one of the Committee's Vice-Chairs.

42. URGENT BUSINESS

Cllr Clarke informed the Committee that new rules were being put in place nationally in respect of health scrutiny and reconfigurations of local health services and requested that further details on this be provided to the next meeting of the Committee. **(ACTION)**

43. DECLARATIONS OF INTEREST

None.

44. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

Cllr Clarke informed the Committee that two deputations had been received:

- From Brenda Allan on the issue of Operose Health – this deputation would be received under this agenda item.
- From Jan Pollock on the issue of Diabetes Services - this deputation would be received under agenda item 8.

Brenda Allan, Chair of KONP Primary Care Working Group, introduced the first deputation, explaining that there were two main elements to the group's concerns:

- The replacement of GPs by Physician Associates (PAs), and
- The sale of 50 GP practices in London to a private equity company.

On the issue of PAs, Brenda Allan explained that there were concerns about risks to patient safety as a result of these changes, particularly following the recent death of a patient who had been misdiagnosed by a PA at a medical practice in north London.

On the issue of the sale of GP practices, Brenda Allan explained that, having acquired the practices in 2021, Operose Health had now announced plans to sell the practices to HCRG Care Group on the basis that they were not profitable, despite being paid more per patient than under the previous owners. She said that there had been little public consultation on this issue and proposed that there should be a rigorous procurement exercise and scrutiny of HCRG Care Group, and their owners T20, on their service track record, financial viability, long term commitment and suitability to provide primary care. She described deficiencies in the performance of services previously taken over by HCRG Care Group and concerns about their lack of transparency, which were set out in more detail in the written submission to the Committee. She concluded by expressing a preference for PCNs and GP Federations to run the practices instead.

Brenda Allan then responded to questions from the Committee:

- Asked by Cllr White about the role of PAs and the training that they received, Brenda Allan commented that PAs received two years of training which was fewer than GPs, nurses or paramedics and that their role were more suitable in hospital settings where they work as part of a team with more supervision. However, she said that PAs were now being employed in roles in place of GPs.
- Cllr Cohen queried the current role and powers of the ICB over this sale. Brenda Allan said that ICBs did have to approve the sale but that their decision could potentially be subject to legal challenge from the companies concerned.
- Asked by Cllr Chakraborty about the evidence that the use of PAs in GP Practices was having an adverse impact on patient care, Brenda Allan said that there was plenty of evidence from patients on delays to diagnosis and treatment as a consequence of being seen by a PA rather than a GP and that the issue was that PAs were being put in a role that they were not adequately trained to do.
- Cllr Revah expressed concern about the use of PAs and highlighted the importance of consultation and monitoring. Brenda Allan commented that the more primary care services were sold off the more difficult it would be to deliver a stable, quality service.
- Asked by Cllr Cohen about the evidence of an impact on the quality of patient care since Operose Health took over the running of the practices, Brenda Allan

said that there were well documented concerns about patient care with some examples provided in the written evidence to the Committee.

Sarah McDonnell-Davies, Executive Director of Place at the NCL ICB, then responded to the points made by the deputation. She explained that the change of ownership required the approval of the ICB and that this process had also occurred previously following the change from AT Medics to Operose Health and had led to a Judicial Review. The process this time would involve a broader engagement plan than the first time. The ICB had legal levers at their disposal which enabled them to carry out a process of due diligence, overseen by the Primary Care Commissioning Committee, that looked at issues such as financial standing, track record and potential for changes to services. While this process would be thorough, the ICB would not be in a position to reject the proposed changes without operational grounds to do so. The ICB's main priority was therefore to do as much due diligence as possible and to add safeguards where appropriate. The ICB was also doing what it could to ensure that local providers had ample opportunities to access primary care contracts.

Sarah McDonnell-Davies then responded to questions from the Committee:

- Asked by Cllr Revah about the timeline for this process, Sarah McDonnell-Davies said that the interim findings were expected the following month which would be presented to the Primary Care Commissioning Committee. A further review of evidence by the Committee was then expected to follow. Cllr Revah suggested that there should also be further engagement with the JHOSC.
- In response to a question from Cllr Chowdhury about the suitability of Pas, Sarah McDonnell-Davies said that this was one of a number of new roles in General Practice as part of multi-disciplinary teams under a national recruitment scheme and that the ICB had similar questions and priorities on the implementation including that they receive proper support and supervision. The case involving a patient who died was the only serious incident that the ICB was aware of and a full paper on this was expected at the Primary Care Commissioning Committee. She added that the ICB had detailed workforce data and so the ratio of GPs to PAs was monitored.

Cllr Cohen proposed that the Committee should formally support the recommendations made by the deputation. This position was approved by the Committee. Cllr Clarke proposed that the Committee submit this in writing to the ICB with a response provided to the next JHOSC meeting in March 2024.

The main recommendation of the deputation was that:
"ICBs must conduct a full and widely publicised consultation on the proposed sale so the public, patient and carers can participate meaningfully in the decision making."

The deputation also proposed an alternative approach:

The alternatives that ICBs and their Primary Care Committees could adopt would secure a safer, more stable service and better value for money:

- ***Enable PCNs and GP Federations*** to ***take over*** the Operose practices or support a ***merger*** of the Operose practices with other practices.
- ***Award a GMS contract to PCNs*** to run practices, as has happened in Hoddesdon and Broxbourne PCN. Hertfordshire and West Essex made this decision to secure the long-term sustainability of the practice and care provided.
- The shortage of GPs, and particularly those wanting to be partners might be improved if practices were paid even a percentage of the 14% extra per patient that commercial practices receive, as with ***extra resources***, the task of running practices would be more attractive.
- Longer term, ***establish within ICSs a body, e.g.*** PCN, GP Federation or a new body e.g. a primary care board, to ***hold NHS GMS contracts.***
- Encourage practices to convert to an ***Employee Ownership Trust*** (EOT) as in Minehead., Somerset. Dubbed a John Lewis model it gives all staff shares in the company. EOTs cannot be sold and thus the practice become a community asset, fixed by their GMS contract to the community they serve. GP EOT accounts are open and transparent.

RESOLVED –

a) The Committee recommended that NCL ICB should conduct a full and widely publicised consultation on the proposed sale of GP practices to HCRG Care Group so the public, patient and carers could participate meaningfully in the decision making.

b) The Committee also endorsed the alternative approach proposed by the deputation as described above.

45. MINUTES

The minutes of the previous of the North Central London Joint Health Overview and Scrutiny Committee were approved.

RESOLVED – That the minutes of the meetings held on 30th November 2023 be approved as an accurate record.

46. WORKFORCE UPDATE

The report for this item was introduced by Sarah Morgan, Chief People Officer at the NCL ICB, which was an update on NCL workforce issues and progress on key challenges following the previous update to the Committee in September 2022. She explained that the NCL ICS People Strategy was published in May 2023 with three main priorities of Workforce Supply, Development and Transformation.

Sarah Morgan said that retention was a particular workforce challenge and that the three main levers used to support retention were identified as Staff Health & Wellbeing, Equality, Diversity & Inclusion and Leadership & Talent. She noted the importance of helping people into careers in the context of the cost of living crisis and a decline in social mobility but that the NHS had a low percentage of staff under the age of 25 which represented a future challenge. The ICB was therefore investing in workforce as a strategic priority with a system team focused on this work.

In terms of challenges, she acknowledged issues with industrial action, low morale and low national recruitment levels for nursing places. However, in the NCL area, Middlesex University had a good record of bringing new nurses through, reliance on agency staffing had reduced and an award had been won for the NCL ICS Graduate Guarantee Programme.

She added that the ICB was also one of ten pathfinders in England to support care leavers into NHS careers in collaboration with local authorities. This was part of a national programme established in October 2022 to support care leavers into career pathways.

Sarah Morgan then responded to questions from the Committee:

- Asked by Cllr Clarke for clarification about 'Bank' staff compared to agency staff, Sarah Morgan explained that Bank staff were substantive staff that would take on additional shifts on flexible contracts, whereas agency staff were supplied by a third party provider. The ICB aimed to reduce reliance on agency staff through improved recruitment and better use of Bank staff.
- Asked by Cllr Atolagbe about retention and Equality, Diversity & Inclusion issues, Sarah Morgan said that there had been a lot of work in this area including with an anti-racism approach endorsed by the ICB Board in July 2023, through targeted development and opportunities and an anti-racism pledge on midwifery and nursing standards.
- Asked by Cllr Atolagbe about the progress of the Oliver McGowan Training (to provide care to autistic people with a learning disability) Sarah Morgan said that this had started in pilot form for clinical staff working face-to-face with patients and would also include online training for all ICB staff. Cllr Revah said that patients with learning disabilities in Camden had started using 'passports' explaining the best ways of supporting them in various circumstances and suggested that this should be used in other Boroughs.
- Asked by Cllr Atolagbe about engagement with care leavers, Sarah Morgan explained that there were a lot of relationships which provided routes into communities which helped to support care leavers, including the Prince's Trust and Health & Social Care Academies.
- Cllr White requested clarification on the figures for medical vacancy on page 21 of the agenda pack (an increase by 2.8% to 5.8%). Sarah Morgan agreed to provide further details in writing. **(ACTION)**
- Cllr White queried whether government policy on immigration (particularly restrictions relating to income levels) was impacting on workforce supply. Sarah Morgan said that there had been heavy reliance on international recruitment,

particularly in social care, so this would have to be monitored as it could be problematic in the short-term. However, the ICB did not want to rely too heavily on international recruitment as this was an expensive route and this was why there was a focus on expanding domestic recruitment.

- Cllr James requested clarification on the term 'Staff Passports' and 'Portfolio Careers' on page 40 of the agenda pack. Sarah Morgan explained that Staff Passports enabled staff to move more easily between organisations in London without the need for lengthy checks on information such as skills and training. 'Portfolio Careers' referred to staff with more than one role and a range of skill sets.
- Cllr Cohen raised concerns about the overall workforce gap, particularly in social care, and asked whether a national social care plan was required to address this, including pay and conditions. Sarah Morgan responded that the social care model was currently fragmented and siloed and acknowledged the difficulties nationally in addressing this gap with an ever-decreasing workforce and an ageing population.
- Cllr Chakraborty asked what actions would help to address the concerns of residents in the short-term on the current difficulties of accessing primary care services. Sarah Morgan acknowledged that international recruitment was one important route, but that retention was also important as NCL had a high leaving rate. This was being addressed through initiatives such as increasing flexible working and health and wellbeing measures.
- Asked by Cllr Atolagbe about monitoring, Sarah Morgan explained that there was an annual review each year and that a dashboard of performance indicators was also being created.
- Sarah Morgan added that the ICB was engaging with the WorkWell partnership programme which aimed to provide employment support for disabled people and people with health conditions and were hopeful that they could become one of the small number of Vanguard Partnerships that would carry out pilot work.

Cllr Clarke thanked Sarah Morgan for the presentation and noted that the Committee would welcome further updates in future about the care leavers initiative and the WorkWell partnership programme. **(ACTION)**

47. DIABETES SERVICES

Prior to the presentation of the report on this issue, Jan Pollock introduced a deputation on the issue of Diabetes Services. She informed the Committee that she was a long-term user of insulin as a Type-1 diabetic. She described experiencing a severe hypoglycaemic attack while under the care of the Royal Free hospital in the 1990s for an operation because blood sugar tests were not carried out. She asked for further details about the current treatment of diabetic people when using NHS services. She also expressed concerns about the current shortage of certain drugs used by diabetic people as they were now being used by non-diabetic people for the purposes of weight loss.

Amy Bowen, Director of System Improvement at NCL ICB, introduced the report of diabetes services informing the Committee that, as a system, a commitment had been made to focus on prevention, early intervention and proactive care. This was challenging in a system with high levels of demand and real pressure on services but the aim was to intervene before a crisis occurred while improving equity of access to services. This required both a focus on the medical elements of the service but also addressing the wider determinants of health.

Referring to the slides, Amy Bowen highlighted progress on outcomes and recovery after the Covid-19 pandemic but acknowledged that there was further work required, including proactive preventative work with young people. She also noted that the comments from the deputation had demonstrated the importance of the individual's role in managing their health and close collaboration with them as people with diabetes tended to be expert patients.

Amy Bowen then responded to questions from the Committee:

- Referring to page 57 of the agenda pack, Cllr White noted that 8 care processes were referred to but only 7 were listed. Amy Bowen agreed to clarify this in writing. **(ACTION)** Cllr White also queried why the proportion of diagnosed patients receiving all 8 care processes was relatively low. Amy Bowen acknowledged that the figures were low but explained that there was a new primary care model for long-term conditions based on outcomes and this included the proportion of diabetes patients receiving all 8 care processes and the 3 Treatment Targets referred to on page 59. Four of the five NCL Boroughs had chosen to focus on the 8 care processes as their key outcome for 2024/25.
- Cllr White noted that some diabetes patients were managed by their GPs rather than a diabetes specialist. Amy Bowen said that more specialised support for often needed for Type-1 diabetes patients due to the underlying mechanisms of the condition and complexity of management, so support tended to be provided by secondary care. However, most aspects of Type-2 diabetes could usually be effectively managed by primary care services.
- Asked by Cllr White about the long-term conditions referred to on page 62 and links with psychological services referred to on page 61, Amy Bowen said that these were metabolic diseases including cardiovascular disease, coronary heart disease, chronic kidney disease and high blood pressure as well as respiratory diseases such as asthma or chronic obstructive pulmonary disease. She acknowledged that mental health issues including depression were common comorbidities for people living with a long-term condition such as diabetes.
- Cllr White asked about the NHS availability of automated care including Continuous Glucose Monitoring (CGM) and insulin pumps and whether these could be combined. Amy Bowen said that a lot of work was ongoing nationally to invest in technological solutions to help patients manage their blood sugar levels, but that she was not in a position to provide specific details so would look into this further. **(ACTION)**
- Cllr Chakraborty requested clarification on what stage CGM was made available to diabetes patients. Amy Bowen explained that CGM could be

particularly useful for patients who have blood pressure that fluctuates a lot or who have difficulties in keeping up with a treatment regime so the priority was in providing this to patients who would particularly benefit.

- Asked by Cllr Atolagbe about patient choice, Amy Bowen said that this was fundamental for people with long-term conditions and that there was no one-size-fits all solution. While the aim for a consistent set of outcomes there needed to be flexibility in the service to accommodate people's individual preferences. The current primary care model was aiming to create more time and support to allow this to happen.
- Referring to the graphs on page 57, Cllr Cohen expressed concern that Barnet was the only Borough where the proportion of Type-2 patients receiving all 8 care processes had declined between 2019 and 2022/23. Amy Bowen confirmed that Barnet was one of the Boroughs that had prioritised this as a key outcome for 2024/25 but would respond in writing about the specific query. **(ACTION)** Cllr James noted that the figures were lower in Enfield than any of the other Boroughs. Amy Bowen commented that there had been a particular focus in Enfield on the 3 Treatment Targets as a key diabetes outcome which was reflected in the data on page 59. She added that there was always a need to track data such as this further to understand how it impacted on outcomes for different demographic groups.
- Asked by Cllr Atolagbe about Type-2 diabetes, Amy Bowen said that it was often linked to lifestyle related risk factors including obesity, alcohol use and lack of physical activity and was also closely linked to people's wider determinants of health and economic security. A focus on addressing these issues was therefore as important as clinical care.
- Cllr Revah queried the reasons for the shortage of diabetes medication that had been raised through the deputation. Amy Bowen distinguished between injectable drugs for managing blood sugar such as insulin and a new class of drugs to support people with Type-2 diabetes who were finding it difficult to keep their blood sugar in a healthy range. A side effect of the latter was weight loss and so there was an increased interest in these drugs which had led to a global shortage and therefore a procurement problem for the NHS.
- Asked by Cllr Revah about variations in services across different boroughs, Amy Bowen said that details of how this was being addressed had been included in the report. She added that the single primary care model for NCL set out on page 64 aimed to drive out variation and improve outcomes and that similar work was ongoing for community services.
- Cllr Chakraborty noted from the report that there was a focus on both early intervention and population-level prevention. Amy Bowen clarified that primary prevention (population-level) was about preventing people from developing a condition in the first place whereas secondary prevention (early intervention) was about minimising the risk of a condition worsening by reaching people as far upstream as possible.

Cllr Clarke thanked Amy Bowen for her report and suggested that the Committee should continue to monitor progress on early intervention and population-level prevention. **(ACTION)**

48. OPHTHALMOLOGY SURGICAL HUB - ENGAGEMENT FINDINGS

The report for this item was introduced by Richard Dale, Executive Director of Performance and Transformation for the NCL ICB, Jon Lear, Senior Operations Manager at Royal Free London NHS Foundation Trust, Rachel Anticoni, Director of Operations at Royal Free London NHS Foundation Trust, and Dilani Siriwardena, Deputy Medical Director at Moorfields Eye Hospital and NHS London Clinical Director for Ophthalmology.

Richard Dale told the Committee that the report provided an update on the progress and engagement work that had taken place in relation to the Ophthalmology Surgical Hub proposal since the previous report to the Committee in June 2023. There were over 260,000 patients waiting for elective care in NCL, of which 30,000 were waiting for surgery. It was anticipated that the new surgical hub would enable an additional 3,000 operations per year.

Richard Dale added that the key feedback from the engagement exercises included that residents wanted well trained and supportive staff, a choice of appointment times, advice and support for vulnerable patients, the opportunity to discuss choices for surgery with a GP, support for travel where necessary and for spare capacity to be used to help reduce waiting lists in other areas.

Dilani Siriwardena explained that, while the clinical benefits were clear, some patients could be impacted by the change in location as set out on page 71 of the agenda pack. Patients who live close to Chase Farm Hospital or Whittington Hospital would have a longer journey to Edgware Community Hospital instead. However, patients would still have the option to transfer to a provider that may have a closer site.

Jon Lear explained that the benefits of the new surgical hub would also include a more efficient use of theatre capacity and a reduced number of cancellations. The number of procedures at Edgware Hospital were still at an early stage but 159 had been carried out in October 2023 and 323 carried out in November 2023. Staff and patient feedback had been largely positive. A small number of patients had chosen to have their procedure carried out elsewhere and this had been facilitated.

Richard Dale, Dilani Siriwardena, Jon Lear and Rachel Anticoni then responded to questions from the Committee:

- Asked by Cllr Revah whether patients were made aware of their option of choosing an alternative site for their procedure at an early stage, Dilani Siriwardena confirmed that this should be happening now as part of the

process with their GP or optician when arranging the procedure. Richard Dale added that patients would also receive information at this stage about waiting times at each site.

- Cllr Clarke and Cllr White expressed concern about the more difficult and longer transport requirements that some residents would experience. Richard Dale responded that, under existing arrangements, patients who meet the eligibility criteria can access patient transport to and from sites. GPs could provide information to patients about their transport choices at the same time as explaining the options for their procedure site. He also noted that the majority of patients from Camden and Islington were choosing to go to Moorfields so there were not many journeys to Edgware so far from these boroughs.
- Asked by Cllr Revah about the services provided at Brent Cross, Dilani Siriwardena explained that this was a diagnostic hub so surgical procedures were not provided at Brent Cross.
- Cllr Chakraborty requested clarification on the figures about how many additional patients would be treated. Dilani Siriwardena confirmed that the new arrangements would enable an additional 3,000 procedures to be carried out per year.
- Asked by Cllr Chakraborty about the impact on services that were being displaced from the new hub site, Rachel Anticoni explained that some chronic pain services would now instead be provided from Hadley Wood Hospital in High Barnet and this would be a ‘like-for-like’ provision of services. In addition, some podiatry services were being moved to alternative sites. While there was therefore some displacement, there would be an overall increase in capacity as a result of the changes.

Cllr Clarke thanked those in attendance for presenting the report and said that the Committee would appreciate being kept informed about progress on the transport issues that had been discussed **(ACTION)**

49. WORK PROGRAMME

It was noted that the next meeting on 18th March would be on the topic of the mental health and community health core offers in NCL. Community and voluntary organisations from across NCL would be welcome to attend and so Members of the Committee were reminded to suggest organisations that could be invited.

50. DATES OF FUTURE MEETINGS

- 18th March 2024 (10am)

CHAIR:

Signed by Chair ……..

Date ……

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North Central London Integrated Care System

Joint Health Overview and Scrutiny Committee:

NCL Mental Health and Community Core Offer Implementation Update

18th March 2024

Agenda Item 7

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North Central London Integrated Care System

Executive summary

North Central London Integrated Care System

Context

- The Core Offer programmes for Community and Mental Health services across North Central London (NCL) were established to address the baseline reviews of the service, completed in 2021. These established a compelling case for change based on the level of inequity and need against access to services and historic levels of funding. To respond to the case for change**, a core offer was co-produced and agreed which specifies what services should be available to everyone in NCL**.
- The Core Offer programmes will drive improvement in our population health outcomes associated with mental health and community services. We have developed a **Community and Mental Health Outcomes Framework**, aligned to **NCL's Population Health and Integrated Care Strategy** to track benefits and enable us to target where additional focus is required.
- The expected impact on residents' experience of care have been set out. Some of the major areas of transformation is in **improved community mental health services**, where there is increased collaborative working between GPs, community groups and adult social care. This includes increased support for **children transitioning to adult services** and older people, linking together physical health and social drivers with mental health. Another important service launched was the section 136 hub which went live in October 2023 which is delivering the **much needed improvements for people who experience mental health crisis in London**. The **Community Services core offer** was featured as a **national best-practice example** of a community services transformation programme which highlighted the system-wide impact that our investment make.
- There are **still some challenges** to be addressed, including **tackling autism and ADHD diagnostic waits**, but both the Community and Mental Health, improving population health through advancing **early intervention and prevention**, improving **coordinating functions**, **integrating physical and mental health** and reducing pressure on acute services so that **more people can be cared for outside of acute hospital settings**.

Purpose of this Joint Health Overview and Scrutiny Committee Paper

1. **Provide an overview and update on the progress of the community and mental health service reviews to date;**
2. **Outline the benefits that the core offer has brought for residents in 23/24;**
3. **Highlight some important successes and challenges**
4. **Set out the next steps for community and mental health core offer implementation in 24/25 and beyond.**

North Central London Integrated Care System

Recap and overview of the programme

There is a strong case for changing community health and mental health services

North Central London Integrated Care System

A case for change for mental health and community services across NCL was developed in March 2021. The case for change centred around inequalities, provision, access, spend and resident feedback. Below, are examples from 2021 that illustrate these issues.

Inequalities

There are stark inequalities in health needs and outcomes across NCL

Enfield has over twice the prevalence of diabetes as Camden; but half the diabetes resource

18% of people on the NCL mental health services caseload are Black/Black British, however, Black/Black British people accounted for 27% of NCL mental health inpatient admissions in 2019/20.

Provision

There is significant inequity, variation and gaps in service provision depending on where you live, and this is not aligned to need

20% of children referred to mental health services in Islington wait over 18 weeks from referral to their first contact with services, compared to 1.2% of children in Barnet and 1.6% of children in Camden

Access

The way you access services and how long you wait is also dependent on where you live

Much of our mental health services are geared to a crisis response rather than prevention.

Spend

Different amounts are spent per head in different boroughs, and this does not correlate with need

In Haringey £98 per head is spent on community health services vs. £192 per head in Islington. This results in less capacity in core services, meaning community health services would struggle to be full participants in population health improvement work.

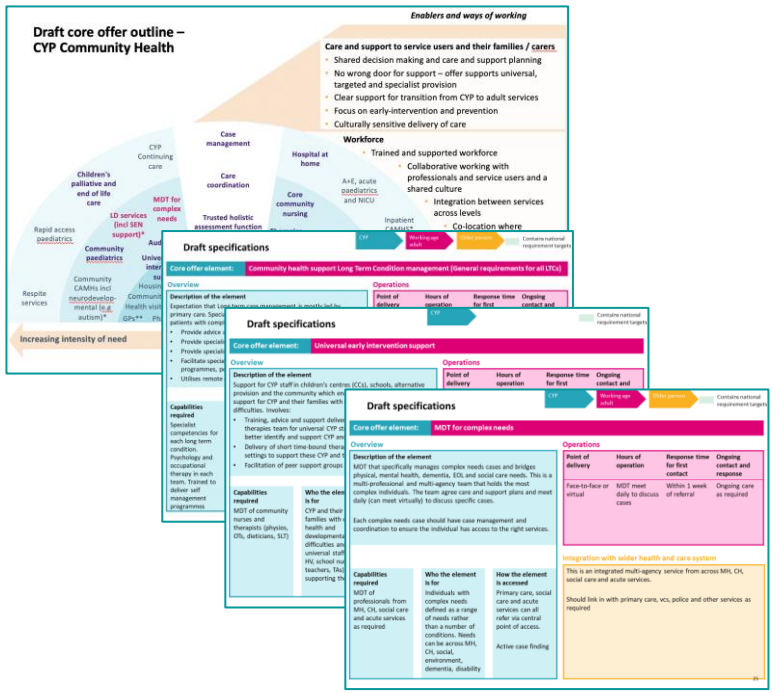
Service user/resident feedback

Services are difficult to navigate, and require servicer users to repeat their stories

Feedback from residents via our Resident Reference Group notes the distress caused by constant repetition of histories and stressed the need for shared records.

To respond to the case for change a core offer was agreed which specifies what services should be available to everyone in NCL

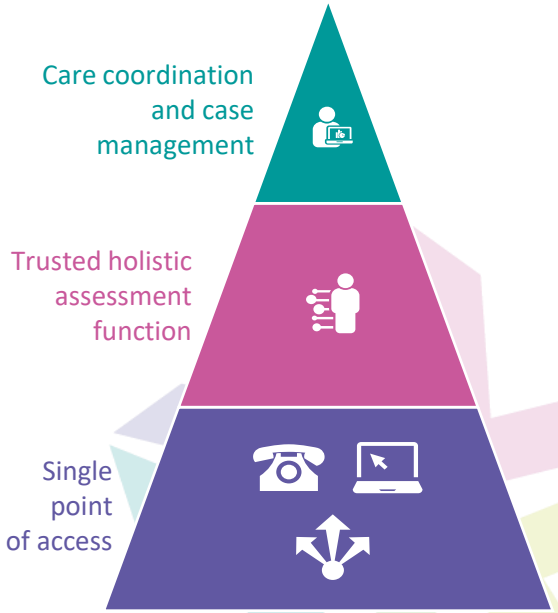
The purpose of the core offer is to address the inconsistency of service provision across NCL by setting out a commitment to the NCL residents of the support they can expect to have access to regardless of their borough of residence.



Each core offer outline provides a description of the care function for the services and lays out access criteria, hours of operation, capabilities required, where the care function should be delivered, waiting times and how the care function should link in with the wider health and care system.

- Operating hours and out of hours provision
- Integration between the care function and other services and agencies
- Access to the care function and criteria
- Response time for first contact and ongoing contacts (in line with national guidance)
- Point of delivery (e.g.. in person, virtual)
- Workforce capabilities required
- Description of the service, including requirements to meet best practice guidance

Each outline also contains a set of coordinating functions which links service providers, ensuring effective communication, preventing duplication of services, identifying gaps in care, and assuring better health outcomes.



Delivering the core offer is a key part of NCL's Population Health and Integrated Care Strategy.

North Central London Integrated Care System

NCL Population Health and Integrated Care Strategy describes our vision for an **integrated** system focused on **prevention, early intervention** and **proactive care.**

We have developed a **Community and Mental Health Outcomes Framework,** aligned to the strategy. This allows us to track outcomes at both an NCL and borough level to measure the impact of implementing the core offer, to understand if we are meeting population needs and to ensure that we are improving equity across North Central London.

How will delivery of the core offer contribute to improving population health for NCL residents?

Population Health and Integrated Care Principle	Equity An environment in which everyone has a fair opportunity to thrive, regardless of who they are.	Population Health Improving the physical and mental health and wellbeing of people within and across a defined population, while reducing health inequalities.	Integrated care Joining up the health and care services required by individuals, to deliver care that meets their needs in a personalised way.	Aligning resources to need Focusing our resources and delivery capabilities in proportion to the degree of need.
Core Offer Deliverable	**Improve access to services and reduce inequalities of access**	**Improve population health outcomes related to Community and MH services**	**Increase integrated working at a system and local level to ensure integrated delivery**	**Establishing a sustainable model of funding**
Description of core offer work	• Work with system partners (local authority, primary care, Trusts and VCS) to understand gaps Target resources to the highest areas of need • Develop robust implementation plans	• Develop a core set of metrics for how services contribute to improvement inour NCL population health outcomes (Start Well, Live Well and Age Well) • Embed data collection & review processes • Report outcomes at key governance forums	• System partners are represented at key programme governance forums • Anticipatory care and community mental health teams are delivered in place through multiple agencies working together.	• Community investment reduces overall system cost and relieves pressure on our acute hospitals. Providers are also focusing on productivity improvement initiatives • Ensure the Mental Health Investment Standards funding is deployed effectively to increasing the capacity and quality of mental health services to treat more people amidst rising need.

Significant investment into Community and Mental Health Services has been made since 22/23

North Central London Integrated Care System

	Programme ambition	22/23	23/24
Community	**In addition to the £c.225m baseline expenditure in 21/22, community-based services have received an additional £17.1m of investment in 2022/23 and 2023/24**	• *CYP non-recurrent investment:* **£1.9m** • *Adult recurrent investment*: **£3.9m**	• *CYP recurrent investment*: **£2.5m** • *Adult recurrent investment*: **£1.9m** • *Virtual Wards:* **£6.9m**
Mental Health	**In addition to the £c.400m baseline expenditure in 21/22, further planned recurrent investment of £28m has been invested since 22/23 in line with the national MHIS target and SDF allocation for targeted improvement.**	• *CYP recurrent investment* **: £2.6m** • *Adult recurrent investment* : **£8.5m** *Recruitment:* NHS Mental Health workforce in NCL increased by **+6.4%** in 22/23	• *CYP recurrent investment : **£5.7m*** • *Adult recurrent investment : **£11.1m*** *Recruitment*: If all 219 planned net additional posts are recruited to by year end, there will be a further **+4%** increase in the MH workforce this year.

MHIS - Mental Health Investment Standard
SDF - System Development Funding

North Central London Integrated Care System

Improvements for residents in 2023/24

Overview of the 23/24 Core Offer Priorities and Impact: *Adult Community Health*

North Central London Integrated Care System

The priority investment areas for the 23/24 Adult Community Health Core Offer are outlined in the table below. Investment in community services, as a result of the core offer, has improved the health and experience of residents in 23/24.

**Hypothetical resident case study*

Vera* is 70 and lives alone in Bounds Green and is in hospital having fallen over and fractured her hip. She is isolated and lonely. While in hospital, she is very anxious and tells staff that the night team have been stealing her possessions. The ward physio does not feel that she can safely be discharged home because of her poor mobility and her previous history of falls.

Due to new investment, there is additional bedded capacity for pathway 2 discharge and virtual ward care at home for Vera to be discharged to. Vera will be less likely to fall and fracture her hip again increasing her confidence, independence and quality of life. If she does have a fall again, there will be a faster urgent response to her home that will mean that she can receive the care she needs without being admitted to hospital.

CORE OFFER	IMPACT OF INVESTMENT	WHAT THIS MEANS FOR PEOPLE LIKE VERA
P2 Optimisation / Standardisation**	Reduced P2 length of stay from 34 days to 18 days and reduced referral to admission times from 5.7 days (in August) to 3.4 days.	Reducing the time spend away from home and increasing the speed of recovery
Virtual Wards	The number of virtual ward beds in NCL increased from 118 beds in January to 175 beds in December	Allow patients to get hospital-level care at home safely and in familiar surroundings, helping speed up their recovery
UCR* Hub**	Increased referrals from all sources (GP, silver triage, LAS & 111)	Reduced likelihood of being taken to hospital unnecessarily
UCR Capacity	NCL continued to exceed the national 70% target for 2-hour referrals	Faster response for urgent care delivered at home avoiding a hospital admission
Falls Prevention	Providing a range of services to prevent likelihood of falling as part of an integrated support network, moving from 5-day to 7-day service	Better support to improve balance, empower service users to self-manage where appropriate and reduce risk of injury by falling
Speech and Language Therapy	Offer 6 weeks home-based care to adults requiring SLT services to improve or maintain independence	Increased access and shorter waiting time for care at home for residents suffering from difficulty swallowing /aspiration /chest infection
Catheter Skill Mix	Provide 24 hour care to housebound, help people manage complex incontinence issues and rapid assessment of patients	Faster response to catheter issues at home, reducing risk of infection and complications that could lead to a hospital admission

***P2 – Pathway 2, intermediate care for rehabilitation*

****UCR – Urgent Community Response*

Overview of the 23/24 Core Offer Priorities and Impact: *Children and Young People (CYP) Community Health*

The priority investment areas for the 23/24 CYP Community Health Core Offer are outlined in the table below. Investment in community services, as a result of the core offer, has improved the health and experience of residents in 23/24.

**Hypothetical resident case study*

Jamie* is 7 years old. He displays symptoms of autism but has not received a diagnosis and also suffers from asthma. He suffers from language and cognitive impairment and attends a special school. He is cared for by his parents who have two other children. His father has had to give up work to provide the additional support required for Patrick.

Du ent, Jamie will receive an autism diagnosis more quickly which will enable him to access the support that he requires. There will also be additional support for him at school which will connect together his different needs holistically. Patients like Jamie will have access to an Asthma specialist nurse in the community without the need to travel to hospital to receive specialist support for their Asthma.

CORE OFFER	IMPACT OF INVESTMENT	WHAT THIS MEANS FOR PEOPLE LIKE JAMIE
Asthma nursing	Work between the acute and primary care to ensure that 48 hr follow up happens and that patients and families are equipped to self-manage.	Patients like Jamie will have access to an Asthma specialist nurse in the community without the need to travel to hospital to receive specialist support for their Asthma
Autism	Streamline assessment pathways, moving towards model delivery of a needs-led, holistic neurodiversity pathway for CYP	Childen and Young People in NCL are waiting long periods of time for an Autism diagnosis. By investing in additional staff to deliver assessments we expect waits to reduce
Children's Looked After (CLA)	Improve % of CLA receiving Initial and Review Health Assessments within statutory timescales	By investing in this area children will reveive timely initial and review health assessments when placed in care.
Therapies	Move towards a stronger universal therapies offer, supporting an overall reduction in waiting times	Children in NCL will not need to have an education, health and care plan (EHCP) before they can access CYP therapies services
CYP Special School Nursing	Specialist community health pathways for CYP and their families with specialist needs beyond) that provided by core targeted team	Increased support for CYP in special schools to ensure CYP's health needs are supported, and they can thrive in their school setting
Hospital at Home	Enabling children and young people to be discharged earlier and cared for in their own home.	The hospital at home service brings specialist hospital care into the child or young person's home, meaning they can be discharged earlier.

Overview of the 23/24 Core Offer Priorities and Impact: *Adult Mental Health*

The priority investment areas for the 23/24 Adult Mental Health Core Offer are outlined in the table below. Investment in mental health services, as a result of the core offer, has improved the health and experience of residents in 23/24.

**Hypothetical resident case study*

Mel* is a 55-year-old and lives in Kentish Town. She lost both of her parents to Covid-19 in quick succession. She has been through periods where she feels extremely anxious and has flashbacks,. Mels mental health is impacting her ability to work and means she sometimes needs to get urgent help.

Due to new investment, there is more wrap-around support when she feels she is at breaking point and needs urgent help. She can walk into her local crisis café, which is now open for longer hours, and be provided with a safe, supportive space to manage the crisis. If appropriate for her needs, she can also be admitted to a crisis house which will provide therapeutic support and 24-hour intensive support in a residential setting. In future, with the new Think111*2, her partner will also be able to call and be signposted to support, to make sure Mel has access to the urgent support she needs.

CORE OFFER	IMPACT OF INVESTMENT	WHAT THIS MEANS FOR PEOPLE LIKE MEL
Community Transformation	Reduction in waiting times for community mental health services	Access to timely treatment closer to where people live that is joined up with adult social care and the voluntary and community sector, providing people with holistic support
THINK 111 and Crisis Lines	All age crisis hub will respond to all 111 (2) mental health calls for the 5 Boroughs in the NCL Partnership	Easier and quicker for people of all ages, their families and carers to receive urgent mental health support
Perinatal	Expansion of specialist service - new staff recruited into the service and additional clinical and group space secured	Pregnant and post-natal people with moderate to severe mental health needs can access the specialist input for an extended period of pre-conception to 24 months after birth
Crisis	Increased investment in all crisis cafes across NCL so they can open for longer and see more peoples	Access to immediate help that is a safe alternative to emergency departments in a time of crisis. Accessible to people outside of core working hours including weekends
Length of stay in hospital	The number of days people need to spend in hospital is reducing	Recovery time is quicker with the right support when in hospital. Fewer people will need to go out of area for a hospital admission

Overview of the 23/24 Core Offer Priorities and Impact: *Children and Young People (CYP) Mental Health*

The priority investment areas for the 23/24 Adult Mental Health Core Offer are outlined in the table below. Investment in mental health services, as a result of the core offer, has improved the health and experience of residents in 23/24.

**Hypothetical resident case study*

Freya* is 14-years-old. She appears withdrawn and tired in class. She has stopped playing in the band she was formerly a member of. She lives in cramped accommodation with not much money at home, her parents are separating, and she is being bullied at school. They are grateful to be referred to the Early Years team who offer them strategies and home visits.

Freya's school has a mental health support team (MHST) with a range of individual, group and parent education offers on subjects including bullying and family issues, designed to encourage resilience in CYP and parents. Freya's teachers access advice from the team about how they might help given the challenges. Freya's parents each joined one of the MHST parent wellbeing coffee mornings. A referral to the central point of access facilitated access to suitable local offers for Freya and her parents based on their need at the time. Freya is able to access digital, voluntary sector and local authority offers designed to help her navigate her challenges and family circumstances. If her emotional wellbeing is impacted further, Freya can be assessed within a few weeks for a more specialist community CYP MH intervention, and if accepted receive evidence based professional counselling or a CBT based individual or group offer.

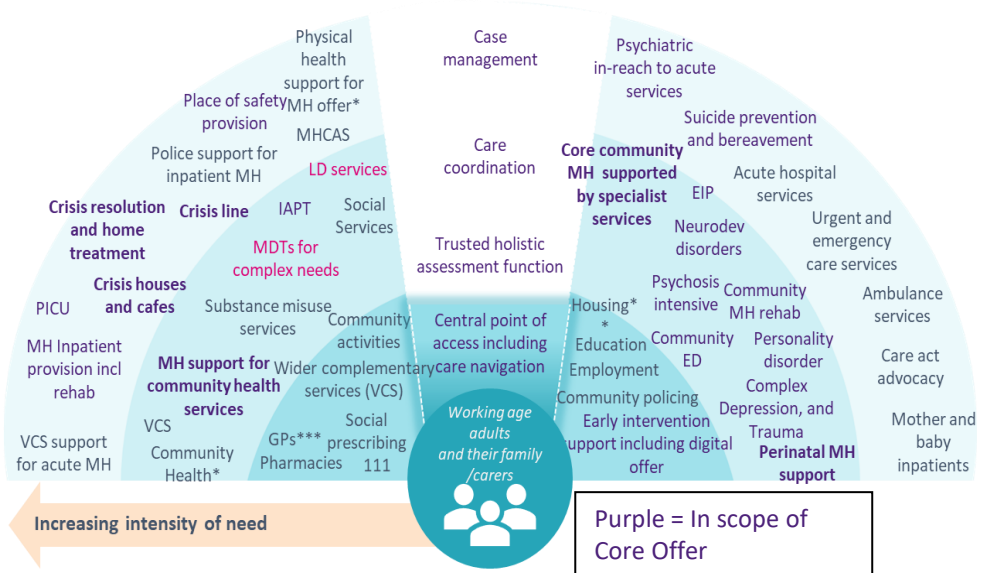
If Freya experiences a mental health crisis, professionals e.g. school staff, her GP team, and her parents understand what crisis support is available, including 111 press 2. If the need arises, Freya can be referred for intensive support from the Home Treatment Team as a preference to inpatient admission, to enable a faster recovery with better outcomes.

CORE OFFER	IMPACT OF INVESTMENT	WHAT THIS MEANS FOR PEOPLE LIKE FREYA
Home Treatment Team	Significant reduction in the need for mental health inpatient admissions	Hospital at home support avoids unnecessary disruption of life, education and relationships
School Support Teams	Prevention and early support for mild to moderate mental health that takes a whole school approach	Understand their emotions, resilience in the face of hardships, and empowered to ask for help
Community Transformation	Increased access, reduced waits, and reduced variation in CAMHS provision	Improved access, experience and outcomes for CYP and families across all NCL boroughs
Central point of access	Integrated front door identifies need and facilitates effective social, emotional and mental health (SEMH) response(s)	Advice, signposting and triage of need across the full range of social, emotional and mental health support
Early years	Multi-agency 0-5 CYP/family assessments and co-developed intervention plans	Parents / young children receive wrap around support from the right agencies at the right time

How Paul's access and experience of care is different because of the new MH Core Community Teams

North Central London Integrated Care System

**Hypothetical resident case study*



Purple = In scope of Core Offer
BOLD = Received investment in 23/24

Paul* is a 28-year-old male who had been referred to the Early Intervention Service when he was just 19 years old. He has a serious mental illness and has been in and out of services for the last 8 years including several spells in an acute mental health hospital. Paul left school with no qualifications and has very few friendships, he has been estranged from his family and is very isolated.

Due to new investment and the development of the Core Community teams Paul has been able to address some of the social issues which have kept him in poor mental health. While being cared for clinically by his psychiatrist and care coordinator he has also engaged with the voluntary sector element of the service and has joined a few social activities including a gardening club. Paul's self-confidence has grown, and he feels ready to think about work. He is now in contact with the employment support worker in the Core team who is helping him to develop his skills and find paid employment.

For the first time in many years Paul is adhering to his medication and has not had a hospital admission for over 12 months. His support worker his helping him to re-connect with his family

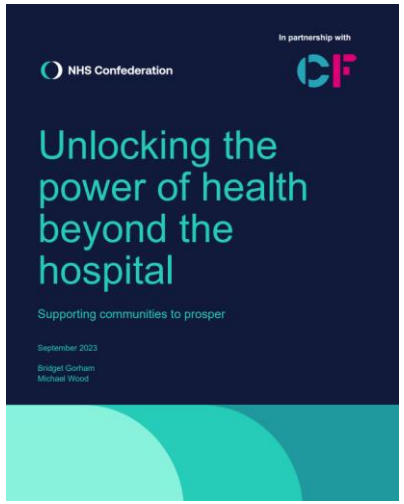
North Central London Integrated Care System

Key successes and challenges

Improvements in community services mean that residents avoid unnecessary hospital admissions

North Central London Integrated Care System

In 2023, NCL was in an NHS Confederation landmark paper



> On average, systems that invested more in community care saw
>
> - **15% lower non-elective admission rates**
> - **10% lower ambulance conveyance rates**
>
> The reduction in acute demand associated with this higher **community spend could fund itself through savings on acute activity**

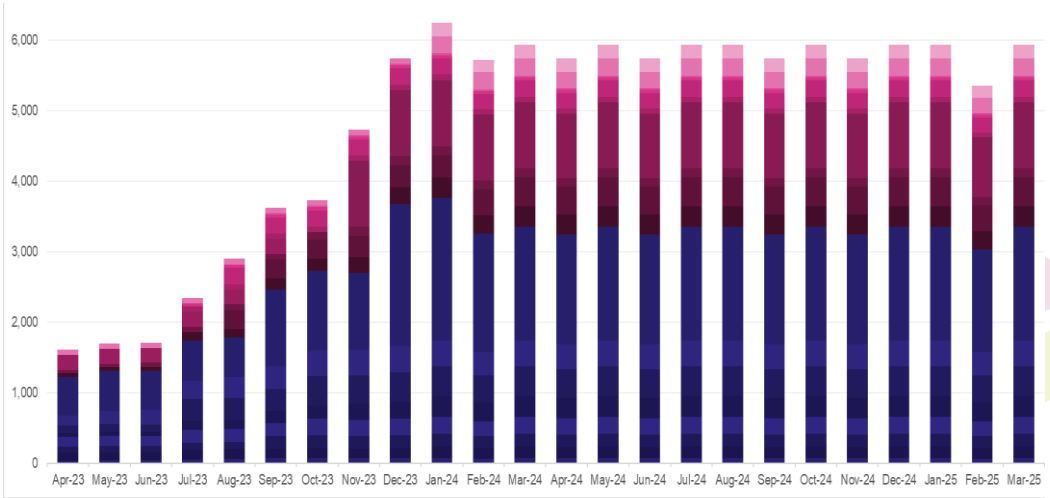
To help leaders to put theory into practice, we have included a case study encompassing the five legacy CCGs that now make up **North Central London (NCL) ICS**. The place-specific example illustrates a need to streamline inconsistent service offers and develop a clearer community care offer for the wider system. It also **provides tangible steps that systems can take to realise these ambitions, namely understanding the existing services, developing a refined offer, creating a means to track impact and building a plan for practical implementation**

NCL total avoided time in hospital

The community services programmes will create an estimated benefit of **66k occupied bed days (equivalent to 180 beds) released by 24/25** vs a do-nothing situation. This will help us **ease the pressure on acute services** across North Central London.

Forecast Occupied Bed Days saved by scheme, Year 1 & 2

Acute bed days saved[1]



Resident impact of Enhanced Health In Care Homes

North Central London Integrated Care System

Overview of Enhanced Health In Care Homes (EHCH) service:

- Community service contribution to EHCH requirements as per national specification and NCL May'20 model of care
- The focus is on anticipatory and proactive care provision to prevent acute deteriorations
- When residents are deteriorating the team is able to quickly assess these patients and provide appropriate support to avoid them requiring hospital admission
- When residents do require hospital admission, the EHCH team works with the IDT, intermediate care and the care home to support speedy discharge back to their place of residence
- Support for holistic end of life care for care home residents and care home staff through training and specialist advice

Patient case study:

Context

Dementia patient with delirium. Referral from Older People Mental Health Team (BEH) to EHCH on a Friday

Response

EHCH team discussed with care home > urgent referral to Rapid Response Team. Visit by RR team and continue review over the weekend.

Outcome

Avoided hospital admission. Referred to Mental health to review medication after the acute infection was treated.

Feedback:

"It is always a privilege and a learning process each time you visit our home with your team. Thank you for your support."
Care Home Manager

"Many thanks to all of you, really amazing to have your help and support with elderly patients"
From: Haematology Consultant

"Your swift action is truly valued. We highly regard the invaluable assistance provided by you and the EHCH team to our home"
Care Home Manager

The plan Longer lives plan focusses on improving life expectancy, reducing illness and inequalities

North Central London Integrated Care System

4 Guiding Principles

Ways to improve the quality and experience of care across the NHS & partners

1. Take time
2. Make every contact count
3. Warm handovers
4. Involve supportive others

5 Focus Areas

Improving key care and treatment pathways

1. Living well with SMI
2. Heart disease and diabetes
3. Lung disease
4. Cancer
5. Reaching the extra 20% of people

1 Annual Health Check

People get the treatment and care they need through a consistent service

- A high-quality check in all boroughs
- Clear processes and outcomes
- Linking services together around the patient.

Patient Feedback:

"There was a smoking cessation clinic at The Morris House Practice on Lordship Lane and it was fantastic. The feeling of achievement when you had also completed another week smoke free because you had promised the other clients that you would go through the same hardship quitting as they had and endure in your support of each other"

"The BME wellbeing advocates in the service are amazing – they reach people. Making that first contact extremely relatable, not just seeing a doctor in a white coat, but someone relatable and who can communicate in a relatable way

Section 136 Hub (1/2)

North Central London Integrated Care System

The s136 hub has been developed to strengthen our NCL Crisis pathway. It is already demonstrating a positive impact on residents, as a result of partners across the system (police and healthcare staff) working more closely together to support people in a mental health crisis.

Section 136

Section 136 is part of the Mental Health Act that gives police emergency powers. Section 136 gives the police the power to remove a person from a public place, when they appear to be suffering from a mental disorder, to a place of safety. At the place of safety, the person's mental health will be assessed, and care will be provided. The person will be deemed by the police to be in immediate need of care and control as their behaviour is of concern.

Section 136 Hub Context & Aims

In 2017, a single phone line was established for the Metropolitan Police Service (MPS) to receive mental health advice and connect with the nearest Health Based Place of Safety (HBPoS). However, this solution did not always function as intended.

1. HBPoS staff did not always answer calls in a timely manner
2. Mental Health professionals were not always available to give advice
3. Many patients were conveyed by officers to a place of safety (whether ED or HBPoS) which many not have been the most appropriate setting.
4. Both patients and officers experienced lengthy waiting times at various stages of the pathway
5. While waiting, some patients were detained in MPS vehicle

All of the above led to a poor experience for the individuals with thousands of frontline policing hours lost.

New Section 136 Model

On the 30th October, a north and south s136 hub was launched serving the whole population of London. The north hub is based at St Annes hospital staffed by a team of clinicians operating 24/7. It supports officers from all of London's principal police forces in managing individuals who are detained or at risk of being detained under section 136 of the Mental Health Act. The developed service is tasked to:

1. Execute a comprehensive triage and assessment drawing on all accessible records.
2. Ascertain the nearest accessible Health Based Place of Safety (HBPoS) for those already under detention.
3. Direct individuals to an appropriate service after clinical assessment, which could be the nearest HBPoS or, if suitable, an alternative care setting.

The objective is to facilitate prompt, specialised evaluation and care, thus reducing the impact on A&E departments and advancing outcomes for patients.

So far, the programme has improved communication with officers by issuing Post Event Messages, and by providing access to more robust service performance data to inform service and quality improvement initiatives.

Section 136 Hub (2/2)

North Central London Integrated Care System

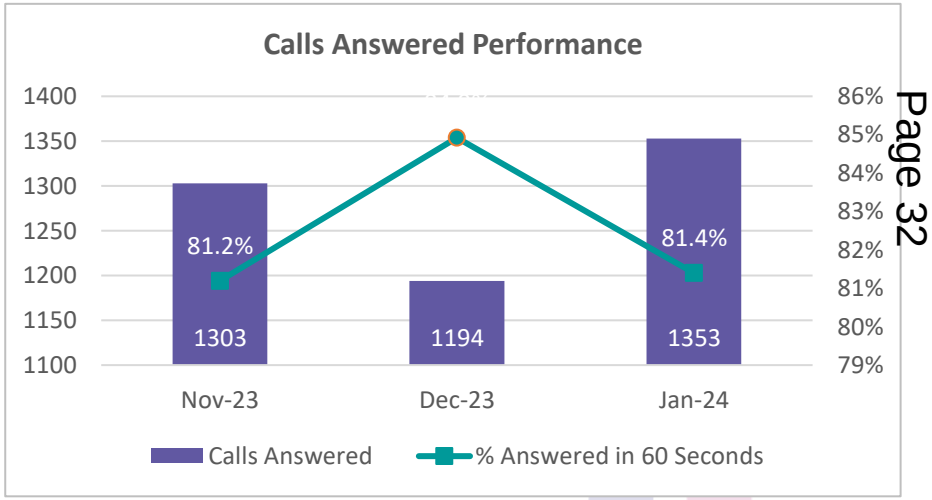
The Impact

Implementation of the hub has led to optimised utilisation; **expedited patient access to appropriate care;** a significant **decrease in the time police spend with patients**, resulting in an **enhanced experience** for those most vulnerable.

Early data is showing that this service is delivering the much-needed improvements for people who experience mental health crisis in London

The following data covers the period 30th October 23 – 31st January 2024 across London. Aggregating/using the averages of the data between this period. The baseline is the weekly average from the previous 3 months, 31st July 2023 to 29th October 2023 (random dates to capture full weeks).

296 total average calls made weekly to the pan-London s.136 Hub	A **28% reduction** in the total number of patients detained under section (pan-London)
A **101% increase** above the forecasted 147 calls to the service each week	An average of **62%** of patients who were not under section prior to hub contact were referred to alternative pathways
Police contact the service for an average of **139 unique individuals** per week	**56% reduction** in the number of patients presenting at the Emergency Department
59% of individuals the hub was contacted about were already placed on a section by the calling officer	An average **37% reduction** in time spent by police managing patients at risk of detention under section (7 vs. 11 hrs)



The Next Phase

The next phase of this programme will see **increased work with police colleagues** to ensure officers are contacting the centralised hub before application of a section to further **reduce the numbers of individuals detained.** The month-by-month data is showing that police officers are increasingly calling the hub before a s136 is applied.

Children and young people (CYP) in NCL are still however facing long waiting times for neurodiversity services

CYP

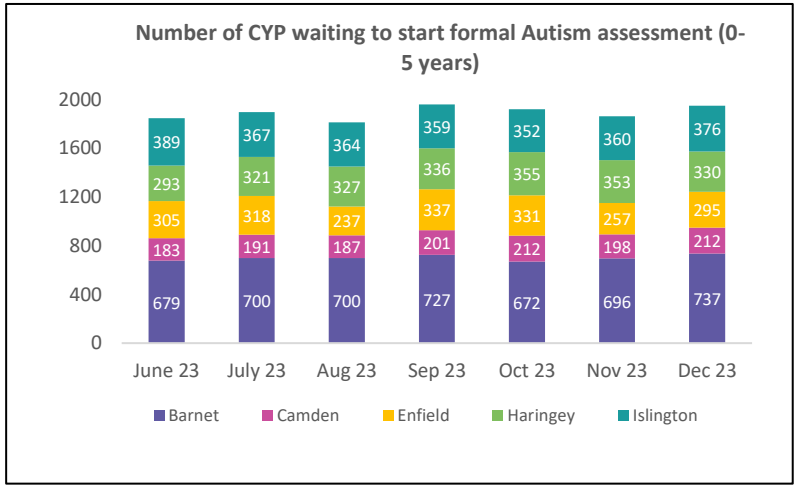
Under 5s:

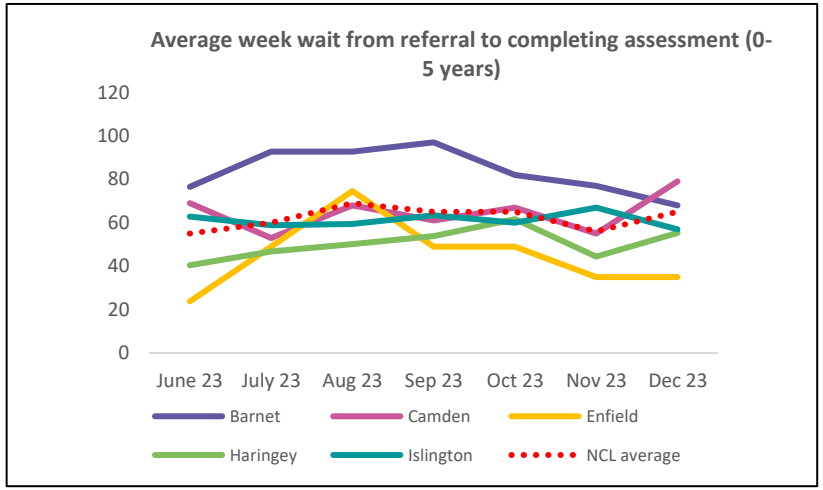
- The NCL Average waiting time for Autism's initial referral to completing the assessment was **68 weeks** in December 2023. Camden and Barnet are above the NCL average at 79 and 68 weeks, respectively.

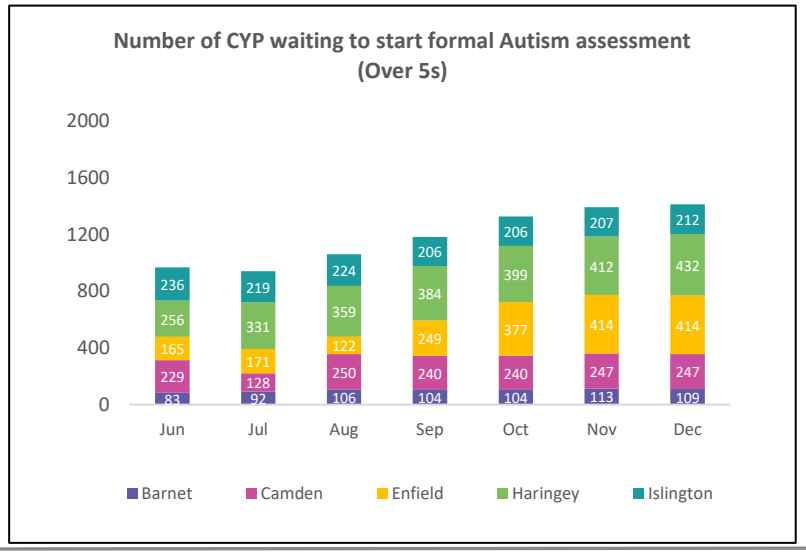
Over 5s

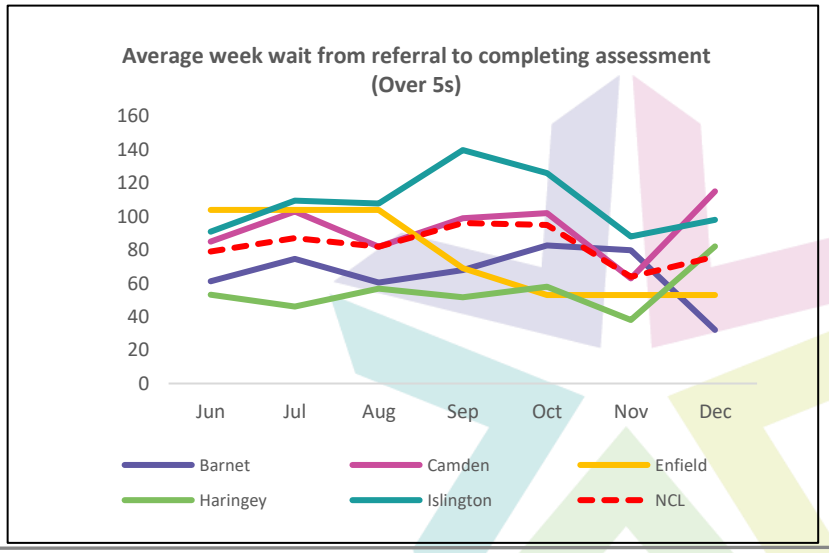
- The total number of CYPs (over 5s) waiting on the neurodiversity pathway in NCL **continues to grow**; and is at 1582 in December 202.

- The average week wait from referral to assessment completion for over 5 is higher in Camden and Islington than in the NCL average of **76 weeks.**









Actions are being undertaken to address growing demand and long waits for neurodiversity services, but challenges remain

CYP & Adults

- As of December 2023, **7102** NCL residents are awaiting an **ADHD diagnostic assessment, and a further 1750** awaiting an **Autism diagnostic assessment. In many cases people are waiting over 2 years.**

CYP Actions Underway	Adults Actions Underway

• NCL implemented an **Autism hub** which has **mitigated over 1,000 assessments** being added to the waiting list.
  • For all completed cases, full reports are sent to families and local teams.
  • Ongoing treatment and support (including any medication) is taken over by **local teams.**
  • Where a diagnosis has been made, families are signposted to locally-available services; and provided with post-diagnostic support videos and online resources.
  • Of the 724 assessments that have been completed to date, 573 resulted in a diagnosis (79%)
• The **CYP MH Clinical Network** have organised workshops to review the 0-5s and 6+ **neurodiversity pathways**, with a view to reducing fragmentation and agreeing standard practices/models
• NCL are in the process of carrying out a **demand and capacity analysis** which will seek to identify the areas of greatest pressure.
• We are hoping to target further funding at this growing areas of demand through the core offer planning process for 2024/25
	• Work is underway to review, design and standardise **neurodevelopmental diagnostic disorder (NDD) pathways** to increase capacity
	• New adult NDD **data reporting processes** to improve understanding of the population demographics accessing neurodiversity services, and provide a clearer picture of provider performance, to drive service improvements.
	• A **'diagnostic pathway support'** offer is being developed with the **voluntary sector**, to support people who are waiting for an ADHD or Autism Diagnostic Assessment
	• Collective work with the **London region of NHS England** to tackle challenges around ADHD assessment and treatment faced across London and to build solutions together.
	• Working with Primary Care colleagues to consider ways in which GPs can support NDD services

North Central London Integrated Care System

2024/5 Vision

Community Services Key Priorities in 24/25 and beyond

There are opportunities to deliver an equitable community services offer aligned to need and keep patients well closer to home.

1. DELIVERING COMMUNITY SERVICES CORE OFFER

Investing in priority gaps

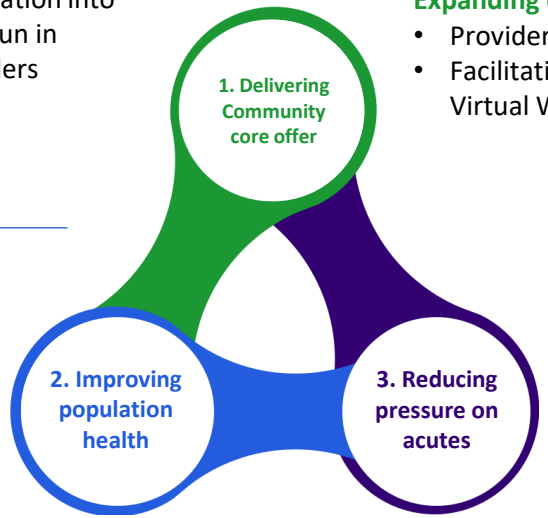
- Investments will be made based on Borough **gap analysis** against the Core Offer services and focus on **historically underfunded areas** and areas where there are persistent and historic inequities (in particular Barnet, Enfield and Haringey).
- Realising **productivity improvements** will enable resource re-allocation into core offer community service gaps i.e. changing the way services run in order to make them more efficient, including through digital enablers

Supporting integrated care

- Many initiatives (such as delivering proactive care and coordinating functions of the core offer) need to be **delivered at place/neighbourhood** level in order that integration benefits are realised.
- Align with **Integrated Neighbourhood Teams** as they develop

Expanding collaboration between providers

- Providers to lead on collaborative workstreams e.g. joint recruitment and productivity
- Facilitating collaboration around services across NCL including Rapid Response, Pathway 2, Virtual Wards and Tissue Viability.



2. IMPROVING POPULATION HEALTH

Outcomes Framework

- NCL will continue to develop its **outcomes framework** as part of a wider benefits realisation framework to underpin the implementation of the core service offer.
- Develop measures that demonstrate the progress the programme makes at **reducing inequality and inequity**.

Proactive Care

- Deliver **personalised, coordinated multi professional tailored support and interventions** for people living with complex needs, aligning holistic assessment and care coordination with Core Offer coordinating functions

3. REDUCING PRESSURE ON ACUTE SERVICES

Optimise integration between acute and community services

- Continue to realise the strategic advantages of **vertically integrating services between the community and acute** settings within NMUH and WH for UCR, community nursing, pathway 2 discharges and virtual wards to reduce admissions and support faster discharge

Evaluate system impact

- Develop a **System Planning and Evaluation Tool** to enable sustainable targeted investment to improve population health, address health inequality and improve financial sustainability

UCR Hub

- Build on single telephony service via consultant connect to implement a **UCR Single Point of access with a trusted assessor** to navigate the NCL community unplanned care system to access UCR services

NCL Vision for Mental Health Services, including key priorities in 24/25

There are opportunities to integrate tiers of service delivery, including within CAMHS, and strengthen integration with physical health/social care

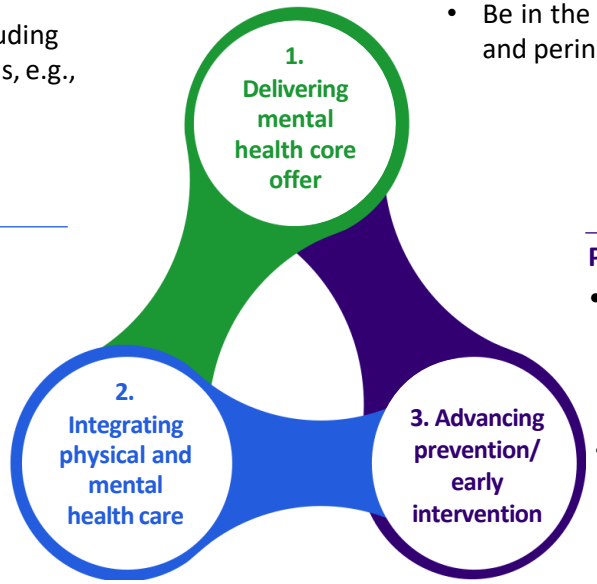
1. DELIVERING MENTAL HEALTH CORE OFFER

Inpatient Mental Health Services

- **New MH inpatient commissioning framework**
- **Reviewing configuration of inpatient services** to optimise length of stay, flow and sustainable staffing levels for rising demand for inpatient care, and deliver the Strathdee Review recommendations while accommodating impact of further policy initiatives (RCRP)
- Shared focus with partners on **reducing long lengths of stay** (including improving suitable alternative services to meet people's needs, e.g., complex rehab and intensive supported accommodation)

Community-based service access, wait times and quality improvement

- **Streamlining and simplifying pathways** for improved **CYP** access, services/system navigation, clinical effectiveness.
- **Improvement in waiting times**; new standards in development for Urgent and Emergency Care and all age community mental health;
- Be in the top quartile nationally for **improved outcomes recording** for CYP, community and perinatal mental health services.



2. INTEGRATING PHYSICAL AND MENTAL HEALTH CARE

Longer Lives

- **Optimise through local implementation of NCL 'Longer Lives' at place**: Improving life expectancy, reducing ill-health and advancing equalities for adults with severe mental illness, including through annual health checks

Population segmentation and risk stratification across both physical and mental health

- Exploring common mental illness or severe mental illness (SMI) as entry conditions to LTC LCS*
- Including a mental health component in NCL's population segmentation

Mental Health Core Offer for homeless people

- Developing our NCL **Core Offer for homeless people** on basis of NICE guidelines and building on the learnings from the pilot in Camden - providing integrated health and social care services for people experiencing homelessness

3. ADVANCING PREVENTION AND EARLY INTERVENTION

Prevention Concordat for Better Mental Health

- Committing to the **Prevention Concordat for Better Mental Health** to promote evidence-based planning and commissioning, and for advancing mental health equalities

Promote public awareness

- Developing a **delivery plan** for enhancing and implementing the early prevention and intervention offer for working age adults and older adults
- Increase public understanding of NCL direct access MH services
- Creating **public comms resources** to increase mental health literacy, support self-help and self-referral to direct access services

Suicide prevention

- Reducing deaths by suicide through **applying (at scale) best and good practice**⁺ and finding different and unique solutions where necessary

**Long Term Conditions Locally Commissioned Service*

⁺*NCISH (National Confidential Enquiry into Suicide and Safety in Mental Health) and IMV (Integrated Motivational – Volitional) model for suicidal behaviour*

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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 2023-2024	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 18th March 2024

SUMMARY OF REPORT

This paper reports on the 2023/24 work programme of the North Central London Joint Health Overview & Scrutiny Committee and also requests confirmation of the reports for the next meeting.

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 current work programme for 2023-24;

b) Propose possible future agenda items for the 2024-25 work programme.

1. Purpose of Report

1.1 This item outlines the areas that the Committee has chosen to focus on for 2023-24.

1.2 This is the last meeting of the 2023-24 work programme. The next meeting of the JHOSC is scheduled to take place in July 2024. The Committee is requested to consider possible items for inclusion in the 2024-25 work programme.

1.3 Full details of the JHOSC's work programme for 2023/24 are listed in **Appendix A**, including scheduled items and also as yet unscheduled items on which the Committee has previously indicated that it wishes to receive further updates.

2. Terms of Reference

2.1 In considering suitable topics for the JHOSC, 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."

3. Appendices

Appendix A –2023/24 NCL JHOSC Work Programme

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Appendix A – 2023/24 NCL JHOSC work programme

26 June 2023

Item	Purpose	Lead Organisation
Maternity services	For the Committee to receive an overview of maternity services in NCL including Ockenden Review assurance and compliance and the role of the Local Maternity Services Network.	NCL ICB
Surgical Hubs	For the Committee to consider the detail of and rationale for the changes, the equality impact assessment, the approach to engagement and the travel analysis.	NCL ICB
Cancer Prevention Plan	For the Committee to consider the development of the Cancer Prevention Plan for NCL.	NCL ICB

11 September 2023

Item	Purpose	Lead Organisation
Finance Update	For the Committee to receive a detailed finance update to include latest figures from each Hospital Trust in NCL and the overall strategic direction of travel. Risks to services or capital projects associated with inflation/energy costs should also be included.	NCL ICB
Winter Planning & Ambulance Update	To provide an overview of the planning for winter resilience in NCL and on actions to improve ambulance response and handover times.	NCL ICB
Camden Acute Day Unit (ADU)	To provide an update on coproducing a new mental health day support service based in Camden.	C&I NHS Foundation Trust

30 November 2023

Item	Purpose	Lead Organisation
Estates Strategy Update	To receive an update on the NCL Estates Strategy including finance issues. This follows on from the previous discussion on the Estates Strategy at the meeting held in November 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=74648	NCL ICB

Start Well	For the Committee to receive an update on Start Well which is a long-term change programme focusing on children & young people's and maternity & neonatal services in a hospital context. The most recent previous update was considered by the Committee in July 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=73506	NCL ICB
Fertility policy review	For the Committee to receive an update on the fertility policy review. The most recent previous update was considered by the Committee in July 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=73504	NCL ICB

29 January 2024

Item	Purpose	Lead Organisation
Surgical Transformation Programme	For the Committee to receive an update on the Ophthalmology Surgical Hub Proposal. The most recent previous update was considered by the Committee in June 2023: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=76364	NCL ICB
Workforce Update	An update on workforce issues in NCL, including details on whether sufficient safety levels were being met for staff and patients. A staff representative to be invited to speak at the meeting.	NCL ICB
Diabetic Services	To provide an overview of diabetic services in NCL.	NCL ICB

18 March 2024

Item	Purpose	Lead Organisation
Mental Health & Community Health core offer	To provide an update on the progress of the mental health and community health core offer in NCL following the previous update on the mental health and community health reviews considered by the Committee in February 2023: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=75168	NCL ICB

Possible items for inclusion in future meetings

- Health inequalities fund – previous update to the Committee was in March 2023. It was specified that the next update report should include details of the outcomes of the Middlesex University evaluation and a greater understanding of how the health inequalities work was being embedded in local authorities.
- Smoking cessation & vaping.
- Update on funding for NHS dentistry for both adults and children.
- Strategic role of GP Federations.
- Vaccination initiatives tailored to specific local needs in each NCL Borough including outreach work with community pharmacies.
- Ambulance waiting times and pressures across the system including A&E Departments.
- Pediatric service review.
- Primary care commissioning and the monitoring of private corporations operating in this area.
- The efficacy of online GP consultations, how the disconnect between the public and the medical profession could be addressed, how the public could be reassured that outcomes would be equally as high as face-to-face consultations and how capacity can be improved in this way.
- Increases in number of people being charged for services that they were previously able to access free of charge through the NHS (e.g. dentistry/ear wax syringing)

2023/24 Meeting Dates and Venues

- 26 June 2023 - Enfield
- 11 September 2023 - Islington
- 30 November 2023 - Camden
- 29 January 2024 – Barnet
- 18 March 2024 – Camden

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